



Formerly the California Institute for Nursing and Health Care

2014 – 2015 California New Graduate Employment Survey

January 2016

The challenge for newly graduated RNs to find employment has been a workforce issue and concern for the past five years in California. With the economy recovering, and changes in the scope and demand for health care services on the rise related to implementation of health reform and the Affordable Care Act (ACA), the employment landscape for newly licensed nurses is now showing marked improvement, including trends related to the employment in diverse settings. This is occurring as the nursing workforce continues to age and the state's population also ages and grows with health care needs becoming more complex. Healthcare payment mechanisms are shifting resources toward health maintenance and prevention, providing further opportunity for nurses to impact value based outcomes. These factors will continue to influence future demand for nurses providing care in new areas, including the need for newly licensed nurses to be prepared in a wide range of employment settings.

To better understand the current employment experience of newly licensed RNs, an annual statewide survey was conducted in fall 2015 for the sixth consecutive year, through the efforts of HealthImpact (formerly the California Institute for Nursing and Health Care), the California Board of Registered Nursing (BRN), the Association of California Nurse Leaders (ACNL), and the California Student Nurses Association (CSNA), with funding provided by Kaiser Permanente Northern California Patient Care Services and Kaiser Permanente Nurse Scholar Academy.

Design and Sample

A random sample of 5,283 (50%) out of 11,566 nurses newly licensed by exam in California between September 2014 and August 2015, obtained from the BRN's licensing system were invited to participate in the survey. Each nurse received a letter from the BRN in October 2015 requesting they participate in the study by completing an on-line survey. No personal identification information was gathered and results were reported only in aggregate. A total of 670 nurses completed the survey for a 12% survey response rate overall. The margin of error calculated for this study was 3.66 percentage points with 0.05 level of confidence.

Results

Respondent Profile

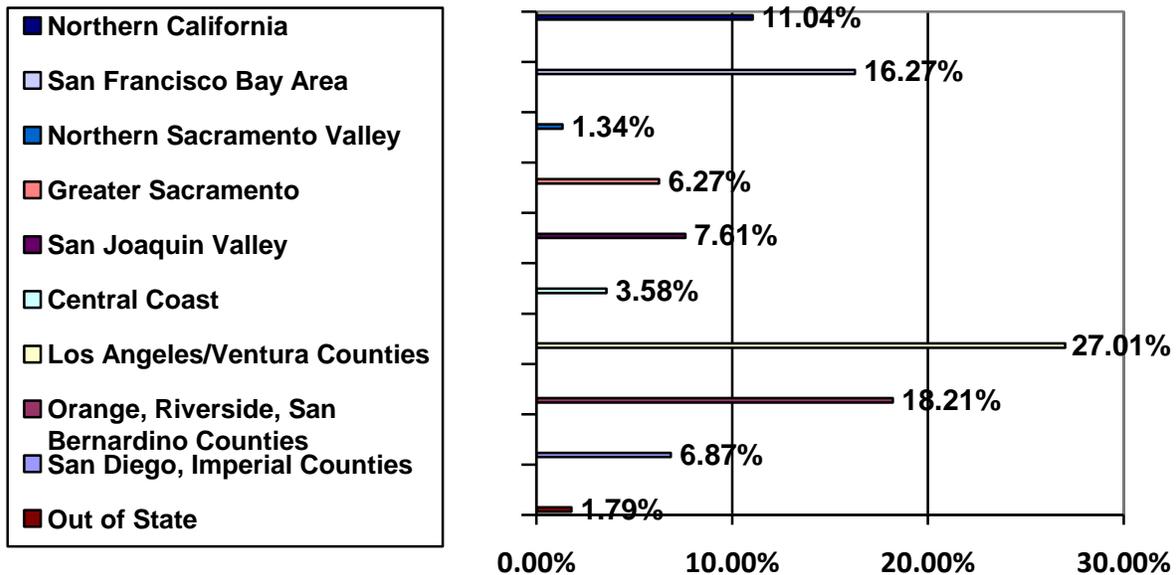
The participant profile responding to this sample survey included 98% (657) newly licensed RNs who graduated from nursing schools in California, 1.8% (12) newly graduated from other states, and 0.2% (1) from another country. All were newly licensed by exam as an RN in California within the 12 months prior to the survey, between September 2014 and August 2015. Peak months of licensure were reported as anticipated in August (19.4%) and July (17%) with the balance fairly evenly distributed between 3% to 9% per month across each of the remaining 10 months of the calendar year included in the survey.

