

California Board of Registered Nursing

Survey of Nurses' Educational Experiences, 2013



**Conducted for the
California Board of Registered Nursing**

**by the
University of California, San Francisco**

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June 2014

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The authors thank our interns Glenda Tam, Fletcher Munksgard, Alissa Totman, Krista Chan, Truc Dinh, and Becky Moon for their work on this project.

SURVEY OF NURSES' EDUCATIONAL EXPERIENCES, 2013

Published 2014 by the California Board of Registered Nursing

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Executive Summary

The 2013 Survey of Nurses' Educational Experiences (Education Survey) was conducted by the Board of Registered Nursing (BRN) to assess the state of nursing education in California, and registered nurses' (RNs') experiences pursuing education after licensure. The survey was sent to 2,500 RNs with active California licenses and addresses. The survey was completed by 1,291 RNs out of a determined 2,441 eligible population thus providing a response rate of 52.9 percent.

Current Education of California RNs

People can enter the registered nursing profession through multiple educational pathways. About 51 percent of all nurses reported entering the profession with an associate degree, 32 percent entered with a baccalaureate degree, 12.4 percent entered after completing a hospital-based diploma program, and the remainder joined the profession after completing another type of education program. These other programs include graduate-level education, international programs, and a LVN-to-RN program unique to California called a "30-unit option."

There has been significant change over the years in the types of educational programs and age of RNs at program completion. As diploma programs closed, the share of RNs entering the profession with an associate degree has risen over the decades, from 39.4 percent in the 1970s to 62.1 percent in the 2010s. Over this same time period, the share completing a baccalaureate program has declined (from 38.6% to 29.0%), and the share completing a diploma program (from 18.3% to 0%). There also has been a decline in the share of people entering the profession under age 25 (from 72.9% in the 1970s to 18.9% in the 2010s), and increasing shares of people over 30 years old (from 5.7% in 1970s to 60.3% in the 2010s).

Many nurses pursue additional education after completing their pre-licensure RN education. Most often, RNs will pursue additional nursing degrees, but some RNs complete non-nursing degrees. More than 36 percent of employed California nurses completed at least one post-licensure degree, with 29.4 percent obtaining a post-licensure nursing degree, 3.8 percent finishing a non-nursing degree, and 3.2 percent completing both nursing and non-nursing degrees. Among nurses whose initial RN education was through a diploma program, 2.6 percent continued to complete an associate RN degree, and over 20 percent completed a baccalaureate degree in nursing. Among nurses with associate degree pre-licensure education, 18.9 percent reported a baccalaureate RN degree as their highest nursing degree and 8.6 percent reported a master's degree in nursing. Nearly 84 percent of nurses with a pre-licensure baccalaureate in nursing indicated that their highest degree was their baccalaureate degree, and 14.7 percent completed a master's degree in nursing.

A bachelor's degree in nursing was the highest degree completed by 37 percent of nurses. The next largest group holds an associate degree in nursing as their highest education (32.4%). Nearly 11 percent of working RNs have a master's degree in nursing as their highest education.

More than half of RNs who completed a post-licensure bachelor's degree indicated that at least some of their coursework was provided through distance learning. Nearly one-quarter reported that more than 80 percent of their coursework was delivered using distance learning approaches. Only about 37 percent of RNs who completed post-licensure nursing master's degrees report some use of distance learning approaches; 17.5 percent had more than 80 percent of their coursework through distance learning.

Current Enrollment of RNs

Among all California-resident RNs, 7.4 percent are enrolled in a post-licensure education program in pursuit of a degree or certificate in nursing or a non-nursing field. The enrollment rate is

highest among RNs 35 to 44 years old (12.7%) and under 35 years old (12.1%), and lowest among RNs 55 years and older (4.8%). The largest share of RNs currently enrolled in a post-licensure education program is pursuing a baccalaureate degree in nursing (37.0%); more than 30 percent are enrolled in a master's degree in nursing program, 12.4 percent are pursuing a nursing certificate and 10.4 percent are pursuing either a practice- or research-based nursing doctorate. Nearly 56 percent are enrolled in private educational institutions. For 59 percent of enrollees, more than 80 percent of coursework uses distance learning approaches, while only 19.4 percent of RNs are enrolled in programs in which no more than 10 percent of coursework is based on distance learning modalities. The most important factors in their selection of their programs were teaching modality, length of program, content/focus of program, and cost of program.

The primary sources of financing for post-licensure education among those currently enrolled are personal savings and income from current employment. About 57 percent applied for financial aid, and nearly all received at least some external support. About 15 percent of current enrollees face a service obligation in return for their financial aid. Higher salary is an important motivator for about half of enrolled nurses and interest in a faculty career is also important to 50 percent of those currently enrolled. About 40 percent of currently enrolled RNs are interested in becoming an APRN.

Reasons Nurses Pursue Additional Education

Among RNs who are currently enrolled or recently completed post-licensure education, the most important reasons for returning to school for all three groups of RNs were a desire for new skills, for personal fulfillment, and to update nursing knowledge. These reasons were all reported as "very important" for at least 65 percent of currently-enrolled nurses. Higher salary is an important motivator for about half of enrolled nurses.

Facilitators and Barriers to Completing Additional Education

High shares of RNs who are currently enrolled or who have recently completed post-licensure education report that their friends and family are supportive of their education. There is also a high level of agreement that they were well-prepared and it is easy to maintain a good grade point average.

The most significant challenges for currently-enrolled nurses are that home and family needs interfere with studies, and that it is difficult to afford school. The narrative comments many respondents offered confirmed these quantitative data, with the cost of education being noted by about 22 percent of those who provided comments. About ten percent of those who commented mentioned family responsibilities as a barrier, including raising young children, paying for the education of college-age children, and caring for spouses, parents, and others.

Nearly 28 percent of currently-enrolled RNs said that the challenge of working while being in school was very likely to prevent their completion, and another 25 percent said this factor was somewhat likely to prevent their completion. Lack of financial support, the challenge of balancing family and school, and the stress of being in school were somewhat or very likely to hinder completion for at least 40 percent of respondents. About 15 percent of RNs had attempted post-licensure education at some point but did not complete it.

Interest in Pursuing Additional Education

Among all non-enrolled RNs, 13.4 percent are seriously considering pursuing additional education, and 25.3 percent are somewhat considering it. Nearly 60 percent are not considering additional education at all. It is not surprising that the share seriously considering additional education is much higher among younger nurses than among older RNs. Of those under 35 years old, 33.1

percent are seriously considering additional education, and 46.6 percent are somewhat considering it. The most common goal of those seriously or somewhat considering additional education would be a master's degree in nursing (41.9%), followed by a bachelor's degree in nursing (32.5%). About 13 percent indicated they are "very interested" in becoming a nurse practitioner, and 11.3 percent are interested in pursuing a clinical nurse specialist program.

The reasons most often cited as very important in RNs' interest in continuing education are personal fulfillment (65.0%), the desire for new nursing skills to improve the quality of care (55.2%), an interest in updating knowledge of nursing practice (45.9%), and an interest in becoming an APRN (28.4%). Interest in receiving a higher salary was cited as very important by 25.9 percent. Nearly 70 percent of RNs indicated that to further their education they would consider accepting a scholarship or loan that had a service obligation.

Among nurses who indicated they are not interested in continuing their education, the most important reasons for this lack of interest were believing they are too old to return to school (36.3%), not having enough time for school (29.9%), not believing additional education is needed to provide good patient care (29.9%), and it not being relevant to career plans (28.6%). A large share also indicated that they think continuing and in-service education are adequate. Among nurses under 35 years old, the most important reason for not being interested in additional education is that they have significant family obligations. A number of nurses noted in the narrative comments that although they would like to pursue additional education, they were still paying off loans from their initial RN degree. And, about eight percent of those providing comments felt that additional education would not yield enough return on investment to justify the cost.

Employer Support of Education

Among the survey respondents who are employed, relatively few indicated they had access to an on-site degree or certificate program at their workplace; about three-fourths did not have such a program available. However, about 30 percent reported that their employer had a relationship with a local college or university to offer advanced education, with mostly hospitals having such a relationship than other types of employers. About 29 percent of employed RNs can receive tuition reimbursement from employers, with most having access to partial support of less than \$5,000 per year. Nearly one-third of RNs were dissatisfied with their employer-supported educational opportunities, and some respondents indicated in narrative comments that the weak economy had put a halt to their employers' programs.

Conclusions and Recommendations

California's RN workforce is well-educated, with about 60 percent having a bachelor's or graduate degree in nursing or another field. RNs reported that the most important reasons for returning to school were a desire for new skills, for personal fulfillment, and to update nursing knowledge. More than 13 percent of employed RNs are seriously considering pursuing additional education, and another 25 percent are somewhat considering it.

Distance-based education is of notable importance to the advancement of RNs' education. Nearly 60 percent of RNs who are currently enrolled reported that more than 80 percent of their coursework uses distance learning approaches. RNs who are currently enrolled in a post-licensure education program reported that teaching modality was a very important consideration in their selection of an education program.

Survey respondents had a number of suggestions for improving access to additional nursing education. They recommended that colleges and universities offer more online courses and distance learning programs, more part-time programs for working nurses, and re-entry programs for nurses

trying to return to nursing work. They also recommended that employers provide more support to those who want to pursue additional education, as well as provide greater recognition for advanced degrees in the workplace and wage scale. Finally, they observed that greater financial support – such as grants and scholarships – would help more nurses pursue education.

Chapter 1. Introduction and Methodology

Registered nursing is the largest health profession in the United States, with over 2.7 million registered nurses (RNs) employed in 2010 (U.S. Bureau of Labor Statistics, 2012). There are more than 325,000 RNs licensed by the California Board of Registered Nursing and living in California. Nurses work in all health care settings, including hospitals, physicians' offices, health care clinics, nursing homes, skilled nursing facilities, hospices, and mental health facilities. Their presence throughout the health care system demonstrates their central role in the delivery of health care services, and thus focused attention on their contributions to the delivery of high-quality efficient care is warranted.

In 2010, the Institute of Medicine (IOM) completed a landmark study on the future role of RNs and other nurses, focusing on their contributions to a more effective and efficient health care system (Institute of Medicine, 2010). The IOM made eight recommendations, including two specific recommendations regarding RN education: (1) that 80 percent of RNs attain a bachelor's degree by 2020; and (2) that the number of nurses with doctorates double by 2020. The IOM found that an improved RN education system is needed to ensure that RNs can provide high-quality patient-centered care across health care settings. They also highlighted the potential for RNs to play a greater role in the delivery of primary care and community health services. The increasing complexity of nursing care warrants a greater emphasis on the advancement of nurses' education and knowledge. The potential for RNs to improve health outcomes through patient education and care coordination requires that RNs continuously develop their understanding of public health, psychology, evidence-based practice, epidemiology, and other topics. In order to advance these recommendations, the IOM advised that nursing education needs to change in order to improve opportunities for RNs to seamlessly transition to higher degree programs.

The 2013 Survey of Nurses' Educational Experiences (Education Survey) was conducted by the Board of Registered Nursing (BRN) to assess the state of nursing education in California, and RNs' experiences pursuing education after licensure. The survey was designed to describe the educational experiences of California's RNs, their reasons for pursuing additional education after their pre-licensure education, and their intentions regarding future education. The survey was conducted by the University of California, San Francisco (UCSF), on behalf of the BRN. The survey questionnaire included questions about nurses' experiences in programs in which they are currently enrolled, experiences in their most recently completed post-licensure education, incomplete education programs, interest in pursuing further education, and factors influencing decisions about future education. The survey questions were designed based on previous surveys of RNs conducted by the California BRN, and other similar surveys found in peer-reviewed literature and published reports. The questionnaire included a space for respondents to provide comments and share observations for the Board of Registered Nursing. These narrative comments are analyzed in Chapter 7 of this report.

Survey Development

UCSF worked with the BRN to create the questionnaire for this survey. The survey development process included the following steps:

- A review of similar surveys conducted by other organizations, as identified in the peer-reviewed literature and in published reports;
- Collaboration with staff at the BRN to identify current issues and draft the survey questionnaire;
- A review of draft questions by the BRN staff, UCSF staff, and other experts;

- Revision of the survey questionnaire based on feedback from the BRN, UCSF staff, and other experts;
- Development of a formatted survey questionnaire;
- Cognitive testing of the questionnaire among nurses recruited by UCSF and the BRN;
- Repeated revision and review of the survey questionnaire;
- Development of the web-based survey questionnaire;
- Testing of the web-based survey questionnaire by staff at the BRN and UCSF; and
- Final editing of the formatted surveys for printing and the web-based surveys for online use.

Process for Data Collection and Coding

A cover letter from the Board of Registered Nursing was mailed to RNs selected for the survey, which included information about how to complete the survey online, the survey, and a postage-paid return envelope. The survey was mailed on January 3, 2013. A reminder postcard was sent on February 2, 2013, and the questionnaire was re-mailed on February 13, 2013 to non-respondents. Reminder postcards were sent on February 2 and March 14, 2013. Data collection ended on June 14, 2013.

All mailings were sent by first-class mail. Outgoing surveys were coded with an identification number and completed surveys, along with ineligible and undeliverable cases, were logged into a response status file. Respondents to the web version also were tracked and included in the response status file. The status file permitted close monitoring of the response rate. The first reminder postcard was sent to all nurses selected for the survey, but the re-mailing of the survey and last two reminder postcards were limited to nurses who had not yet responded to the survey.

Data from the web-based surveys were automatically entered into a database. All paper surveys were entered into a database by Office Remedies Inc., except the narrative comments, which were entered at UCSF. The paper data were entered twice, by two different people at two different times. The two entries for each survey respondent were compared, differences were checked against the paper survey, and corrections were made. After the comparisons were complete, discrepancies corrected, and duplicate records deleted, the data were checked again by another computer program to ensure only valid codes were entered and logical checks on the data were met. Approximately 17.6 percent of the respondents completed the survey online.

The RN Sample

Selection of the RN Sample

The survey was sent to 2,500 RNs with addresses in California. The Board of Registered Nursing created a file of all RNs on November 27, 2012, and delivered this file to UCSF. This database included name, mailing address, birth date, date of licensure in California, date of last renewal, and license status. The database included 325,069 nurses with active licenses residing in California.

The sampling of RNs for the survey was designed to support analysis of the data by rural or urban residence, and by age group. Rural or urban residence was determined by using the US census classifications of rural and urban regions, which identify geographical regions as rural or urban by the size of the population. Nurses were divided into eight urban/rural-age groups, as presented in Table 1.1. Equal numbers of nurses were sampled from each group (310), except more nurses were sampled in the 16-34 age group because this group has had slightly lower response rates in other surveys

conducted by the BRN. This type of sampling strategy, called a stratified sample, is widely used in survey research and well-documented in numerous textbooks. Surveys returned from each group were weighted to produce statistically valid estimates of the full population. Table 1.1 presents data about the survey sample and respondents.

Table 1.1. California's nursing workforce, the Education Survey sample, survey respondents, and the response rate, by group

Age group	Region	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
		#	%	#	%	#	%	%
16-34 years old	Rural	8,685	2.7%	320	12.8%	150	11.6%	46.9%
	Urban	55,410	17.0%	320	12.8%	155	12.0%	48.4%
35-44 years old	Rural	10,624	3.3%	310	12.4%	163	12.6%	52.6%
	Urban	66,456	20.4%	310	12.4%	123	9.5%	39.7%
45-54 years old	Rural	12,094	3.7%	310	12.4%	154	11.9%	49.7%
	Urban	61,110	18.8%	310	12.4%	175	13.6%	56.5%
55+ years old	Rural	19,371	6.0%	310	12.4%	186	14.4%	60.0%
	Urban	91,319	28.1%	310	12.4%	185	14.3%	59.7%
TOTAL		325,069	100.0%	2,500	100.0%	1,291	100.0%	51.6%

Response Rates

By the end of the data collection period (June 14, 2013), completed questionnaires had been received from 1,298 of the actively licensed registered nurses to whom the survey packets were mailed. Another 59 individuals were determined ineligible for the survey due to their survey being returned for lack of a current mailing address, reported death, or refusal to participate. Seven of the completed questionnaires were later determined to be unusable due to incomplete data, non-active RN status, residence outside California, or a written refusal to participate in the survey. Thus, the total number of usable responses from the 2013 survey was 1,291 of the 2,441 eligible nurses, which represents a 52.9 percent response rate for the eligible population and a 51.6 percent response rate when considering all surveys mailed. Table 1.2 details the survey response outcomes for this survey.

Table 1.2. Survey outcomes and response rates for registered nurses with active California licenses

Questionnaires mailed	2,500
Ineligible cases	59
Bad mailing address	44
Refusals and incompletes	15
Eligible population	2,441
Total respondents	1,298
Total useable responses	1,291
Response rate of all surveys mailed	51.6%
Response rate of eligible population	52.9%

Representativeness of Respondents

Survey responses were matched to the original sampling database so that response bias could be examined. The last column of Table 1.1 presents the response rates for each group, with the groups defined by age and rural/urban residence. Response rates did not vary systematically according to urban or rural residence. In general, response rates were higher for older age groups than for younger age groups.

To address differential response rates by age group and account for the urban/rural stratification of the sample design, post-stratification weights were used to ensure that all analyses reflect the full statewide population of RNs with active California licenses. The post-stratification weights were based on the total numbers of licensed RNs in each urban/rural-age group. We used Stata MP 13.1, a commonly used statistical package, to analyze the data using the survey data analysis commands (svy). Unweighted tables based on the full dataset of 1,291 nurses with active licenses may vary from true population values by +/-2.72 percentage points from the values presented, with 95 percent confidence.

Chapter 2. The Education of California's RN Workforce

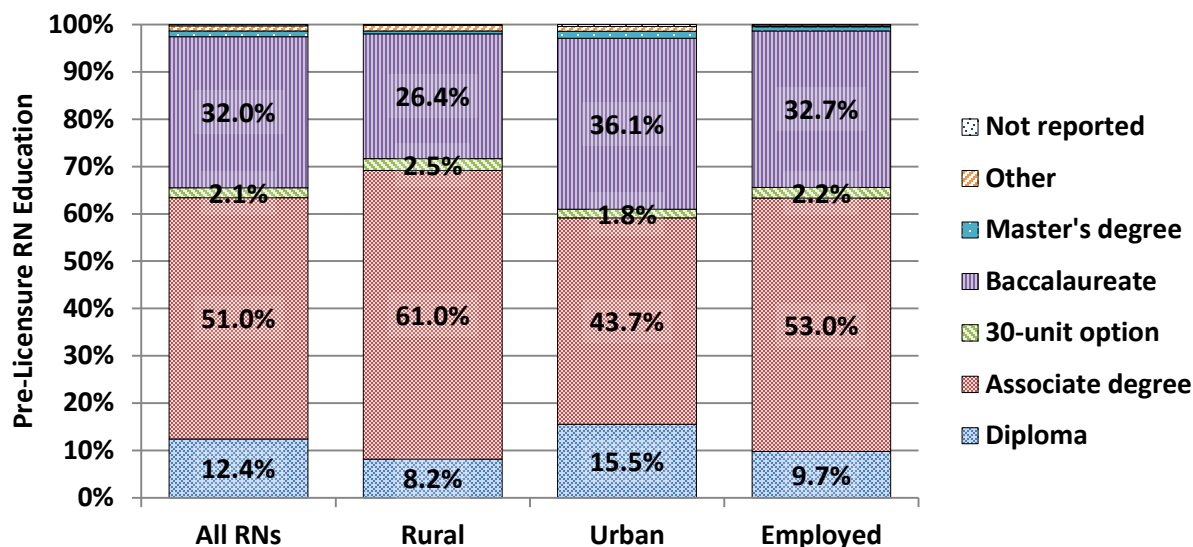
RN education consists of pre-licensure education, which provides basic knowledge to practice registered nursing safely after passing the national licensing examination and receiving an RN license from the California Board of Registered Nursing, and post-licensure education. Both pre-licensure and post-licensure RN education occurs at the post-secondary level, in community colleges, public and private degree granting colleges, and universities. Some nurses also pursue post-secondary education in non-nursing fields, before and after their pre-licensure nursing education. This chapter describes the education of California's nursing workforce.

Entry-Level Education in Nursing

People can enter the registered nursing profession through multiple educational pathways. Traditionally, RNs were educated in hospital-based diploma programs. Over the past 50 years, however, these programs have been supplanted with associate degree (AD) and baccalaureate of science in nursing (BSN) education programs in colleges and universities. California no longer has diploma programs, but nationwide just over three percent of new RN graduates are from diploma programs. Master's degree programs designed for entry into registered nursing are also available. Some of these programs are specifically intended for students with bachelor's degrees in other fields and are called "Entry-Level Master's" (ELM) programs. In the past, there have also been pre-licensure nursing doctoral degree programs. Also, in addition to traditional AD, BSN and ELM programs, licensed vocational nurses (LVNs) may enter registered nursing through a 30-unit program. This option is only offered in California.

Figure 2.1 and Table 2.1 present the shares of active California nurses who completed each type of pre-licensure RN education program. The distribution of nurses' pre-licensure education is similar to what was reported in the Board of Registered Nursing 2012 Survey of Registered Nurses (Spetz et al., 2013), with most nurses entering the profession with an associate degree, followed by a smaller share of nurses entering the profession with a baccalaureate degree. Fifty-one percent of all nurses reported entering the profession with an associate degree, with a larger share of nurses residing in rural areas reporting a pre-licensure associate degree (61.0%) than nurses residing in urban areas (43.7%). Thirty-two percent of all nurses indicated they entered the nursing profession with a baccalaureate degree, with a larger share of nurses in urban areas reporting a baccalaureate degree as their basic education (36.1%) than nurses residing in rural areas (26.4%). Diploma degrees served as the basic nursing education for 12.4 percent of all nurses.

Figure 2.1. Pre-licensure RN education completed by the statewide population of RNs with active California licenses



Note: Number of cases=1,291. Data are weighted to represent all RNs with active licenses.

Table 2.1. Pre-licensure RN education completed by the statewide population of RNs with active California licenses

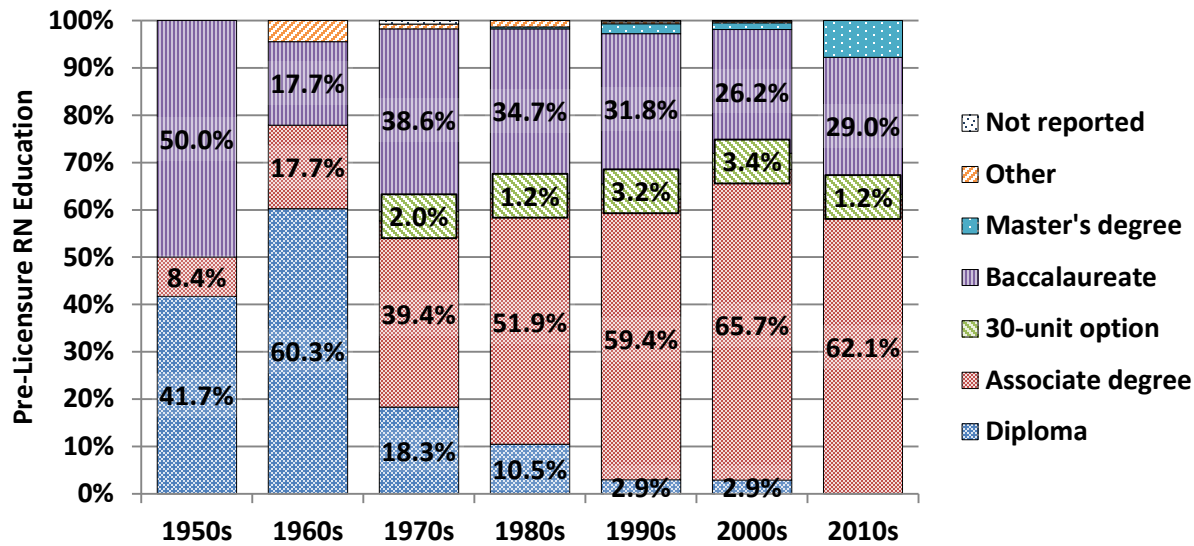
	All RNs	Rural	Urban	Employed
Diploma	12.4%	8.2%	15.5%	9.7%
Associate degree	51.0%	61.0%	43.7%	53.0%
30-unit option	2.1%	2.5%	1.8%	2.2%
Baccalaureate	32.0%	26.4%	36.1%	32.7%
Master's degree	1.2%	0.6%	1.5%	0.9%
Other	1.1%	1.2%	1.0%	1.2%
Not reported	0.3%	0.1%	0.4%	0.2%

Note: Number of cases=1,291. Data are weighted to represent all RNs with active licenses.

As seen in Figure 2.2 and Table 2.2, large shares of nurses entered the nursing profession with baccalaureate (50.0%) and diploma degrees (41.7%) in the 1950s. Most nurses entering the nursing profession in the 1960s held diploma degrees (60.3%), but from the 1970s onward, growing shares of nurses received basic education from associate and baccalaureate degree programs. By the 2010s, 62.1 percent of nurses with active licenses indicated that their initial nursing education came from an associate degree program, and 29 percent from baccalaureate programs. Nearly eight percent reported that their initial nursing education came from master's degree programs. Note that the 2012-2013 Board of Registered Nursing Annual Schools Report found that 38.6 percent of RN graduates in that academic year had completed a baccalaureate program, 54.6 percent had completed an associate degree, and 6.8 percent had completed an entry-level master's degree. Thus, this survey of RNs may underrepresent graduates of baccalaureate programs, and over-represent graduates of associate degree and entry-level master's programs, at least for those graduating in recent years.

The distribution of the pre-licensure programs completed by employed California RNs with active licenses is similar to the overall RN population (Table 2.2). However, a smaller share of employed nurses completed their initial pre-licensure education in a diploma program (9.7%).

Figure 2.2. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, by decade of graduation



Note: Number of cases=1,291. Data are weighted to represent all RNs with active licenses.

Table 2.2. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, by decade of graduation and employment status

	Decade of graduation							
	All nurses	1950s	1960s	1970s	1980s	1990s	2000s	2010s
All California RNs								
Diploma	12.4%	41.7%	60.3%	18.3%	10.5%	2.9%	2.9%	0.0%
Associate Degree	51.0%	8.4%	17.7%	39.4%	51.9%	59.4%	65.7%	62.1%
30-Unit Option	2.1%	0.0%	0.0%	2.0%	1.2%	3.2%	3.4%	1.2%
Baccalaureate	32.0%	50.0%	17.7%	38.6%	34.7%	31.8%	26.2%	29.0%
Master's Degree	1.2%	0.0%	0.0%	0.0%	0.4%	2.1%	1.4%	7.8%
Other	1.1%	0.0%	4.4%	1.0%	1.3%	0.4%	0.3%	0.0%
Not reported	0.3%	0.0%	0.0%	0.7%	0.0%	0.3%	0.1%	0.0%
Employed RNs								
	All nurses	1950s	1960s	1970s	1980s	1990s	2000s	2010s
Diploma	9.7%	62.4%	67.2%	13.6%	9.4%	3.5%	2.9%	0.0%
Associate Degree	52.9%	0.0%	14.0%	40.6%	51.4%	58.5%	65.9%	65.0%
30-Unit Option	2.2%	0.0%	0.0%	1.6%	1.1%	3.2%	3.6%	1.5%
Baccalaureate	32.7%	37.6%	14.0%	41.9%	36.0%	31.9%	26.6%	27.6%
Master's Degree	1.1%	0.0%	0.0%	0.0%	0.5%	2.5%	0.7%	5.9%
Other	1.2%	0.0%	4.7%	1.3%	1.7%	0.5%	0.2%	0.0%
Not reported	0.2%	0.0%	0.0%	1.0%	0.0%	0.0%	0.1%	0.0%

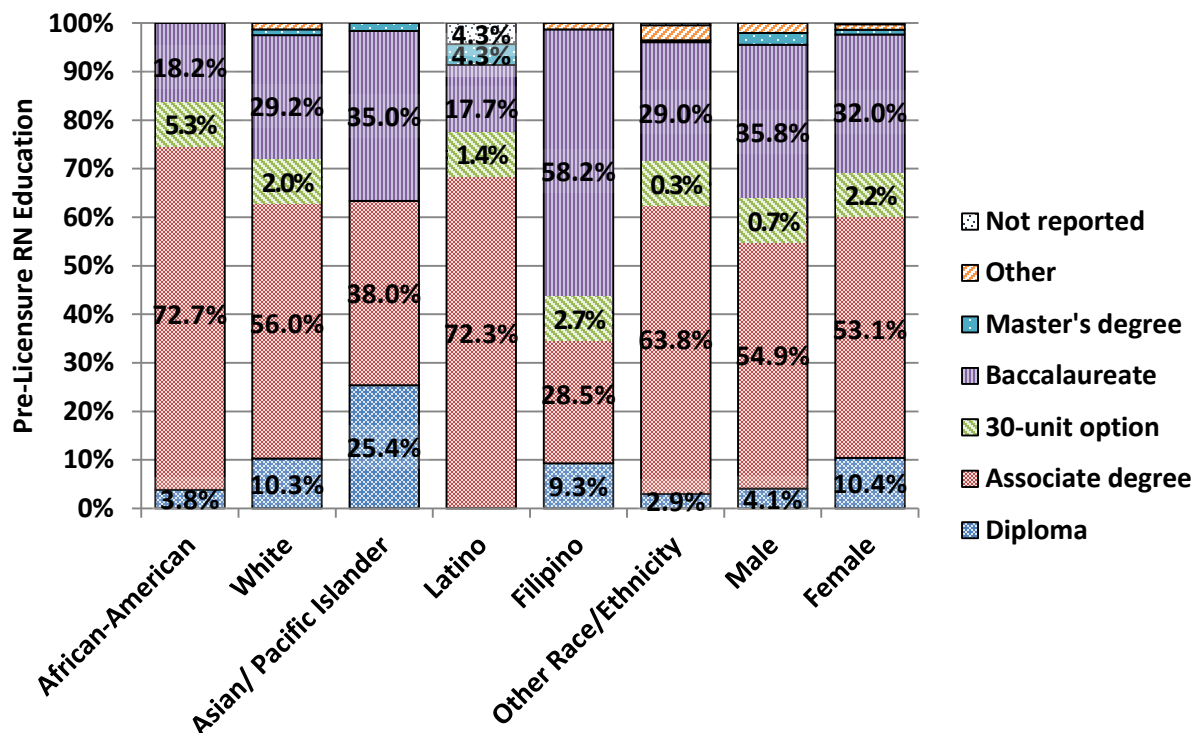
Note: Number of cases=1,291 for all nurses; 1,068 for employed nurses. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100%

Figure 2.3 and Table 2.3 present the pre-licensure programs completed by California-resident RNs by racial and ethnic background, and by gender. More than half of African American, White, and Latino nurses completed their pre-licensure education in associate degree programs. Among those in the

“other” racial/ethnic category – which includes Native Americans, those of mixed heritage, and those who self-identified as “other” – nearly two-thirds reported having obtained their initial nursing education in an associate degree program. In contrast, more than 58 percent of Filipino nurses reported that they completed their pre-licensure degrees in baccalaureate programs. Among non-Filipino Asian and Pacific Islander RNs, 25.4 percent were educated in diploma programs, 38 percent in associate degree programs, and 35 percent in baccalaureate programs. A slightly greater share of men received their initial RN education in a baccalaureate program (35.8%) than women (32.0%), as well as in an associate degree program. Conversely, female RNs were more likely to have received their initial RN education in a diploma program (10.4% versus. 4.1%). This is likely associated with the declining number of diploma programs in the United States; the numbers of men entering the nursing profession has risen in more recent years when diploma programs are less prominent.

The age of RNs graduating from their pre-licensure program has changed over the decades, as shown in Table 2.4. In the 1950s and 1960s, nearly all nurses were under 25 years old at time of graduation, while only 19 percent of nurses in the 2010s were under 25 years old. Nearly 30 percent of RNs indicated that they were 45 or older at time of graduation in the 2010s, which is greater than what was reported in the 2012 Survey of RNs (6.3%). The 2012 Survey of RNs reported 57.9 percent of RNs were 29 or under at time of graduation in the 2010s.

Figure 2.3. Pre-licensure RN education completed by currently working RNs residing in California, by race/ethnicity and gender



Note: Number of cases=1,068. RNs who did not report race/ethnicity were excluded from the calculation. Columns may not add to 100%.

Table 2.3. Pre-licensure RN education completed by currently working RNs residing in California, by race/ethnicity and gender

	African-American	White	Asian/ Pacific Islander	Latino	Filipino	Other Race/Ethnicity	Male	Female
Diploma	3.8%	10.3%	25.4%	0.0%	9.3%	2.9%	4.1%	10.4%
Associate degree	72.7%	56.0%	38.0%	72.3%	28.5%	63.8%	54.9%	53.1%
30-unit option	5.3%	2.0%	0.0%	1.4%	2.7%	0.3%	0.7%	2.2%
Baccalaureate	18.2%	29.2%	35.0%	17.7%	58.2%	29.0%	35.8%	32.0%
Master's degree	0.0%	1.2%	1.6%	4.3%	0.0%	0.4%	2.5%	1.0%
Other	0.0%	1.3%	0.0%	0.0%	1.3%	3.1%	2.0%	1.1%
Not reported	0.0%	0.0%	0.0%	4.3%	0.0%	0.5%	0.0%	0.3%

Note: Number of cases=1,068. RNs who did not report race/ethnicity were excluded from the calculation. Columns may not add to 100%.

