California Board of Registered Nursing

2010 Survey of Nurse Practitioners and Certified Nurse Midwives

Conducted for the

California Board of Registered Nursing

by the

University of California, San Francisco

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Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010

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Contents

Tables

Figures

Chapter 1: Executive Summary

Executive Summary

The 2010 Survey of Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) is the first survey conducted by the California Board of Registered Nurses to describe these advanced practice nurses (APRNs) in California. The 2010 survey response rate was 62.5 percent, yielding information for about 1,384 of 2,213 eligible surveys. These nurses represented 14,428 APRNs.

This survey provides a look at the current California workforce of Nurse Practitioners, Certified Nurse Midwives, and those with both NP and CNM certificates (dual-certified). Due to the nature of their work, any NPs or CNMs who held a certificate as a clinical nurse specialist (CNS) were excluded from this analysis. Therefore, only NPs and CNMs with NP and/or CNM certification were studied.

Demographics

The average age of NP-only nurses was 50.1 years old, the average age of CNM-only nurses was 51.7 years old, and the average age of dual-certified nurses was 51.5 years old. Twelve percent of NPs residing and working as an APRN in California were under 35 years of age. Only 8.7 percent of CNMs residing and working as an APRN in California were under 35 years old.

Advance practice nursing is a predominately female profession, with only 7.1 percent of men holding NP or CNM certification. Men made up 7.6 percent of NPs, but only 0.8 percent of CNMs and 0.8 percent of dual-certified nurses were male.

California's working Nurse Practitioners and Certified Nurse Midwives most often self-identify as White (70.1% of NP-only nurses, 80.5% of CNM-only nurses, and 86.9% of dual-certified nurses). The next largest ethnic groups are Hispanics (8.4% of NP-only, 6.7% of CNM-only, and 3.6% of dual-certified nurses), and African-Americans (4.7% of NP-only, 5.6% of CNM-only, and 3.9% of dual-certified nurses).

Nursing education

Most NPs and CNMs received their initial registered nursing (RN) education in a baccalaureate program (43.7%). Over 60 percent of NPs and over 48 percent of CNMs received their initial RN education in California.

Of nurses with an NP certificate, 71.2 percent received their highest nurse practitioner education from a master's degree program. Over 58 percent of CNMs reported a master's degree program as their highest nurse midwife education. Nearly 82 percent of NPs reported their highest nursing education (RN or APRN) in a master's degree, post-master's certificate program, or doctoral program. Of CNMs, 72.5 percent reported their highest nursing degree (RN or APRN) was a master's degree or another graduate degree/certificate.

NPs and CNMs are able to specialize in a variety of advanced practice fields. Among NPs, 58.6 percent reported specializing in family/individual health. As would be expected with CNMs, the vast majority (91.3%) specialized in women's/gender health.

Approximately 3.8 percent of all APRNs are enrolled in a continuing education program. When asked what their degree objective was, 29.8 percent of enrolled APRNs reported seeking a Doctorate of Nursing Practice (DNP). Thirty percent of enrolled APRNs reported that their degree objective was a non-degree certificate. Nearly 24 percent of enrolled APRNs reported pursuing a non-nursing doctoral degree.

Employment

Over 73 percent of nurses were working as NPs or CNMs at the time of the survey. Of employed NPs, 4.6 percent were 65 years or older, 31.6 percent of the nurses were 55-64 years old, 27.7 percent were 45-54 years old, and 24.1 percent were 35-44 years old. Of employed CNMs, 6.5 percent were 65 years and older, 36.6 percent are 55-64 years old, 28.7 percent are 45-54 years old, and 19.6 percent are 35-44 years old. Only 12 percent of working NPs and 8.7 percent of working CNMs were under 35 years of age.

The average number of hours worked per week by NPs and CNMs was 34.7 hours. Over 85 percent of NP certificate holders reported working less than one hour of overtime a week in their primary job, while only 1.6 percent reported working more than eight hours of overtime per week. Nearly 86 percent of CNMs certificate holders worked less than one hour of overtime a week in their primary jobs, and only 2.1 percent reported working over eight hours of overtime in their primary position.

Working CNMs and NPs were asked if they also worked as RNs. Of nurses working as APRNs, 16 percent of NPs reported that they were holding RN positions in addition to their APRN positions, and nearly nine percent of CNMs reported that they held RN positions in addition to their APRN positions. NPs with RN positions in addition to their APRN positions worked an average of 21.3 hours for their RN positions, and an average of 25.4 hours per week for their APRN positions. CNMs with RN positions in addition to their APRN positions worked an average of 25.4 hours per week in their RN positions, and an average of 24 hours per week for their APRN positions.

A surprisingly high fraction of certified NPs and CNMs reported they were not working as APRNs. Over 26 percent of NPs and more than 30 percent of CNMs reported that they were not working as APRNs Of those not working as APRNs, over 58 percent of NPs and 60 percent of CNMs reported that they were working in an RN position that did not use their advanced training.

APRNs were asked about employment status changes in the past year, regardless of current employment status. Nearly 48 percent of NPs residing in California reported no change in their employment status between 2009 and 2010. The most common change was a change in employers (21.1%), followed by an increase in hours (16.0%) and a decrease in hours (14.9%). Nearly 47 percent of CNMs residing in California reported no change in their employment status between 2009 and 2010. The most common change was an increase in hours (19.5%), followed by a change in employers (18.2%), and a decrease in hours (14.0%).

Reasons NPs and CNMs do not work as APRNs

NPs and CNMs who are not working in advanced practice positions reported that they had stopped working as an APRN an average of 6.9 years ago. When asked to discuss the importance of factors responsible for their decision not to continue working in advanced practice nursing, nearly 32 percent of all NPs and CNMs cited stress as "the most important" or an "important" factor in their decision to stop working. Over 30 percent of all NPs and CNMs reported that dissatisfaction with benefits, salary and childcare/family responsibilities were factors in their decision not to work as an APRN. Nearly 30 percent reported that they were retired.

NPs-only were more likely not to be working as an APRN because of dissatisfaction with benefits and salary, job stress, retirement, and childcare/family responsibilities. Stress and difficulty finding an APRN position were reported frequently for all APRNs but more often for CNMs. CNMs and dual-certified APRNs were more dissatisfied with insurance and liability issues and degree of MD collaboration.

Job titles and work settings

Of all NPs and CNMs residing and working in California, 84.2 percent reported that their primary job title was NP, and 6.1 percent reported that their primary job title was CNM. The most common primary work setting reported by employed NPs was in "private MD/DO practice" (15.9%). The most common primary work setting reported by employed CNMs was in "other" (19.4%) – which was often specified to be a combination of labor and delivery in a hospital setting and clinical community health work.

When asked about medical staff privileges and scope of practice, 79.2 percent of NPs reported that they "always" or "almost always" worked to the full legal scope of practice in their APRN position, and 53.7 percent of NPs reported having medical staff privileges. Less than half of NPs reported "always" or "almost always" being involved in creating practice standards, and only 35.8 percent of working NPs reported knowing about the changes made to the Nursing Practice Act in 2010 that altered procedures for disability/home health service and durable medical equipment.

Over 73 percent of CNMs reported that they "always" or "almost always" worked to the full legal scope of their midwifery certificate, and 73 percent reported having medical staff privileges. Less than half (45.9%) of CNMs reported being "always" or "almost always" involved in creating practice standards, and only 19.4 percent of working CNMs reported knowing about the new changes made to the Nursing Practice Act.

Primary Care

An area of particular interest for healthcare providers is the role advanced practice nurses – particularly nurse practitioners – play in primary care. Less than a quarter of NPs (23.1%) reported that they were recognized as primary care providers by private insurance networks. Of those who provide primary care, nearly 46 percent worked in clinics, nearly 32 percent worked in another institution, and 14 percent worked in a hospital. When asked about their clinical fields of work, primary care providers reported that over 66 percent worked in ambulatory care, 21.2

percent worked in obstetrics and gynecology, and 19 percent worked in diabetes. When asked about medical staff privileges, 51 percent reported having medical staff privileges. Almost 90 percent reported "always" or "almost always" practicing to the full extent of scope of practice.