Respondents indicated 50.6% had graduated with an associate degree in nursing, 40.4% with a baccalaureate degree in nursing, and 8.7% graduated from an entry level masters nursing

program. A few respondents (0.3%) indicated “other” type of degree with some variation of program types specified indicating an accelerated bachelor’s degree program, LVN to RN program, or LVN to BSN programs. The distribution of respondents by type of degree closely approximates the distribution of new graduates in the most recently reported 2013-2014 California BRN Annual School Report with 1.8% fewer responses from associate degree graduates, 0.4% fewer responses from baccalaureate degree graduates, and 2.0% more responses from entry level master’s degree graduates.¹

Geographic distribution of survey respondents indicate 27% live in the Los Angeles/Ventura area; 18% in Orange /Riverside and San Bernardino counties; 16% in the San Francisco Bay area; 11% in Northern California; 8% in the San Joaquin Valley; 7% in the San Diego/Imperial County area, 6% in the Greater Sacramento area; 4% in the Central Coast and 1% in the Northern Sacramento Valley. As densely populated areas resulted in a larger numbers of new graduates participating in the study, specifically Los Angeles/Ventura, the San Francisco Bay Area, and Orange/Riverside/San Bernardino, the aggregate statewide survey results predominantly reflect the employment experiences within these three large metropolitan regions. There are notable employment differences unique to each of these 9 regions found within the study that are further analyzed and discussed in the employment section later in this report.

Regional Distribution of Survey Respondents



Information collected on the ages of survey participants indicate the largest age group to be between 25-30 years of age, with 39.6% reported, 19.1% were less than 25 years of age; 14.9% were between 31-35 years of age; 10.2% age 36-40; 6.6% age 46-50, 6.0% age 41-45; and 3.7% over 50 years old indicating the age range for entry into nursing practice to be consistent with historical and national trends in nursing as a younger, career oriented profession. Survey respondents were 84.8% female and 15.2% male.

The ethnicity of the nurses responding to the survey continues to reflect a wide range including: Caucasian/White 47.8%, followed by 16.8% Native Hawaiian/Pacific Islander, 16.2% Latino/Hispanic, 15.0% Asian, 4.1% African American/Black/African, and 0.2% American Indian/Native American/Alaskan Native. A detailed breakdown of specific ethnic group included within each category is provided.

¹ Waneka, R, Bates, T, Spetz, J. 2013-2014 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, June 2015

Ethnic Distribution

Ethnic/Racial Category	Percent	Ethnic Groups Included
Caucasian	47.8%	Caucasian, White, European, Middle Eastern
Native Hawaiian/Pacific Islander	16.8%	Fijian, Filipino, Guamanian, Hawaiian, Samoan, Tongan, Other/Mixed
Asian	15.0%	Cambodian, Chinese, Indian, Indonesian, Japanese, Korean, Laotian/Hmong, Pakistani, Thai, Vietnamese
Latino/Hispanic	16.2%	Central American, South American, Cuban, Mexican, Other Hispanic
African American	4.1%	African, Black
Native American	0.2%	American Indian, Alaskan Native

The survey obtained information on languages other than English that were spoken fluently, with 9 primary categories listed for participants to select from, along with an open answer selection for other languages to be written in. Other than English, there were 56 languages reported to be spoken fluently as listed by frequency in the following chart.

Languages Spoken Fluently

Language	Percent
English only	60.6%
Spanish	16.4%
Tagalog/Other Filipino dialect	4.7%
Cantonese	2.3%
Mandarin	2.0%
Vietnamese	2.0%
Korean	1.9%
Other Chinese dialect	1.2%
Hindu/Urdu/Punjabi/other South Asian language	1.2%
French	1.2%
Other languages: American Sign Language, Arabic, Armenian, Assyrian, Bamba, Bosnian, Bulgarian, Burmese, Cambodian, Croatian, Danish, Dutch, Efik, Fanti, Farsi, Fukienese, German, Romanian, Hakka, Hebrew, Hmong, , Icelandic, Igbo, Indonesian, Japanese, Lao, Mien, Nigerian, Moldovan, Ndebele, Nyanja, Persian, Polish, Portuguese, Punjabi, Russian, Siswati, Swahili, Swedish, Taiwanese, Tamil, Tibetan, Turkish, Twi, Ukrainian, Yoruba, Zulu	<1% each

