



Protecting and Retaining California's Nursing Workforce

California's Registered Nurse Workforce is Robust and Growth is Accelerating

OVERVIEW

Registered nurses (RNs) are the backbone of California's hospitals. Hospitals cannot function nor keep their doors open without registered nurses. But after years of health care employers' neglect of our health care workforce and intentional policies of short-staffing, registered nurses and their patients are facing a crisis of unsafe staffing and unsafe working conditions, exposed by the Covid-19 pandemic but dating back far longer.

There is a shortage of good, permanent nursing jobs where nurses are fully valued for their work at the bedside through safe nurse-to-patient

staffing levels, strong workplace protections, and safe and healthy workplaces. For decades, nurses have been sounding the alarm about unsafe working conditions and the dangers their patients face. Yet, the hospital industry has failed to take responsibility to improve conditions for patients, nurses, and other health care workers. California must invest in the retention and ongoing protection of registered nurses by providing them with safe staffing levels, safe working conditions, and strong enforceable workplace protections.

AN EMPLOYER-CREATED STAFFING CRISIS

There is no shortage of registered nurses in California; rather there is a shortage of nurses willing to work in unsafe environments. Industry reports of shortages of registered nurses have dominated recent headlines. However, California has an adequate supply of nurses. **There are more than one-half million RNs with active California licenses,¹ yet only about 324,400 are currently working in California as RNs.²**

While there is no shortage of licensed nurses in California or the United States as a whole, there is an employer-created staffing crisis in nursing. Long before the Covid-19 pandemic, hospitals had been placing nurses and patients in unsafe working and care conditions. The Covid-19 pandemic, however, revealed how truly indifferent the corporate health care industry is to the well-being and safety of nurses and their patients. Hospitals left nurses and patients leaving

**Number of Active
Licensed RNs in
California = More Than
One-Half Million RNs**

*Source: CA Board of Registered Nursing
(April 2023)*

without basic workplace protections during one of the most dangerous pandemics in recent history.

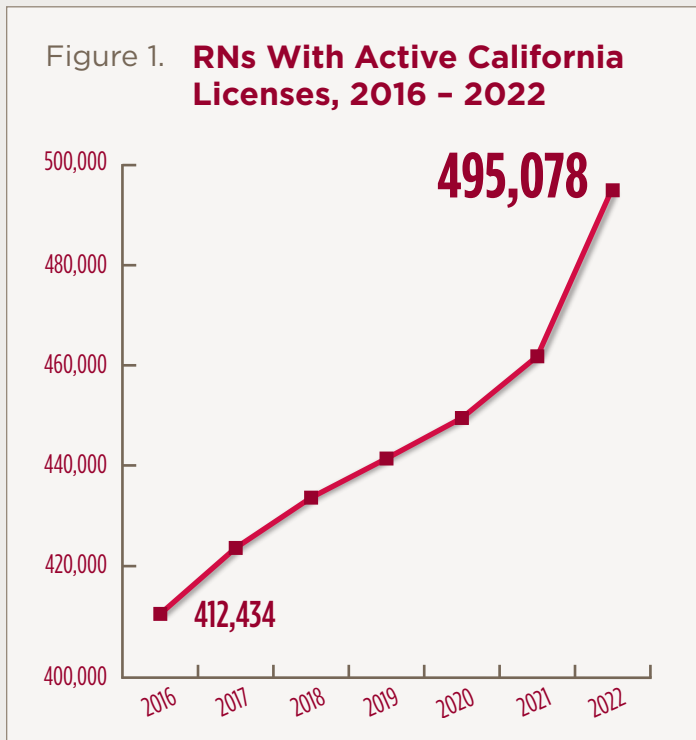
The impact of the Covid-19 pandemic on the nursing workforce in California was profound. Surge after surge, employers failed to prepare and failed to provide safe and healthy working environments, causing many nurses to reevaluate their desire to continue working as bedside nurses or to leave the nursing profession altogether. While some pandemic-related disruptions in the nursing workforce have stabilized, employers continue to this day to resort to crisis standards of care instead of protecting and retaining nurses through safe staffing and fair working conditions.