Job satisfaction of working NPs and CNMs

NPs and CNMs were asked to rate their satisfaction level with their APRN career on a five-point scale ranging from "very dissatisfied" to "very satisfied." Any score of 4 or 5 indicated the nurse was satisfied with their career. The mean overall satisfaction score was 4.05 suggesting very high average satisfaction with an APRN career. NPs who worked as primary care providers in their primary position had a mean satisfaction score of 4.04 and CNM's mean satisfaction score was slightly higher than NPs' at 4.13.

APRNs in some work settings report higher satisfaction than other. Over 97 percent of NPs working in maternal-child health facilities were satisfied with their career, while hospital-employed NPs had the lowest career satisfaction levels at 77.2 percent. CNMs in "other institutions" and maternal-health facilities were the most satisfied, reporting 88.5 percent and 87.5 percent, respectively. Clinic-employed CNMs had the lowest career satisfaction levels at 80.5 percent.

NPs and CNMs were also asked to rate a series of issues as to whether they were a problem in their workplaces. NPs and CNMs reported that inadequate time with patients, difficulties communicating with patients, and quality issues outside their control were problems in their workplaces.

Earnings and benefits

The average nursing income from all APRN and RN positions of all NPs and CNMs working as APRNs was $93,548. Nursing income for NPs and CNMs who are working in APRN positions made up approximately 61.8 percent of their total family income.

Earnings varied a great deal depending on the nurse's career focus. NPs working in primary care in their primary APRN position reported 2010 average earnings of $91,008. NPs who had RN positions in addition to their APRN positions earned an estimated $79,248. Those CNMs who had RN positions in addition to their APRN positions earned an estimated average annual earnings of $74,857.

Future plans of NPs and CNMs

When asked about their future plans for the next five years, 60.8 percent of NPs planned to work approximately as much as they do now, 14.3 percent planned to increase their work hours, 13.8 percent planned to reduce their work hours, and nearly 10 percent planned to retire.

When NPs who work as primary care providers were asked about their future plans, 50.5 percent planned to work approximately as much as they are now. Over 13 percent planned to increase their work hours, 16.4 percent planned to reduce their hours, and nearly 20 percent planned to retire.

CNMs also were asked about their future plans. Over 57 percent planned to work approximately as much as they do now, nearly 12 percent planned to increase their work hours, over 17 percent planned to reduce their work hours, and 12.6 percent planned on retiring.

Very few of the NPs and CNMs, who were no longer working as APRNs, planned to return to advance practice nursing. Only 13.2 percent of non-working APRNs were looking for an APRN position at this time. Some planned to return to APRN practice within one year (9.1%), and some planned to return to APRN practice in one to three years (7.3%). Nearly 27 percent reported that they definitely had no plans to work as an APRN, and 40.1 percent were undecided as to their plans.

Summary

This survey provides the first analysis of California's NP and CNM workforce sponsored by the Board of Registered Nursing. The workforce is small – less than 15,000 nurses hold an NP, CNM or both and do not hold a CNS certificate. The workforce is not very diverse and the vast majority of certificate holders are female. The NP and CNM workforce is older than the general RN workforce. Although this workforce is highly educated, at this time few NPs or CNMs are enrolled in education programs to advance their formal education.

NPs and CNMs worked in a wide range of settings, including hospitals, clinics, and other institutions. The most common workplace setting for NPs was in private practices, while CNMs' most common workplace was a labor and delivery clinic. Despite concerns over scope of practice, most NPs and CNMs reported that they "always" or "almost always" practiced to the fullest extent of their legal scope in their APRN positions. Overall satisfaction levels were higher for CNMs than for NPs, though satisfaction levels vary across settings.

The percentage of APRNs using their certification was low – barely 73 percent of the potential APRN workforce was working in that capacity. High percentages of NPs and CNMs, whether working in an APRN capacity or not, reported working as RNs. These nurses, on average, earned less in their nursing positions than NPs and CNMs who held only APRN positions. The move toward RN positions may be due to common factors influencing NPs' and CNMs' decision to not work in APRN positions: stress on the job, retirement, child/family responsibilities, and difficulty finding an APRN position, and reported more frequently by CNMs, insurance and liability concerns and collaboration with MDs.

Of further concern is the rapid aging and retirement of this workforce. The average age of the NP and CNM workforce was over 50 years old. The largest share of working NPs and CNMs were in the 55-64 years old range – only 12 percent of working NPs, and 8.7 percent of working CNMs were under 35 years old. Over 24 percent of working NPs and 29 percent of working CNMs were reducing their hours or plan to retire in the next five years. Given that 26 percent of all NPs and CNMs were already not working as APRNs, California may face a dramatic drop in the number of nurse practitioners and nurse midwives before 2020.

The state of the APRN profession as described in this report should be carefully interpreted, as this is the first time this survey has been conducted, and can only provide information on the current workforce. Overall demand for RN services is increasing at a time when the NP and CNM workforce may be about to decline. That same demand for RN services and the difficulty finding an APRN position, may drive NPs and CNMs to work as RNs. At a

time when the nation seeks to raise the overall level of RN education, to find that the most educated RN workforce may not be receiving all the perceived benefits of NP and CNM certification, or be unable to practice to the full extent of their abilities is troubling. The strengths of the nursing profession, which include broad job opportunities, career mobility, and job satisfaction, must be sustained to ensure that California's nursing workforce thrives in the future. Employers and health care leaders must work to maintain the positive aspects of advanced practice nursing, address the factors that may be prompting nurses' decisions to work outside advance practice nursing, and actively strive to retain these important healthcare professionals.

Chapter 2: Introduction & Methodology

This study of advanced practice nurses (APRNs) with California licenses is the first designed to describe Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) in California. In 2010, the California Board of Registered Nursing commissioned the University of California, San Francisco, to conduct a survey of nurse practitioners and certified nurse midwives, to understand better the roles these APRNs currently play in the delivery of health care, and assess their potential to address the health care needs of Californians in the future.

APRNs are nurses who have received education beyond their initial registered nurse (RN) education, to work in a specialized role in the delivery of health care services. There are four types of APRNs in the United States: nurse practitioners, certified nurse midwives, certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs). Nurses may be prepared in more than one of these fields. The role of each of APRN certificate differs. While NPs and CNMs may focus on primary care activities, CNMs generally provide maternal and women's health care. CRNAs provide anesthesia care, and CNSs bring to their various healthcare positions specialized knowledge about the patient population, environment and disease management. After completing an approved education program and in some cases national certification, an RN can apply for certification from the State of California Board of Registered Nursing to practice as an APRN. As with RN licensure, each state establishes its own criteria for licensure or certification of advanced practice nurses.

Nurse Practitioners: History and Practice

Nurse practitioners trace their history to the late 1950s, when RNs with clinical experience began to collaborate with physicians in the delivery of primary care, particularly in rural areas. The first formal education program for nurse practitioners was established at the University of Colorado in 1965. This program focused on the delivery of primary care in rural communities, with the curriculum including health promotion, disease prevention, and children's health. The first NP education programs conferred certificates, and many of the initial graduates of these programs had received their RN education in hospital-based diploma programs. Early NP education programs focused on their work in rural areas. The California BRN began certifying NPs in 1985. Most states, including California since 2008, require that new NPs have completed a graduate degree in nursing. Nurse practitioners now can be prepared and certified in many clinical areas, including family practice, pediatrics, women's health, psychiatry, acute care, and community/public health. A recent development in NP education is the establishment of the Doctor of Nursing Practice (DNP) degree, which is offered by an increasing number of nursing schools. However, the number of NPs educated in these programs is small thus far.