Employment and Type of RN Jobs Obtained

The majority of newly licensed RNs responding to the survey indicated being employed as an RN with 74.2% reported to be working in their first registered nursing job, and 25.8% not yet working as a registered nurse. These results are markedly different from the prior year and an indication of a positive change in the employment picture for newly licensed nurses compared with each of the studies done in the prior five years. This data indicates a 9.1% improvement in employment from the prior year study, as evidence of a significant shift in the labor market conditions for newly licensed nurses, and overall trend for the third consecutive year. The importance of change from the prior survey year is significant even when considering the 3.66% margin of error rate.

RN Employment within 12 Months of Licensure

Survey Conducted of nurses newly licensed in the prior 12 month period (Sept 1 and Aug 31)	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Percent Employed	57.0%	57.0%	54.0%	59.3%	65.1%	74.2%

This survey of new graduates indicates a similar employment trend when compared with the 2013-2014 Board of Registered Nursing's Annual School Report in which California nursing school Deans and Directors indicated 68.8% of new graduates from pre-licensure programs in the prior 2013-2014 academic year to be employed². While variation in sampling and results can be influenced by response bias, regional differences in the number of responses, availability of local employment, and other factors, the employment picture for newly licensed RNs measured by different surveys compared over time indicate overall improvement and a stronger employment picture for the third consecutive year.

Employment patterns by type of nursing degree can indicate employer needs and preferences. Of the nurses reported to be employed, 75.5% (N=256) of ADN nurses were working in their first RN job, 77.5% (N=210) of BSN nurses, and 50.0% (N=29) of nurses graduating from an Entry Level Masters Degree program. Given small differences in ADN and BSN employment fall within the calculated margin of error in this study, and the small sample size of ELM respondents, the differences in employment rates were not found to be notable and are inconclusive.

Employment of RN's by Type of Nursing Degree

Type of Nursing Degree	ADN (N=339)	BSN (N=271)	ELM (N=58)
Employed as RN	75.5% (N=256)	77.5% (N=210)	50.0% (N=29)
Not Employed as RN	24.5% (N=83)	22.5% (N=61)	50.0% (N=29)

Notable differences in new graduate employment rates are found in different areas of the state. A broad range of employment rates were reported by newly licensed RNs in the sample study, from a low of 63.2% in the Central Coast, to a high of 86.3% in the San Joaquin Valley. These employment patterns are consistent with the distribution of survey findings in prior years, and also reflect employment patterns reported by California hospital Chief Nursing Officers in the fall 2014 Survey of Nurse Employers³ where hospitals in each region reported a changes in demand for newly licensed RNs compared with the prior year. Rural areas were more likely to report greater demand and some shortage of RNs, as were hospitals in the Sacramento and Northern California regions, the Central Valley, (San Joaquin Valley) and Inland Empire (Riverside and San Bernardino). These regions also have fewer nursing schools directly serving these areas as well as new graduates residing locally in less densely populated regions. Conversely, the employer survey also reported the lowest market demand for newly licensed RNs to be in the San Francisco Bay Area.

Employment Rate of Newly Licensed RNs by Area of California

Geographic Area	Employed as an RN	Not Employed as an RN	Number of Respondents*
Northern California	79.7% (50)	20.3% (15)	65
Northern Sacramento Valley*	66.7% (6)	33.3% (3)	9
Greater Sacramento*	76.2% (32)	23.8% (10)	42
San Francisco Bay Area	63.3% (69)	36.7% (40)	109
San Joaquin Valley*	86.3% (44)	13.7% (7)	51
Central Coast*	63.2% (12)	36.8% (7)	24
Los Angeles/Ventura Counties	74.6% (135)	25.4% (46)	181
Orange/Riverside/San Bernardino Counties	73.0% (89)	27.1% (33)	122
San Diego/Imperial County*	69.6% (32)	30.4% (14)	46

*Regional results are provided as these are of particular interest to local communities, however as such data exhibit small sample sizes per region, these may not be representative of the region overall.

² Waneka, R, Bates, T, Spetz, J. 2013-2014 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, June 2015

³ Bates, T, Chu, L, Keane, D, Spetz, J. Survey of Nursing Employers in California, fall 2014. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. April 2015.