Despite employers' continued devaluation of nurses, California's supply of RNs with active licenses is robust and growing. By supporting strong enforceable workplace protection, investments to improve nurses' health and safety on the job, and programs to support good, permanent nursing positions, California can retain RNs in direct patient care and keep eligible nurses working in the profession. Bolstering pathways to entry into the nursing profession in California will further improve the supply of nurses.



THE CURRENT STATE OF REGISTERED NURSE STAFFING

There are more than 507,000 RNs with active California licenses, but an estimated 150,000 or more are not working as RNs.³ The key to resolving the nurse staffing crisis lies in understanding why this tremendous gap exists between the number of people who are licensed as RNs and those working as RNs. California must address the problems causing nurses to leave the nursing profession, not accepting them as given. Many analyses of the supply of RNs in California focus on the number of nurses currently employed, those seeking work, and those who intend to leave or return to the workforce in the near future. But an approach that focuses on the numerical pipeline of nurses ignores that RNs with active California licenses are choosing not to work as RNs because of unsafe working conditions.



THE RATE OF RNs ENTERING THE NURSING PROFESSION IS ACCELERATING

Growth in the number of RNs with active California licenses has accelerated dramatically in recent years. In the month March 2023 alone, California saw an increase of more than 3,600 registered nurses with active licenses.⁴ Since minimum safe nurse-to-patient staffing ratios were established under California law more than two decades ago in 1999, the number of people entering the nursing profession in California has steadily increased.

California remains an attractive place to practice as a bedside nurse because of California's law mandating minimum safe nurse-to-patient staffing ratios in acute-care hospitals, not in spite of it. Study after study has demonstrated that California's safe nurse staffing law positively impacts both patient care and the working environment for nurses, improves occupational safety for nurses, and increases job satisfaction and nurse retention.⁵ After implementation of California's RN staffing ratios law, there were significant increases in RN staffing levels in the state, particularly for hospitals with lower staffing levels pre-implementation. Full-time employment for RNs grew significantly faster (nearly 8 percent faster) in California than 15 comparison states.⁶

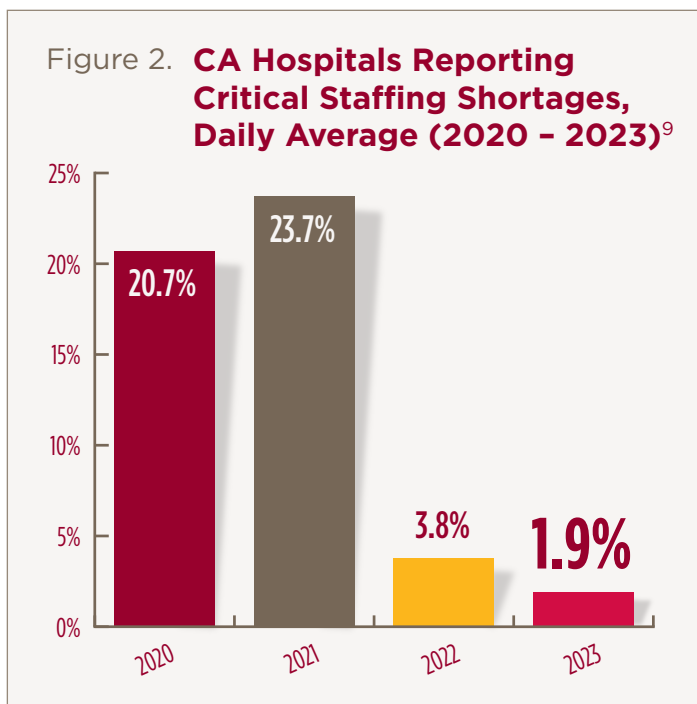
507,615
RNs With Active California Licenses in 2023

*Source: CA Board of Registered Nursing
(April 2023)*

PANDEMIC-RELATED STAFFING CONSTRAINTS RESOLVED

In recent months, staffing constraints that occurred during the height of the Covid-19 pandemic have seen significant improvements. According to daily data collected by the U.S. Department of Health and Human Services (HHS), as of March 10, 2023, the average number of California hospitals reporting a critical staffing shortage dropped to only 7 out of 363 hospitals tracked by HHS, a significant improvement from years before the pandemic.⁷

Notably, while much attention has been given to travel nursing throughout the pandemic, and contrary to claims by the hospital industry, the increased use of temporary nurses in California during the pandemic was “not statistically significant” and the use of travel nurses was “fairly stable”.⁸



Source: U.S. HHS, Daily Critical Staffing Shortages

LARGE NUMBERS OF RNs PLAN TO RETURN TO BEDSIDE CARE

The preliminary results of the California Board of Registered Nursing biennial survey of RNs for 2022 show that a large number of licensed RNs who are not currently working as nurses plan to

return to bedside care. Of those RNs licensed in California who are not currently working in nursing, 11 percent are seeking employment and 19.2 percent plan to return to nursing in the future.¹⁰ These percentages of nurses looking to return to bedside nursing jobs is larger than prior years.