Table 2.4. Age distribution at the time of graduation from their pre-licensure education of currently working registered nurses residing in California, by decade of graduation

Age at graduation	All nurses	Decade of graduation						
		1950s	1960s	1970s	1980s	1990s	2000s	2010s
Under 25 years	39.3%	100.0%	96.9%	72.9%	49.0%	18.6%	11.4%	18.9%
25-29 years	20.6%	0.0%	3.1%	21.5%	29.2%	20.7%	13.8%	20.9%
30-34 years	12.2%	0.0%	0.0%	4.0%	16.2%	19.7%	9.4%	15.6%
35-39 years	9.3%	0.0%	0.0%	1.7%	3.7%	20.4%	14.1%	11.1%
40-44 years	9.2%	0.0%	0.0%	0.0%	1.2%	12.2%	25.8%	4.0%
45 and older	9.4%	0.0%	0.0%	0.0%	0.7%	8.4%	25.3%	29.6%

Note: Number of cases=1,060. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 2.5 presents the state or country in which currently-employed RNs received their pre-licensure education, by year of graduation. The share of RNs who completed pre-licensure education in California has risen since the 1960s, from about 30 percent to nearly 90 percent in the 2010s. At the same time, the percentage of RNs graduating in other states and countries declined.

Table 2.5. Locations where currently working registered nurses residing in California received basic nursing education, by decade of graduation

Location of education	All RNs	Decade of graduation						
		1950s	1960s	1970s	1980s	1990s	2000s	2010s
California	64.0%	62.6%	29.7%	48.7%	62.9%	68.0%	77.2%	89.4%
Other States	21.7%	37.4%	50.0%	27.9%	20.0%	20.7%	16.5%	9.9%
International	14.0%	0.0%	20.3%	23.4%	17.1%	11.4%	6.4%	0.6%

Note: Number of cases=1,027. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nurses who reside in rural regions of California are more likely to have graduated from California RN education programs than RNs who reside in urban areas (Table 2.6). A greater share of urban RNs were educated internationally than those in rural areas (19.1% versus 7.7%). Among those educated internationally, there are relatively more nurses from the Philippines in urban areas (64.4% in urban areas versus 52.8% in rural areas), and relatively more Canadian-educated RNs in rural areas (16.9% in rural areas versus 9.8% in urban areas).

Table 2.6. Locations where currently working registered nurses residing in California received basic nursing education, by urban/rural residence

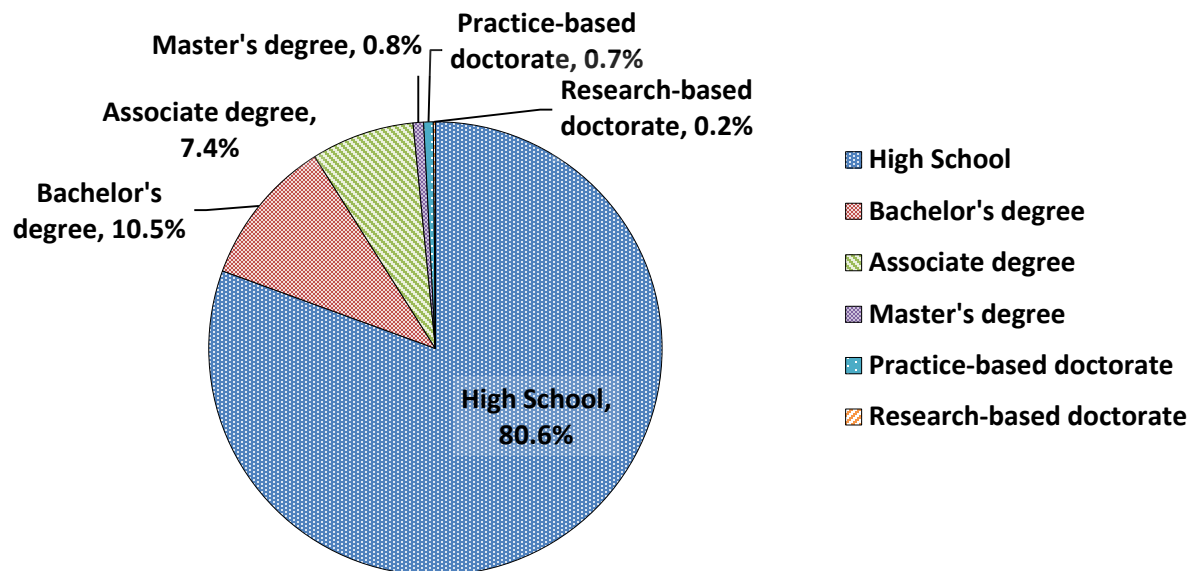
	All nurses	Urban residence	Rural residence
California	64.0%	57.3%	72.7%
Other States	21.9%	23.6%	19.7%
International	14.1%	19.1%	7.7%
Of those internationally-educated...			
Philippines	61.7%	64.4%	52.8%
Canada	11.5%	9.8%	16.9%
India	7.2%	7.1%	7.8%
England	2.6%	1.9%	4.9%
China	1.9%	2.4%	0.0%
Australia	0.9%	0.0%	4.0%
Korea	0.5%	0.6%	0.0%
Other	13.8%	13.7%	13.7%

Note: Number of cases=1,035. RNs who did not indicate the location of education were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Education Prior to Entering Nursing

Respondents to the survey were asked to report all non-nursing degrees received, both before and after completing pre-licensure RN education. Over 80 percent of currently working Californian nurses did not report that they had completed any non-nursing degrees prior to their pre-licensure RN education (Figure 2.4). This percentage is notably higher than reported in the 2012 Survey of Registered Nurses (49.5%); in that survey, there is a separate question about the respondent's highest level of pre-licensure education, as opposed to pre-licensure education being grouped with post-licensure non-nursing education. It is possible that nurses over-report their pre-licensure education in the 2012 report, or that they under-reported in the Education Survey, due to differences in the question wording and placement. In the Education Survey, 10.5 percent of RNs had baccalaureate degrees prior to their pre-licensure RN education, and 7.4 percent had associate degrees.

Figure 2.4. Highest non-nursing education obtained prior to basic nursing education for currently working RNs residing in California



Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

Table 2.7 presents the highest level of non-nursing education completed prior to RN licensure, by decade of completing initial RN education. Among RNs who graduated prior to the 1990s, more than 80 percent had not completed any non-nursing post-secondary education prior to their pre-licensure education. In the 2000s and 2010, more than 30 percent had completed a non-nursing degree prior to their RN education, most often a bachelor's degree.

Table 2.7. Highest levels of non-nursing education completed prior to basic nursing education by currently working registered nurses residing in California, by decade of completion of initial RN education

Highest non-nursing pre-licensure education	All nurses	Decade of graduation						
		1950s	1960s	1970s	1980s	1990s	2000s	2010s
High school	80.6%	100.0%	100.0%	88.8%	84.7%	77.2%	69.7%	69.2%
Associate degree	7.4%	0.0%	0.0%	5.6%	7.2%	8.7%	8.9%	11.4%
Bachelor's degree	10.5%	0.0%	0.0%	5.7%	7.7%	11.7%	17.7%	18.0%
Master's degree	0.8%	0.0%	0.0%	0.0%	0.5%	0.3%	2.1%	1.4%
Practice-based doctorate	0.7%	0.0%	0.0%	0.0%	0.0%	2.1%	1.0%	0.0%
Research-based doctorate	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%

Note: Number of cases=1,068. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

There is variation across racial and ethnic groups in the share of RNs who completed a non-nursing degree prior to their pre-licensure nursing education, as presented in Table 2.8. Latino RNs were more likely than other nurses to report they completed a non-nursing associate degree before their RN education (15.1%), while Asian/Pacific Islander RNs were more likely to have completed a pre-licensure non-nursing bachelor's degree (19.5%). Nearly 14 percent of African-American nurses and more than 13 percent of Filipino nurses completed a non-nursing bachelor's degree before their initial RN education was complete.

Table 2.8. Highest levels of non-nursing education completed prior to basic nursing education by currently working registered nurses residing in California, by race/ethnicity

Highest non-nursing pre-licensure education	Race/Ethnicity					
	African-American	White	Asian/ Pacific Islander	Latino	Filipino	Other
High school	83.1%	81.0%	72.6%	78.9%	80.2%	81.7%
Associate degree	3.2%	8.3%	5.3%	15.1%	2.8%	8.8%
Bachelor's degree	13.7%	9.5%	19.5%	2.9%	13.2%	9.5%
Master's degree	0.0%	0.8%	2.6%	0.0%	1.0%	0.0%
Practice-based doctorate	0.0%	0.5%	0.0%	3.2%	1.8%	0.0%
Research-based doctorate	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%

Note: Number of cases=1,057. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

As seen in Table 2.9, a large share of working RNs obtained their initial pre-licensure RN education in an associate degree program, regardless of their highest pre-licensure non-nursing degree. Fifty-two percent of RNs whose highest non-nursing pre-licensure education was high school obtained their initial nursing education through an associate RN degree, while 32.5 percent obtained their initial nursing education through a Bachelor's RN degree. Nearly eighty percent of nurses with a pre-licensure non-nursing Master's degree obtained an associate degree in nursing, and 20.2 percent obtained a bachelor's RN degree.

Table 2.9. Initial nursing education completed by currently working registered nurses residing in California, by highest non-nursing, pre-licensure education level of pre-nursing education

Initial RN Education	Highest Non-Nursing Pre-Licensure Education				
	High School	Associate degree	Bachelor's degree	Master's degree	Practice-based doctorate
Diploma	11.0%	1.9%	5.7%	0.0%	0.0%
Associate RN degree	52.3%	64.1%	49.7%	79.8%	56.2%
30-Unit Option	2.4%	2.6%	0.2%	0.0%	0.0%
Bachelor's RN degree	32.5%	29.6%	39.3%	20.2%	21.9%
Master's RN degree	0.5%	0.0%	5.1%	0.0%	21.9%
Other RN program	1.3%	1.7%	0.0%	0.0%	0.0%

Note: Number of cases=1,066. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 2.10 presents the time between the completion of non-nursing pre-licensure education and the completion of initial RN education. Nearly one-third of currently employed RNs who had a non-nursing associate degree prior to their pre-licensure education took 3 to 5 years to complete their initial RN education, and 24.3 percent took 11 or more years. Among those with a non-nursing bachelor's degree, 25.4 percent took 3 to 5 years, 26.9 percent took 6 to 10 years, and 37.6 percent took 11 or more years to complete their initial RN degree. Over 57 percent of RNs with non-nursing doctoral degrees took 11 or more years to complete their initial RN education.

Table 2.10. Time between completion of highest level of non-nursing education prior to basic nursing education and initial RN education, for currently working registered nurses residing in California who completed a non-nursing post-secondary degree before nursing education, by type of pre-nursing education

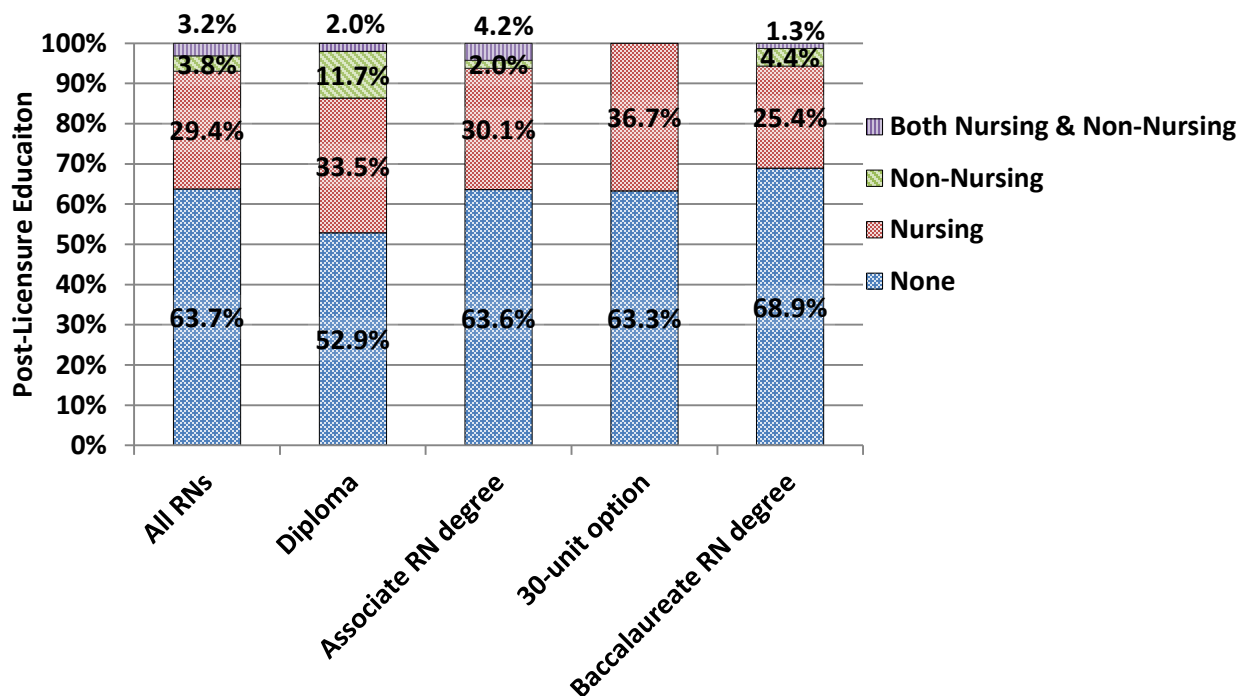
Years to complete initial RN education	Post-secondary non-nursing degree prior to RN education			
	Associate degree	Bachelor's degree	Master's degree	Practice-based doctorate
1-2 years	27.6%	10.2%	0.0%	0.0%
3-5 years	32.9%	25.4%	32.6%	21.7%
6-10 years	15.3%	26.9%	34.2%	20.4%
11 or more years	24.3%	37.6%	33.2%	57.9%

Note: Number of cases=229. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nursing and Non-Nursing Education Completed After Entering Registered Nursing

Many nurses pursue additional education after completing their pre-licensure RN education. Most often, RNs will pursue additional nursing degrees, but some RNs complete non-nursing degrees. As seen in Figure 2.5, more than 36 percent of employed California nurses completed at least one post-licensure degree. Nearly 30 percent obtained a post-licensure nursing degree, 3.8 percent finished a non-nursing degree, and 3.2 percent completed both nursing and non-nursing degrees. Of those RNs with an initial pre-licensure associate degree, 30.1 percent pursued further education. RNs whose pre-licensure education was a diploma, associate degree, or 30-unit option were more likely to complete post-licensure degrees than those whose pre-licensure education was a bachelor's degree.

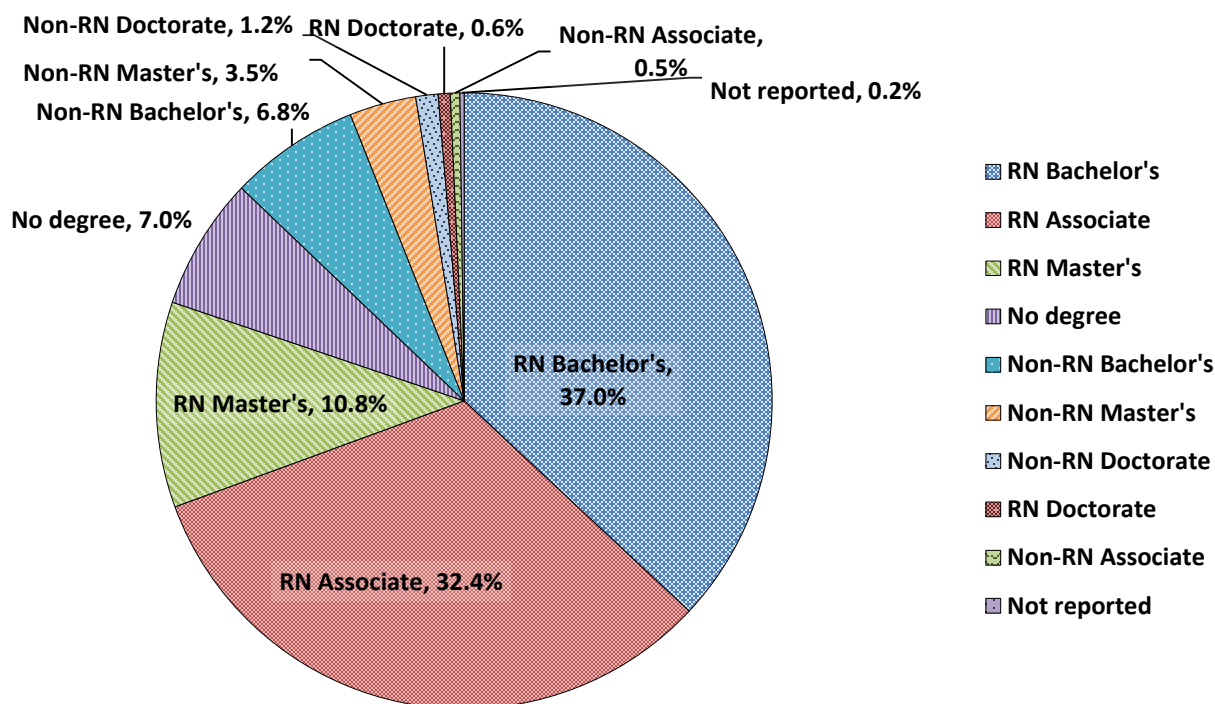
Figure 2.5 Completion of post-licensure education by currently working RNs residing in California, by type of initial RN education program



Note: Number of cases=1,066. Data are weighted to represent all RNs with active licenses.

Figure 2.6 presents the highest level of education completed by currently employed California RNs. Note that in this figure, nursing degrees were considered to be “higher” than non-nursing degrees of the same type (i.e., a bachelor’s in nursing was higher than a non-nursing bachelor’s degree). A bachelor’s degree in nursing was the highest degree completed by 37 percent of nurses. The next largest group holds an associate degree in nursing as their highest education (32.4%). Nearly 11 percent of working RNs have a master’s degree in nursing as their highest education.

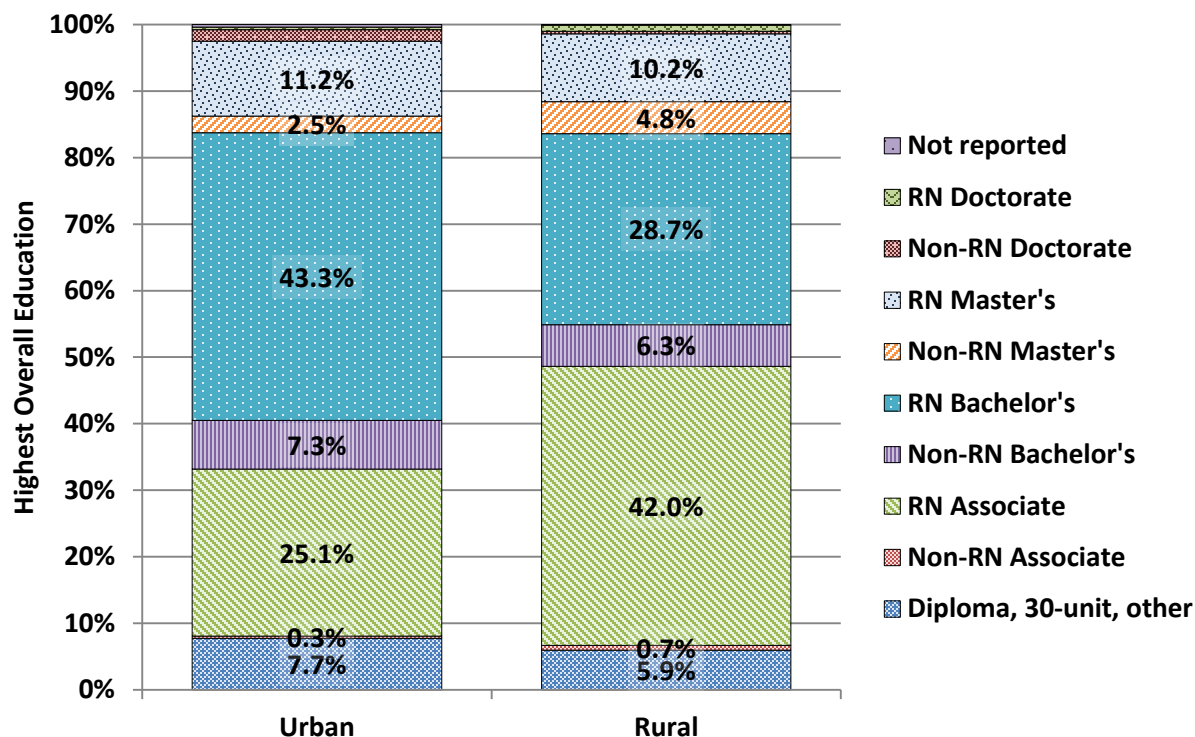
Figure 2.6. Highest overall education (nursing and non-nursing) completed by currently working registered nurses residing in California



Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

The distribution of highest overall degree is different between employed California nurses residing in rural and urban locations, as shown in Figure 2.7 and Table 2.11. In general, the education of urban-resident RNs is higher than that of rural RNs. Nearly half of rural RNs report that their highest degree is an associate degree in nursing or less, whereas only about 40 percent of urban nurses have no more than an associate degree in nursing. More than half of urban RNs have a bachelor’s degree in nursing or a non-nursing field. In contrast, only 35 percent of rural RNs has a bachelor’s degree. However, similar shares of urban and rural RNs have master’s degrees in nursing or another field: 13.7 percent among urban RNs, and 15 percent among rural RNs.

Figure 2.7. Highest overall education (nursing and non-nursing) completed by currently working registered nurses residing in California, by urban/rural residence



Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

Table 2.11. Highest overall education (nursing and non-nursing) completed by currently working registered nurses residing in California, by urban/rural residence

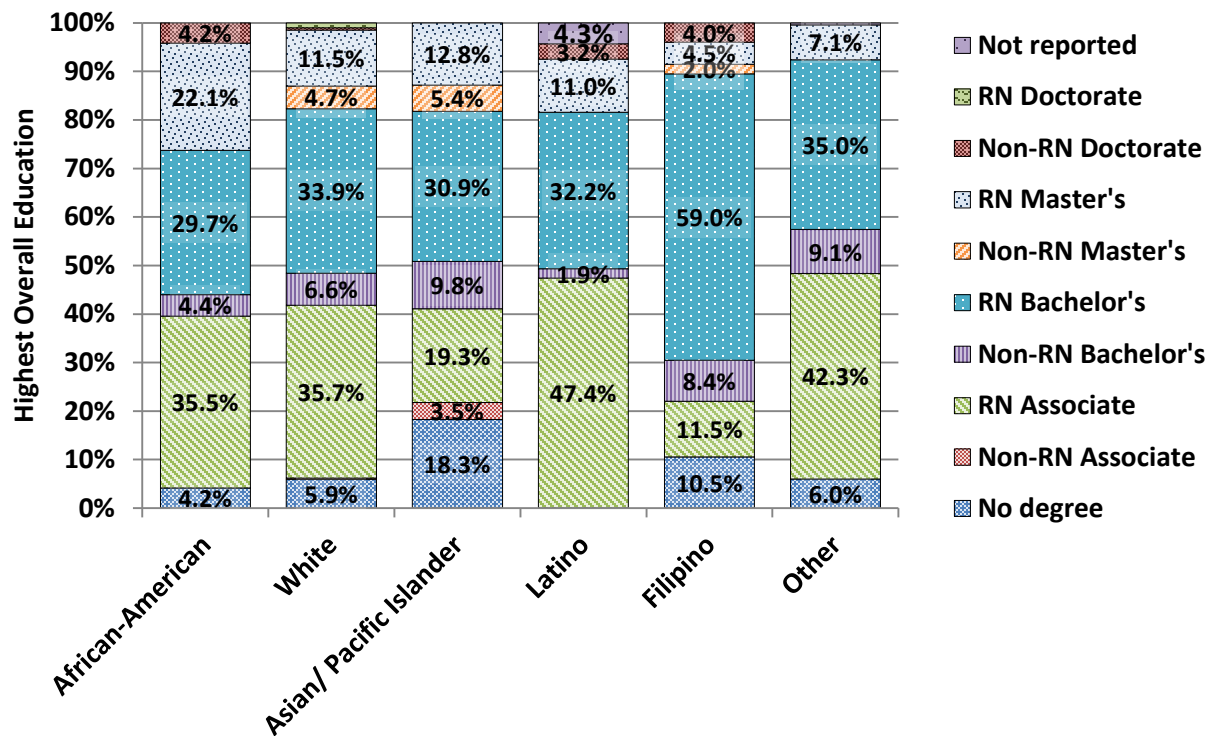
	Urban	Rural
Diploma, 30-unit, other	7.7%	5.9%
Non-RN Associate	0.3%	0.7%
RN Associate	25.1%	42.0%
Non-RN Bachelor's	7.3%	6.3%
RN Bachelor's	43.3%	28.7%
Non-RN Master's	2.5%	4.8%
RN Master's	11.2%	10.2%
Non-RN Doctorate	1.8%	0.4%
RN Doctorate	0.4%	0.9%
Not reported	0.3%	0.1%

Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

The highest educational attainment of RNs varies across racial and ethnic groups as shown in Figure 2.8 and Table 2.12. Filipino RNs are more highly educated than other RNs, likely because RN education for nurses who were educated in the Philippines is usually at the baccalaureate level. African-American RNs were more likely than other RNs to have a bachelor's or master's degree in nursing, with only 35.5 percent having an associate degree or less, and 22.1 percent reporting they

completed a master's degree in nursing. The estimated share of African-American nurses with a graduate degree is notably higher than estimated from the 2012 Survey of Registered Nurses; the difference may be the result of the small sample size.

Figure 2.8. Highest overall education (nursing and non-nursing) completed by currently working registered nurses residing in California, by race/ethnicity



Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

Table 2.12. Highest overall education (nursing and non-nursing) completed by currently working registered nurses residing in California, by race/ethnicity

	African-American	White	Asian/ Pacific Islander	Latino	Filipino	Other
No degree	4.2%	5.9%	18.3%	0.0%	10.5%	6.0%
Non-RN Associate	0.0%	0.3%	3.5%	0.0%	0.0%	0.0%
RN Associate	35.5%	35.7%	19.3%	47.4%	11.5%	42.3%
Non-RN Bachelor's	4.4%	6.6%	9.8%	1.9%	8.4%	9.1%
RN Bachelor's	29.7%	33.9%	30.9%	32.2%	59.0%	35.0%
Non-RN Master's	0.0%	4.7%	5.4%	0.0%	2.0%	0.0%
RN Master's	22.1%	11.5%	12.8%	11.0%	4.5%	7.1%
Non-RN Doctorate	4.2%	0.5%	0.0%	3.2%	4.0%	0.0%
RN Doctorate	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
Not reported	0.0%	0.0%	0.0%	4.3%	0.0%	0.5%

Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

Nursing Education Completed After Initial RN Education

Table 2.13 presents the highest level of nursing education completed by employed California nurses, by their initial RN education. Large shares of RNs reported that their highest nursing degree came from their initial pre-licensure RN education. Among nurses whose initial RN education was through a diploma program, 2.6 percent continued to complete an associate RN degree, and over 20 percent completed a baccalaureate degree in nursing. Among nurses with associate degree pre-licensure education, 72.3 percent reported their highest nursing degree was an associate RN degree, 18.9 reported a baccalaureate RN degree, and 8.6 percent reported a master's degree in nursing. Nearly 84 percent of nurses with a pre-licensure baccalaureate in nursing indicated that their highest degree was their baccalaureate degree, and 14.7 percent completed a master's degree in nursing.

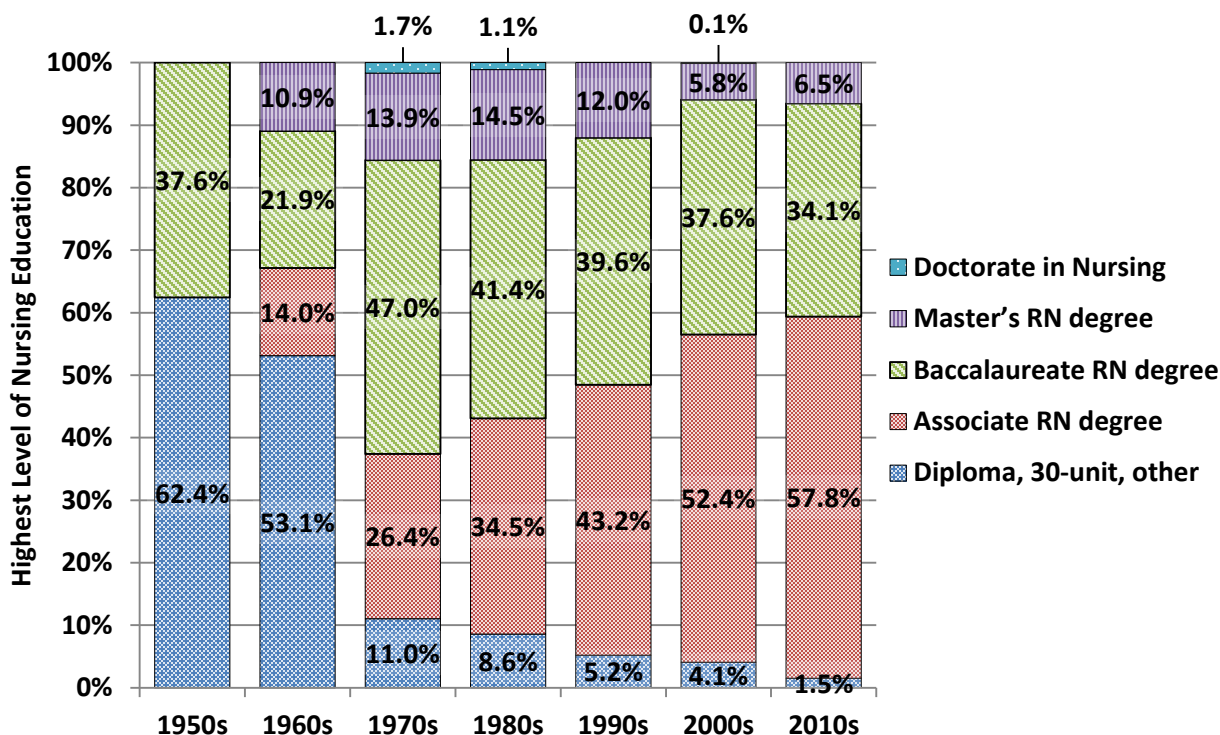
Table 2.13. Highest level of nursing education completed by currently working RNs residing in California, by initial RN education

Highest nursing degree completed	All RNs	Initial Pre-Licensure RN Education				
		Diploma	Associate RN degree	30-unit option	Baccalaureate RN degree	Master's RN degree
Diploma or 30-unit option	9.3%	73.4%	0.0%	63.3%	0.0%	0.0%
Associate RN degree	39.0%	2.6%	72.3%	14.0%	0.0%	0.0%
Baccalaureate RN degree	39.9%	20.5%	18.9%	13.8%	83.9%	0.0%
Master's RN degree	11.1%	3.5%	8.6%	8.9%	14.7%	97.5%
Doctorate in Nursing	0.6%	0.0%	0.3%	0.0%	1.4%	2.5%

Note: Number of cases=1,066. Respondents could report obtaining multiple additional degrees, so columns will not add to 100%. Data are weighted to represent all RNs with active licenses.

As seen in Figure 2.9, more than half of employed nurses who graduated in the 1950s and 1960s reported that their highest nursing education was a diploma. Starting with the cohort of RNs who graduated in the 1970s, rising shares of RNs reported that their highest education was an associate degree. There also has been a decline in the share of nurses whose highest nursing education is a bachelor's degree over the decades. Nurses who graduated in the 2000s and 2010s, and even nurses who graduated in the 1990s and 1980s, may still pursue further education later in their nursing careers.

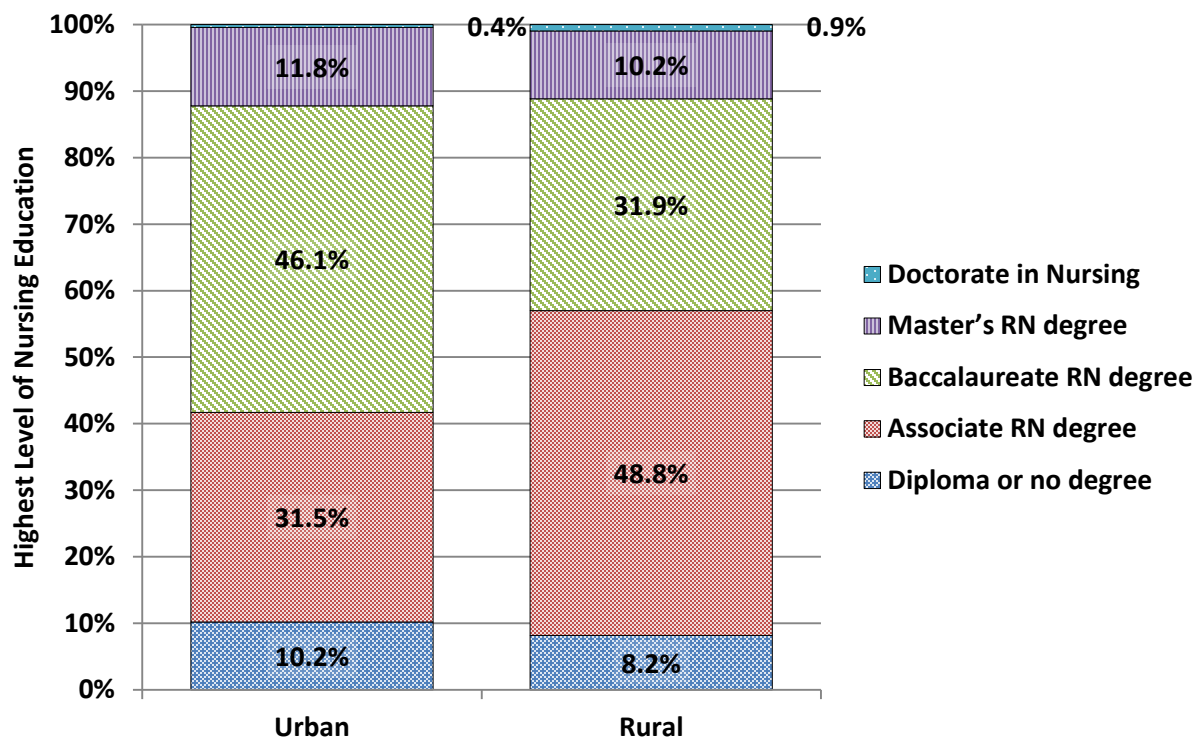
Figure 2.9 Highest level of nursing education completed by currently working RNs residing in California, by decade of graduation from initial RN education program



Note: Number of cases=1,058. Data are weighted to represent all RNs with active licenses.