Employment patterns across various types of facilities, clinical practice areas and specialties are reported that have hired newly licensed nurses during the period surveyed. Results reflect a broad range of organizations, with a majority or 75.1% reporting to be working in their first job as an RN in an acute care hospital, predominantly in an inpatient care setting, or emergency/urgent care department (7.3%) indicating emergency settings attract newly licensed nurses and hospitals typically hiring them. When these employment patterns for newly licensed RNs are compared with the distribution of hospital based employment settings in the overall RN population statewide, 66.8% of RNs were reported working in hospitals in 2014.⁴ While the overall employment distribution pattern for new graduates remains comparable historically, small but consistent trends year to year continue to reflect the ongoing shift in new graduate employment from acute care hospitals to a broader range of non acute and community health settings.

The majority of newly licensed RNs reported to be working indicated they were working full-time or a minimum of 32 hours per week (82.0%), 7.7% report working part time or less than 32 hours per week, and 10.3% work in occasional positions, per diem, or on call. There continues to be a slight shift in the past three years in the number of new graduates working full time. More respondents indicated they were working in a “job of choice” this past year or 73.9% 70.2%, which has increased slightly compared with prior years when 70.2% reported working in a job of choice in 2014, 61.6% in 2013, 64.5% in 2012, and 62% in 2011. Trends reported with more newly licensed nurses working in a full time position this past year, along with increasing trends of working in a job of choice are both indications that the job market for new graduate nurses to be more favorable and improving.

Types of Facilities New Graduate Nurses Report Being Employed

Hospital	74.5% (368)
• Inpatient Care	60.9% (301)
• Emergency/Urgent Care	7.3% (36)
• “Other” Type of Department	4.9% (24)
• Ambulatory Care (Outpatient Surgery, Clinic etc)	1.0% (5)
• Nursing Home Unit	0.2% (1)
• Home Health	0.2% (1)
Nursing Home/Extended Care/Skilled Nursing/Group Home	6.1% (70)
Rehabilitation Facility/Long Term Acute Care	3.6% (18)
Home Health Agency (including hospice)	2.4% (12)
Private Medical Practice, physician office, clinic	2.0% (10)
School Health (K-12 or College)	1.8% (9)
Inpatient Mental Health/Sub Acute Abuse	1.4% (7)
Public Clinic, Rural Health Center	1.4% (7)
Ambulatory Surgery Center (free-standing)	1.2% (6)
Occupational Health or Employee Health Service	1.2% (6)
Case Management/Disease Management	1.0% (5)
Public Health or Community Health Agency (not a clinic)	0.6% (3)
Outpatient Dialysis Center	0.4% (2)
Correctional Facility/Prison/Jail	0.4% (2)
Urgent Care (non-hospital)	0.4% (2)
Outpatient Mental Health/Substance Abuse	0.4% (2)
University/College Academic Department	0.4% (2)
Self-Employed	0.4% (2)
Government Agency (other than public/community health or corrections)	0.2% (1)
Inpatient Hospice (not hospital-based)	0.0% (0)
Call Center/Telemedicine	0.0% (0)

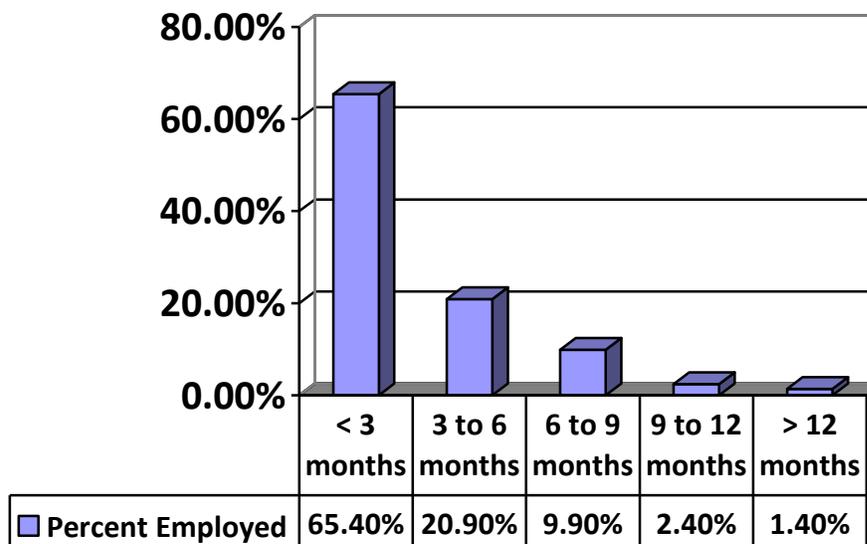
⁴ Spetz, J, Chu, L, Blash, L, Keane, D. 2014 Survey of Registered Nurses. Sacramento, CA: California Board of Registered Nursing, September 2015.