THE RN WORKFORCE IS TRENDING YOUNGER

Even with California’s workforce aging as a whole, the age of the RN workforce is trending younger, not older. Between 2019 and 2022, the largest rate of increases of RNs by age group were for RNs who are under 25 years old (72.2 percent increase), RNs who are 25-29 years old (21.3 percent increase), and RNs who are 35-39 years old (20.5 percent increase).¹¹

DIVERSITY IN THE RN WORKFORCE IS IMPROVING

The diversity of the nursing workforce has increased in recent years, especially among younger nurses.¹² There has been a substantial increase in the number of Latinx RNs, from 7.5 percent of the RN workforce in California in 2008 to 9.6 percent in 2018.¹³ Additionally, California is taking an important first step in addressing racial, ethnic, and other biases in health care through a new law that became effective on January 1, 2023, requiring licensees that are in their first two years of licensure to complete one hour of continuing education in an implicit bias course.¹⁴ Importantly, California must place greater investment into public community college nursing programs to attract socioeconomically diverse students to enter into the nursing profession. By providing better support and access to nursing school for people from communities of color, working class backgrounds, geographically diverse areas, and other underserved communities, California can better meet the cultural and language needs of medically underserved patients throughout the state.

UNDERSTAFFING AND UNSAFE WORKING CONDITIONS PUSH NURSES OUT OF THE PROFESSION

RNs CONTINUE TO EXPERIENCE HIGH LEVELS OF MORAL DISTRESS AND MORAL INJURY

Employer indifference and disregard for nurses' health and safety is leading to high levels of moral injury and moral distress for California's nurses. Due to the stresses created by understaffing, moral injury, and unsafe working conditions, many RNs with California licenses have chosen not to work in the nursing profession or have reduced their hours providing bedside care.¹⁵

Recent surveys of California RNs reveal how employer neglect and poor working conditions are driving nurses away from bedside care. Survey results from the 2022 RN workforce forecast conducted for the California Board of Registered Nursing demonstrate the damaging effects of their employers' disregard for their health and safety.¹⁶ In the survey, RNs reported on the negative effects of the Covid-19 pandemic on nurses and the lack of respect and support from their employers.

2022 California RN Workforce Forecast Survey »»

- » **20.9 percent of California RNs** agree or strongly agree that they were considering, planning, or had left nursing entirely due to burnout
- » **34.6 percent of California RNs** agreed or strongly agreed that they are considering, planning, or have changed their nursing job due to pandemic-related burnout
- » **38.1 percent of California RNs** disagreed that "my organization really cares about my well-being"
- » **41.9 percent of California RNs** disagreed that "my organization responds to my complaints"¹⁷



RNs ARE RETIRING EARLY AT MUCH HIGHER RATES THAN IN THE PAST

While there is robust growth in the nursing workforce, including an increased proportion of younger RNs, it is essential to attract eligible licensed RNs to the workforce as well as retain RNs who might be considering retirement. However, there has been a dramatic increase in the number of California RNs 55 years old and older who are considering retirement. Preliminary results of the California BRN’s 2022 survey of RNs found that 22.5 percent of nurses 55-64 years of age and 47.3 percent of nurses 65 and older plan to retire or leave nursing in the next two years.¹⁸