Figure 2.10 presents the highest level of nursing education completed by currently employed California RNs according to whether they live in urban or rural settings. More than 46 percent of RNs residing in urban areas indicated that their highest nursing education was a bachelor's degree, 11.8 percent reported a master's degree, and 0.4 percent held a doctorate. Higher-level nursing education is much less common among rural RNs; only 31.9 percent reported a bachelor's degree, 10.2 percent had a master's degree in nursing, and almost one percent held a doctorate.

Figure 2.10. Highest level of nursing education completed by currently working registered nurses residing in California, by urban/rural location



Note: Number of cases=1,066. Data are weighted to represent all RNs with active licenses.

Table 2.14 presents the average number of years between when RNs completed their initial nursing education and when they completed their highest degree in nursing. Among RNs whose initial nursing education was a diploma, there was a five-year gap before completing an associate degree, 15.4 years before completing a baccalaureate in nursing, and 11 years before finishing a master's in nursing. Nurses whose initial education was an associate degree completed a bachelor's degree an average of 10.5 years later and a master's degree 16.8 years later. Nurses with initial education from a baccalaureate nursing program completed master's degrees an average of 9.4 years later. Among RNs whose initial education was an associate or bachelor's degree, the average time to completion of a nursing doctorate was 20 years or longer.

Table 2.14. Average years between initial nursing education and highest nursing education for currently employed RNs residing in California

Initial RN Education	Additional Nursing Degrees			
	Associate Degree in Nursing	Bachelor's Degree in Nursing	Master's Degree in Nursing	Doctorate in Nursing
Diploma	5.0	15.4	11.0	*
Associate Degree, Nursing		10.5	16.8	20.0
Baccalaureate Degree, Nursing			9.4	21.2

Note: Data are weighted to represent all RNs with active licenses.

As presented in Table 2.15, two-thirds of nurses who completed their pre-licensure education in California also finished their highest post-licensure nursing education in California. Among those whose pre-licensure education was in another state, 40.4 percent completed their highest post-licensure nursing degree in California, and 23.6 percent completed that degree in another state. Large shares of internationally-educated nurses completed post-licensure nursing education internationally (22.3%) and in California (25.0%).

Table 2.15. Locations where additional RN education was completed, by location of initial RN education, for currently employed RNs residing in California who completed post-licensure nursing education

Location where additional nursing education was completed	Location of Initial RN Education		
	California	Other State	International
California	66.4%	40.4%	25.0%
Other State	8.8%	23.6%	7.3%
International	1.4%	3.8%	22.3%

Note: Number of cases=311. Columns will not sum to 100% because some respondents completed multiple post-licensure nursing education programs, and others did not report the location of their post-licensure education. Data are weighted to represent all RNs with active licenses.

Nurses can specialize in a variety of nursing fields and obtain certification to demonstrate advanced practice or specialized knowledge, as shown in Table 2.16. Over 92 percent of employed RNs, residing in California who completed further education after licensure pursued a bachelor's degree in the field of general nursing. Among RNs who completed a post-licensure master's degree in nursing, 36.2 percent had an educational focus to be a nurse practitioner, 17.4 percent focused on nursing administration and leadership, and 12.8 percent focused on nursing education.

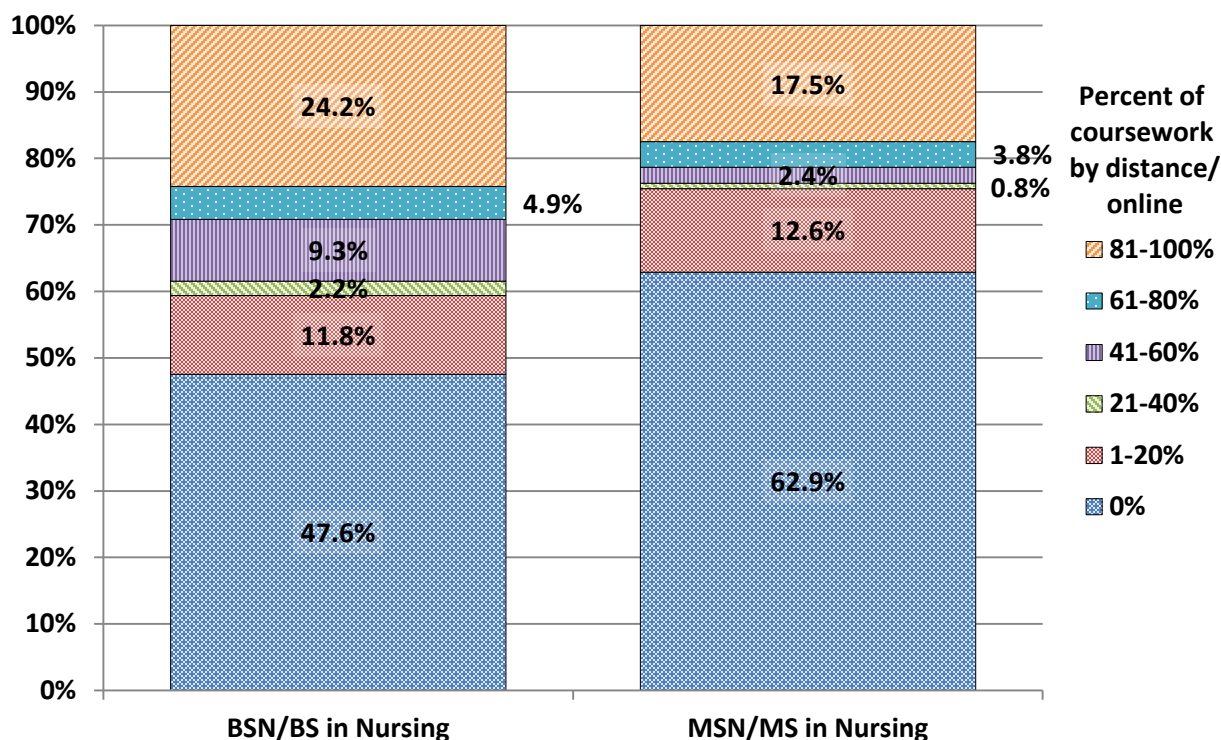
Table 2.16. Fields of study for post-licensure nursing education, for currently employed RNs residing in California who completed post-licensure nursing education

Field of study	BSN/BS in Nursing	MSN/MS in Nursing	Field of study	BSN/BS in Nursing	MSN/MS in Nursing
General nursing	92.4%	5.5%	Nursing administration/ leadership		17.4%
Pediatric nursing	0.9%	5.1%	School nursing	0.3%	
Geriatric nursing		1.3%	Nursing education		12.8%
Cardiovascular/cardiac nursing		1.7%	Clinical Nurse Specialist		6.7%
Critical care nursing	0.9%	1.8%	Nurse Practitioner	0.7%	36.2%
Emergency nursing		0.4%	Nurse Anesthetist	0.7%	4.4%
Public health nursing	3.9%	1.3%	Other	0.3%	5.4%
			Number of cases	147	91

Note: Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Many post-licensure nursing education programs offer coursework through distance learning modalities, including web-based courses and correspondence. As illustrated in Figure 2.11, more than half of RNs who completed a post-licensure bachelor's degree indicated that at least some of their coursework was provided through distance learning. Nearly one-quarter reported that more than 80 percent of their coursework was delivered using distance learning approaches. Only about 37 percent of RNs who completed post-licensure nursing master's degrees report some use of distance learning approaches; 17.5 percent had more than 80 percent of their coursework through distance learning.

Figure 2.11. Percent of post-licensure nursing coursework conducted through distance learning, correspondence or online, for currently employed RNs residing in California who completed post-licensure nursing education



Note: Number of cases=142 for BSN/BS in Nursing; 88 for MSN/MS in Nursing. Data are weighted to represent all RNs with active licenses.

Non-Nursing Education Completed After Initial RN Education

As presented above, some nurses complete post-licensure education in non-nursing fields. Table 2.17 describes the types of non-nursing degrees completed by currently employed RNs residing in California. More than seven percent of RNs completed a post-licensure non-nursing education program, with the most common highest non-nursing degree being a master's degree (55.4%). Nearly one-third reported that their highest non-nursing post-licensure degree is a bachelor's degree (32.8%). Among nurses whose initial education was a diploma, 15.6 percent completed a non-nursing education program, with the most common degree being a bachelor's degree (58.8%). Over six percent of RNs with initial associate degree education subsequently completed non-nursing education, with the most common degree being a master's degree (60%). Among the 5.7 percent of RNs whose initial education was in a baccalaureate program and who finished a non-nursing education program, 74.2 percent obtained a non-nursing master's degree, and 13.2 percent finished a non-nursing doctorate.

Table 2.17. Non-nursing degrees completed after pre-licensure education by currently employed RNs residing in California, by initial RN education

	Initial RN Education				
	All RNs	Diploma	Associate RN degree	Baccalaureate RN degree	Master's RN degree
Completed post-licensure non-nursing education	7.1%	15.6%	6.3%	5.7%	2.5%
Highest non-nursing degree completed post-licensure, among those with post-licensure non-nursing education					
Associate Degree	6.8%	12.0%	5.4%	8.4%	*
Bachelor's Degree	32.8%	58.8%	30.7%	4.2%	*
Master's Degree	55.4%	29.3%	60.0%	74.2%	*
Doctorate	5.0%	0.0%	4.0%	13.2%	*

Note: Number of cases=1,068. Forty-nine observations were used to calculate highest post-licensure non-nursing education. Not enough observations available to calculate highest education for initial master's degree RNs. Data are weighted to represent all RNs with active licenses.

Nurses who choose to pursue post-licensure non-nursing degrees completed their degrees in a variety of fields, as shown in Table 2.18. Among employed California RNs who completed a non-nursing bachelor's degree, over 27 percent majored in business/management, 26.1 percent majored in a humanities field, and 15.7 percent majored in biological or physical sciences. Among those with post-licensure non-nursing master's degrees, the most common fields of study were business and management (35.1%), another health field (14.9%), public health (14.1%), and education (13.4%). While these degrees are not in the field of nursing, 55.1 percent of those with bachelor's degrees and 67.2 percent of those with master's degrees reported that these degrees were related to their nursing careers.

Table 2.18. Fields of study for post-licensure non-nursing education, for currently employed RNs residing in California

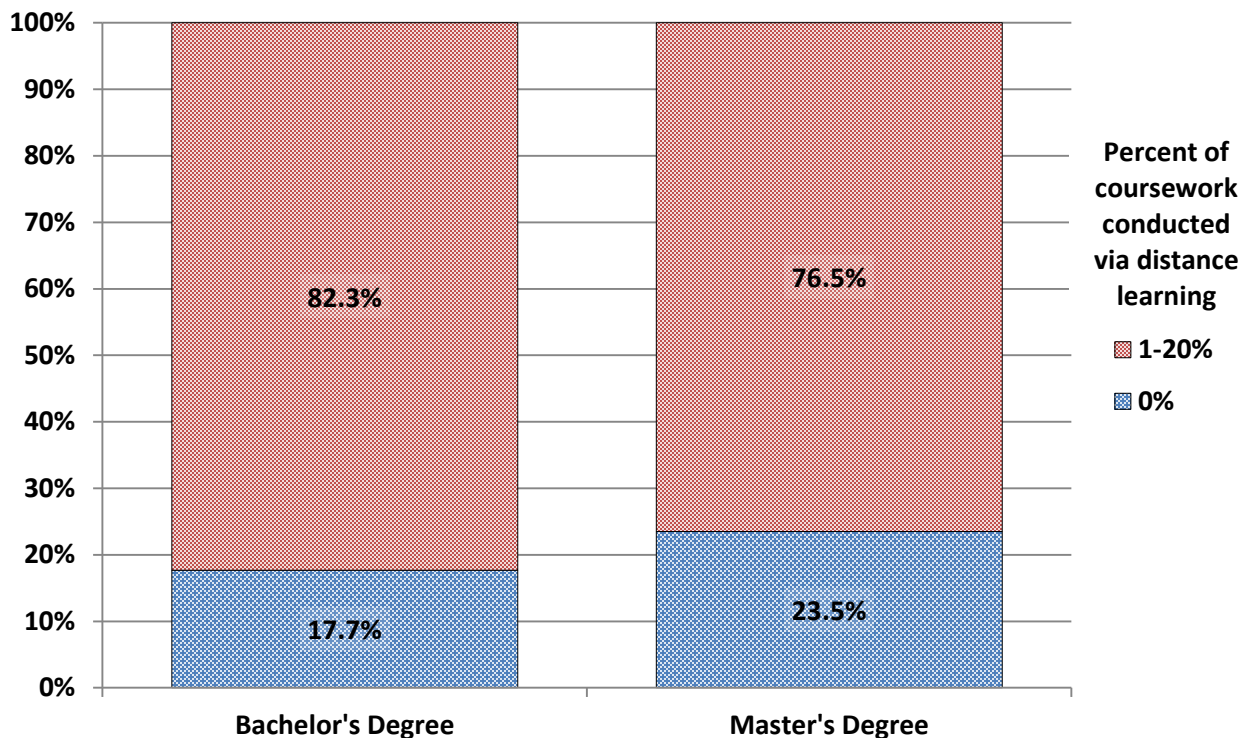
Fields of study	Bachelor's Degree	Master's Degree
Clinical practice (medicine, physical therapy, etc.)	7.7%	11.2%
Business / management	27.2%	35.1%
Education / teaching	4.0%	13.4%
Public Health	2.9%	14.1%
Biological or physical sciences	15.7%	0.0%
Humanities, liberal arts, or social sciences	26.1%	4.0%
Social work	2.6%	2.9%
Other health field	13.9%	14.9%
Other non-health field	0.0%	4.4%
Has this degree been related to your nursing career?		
Yes, related to my nursing career	55.1%	67.2%

Note: Number of cases=32 for bachelor's degree; 40 for master's degree. Data are weighted to represent all RNs with active licenses.

Figure 2.12 presents the percentage of nurses who completed non-nursing degrees in programs conducted through distance learning, correspondence or online. In contrast to the post-

licensure nursing education programs, non-nursing programs did not entail substantial distance learning components. No respondent indicated that more than 20 percent of his or her education was conducted through distance learning modalities. However, over 82 percent of employed RNs who completed a non-nursing *bachelor's* degree and over 76 percent of RNs who completed a non-nursing *master's* degree indicated that 1 to 20 percent of their coursework was conducted through distance learning, correspondence or online.

Figure 2.12. Percent of post-licensure non-nursing coursework conducted through distance learning, correspondence, or online, for currently employed RNs residing in California who completed post-licensure non-nursing education



Note: Number of cases=25 for bachelor's degree; 37 for master's degree. Data are weighted to represent all RNs with active licenses.

Certifications Held by California Registered Nurses

The California Board of Registered Nursing certifies RNs in specific fields, including public health nurses and the advanced practice registered nurse (APRN) fields of nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). The BRN also keeps a listing of registered psychiatric/mental health nurses. Table 2.19 presents the percentages of employed RNs who hold specified certifications, by initial nursing education. Overall, about two-thirds of working RNs do not have any additional certifications from the Board of Registered Nursing. Nurses whose initial education was a bachelor's degree are more likely to have additional certifications than are RNs whose initial education was a diploma, associate degree, or 30-unit option. The most common certification is in public health nursing, with 18 percent of all nurses holding this certification; 31.9 percent of those with initial bachelor's degrees have public health nursing certification. Nearly five percent of RNs have certification as a nurse practitioner; 6.7 percent of those with bachelor's-level pre-licensure education and 4.6 percent of those with associate degree pre-

licensure education are NPs. Clinical nurse specialist certification is more common among nurses whose initial education was a diploma.

Table 2.19. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by initial RN education

	All RNs	Initial Nursing Education			
		Diploma	Associate degree	30-Unit Option	Bachelor's degree
No additional certifications	66.4%	72.8%	72.6%	81.8%	55.2%
Public Health Nurse	18.0%	10.2%	10.9%	11.7%	31.9%
Nurse Practitioner (NP)	4.9%	0.0%	4.6%	0.0%	6.7%
Clinical Nurse Specialist (CNS)	2.1%	3.6%	1.2%	0.0%	3.0%
Psychiatric/Mental Health Nurse	1.1%	0.6%	1.3%	0.0%	0.9%
Nurse Midwife (CNM)	0.7%	1.8%	0.4%	0.0%	0.7%
Nurse Anesthetist (CRNA)	0.6%	0.0%	0.5%	0.0%	0.2%
Number of cases	1,298	105	663	27	460

Note: Nurses can have more than one certification, so columns will not total 100%. There were too few nurses with initial master's or doctoral education to obtain precise estimates. Data are weighted to represent all RNs with active licenses.

Table 2.20 describes additional certifications by RNs' highest nursing education. Among nurses whose highest education is a diploma, 80.4 percent do not have any additional certification. The most common certification among this group is that of CNS, although this is suspect because CNS certification requires a master's degree. About one-third of RNs whose highest nursing education is a master's degree indicate that they have certification as an NP, 5.5 percent are certified as a CNS, and 4.1 percent are certified as a CRNA.

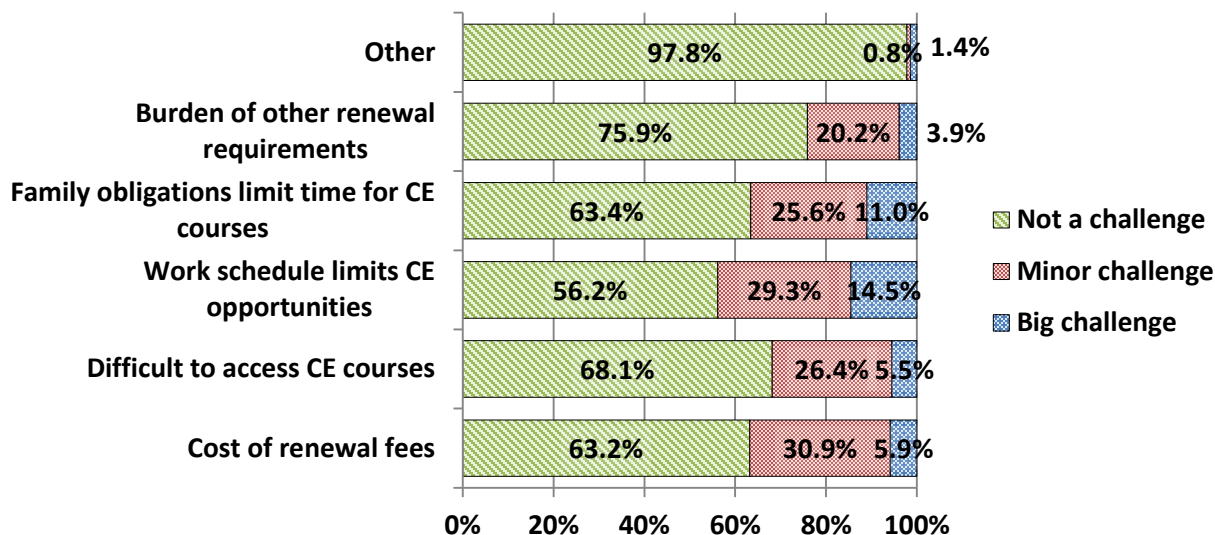
Table 2.20. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by highest RN education

	Highest Nursing Education			
	Diploma	Associate degree	Bachelor's degree	Master's degree
No additional certifications	80.4%	83.3%	57.8%	29.9%
Public Health Nurse	1.4%	0.7%	34.3%	31.1%
Nurse Practitioner	1.6%	0.7%	1.3%	33.4%
Clinical Nurse Specialist	4.8%	1.7%	1.0%	5.5%
Psychiatric/Mental Health Nurse	0.3%	1.0%	1.2%	1.3%
Nurse Midwife	1.6%	0.6%	0.6%	1.3%
Nurse Anesthetist	0.0%	0.0%	0.3%	4.1%
Number of cases	101	525	531	129

Note: Nurses can have more than one certification, so columns will not total 100%. Data are weighted to represent all RNs with active licenses.

Nurses were asked to describe what they found most challenging to maintaining their state licensure or certification, as shown in Figure 2.13. The most often-reported challenge was having a work schedule that limits continuing education opportunities, posing a big challenge to 14.5 percent of certified nurses, and a minor challenge to 29.3 percent. Family obligations were a minor challenge for 25.6 percent of certified nurses, and a big challenge for 11 percent. The cost of renewal fees was a big challenge for 5.9 percent and a minor challenge for 30.9 percent of certified RNs.

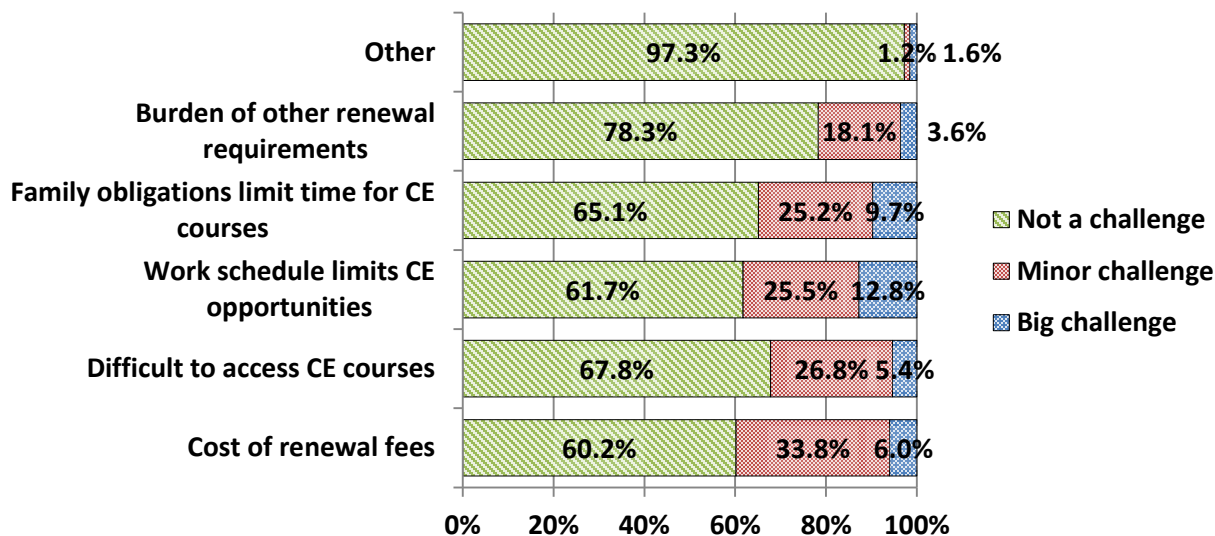
Figure 2.13. Challenges to maintaining state licensure and/or certification for currently employed RNs residing in California



Note: Number of cases=1,044. Data are weighted to represent all RNs with active licenses.

Figure 2.14 describes the degree to which rural-resident RNs face challenges maintaining their certification. Over a third of RNs reported that family obligations and work schedules were minor or big challenges. Nearly 40 percent reported that the cost of renewal fees presented at least a minor challenge to maintaining their state licensure or certification. Rural nurses did not have a notably greater or lesser set of challenges than the statewide RN population.

Figure 2.14. Challenges to maintaining state licensure and/or certification for currently employed RNs residing in rural regions of California



Note: Number of cases=641. Data are weighted to represent all RNs with active licenses.

Some RNs have certifications from national organizations in APRN fields, or in other areas of nursing specialization. Table 2.21 presents the most commonly reported national certifications among employed California RNs. Nearly four percent have a certification in critical care, and two percent have oncology certification. Other common certifications are in the fields of perioperative nursing, emergency nursing, and medical-surgical nursing. Note that the share of RNs with national certification as a nurse practitioner is much lower than the share with NP certification from the Board of Registered Nursing; the Board does not currently require national certification for the state's NPs.

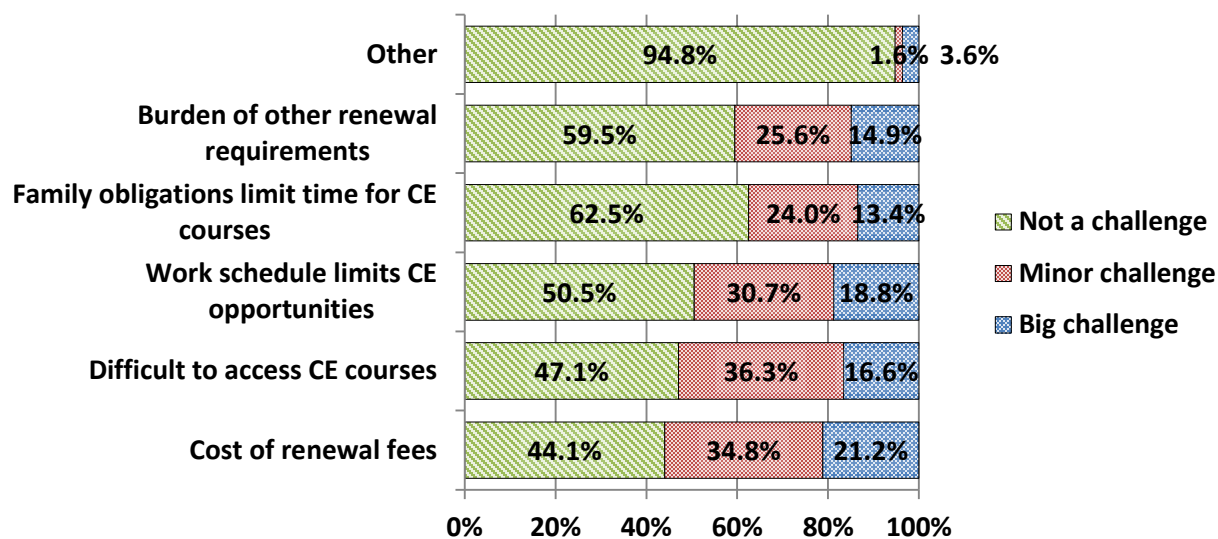
Table 2.21. National certifications held by currently working registered nurses residing in California

	Percent with certification
Critical Care (CCRN)	3.9%
Oncology (OCN)	2.0%
Perioperative (CNOR)	1.5%
Emergency (CEN)	1.3%
Medical-Surgical (various)	1.0%
Lactation	0.8%
Nurse Practitioner (AANP)	0.7%
Case Management (CCM)	0.6%
Progressive Care (PCCN)	0.6%

Note: Number of cases=1,068. Nurses can have more than one certification. Data are weighted to represent all RNs with active licenses.

Figure 2.15 describes what nurses found to be most challenging to their maintenance of their national certifications. Over 20 percent of RNs reported that the cost of renewal fees was a big challenge to maintaining their national certification and another 34.8 percent reported it as a minor challenge. Over 36 percent of RNs with national certification indicated minor difficulty accessing continuing education programs. Nearly 31 percent reported work schedules that presented a minor challenge to keeping their national certification while 18.8 percent reported work schedules were a big challenge to pursuing continuing education opportunities.

Figure 2.15. Challenges to maintaining national certification for currently employed RNs residing in California



Note: Number of cases=281. Data are weighted to represent all RNs with active licenses.

Chapter 3. Experiences of Nurses in Current and Recently-Completed Educational Programs

The 2013 Education Survey asked RNs to describe their current enrollment in post-licensure education programs, as well as their experiences in the post-licensure education program most recently completed. Questions included the type of program, the length of the program, and their enrollment status, as well as how they financed their education, factors that facilitated successful completion (or will facilitate it, if currently enrolled), and barriers to success. Note that only 115 respondents to the survey were currently enrolled in a post-licensure program, and thus the analysis of their experiences is limited by this small sample size.

Nurses Currently Enrolled in an Educational Program

Among all California-resident RNs, 7.4 percent are enrolled in a post-licensure education program in pursuit of a degree or certificate in nursing or a non-nursing field (Table 3.1). The enrollment rate is highest among RNs 35 to 44 years old (12.7%) and under 35 years old (12.1%), and lowest among RNs 55 years and older (4.8%).

Table 3.1. Current enrollment in degree or certification program among the statewide population of RNs, by age group

	Percent enrolled
All RNs	7.4%
By age group:	
Under 35 years	12.1%
35-44 years	12.7%
45-54 years	8.4%
55 years and older	4.8%

Note: Number of cases=1,267. Number of enrolled cases=15. Data are weighted to represent all RNs with active licenses.

The largest share of RNs currently enrolled in a post-licensure education program is pursuing a baccalaureate degree in nursing (37.0%), as presented in Table 3.2. More than 30 percent are enrolled in a master's degree in nursing program, 12.4 percent are pursuing a nursing certificate and 10.4 percent are pursuing either a practice- or research-based nursing doctorate. Relatively few enrolled RNs are pursuing non-nursing education; 4.4 percent are enrolled in a non-nursing Master's degree program, and 6.5 percent are enrolled in a non-nursing certificate program, but less than two percent are enrolled in a non-nursing baccalaureate or doctoral program.

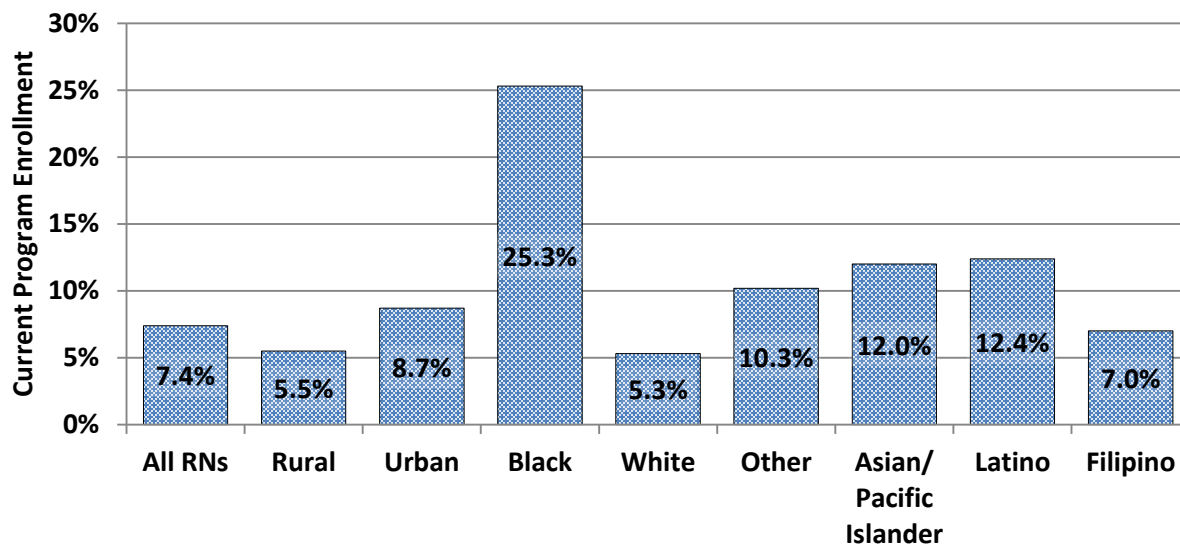
Table 3.2. Educational objectives of currently-enrolled RNs residing in California

	Degree objective
Associate in Nursing	0.3%
Baccalaureate in Nursing	37.0%
Master's in Nursing	30.6%
Practice-based Nursing Doctorate (DNP)	7.2%
Research-based Nursing Doctorate (PhD, DNSc, etc.)	3.2%
Non-degree Nursing Certificate	12.4%
Non-nursing Baccalaureate	0.7%
Non-nursing Master's degree	4.4%
Non-nursing Doctorate	0.6%
Non-nursing Certificate	6.5%

Note: Number of cases=111. Column may not total 100% because respondents can be pursuing more than one degree. Data are weighted to represent all RNs with active licenses.

RNs who live in urban areas are more likely to be enrolled in a post-licensure education program than are rural nurses (8.7% versus 5.5%). As presented in Figure 3.1, there is notable variation in enrollment across racial/ethnic groups, with 25.3 percent of African-American RNs currently enrolled, but only 5.3 percent of White RNs. Latino and Asian/Pacific Islander RNs are also more likely to be enrolled than the average of all RNs (7.4%). The high estimated enrollment rate of African-American RNs may be the result of the small sample size.

Figure 3.1. Current enrollment in degree or certification program among the statewide population of RNs, by residence and race-ethnicity

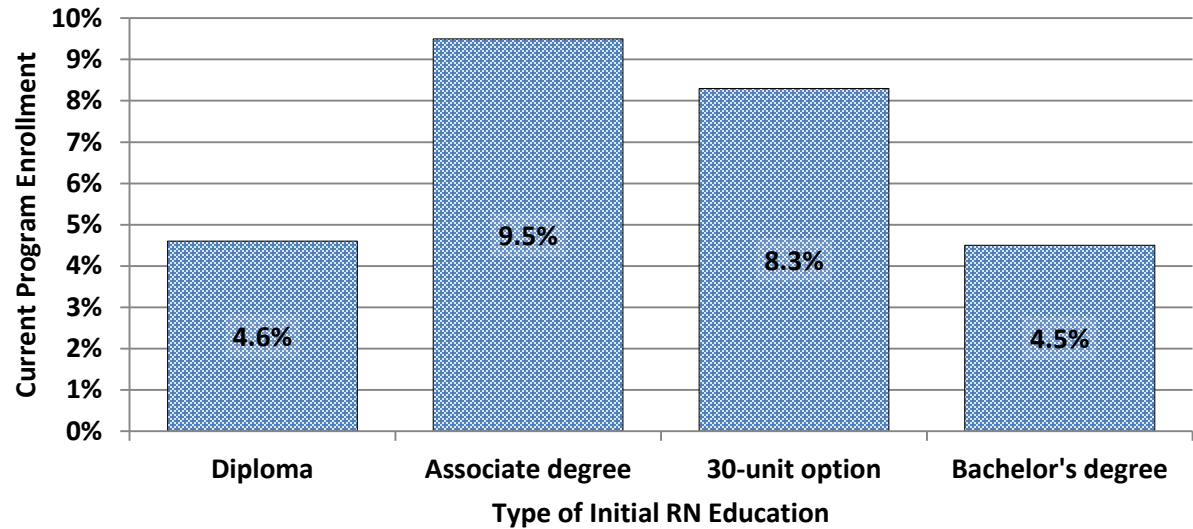


Note: Number of cases=1,234. Data are weighted to represent all RNs with active licenses.