Clinical Specialty or Population

General Medical-Surgical (inpatient)	20.9% (103)	Mother-Baby or Normal Newborn	2.0% (10)
Telemetry	13.4% (66)	Cardiology	2.0% (10)
Emergency Care/Trauma	6.5% (32)	Orthopedics	1.6% (8)
Critical Care/Intensive Care	7.3% (36)	School Health K-12, Post Secondary	1.4% (7)
Geriatrics	5.7% (28)	Ambulatory Care/Specialty	1.2% (6)
Surgery/Pre-Op/Post-Op/PACU	4.0% (20)	Community/Public Health	1.2% (6)
Step-Down or Transitional Care	3.9% (19)	Hospice	1.0% (5)
Pediatrics	2.9% (14)	Work in Multiple Areas	1.0% (5)
Labor and Delivery	2.9% (14)	Home Health	0.8% (4)
Psychiatry/Mental Health	2.9% (14)	Dialysis	0.6% (3)
Oncology	2.9% (14)	Ambulatory Care/Primary Care	0.6% (3)
Neonatal Care	2.9% (14)	Obstetrics/Gynecology	0.4% (2)
Rehabilitation	2.6% (13)	Corrections	0.2% (1)

When employed new graduates were asked how long it took to find their first nursing job, 65.4% of respondents indicated less than three months; 20.9% responded that it took 3-6 months to find their first nursing job, 9.9% indicated taking 6-9 months, 2.4% taking 9-12 months, and 1.4% taking greater than 12 months. A majority of nurses found RN employment within the first 6 months after licensure with 86.3% employed, an increase of 3.3% compared to the prior year.

Length of Time Between Licensure and Employment in an RN Role



Jobs were found by newly licensed nurses in a variety of ways including: 32.6% reported using a hospital or health facility website, 20.7% finding employment through a referral, 24.3% had clinical experience at the health facility where they were hired, 26.9% indicated knowing someone at the hospital or health facility where they eventually went to work, 5.5% through social media or volunteering, and 2.4% were hired through a job fair. It was possible for respondents to select more than one category in answering this question. Review of open ended responses indicated that jobs were also found through networking, academic career placement services, military placement, general job advertisements, and through participation in a new graduate program.

Among the 25.8% (N=173) of respondents who indicated that they were not yet working as an RN, 28.0% had been looking for less than 3 months, 51.0% for 3-6 months; 9.4% for 6-9 months; 4.2% for 9-12 months and 7.3% reported looking for longer than 12 months.

Reasons for Difficulty in Finding Employment

Respondents who were not yet employed as an RN were asked what employers had told them about job unavailability, with four main reasons given by potential employers for not offering a job to a new graduate. These included no experience (85.0%), no positions available (36.6%), BSN degree preferred or required (30.1%), or their experience was not applicable (25.8 %). Additionally, 11.8% indicated the applicant had a weak resume related to volunteering in health care or extracurricular activities that may enhance their experience or skills, 7.5% of new nurses were told their academic preparation was insufficient for the position scope or specialty, 3.2% reported being told they were out of school too long, and 1.0% reported it was due to a low GPA.

Nurses who were not working as an RN were asked what they were doing at this time. Data indicated 24.1% were working in non nursing/non healthcare jobs (20.4% working part time, and 3.7% full time), and 22.8% indicated working in a health care job but not as a RN. Forty one percent (41.0%) of nurses reported they were currently continuing their education, which was up from 20.5% reporting being in school in the prior survey year. A fairly large number indicated they were volunteering in a health related service (19.8%) while looking for a job. Beyond these primary responses, 29.0% of respondents indicated they were doing something other than working as an RN, categorized in the survey tool as “other” with 47 open ended narrative responses submitted describing activities they are currently involved in while looking for RN employment. These open ended responses were optional so are not able to be formally quantified, however they present compelling evidence of newly-graduated nurses motivated and eager to begin professional practice. Typical categories reported with the greatest frequency, and often in combination comparable to activities reported in prior years include: volunteering, continuing their nursing education to obtain a BSN, MSN or Advanced Practice degree, taking CE courses to increase skills, working in a temporary RN role or position, working in the healthcare field but not as an RN, working in a non health care job, often continuing in a prior job, continuing to work as an LVN, and participating in an RN Transition program or unpaid internship.