NP certification in California can be obtained by successful completion of a Nurse Practitioner program that meets BRN standards, or by certification through a national organization whose standards are equivalent to those of the BRN. Since January 2008, California requires that new NP applicants who have not been qualified or certified as an NP in California or any other state possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing, and complete a Nurse Practitioner program approved by the Board.

A nurse practitioner must have BRN certification to practice in California, but certificates from a national professional association are not required. There are 22 NP programs in California, and fields of specialization offered by California's programs include: Acute Care, Adult, Family, Gerontology, Neonatal, Occupational Health, Oncology, Pediatric, Psychiatric/Mental Health, and Women's Health.

The scope of practice of NPs in California is regulated by the state. California requires that NPs work under standardized procedures developed through collaboration among administrators and health professionals, including physicians and surgeons and nurses. NPs may obtain additional certification from the BRN to furnish or order drugs or devices under standardized procedures developed with the supervising physician and surgeon. To furnish controlled substances, an NP must also be registered with the U.S. Drug Enforcement Administration.

Certified Nurse Midwives: History and Practice

Midwifery has a long history, with women assisting other women in childbirth, likely occurring as soon as humans developed communities. The first licensing of midwives in the United States occurred in 1716 in New York City, at which time midwifery was not tied to nursing. Nurse midwifery was established as a distinct field in 1925 when Mary Breckinridge established the Frontier Nursing Service in Kentucky. This educational program sought to deliver maternal care in rural, underserved communities, with the curriculum drawing from principles of public health nursing. The American College of Nurse Midwives (ACNM) was formed in 1955, after which time practice opportunities for nurse midwives began to expand. National certificates were established in 1970 by the ACNM. The California BRN began certifying CNMs in 1975.

California BRN nurse midwifery certification may be obtained by successful completion of a BRN approved nurse midwifery program or certification by the American Midwifery Certification Board (AMCB). There is an equivalency method for applicants who completed a non-BRN approved midwifery program and are not nationally certified. As with NPs, CNM education requirements vary across states. Many states, including California, presently require a graduate degree in nursing for CNM applicants who have not previously been qualified or certified as a CNM in California or another state, but some permit a CNM to practice after completing a baccalaureate degree and a post-licensure certificates program. California has four CNM education programs at present. CNMs who are educated in other states can apply for a certificate in California if they have a valid certificate in another state with "satisfactory standards" and/or certificates from a certifying organization such as the ACNM.

The scope of practice of CNMs in California focuses on their attending cases of normal childbirth, and provision of prenatal, intrapartum, and postpartum care for the mother. The CNM also provides immediate care for the newborn, and can offer ongoing family-planning care for women. Nurse midwives practice under the supervision of physicians, although this supervision does not require that the physician be physically present with the CNM during care. CNMs are authorized to perform episiotomies under standardized procedures developed and approved by the supervising physician, the CNM, and the facility administration. Nurse midwives can obtain additional certification from the BRN to furnish drugs or devices related to birth, perinatal, and

family planning care, such as oral contraceptives, intra-uterine devices, and medications given during birth such as oral medications under established standardized procedures.

However, the roles of CNMs are not entirely dedicated to childbirth. In California, CNMs might be the first contact for women seeking healthcare for themselves and their families. CNMs may also act as the ongoing caregiver to women throughout their lives. This primary care work can include, but is not limited to, assessment, evaluation, treatment and referral of patients, family planning, and basic gynecological care.

Purpose and Objectives of the Survey

The purpose of the 2010 Survey of Nurse Practitioners and Certified Nurse Midwives was to collect and evaluate nursing workforce data to understand the demographics, education, and employment of APRNs with California certificates. NPs and CNMs who also held certificates as Clinical Nurse Specialists (CNSs) or Certified Registered Nurse Anesthetists (CRNAs) were excluded from the survey. There were 14,636 NPs in California in 2010, of whom 766 also held CNS certificates, leaving 13,870 eligible for this survey. There were 1,070 CNMs, of whom 5 also held CNS certificates. Questions about perceptions of the work environment, scope of practice, reasons for discontinuing work in nursing, and plans for future employment are included in the surveys. The survey questions were based on previous surveys of RNs conducted by the California BRN, and other NP and CNM surveys conducted in Washington, Wyoming, and other states. The questionnaire included a space for respondents to provide comments or share observations for the Board of Registered Nursing. These narrative comments are analyzed in Chapter 9 of this report.

Response Rates for the NP and CNM Survey

By the end of the data collection period (10/26/2010 – 3/01/2011), questionnaires were received from 1,418 of the 2,250 NPs and CNMs to whom the survey packets were mailed. Thirty-seven cases were determined ineligible for the survey, or unable to complete the survey due to being returned for lack of a current mailing address, reported death, or refusal to participate. Thirty-four of the completed questionnaires were later determined to be unusable due to incomplete data. Thus, the total number of usable responses from the NP and CNM survey was 1,384 of the 2,213 eligible nurse respondents, which represents a 62.5 percent response rate for the eligible population and a 61.5 percent response rate when considering all surveys mailed (Table 2.1).

Table 2.1: Survey outcomes and response rates for NPs and CNMs in California, based on sampling scheme 2010

	2010
Questionnaires mailed	2,250
Ineligible cases	37
Eligible cases	2,213
Surveys returned	1,418
Refusals and incomplete surveys	34
Total eligible respondents	1,384
In California	1,365
Outside California	19
Response rate of all surveys mailed	61.5%
Response rate of eligible population	62.5%

Of California-residing NPs and CNMs, 92.7 percent are NPs-only, 3.8 percent are CNMs-only, and 3.5 percent are dual-certified (Table 2.2). The 1,365 California-residing NPs and CNMs represent an estimated 14,255 nurses (Table 2.3).

Table 2.2: NP and CNM status of out of state and California-residing respondents

	California Resident	Outside of California
NP	92.7%	88.0%
CNM	3.8%	9.5%
Dual-certified	3.5%	2.5%
Number of cases	1365	19

Table 2.3: NP and CNM status of out of state and California-residing respondents, estimated counts

	California Resident	Outside of California
NP	13,211	152
CNM	542	16
Dual-certified	503	4
Number of cases	14,255	173

To address differential response rate by age group, post-stratification weights were used to ensure that all analyses reflect the full population of NP and CNMs with active California certificates who do not have CNS or CRNA certificates. Weights were not adjusted by region because of the small sample size. The post-stratification weights are based on the numbers of nurses in each age group and each analytical certificate type. More detail on this process is presented in Appendix A. We used Stata SE 11.1, a commonly used statistical package, to analyze the data. The survey data analysis commands in this software (svy) were used with the weighted data to conduct all analyses for NPs and CNMs.