RNs whose pre-licensure education was at the associate degree level are more likely than average to be enrolled in a post-licensure program, with 9.5 percent currently enrolled (Figure 3.2). This is not surprising, because the most common post-licensure program for those currently enrolled is for a

nursing baccalaureate degree, which is the next logical educational step for associate degree-level nurses.

Figure 3.2. Current enrollment in degree or certification program among the statewide population of RNs, by initial nursing education



Note: Number of cases=1,264. Data are weighted to represent all RNs with active licenses.

Table 3.3 presents the percentages of nurses who are currently enrolled, by their employment status. Among those enrolled, 54 percent are in school full-time. Nurses who are employed full-time are more likely to be enrolled (8.9%) than are nurses who are employed part-time (4.5%) or not employed (5.1%). Nurses who work full-time are more likely to be in school full-time as well, with 57.1 percent having full-time student status. About 42 percent of part-time employees are enrolled full-time, and 53.3 percent of RNs who are not employed are in school full-time.

Table 3.3. Full-time and part-time enrollment in degree or certification program among the statewide population of RNs, by employment status

	All RNs	Employed full-time	Employed part-time	Not employed
Share currently enrolled	7.4%	8.9%	4.5%	5.1%
Of those enrolled, student status is...				
Full-time enrollment	54.0%	57.1%	42.2%	53.3%
Part-time enrollment	46.0%	42.9%	57.8%	46.7%

Note: Number of cases=1,263. Number of enrolled cases=100. Data are weighted to represent all RNs with active licenses.

As presented in Table 3.4, the most common program length for RNs who are currently enrolled is 13 to 24 months (37.4%). Programs that are longer than 2 years but no more than 4 years are the next-most-common length (30.7%), and programs lasting one or fewer years account for only 24.8 percent of enrollment. Master's programs in nursing appear to be somewhat shorter than bachelor's degree programs; 61.2 percent of master's degree programs are 13 to 24 months, compared with 29 percent of bachelor's degree programs. There were too few nurses enrolled in other types of programs to tabulate the lengths of programs.

Table 3.4. Total length of current program, for currently-enrolled RNs residing in California, by degree objective

	All RNs	Enrolled in Bachelor's in Nursing	Enrolled in Master's in Nursing
0-12 months	24.8%	28.0%	2.5%
13-24 months	37.4%	29.0%	61.2%
25-48 months	30.7%	30.8%	27.5%
49 or more months	7.1%	12.2%	8.7%

Note: Number of cases=95. Data are weighted to represent all RNs with active licenses.

Nearly half of nurses who are currently enrolled in a post-licensure education program have been enrolled for one year or less (48.5%). As seen in Table 3.5, another 30.3 percent have been enrolled for 13 to 24 months, and 18.1 percent have been enrolled for 25 to 48 months. Nearly 42 percent of those enrolled in master's degree programs have been in their program for one year or less, and 12.6 percent have been enrolled for 25 to 48 months. Only about three percent of enrolled RNs have been in their programs for more than 4 years.

Table 3.5. Length of time enrolled in current program, for currently-enrolled RNs residing in California, by degree objective

	All RNs	Enrolled in Bachelor's in Nursing	Enrolled in Master's in Nursing
0-12 months	48.5%	50.3%	41.6%
13-24 months	30.3%	20.8%	40.4%
25-48 months	18.1%	24.8%	12.6%
49 or more months	3.1%	4.1%	5.5%

Note: Number of cases=102. Data are weighted to represent all RNs with active licenses.

Table 3.6 presents data about whether currently-enrolled RNs are in private or public schools. Nearly 56 percent are enrolled in private educational institutions. Among RNs who live in rural areas, the split between public and private programs is about 50 percent in each; nurses in urban areas are more likely to be enrolled in private programs (58.5%). A greater share of nurses in bachelor's degree programs is in public institutions (53.5%) than are master's degree students (39.9%).

Table 3.6. Public and private program enrollment, for currently-enrolled RNs residing in California, by location of residence and degree objective of program

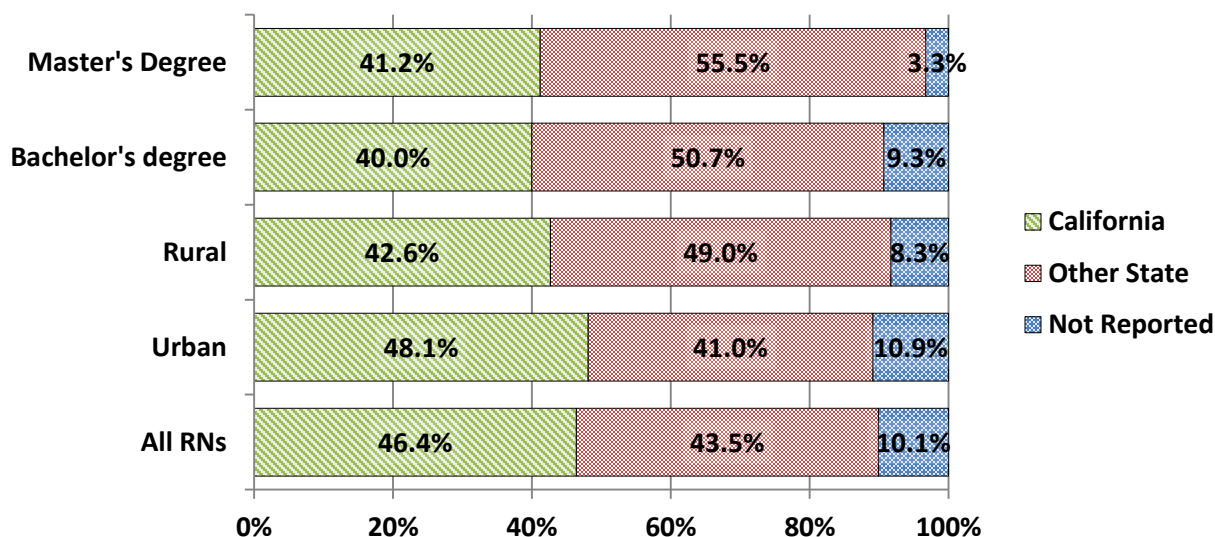
	Public school	Private school
All enrolled RNs	44.1%	55.9%
Rural residence	50.6%	49.4%
Urban residence	41.5%	58.5%
Bachelor's program in Nursing	53.5%	46.6%
Master's program in Nursing	39.9%	60.1%

Note: Number of cases=113. Data are weighted to represent all RNs with active licenses.

Nurses were asked to provide information about the location of their current education program; these data are illustrated in Figure 3.3. About 46 percent of enrolled RNs indicated their program is

based in California, and 43.5 percent reported that their program was located in another state. Many of these out-of-state programs are likely to use distance-based education approaches. Urban-residing RNs are more likely to be enrolled in California-based programs (48.1%) than are rural-resident RNs (42.6%).

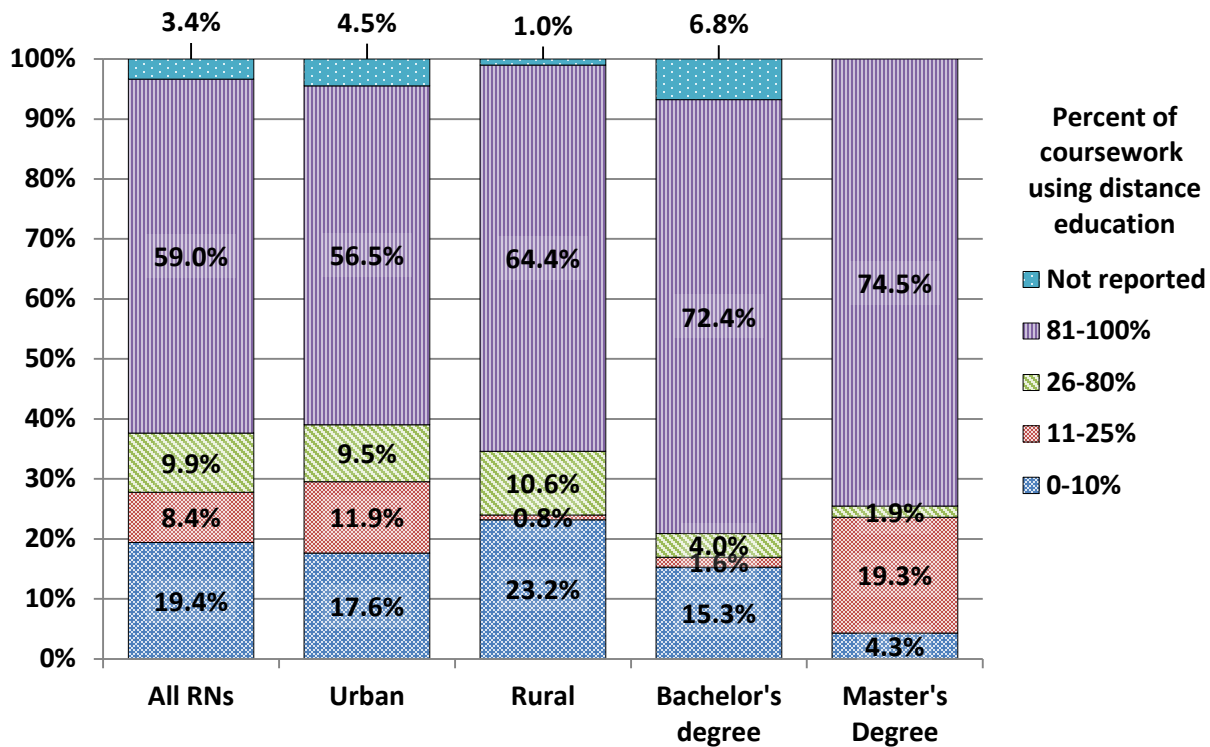
Figure 3.3. Location of current education program, for currently-enrolled RNs residing in California, by location of residence and degree objective of program



Note: Number of cases=113. Data are weighted to represent all RNs with active licenses.

Distance learning education is common for RNs who are currently enrolled. As seen in Figure 3.4, only 19.4 percent of RNs are enrolled in programs in which no more than 10 percent of coursework is based on distance learning modalities. For 59 percent of enrollees, more than 80 percent of coursework uses distance learning approaches. Distance learning is more common for nurses who live in rural areas, with 64.4 percent reporting that more than 80 percent of coursework involves distance learning approaches; this is not surprising given the challenges rural nurses may face in accessing traditional classroom-based educational programs. At the same time a greater share of rural-resident nurses (23.2%) reports that no more than 10 percent of their coursework uses distance-based learning approaches compared to 17.6 percent of urban resident nurses.

Figure 3.4. Distance learning in current education program, for currently-enrolled RNs residing in California, by location of residence and degree objective of program



Note: Number of cases=113. Data are weighted to represent all RNs with active licenses.

Education programs that use distance learning approaches offer a number of modalities of distance-based education. Internet-based discussion boards are commonly used, with over 77 percent of all enrolled nurses reporting that these are part of their program. More than 96 percent of RNs enrolled in master's degree programs indicate that they access internet-based discussion boards or chat rooms in their program. About 82 percent of enrollees use email to turn in assignments or ask questions of their instructors; the share is over 86 percent for urban-resident RNs and those enrolled in bachelor's and master's degree programs, but only 73.3 percent for rural-resident nurses. Instruction using computer or video conferencing is reported by 48.1 percent of nurses, and lectures provided through internet-based video are reported by 46.3 percent of enrollees. Internet-based videos are more common for those enrolled in bachelor's degree programs (60.4%). Computer or video conferencing for instruction are more common for urban-resident nurses (53.0%).

Table 3.7. Distance learning modalities used in current education program, for currently enrolled RNs residing in California, by location of residence and degree objective of program

	All RNs	Urban	Rural	Enrolled in Bachelor's in Nursing	Enrolled in Master's in Nursing
Class discussion and questions using internet-based discussion boards or chat rooms	77.4%	78.6%	74.8%	87.0%	96.7%
Lectures through video on the internet	46.3%	47.2%	44.4%	60.4%	45.0%
Instruction or discussion using computer conferencing or video conferencing	48.1%	53.0%	37.7%	48.7%	47.1%
Email for turning in assignments or asking questions	82.5%	86.7%	73.3%	87.5%	81.8%

Note: Number of cases=113. Data are weighted to represent all RNs with active licenses.

Recently-Completed Educational Programs

Nurses who completed post-licensure education were asked to provide information about the program they completed most recently. These nurses were divided into two groups: (1) those who completed a program between 2008 and 2013 and are not currently enrolled, and (2) those who completed a program prior to 2008 and are not currently enrolled. Table 3.8 presents the information about the programs completed by nurses who finished post-licensure education, by the time period of their graduation. Over seven percent of RNs who completed post-licensure education did so between 2008 and 2013. The most commonly completed program among these nurses was a bachelor's degree in nursing (51.4%), followed by a master's degree in nursing (29.9%). Among RNs who graduated prior to 2008, the most common program also was a bachelor's degree in nursing (34.3%), followed by a master's degree in nursing (26.7%). Relatively greater shares of nurses who graduated before 2008 completed an associate degree in nursing (14.7%) or a master's degree in a non-nursing field (10.1%).

Table 3.8. Highest post-licensure degree programs completed, by time of completion, for RNs residing in California

	Completed 2008-2013	Completed before 2008
Share of those who completed post-licensure education	7.3%	26.5%
Associate in Nursing	11.1%	14.7%
Bachelor's in Nursing	51.4%	34.3%
Master's in Nursing	29.9%	26.7%
Doctorate in Nursing	1.8%	2.4%
Bachelor's in Non-nursing field	0.3%	5.6%
Master's in Non-nursing field	5.6%	10.1%
Number of cases	95	344

Note: Data are weighted to represent all RNs with active licenses.

More than two-thirds of nurses who completed post-licensure education between 2008 and 2013 were part-time students (68.6%), as compared with only 51.6 percent of those who completed their program prior to 2008 (Table 3.9). Those completing programs between 2008 and 2013 more often indicated that their program was in a private educational institution (52.6%) than those who completed prior to 2008 (39.4%).

Table 3.9. Full-time and part time enrollment, and public versus private educational institution, for RNs who completed post-licensure education and reside in California, by time of completion

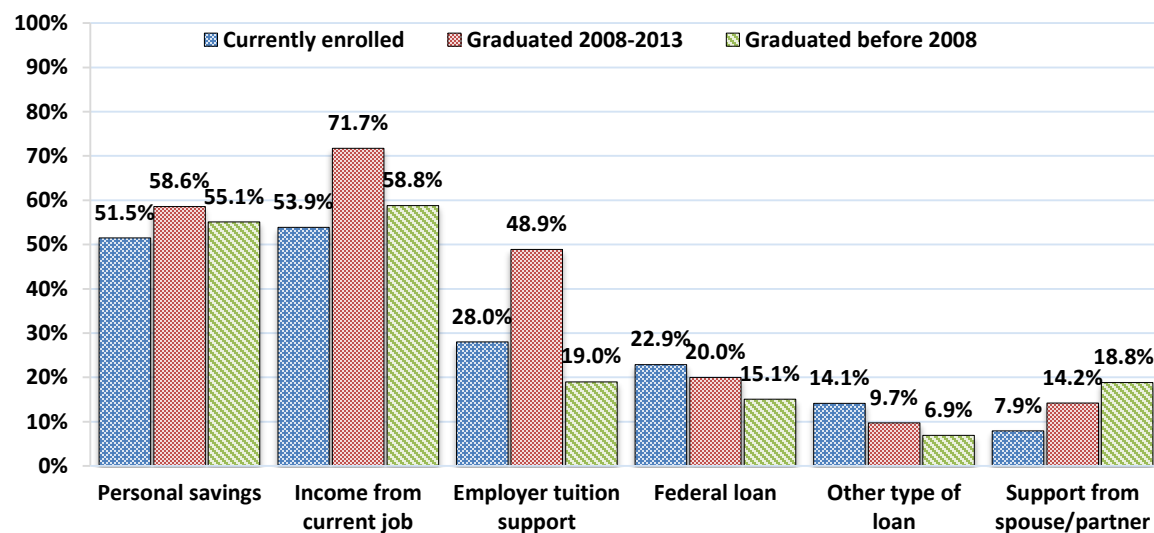
	All RNs	Completed 2008-2013	Completed before 2008
Part-time student	54.7%	68.6%	51.6%
Full-time student	45.0%	30.5%	48.3%
Enrollment varies throughout program	0.2%	0.9%	0.0%
Public educational institution	58.2%	47.4%	60.6%
Private educational institution	41.8%	52.6%	39.4%

Note: Number of cases=334. Data are weighted to represent all RNs with active licenses.

Financial Aid Received for Education

Figure 3.5 illustrates the most common sources of financing for post-licensure education, among RNs who are currently enrolled, who completed a program between 2008 and 2013, and who completed a program prior to 2008. Complete data are presented in Table 3.10. Across all groups, personal savings and income from current employment were the most common sources of financing, with more than half of RNs reporting each of these sources. Nearly 49 percent of those who completed a program between 2008 and 2013 indicated that their employer provided some financing through tuition support, as compared with only 28 percent of current enrollees and 19 percent of those who graduated before 2008. Federal loans are more often a source of financing for current students (22.9%) and recent students (20%) than for those who graduated before 2008 (15.1%). A similar pattern is observed for other types of loans. In contrast, financial support from a spouse or partner is less common among current enrollees (7.9%) than for those who completed a program prior to 2008 (18.8%).

Figure 3.5. Most common financial sources for post-licensure education, for RNs who completed post-licensure education or are currently enrolled



Note: Number of cases=381. Data are weighted to represent all RNs with active licenses.

Table 3.10. Financial sources for post-licensure education, for RNs who completed post-licensure education or are currently enrolled

	Currently enrolled	Graduated 2008-2013	Graduated before 2008
Income from current job	53.9%	71.7%	58.8%
Personal savings	51.5%	58.6%	55.1%
Employer tuition support	28.0%	48.9%	19.0%
Federal loan	22.9%	20.0%	15.1%
Other type of loan	14.1%	9.7%	6.9%
Support from spouse/partner	7.9%	14.2%	18.8%
Union-sponsored scholarship/grant	3.9%	2.1%	0.5%
State government loan	3.8%	2.4%	3.7%
University/college scholarship/grant	3.7%	4.0%	3.4%
Other personal source	3.7%	0.4%	3.8%
Support from parents	3.1%	5.4%	4.7%
Federal traineeship/scholarship/grant	3.1%	6.0%	12.7%
Military scholarship or GI Bill	1.8%	0.0%	3.4%
State/local government scholarship/grant	0.8%	8.6%	2.4%
Corporate scholarship/grant	0.8%	2.1%	1.6%

Note: Number of cases=381. Data are weighted to represent all RNs with active licenses.

High shares of nurses apply for financial aid to support their post-licensure education. About 57 percent of those currently enrolled applied for aid, and 46.3 percent of recent graduates applied for aid. Financial aid was received by most of those who applied, although the share receiving aid appears to have dropped over time. Among those who graduated before 2008, financial aid was granted to 91 percent of applicants, but it was received by only 61 percent of applicants among those currently enrolled. At the same time, the share of expenses paid for by financial aid has risen, with 74 percent of current enrollees having at least 80 percent of their expenses covered by financial aid. Just over 15 percent of those currently enrolled face a service obligation in return for their financial aid; the share was 11 percent for those who graduated between 2008 and 2013, and 11.7 percent for those who graduated before 2008.

Nurses who did not apply for financial aid were asked about the reasons they did not apply. The most common reason among those currently enrolled is that they thought they would not qualify (83.8%). Nearly 40 percent of current enrollees thought applying for aid was too much of a hassle, and 28.5 percent said they do not need financial aid. Among those who graduated between 2008 and 2013, about two-thirds did not think they would qualify, and 46.3 percent said they did not need financial aid. Among those who completed their program prior to 2008, 45.4 percent did not think they would qualify, and 51.9 percent did not need financial aid.

Table 3.11. Financial aid applied for and received, for RNs who completed post-licensure education or are currently enrolled

	Currently enrolled	Graduated 2008-2013	Graduated before 2008
Applied for financial aid?	57.1%	46.3%	45.2%
If yes, was aid received?			
Don't know	3.5%	4.4%	2.0%
Did not receive	35.5%	20.5%	7.0%
Received	61.0%	75.1%	91.0%
Share of total expenses covered			
0-20%	0.0%	16.6%	26.9%
21-40%	18.7%	27.3%	20.4%
41-60%	0.0%	13.6%	18.6%
61-80%	7.3%	11.9%	17.6%
80-100%	74.0%	30.6%	16.6%
Aid came with service obligation	15.4%	11.0%	11.7%
If not, why did you not apply?			
Don't need financial aid	28.5%	46.3%	51.9%
Not sure how to apply	0.0%	3.7%	4.5%
Didn't think I would qualify	83.8%	66.5%	45.4%
Too much of a hassle	39.7%	23.6%	11.3%
Do not want a service obligation	17.3%	8.5%	12.8%

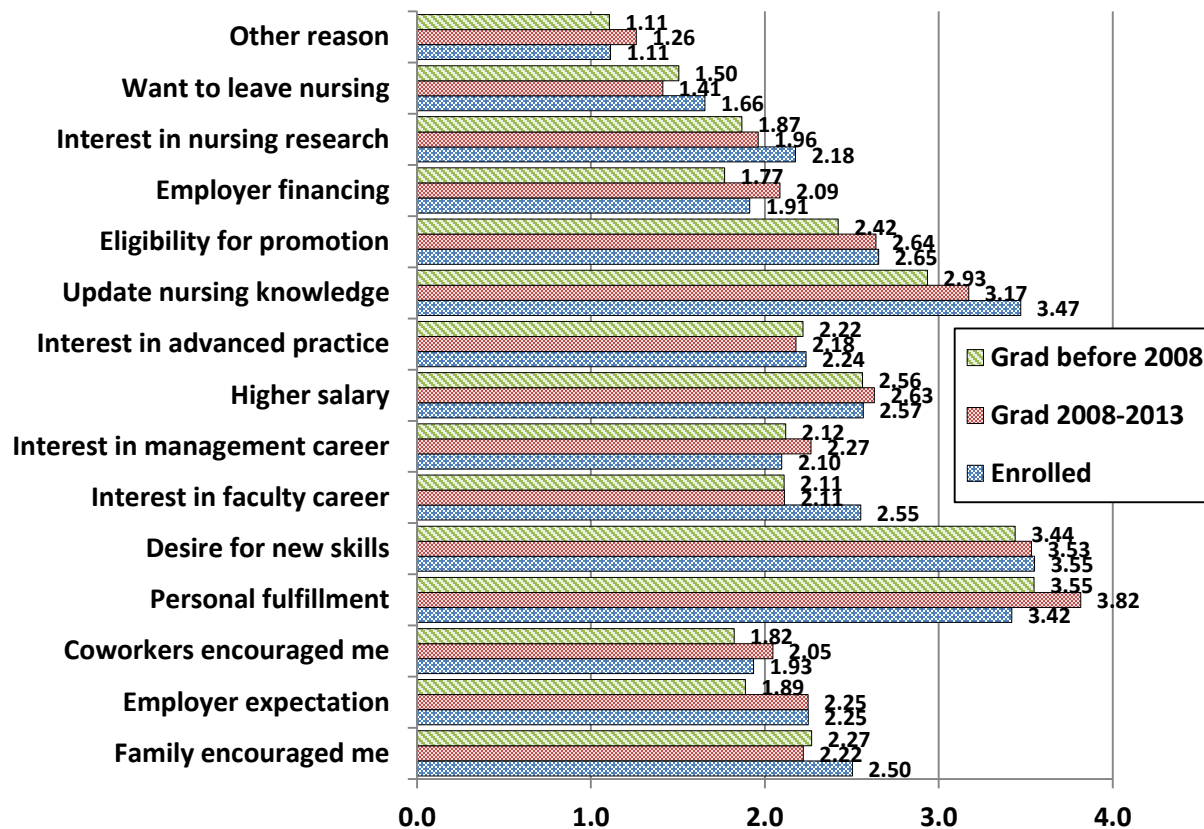
Note: Number of cases=185. Data are weighted to represent all RNs with active licenses.

Reasons for Returning to School and Choice of Education

Nurses who are currently enrolled or have completed a post-licensure education program were asked their reasons for returning to school. Their responses are summarized in Figure 3.6. Items that were rated as “very important” were given a score of ‘4’; “important” was given a score of ‘3’, “somewhat important” was scored ‘2’, and “not at all important” and “does not apply” were scored ‘1’. Tables 3.12, 3.13, and 3.14 provide the detailed responses for each group of RNs.

The most important reasons for returning to school for all three groups of RNs were a desire for new skills, for personal fulfillment, and to update nursing knowledge. These reasons were all reported as “very important” for at least 65 percent of currently-enrolled nurses. Interest in updating nursing knowledge is a more important reason for returning to school among those currently enrolled than among those who completed post-licensure education in prior years. Interest in nursing research also is greater among those current enrolled as compared with those who already completed post-licensure education. Coworker encouragement, employer financing of education, and employer expectations were relatively unimportant reasons for returning for post-licensure education. An interest in leaving the nursing profession also was a comparatively unimportant motivator to return to school; among those currently enrolled, fewer than 20 percent of nurses indicated that a desire to leave the nursing profession was a very important reason. About 40 percent of those currently enrolled are interested in becoming an APRN and about 50 percent are interested in a faculty career. Higher salary is an important motivator for about half of enrolled nurses.

Figure 3.6. Reasons for returning for post-licensure education, by enrollment status and graduation cohort



Note: Number of cases=395. Data are weighted to represent all RNs with active licenses.

Table 3.12. Reasons for returning for post-licensure education, for RNs who are currently enrolled

	Not at all important	Somewhat important	Important	Very important	Does not apply
Family encouraged me	20.5%	15.1%	25.1%	28.3%	11.0%
Employer expects me to advance education	8.0%	19.5%	18.7%	22.7%	31.1%
Coworkers encouraged me	20.6%	25.8%	28.6%	3.5%	21.5%
Personal fulfillment	0.0%	2.5%	15.8%	69.3%	12.4%
Desire for new skills	4.4%	0.9%	14.3%	75.2%	5.2%
Interest in faculty career	18.4%	19.2%	15.1%	35.2%	12.1%
Interest in management career	29.7%	20.0%	18.1%	17.8%	14.4%
Higher salary	11.2%	24.9%	16.6%	32.8%	14.5%
Interest in advanced practice	24.7%	15.1%	14.8%	26.3%	19.1%
Update nursing knowledge	1.7%	4.9%	19.9%	67.5%	6.0%
Eligibility for promotion	11.4%	7.1%	27.9%	34.2%	19.4%
Employer financing	18.3%	12.7%	11.3%	18.7%	39.1%
Interest in nursing research	25.4%	20.7%	24.6%	15.9%	13.3%
Want to leave nursing	36.9%	4.4%	6.8%	15.9%	36.1%
Other reason	0.0%	0.0%	0.0%	3.8%	96.2%

Note: Number of cases=56. Data are weighted to represent all RNs with active licenses.

Table 3.13. Reasons for returning for post-licensure education, for RNs who completed education 2008-2013

	Not at all important	Somewhat important	Important	Very important	Does not apply
Family encouraged me	19.9%	12.8%	29.1%	17.1%	21.2%
Employer expects me to advance education	19.0%	15.7%	19.2%	23.6%	22.6%
Coworkers encouraged me	22.0%	20.4%	31.8%	6.9%	19.0%
Personal fulfillment	2.1%	2.7%	6.8%	88.4%	0.0%
Desire for new skills	4.2%	5.3%	23.5%	67.0%	0.0%
Interest in faculty career	27.6%	24.0%	19.1%	16.3%	13.0%
Interest in management career	27.1%	14.4%	24.3%	21.2%	13.1%
Higher salary	13.6%	17.1%	26.4%	31.1%	11.9%
Interest in advanced practice	29.4%	16.6%	16.2%	22.9%	14.9%
Update nursing knowledge	9.9%	5.6%	29.4%	50.9%	4.2%
Eligibility for promotion	16.5%	13.7%	29.1%	30.6%	10.0%
Employer financing	18.4%	9.3%	22.3%	18.3%	31.8%
Interest in nursing research	35.6%	22.3%	14.7%	14.8%	12.6%
Want to leave nursing	48.1%	11.9%	7.0%	5.2%	27.9%
Other reason	0.0%	0.0%	4.3%	5.8%	89.9%

Note: Number of cases=82. Data are weighted to represent all RNs with active licenses.

Table 3.14. Reasons for returning for post-licensure education, for RNs who completed education prior to 2008

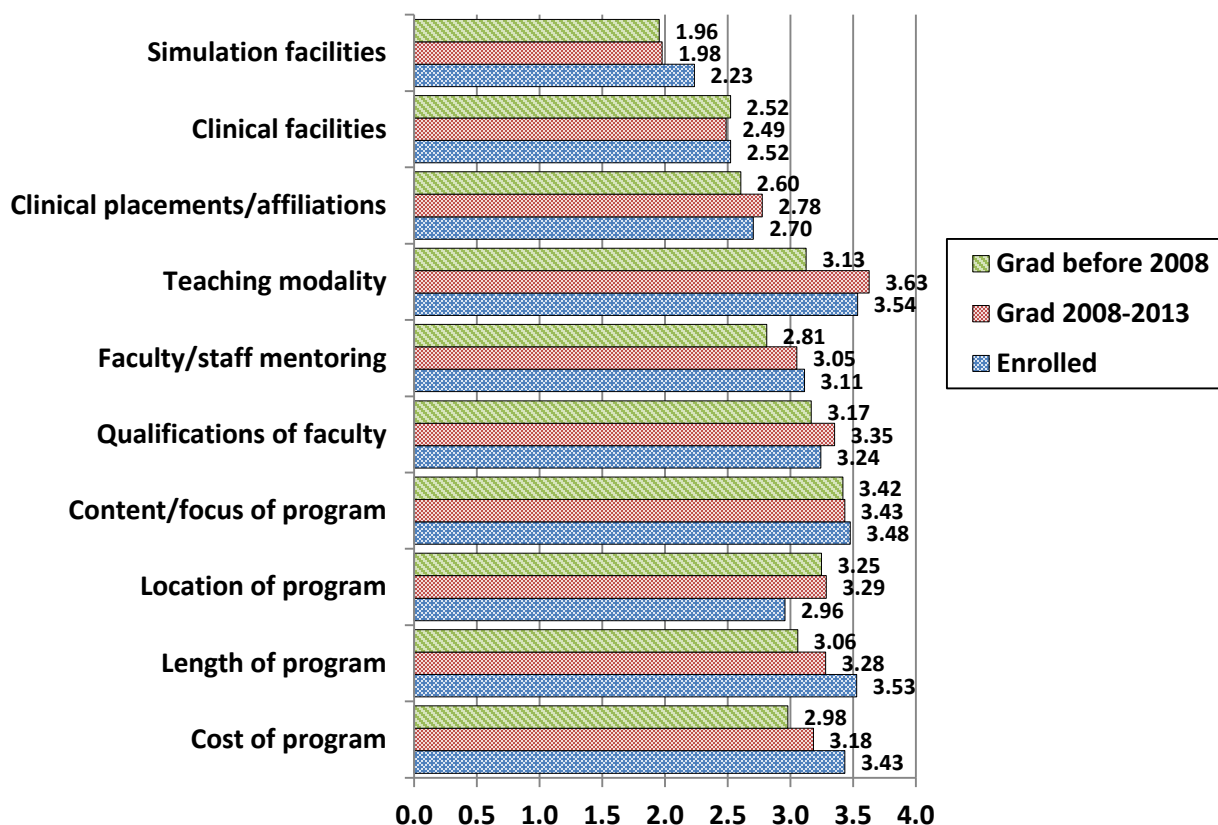
	Not at all important	Somewhat important	Important	Very important	Does not apply
Family encouraged me	17.9%	21.4%	22.3%	20.3%	18.1%
Employer expects me to advance education	24.1%	13.6%	15.1%	15.0%	32.2%
Coworkers encouraged me	29.1%	19.8%	15.1%	10.8%	25.3%
Personal fulfillment	2.5%	2.9%	12.6%	75.6%	6.5%
Desire for new skills	3.2%	6.2%	21.5%	64.9%	4.2%
Interest in faculty career	23.3%	15.7%	13.7%	22.6%	24.6%
Interest in management career	29.4%	15.9%	11.0%	24.7%	19.0%
Higher salary	12.4%	17.3%	24.5%	30.0%	15.9%
Interest in advanced practice	19.1%	12.5%	11.1%	29.1%	28.2%
Update nursing knowledge	7.3%	11.6%	24.8%	44.1%	12.2%
Eligibility for promotion	14.5%	11.2%	19.4%	30.8%	24.3%
Employer financing	22.3%	6.5%	8.8%	17.6%	44.9%
Interest in nursing research	23.7%	21.4%	15.4%	11.5%	27.9%
Want to leave nursing	34.4%	6.4%	4.6%	11.6%	43.0%
Other reason	0.4%	0.0%	0.0%	3.5%	96.1%

Note: Number of cases=250. Data are weighted to represent all RNs with active licenses.