Results - Participation in Transition to Practice Programs for Newly Licensed RNs

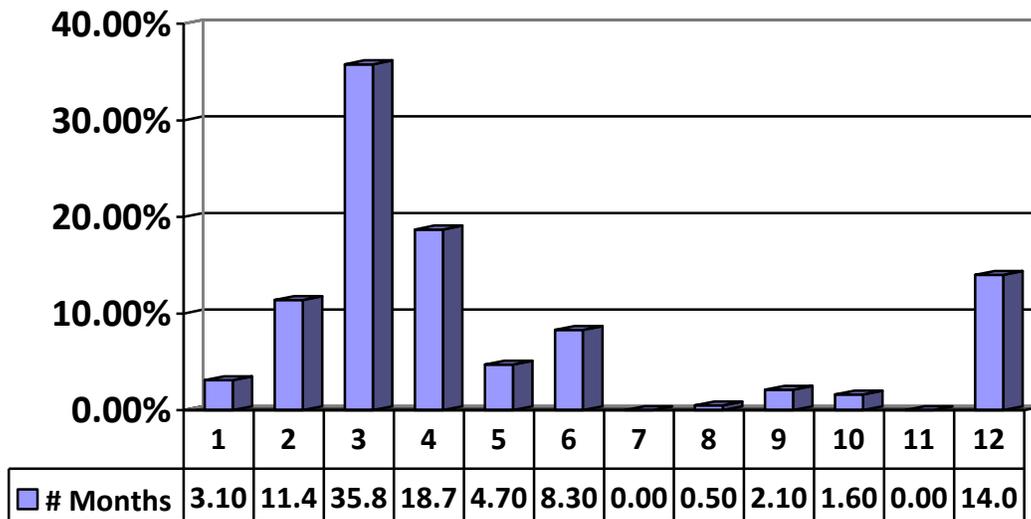
Transition to Practice Programs were defined to be programs provided to new graduate nurses newly licensed in California, that were conducted either by a school of nursing prior to employment, or by an employer providing a Residency Program upon hire. There were 35.4% (N 236) of all respondents (whether employed or not) that indicated participating in some type of Transition to Practice or Residency Program following graduation, which was an increase of 14.1% compared to the prior survey year. For those respondents who were also employed, 45.6% (N 226) indicated they had participated in some type of transition to practice program with 2.8% (N 14) participating in a program provided by a school of nursing, 40.9% (N 203) in an employer provided program, and 1.8% (N 9) that participated in both types of programs. Employer provided programs were therefore reported to have been provided for total of 42.7% (N 212) of newly licensed RNs that responded to the survey.

Employed RNs that Reported Participating in a Transition to Practice Program

Participated only in a program provided by a school of nursing	2.8% (N 14)
Participated only in a program provided by their employer	40.9% (N 203)
Participated in both a school based and an employer provided program	1.8% (N 9)
Total participation in employer provided programs	42.7% (N 212)
Total participation in any type of transition to practice program	45.6% (N 226)

These results provide evidence of the current baseline of practice in California, from which to continue tracking progress over time. Nurses reported their experience with the length of employer provided programs (including both classroom and supervised clinical components) to vary significantly from one to twelve months. Programs of either three or four months were reported most frequently by 54.4% (N 105) of working nurses who responded to the survey, followed by programs twelve months in length reported by 14% (N 27). This pattern indicates the prevalence of two distinctly different program practices, anticipated to have varied design and curricular components, with potentially varied results. Further exploration of the scope, composition, and outcomes of various types of employer provided residencies is recommended to inform program standards and guide further adoption.

Length of New Graduate RN Transition to Practice Programs Provided by Employers



When nurses who participated in a transition to practice program prior to employment provided by a school of nursing (N 23) were asked if the program helped them to obtain employment, 30.4% (N 7) indicated it did, 17.4% (N 4) indicated it did not. Respondents 52.2% (N 12) who did not reply yes or no provided specific commentary indicating some (N 7) believed participation in the program influenced hiring but were not certain, and others (N 5) indicated they did not know.