Chapter 3: Education, Licensure, and Certificates

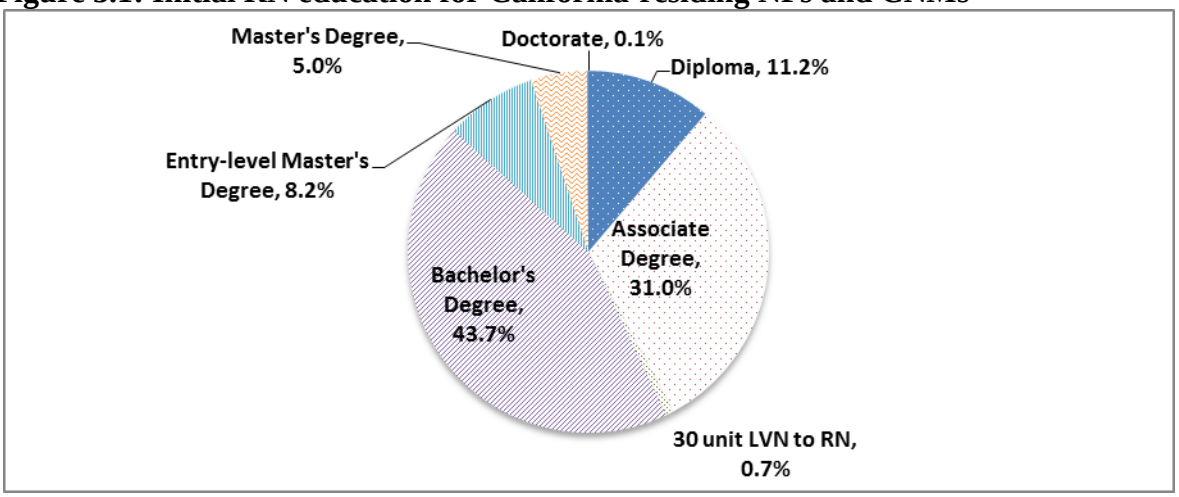
California's NP and CNM workforce is comprised of nurses who have current California NP and/or CNM certificates and who reside in California. California's NP and CNM workforce also includes nurses who are not currently working, because they have the potential to work in California as long as they maintain an active certificate. The population of California residing NPs and CNMs numbered 15,197 at the time this survey was conducted. However, many of these nurses also held a certificate as a Clinical Nurse Specialist (CNS). The eligible population for this survey was the 14,428 APRNs that did not also have CNS certificates. The survey population was also required to live in California to be part of the analysis; some survey respondents reported they no longer resided in California. As they may have recently moved from the state, they were not excluded from the calculation of weights for this report. Nonetheless, this chapter and subsequent chapters focuses on the NPs and CNMs without a CNS certificate who reported they lived in California at the time of the survey; these APRNs represent approximately 14,255 nurses.

Education and Licensure of California's NP and CNM Workforce

Less than 43 percent of California-residing NPs and CNMs received their initial RN education in a diploma or associate degree program, as seen in Figure 3.1. The share of NPs and CNMs whose initial RN education was in a baccalaureate program was 43.7 percent, and the share who entered nursing with a graduate degree was 13.2 percent. As compared with the RN workforce in general, NPs and CNMs are more likely to have entered the nursing profession with a baccalaureate or higher degree; in 2010, 57.3 percent of nurses with active California RN licenses reported receiving initial RN education from a diploma or associate degree program[2].

[2] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

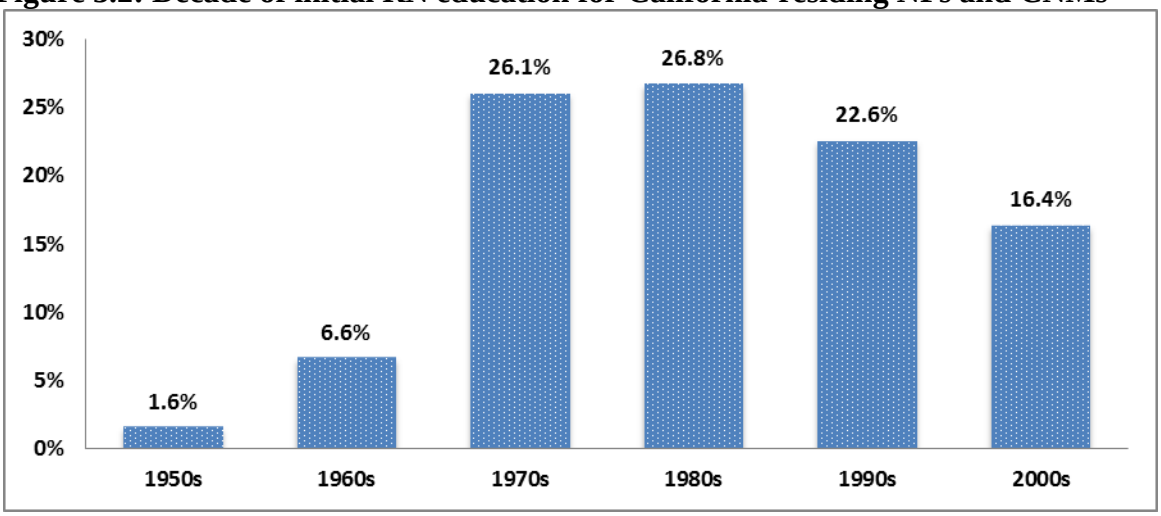
Figure 3.1: Initial RN education for California-residing NPs and CNMs



Note: Number of cases=1,360. Data are weighted to represent all NPs and CNMs with active licenses.

The decades in which NPs and CNMs graduated from their initial RN education programs are shown in Figure 3.2. Over 34 percent of NPs and CNMs graduated from pre-licensure programs before 1980. Nearly 66 percent graduated after 1980, of which the NPs and CNMs graduating between 1980 and 1989 are the largest share (26.8%).

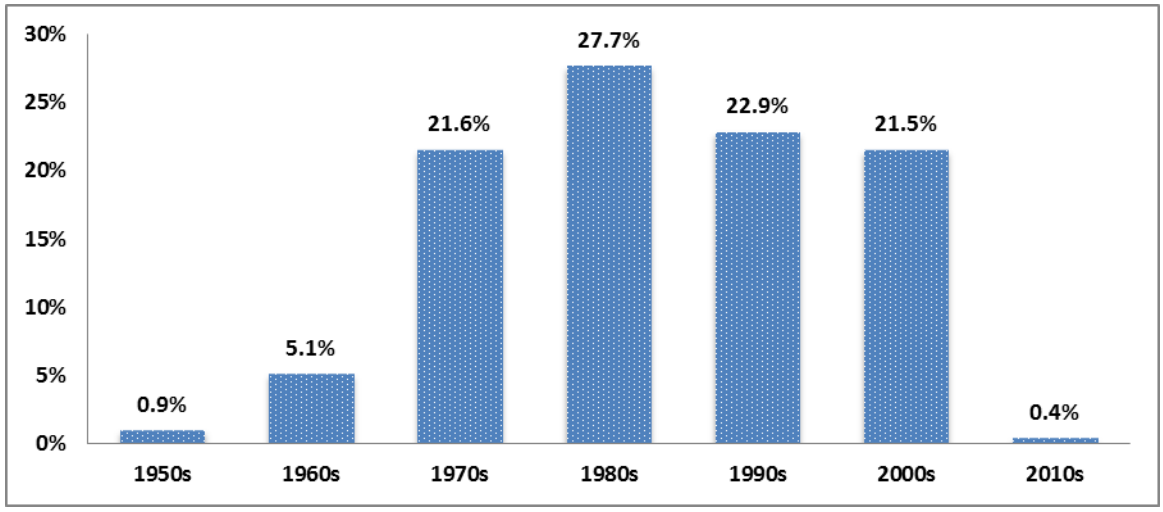
Figure 3.2: Decade of initial RN education for California-residing NPs and CNMs



Note: Number of cases=1,353. Data are weighted to represent all NPs and CNMs with active licenses.

NPs and CNMs were asked about their year of initial licensure as an RN in California (Figure 3.3). Over 27 percent of NPs and CNMs received initial licensure during the 1980s. Less than 28 percent received their licensure before 1980. Nearly 45 percent received their licensure after 1990.

Figure 3.3: Decade of initial California BRN licensure for California-residing NPs and CNMs



Note: Number of cases=1,352. Data are weighted to represent all NPs and CNMs with active licenses.

NP and CNM Education

All NPs and CNMs are required to hold a certificate in their specific advance practice field by the state of California. In order for an NP or CNM to furnish medications, they also must have a furnishing number issued by the BRN. Although the state of California currently requires new NPs and CNMs to hold at least a master's degree, in the past, APRNs were educated in many types of education programs that conferred degrees or certificates. These NPs and CNMs are generally allowed to continue their practice in California if they maintain their certificate and complete continuing education.