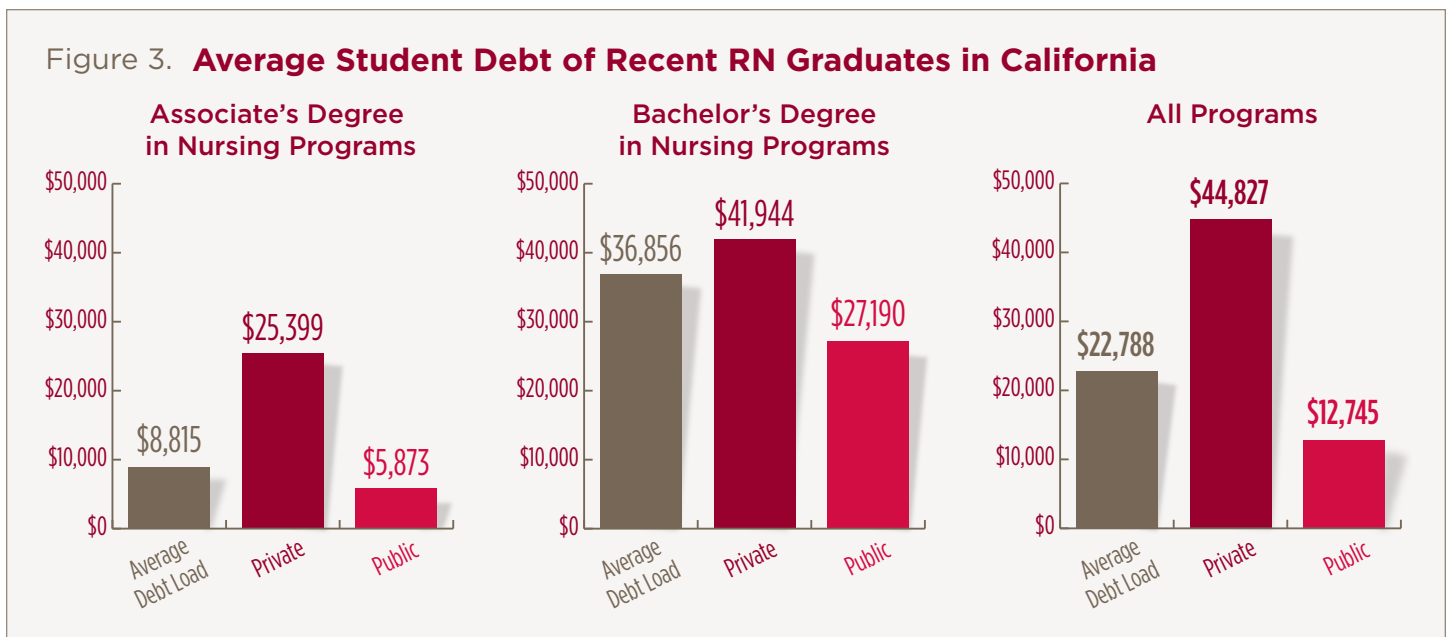
CALIFORNIA MUST INCREASE CULTURAL COMPETENCY AND DIVERSITY AMONG RNs

Although the racial and ethnic diversity of RNs in California has improved in recent years, there are notable exceptions. While the number of Latinx RNs is growing, Latinx RNs remain the most underrepresented racial or ethnic group in the RN workforce at 9.6 percent despite comprising approximately 40 percent of California’s population.¹⁹

NEW RN GRADUATES ARE BURDENED WITH STUDENT DEBT

The cost of education for RNs is soaring and new nursing school graduates are entering the profession with high levels of student debt. According to the California Board of Registered Nursing’s 2022 nursing school report, the average student debt load for graduates of Bachelor of Science in Nursing (BSN) programs was \$36,856 and for graduates of Associate’s Degree in Nursing (ADN) programs was \$8,815.²⁰

Notably, however, new RNs who graduate from public nursing programs and ADN programs have significantly less student debt than graduates from private nursing programs and BSN programs. Both graduates from ADN programs and BSN programs can sit for nurse licensure exams and become licensed RNs. Moreover, RNs who graduated from private BSN programs had average student debt loads of \$41,944 while graduates of public ADN programs had average student debt loads of \$5,873. Eleven public school nursing programs, all but one of which was a community college program, reported “\$0” in student debt of their graduates.



Source: CA Board of Registered Nursing, UCSF

SOLUTIONS TO PROTECT AND RETAIN REGISTERED NURSES

Legislative and regulatory actions are needed to address both retention and recruitment of direct-care registered nurses. California must invest in the retention and ongoing protection of registered nurses by providing them with good, permanent jobs with safe working conditions and strong enforceable workplace protections.