Nurses were asked the reasons they selected the specific education program in which they are currently enrolled or most recently completed. Their responses are summarized in Figure 3.7. Items that were rated as “very important” were given a score of ‘4’; “important” was given a score of ‘3’, “somewhat important” was scored ‘2’, and “not at all important” and “does not apply” were scored ‘1’. Among those currently enrolled, the most important factors in the selection of a program are teaching modality, length of program, content/focus of program, and cost of program. The least important factors are clinical simulation facilities and clinical facilities available through the program, as well as clinical affiliations.

However, among nurses who graduated between 2008 and 2013, there was a slightly different order of importance for factors that influence choice of program. While teaching modality continued to be the most important factor for this group, the other two most important factors were the content/focus of the program and qualifications of the faculty. Location, length, and cost of the program also were of high importance. Among those who graduated prior to 2008, the most important factors were content/focus of the program, location of the program, and qualifications of the faculty. Teaching modality was much less important for those who graduated prior to 2008 than for those who graduated more recently or are currently enrolled.

Figure 3.7. Reasons for selecting current education program, by enrollment status and graduation cohort



Note: Number of cases=387. Data are weighted to represent all RNs with active licenses.

Facilitators of Post-Licensure Education

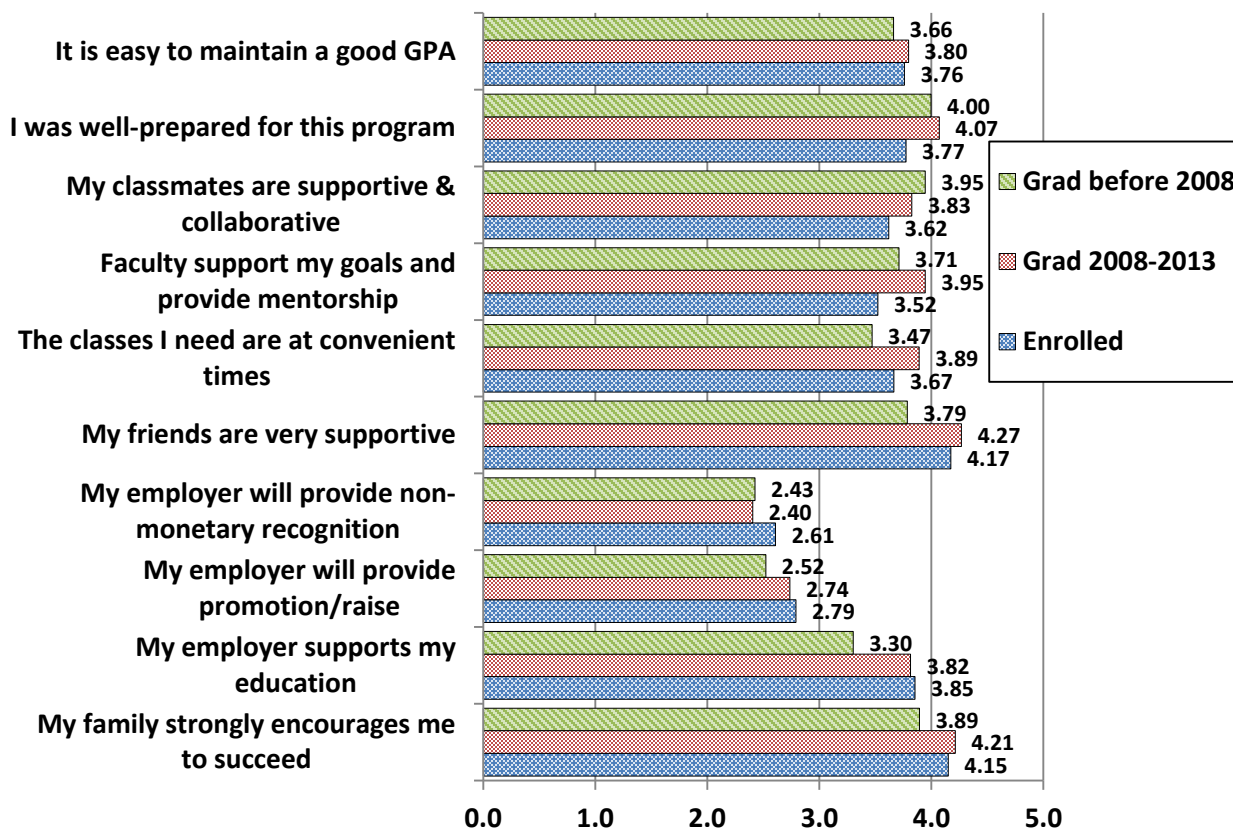
Nurses were asked to indicate their agreement or disagreement with factors that may be facilitators to successful completion of post-licensure education. Their responses are summarized in Figure 3.8. Items with a response of “strongly disagree” were given a score of ‘1’, and items with a response of “strongly agree” were scored ‘5’.

Figure 3.8 depicts the responses of RNs who are currently enrolled in post-licensure education, as well as those who completed post-licensure education between 2008 and 2013, and prior to 2008. There is a high level of agreement among RNs with the statements that friends are supportive of their education, as well as that their family supports them. Nurses who are currently enrolled are somewhat less likely to agree that they were well-prepared for their educational program, that classmates are supportive and collaborative, and that faculty provide good mentorship than those who have already completed post-licensure education, but overall there is a high level of agreement that they were well-prepared and it is easy to maintain a good grade point average. RNs who completed programs prior to 2008 are less likely to agree that their employer and friends support their education than are those who graduated more recently or are currently enrolled.

The factors with which nurses are least likely to agree are that their employer will give them a promotion or increase in pay when they complete their education, and that their employer will provide them with non-monetary recognition for completing their education. For both of these factors, there is

greater agreement among those enrolled than those who previously completed a post-licensure education program.

Figure 3.8. Perceptions of facilitators of successful program completion, by enrollment status and graduation cohort



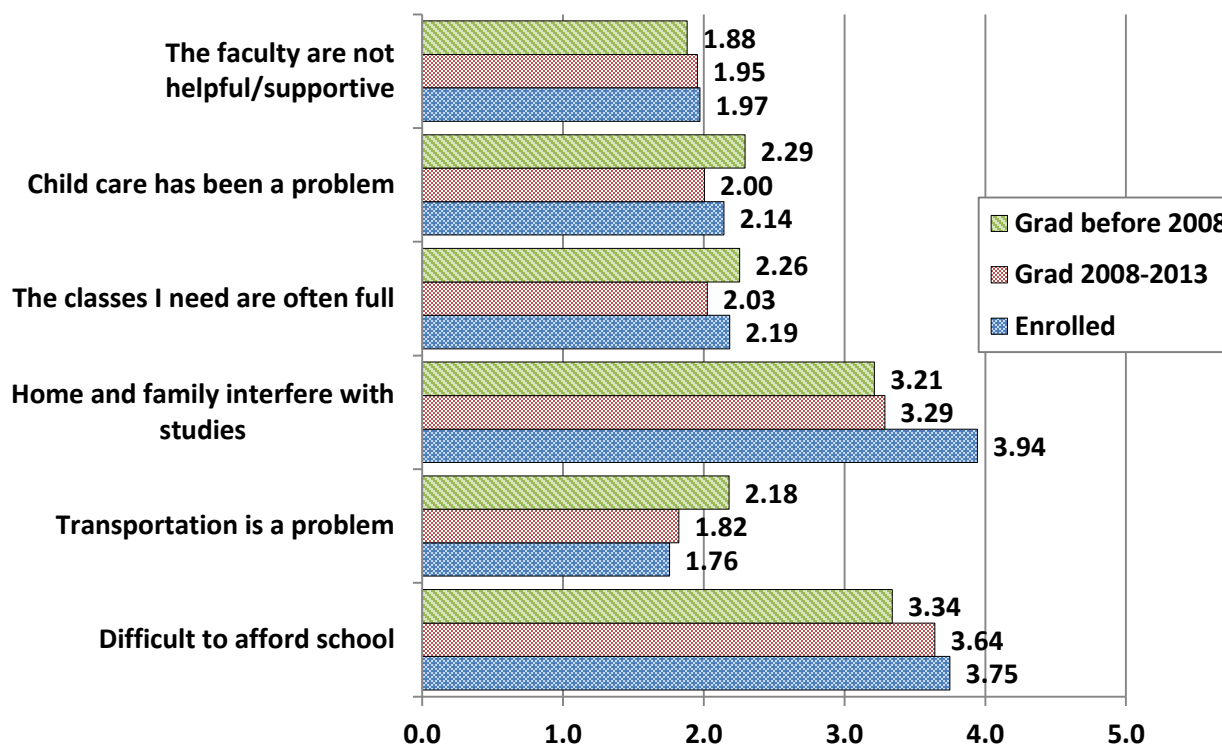
Note: Number of cases=387. Data are weighted to represent all RNs with active licenses.

Challenges of Post-Licensure Education

RNs may face challenges to completing post-licensure education, such as finances, struggles balancing school and family needs, and problems with the education itself. Figure 3.9 explores the extent to which potential hurdles existed for RNs who are currently enrolled and those who completed programs. The most significant challenges for currently-enrolled nurses are that home and family needs interfere with studies, and that it is difficult to afford school. These also were important challenges for those who previously completed post-licensure education, but there is somewhat less agreement than among those currently enrolled. This may be because those who could not surmount these challenges did not successfully complete their post-licensure education program and did not respond to this question.

There was notably less agreement that other potential barriers were present, including that required classes are often full and that child care is a problem. There has been a steady decline in the reporting of transportation as a barrier, possibly because distance learning modalities may be mitigating transportation challenges among current and recent graduates.

Figure 3.9. Perceptions of challenges to successful program completion, for RNs who are currently enrolled

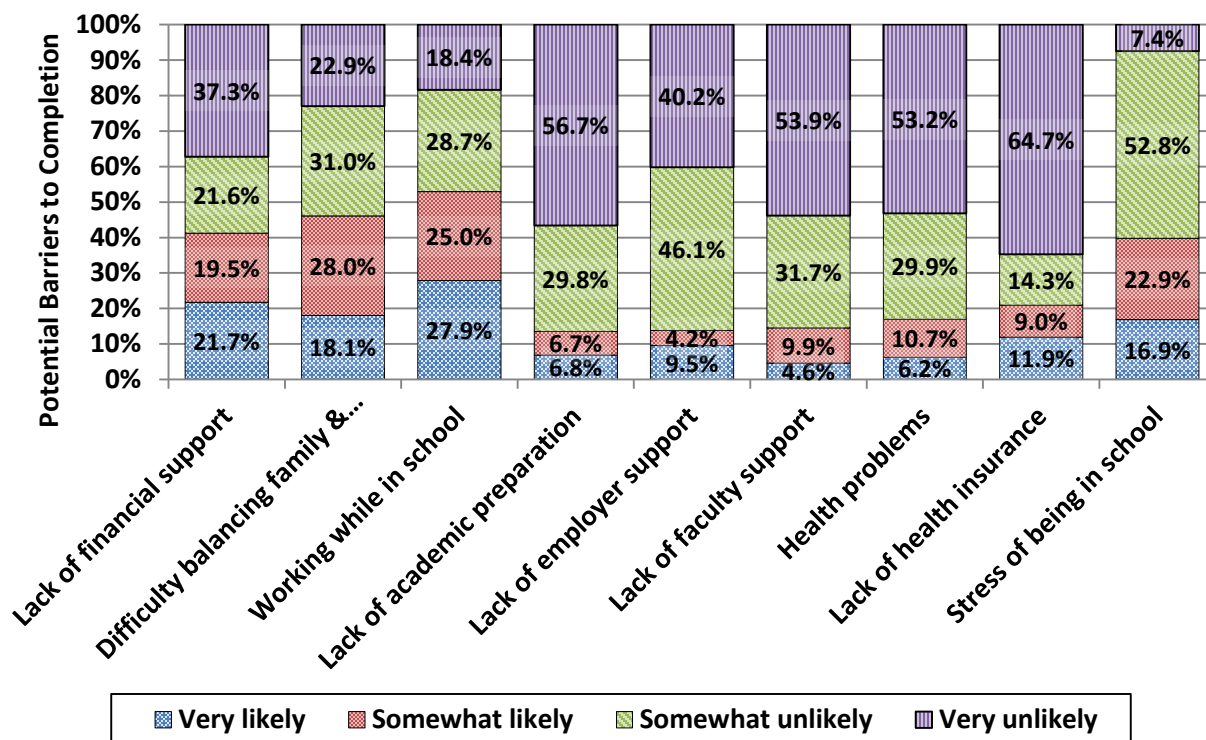


Note: Number of cases=387. Data are weighted to represent all RNs with active licenses.

Potential Barriers to Successful Program Completion

Nurses who are currently enrolled in post-licensure education were asked to indicate how likely it is that specific factors might prevent their successful completion of their program (Figure 3.10). Nearly 28 percent of respondents said that the challenge of working while being in school was very likely to prevent their completion, and another 25 percent said this factor was somewhat likely to prevent their completion. Lack of financial support, the challenge of balancing family and school, and the stress of being in school were somewhat or very likely to hinder completion for at least 40 percent of respondents. Comparatively fewer enrolled RNs indicated that a lack of academic preparation, employer support, or faculty support were likely to affect their success. Nearly 17 percent said a lack of health insurance while they are enrolled was somewhat or very likely to prevent their completion of their program.

Figure 3.10. Likelihood that potential barriers will prevent program completion, for RNs currently enrolled in post-licensure education



Note: Number of cases=73. Data are weighted to represent all RNs with active licenses.

Chapter 4. Incomplete Education Programs

Nurses were asked whether they had ever enrolled in a post-licensure education program, but did not complete the program. As seen in Table 4.1, 15.4 percent of RNs had attempted post-licensure education but did not finish it. The share was highest among those 55 years and older, with 18.1 percent not completing a program, and lowest among those under 35 years old (6.3%).

Table 4.1. Percent of California-resident RNs who began a post-licensure education program but left without completing it

	Percent not completing
All RNs	15.4%
Under 35 years	6.3%
35-44 years	14.3%
45-54 years	13.8%
55 years and older	18.1%

Note: Number of cases=1,253. Data are weighted to represent all RNs with active licenses.

Among those who did not complete programs, the most common goal was a bachelor's degree in nursing (41.5%), followed by a master's degree in nursing (23.9%). This is not surprising as these are the most sought-after degrees by those enrolling in post-licensure education.

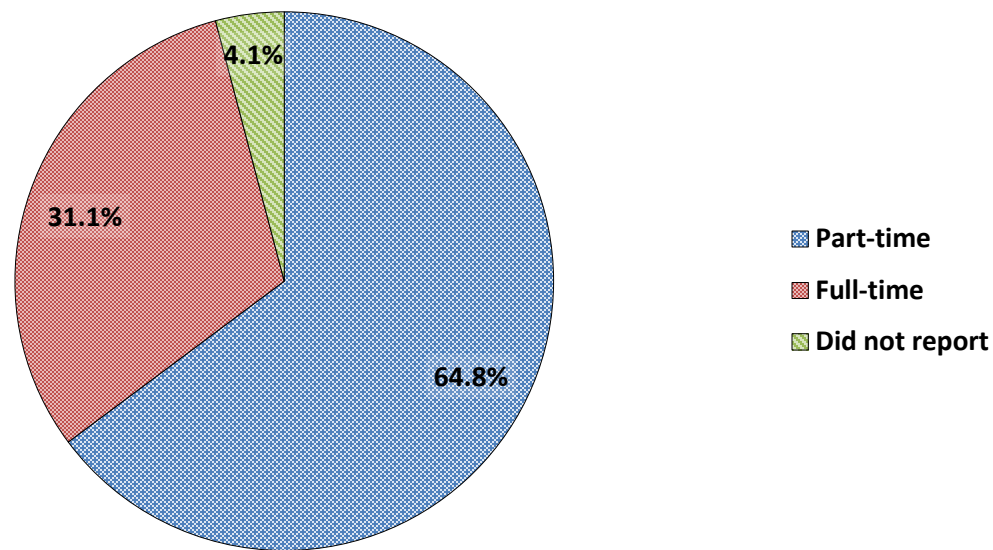
Table 4.2. Educational objectives of California-resident RNs who left programs without completing them

	Degree objective
Associate in Nursing	7.4%
Baccalaureate in Nursing	41.5%
Master's in Nursing	23.9%
Practice-based Nursing Doctorate (DNP)	0.8%
Research-based Nursing Doctorate (PhD, DNSc, etc.)	1.1%
Non-degree Nursing Certificate	7.9%
Non-nursing Associate degree	3.6%
Non-nursing Baccalaureate	10.6%
Non-nursing Master's degree	4.5%
Non-nursing Practice-based Doctorate	1.4%
Non-nursing Research-based Doctorate	1.9%
Non-nursing Certificate	1.9%

Note: Number of cases=162. Column may not total 100% because respondents may have not completed more than one degree program. Data are weighted to represent all RNs with active licenses.

Nearly 65 percent of RNs who did not successfully complete a post-licensure program indicated they had been enrolled part-time (Figure 4.1). This share is similar to the enrollment patterns of those who successfully completed programs between 2008 and 2013 (68.6%), and higher than the share of part-time students among those who completed prior to 2008 (51.6%) (Table 3.9).

Figure 4.1. Enrollment status of California-resident RNs who left programs without completing them



Note: Number of cases=169. Data are weighted to represent all RNs with active licenses.

More than 31 percent of respondents who had left a post-licensure program before completing it did so more than 25 years ago, and another 33.7 percent left the program 11 to 25 years ago. Only 21.2 percent failed to complete a program in the past 10 years. Among those who recently left a program, 61.5 percent were enrolled for 6 months or less; among those who left programs 11 or more years ago, this share is much lower. These data suggest that students who have left programs in the past 10 years decided comparatively quickly that they should end their enrollment.

Table 4.3. Length of time in incomplete program, for California-resident RNs who left programs without completing them, by how long ago program was left

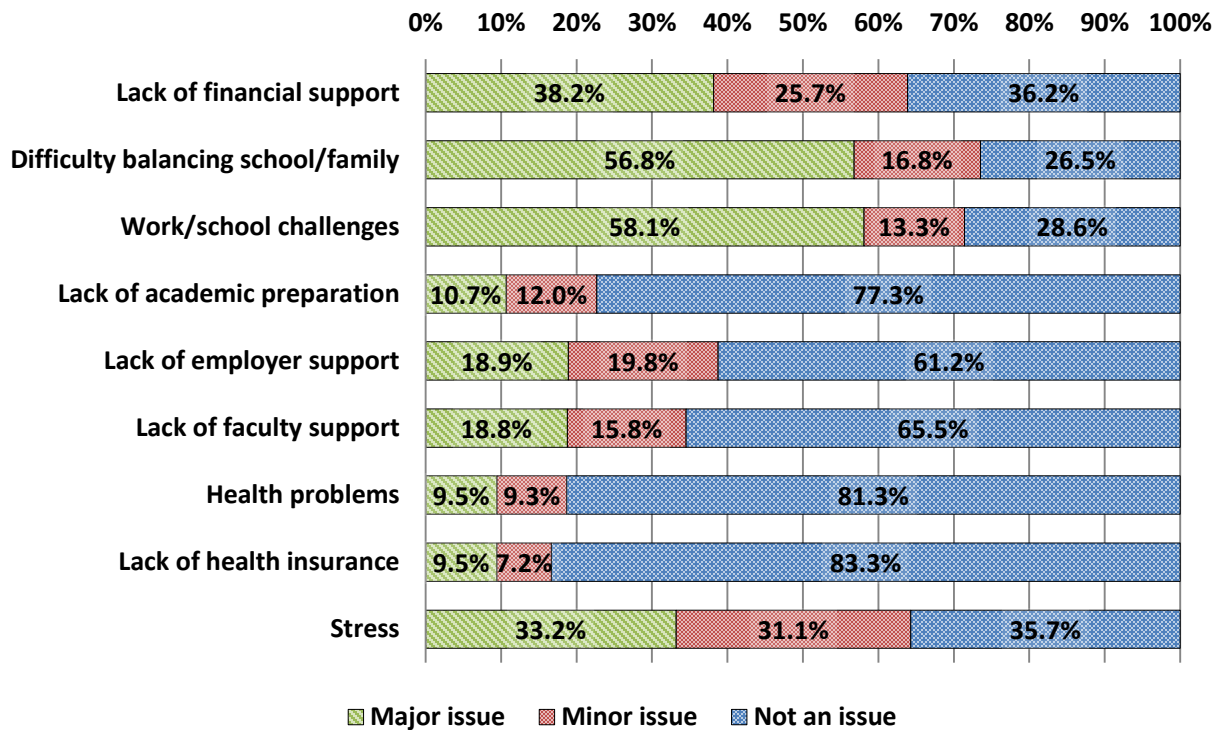
	All RNs	Left within past 10 years	Left 11-25 years ago	Left more than 25 years ago	Not specified
Percent leaving in specified time period		21.2%	33.7%	31.2%	14.0%
How many months were they enrolled?					
6 months or less	35.7%	61.5%	37.8%	28.0%	8.2%
7-12 months	27.9%	20.1%	33.5%	39.5%	0.0%
13-24 months	20.4%	7.6%	26.8%	29.2%	4.8%
More than 24 months	5.0%	10.9%	1.9%	3.3%	7.3%

Note: Number of cases=169. Data are weighted to represent all RNs with active licenses.

The reasons RNs did not complete post-licensure programs are depicted in Figure 4.2. The main issues are similar to the most important challenges currently-enrolled students face: difficulty balancing school and family demands, and challenges of being in school while working. Difficulty working while being in school was a major issue for 58.1 percent of respondents, and a minor issue for another 13.3 percent. Difficulty balancing school and family was a major issue for 56.8 percent of respondents, and a minor issue for 16.8 percent. A lack of financial support was a major factor for 38.2 percent, and a minor issue for 25.7 percent. Overall stress was also important, being a major issue for 33.2 percent and a minor issue for 31.1 percent. The factors most often reported to not be an issue

were a lack of health insurance (83.3%), health problems (81.3%), and lack of academic preparation (77.3%). More than 60 percent did not find a lack of employer or faculty support to be a concern.

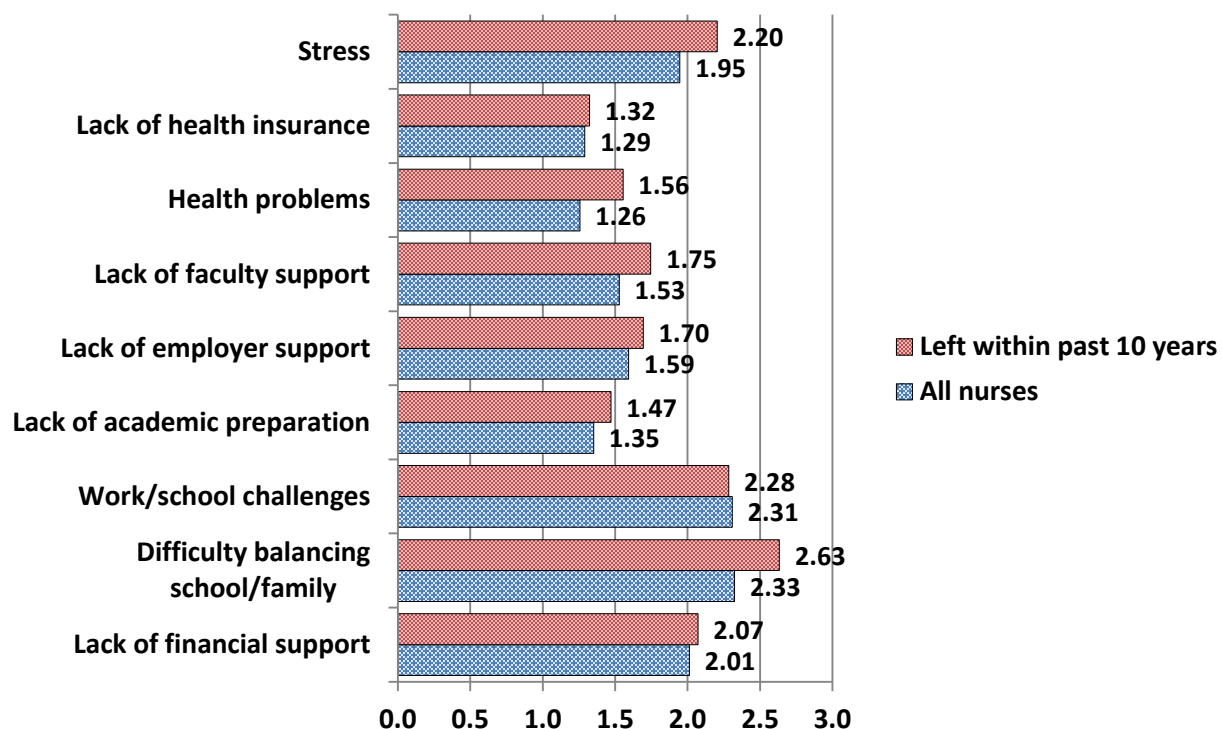
Figure 4.2. Reasons for not completing a post-licensure education program, for California-resident RNs who left programs without completing them



Note: Number of cases=136. Data are weighted to represent all RNs with active licenses.

The relative importance of each of these factors is compared for all RNs and those who left programs within the past 10 years in Figure 4.3. If a reason was rated as “not an issue” it received a score of ‘1’, if it was a “minor issue” it was given a score of ‘2’, and if it was a “major issue” it was given a score of ‘3’. The principal reasons for leaving post-licensure education were the same among those who left within the past 10 years and all nurses, with difficulty balancing school and family, health problems, stress, and lack of faculty being the most significant issues. Among those who left within the past 10 years, difficulty balancing school and family, stress, and lack of financial support were relatively more important than among all RNs.

Figure 4.3. Comparison of reasons for not completing a post-licensure education program, for all RNs and RNs who left within the past 10 years



Note: Number of cases=53. Data are weighted to represent all RNs with active licenses.

Chapter 5. Interest in Pursuing Additional Education

Nurses not currently enrolled in post-licensure education programs were asked about their interest in pursuing additional education, as well as the programs in which they might be interested and the reasons for their interest. Among all non-enrolled RNs, 13.4 percent are seriously considering pursuing additional education, and 25.3 percent are somewhat considering it. Nearly 60 percent are not considering additional education at all. It is not surprising that the share seriously considering additional education is much higher among younger nurses than among older RNs. Of those under 35 years old, 33.1 percent are seriously considering additional education, and 46.6 percent are somewhat considering it. In comparison, of those 45 to 54 years old, only 18.2 percent are seriously considering it and 33.8 percent are somewhat considering it. Nonetheless, it is notable that nearly 19 percent of nurses 55 years and older are somewhat or seriously considering pursuing additional education.

Table 5.1. Interest in pursuing additional education among all California-resident RNs not currently enrolled

	All nurses	Under 35 years	35-44 years	45-54 years	55 years +
Seriously considering	13.4%	33.1%	29.4%	18.2%	4.3%
Somewhat considering	25.3%	46.6%	36.1%	33.8%	14.3%
Not at all considering	59.4%	19.1%	32.7%	46.7%	79.0%
No response	1.9%	1.2%	1.7%	1.4%	2.4%

Note: Number of cases=1,154. Data are weighted to represent all RNs with active licenses.

The type of education being considered varies somewhat across age groups (Table 5.2). The most common goal of those seriously or somewhat considering additional education would be a master's degree in nursing (41.9%), followed by a bachelor's degree in nursing (32.5%). Older nurses are more likely to be considering a non-nursing master's degree; 4.9 percent of nurses under 35 years are considering this goal, as compared with 11.1 percent of those 55 years and older. Older RNs also are more likely to be considering a non-degree nursing certificate. Relatively high shares of younger RNs are considering pursuing a practice-based doctorate in nursing. Among those somewhat or seriously considering additional education, 14.3 percent of nurses under 35 years old are thinking about this degree, 12.4 percent of those 35 to 44 years old, and 11.5 percent of those 45 to 54 years old.

Table 5.2. Education being considered by California-resident RNs seriously or somewhat considering pursuing additional education

	All nurses	Under 35 years	35-44 years	45-54 years	55 years +
Associate degree in Nursing	0.6%	0.5%	0.0%	1.4%	0.0%
Baccalaureate in Nursing	32.5%	34.4%	33.0%	38.9%	26.6%
Master's degree in Nursing	41.9%	63.4%	55.7%	41.7%	36.1%
Practice-based doctorate in Nursing	8.0%	14.3%	12.4%	11.5%	3.2%
Research-based doctorate in Nursing	7.2%	3.3%	4.8%	7.5%	7.9%
Non-degree Certificate in Nursing	22.1%	15.0%	18.2%	19.4%	26.1%
Non-nursing associate degree	2.4%	2.2%	1.2%	3.4%	1.8%
Non-nursing baccalaureate degree	5.5%	2.3%	2.6%	8.0%	4.4%
Non-nursing master's degree	8.2%	4.9%	5.1%	6.1%	11.1%
Non-nursing practice doctorate	2.0%	1.0%	4.0%	2.0%	1.8%
Non-nursing research doctorate	3.3%	0.0%	2.3%	4.1%	3.2%

Note: Number of cases=586. Data are weighted to represent all RNs with active licenses.

Nurses who were considering additional education were asked the extent to which they are interested in pursuing advanced practice registered nursing (APRN) certification. Their responses are summarized in Table 5.3. Respondents expressed interest ("somewhat" or "very" interested) in becoming a Clinical Nurse Specialist (44.7%), followed by Nurse Practitioner (42.1%). They expressed the least interest in becoming a Nurse Anesthetist (15.7%) or a Nurse Midwife (7.0%). Respondents expressed the strongest interest in becoming a Nurse Practitioner (13.4% were "very interested").

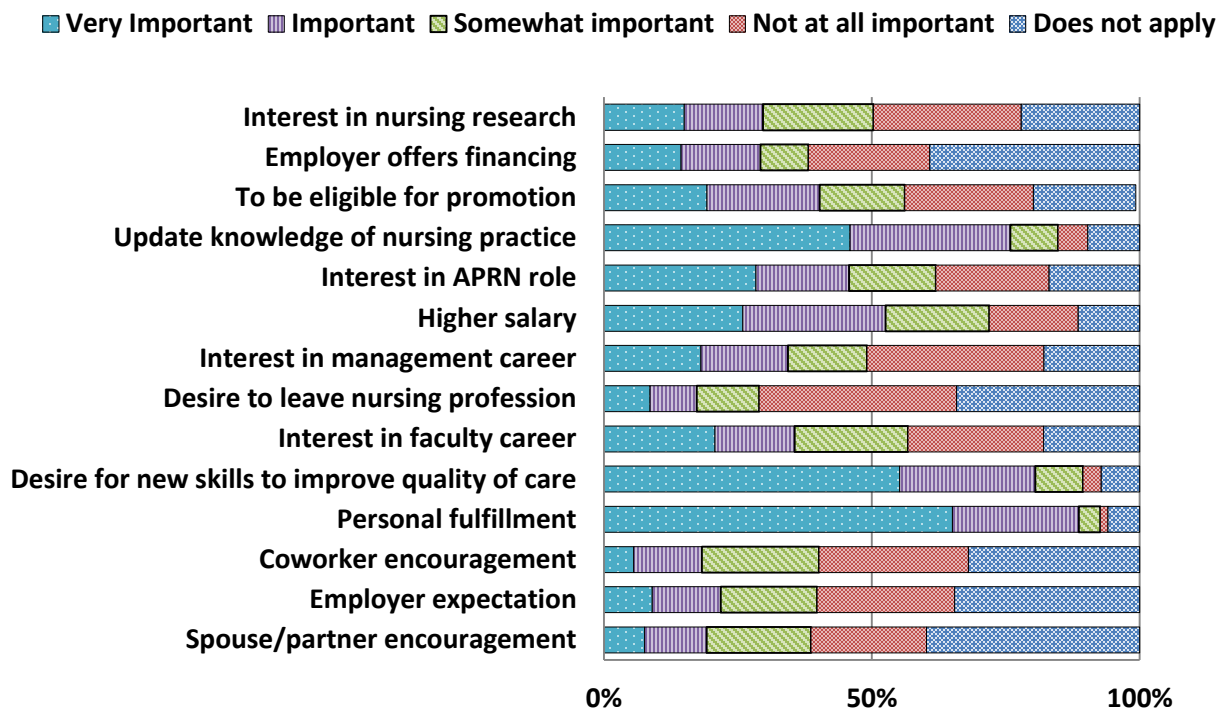
Table 5.3. Interest in pursuing an Advanced Practice RN certification among California-resident RNs seriously or somewhat considering pursuing additional education

	Very interested	Somewhat interested	Not interested
Nurse Practitioner (%)	13.4%	28.7%	57.9%
Count	35,321	75,703	152,921
Nurse Midwife (%)	2.0%	5.0%	92.9%
Count	5,355	13,279	245,310
Nurse Anesthetist (%)	4.8%	10.9%	84.3%
Count	12,527	28,844	222,574
Clinical Nurse Specialist (%)	11.3%	33.4%	55.4%
Count	29,801	88,039	146,105

Note: Number of cases=578. Data are weighted to represent all RNs with active licenses. Columns may not add to 100% due to rounding.

Figure 5.1 and Table 5.4 provide information about the reasons nurses are considering additional education. The reasons most often cited as very important are personal fulfillment (65.0%), the desire for new nursing skills to improve the quality of care (55.2%), an interest in updating knowledge of nursing practice (45.9%), and an interest in becoming an APRN (28.4%). Interest in receiving a higher salary was cited as very important by 25.9 percent. The factors most often noted as not being important or not being applicable to their interest were a desire to leave the nursing profession, spouse/partner encouragement, employer expectations, and coworker encouragement.

Figure 5.1. Reasons for considering additional education among California-resident RNs seriously or somewhat considering pursuing additional education



Note: Number of cases=587. Data are weighted to represent all RNs with active licenses.