NPs and CNMs were asked to list any APRN education received from degree or certificates programs. Some nurses in our sample had both NP and CNM certificates from the state of California, and some who had only one type of certificate nonetheless had also completed education in the other field. Table 3.1 details the NP education received by APRNs who held an NP certificate, and excludes any nurses who did not have an NP certificate. NPs could indicate how many of their degrees included NP education, and 77 percent of NPs received NP education at the master's level, another 8.9 percent reported receiving a post-master's NP certificate, and 1.4 percent received doctorate-level NP education. When asked about their first completed initial NP education program, 50.5 percent indicated they received their first NP education in a master's degree program, and 3.9 percent in a post-master's certificate program. The high levels of NP education are not surprising because most states consider a master's degree the minimum acceptable education level for licensure or certification as an NP.

Table 3.1: Nurse Practitioner education of California-residing NPs

	All NP education	Initial NP education
Diploma	7.9%	6.8%
Associate degree	10.4%	9.4%
Baccalaureate degree	27.7%	15.9%
Master's degree	77.0%	50.5%
Doctorate	1.4%	0.0%
Post-master's certificate	8.9%	3.9%
Other certificate	24.1%	13.6%
Number of cases	1,069	1,069

Note: Respondents could select more than one degree in the "All NP education" column, and therefore that column does not total to 100 percent.

Table 3.2 details the CNM education received by APRNs who held a CNM certificate, and excludes any nurses who did not have a CNM certificate. CNMs could indicate how many of their degrees included CNM education, and 59.6 percent of CNMs received CNM education at the master's level, another 7.2 percent reported receiving a post-master's CNM certificate, and 0.2 percent received doctorate-level CNM education. When asked about their first completed initial CNM education program, 46.9 percent indicated they received their first CNM education in a master's degree program, 6.1 percent in a post-master's certificate program, and 0.2 percent in a doctoral program. The high levels of CNM education are not surprising because most states consider a master's degree the minimum acceptable education level for licensure or certification as a CNM

Table 3.2: Certified Nurse Midwife education of California-residing CNMs

	All CNMs education	Initial CNM education
Diploma	7.8%	6.8%
Associate degree	2.6%	2.4%
Baccalaureate degree	9.0%	6.6%
Master's degree	59.6%	46.9%
Doctorate	0.2%	0.2%
Post-master's certificate	7.2%	6.1%
Other certificate	39.1%	31.1%
Number of cases	472	472

Note: Respondents could select more than one degree in the "All CNM education" column, and therefore that column does not total to 100 percent.

Nurse Practitioner Education

The educational background of NPs, including those with both NP and CNM certificates, is presented in Table 3.3. Over 10 percent of NPs received their initial RN education in a diploma program. Less than one percent indicated that they took advantage of the 30 unit LVN to RN program. Over 43 percent reported their pre-licensure education was in a baccalaureate program, and 13.3 percent reported their initial nursing education came from a master's or doctorate program.

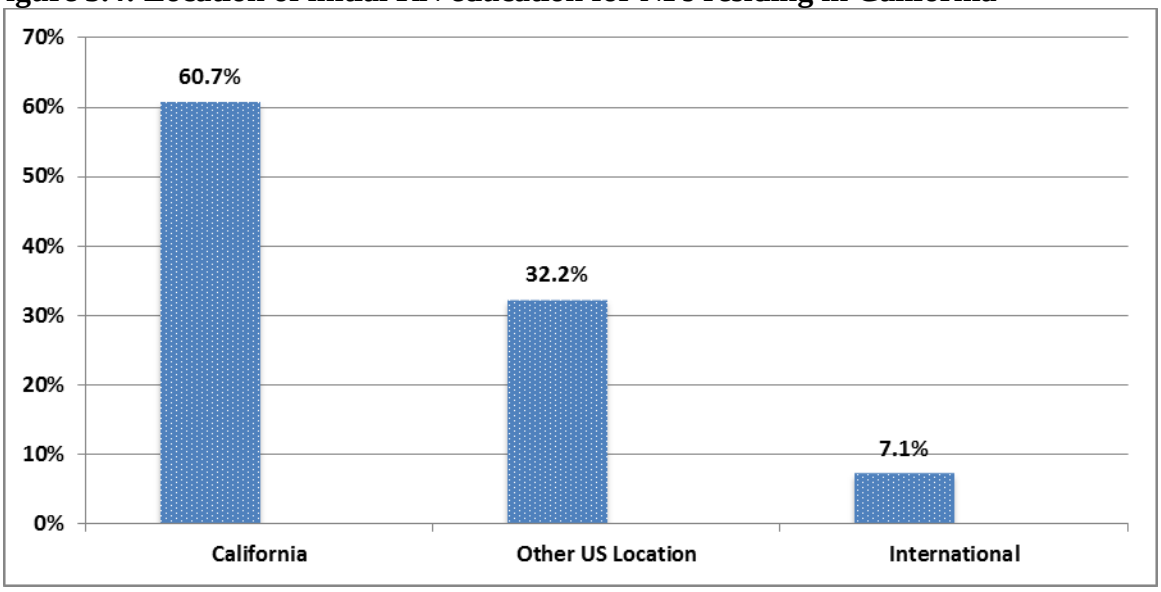
Table 3.3: Initial RN education for NPs residing in California

	Initial RN Education
Diploma	10.9%
Associate degree	31.3%
30-unit option	0.7%
Baccalaureate	43.8%
Entry-Level Master's degree	8.1%
Master's degree	5.0%
Doctorate	0.2%
Number of cases	1,119

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Over 60 percent of California's NPs received their basic RN education in California (60.7%), as seen in Figure 3.4. Over 32 percent were educated in other states and 7.1 percent were international graduates.

Figure 3.4: Location of initial RN education for NPs residing in California



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

A comparison of initial NP education and initial RN education reveals that one-third of nurses whose initial RN education was a diploma reported that their initial NP education was in a diploma program, and 30.4 percent received their initial NP education in a master's program (Table 3.4). Over 36 percent of nurses whose initial RN education was in an associate degree in nursing program (ADN) completed their initial NP education in a master's program. The majority of nurses whose initial RN education was at the baccalaureate or higher level mostly received their first NP education in a master's program (56.2 percent of those with initial baccalaureate education, 84.3 percent of those with initial entry-level master's [ELM] education, and 63.0 percent of those with initial master's education).

Table 3.4: Initial RN education by Initial NP education for NPs residing in California

	Initial RN education						
Initial NP education	**Diploma**	**Associate Degree program**	**LVN to RN**	**Bacclaureate**	**Entry-level master's program**	**Master's program**	**DNP**
Diploma	33.3%	9.0%	15.8%	4.6%	2.0%	4.9%	100.0%
Associate degree program	0.9%	26.5%	14.2%	0.2%	1.6%	6.6%	0.0%
Baccalaureate program	10.3%	7.8%	0.0%	23.1%	8.6%	23.2%	0.0%
Master's program	30.4%	36.4%	20.0%	56.2%	84.3%	63.0%	0.0%
Post-masters certificate	7.4%	3.2%	0.0%	3.5%	3.2%	2.1%	0.0%
Other Certificate	17.6%	17.0%	50.0%	12.4%	0.4%	0.3%	0.0%
Number of cases=1,119							

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were asked when they completed their initial RN education and when they completed their NP education (Table 3.5). On average, NPs reported 8.1 years between initial RN education and completion of an NP program. NPs who received initial NP education in an ADN program had the shortest time between RN and NP degree – less than one year. NPs who received their initial NP education in a post-master's certificate program reported, on average, 20.7 years between RN and NP education.