WORKPLACE PROTECTIONS AND INVESTMENTS IN STAFFING TO SUPPORT RN RETENTION

To increase the number of RNs at the bedside, California must compel employers to create working conditions where RNs choose to stay. There are several key issues regarding RN retention that legislators and regulators must address through strong enforceable workplace protections and investments into safe and healthy workplaces for nurses.

California Nurses Association urges lawmakers to support legislation and regulatory measures that protect nurses on the job and other supports for RN retention, including the following:

- » **Ensure Health Care Infrastructure Transparency and Long-Term Planning:** California's lawmakers and public health agencies must engage in long-term planning and investments into our health care infrastructure to increase hospital capacity, distribution, and access. An important first step in health care planning is transparency regarding health care capacity. California regulators should require hospitals to report and disclose current and anticipated staffing levels and bed capacity, and that information must be readily available to the public.

- » **Require Robust Enforcement of RN Staffing Ratios Law:** California must strengthen enforcement of California's life-saving mandatory minimum registered nurse-to-patient staffing ratios law, including through regulatory accountability and transparency to ensure hospital compliance with safe RN staffing requirements.
- » **Protect the Role of Direct-Care RNs:** California must protect the role of direct-care RNs in our state to ensure that all patients receive comprehensive nursing care from appropriately trained and licensed registered nurses that meets the high standards of California's nursing practice laws.
- » **Invest in RN Staffing for Underserved and Financially Distressed Hospitals:** California can make investments towards financially distressed hospitals to support adequate RN staffing levels and create conditions on state-supported hospital funds to ensure that hospital staffing capacity meets the needs of the hospital's patient population. California Nurses Association encourages placing conditions on public hospitals funds as outlined in our February 2023 letter regarding the proposed 2023-2024 budget.²¹
- » **Establish Standards for and Invest in Hospital Behavioral Health Staffing:** California must create hospital standards to ensure that hospitals have appropriate staff available and trained to respond to patients who may experience behavioral health emergencies. To meet growing behavioral health needs of hospital patients across the state, California should establish a fund to support state or county programs to hire and train psychiatric nurses or other psychiatric health care professionals who can respond to behavioral health emergencies within hospital emergency departments and inpatient settings.

- » **Prohibit Waivers of RN Staffing Ratios and Prohibit Team Nursing:** California regulators should never permit hospitals to receive waivers of mandatory minimum registered nurse-to-patient staffing ratios. Importantly, the California Department of Public Health must end program flexibility allowing for team nursing models and other crisis standards of care in hospitals, which in practice results in unsafe staffing levels in potential violation of California’s RN staffing ratios law.
- » **Prohibit Shadow Beds and Other Program Flexibilities for Hospitals Receiving State Funds:** California must ensure that any hospital receiving state funds is prohibited from receiving program flexibility approvals that allow hospitals to use “shadow beds” to place patients in areas of the hospitals, like hallways, waiting rooms, etc., where they would not otherwise be cared for. California regulators should end approvals for shadow beds and other program flexibilities during patient surges related to bed use or staffing.
- » **Provide Presumptive Eligibility for Workers’ Compensation Benefits to Nurses:** California law should be amended to provide nurses and other hospital workers with presumptive eligibility for workers’ compensation, including for common injuries and illnesses for health care workers, such as infectious disease, respiratory disease (including Covid-19), cancer, post-traumatic stress disorder, and musculoskeletal injuries. With a rebuttable presumption for workers’ compensation, nurses would be able to get timely treatment for work-related injuries and illness, and they would have the critical time needed to heal without worrying about losing income. Presumptive eligibility for workers’ compensation would improve nurse retention because when nurses are safe and healthy — when their needs are respected and tended to — nurses are more likely to stay at the bedside.