Table 5.4. Reasons for considering additional education among California-resident RNs seriously or somewhat considering pursuing additional education

	Not at all important	Somewhat important	Important	Very Important	Does not apply
Spouse/partner encouragement	21.6%	19.5%	11.6%	7.6%	39.8%
Employer expectation	25.7%	18.0%	12.8%	9.0%	34.6%
Coworker encouragement	27.9%	21.9%	12.7%	5.6%	32.0%
Personal fulfillment	1.4%	4.0%	23.6%	65.0%	5.9%
Desire for new skills to improve quality of care	3.4%	8.9%	25.3%	55.2%	7.2%
Interest in faculty career	25.4%	21.1%	14.9%	20.7%	17.9%
Desire to leave nursing profession	36.8%	11.6%	8.8%	8.6%	34.2%
Interest in management career	33.1%	14.7%	16.2%	18.1%	17.9%
Higher salary	16.6%	19.3%	26.7%	25.9%	11.5%
Interest in APRN role	21.1%	16.2%	17.4%	28.4%	16.9%
Update knowledge of nursing practice	5.5%	9.0%	29.9%	45.9%	9.7%
To be eligible for promotion	24.0%	15.9%	21.0%	19.3%	19.1%
Employer offers financing	22.7%	9.0%	14.8%	14.4%	39.2%
Interest in nursing research	27.6%	20.6%	14.7%	15.0%	22.1%
Other	2.4%	0.3%	1.1%	3.6%	92.6%

Note: Number of cases=587. Data are weighted to represent all RNs with active licenses.

There is some variation across age groups in the reasons for considering additional education. Table 5.5 presents the average rating of the degree of importance for each factor, with a score of '4' being "very important" and a score of '1' meaning "does not apply" or "not important." Across all age groups, the most important factors are personal fulfillment, desire for new skills to improve the quality of care, and to update knowledge of nursing practice. Interest in pursuing an APRN role is the next-most important factor for RNs under 45 years old, but is much less important among older RNs. RNs 55 years and older rated to be eligible for a promotion higher than other age groups. Interest in a higher salary and eligibility for a promotion is highly-rated across all age groups. Nurses 35 to 44 years old are more likely to indicate that interest in a faculty career is an important factor than those in other age groups.

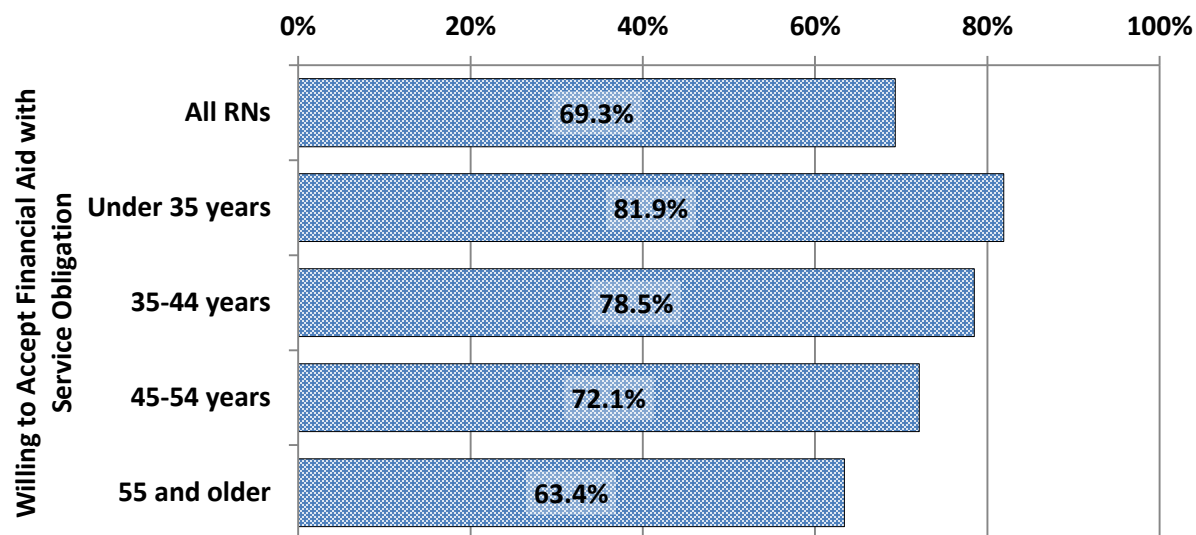
Table 5.5. Average ratings of reasons for considering additional education among California-resident RNs seriously or somewhat considering pursuing additional education, by age group .

Rating of 1 indicates not important; rating of 4 indicates very important	All nurses	Under 35 years	35-44 years	45-54 years	55 years and older
Spouse/partner encouragement	1.65	2.01	2.15	1.79	1.39
Employer expectation	1.71	1.70	1.85	1.65	1.73
Coworker encouragement	1.64	1.74	1.79	1.69	1.56
Personal fulfillment	3.46	3.60	3.49	3.54	3.37
Desire for new skills to improve quality of care	3.25	3.59	3.38	3.20	3.22
Interest in faculty career	2.13	2.19	2.41	2.18	2.02
Desire to leave nursing profession	1.55	1.48	1.57	1.52	1.57
Interest in management career	2.02	2.05	2.09	2.07	1.95
Higher salary	2.50	2.91	2.79	2.63	2.28
Interest in APRN role	2.36	2.97	2.82	2.27	2.26
Update knowledge of nursing practice	3.07	3.47	3.24	3.05	2.99
To be eligible for promotion	2.48	2.57	2.46	2.30	2.61
Employer offers financing	1.82	2.15	2.22	2.05	1.49
Interest in nursing research	1.95	2.13	2.10	2.03	1.83
Other	1.13	1.06	1.10	1.16	1.12

Note: Number of cases=587. Data are weighted to represent all RNs with active licenses.

Nurses were asked whether they would consider accepting a scholarship or loan for further education that had a service obligation. Nearly 70 percent of RNs said they would consider this (Figure 5.2). The share willing to consider a service obligation declines with age.

Figure 5.2. Percent willing to accept a scholarship or loan that has a service obligation, among California-resident RNs seriously or somewhat considering pursuing additional education



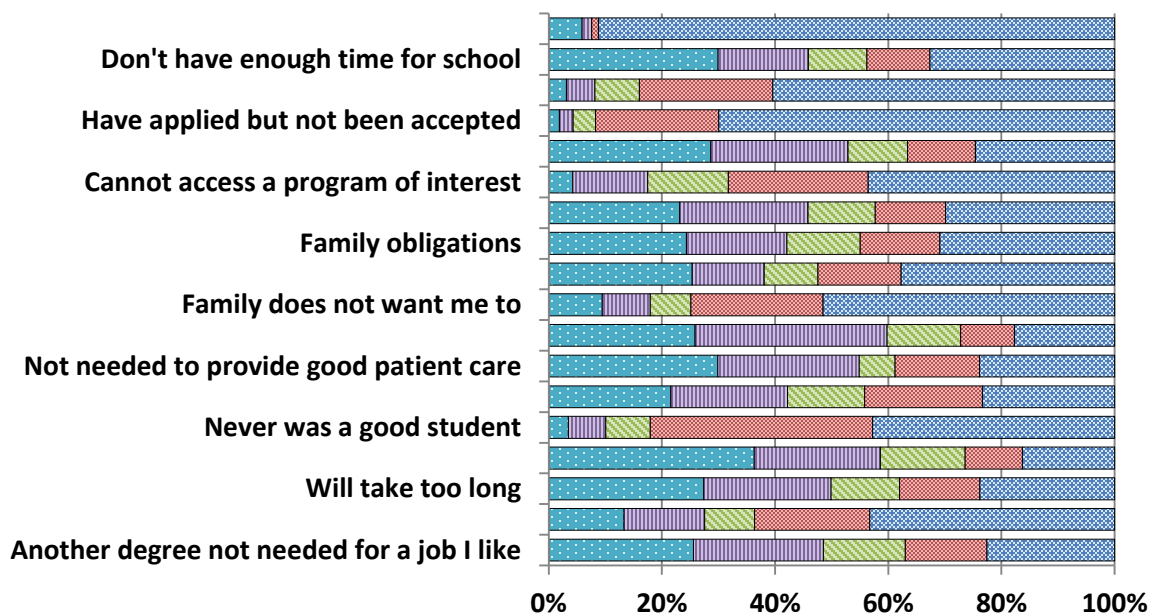
Note: Number of cases=577. Data are weighted to represent all RNs with active licenses.

Reasons for Lack of Interest in Pursuing Education

Nurses who indicated that they were not considering pursuing additional education were asked about their reasons for lack of interest. Figure 5.3 and Table 5.6 present their answers. The factors most often identified as “very important” for not considering additional education are being too old to return to school (36.3%), not having enough time for school (29.9%), not believing additional education is needed to provide good patient care (29.9%), and it not being relevant to career plans (28.6%). A large share also indicated that continuing and in-service education is adequate as an important or very important reason.

Figure 5.3. Reasons for not pursuing or being interested in additional education, among California-resident RNs who have not completed another program, are not currently enrolled, and have not considered enrolling

■ Very Important
 ■ Important
 ■ Somewhat important
 ■ Not at all important
 ■ Does not apply



Note: Number of cases=237. Data are weighted to represent all RNs with active licenses.

Table 5.6. Reasons for not pursuing or being interested in additional education, among California-resident RNs who have not completed another program, are not currently enrolled, and have not considered enrolling

	Not at all important	Somewhat important	Important	Very Important	Does not apply
Another degree not needed for a job I like	14.5%	14.4%	23.0%	25.6%	22.6%
I'll have to repeat courses	20.4%	8.9%	14.2%	13.3%	43.3%
Will take too long	14.2%	12.1%	22.5%	27.4%	23.8%
Too old to return to school	10.1%	15.0%	22.3%	36.3%	16.3%
Never was a good student	39.3%	7.8%	6.6%	3.5%	42.8%
Won't earn more money	20.8%	13.6%	20.6%	21.6%	23.3%
Not needed to provide good patient care	14.9%	6.3%	25.0%	29.9%	23.9%
Continuing and in-service education is adequate	9.5%	13.0%	33.9%	25.9%	17.7%
Family does not want me to	23.3%	7.2%	8.5%	9.5%	51.5%
Programs of interest cost too much	14.7%	9.5%	12.7%	25.3%	37.7%
Family obligations	14.1%	12.9%	17.8%	24.3%	30.9%
Work schedule	12.4%	11.9%	22.7%	23.1%	29.9%
Cannot access a program of interest	24.7%	14.2%	13.2%	4.3%	43.6%
Not relevant to my career plans	12.0%	10.6%	24.2%	28.6%	24.6%
Have applied but not been accepted	21.8%	4.0%	2.4%	1.9%	69.9%
Do not have access to preparation for a program	23.6%	7.9%	5.0%	3.1%	60.4%
Don't have enough time for school	11.1%	10.4%	16.0%	29.9%	32.6%
Other	1.1%	0.0%	1.7%	5.9%	91.2%

Note: Number of cases=237. Data are weighted to represent all RNs with active licenses.

Table 5.7 presents the average rating of the degree of importance of each reason for not pursuing additional education by age group. A score of '4' indicates that the item is "very important" and a score of '1' means the item "does not apply" or is "not important." Among nurses under 35 years old, the most important reasons for not being interested in additional education are family obligations (2.74), not having enough time for school (2.72), and believing another degree is not needed for a desired job (2.54). Among those 35 to 44 years old, not having enough time for school (3.35) and family obligations (3.31) are also the most important factors, followed by believing returning to school will take too long (2.87) and that their work schedule is a barrier (2.87). Nurses 45 to 54 years old had a somewhat different set of reasons for a lack of interest in additional education. Believing it will take too long (2.66), that it is not relevant to career plans (2.58), that they do not have enough time for school (2.58), and another degree is not needed for a desirable job (2.55) are the most important factors. Finally, the most important reason for not returning to school among nurses 55 years and older is that they believe they are too old (2.89), followed by the belief that continuing education is adequate (2.68) and that they do not need more education to provide good patient care (2.43).

Table 5.7. Average ratings of not pursuing or being interested in additional education, among California-resident RNs who have not completed another program, are not currently enrolled, and have not considered enrolling, overall and by age group

Rating of 1 indicates not important; rating of 4 indicates very important	All nurses	Under 35 years	35-44 years	45-54 years	55 years and older
Another degree not needed for a job I like	2.37	2.54	2.40	2.55	2.26
I'll have to repeat courses	1.77	1.56	1.64	2.10	1.60
Will take too long	2.39	2.21	2.87	2.66	2.20
Too old to return to school	2.68	1.35	2.08	2.51	2.89
Never was a good student	1.32	1.28	1.31	1.39	1.27
Won't earn more money	2.20	1.90	2.40	2.27	2.15
Not needed to provide good patient care	2.46	2.40	2.71	2.48	2.43
Continuing education is adequate	2.58	2.34	2.78	2.41	2.68
Family does not want me to	1.53	1.36	1.81	1.56	1.49
Programs of interest cost too much	2.11	2.04	2.32	2.49	1.88
Family obligations	2.21	2.74	3.31	2.46	1.96
Work schedule	2.27	2.41	2.87	2.48	2.09
Cannot access a program of interest	1.54	1.63	1.63	1.54	1.52
Not relevant to my career plans	2.45	2.28	2.70	2.58	2.36
Have applied but not been accepted	1.14	1.06	1.25	1.14	1.14
Do not have access to preparation for a program	1.27	1.17	1.33	1.29	1.26
Don't have enough time for school	2.32	2.72	3.35	2.58	2.07
Other	1.21	1.29	1.09	1.16	1.25

Note: Number of cases=587. Data are weighted to represent all RNs with active licenses.

Table 5.8 presents the average ratings of importance for each reason for not pursuing additional education by highest nursing education, among those who have not pursued and are not considering additional education. The most important reasons for not considering additional education among both those whose highest RN education is an associate degree and baccalaureate degree are the perception of being too old to return to school (2.82 and 2.58, respectively). Those with an associate degree also felt more strongly that another degree is not needed to provide good patient care (2.62), that it is not relevant to career plans (2.52), that another degree will take too long (2.51), and that continuing education is adequate (2.51). Those with a baccalaureate degree feel more strongly that continuing education is adequate (2.73), another degree is not needed (2.54), and that work schedule (2.51) and family obligations (2.48) are also impacting their decision. Never was a good student, have applied but not been accepted, not being able to prepare for a program was not rated highly for either group.

Table 5.8. Average ratings of not pursuing or being interested in additional education, among California-resident RNs who have not completed another program, are not currently enrolled, and have not considered enrolling, by highest nursing education

Rating of 1 indicates not important; rating of 4 indicates very important	Associate degree	Bachelor's degree
Another degree not needed for a job I like	2.45	2.54
I'll have to repeat courses	1.83	1.78
Will take too long	2.51	2.38
Too old to return to school	2.82	2.58
Never was a good student	1.37	1.21
Won't earn more money	2.28	2.32
Not needed to provide good patient care	2.62	2.32
Continuing education is adequate	2.51	2.73
Family does not want me to	1.60	1.48
Programs of interest cost too much	2.27	2.05
Family obligations	2.22	2.48
Work schedule	2.26	2.51
Cannot access a program of interest	1.57	1.56
Not relevant to my career plans	2.52	2.58
Have applied but not been accepted	1.14	1.12
Do not have access to preparation for a program	1.26	1.33
Don't have enough time for school	2.51	2.44
Other	1.09	1.16

Note: Number of cases=587. Data are weighted to represent all RNs with active licenses.

Perceptions of Education and Recommendations of the Institute of Medicine

In a landmark 2010 report, the Institute of Medicine (IOM) recommended that greater shares of RNs obtain baccalaureate and doctoral degrees. Nurses were asked about their familiarity with the IOM recommendations and whether they agreed with them. Table 5.9 presents data on nurses' familiarity with the recommendations. About half of RNs indicated that they were not familiar with the IOM's recommendation regarding bachelor's degrees, and more than two-thirds were not familiar with the recommendation regarding doctorates. Only 9.9 percent of RNs were "very familiar" with the baccalaureate recommendation, and 5.1 percent very familiar with the doctoral recommendation. There was no consistent pattern of familiarity across age groups.

Table 5.9. Familiarity with recommendations of the Institute of Medicine Committee on the Future of Nursing, among California-resident RNs, by age group

	All RNs	Under 35 years	35-44 years	45-54 years	55 years and older
That 80% of RNs have a bachelor's or higher degree					
Not familiar at all	49.1%	50.6%	48.2%	48.4%	49.8%
Slightly familiar	25.2%	28.9%	28.3%	22.8%	26.0%
Quite familiar	15.8%	10.8%	16.7%	18.5%	14.1%
Very familiar	9.9%	9.7%	6.8%	10.3%	10.1%
That the number of nurses with doctorates double					
Not familiar at all	67.4%	69.1%	72.3%	66.8%	66.7%
Slightly familiar	19.4%	20.3%	18.8%	17.6%	21.0%
Quite familiar	8.0%	5.4%	5.9%	10.2%	7.1%
Very familiar	5.1%	5.2%	3.1%	5.4%	5.3%

Note: Number of cases=1,241 . Data are weighted to represent all RNs with active licenses.

Table 5.10 examines nurses' familiarity with the IOM recommendations by education level. In general, nurses with higher education levels are more familiar with the IOM recommendations. Nearly 61 percent of nurses whose highest nursing education is an associate degree have no familiarity with the baccalaureate recommendation, as compared with 43.9 percent of baccalaureate-educated RNs and 30.3 percent of master's-educated RNs. More than one-fourth of RNs who have master's degrees are very familiar with the IOM recommendation about bachelor's degrees. A similar pattern is apparent regarding the recommendation that the number of nurses with doctorate degrees double: 80.4 percent of associate degree nurses have no familiarity, 62 percent of baccalaureate nurses, and 47.2 percent of master's degree nurses.

Table 5.10. Familiarity with recommendations of the Institute of Medicine Committee on the Future of Nursing, among California-resident RNs, by highest nursing education

	Diploma/ no degree	AD in Nursing	Baccalaureate in Nursing	Master's in Nursing
That 80% of RNs have a bachelor's or higher degree				
Not familiar at all	46.6%	60.9%	43.9%	30.3%
Slightly familiar	26.5%	24.4%	26.6%	22.8%
Quite familiar	19.3%	10.1%	19.3%	21.6%
Very familiar	7.7%	4.5%	10.3%	25.3%
That the number of nurses with doctorates double				
Not familiar at all	64.1%	80.4%	62.0%	47.2%
Slightly familiar	29.0%	13.8%	22.1%	21.5%
Quite familiar	3.1%	4.2%	11.3%	15.5%
Very familiar	3.8%	1.7%	4.6%	15.9%

Note: Number of cases=1,260. Data are weighted to represent all RNs with active licenses.

Respondents were asked how they have become familiar with the IOM recommendations. The most often cited methods were nursing magazines and journals, and conversations with colleagues and coworkers (Table 5.11). Magazines and journals, and news articles, were more important communication methods for older RNs than for younger RNs.

Table 5.11. How nurses became familiar with recommendations of the Institute of Medicine Committee on the Future of Nursing, among California-resident RNs, by age group

	All RNs	Under 35 years	35-44 years	45-54 years	55 years and older
Not familiar with IOM recommendations	60.8%	65.3%	62.0%	58.1%	62.2%
News articles	14.2%	11.0%	10.7%	12.2%	16.9%
Nursing magazines & journals	21.6%	10.1%	17.0%	22.5%	23.4%
Communications from the Robert Wood Johnson Foundation	4.9%	2.5%	1.0%	6.0%	5.1%
Conversations with coworkers / colleagues	18.9%	19.9%	20.1%	21.6%	16.3%
Institute of Medicine report, website, or other communication	10.1%	6.7%	6.2%	14.4%	7.9%
California Action Coalition website	2.4%	1.1%	0.2%	4.0%	1.7%
Brochures and flyers	2.7%	1.8%	3.4%	2.5%	2.7%
Nursing association or union communications	6.5%	5.2%	6.2%	6.9%	6.4%
Employer-related events	3.9%	3.9%	3.1%	5.0%	3.2%

Note: Number of cases=1,235. Columns will not total 100% because respondents could select more than one method of becoming familiar. Data are weighted to represent all RNs with active licenses.

The methods through which RNs have become familiar with the IOM recommendations vary somewhat across education levels, with nursing magazines and journals, news articles, and conversations with coworkers and colleagues rising in importance with education. Among nurses with master's degrees, 34.5 percent indicated they have become familiar with the recommendations through IOM's own communications vehicles, such as the report, the IOM website, and IOM newsletters (Table 5.12). Nurses with master's degrees also were more likely to indicate that nursing association or union communications were an important source of information.

Table 5.12. How nurses became familiar with recommendations of the Institute of Medicine Committee on the Future of Nursing, among California-resident RNs, by highest nursing education

	Diploma / no degree	AD in Nursing	BS in Nursing	Master's in Nursing
Not familiar with IOM recommendations	64.2%	71.6%	58.6%	29.8%
News articles	14.4%	10.7%	16.7%	15.7%
Nursing magazines & journals	22.7%	16.8%	21.4%	36.6%
Communications from the Robert Wood Johnson Foundation	0.0%	1.3%	6.2%	15.9%
Conversations with coworkers / colleagues	16.3%	15.4%	20.9%	24.2%
Institute of Medicine report, website, or other communication	7.9%	3.4%	10.3%	34.5%
California Action Coalition website	1.0%	1.0%	2.9%	5.8%
Brochures and flyers	4.9%	2.2%	2.6%	2.5%
Nursing association or union communications	5.4%	4.4%	5.4%	16.1%
Employer-related events	4.8%	2.8%	3.7%	7.7%

Note: Number of cases=1,232. Columns will not total 100% because respondents could select more than one method of becoming familiar. Data are weighted to represent all RNs with active licenses.

Nurses were asked whether they support the IOM recommendations, regardless of whether they were familiar with the recommendations in advance of completing the survey; Table 5.13 presents

responses overall and by age group. Nearly 39 percent strongly support the recommendation that 80 percent of RNs attain a baccalaureate degree by 2020, and 14.8 percent slightly support it. However, 18.3 percent slightly or strongly oppose this recommendation. Younger nurses are more likely to support the recommendation than are older nurses. Nearly 20 percent strongly support the recommendation that the number of nurses with doctorates double by 2020, and 15.4 percent slightly support it. Most nurses are neutral regarding the doctoral education recommendation (45.3%), and 19.4 percent oppose it. As with the baccalaureate recommendation, opposition to the doctoral recommendation rises with age.

Table 5.13. Support of recommendations of the Institute of Medicine Committee on the Future of Nursing, among California-resident RNs, by age group

	All RNs	Under 35 years	35-44 years	45-54 years	55 years and older
That 80% of RNs have a bachelor's or higher degree					
Strongly support	38.7%	48.4%	49.7%	39.3%	34.8%
Slightly support	14.8%	18.9%	13.5%	13.1%	16.0%
Neutral	28.1%	21.5%	23.6%	26.6%	31.1%
Slightly oppose	8.3%	7.3%	5.5%	8.7%	8.6%
Strongly oppose	10.0%	4.0%	7.8%	12.2%	9.5%
That the number of nurses with doctorates double					
Strongly support	19.9%	24.2%	22.6%	20.2%	18.4%
Slightly support	15.4%	19.5%	15.9%	14.4%	15.6%
Neutral	45.3%	43.3%	46.5%	44.4%	46.0%
Slightly oppose	8.2%	7.7%	6.4%	8.6%	8.4%
Strongly oppose	11.2%	5.3%	8.5%	12.4%	11.5%

Note: Number of cases=1,223. Data are weighted to represent all RNs with active licenses.

Table 5.14 presents the extent to which nurses support the IOM recommendations by highest nursing education level. In general, support of the recommendations rises with education. Only 14.6 percent of nurses with associate degrees strongly support the baccalaureate recommendation, as compared with 58.6 percent of those with bachelor's degrees and 62.3 percent of master's degrees. In fact, a roughly equal share of associate degree nurses opposes the recommendation (30.1%) as supports it (31.4%).

Similarly, support for the recommendation regarding the number of nurses with doctorates varies with education. About one-third of RNs with master's degrees strongly support this recommendation, as compared with only 9.4 percent of those with associate degrees. A greater share of associate degree nurses opposes this recommendation (27.3%) as supports it (20.8%).

Table 5.14. Support of recommendations of the Institute of Medicine Committee on the Future of Nursing, among California-resident RNs, by highest nursing education

	Diploma / no degree	AD in Nursing	BS in Nursing	Master's in Nursing
That 80% of RNs have a BSN or higher degree				
Strongly support	28.6%	14.6%	58.6%	62.3%
Slightly support	7.2%	16.8%	15.1%	15.0%
Neutral	41.1%	38.5%	18.8%	13.5%
Slightly oppose	15.0%	11.9%	3.3%	6.8%
Strongly oppose	8.1%	18.2%	4.2%	2.4%
That the number of nurses with doctorates double				
Strongly support	18.2%	9.4%	25.5%	33.2%
Slightly support	9.0%	11.4%	20.3%	19.8%
Neutral	52.6%	52.0%	39.8%	36.9%
Slightly oppose	8.2%	10.6%	7.6%	2.8%
Strongly oppose	12.2%	16.7%	6.8%	7.3%

Note: Number of cases=1,242. Data are weighted to represent all RNs with active licenses.

Nurses were asked whether the IOM recommendations had affected their perceptions of the importance of nursing education (Table 5.15). Most respondents indicated that the IOM's recommendation had not affected their view of the value of pursuing bachelor's and higher education (59.4%). Nearly 18 percent said the IOM recommendation significantly increased their perception of the value of nurses pursuing baccalaureate and higher degrees. Another 19.3 percent reported that the IOM recommendation slightly increased their perception of the value of pursuing bachelor's and higher degrees. There was some variation across age groups, with older RNs being more likely to indicate that the IOM had no effect on their views, and younger RNs indicating that the IOM increased their perception of the value of education.

Regarding the IOM recommendation addressing doctoral education, 67.5 percent said the recommendation did not change their perception of the value of doctoral education. Over 11 percent indicated that the recommendation significantly increased their perception of its value, and 15.8 percent said it slightly increased their perception of value. As with the baccalaureate education recommendation, older RNs were more likely to indicate that the IOM recommendation regarding doctoral education did not change their views, and younger nurses were more likely to say the IOM recommendation increased their perception of the value of the doctorate.

Table 5.15. Influence of recommendations of the Institute of Medicine Committee on the Future of Nursing on perceptions of nursing education, among California-resident RNs, by age group

	All RNs	Under 35 years	35-44 years	45-54 years	55 years and older
Nurses pursuing baccalaureate and higher degrees					
Significantly increased my perception of its value	17.6%	25.4%	26.0%	15.0%	16.9%
Slightly increased my perception of its value	19.3%	23.4%	17.5%	19.7%	18.9%
Did not change my perception	59.4%	50.2%	52.4%	61.8%	60.0%
Slightly lowered my perception of its value	2.0%	0.7%	2.5%	1.4%	2.5%
Significantly lowered my perception of its value	1.8%	0.4%	1.7%	2.1%	1.7%
Nurses pursuing doctoral degrees					
Significantly increased my perception of its value	11.4%	17.9%	19.2%	10.1%	10.0%
Slightly increased my perception of its value	15.8%	21.6%	17.3%	13.7%	16.5%
Did not change my perception	67.5%	58.6%	59.4%	70.3%	68.1%
Slightly lowered my perception of its value	2.0%	1.5%	2.2%	2.2%	1.7%
Significantly lowered my perception of its value	3.3%	0.4%	2.0%	3.7%	3.6%

Note: Number of cases=1,084. Data are weighted to represent all RNs with active licenses.

Table 5.16 examines the influence of the IOM recommendations on RNs' perceptions of the value of education by their highest nursing education. Nurses with associate degrees were more likely to indicate that the IOM recommendations did not have any effect on their perceptions of the value of baccalaureate or doctoral education. Less than five percent indicated that the IOM recommendations lowered their perception of baccalaureate and doctoral education's value. Nearly 28 percent reported that their perception of baccalaureate and higher education increased, and 15.9 percent said their perception of the value of doctoral education increased. Among nurses with baccalaureate degrees, 26.1 percent said the IOM recommendations significantly increased their perception of the value of nurses pursuing baccalaureate and higher degrees, and 17.2 percent had a significant increase in their valuation of doctoral education. Nurses with master's degrees were similarly influenced by the IOM's recommendations, with 20.3 percent reporting that the recommendations significantly increased their perception of the value of baccalaureate education, and 17 percent reporting a significantly increased perception of the value of doctoral education.

Table 5.16. Influence of recommendations of the Institute of Medicine Committee on the Future of Nursing on perceptions of nursing education, among California-resident RNs, by highest nursing education

	Diploma / no degree	AD in Nursing	BS in Nursing	Master's in Nursing
Nurses pursuing baccalaureate and higher degrees				
Significantly increased my perception of its value	8.9%	11.0%	26.1%	20.3%
Slightly increased my perception of its value	22.9%	16.7%	20.7%	20.6%
Did not change my perception	58.6%	67.8%	51.9%	56.4%
Slightly lowered my perception of its value	5.1%	1.7%	1.1%	1.6%
Significantly lowered my perception of its value	4.5%	2.9%	0.1%	1.1%
Nurses pursuing doctoral degrees				
Significantly increased my perception of its value	5.6%	5.4%	17.2%	17.0%
Slightly increased my perception of its value	9.1%	10.5%	22.1%	19.0%
Did not change my perception	73.1%	78.3%	58.5%	56.2%
Slightly lowered my perception of its value	2.2%	2.1%	1.1%	4.1%
Significantly lowered my perception of its value	10.0%	3.7%	1.1%	3.8%

Note: Number of cases=1,082. Data are weighted to represent all RNs with active licenses.

Chapter 6. Employer Support of Education

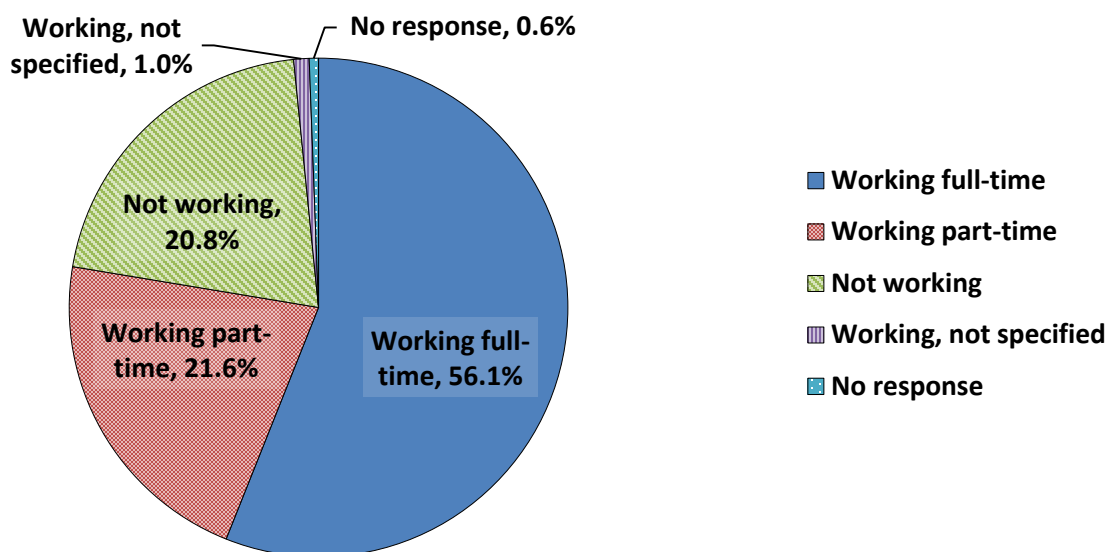
Survey respondents were asked about their employment status and, for those employed, about their employer's support for education.

Employment of California RNs

In the 2013 Education Survey, nearly 21 percent of nurses were not employed in a nursing position, which is greater than the 14.9 percent reported in the 2012 Survey of Registered Nurses. This difference is likely within the margins of error of each survey, but also may indicate a real change in the employment pattern of California RNs. The upcoming 2014 Survey of Registered Nurses will provide insight to this issue.

Nearly 22 percent of nurses were working part-time, which is similar to the 21.8 percent working part-time in the 2012 Survey of Registered Nurses. In the Education Survey, 56.1 percent reported working full-time, which is lower than the 60.3 percent in the 2012 Survey of RNs. Finally, one percent indicated that they were employed but did not indicate whether they were working full-time or part-time.

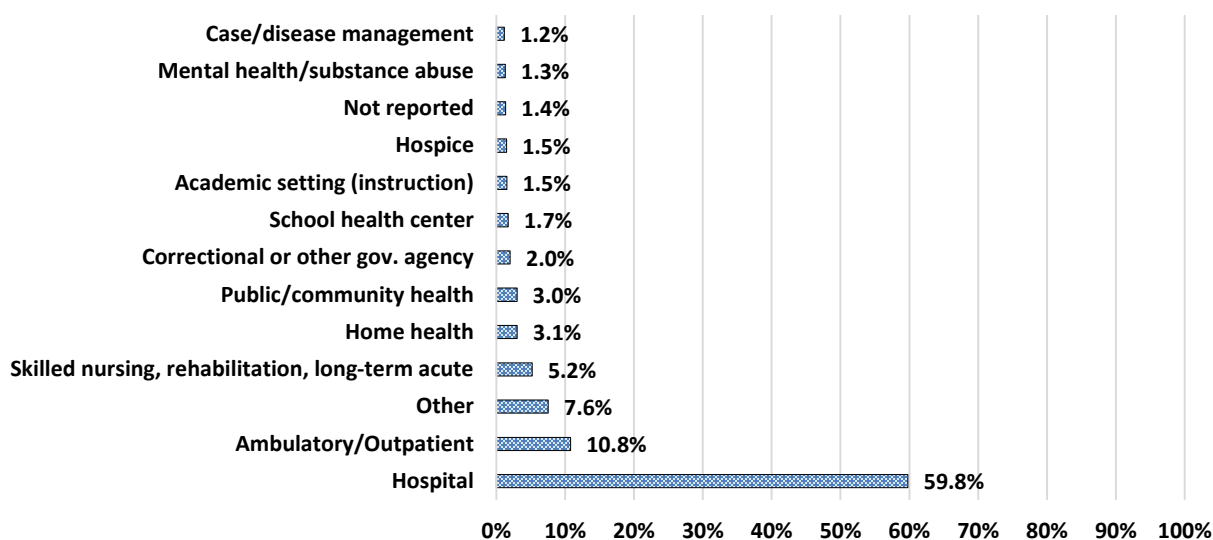
Figure 6.1. Employment status of California-resident RNs



Note: Number of cases=1,291. Data are weighted to represent all RNs with active licenses.