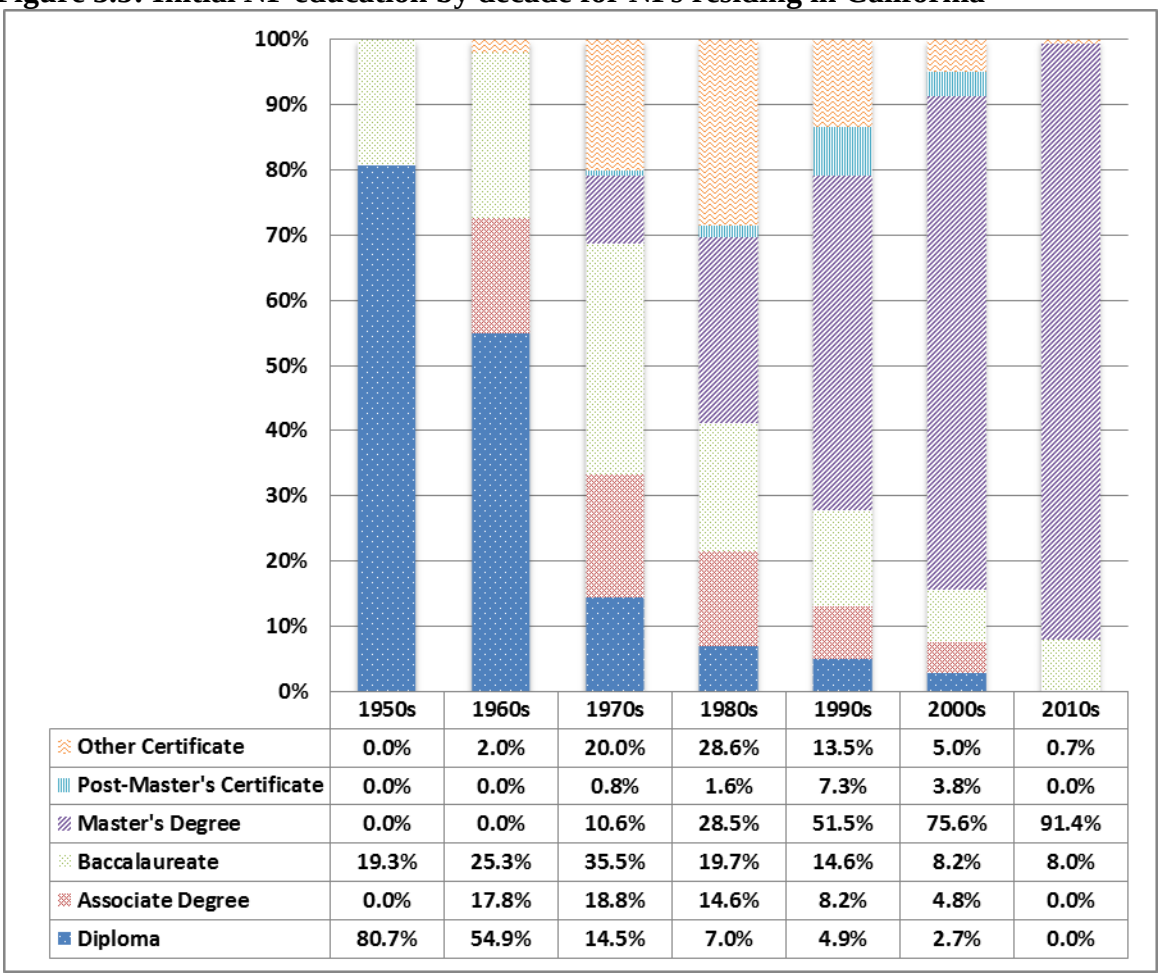
Table 3.5: Years between initial RN education and NP education for NPs residing in California

	Years between initial RN education & initial NP education
NP Diploma	4.7
NP Associate degree	0.6
NP Baccalaureate	3.0
NP Master's degree	9.9
NP Post-master's certificate	20.7
NP Other certificate	10.3
Mean years	8.1
Number of cases	1,044

Note: Data are weighted to represent all NPs and CNMs with active licenses.

In Figure 3.5, the initial NP education of nurses is compared to the decade in which that NP education was completed. Nearly 81 percent of NPs who were prepared in the 1950s and 54.9 percent of NPs educated in the 1960s reported they received their NP education in a diploma program Over 35 percent of NPs who were prepared in the 1970s reported a baccalaureate program as the source of their initial NP education. After the 1980s, the majority of NPs reported they received their initial NP education in a master's program.

Figure 3.5: Initial NP education by decade for NPs residing in California



	1950s	1960s	1970s	1980s	1990s	2000s	2010s
Other Certificate	0.0%	2.0%	20.0%	28.6%	13.5%	5.0%	0.7%
Post-Master's Certificate	0.0%	0.0%	0.8%	1.6%	7.3%	3.8%	0.0%
Master's Degree	0.0%	0.0%	10.6%	28.5%	51.5%	75.6%	91.4%
Baccalaureate	19.3%	25.3%	35.5%	19.7%	14.6%	8.2%	8.0%
Associate Degree	0.0%	17.8%	18.8%	14.6%	8.2%	4.8%	0.0%
Diploma	80.7%	54.9%	14.5%	7.0%	4.9%	2.7%	0.0%

Note: Number of cases=1,069. Data are weighted to represent all NPs and CNMs with active licenses.

Table 3.6 presents the highest level of NP education received by NPs. Over 71 percent of NPs reported their highest education was a master's degree, 8.6 percent reported their highest education as a post-master's certificate, and 1.4 percent held a doctoral degree, which is much higher than the 11.5 percent of working RNs in California with a master's degree or higher. Over 14 percent reported their highest NP education as a diploma or other certificate. Only 3.7 percent reported holding a baccalaureate as their highest degree, and 1.1 percent held an associate degree.

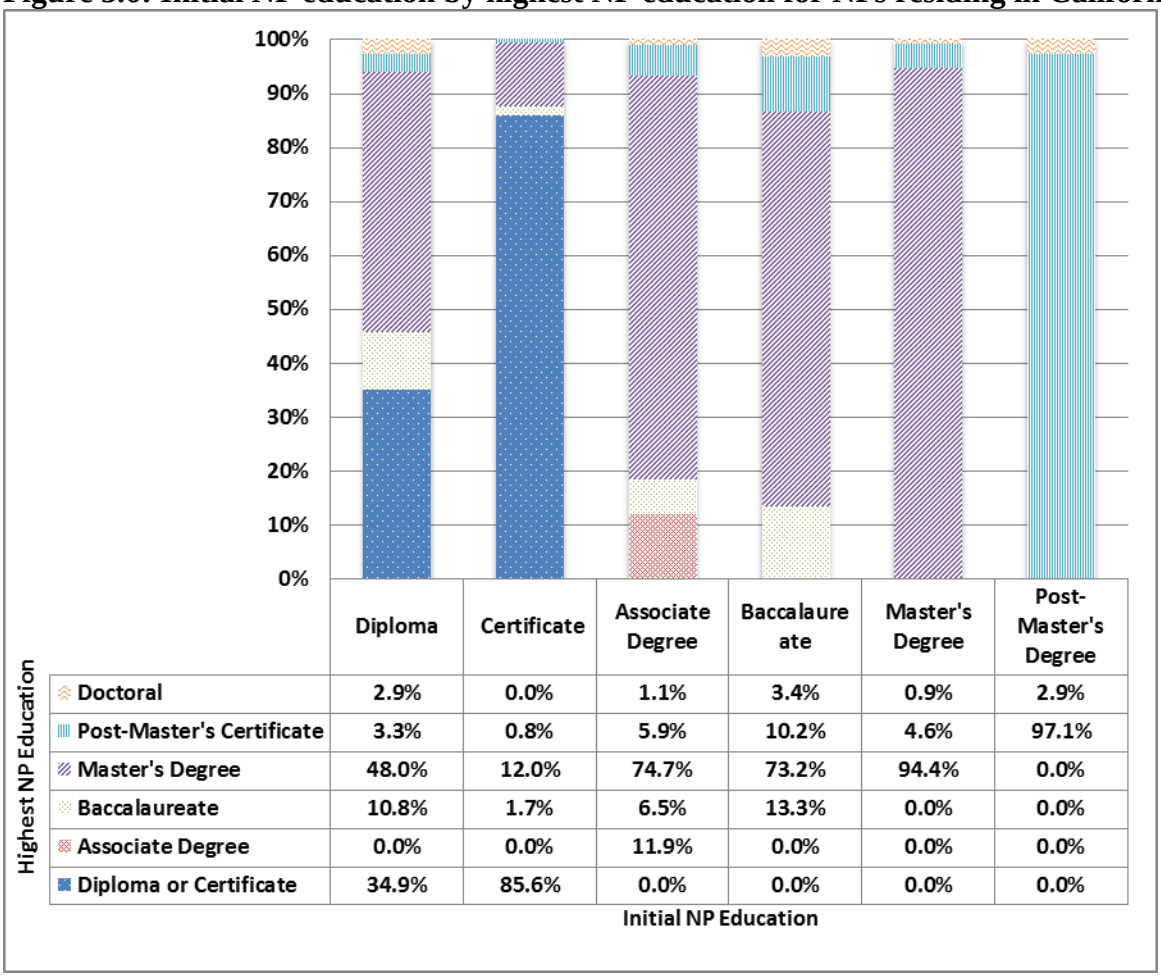
Table 3.6: Highest NP education for NPs residing in California