STRENGTHEN A CULTURALLY COMPETENT AND DIVERSE RN WORKFORCE

Registered nursing can be a pathway to good union jobs for people from racial, ethnic, cultural, and linguistically diverse communities, rural communities, and other underserved communities. Providing a more affordable and accessible pathway into the nursing profession, California can prioritize financial and other support for community college nursing programs, public Associate’s Degree in Nursing (ADN) programs, and their students. Community college and other public nursing programs are more affordable than private school programs, and ADN programs take less time for nursing students to complete.²²

Importantly, targeted funding to community college and ADN programs in regions of California where recruitment has been historically difficult could alleviate existing RN workforce distribution shortages to economically distressed and medically underserved areas, including for communities of color and rural areas.²³ Community college and ADN programs have been shown to increase diversity in the nursing workforce and improve concordance between the diversity of RNs and California’s patients.²⁴

California Nurses Association urges California to take legislative and regulatory measures to support access to the nursing profession for Californians from diverse socioeconomic backgrounds and who can meet the diverse cultural and linguistic needs of California’s patients, including the following:

- » **Support and Invest in Associates’ Degree in Nursing Programs and Community Colleges:** California can make investments to ensure the nursing workforce reflects and can meet health care needs of California’s racial, ethnic, cultural, linguistic, and socioeconomically diverse patients, including expanding and prioritizing Song-Brown health care workforce training and education programs for ADN and community college nursing programs. California can also provide

additional support to community college and other public nursing programs to ensure they can readily place their students in clinical education slots in hospitals and other health care facilities.

» **Support Hospital Hiring of Nurse Applicants with Associate’s Degrees in Nursing:**

California can ensure that hospitals continue to hire qualified RNs with Associate’s Degrees in Nursing and should prohibit any hospital receiving state-supported financing cannot exclusively require applicants for RN positions to have a Bachelor of Science in Nursing.

» **Expand State-Supported, Debt-Free New Graduate and Mentorship Programs for RNs:**

California should reduce the burden of educational debt for nursing school graduates by investing in low-cost or debt-free community college and Associate’s Degree in Nursing programs. California can also invest in mentorship programs for new nursing school graduates and prohibit employers from requiring nurses to repay their employer for alleged costs of new graduate training or residency programs that trap nurses in unsafe and unfair working conditions.

» **Support Clinical Instructors and Clinical Placements for Community College School Programs:**

To prevent private school displacement of community college and Associate’s Degree in Nursing programs from clinical placement slots, California should support clinical instructors of community college nursing programs by providing living expenses, improved rates of pay, tuition assistance, childcare, and other support. California can also play a more active role in ensuring that community colleges and other public nursing school programs are not displaced by private school programs from clinical placement slots offered by private health care facilities.

OCCUPATIONAL SAFETY AND HEALTH INVESTMENTS IN SAFE WORKPLACES FOR NURSES

When hospital employers treat nurses as expendable by failing to staff appropriately and providing key health and safety protections, this comes at a cost: Nurses are forced to leave the bedside workforce after experiencing preventable injuries or illnesses on the job.

As conditions of accepting state funds, hospitals should be prohibited from closing or reducing services and from engaging in practices would result in unsafe patient care conditions or increases in the workload of already overburdened nurses. Lawmakers can help ensure health care employers provide nurses with safe and health workplace by supporting the following measures:

» **Support the Enforcement Capacity of Cal/OSHA:**

California must improve enforcement of workplace health and safety standards of the California Division of Occupational Safety and Health (Cal/OSHA) and Cal/OSHA’s enforcement capacity, including enforcement of standards on aerosol transmissible disease, workplace violence prevention, and safe patient handling in health care settings.

» **Require Hospitals to Maintain Supplies of Reusable Personal Protective Equipment:**

As part of respiratory protection for nurses and other health care workers, hospitals should be required to purchase, provide training on, and establish cleaning and maintenance programs for reusable personal protective equipment. Instead of resorting to crisis standards if N95 supplies becomes restricted, hospitals should improve ongoing uptake of reusable respirators to help prepare for future Covid-19 surges and pandemics.

- » **Enhance Workplace Violence Prevention Programs:** Hospitals should be required to streamline workplace violence reporting systems, improve training programs, and increase resources for nurses to assess patients for risks for violence. Hospital should also be required to improve policies to prevent the transport of weapons into facilities and to reduce the use of chemical and physical restraints to better protect both nurses and patients.
- » **Improved Safe Patient Handling Teams and Equipment:** Hospitals should be required to provide sufficient levels of staff and patient lift equipment at all times to assist in patient lifting and to reduce the risk of musculoskeletal injuries for nurses and other health care workers.
- » **Direct-Care Registered Nurse Input in Health and Safety Program:** California should ensure that any hospital receiving state funds effectively engage direct-care registered nurses and their union representatives in health and safety programs.