Among employed RNs, 59.8 percent were working in hospitals; this is slightly lower than the 63.6 percent estimated to be employed in hospitals in 2012, but the difference is within the margins of errors of the surveys. Other common employment settings included ambulatory/outpatient care (10.8%), skilled nursing/long-term care/rehabilitation (5.2%), home health (3.1%), and public/community health (3.0%).

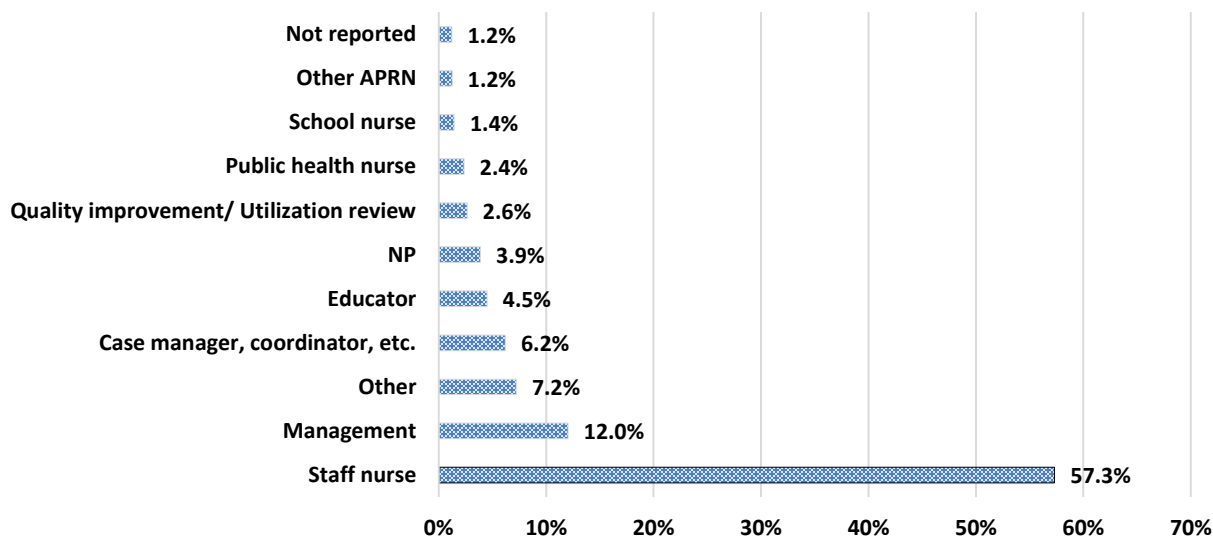
Figure 6.2. Employment settings of employed California-resident RNs



Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

Staff nurse was the most common job title, representing 57.3 percent of nurses; this is similar to the 56.1 percent with this title in the 2012 Survey of RNs. Other common job titles included management titles (12.0%), case manager/nurse coordinator (6.2%), educator (4.5%), and nurse practitioner (3.9%).

Figure 6.3. Job titles of employed California-resident RNs



Note: Number of cases=1,068. Data are weighted to represent all RNs with active licenses.

Employer Support for Education

Employed RNs were asked about various types of support for education their employers might provide, as well as incentives to continue their education. Some employers offer nursing degree and

certificate programs at the workplace; these data are presented in Table 6.1. About three-fourths of nurses do not have on-site degree or certificate programs. Nearly nine percent report there is an on-site RN-to-BSN program, 5.7 percent report a master's degree in nursing is available, and 1.7 percent can access an on-site certificate program. More than 13 percent do not know if there are any on-site degree or certificate programs.

Nurses employed in hospitals are more likely to have access to on-site degree or certificate programs, with the RN-to-BSN program being the most common offering (11.5%). They also are more likely to not know whether their employer offers on-site education (15.6%). Nurses with the job title of staff nurse also are more likely to not know whether there are on-site degree or certificate programs (17.6%) than are nurses with other job titles (7.2%).

Table 6.1. Shares of employed California-resident RNs with access to employer-offered on-site degree or certificate programs, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
RN-to-BSN program	8.7%	11.5%	4.4%	9.3%	7.9%
Master's in nursing	5.7%	7.0%	3.8%	4.7%	7.1%
Certificate program	1.7%	1.7%	1.7%	1.3%	2.2%
No program on site	75.4%	69.9%	83.9%	71.2%	81.2%
Not sure	13.2%	15.6%	9.4%	17.6%	7.2%

Note: Number of cases=1,054. Columns will not add to 100% because respondents could select more than option. Data are weighted to represent all RNs with active licenses.

Employed nurses were asked whether their employers had established partnerships with educational institutions to offer advanced nursing education. As seen in Table 6.2, 15.1 percent reported their employer had a partnership with a local community college, 15.0 percent had a partnership with a local university, and 8.9 percent had a partnership with a distance-based education program. Nearly 40 percent reported that their employer did not have any partnerships, and 30.5 percent were unsure if any partnerships existed. Hospital-employed nurses were more likely to report that community college (19.6%), university (19.8%), and distance-based (11.3%) partnerships existed.

Table 6.2. Shares of employed California-resident RNs whose employers have partnerships with educational institutions to offer advanced education, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
With local community college	15.1%	19.6%	8.1%	16.8%	12.6%
With local university	15.0%	19.8%	7.6%	14.3%	16.1%
With distance-based education	8.9%	11.3%	5.1%	8.6%	9.2%
No partnerships	39.5%	29.1%	55.5%	32.6%	49.1%
Not sure	30.5%	32.0%	28.0%	36.3%	22.4%

Note: Number of cases=1,049. Columns will not add to 100% because respondents could select more than option. Data are weighted to represent all RNs with active licenses.

Table 6.3 presents data on whether tuition reimbursement is offered by respondents' employers, and the programs for which reimbursement is available. Overall, 28.8 percent of nurses have access to tuition reimbursement for a nursing degree program, 7.2 percent have tuition reimbursement for any

degree program, 8.2 percent can be reimbursed for a nursing certificate program, and nine percent can receive tuition reimbursement for any class or program. Nearly 35 percent report that there is no tuition reimbursement available, and 26.4 percent are unsure if it is offered.

Hospital-employed nurses are more likely to report that tuition reimbursement is available to them. Thirty-nine percent of hospital-employed nurses reported that their employer offered tuition reimbursements for reported tuition reimbursements for any class or program. Nurses whose job titles are not “staff nurse” are less likely to have tuition reimbursement available (42.4% versus. 29.2%).

Table 6.3. Shares of employed California-resident RNs whose employers offer tuition reimbursement, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
For a nursing degree program	28.8%	39.0%	13.0%	30.7%	26.3%
For any degree program	7.2%	8.9%	4.7%	4.9%	10.4%
For a nursing certificate program	8.2%	11.1%	3.9%	9.3%	6.8%
For any class or program	9.0%	9.9%	7.5%	8.3%	9.9%
No reimbursement	34.7%	21.0%	56.1%	29.2%	42.4%
Not sure	26.4%	27.9%	24.0%	32.0%	18.6%

Note: Number of cases=1,051. Columns will not add to 100% because respondents could select more than one option. Data are weighted to represent all RNs with active licenses.

More than half of employed RNs reported that employers offered only partial tuition reimbursement support of up to \$5000 per year (Table 6.4). Some respondents noted in the comments that the maximum amount available was lower than \$5000. Only 1.3 percent reported that their employer offered full tuition support. Another 35.4 percent reported that partial tuition support was available, but they did not know the amount offered.

Table 6.4. Amount of tuition reimbursement offered by employers, for California-resident RNs whose employers offer tuition reimbursement, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
Full tuition support	1.3%	1.3%	1.5%	1.6%	1.0%
Partial support (\$5000 per year or less)	52.5%	56.7%	38.2%	48.2%	58.6%
Partial support (more than \$5000 per year)	2.8%	2.1%	5.1%	2.9%	2.6%
Partial support available, but don't know amount	35.4%	32.1%	46.4%	40.1%	28.7%
Other	8.0%	7.8%	8.8%	7.3%	9.1%

Note: Number of cases=458. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

RNs whose employers offered tuition reimbursement were asked to describe whether there were any requirements to receive tuition support; Table 6.5 presents their responses. Nearly 29 percent reported that full-time employment was required to access tuition reimbursement, and 21.4 percent indicated that 20 hours of work per week was sufficient to receive tuition reimbursement. However, 43.4 percent were unsure if there were any requirements regarding the number of hours worked per week. Nurses employed outside hospitals were more likely to report that they must work full-time to receive

tuition reimbursement (33.8%), and staff nurses were more likely to be unsure about the employment requirements (52.5%).

Table 6.5. Employment requirements for tuition reimbursement offered by employers, for California-resident RNs whose employers offer tuition reimbursement, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
Must work at least 10 hours per week	0.5%	0.5%	0.6%	0.7%	0.3%
Must work at least 20 hours per week	21.4%	23.4%	14.1%	17.2%	27.3%
Must work full-time	28.9%	27.6%	33.8%	25.7%	33.6%
Not sure if hours are required	43.4%	43.1%	44.6%	52.5%	30.4%
Reimbursement based on hours, not sure how many	3.0%	2.8%	3.9%	2.1%	4.3%
Other	2.7%	2.7%	3.1%	1.9%	4.0%

Note: Number of cases=452. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

RNs were asked to describe whether their employers offered other types of support to further their education in degree or certificate programs. As shown in Table 6.6, over 22 percent of all employed RNs reported that flexible scheduling was possible. Nearly 42 percent were not sure if other support was available, and 24.4 percent indicated that no other support was offered. Nurses employed in hospitals were less likely to indicate that their employers offered no other support (18.6%), as were staff nurses (19.3%). Hospital-employed nurses and staff nurses were more likely to indicate that their employers offered some sort of “other” support—although a large proportion of nurses in all categories did not know if other support was available.

Table 6.6. Other support offered by employers for degree or certificate programs, for California-resident RNs, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
Unpaid release time for nursing certificate programs	2.8%	2.1%	3.7%	2.1%	3.7%
Unpaid release time for nursing degree programs	3.5%	3.5%	3.6%	2.7%	4.6%
Unpaid release time for any course or program	4.1%	3.6%	4.9%	2.0%	7.1%
Flexible scheduling	22.3%	25.3%	17.6%	20.4%	24.8%
Payment for books and supplies	5.0%	6.6%	2.5%	4.0%	6.5%
Payment for exam/certification fees	6.7%	8.1%	4.6%	5.9%	7.8%
Paid release time for nursing certificate programs	3.6%	3.1%	4.3%	3.1%	4.2%
Paid release time for nursing degree programs	1.7%	1.7%	1.5%	1.4%	2.0%
Paid release time for any course or program	6.4%	5.7%	7.5%	4.9%	8.5%
No other support available	24.4%	18.6%	33.4%	19.3%	31.3%
Do not know if support is available	41.9%	44.1%	38.4%	48.5%	32.7%

Note: Number of cases=1,026. Columns will not add to 100% because respondents could select more than one option. Data are weighted to represent all RNs with active licenses.

Nurses were asked to describe any incentives offered by their employers to complete a nursing degree or certificate program, such as salary increases, one-time bonuses, or recognition at an event

or in a newsletter. As seen in Table 6.7, over 39 percent of all employed RNs reported that their employer offered no incentives, and another 25.2 percent did not know if incentives were offered. Seventeen percent reported they could receive an increase in salary if they completed a nursing degree or certificate, and 5.2 percent would receive a one-time bonus. The listing of their certification or degree on a name tag or business card was noted by 15.1 percent of respondents, and 8.4 percent said their name would be published in a newsletter noting their educational advancement. Hospitals were more likely to offer these types of incentives than other settings; only 31.8 percent of hospital-employed nurses indicated that no incentives were offered. Staff nurses also were more likely to report that incentives were offered.

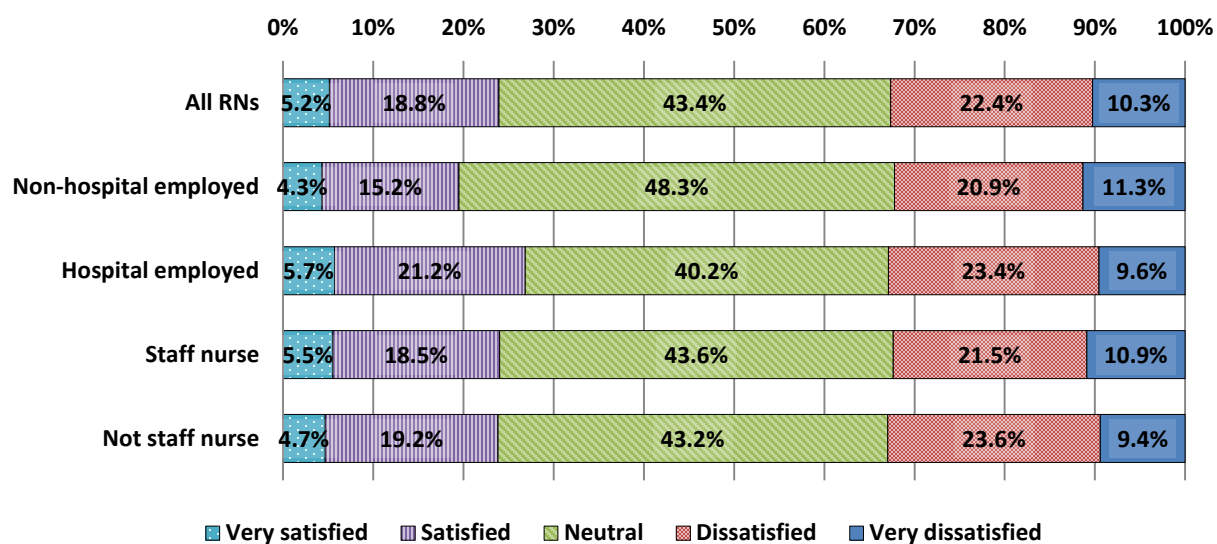
Table 6.7. Incentives offered by employers for completing a degree or certificate programs, for California-resident RNs, by setting and job title

	All employed RNs	Hospital-employed	Non-hospital employed	Staff nurse	Not staff nurse
No incentives provided	39.4%	31.8%	50.8%	34.1%	46.4%
Do not know if there other incentives	25.2%	25.9%	24.2%	31.5%	16.8%
Promotion to higher position or job title	8.4%	8.7%	7.8%	7.0%	10.2%
Increase in salary (including recurring bonuses)	17.0%	19.8%	12.6%	18.9%	14.4%
One-time bonus	5.2%	7.2%	2.3%	5.5%	4.9%
Annual recognition event	3.5%	4.2%	2.5%	3.2%	4.0%
Publication of name in employer newsletter	8.4%	9.6%	6.6%	6.6%	10.8%
Listing of certification/degree on name tag/ business card	15.1%	18.6%	9.8%	12.7%	18.3%
Plaque displayed listing certified nurses	5.9%	8.8%	1.4%	6.3%	5.3%

Note: Number of cases=1,033. Columns will not add to 100% because respondents could select more than option. Data are weighted to represent all RNs with active licenses.

Employed nurses were asked to indicate their degree of satisfaction with their employer-supported educational opportunities, as illustrated in Figure 6.4. Only about five percent of RNs reported being very satisfied with employer-supported educational opportunities, and 18.8 percent indicated they were satisfied. In contrast, 22.4 percent were dissatisfied with their employer's educational support, and 10.3 percent were very dissatisfied. Satisfaction was slightly higher among hospital-employed nurses, with 21.2 percent being satisfied and 5.7 percent being very satisfied. There was little difference in the satisfaction of staff nurses and nurses with other job titles.

Figure 6.4. Satisfaction with employer-supported educational opportunities among employed California-resident RNs, by setting and job title



Note: Number of cases=1,014. Data are weighted to represent all RNs with active licenses.

Chapter 7. Thematic Analysis of Nurses' Comments

Introduction

Narrative responses were invited in the comments section at the end of the 2013 BRN Education Survey and were submitted by 421 nurses, of whom 419 represented valid respondents. These nurses represented 32.4 percent of the total 1,291 valid survey respondents. This percentage does not include uninformative responses such as “thanks for the survey,” “send me the report,” or “none.” Some respondent comments provided factual information to clarify answers provided in the main body of the survey, and others made comments that were analyzed for common themes and issues.

The survey respondents who entered narrative comments are slightly older than those who did not comment (Table 7.1). Their racial/ethnic distribution was similar to that of all respondents, except that Asian/Pacific Islanders were less likely to provide any comments.

Table 7.1. Characteristics of respondents who commented and all survey respondents

	Respondents who Commented	All Survey Respondents
Age group		
Under 35 years	19.8%	23.6%
35 to 44 years	19.3%	22.1%
45 to 54 years	26.5%	25.5%
55 years or older	34.4%	28.7%
Ethnicity		
White	60.9%	59.6%
Black/African-American	3.6%	4.0%
Asian/Pacific Islander	3.8%	6.3%
Latino	4.3%	5.2%
Filipino	15.3%	14.7%
Other	8.8%	7.4%

Note: All survey respondents number of cases=1,291. Respondents who commented number of cases=419. Data in table is not weighted.

The comments made may not necessarily reflect the opinions of the whole sample of surveyed RNs, let alone the whole of the California nursing workforce. Nonetheless, the fact that a sizable number of respondents chose to write about various issues, opinions, and concerns suggests that these are very real concerns and issues in the nursing workforce.

This analysis identified four themes related to RNs' open-ended comments. The thematic areas are: (1) barriers to acquiring further education; (2) return on investment in education; (3) general support for further education; and (4) suggestions for increasing access to further education. The thematic analysis highlights nurses' interest in, and motivations for pursuing, or not pursuing, further education.

Barriers to Acquiring Further Education

The most common theme in the text comments to the BRN Education survey pertained to the cost of obtaining additional education. About 22 percent of comments included reference to cost as a barrier to further education. For many, the issue was not strictly the cost of tuition, but the opportunity cost of leaving a current job, and the financial responsibility for supporting a family. A number noted

that although they would like further education, they were still paying off loans from their initial RN degree.

"The cost of education is very expensive. In our current economy, a higher education only leaves you with plenty of debt and no job or salary to help pay for the expenses. The government lacks any grants to encourage higher education."

"I graduated from a BSN program in 1999. It's now 2013 and I still owe thousands and thousands of dollars. By the time my three-year-old twins are college age - I will still be paying for my BSN program. I'm working in a position that prefers a master's, but the pay is the same for any RN from diploma to master's."

"I would love to pursue my nursing education further. However being an only parent of a four-year-old, working full-time to support her and coming from a background of a poverty stricken family, my own financial concerns of daily living keep me from it. I struggle to support myself and my daughter, paying current bills/expenses and student loans so much that it is not feasible to go back to school and increase my debt even more."

As a number of respondents pointed out, they had just graduated and could not find work—or they had looked at entering an education program only to find the classes full.

"I graduated in December 2012 and am still unemployed, so, at this time I am interested in getting a job and obtaining clinical nursing experience; I am not interested in additional degrees and certifications and additional debt."

"My local schools are not offering access to any re-orientation programs for current RNs. I would have to apply to a 4-year program and spend 3-5 years getting a BSN to become employable because of the BSN requirements. The local CCs are full with waiting lists for nursing programs. I have seen programs advertised for immigrants but not RNs trying to get back into the workforce though."

Family responsibilities were mentioned as a barrier in approximately ten percent of narrative comments. This included raising young children, paying for the education of college-age children, and caring for spouses, parents, and others. A number of respondents noted that their salary was the primary income for their families. The 2012 Survey of Registered Nursing found that 50.7 percent of nurses said their nursing income comprised at least 80 percent of household income.

"I would love to further my education but family is the priority now and due to the current economic market, I am the sole home income-maker. This limits my ability as does my location in relation to any school."

"It always on my mind when I hear my coworkers are going back to school. But then I consider my situation, single mom with single income, it occurs to me that at this time my best investment is my child because she is very smart. If my situation allows, I would love to complete my MSN. But at this time, I choose the future for my daughter. (Unless there is full scholarship available that I'm not aware of.)"

Along with the need to support and/or care for family members, many respondents noted that even with additional funds, they just lacked time. Geography was an additional barrier for some in rural areas, who noted that they would have to drive a considerable distance to access a nursing program.

Finally, five percent of narrative respondents noted that they had, or were on the verge of retiring or "just too old" to pursue further education at this time in their life.

Return on Investment

Another common theme related to the cost of education was the relative value of an advanced degree. Some (about 8%) felt that the additional degree would not yield enough return on investment to justify the cost of obtaining the degree.

"Recognition within a facility for those who possess a higher level of education, such as a Bachelor's degree or higher, should be a standard. I would like to know what level of education the nurses who were taking care of me or a family member possess, and I believe most patients would agree. Working in a facility that provides absolutely no recognition for having a BSN or higher degree is frustrating. There is no monetary incentive, and those who have BSNs or other higher degrees do not even receive a new name tag with the "BSN" or "MSN" designation."

"My MS is in nursing education. I love teaching nursing, and know there is a demand for nurse educators, but the wages-compared to industry wages-are too low for me to continue to teach in the public sector. So I apply my degree and skills in a hospital setting. Can you fix this?"

Others felt that getting more education did not make one a better nurse anyway. Requiring a higher degree would make the profession less accessible to many, and not improve patient care:

"In my experience the more degrees a person has the less time they spend with patients. My degree in nursing was to do patient care-not develop policy, or direct workers. I find my greatest satisfaction being side by side with the patients and family. I don't want to be focused primarily on theory or machines. Sometimes people who are so smart with theory aren't very good with people. Therefore higher education doesn't necessarily make you a better practicing nurse."

"BSN and MSN nurses are no more capable of caring for patients than an ASN program nurse. Plenty of higher degreed RN's do not take time with patients and do not have the common sense required for urgent situations. Making BSN or MSN a requirement for all nurses is ridiculous. Becoming more in debt to be no more qualified is ridiculous."

General Support for Advancing Education

About 13 percent of comments indicated support for additional education for nurses. A number noted that in general it should be promoted or required, while others simply reported on the value in their own careers.

"I believe we need a culture change within nursing that encourages younger nurses to pursue advanced degrees, doctorates, research, etc. I think the perception is changing but I inevitably hear comments at national nursing conferences that discourage this. It is important that we attract young, bright minds to nursing to elevate nursing to the goals set by IOM and others. In order to do this, we must incentivize and encourage advanced nursing education."

"I wish nursing could get on board like all the other professions. In order to be a physical therapist one must have a doctorate. Nursing needs to have entry level of a BSN. We are a profession and need to have a professional degree to enter the profession. If we continue with the AA program, pay should be different. A BSN or MSN should not be making the same pay as an AA nurse. We need to move forward with the BSN being the entry level degree into the nursing program."

"The MSN program I recently completed was invaluable. Not only did courses enhance my overall knowledge of the foundation of nursing, but also helped me to develop a greater understanding and appreciation for research and the importance of implementing evidence-based

practice strategies.”

Others were considering additional education, although most still opined that they would do so if they had more financial support and/or more time:

“I would like to get my BSN and become a clinical instructor for nursing students possibly in the near future.”

“I currently work as a paramedic but plan to utilize my RN license in the near future. I also would like to continue my education to receive my bachelor’s degree.”

Some respondents felt that changes in the educational requirements would hurt the profession.

“I think that requiring a doctorate degree for NP’s will result in a decrease in interest to the NP profession and an increase in the PA profession. If I were starting my career I would not choose to be a doctorate prepared NP, I would just go to Med School. An increase in PAs and a decrease in NPs is the wrong direction to take mid-level providers. It is a very bad thing for the nursing profession that is coming from scholars and not direct care providers. Way to go increasing the divide amongst the profession!”

Suggestions for Improving Access to Education

Respondents had a number of suggestions for improving access to additional nursing education. These included:

- more online courses and distance learning programs
- more part-time programs for working nurses
- more re-entry programs for nurses trying to get back into the field
- grants and scholarships to help nurses pursue additional education
- increased employer support for pursuing additional education
- provide employers tax benefits for supporting advanced nursing education
- greater recognition for advanced degrees in the workplace and wage scale.

Flexibility and alternative modes of delivery were key to accessibility according to some respondents. Some argued that this instruction should be more readily available through public institutions.

“Nurses should not have to rack up fees in taking online classes with programs like University of Phoenix. There should be more public schools/universities that provide flexible hours and locations or reasonable nursing programs online so nurses can get higher degrees without neglecting their families in going into major debt ... If the nursing profession is mandated to be elevated--help us after we’ve helped others ALL DAY. We are not mules!”

“More universities (example: California State Universities) to offer part time BSN programs, and tuition reimbursement from employers.”

Some respondents decried the fact that the economy had put a halt to many employer-sponsored programs.

“My employer/nursing education dept. encouraged employees to further their education i.e. BSN, MSN in 2004. At that time they helped with tuition and flexible scheduling. However in 2009 they discontinued that program. It was unfortunate because the program produced 20+ BSN and many Masters prepared RNs. I learned so much from the BSN program. It would be great for employers to receive some tax benefits to continue these programs.”

"I would love to return to school to obtain my MSN and/or NP; and I live approximately 5 miles from CSULB, which has a program. However, because my science class credits are from the 1980's I would need to retake all of my science classes. If there was a "refresher" course, that would be helpful."

Finally, some noted the relevance of supporting additional education for nurses in light of implementation of the Patient Protection and Affordable Care Act.

"I would like to see government subsidization for doctorate degrees for nurses who want to teach. Regarding the shortage of primary care providers, I would like more subsidization of nurses who want to become NPs to fill the gap of providers. There are many nurses who would like to pursue this route but need financial help to do so."

Summary of Thematic Findings

While these comments represent the opinions of a self-selected group of nurses with active California licenses, they do provide a deeper look at the experiences and concerns behind the quantitative survey results. The narrative responses are consistent with the data that indicate that nearly 40 percent of California RNs are considering pursuing further education. However, financial considerations and/or opportunity costs are an often-noted barrier to doing so. A weak job market and the lack of monetary incentive for obtaining a higher degree further dampen the interest in additional education.

Respondents offered a number of suggestions for improving access to further education, including more employer and public support for nursing education, and flexible and alternative modes of delivery to address the needs of working nurses.

On a broader level, comments also suggest a continued debate amongst nurses about the place of advanced education in the field, offering reflections on the IOM recommendations that (a) the proportion of nurses with a baccalaureate degree increase to 80%, and (b) the number of nurses with a doctorate double by 2020. Some of the comments noted that compassion and common sense did not require an advanced degree and that requiring further education of nurses would harm the profession. Others noted that additional education was necessary to advance the profession and prepare nurse leaders and educators for the future.

Chapter 8. Conclusions

California's RN workforce is well-educated, with about 60 percent having a bachelor's or graduate degree in nursing or another field. Nearly 11 percent have a master's degree in nursing, 3.5 percent have a master's degree in another field, and 1.8 percent have a doctoral degree. The educational attainment of California RNs reflects both their entry-level education and the education they pursue after licensure as an RN. More than 36 percent of employed California nurses have completed at least one post-licensure degree, and about 7.4 percent of employed RNs are currently enrolled in a post-licensure education program in pursuit of a degree or certificate in nursing or a non-nursing field. The largest share of RNs currently enrolled in a post-licensure education program is pursuing a baccalaureate degree in nursing (37.0%), and more than 30 percent are enrolled in a master's degree in nursing program.

RNs reported that the most important reasons for returning to school were a desire for new skills, for personal fulfillment, and to update nursing knowledge. These factors were of the greatest importance for both currently-enrolled nurses as well as those who have completed post-licensure education. About 40 percent of those currently enrolled are interested in becoming an APRN and about 50 percent are interested in a faculty career.

Distance-based education is of notable importance to the advancement of RNs' education. Nearly 60 percent of RNs who are currently enrolled reported that more than 80 percent of their coursework uses distance learning approaches. Access to distance-based education has likely led to fewer nurses who are currently enrolled reporting that transportation is problematic in their pursuit of education, as compared with nurses who completed post-licensure education in previous years. Moreover, distance-based learning is likely the reason that nearly half of enrolled RNs report that their educational program is based in another state.

RNs who are currently enrolled or who have completed post-licensure education report that their friends and family were highly supportive of their education. Most agree that they were well-prepared for their educational program, that classmates and supportive and collaborative, faculty provide good mentorship, and it is easy to maintain a good grade-point average. The most significant challenges facing nurses as they strive toward additional education are that home and family needs interfere with studies, it is difficult to work while being in school, and that it is difficult to afford school. The most common sources of financing of post-licensure education are personal savings and income from current employment. The challenges faced by nurses as they continue their education account for the fact that about 15 percent of California's employed RNs have attempted post-licensure education but did not finish it.

RNs who are currently enrolled in a post-licensure education program reported that teaching modality was a very important consideration in their selection of an education program. Most also ranked the length of the program, and the content and focus of the program as very important factors in their decision to attend a program. Among recent graduates of a post-licensure education program, the qualification of the faculty was also an important factor in their consideration of education programs. Nurses who graduated from their post-licensure program before 2008 reported location of the program as an important consideration in their decision to attend a program.

More than 13 percent of employed RNs are seriously considering pursuing additional education, and another 25 percent are somewhat considering it. The most common goals of those considering additional education are a bachelor's or master's degree in nursing, and the reasons most often cited for their interest are personal fulfillment, desire for new nursing skills to improve the quality of care, and to update knowledge of nursing practice. Nearly 30 percent are interested in advanced practice nursing, most often in becoming a Clinical Nurse Specialist or Nurse Practitioner.

Although many nurses have pursued, or are considering, post-licensure education, RNs report mixed views of the Institute of Medicine recommendation that 80 percent of RNs attain a bachelor's or higher degree. About half of RNs indicated that they were not familiar with the IOM's recommendation regarding bachelor's degrees. About 55 percent of RNs reported that they support this recommendation, but 18.3 percent oppose it. Many nurses who are not interested in pursuing additional education indicated that they do not think that formal education is required to provide good patient care, that it is not relevant to their career plans, and that they believe continuing education is adequate; these same items likely explain the lack of support of some RNs for the IOM recommendation.

While some employers offer significant support and reward for continuing nursing education, many employers do not. About 14 percent of nurses report that they have access to on-site degree or certificate programs at their place of employment, and 29 percent can receive at least some tuition reimbursement for enrollment in a nursing degree program. But, nearly 35 percent reported that their employer does not offer tuition reimbursement. Most nurses indicated that their employer did not offer any financial incentive, such as a bonus or salary increase, to continue their education. In general, hospital-employed nurses have greater access to tuition and other support for ongoing education. Hospital nurses were somewhat more satisfied with their employer's support for education, but overall nearly one-third of RNs were dissatisfied with their employer-supported educational opportunities.

Survey respondents had a number of suggestions for improving access to additional nursing education. They recommended that colleges and universities offer more online courses and distance learning programs, more part-time programs for working nurses, and re-entry programs for nurses trying to return to nursing work. They also recommended that employers provide more support to those who want to pursue additional education, as well as provide greater recognition for advanced degrees in the workplace and wage scale. Finally, they observed that greater financial support – such as grants and scholarships – would help more nurses pursue education.

Changes in the health care delivery system – including emerging hospital payment schemes that emphasize quality of care, a rising emphasis on care coordination, and the growth of value-based primary care – are likely to increase the need for nurses to extend their knowledge, either through formal education or more rigorous continuing education. Moreover, these changes may lead more employers to support continuing RN education and pay higher wages for those with higher degrees (Spetz and Bates, 2013). Efforts to increase the educational attainment of RNs need to be sensitive to factors that act as facilitators and barriers to pursuing higher degrees, such as the struggle to balance family needs and school demands, work-school conflicts, and financial challenges.

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Appendices

Appendix A. Letters and Mailings

First Postcard

Hello!

We recently mailed you a survey about your education experience as a registered nurse. This research is sponsored by the California Board of Registered Nursing. We want to hear from people who are currently working in nursing, those working in other fields, and those who have retired from nursing altogether. I understand that we have not yet received your completed questionnaire. Your response is valuable to this report and I hope that you will take 15 minutes to complete your questionnaire and mail it back in the postage-paid envelope. If you've misplaced your questionnaire, please call 1-877-276-8277 and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire, please disregard this notice.) Thank you for your assistance.

Sincerely,
Lela Chu
UC San Francisco

Follow-up Postcard

The **California Board of Registered Nursing**, working with the University of California, mailed you the 2013 RN Education Survey a month ago and again two weeks ago. It was sent to people with active licenses, and we want to hear from all RNs, whether or not you've ever pursued further education or are now working.

We need your input to better gauge the educational experiences of the nursing profession in California and help the BRN and our state colleges and universities design programs to support you.

You also have the option of completing the survey online. If you need another copy of the questionnaire or want to know how to do it online, please call me toll-free at 1-877-276-8277 or email me at Lela.Chu@ucsf.edu. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Lela Chu
UC San Francisco, School of Medicine

Letter for Active RNs

Dear XXXXXX:

We are pleased to inform you the Board of Registered Nursing is inviting you to be one of a select group of California nurses to provide the Board with vital information concerning registered nurses' education since licensure and plans for further education.