	Highest NP education	Highest working RN education
Diploma	1.8%	8.4%
Associate degree	1.1%	38.5%
Baccalaureate degree	3.7%	41.7%
Master's degree or higher	*	11.5%
Master's degree	71.2%	*
Doctorate	1.4%	*
Post-master's certificate	8.6%	*
Other certificate	12.2%	*
Number of cases	472	4,662

Note: Data are weighted to represent all NPs and CNMs with active licenses. Source of data for highest working RN education: Survey of Registered Nurses in California, 2010.

Figure 3.6 compares initial NP education to the highest NP education completed. Forty-eight percent of NPs whose initial NP education was through a diploma program reported their highest NP education was a master's degree. Nearly 86 percent of NPs whose initial preparation was a certificate reported their highest education remained either a diploma or a certificate. The majority of NPs educated initially in an associate degree program, a baccalaureate program, or a master's degree program reported their highest NP education as a master's degree (74.7%, 73.2%, and 94.4%, respectively). Over 97 percent of NPs initially prepared as an NP in a post-master's program reported a post-master's certificate as their highest NP education.

Figure 3.6: Initial NP education by highest NP education for NPs residing in California

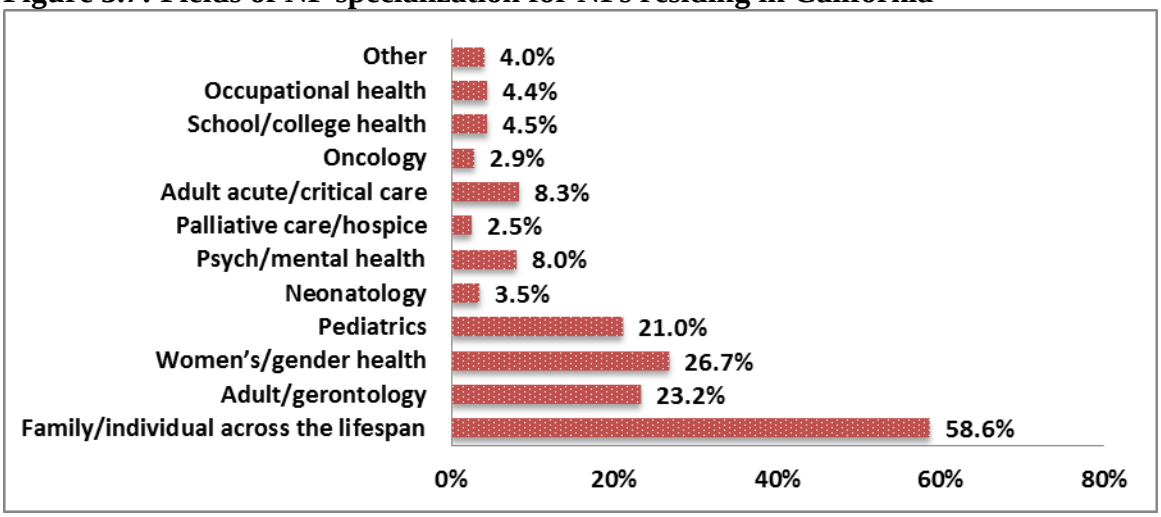


Highest NP Education	Diploma	Certificate	Associate Degree	Baccalaureate	Master's Degree	Post-Master's Degree
Doctoral	2.9%	0.0%	1.1%	3.4%	0.9%	2.9%
Post-Master's Certificate	3.3%	0.8%	5.9%	10.2%	4.6%	97.1%
Master's Degree	48.0%	12.0%	74.7%	73.2%	94.4%	0.0%
Baccalaureate	10.8%	1.7%	6.5%	13.3%	0.0%	0.0%
Associate Degree	0.0%	0.0%	11.9%	0.0%	0.0%	0.0%
Diploma or Certificate	34.9%	85.6%	0.0%	0.0%	0.0%	0.0%

Note: Number of cases=1,069. Data are weighted to represent all NPs and CNMs with active licenses.

NPs residing in California reported their areas of educational specialization, as presented in Figure 3.7. Over 58 percent of NPs reported education in family medicine. Nearly 27 percent of NPs were educated in women's health, 23.2 percent were educated in gerontology, and 21 percent in pediatrics.

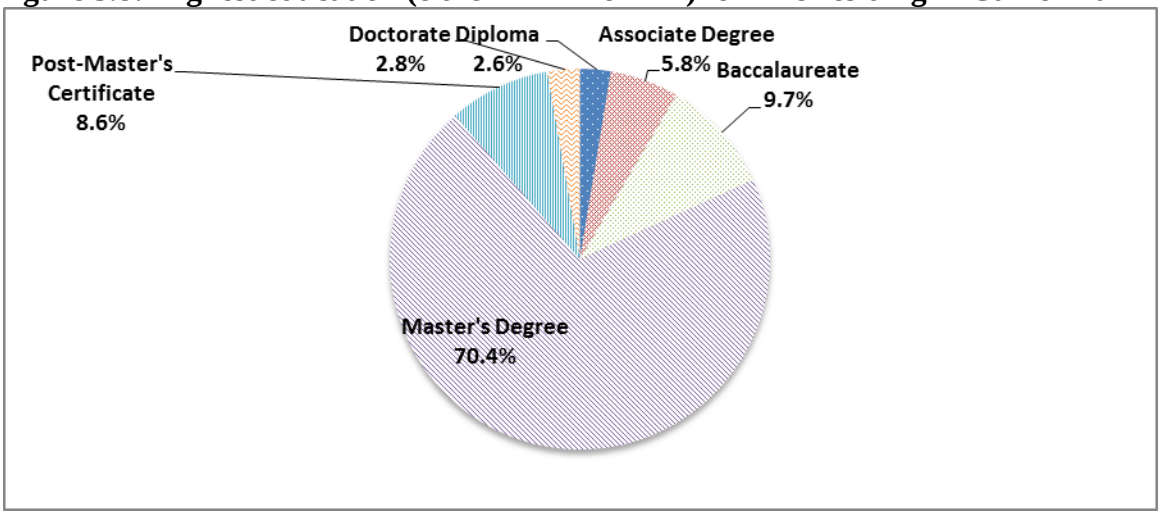
Figure 3.7: Fields of NP specialization for NPs residing in California



Note: Number of cases=1,060. Data are weighted to represent all NPs and CNMs with active licenses.