ENDNOTES

- 1 California Board of Registered Nursing (Apr. 1, 2023), “Monthly Statistics,” <https://rn.ca.gov/consumers/stats.shtml>.
- 2 U.S. Bureau of Labor Statistics (May 2021), “Occupational Employment and Wage Statistics, May 2021, 29-1141 Registered Nurses,” <https://www.bls.gov/oes/current/oes291141.htm>.
- 3 See *ibid.*
- 4 The California Board of Registered Nursing reported 500,354 active RN licenses as of February 1, 2023, 503,974 active RN licenses as of March 1, 2023, and 507,615 active RN licenses as of April 1, 2023. See California Board of Registered Nursing, “Monthly Statistics,” <https://rn.ca.gov/consumers/stats.shtml>.
- 5 For more studies, see National Nurses United (Oct. 2021), “Protecting Our Frontline: Ending the Shortage of Good Nursing Jobs and the Industry-created Unsafe Staffing Crisis,” https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1121_StaffingCrisis_ProtectingOurFrontLine_Report_FINAL.pdf.
- 6 Harless D (2019), “Reassessing the Labor Market Effects of California’s Minimum Nurse Staffing Regulations,” *Health Economics*, 28(10):1226-31, <https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.3924>.
- 7 California Nurses Association calculations based on data available at U.S. Department of Health & Human Services (Updated Mar. 10, 2023), “Critical Staffing Shortage (by day), Data collected 2020-2022,” <https://healthdata.gov/Hospital/Critical-Staffing-Shortage-by-day-/yu7x-wxqv> (Accessed Jan. 20, 2023) (note that hospitals define “critical staffing shortages” based on their own needs and internal policies, and the number of hospital reports was highest in 2020 and decreased substantially in 2021 and 2022).
- 8 See Spetz, J, Chu, L, Blash, L (Aug. 2022), “Forecasts of the Registered Nurse Workforce in California,” Philip R. Lee Institute for Health Policy Studies, at 11, Figure 11, <https://www.rn.ca.gov/pdfs/forms/forecast2022.pdf>, at 8, Figure 7.
- 9 See note 7.
- 10 *Ibid.*
- 11 *Id.* at 15
- 12 Spetz, J, Chu, L, Blash, L. (Undated), “Diversity of California’s Nursing Workforce Chartbook,” University of California San Francisco, <https://rn.ca.gov/pdfs/forms/diversitycb.pdf>.
- 13 *Ibid.*
- 14 Board of Registered Nurses (2023), “Continuing Education for License Renewal, Implicit Bias Requirement,” <https://rn.ca.gov/licensees/ce-renewal.shtml#implicitbias>.
- 15 National Nurses United (Oct. 2021), “Protecting Our Frontline: Ending the Shortage of Good Nursing Jobs and the Industry-created Unsafe Staffing Crisis,” https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1121_StaffingCrisis_ProtectingOurFrontLine_Report_FINAL.pdf.
- 16 See Spetz, J, Chu, L, Blash, L. (Aug. 2022), note 8.
- 17 *Id.* at 8-9.
- 18 *Id.* at 7.
- 19 See Spetz, J, Chu, L, Blash, L. (Undated), note 12.
- 20 Blash, L, Spetz, J (Feb 2022), “California Board of Registered Nursing, 2020-2021 Annual School Report, Data Summary for Pre-Licensure Nursing Programs,” University of California San Francisco, at 19, <https://rn.ca.gov/pdfs/education/prelicensure20-21.pdf>.
- 21 The California Nurses Association can provide a copy of its February 28, 2023, letter on the 2023-2024 proposed budget upon request.
- 22 See Blash, L, Spetz, J (Feb 2022), note 20.
- 23 Yates, M, Auerbach, D, Staiger, D, & Buerhaus, P (2023), “Characteristics of rural registered nurses and the implications for workforce policy.” *J of Rural Health*, 39, 240-245, <https://pubmed.ncbi.nlm.nih.gov/35970812/>.
- 24 Mohammed, S, Guenther, G, Frogner, B, and Skillman, S (2021), “Examining the racial and ethnic diversity of associate degree in nursing programs by type of institution in the US, 2012-2018,” *Nurs Outlook*, 69(4), 598-608, <https://doi.org/10.1016/j.outlook.2021.01.009>.