Only 2,500 of California's estimated 365,000 RNs/APRNs are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce and education planning. With the pivotal role of the nursing profession in workforce planning and policy in California, it is vital for the Board to be able to accurately present your opinions about educational experiences, opportunities, and future aspirations. Survey results will be used by the Board to guide public policy and plan for California's future nursing workforce and education needs. Summary results of the survey will be published on the Board's website in the summer of 2013.

Your individual survey responses are absolutely confidential and individual responses will not be identified or reported. Your participation in the survey is voluntary and you may skip any questions you choose not to answer, but we hope to have a great response to the survey to ensure that the Board has a representative picture of California nurses. More information about UCSF human subjects' projections for this study can be found on the back of this letter.

The University of California, San Francisco is conducting the survey for the Board. The attached survey has been sent to RNs/APRNs with active California licenses residing in California.

Completion of the survey should take no more than 20 minutes. The survey may be completed in the attached paper/pencil format or ONLINE. If completing the attached survey by paper and pencil, please return in the postage-paid return envelope. You may complete the enclosed survey online at:

http://futurehealth.ucsf.edu/brnedu_2013/

Your online USERNAME is: XXXXX

Your online PASSWORD is: XXX (enter in UPPERCASE)

If you have any difficulty completing either version of the survey, or if you have any questions about your participation in this study, please call the BRN Education Study Team at UC San Francisco toll-free at 1-877-276-8277. You may also contact Joanne Spetz, Ph.D., Principal Investigator, by phone at (415) 502-4443. You also have the option of contacting the UC San Francisco Human Research Protection Program at (415) 476-1814 or via email at chr@ucsf.edu

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,



Louise Bailey, M.Ed, RN
Executive Officer
California Board of Registered Nursing

Follow-Up Letter for Active RNs

Dear Danielle,

A few weeks ago we sent you a questionnaire asking about vital information concerning your education since licensure and your plans for further education. We have not yet received your completed questionnaire, and I wanted to make a special plea for your help.

Even if you did not complete further education after your initial licensure, have moved out-of-state, or are retired, we still need your participation.

The California Board of Registered Nursing is extremely interested in understanding your opinions about educational experiences, opportunities, and future aspirations. Survey results will be used by the Board to guide public policy and plan for California's future nursing workforce and education needs. Summary results of the survey will be published on the Board's website in the summer of 2013.

Your individual survey responses are absolutely confidential and individual responses will not be identified or reported. Your participation in the survey is voluntary and you may skip any questions you choose not to answer, but we hope to have a great response to the survey to ensure that the Board has a representative picture of California nurses. More information about UCSF human subjects' protections for this study can be found on back of this letter.

I've taken the liberty of enclosing a new questionnaire for you to complete, in the event that you may have misplaced yours. Completion of the survey should take no more than 20 minutes, and a postage-paid return envelope is enclosed for your convenience. Your responses will remain strictly confidential. All information will be summarized, and no information that could be used to identify individuals will be released.

You may also complete the enclosed survey online at: http://futurehealth.ucsf.edu/brnedu_2013/

Your online USERNAME is: 7383

Your online PASSWORD is: WAT (enter as CAPITAL LETTERS)

If you have any difficulty completing either version of the survey, or if you have any questions about your participation in this study, please call the BRN Education Study Team at UC San Francisco toll-free at 1-877-276-8277. You may also contact Joanne Spetz, Ph. D., Principal Investigator, by phone at (415) 502-4443. You also have the option of contacting the UC San Francisco Human Research Protection Program at (415) 476-1814 or via email at chr@ucsf.edu.

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,



Louise Bailey, M.Ed, RN
California Board of Registered Nursing

Appendix B. Questionnaire



California Board of Registered Nursing RN Education Survey 2013

Conducted for the Board of Registered Nursing by
Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

Here's how to fill out the Survey:

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except when it says Check all that apply.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

☐₁ YES
☐₂ NO → **SKIP TO Question 23**
- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, call toll-free 1-877-276-8277.
- **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

1. In what kind of program did you receive your **initial**, pre-licensure RN education that qualified you for U.S. RN licensure? **(Check only one.)**

2. Where did you complete that initial RN education?

3. In what year did you graduate from that program? ____ ____ ____ ____ (year)

4. In what year were you first licensed as an RN **in the United States**? ____ ____ ____ ____ (year)

5. In what state were you first licensed as an RN **in the United States**? ____ (2-letter state code)

6. Have you completed any **additional nursing degrees or certificate programs after your initial RN education**? You will be asked about non-nursing degrees on the next page.

- | Degree | | Year Completed | In what state or country was/is the program located? | Field of study from codes below | What percent of coursework was through distance learning, correspondence or online? |
|-----------------------------|--|----------------|--|---------------------------------|---|
| ☐ _a | AD in Nursing | | | 01 | ____% |
| ☐ _b | BSN/BS in Nursing | | | 01 | ____% |
| ☐ _c | MSN/MN/MS in Nursing | | | | ____% |
| ☐ _d | 2 nd MSN/MN/MS in Nursing | | | | ____% |
| ☐ _e | 3 rd MSN/MN/MS in Nursing | | | | ____% |
| ☐ _f | DNP or other Practice-based Doctorate in Nursing | | | | ____% |
| ☐ _g | PhD, DNSc, or other research or education Doctorate in Nursing | | | | ____% |
| ☐ _h | Post-bachelor's certificate in nursing | | | | ____% |
| ☐ _i | Post-master's certificate in nursing | | | | ____% |

Nursing fields

Advanced Practice Nursing fields

- | | | |
|--|--------------------------------------|---|
| 01 General nursing | 07 Ambulatory care nursing | 13 Clinical Nurse Specialist |
| 02 Pediatric nursing | 08 Women's health | 14 Nurse Practitioner |
| 03 Geriatric nursing | 09 Public health nursing | 15 Certified Nurse Midwife |
| 04 Cardiovascular/cardiac care nursing | 10 Nursing administration/leadership | 16 Certified Registered Nurse Anesthetist |
| 05 Critical care nursing | 11 School nursing | |
| 06 Emergency nursing | 12 Education | |
| 17 Other (specify: | | |

7. Have you completed any **non-nursing** degrees, both **before and/or after** your RN education?

☐₁ Yes (continue below) ☐₂ No —————→ **Skip to Question #8**

	Degree	Year Completed	In what state or country was/is the program located?	Field of study from codes below	Check the box below if this degree has been related to your nursing career	What percent of coursework was through distance learning, correspondence or online?
☐ _a	Associate degree				☐ related	_____ %
☐ _b	Bachelor's degree				☐ related	_____ %
☐ _c	2 nd Bachelor's degree				☐ related	_____ %
☐ _d	Master's degree				☐ related	_____ %
☐ _e	2 nd Master's degree				☐ related	_____ %
☐ _f	Practice-based Doctorate (JD, MD, DPT, etc.)				☐ related	_____ %
☐ _g	Research- or education-based Doctorate (PhD, ScD, EdD)				☐ related	_____ %
☐ _h	Other (specify):				☐ related	_____ %

Field of study codes: Enter 2-digit code in table above

- | | |
|---|---|
| 20 Clinical practice (medicine, physical therapy, etc.) | 25 Biological or physical sciences |
| 21 Business/management (MBA, MHA, etc.) | 26 Humanities, liberal arts, or social sciences |
| 22 Education/teaching | 27 Informatics / computer science |
| 23 Public Health | 28 Social work |
| 24 Law | 29 Other health field |
| | 30 Other non-health field |

8. Do you presently have an **active** RN license in California? ☐₁ Yes ☐₂ No

9. Which of the following certifications or listings, if any, do you have with the **California Board of Registered Nursing? (Check all that apply.)**

- | | | |
|---|---|---|
| ☐ _a Nurse Anesthetist | ☐ _c Nurse-Midwife | ☐ _e Nurse Practitioner |
| ☐ _b Public Health Nurse | ☐ _d Psychiatric/Mental Health Nurse | ☐ _f Clinical Nurse Specialist |
| ☐ _g None of the above | | |

10. What are the greatest challenges for you to maintain ongoing state licensure/certification?

	<u>Not a challenge</u>	<u>Minor Challenge</u>	<u>Big Challenge</u>
A. Cost of renewal fees	☐ ₁	☐ ₂	☐ ₃
B. Difficult to access appropriate CE courses	☐ ₁	☐ ₂	☐ ₃
C. Work schedule limits available CE opportunities	☐ ₁	☐ ₂	☐ ₃
D. Family obligations limit time for CE courses	☐ ₁	☐ ₂	☐ ₃
E. Burden of other renewal requirements	☐ ₁	☐ ₂	☐ ₃
F. Other (specify : _____)	☐ ₁	☐ ₂	☐ ₃

11. Do you have any national nursing certifications? Please list up to 3.

If you have none, please skip to Question #13.

1. _____
2. _____
3. _____

12. What are the greatest challenges for you to maintain ongoing national certifications?

	<u>Not a</u> <u>challenge</u>	<u>Minor</u> <u>Challenge</u>	<u>Big</u> <u>Challenge</u>
A. Cost of renewal fees	☐ ₁	☐ ₂	☐ ₃
B. Difficult to access appropriate courses	☐ ₁	☐ ₂	☐ ₃
C. Work schedule limits available CE opportunities	☐ ₁	☐ ₂	☐ ₃
D. Family obligations limit time for courses	☐ ₁	☐ ₂	☐ ₃
E. Burden of other renewal requirements	☐ ₁	☐ ₂	☐ ₃
F. Other (specify: _____)	☐ ₁	☐ ₂	☐ ₃

SECTION B. CURRENT ENROLLMENT

13. Are you **currently enrolled** in a nursing degree program, non-nursing degree program, or specialty certification program?

☐₁ Yes ☐₂ No **→ Skip to Question #20 below.**



14. What is your degree or certificate objective? **Check all that apply.**

Nursing Degrees & Certificates		Non-Nursing Degrees & Certificates	
☐ _a	AD in Nursing	☐ _g	Non-nursing Associate degree
☐ _b	BSN/ BS in Nursing	☐ _h	Non-nursing Bachelor's degree
☐ _c	MSN/MN/MS in Nursing	☐ _i	Non-nursing Master's degree
☐ _d	DNP or other Practice-based Doctorate in Nursing	☐ _j	Non-nursing practice-based Doctorate (JD, MD, DPT, etc.)
☐ _e	PhD, DNSc, or other research or education Doctorate in Nursing	☐ _k	Non-nursing research- or education-based Doctorate (PhD, ScD, EdD)
☐ _f	Nursing certificate program (specify: _____)	☐ _l	Non-nursing certificate program (specify: _____)

15. Location of education program: _____ city _____ county _____ state

16. When did you begin this degree or certificate program? ____ month ____ ____ year

17. When do you expect to complete this degree or certificate program? ____ month ____ ____ year

18. What percent of your coursework involves distance-based learning approaches?

☐₁ 0-10%, ☐₂ 11-25% ☐₃ 26-40% ☐₄ 41-60% ☐₅ 61-80% ☐₆ 81-100%

19. Have any courses used any of the following distance-education methods? **Check all that apply.**

- ☐_a Class discussion and questions using internet-based discussion boards or chat rooms
- ☐_b Lectures through video on the internet
- ☐_c Instruction or discussion using computer conferencing or video conferencing
- ☐_d Email for turning in assignments or asking questions

SECTION C. YOUR CURRENT OR MOST RECENT POST-LICENSURE EDUCATION EXPERIENCE

Please answer the following questions about your current nursing or non-nursing education program (if now enrolled) or your most recently-completed education program **after you received your RN license**.

*If you did not enroll in any programs after your initial education, please skip to **Question 29**.*

20. **Are you** attending or **did you** attend school part-time or full time for your most recent or current post-licensure education?

☐₁ part-time ☐₂ full-time

21. Is or was this education program at a public or private institution?

☐₁ public ☐₂ private

22. Did you apply for financial aid for your current program, or your most recent education if you are not currently enrolled? This refers to scholarships, loans, grants, etc.

☐_a Did you receive aid?
Yes

No

☐_b Why didn't you apply for aid? (**Check all that apply**)

☐₁ Don't know yet

☐₂ No

☐₃ Yes



What share of your total school expenses, including living expenses, does or did your aid cover? ____ %

☐₁ Don't need financial aid

☐₂ Not sure how to apply

☐₃ Don't think I would qualify

☐₄ Too much of a hassle

☐₅ Did not want a service obligation

23. How important are or were each of these factors in your decision to return to school?

	Not at all <u>important</u>	Somewhat <u>important</u>	Important	Very <u>important</u>	Does not <u>apply</u>
A. My family encouraged me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B. My employer expects me to advance my nursing education	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
C. My coworkers encouraged me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
D. Personal fulfillment or enrichment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
E. Desire for new skills to improve the quality of care I provide	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
F. Interest in a career as nursing faculty or in nursing instruction	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G. Interest in a management career in nursing or health care	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
H. Higher salary	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I. Interest in becoming an advanced practice RN (NP, CNM, CRNA, or CNS)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
J. Desire to update my knowledge of current nursing practice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
K. Eligibility for promotion at my workplace	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
L. Employer financing of my education	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
M. Interest in nursing research	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
N. Desire to change careers out of nursing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
O. Other	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

(Specify: _____)

24. How is your current education financed, or your most recent education if you are not currently enrolled? **Check all that apply.**

- | | |
|---|---|
| ☐ _a Personal savings | ☐ _j G.I. Bill or other post-Military service support |
| ☐ _b Income from current job | ☐ _k Other type of loan |
| ☐ _c Financial support from parents | ☐ _l State government scholarship or grant |
| ☐ _d Financial support from spouse/partner | ☐ _m State government loan |
| ☐ _e Other personal source of support | ☐ _n Health Professions Education Foundation Scholarship |
| ☐ _f Federal traineeship | ☐ _o Local government scholarship or grant |
| ☐ _g Federal scholarship or grant | ☐ _p Corporate scholarship or grant |
| ☐ _h Federally assisted loan | ☐ _q University or college scholarship or fellowship |
| ☐ _i Military scholarship (for future service) | ☐ _r Employer tuition support |
| | ☐ _s Union-sponsored scholarship or grant |

25. Did you receive any scholarships or loans for your current education program, or most recent program if not currently enrolled, that **require a service obligation** after you complete your education?

- ☐₁ Yes ☐₂ No

26. Indicate how much you agree or disagree with the following statements about your **current or most recent** education program.

	<u>Strongly disagree</u>	<u>Somewhat disagree</u>	<u>Neither agree nor disagree</u>	<u>Somewhat agree</u>	<u>Strongly agree</u>
A. It is difficult for me to afford to be in school	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
B. Transportation to school is a problem	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
C. My home and family responsibilities often interfere with my studies	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
D. My family strongly encourages me to succeed with my education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
E. My employer supports the advancement of my education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
F. My employer will provide me with a promotion and/or pay raise for completing this education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
G. My employer will provide me with non-monetary recognition for completing this education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
H. My friends are very supportive of me succeeding in my education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
I. The classes I need are scheduled at convenient times	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
J. The classes I need are often full	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
K. I have faculty who support my educational goals and provide mentorship	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
L. My classmates are supportive and collaborative	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
M. I was well-prepared for the courses in this education program	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
N. Child care has been a problem	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
O. The faculty in this program are not helpful or supportive	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
P. It has been easy for me to maintain a good grade-point average	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

27. How important were the following factors in your selection of your current education program, or for your most recent program if not currently enrolled?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Cost of the program	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
B. Length of the program	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
C. Location of the program	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
D. Content or focus of the program	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
E. Qualifications of the faculty and instructors	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
F. Mentoring offered by faculty and staff	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
G. Teaching mode (in-person, online, mixed, etc.)	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
H. Clinical placements / affiliations	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
I. Clinical facilities	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
J. Simulation facilities	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

28. Are any of these issues likely to be a barrier to your successful completion of **your current** education program? **If you are not currently enrolled, skip to Question #29.**

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
A. Lack of financial support	☐ ₁	☐ ₂	☐ ₃	☐ ₄
B. Difficulty balancing school with family responsibilities	☐ ₁	☐ ₂	☐ ₃	☐ ₄
C. Challenges of working while going to school	☐ ₁	☐ ₂	☐ ₃	☐ ₄
D. Lack of academic preparation for this program	☐ ₁	☐ ₂	☐ ₃	☐ ₄
E. Lack of support from my employer	☐ ₁	☐ ₂	☐ ₃	☐ ₄
F. Lack of instructor support / issues with faculty	☐ ₁	☐ ₂	☐ ₃	☐ ₄
G. Health problems	☐ ₁	☐ ₂	☐ ₃	☐ ₄
H. Lack of health insurance for me/ my family while in school	☐ ₁	☐ ₂	☐ ₃	☐ ₄
I. Stress of being in school	☐ ₁	☐ ₂	☐ ₃	☐ ₄

SECTION D: INCOMPLETE EDUCATION PROGRAMS

29. Have you ever been enrolled in a nursing degree program, non-nursing degree program or specialty certification program, **but left without completing it**? Do not include a program in which you are still enrolled.

☐₁ Yes



☐₂ No → **Skip to Question #35 below.**

30. What was your degree or certificate objective?

Nursing Degrees & Certificates		Non-Nursing Degrees & Certificates	
☐ _a	AD in Nursing	☐ _g	Non-nursing Associate degree
☐ _b	BSN/ BS in Nursing	☐ _h	Non-nursing Bachelor's degree
☐ _c	MSN/MN/ MS in Nursing	☐ _i	Non-nursing Master's degree
☐ _d	DNP or other Practice-based Doctorate in Nursing	☐ _j	Non-nursing practice-based Doctorate (JD, MD, DPT, etc.)
☐ _e	PhD, DNSc, or other research or education Doctorate in Nursing	☐ _k	Non-nursing research- or education-based Doctorate (PhD, ScD, EdD)
☐ _f	Nursing certificate program (specify: _____)	☐ _l	Non-nursing certificate program (specify: _____)

31. Were you attending this program part-time or full time? ☐₁ part-time ☐₂ full-time
32. When did you begin this degree or certificate program? ___ month ___ ___ year
33. How many months did you attend this program? ___ months
34. What issues prevented you from completing this education program?

	<u>Not an issue</u>	<u>Minor issue</u>	<u>Major issue</u>
A. Lack of financial support	☐ ₁	☐ ₂	☐ ₃
B. Difficulty balancing school with family responsibilities	☐ ₁	☐ ₂	☐ ₃
C. Challenges of working while going to school	☐ ₁	☐ ₂	☐ ₃
D. Lack of academic preparation for the program	☐ ₁	☐ ₂	☐ ₃
E. Lack of support from my employer	☐ ₁	☐ ₂	☐ ₃
F. Lack of instructor support / issues with faculty	☐ ₁	☐ ₂	☐ ₃
G. Health problems	☐ ₁	☐ ₂	☐ ₃
H. Lack of health insurance for me/my family while in school	☐ ₁	☐ ₂	☐ ₃
I. Stress of being in school	☐ ₁	☐ ₂	☐ ₃

SECTION E: INTEREST IN PURSUING ADDITIONAL EDUCATION

If you are currently enrolled in an education program, please skip to Question #40.

35. Are you considering returning to school for another nursing or non-nursing degree or certificate?
- ☐₁ Yes, seriously considering ☐₃ No —→ **Skip to Question #40 below.**
- ☐₂ Yes, somewhat considering

36. What type of program are you considering? **Check all that apply.**

Nursing Degrees & Certificates		Non-nursing Degrees & Certificates	
☐ _a	AD in Nursing	☐ _g	Non-nursing Associate degree
☐ _b	BSN/BS in Nursing	☐ _h	Non-nursing Bachelor's degree
☐ _c	MSN/MN/MS in Nursing	☐ _i	Non-nursing Master's degree
☐ _d	DNP or other Practice-based Doctorate in Nursing	☐ _j	Non-nursing practice-based Doctorate (JD, MD, DPT, etc.)
☐ _e	PhD, DNSc, or other research or education Doctorate in Nursing	☐ _k	Non-nursing research- or education-based Doctorate (PhD, ScD, EdD)
☐ _f	Nursing certificate program (specify: _____)		

37. Are you considering pursuing an advanced practice registered nursing (APRN) certificate?

	<u>Not interested</u>	<u>Somewhat interested</u>	<u>Very interested</u>
A. Nurse Practitioner	☐ ₁	☐ ₂	☐ ₃
B. Certified Nurse-Midwife	☐ ₁	☐ ₂	☐ ₃
C. Certified Registered Nurse Anesthetist	☐ ₁	☐ ₂	☐ ₃
D. Clinical Nurse Specialist	☐ ₁	☐ ₂	☐ ₃

38. Why are you considering returning to school?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. My spouse or partner is encouraging me	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
B. My employer expects me to advance my education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
C. My coworkers are encouraging me	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
D. Personal fulfillment or enrichment	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
E. Desire for new skills to improve the quality of care I provide	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
F. Interest in a career as nursing faculty or in nursing instruction	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
G. Desire to change careers out of nursing	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
H. Interest in a management career in nursing or health care	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
I. Higher salary	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
J. Interest in becoming an advanced practice RN	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
K. Desire to update my knowledge of current nursing practice	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
L. To be eligible for promotion at my workplace	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
M. Employer offers financing for education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
N. Interest in nursing research	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
O. Other	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

Specify: _____

39. Would you consider accepting a scholarship or loan that **required** a service obligation after you completed your education?

☐₁ Yes ☐₂ No

SECTION F: EMPLOYER SUPPORT OF EDUCATION

40. Are you currently **employed for pay in nursing**? **Check only one.**

☐₁ **Yes**, working **full time** in nursing
☐₂ **Yes**, working **part time** in nursing

☐₃ **No**, not working for pay in nursing

Continue

Skip to Question #51

41. Which of the following **best** describes the **type of employer** you work for in your principal nursing position? This is the nursing position in which you work the most hours. **Check only one.**

- | | | |
|---|---|--|
| ☐ ₁ Hospital | ☐ ₇ Urgent care | ☐ ₁₃ Hospice |
| ☐ ₂ Ambulatory care, medical practice, clinic, physician office | ☐ ₈ Public health or community health agency | ☐ ₁₄ School health service (K-12 or college) |
| ☐ ₃ Surgery center (freestanding) | ☐ ₉ Mental health/substance abuse | ☐ ₁₅ Call center/telenursing center |
| ☐ ₄ Home health agency/home health service | ☐ ₁₀ Occupational health or employee health service | ☐ ₁₆ University or college (academic department) |
| ☐ ₅ Rehabilitation facility/long term acute care | ☐ ₁₁ Correctional facility/prison/jail | ☐ ₁₇ Case management/disease management |
| ☐ ₆ Nursing home/extended care/ skilled nursing facility/group home | ☐ ₁₂ Government agency such as regulatory agency or legislative analysis office | ☐ ₁₈ Other (specify: _____) |

42. Which one of the following **best** describes the **job title** of your principal nursing position?

Check only one.

- | | |
|--|--|
| ☐ ₁ Staff Nurse / Direct Care Nurse | ☐ ₈ Public Health / Community Health Nurse |
| ☐ ₂ Management | ☐ ₉ Educator |
| ☐ ₃ Clinical Nurse Specialist (CNS) | ☐ ₁₀ Patient care coordinator / case manager / discharge planner |
| ☐ ₄ Certified Registered Nurse Anesthetist | ☐ ₁₁ Quality Improvement Nurse, Utilization Review |
| ☐ ₅ Certified Nurse Midwife | ☐ ₁₂ Researcher |
| ☐ ₆ Nurse Practitioner | ☐ ₁₃ Nurse Coordinator |
| ☐ ₇ School Nurse | ☐ ₁₄ Clinical Nurse Leader (CNL) |

☐₁₅ Other (**Specify:** _____)

43. Does your employer offer any **on-site** degree or certificate programs (other than regular CE)?

Check all that apply.

- | | |
|---|---|
| ☐ _a Yes, RN-to-BSN | ☐ _d No programs on site |
| ☐ _b Yes, MSN or MS in Nursing | ☐ _e Do not know if there are any programs on site |
| ☐ _c Yes, certificate program (Specify: _____) | |

44. Does your employer have any **partnerships** with education programs (other than clinical placements)? **Check all that apply.**

- | | |
|--|---|
| ☐ _a Yes, with a local community college | ☐ _d No partnerships |
| ☐ _b Yes, with a local university | ☐ _e Do not know if there are any partnerships |
| ☐ _c Yes, with a distance-based education program | |

45. Does your employer offer tuition reimbursement to pursue additional education?

Check all that apply.

- | | |
|--|---|
| ☐ _a Yes, for a nursing degree program | ☐ _e No reimbursement |
| ☐ _b Yes, for any degree program | ☐ _f Do not know if there is reimbursement |
| ☐ _c Yes, for a nursing certificate program | |
| ☐ _d Yes, for any class or program I want | |

46. **How much tuition support** does your employer offer? **Check only one.**

- | | |
|--|--|
| ☐ ₁ Full support | ☐ ₄ No tuition support available |
| ☐ ₂ Partial support, up to \$5000 per year | ☐ ₅ Do not know if there is tuition support |
| ☐ ₃ Partial support, more than \$5000 per year | ☐ ₆ Partial support available but do not know amount |
| ☐ ₇ Other (specify: _____) | |

47. Is the amount of tuition reimbursement you receive **based upon the amount of hours you work**? **Check only one.**

- | | |
|---|---|
| ☐ ₁ Yes, must work at least 10 hours per week | ☐ ₄ No tuition support available |
| ☐ ₂ Yes, must work at least 20 hours per week | ☐ ₅ Do not know if there is a specified number of hours, or what the number of hours is |
| ☐ ₃ Yes, must work full-time | |
| ☐ ₆ Other (specify: _____) | |

48. What sort of **non-tuition support** does your employer provide to employees enrolled in degree or certificate programs? **Check all that apply.**

- | | |
|---|---|
| ☐ _a Unpaid release time for nursing certificate programs | ☐ _g Paid release time for nursing certificate programs |
| ☐ _b Unpaid release time for nursing degree programs | ☐ _h Paid release time for nursing degree programs |
| ☐ _c Unpaid release time for any education course or program | ☐ _i Paid release time for any education course or program |
| ☐ _d Flexible scheduling | |
| ☐ _e Payment for books and supplies | ☐ _j No other support available |
| ☐ _f Payment for exam fees and/or certification fees | ☐ _k Do not know if there is other support available |

49. Does your employer offer **incentives** to complete a degree or certification program?

Check all that apply.

- | | |
|---|---|
| ☐ _a No incentives provided | ☐ _e Annual recognition event (such as a luncheon) |
| ☐ _b Promotion to a higher position or job title | ☐ _f Publication of name in employer newsletter |
| ☐ _c An increase in salary (including recurring bonuses) | ☐ _g Listing of certification and/or degree credential on nametag and/or business card |
| ☐ _d A one-time bonus, other than salary | ☐ _h Plaque displayed listing certified nurses |
| | ☐ _i Do not know if there are other incentives |

50. Please rate your **satisfaction** with your employer-supported educational opportunities:

<u>Very dissatisfied</u>	<u>Dissatisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Satisfied</u>	<u>Very satisfied</u>
☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

SECTION G: REASONS FOR NOT PURSUING ADDITIONAL EDUCATION

If you have **pursued education or considered pursuing education** after completing your initial nursing education, please skip to **Question #52**.

51. How important are the following factors in influencing your decision **not to pursue** further education?

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Important</u>	<u>Very important</u>	<u>Does not apply</u>
A. Another degree is not necessary to stay in a job I like	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
B. I'll have to repeat courses to be qualified	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
C. Pursuing another degree will take too long	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
D. I'm too old to go back to school	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
E. I never was a good student	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
F. I won't earn any more money by getting another degree	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
G. Another degree is not necessary for me to provide good patient care	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
H. Continuing and in-service education provide me with all the additional education I need	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
I. My family does not want me to return to school	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
J. The programs I'd consider cost too much	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
K. My family obligations don't give me enough time for education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
L. My work schedule would not give me enough time to continue my education	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
M. I am not able to access an education program that interests me	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
N. Pursuing another degree is not relevant to my career plans	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
O. I have tried but been unsuccessful in getting into a program of my choice	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
P. I don't have access to courses or materials to prepare me for another degree program	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
Q. I don't have enough time to go to school	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
R. Other	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

(Specify: _____)

SECTION H: GENERAL VIEWS ON EDUCATION

52. How **familiar** are you with the following Institute of Medicine (IOM) **Committee on the Future of Nursing recommendations** regarding nursing education?

- | | Not familiar
at all | Slightly
familiar | Quite
familiar | Very
familiar |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. That 80% of RNs have a BSN or higher degree | ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ |
| b. That the number of nurses with doctorates double | ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ |

53. To what extent do you **support** these policy recommendations?

- | | Strongly
support | Slightly
support | Neutral | Slightly
oppose | Strongly
oppose |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. That 80% of RNs have a BSN or higher degree | ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ | ☐ ₅ |
| b. That the number of nurses with doctorates double | ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ | ☐ ₅ |

54. How have you become familiar with the IOM Recommendations? **Check all that apply.**

- | | |
|---|---|
| ☐ _a Not familiar with the IOM Recommendations | ☐ _f Institute of Medicine report, website, or other communications |
| ☐ _b News articles (print or online) | ☐ _g California Action Coalition website |
| ☐ _c Articles in nursing magazines / journals | ☐ _h Brochures and flyers |
| ☐ _d Robert Wood Johnson Foundation communications or events related to the report | ☐ _i Nursing association or union communications and/or events related to the report |
| ☐ _e Conversations with coworkers or other colleagues | ☐ _j Employer-organized events related to the report |

55. Have the IOM Recommendations influenced your perceptions of nursing education?

- | | Significantly
increased
my
perception of
its value | Slightly
increased
my
perception of
its value | Did not
change my
perception
of its value | Slightly
lowered my
perception
of its value | Significantly
lowered my
perception
of its value |
|---|--|---|--|--|---|
| a. Nurses pursuing baccalaureate and higher degrees | ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ | ☐ ₅ |
| b. Nurses pursuing doctoral degrees | ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ | ☐ ₅ |

SECTION I: DEMOGRAPHICS

56. Gender ☐₁ Female ☐₂ Male

57. Year of birth 19 ____

58. In what country were you born? _____

59. Marital status

- ☐₁ Never married / partnered ☐₂ Currently married / in domestic partner ☐₃ Separated / divorced / widowed relationship

60. What is your ethnic/racial background (select the **ONE** with which you most strongly identify)?

- ☐₁ African-American / Black / African ☐₂ Caucasian / White / European / Middle Eastern ☐₃ American Indian / Native American / Alaskan Native ☐₄ Other or Mixed

Asian

- | | |
|--|--|
| ☐ ₅ Cambodian | ☐ ₁₀ Korean |
| ☐ ₆ Chinese | ☐ ₁₁ Laotian/Hmong |
| ☐ ₇ Indian | ☐ ₁₂ Pakistani |
| ☐ ₈ Indonesian | ☐ ₁₃ Thai |
| ☐ ₉ Japanese | ☐ ₁₄ Vietnamese |

Latino / Hispanic

- | |
|---|
| ☐ ₁₅ Mexican |
| ☐ ₁₆ Central American |
| ☐ ₁₇ South American |
| ☐ ₁₈ Cuban |
| ☐ ₁₉ Other Hispanic |

Native Hawaiian / Pacific Islander

- | | |
|--|---|
| ☐ ₂₀ Fijian | ☐ ₂₅ Tongan |
| ☐ ₂₁ Filipino | ☐ ₂₆ Other Pacific Islander |
| ☐ ₂₂ Guamanian | |
| ☐ ₂₃ Hawaiian | |
| ☐ ₂₄ Samoan | |

61. Other than English, what languages do you speak fluently? **(Check all that apply.)**

- ☐_a None ☐_b Spanish ☐_e Tagalog/other Filipino dialect ☐_h Mandarin
☐_c Korean ☐_f French ☐_i Cantonese
☐_d Vietnamese ☐_g Hindi/Urdu/Punjabi/other South Asian language ☐_j Other Chinese dialect
☐_k Other (Please describe: _____)

62. Do you have children living at home with you? ☐₁ Yes ☐₂ No

If Yes, **how many** are:

a) 0-2 years _____ b) 3-5 years _____ c) 6-12 years _____ d) 13-18 years _____ e) 19+ years _____

63. Do you have caregiver responsibilities for any adults?

- ☐₁ Yes, living in my home
☐₂ Yes, living elsewhere
☐₃ No

64. Home Zip code: _____ or other country (**Specify:** _____)

65. Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:

- | | | |
|--|---|--|
| ☐ ₁ Less than \$30,000 | ☐ ₅ \$75,000 – 99,999 | ☐ ₉ \$175,000 – 199,999 |
| ☐ ₂ \$30,000 – 44,999 | ☐ ₆ \$100,000 – \$124,999 | ☐ ₁₀ \$200,000 – 249,999 |
| ☐ ₃ \$45,000 – 59,999 | ☐ ₇ \$125,000 – \$149,999 | ☐ ₁₁ \$250,000 – \$299,999 |
| ☐ ₄ \$60,000 – 74,999 | ☐ ₈ \$150,000 – \$174,000 | ☐ ₁₂ \$300,000 or more |

66. Approximately what percentage of your total household income comes from your nursing job(s)?

- ☐₁ None ☐₂ 1-19% ☐₃ 20-39% ☐₄ 40-59% ☐₅ 60-79% ☐₆ 80-99% ☐₇ 100%

67. How satisfied are you with the nursing profession overall?

- | | | | | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| <u>Very dissatisfied</u> | <u>Dissatisfied</u> | <u>Neither satisfied
nor dissatisfied</u> | <u>Satisfied</u> | <u>Very satisfied</u> |
| ☐ ₁ | ☐ ₂ | ☐ ₃ | ☐ ₄ | ☐ ₅ |

68. Is there anything else you'd like to tell us about pursuing educational degrees and certifications?