Participants were asked if they paid fees to participate in the Transition to Practice Program being conducted prior to employment, or if they were paid in some way to participate. The majority of nurses that participated in a Transition to Practice Program prior to employment indicated they paid tuition or enrollment fees to participate as reported by 69.6% (N 16) of the respondents, and just over half of the nurses, or 52.2% (N 12) also reported they did not receive any payment for participation in a program. Respondents were allowed to select more than one answer to this question.

Cost and/or Payment Received Reported by Newly Licensed Nurses That Participated in a Transition to Practice Program Prior to Employment (N 23)

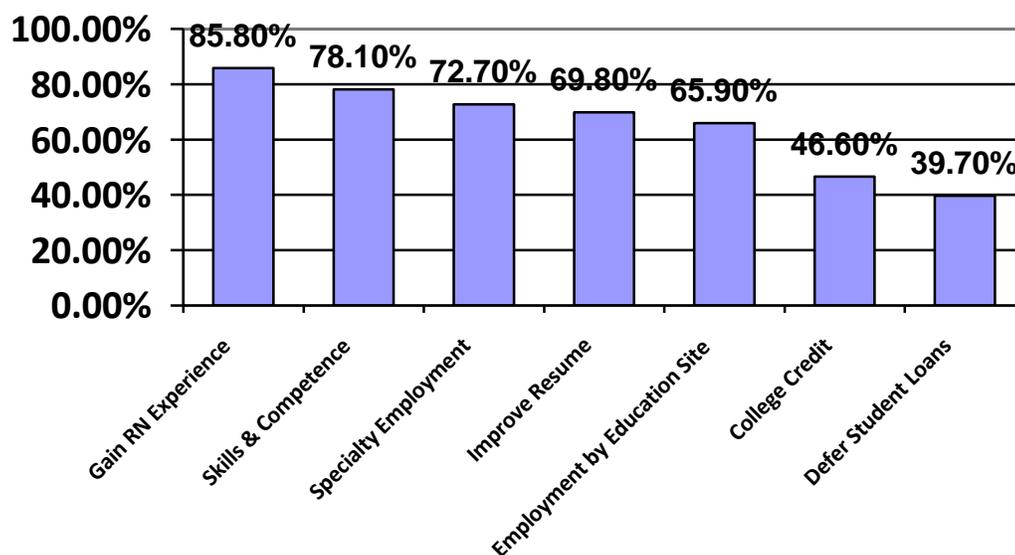
Tuition or enrollment fees were paid by participants	69.6% (N 16)
No fees were paid by participants	8.7% (N 2)
Participants did not receive any payment for participation	52.2% (N 12)
Nurses received a stipend for participation	4.4% (1)
Nurses received a scholarship for participation	4.4% (1)

Total answer choices exceed the number of respondents as more than one answer choice was allowed to be selected.

All respondents regardless of their current employment status or participation in a Transition to Practice Program were asked what the program incentives were or what potential program incentives might be that would influence their participation in a new graduate Transition to Practice Program. The opportunity to gain experience as a licensed RN, increase skills, competencies, build confidence, and the opportunity for potential employment were reported to be the primary incentives for participation as follows:

- Opportunity to gain experience as a licensed RN (85.8%)
- Opportunity to increase skills, competencies, and confidence (78.1%)
- Opportunity for potential employment in specific practice area or specialty (72.7%)
- Improving resume (69.8%)
- Opportunity for potential employment where clinical education was scheduled (65.9%)
- Obtaining college credit applicable to BSN or MSN degree (46.6%)
- Deferment of student loans (39.7%).

Program Incentives to Participate in a New Graduate Transition Program



Attitudes and Interest Regarding Transition to Practice Programs

Respondents were asked about their interest in participating in a “transition to practice or new graduate residency program following graduation and prior to being hired” regardless if they had participated in a program or not. Results indicate nurses have less interest in these programs compared with the prior year survey if they are unpaid or require payment of tuition. This change in interest compared to recent years may be influenced by the positive trend in employment opportunity. Interest continues to grow in programs that provide opportunity to work in settings other than acute care particularly if these settings provide an opportunity for employment.

Newly Licensed RN Interest in a Transition to Practice Program	Fall 2014	Fall 2015
Interest in a program if it was an unpaid internship	66.1%	47.8%
Interest in a program if payment of tuition was required	33.5%	30.8%
Interest in a program if it provided opportunity to work in non-acute health care facility	51.0%	56.7%

Statewide Survey Summary

This sample survey of newly licensed RNs provides a snapshot of the hiring experiences of new RN graduates in California. Such evidence based findings provide valuable information for nurse leaders and educators seeking innovative ways in working with schools of nursing to support aligning new graduate competencies consistent with emerging health care needs and employment strategies. Caution is advised in interpreting these results related to the survey response rate of 12.0%, as this may not be fully representative of the population of all newly licensed graduates. This is particularly true when results are analyzed and reported by region due to the much smaller number of respondents in each group. Nurses who have not found employment may have been more likely to answer the survey, and if so, the actual unemployment rate in the overall population of newly licensed nurses may be lower than reported. The increase in employment trends overall may have reduced the number of nurses interested in taking time to respond. The survey methods have been consistent each of the 6 years the study has been conducted; with the survey instrument including standard questions to inform progress from year to year.

The results reflect the demographic pattern and regional distribution of new graduates reported in the annual BRN school survey, and also mirror data obtained from employer surveys of nurses. Data from this current California survey indicates an increased employment rate reported by newly licensed RNs for the third consecutive year within the past six years the survey had been conducted. As year-to-year changes fall within the calculated margin of error of the consecutive surveys, trends should be interpreted cautiously.

This improved employment trend is consistent with national survey data reported by The National Student Nurses' Association (NSNA), which has collected new graduate employment data in an annual student survey since 2008. Their national fall 2014 survey findings indicated 78% of new graduates were employed four months following graduation and 88% by six months. When the national NSNA employment data was broken down by region, a broad range of employment rates were reported from a low of 68% in the Western Region to 85% in both the Central and Southern Regions of the country. Differences in national employment rates by type of RN degree were also reported with 72% ADN, 82% BSN, and 90% ELM employed at 4 months post graduation. (Mancino, D. Dean's Notes, 36 (3) January/February 2015).

While the national NSNA survey had notably different survey populations, questions, and measures than this California New Graduate Employment Survey, findings and trends comparing four regions of the country provide evidence that the employment experience of new graduates is most impacted in the Western States, with results comparable to those in this statewide survey. National trends across the past five years in each region of the country report an increasing percentage of new graduates are finding employment.

Conclusions

California needs to prepare newly licensed RNs in traditional as well as emerging new roles to meet healthcare trends and demand, ensuring the state has the supply of nurses needed to provide health care in diverse settings and services. The California Employment Development Department (EDD) forecasts approximately 10,500 new nurses are needed annually for population growth and replacement of nurses who retire or leave the state through 2018. With 11,291 new graduates in California from the 2013-2014 academic year, future workforce demand and current nursing education supply are currently in balance related to the number of RNs, with early indications of the need to prepare the nursing workforce for more diverse roles.

It is evident from the survey that newly licensed nurses are eager to obtain employment, often working a combination of temporary or part time jobs, and further engaged in career options

outside traditional hospital settings. As the economy continues to improve and the expected exodus of experienced nurses deciding to retire occurs, the demand for new nurses will continue to rise. This trend is further impacted by increasing demand resulting from health care reform and greater access to insured care. Hospitals have historically been the largest employer of nurses and new graduates. California hospital vacancy rates have been relatively stable and low over the past few years, now reported to be increasing slightly or 4.8% statewide at the time of this study.⁵ Nurse leaders from both academia and service should continue to share best practices and innovative strategies to ensure that new RNs maintain, gain, and expand essential competencies needed to meet emerging health care needs.

This current survey also indicates the use of transition to practice programs and residencies have been effective ways for new nurses to obtain further skills and competencies needed to increase employability. Lack of experience as an RN continues to be reported as the number one reason new graduates are not offered available jobs. Such programs provide options for specialty training and experience in new practice areas and roles as newly licensed RNs enter the workforce.

The research team wishes to thank all of the new graduates who took time to share their hiring experiences with us. These results will be reviewed by nursing leaders, employers, schools of nursing and others concerned about the challenges new graduates are having finding RN jobs, the importance of preparing future nurses consistent with hiring needs, and the value of establishing effective transition to practice programs. Results from this annual survey continue to inform strategies which support and improve the employment of newly licensed nurses going forward.

Study Team

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(A copy of this report is available on the HealthImpact website www.healthImpact.org)

⁵ Healthcare Workforce Survey Report, Second Quarter 2015, Hospital Association of Southern California.