NPs were asked about their highest nursing education as distinct from their advanced practice education. Figure 3.8 shows the highest levels of education of NPs from both general nursing and APRN programs. Over 70 percent of NPs reported their highest overall education as a master's degree. This is a slightly smaller percentage than in Table 3.6 (Highest NP preparation), but offset by the 8.6 percent who reported a post-master's certificate and the 2.8 percent who reported a doctorate as their highest education. Only 2.6 percent reported a diploma as their highest nursing education. Nearly 6 percent reported their highest education as an associate degree and 10 percent reported holding a baccalaureate degree.

Figure 3.8: Highest education (either APRN or RN) for NPs residing in California



Note: Number of cases=1,121. Data are weighted to represent all NPs and CNMs with active licenses.

CNM Education

As seen in Table 3.7, 14.9 percent of CNMs (including those with dual NP and CNM certificates) received their initial RN education from a diploma program. Less than one percent indicated that they received their initial RN education from a 30-unit LVN to RN program. Nearly a quarter reported their initial RN education as an associate degree. Over 43 percent reported their pre-licensure education was in a baccalaureate program, and 16.2 percent reported that their initial nursing education came from a master's or doctorate program.

Table 3.7: Initial RN education for CNMs residing in California

	Initial RN Education
Diploma	14.9%
Associate degree	24.6%
30-unit option	0.6%
Baccalaureate	43.6%
Entry-level master's degree	11.6%
Master's degree	4.4%
Doctorate	0.2%
Number of cases	484

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Nearly 49 percent of California's CNMs received their basic nursing education in California (48.4%), as seen in Table 3.8. Over 43 percent were educated in other states and 8.2 percent were international graduates.

Table 3.8: Location of initial RN education for CNMs residing in California

	Location of education
California	48.4%
Other US Location	43.4%
International	8.2%
Number of cases	468

Note: Data are weighted to represent all NPs and CNMs with active licenses.

A comparison of CNM education and initial RN education reveals that many CNMs received their CNM education from a certificate program or a master's program (Table 3.9). Over 42 percent of CNMs with RN preparation in a diploma program received their initial CNM education in certificate program. Nearly 39 percent of ADN nurses also had initial CNM education in a certificate. Of CNMs whose initial RN education was in a LVN to RN program, 68.2 percent had initial CNM preparation in a certificate program. Over 52-two percent of CNMs with an initial baccalaureate degree, 88.5 percent with an initial entry-level master's program, 64.4 percent with an initial master's degree, and 100 percent with an initial nursing doctorate reported they received initial CNM education in a master's program.

Table 3.9: Initial RN education by initial CNM education for CNMs residing in California

	INITIAL RN EDUCATION						
INITIAL CNM EDUCATION	**Diploma**	**Associate degree program**	**LVN to RN**	**Baccalaureate program**	**Entry-levels master's degree program**	**Master's degree**	**DNP**
Diploma	33.1%	7.9%	0.0%	3.4%	2.0%	12.9%	0.0%
Associate degree program	0.0%	9.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Baccalaureate program	6.1%	4.3%	0.0%	7.4%	5.9%	13.6%	0.0%
Master's program	14.6%	30.6%	0.0%	52.3%	88.4%	64.4%	100.0 %
Doctoral program	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
Post-Masters certificate	4.0%	9.0%	31.8 %	5.7%	1.9%	5.2%	0.0%
Other Certificate	42.2%	38.8%	68.2 %	30.8%	1.7%	3.9%	0.0%
Number of cases=484							

Note: Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were asked when they graduated from their initial RN education and when they received their CNM education (Table 3.10). On average, CNMs reported 8.7 years between initial RN education and completion of a CNM program. CNMs who received their initial CNM preparation in a baccalaureate program reported an average of 2.1 years between their RN and CNM education. CNMs who received their initial CNM education in a post-master's certificate program reported, on average, 16.3 years between RN and CNM education.

Table 3.10: Years between initial RN education and CNM education for CNMs residing in California

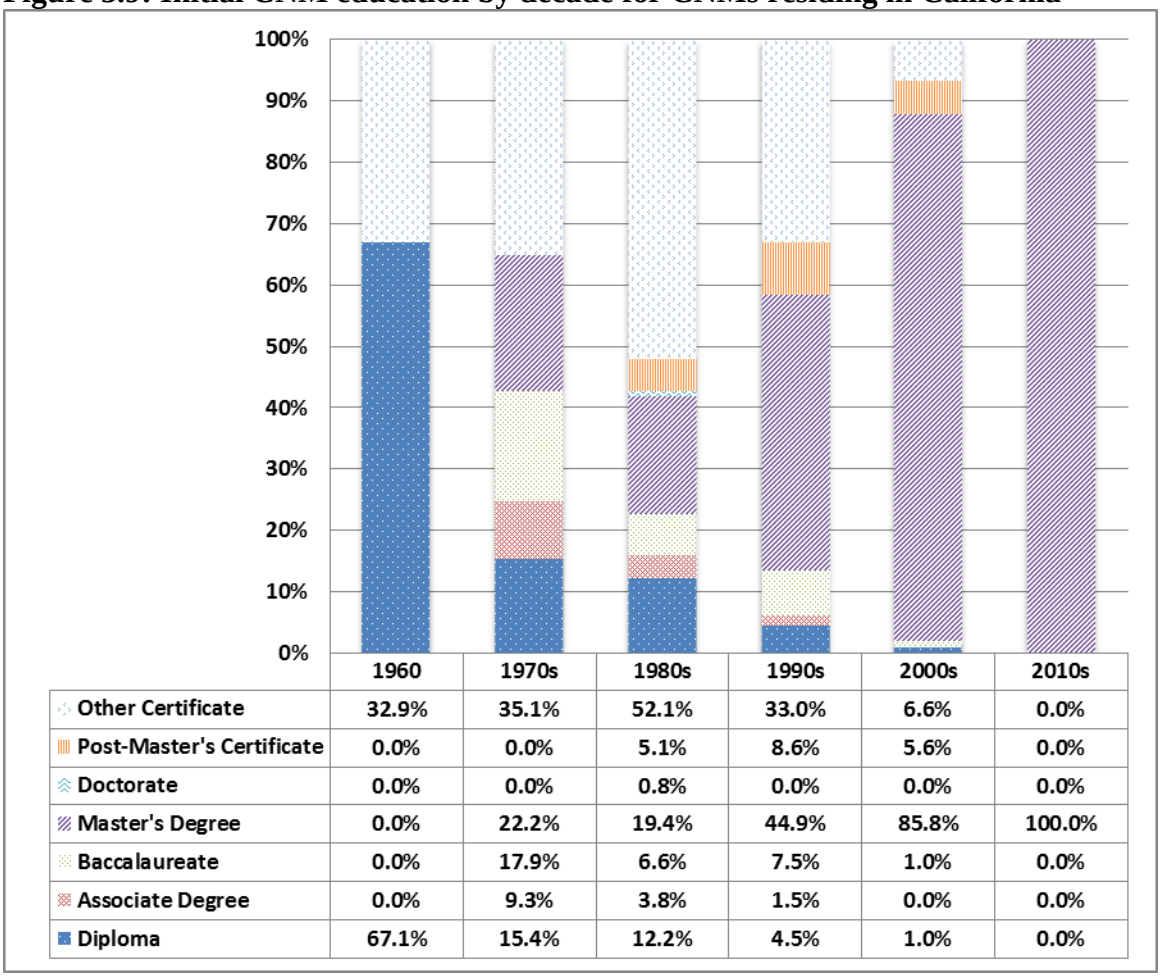
	Years between initial RN education & initial CNM education
CNM Diploma	8.7
CNM Associate degree	0.0
CNM Baccalaureate	2.1
CNM Master's degree	7.5
CNM Doctorate	13.0
CNM Post-master's certificate	16.3
CNM Other Certificate	10.4
Mean Years	8.7
Number of cases	468

Note: Data are weighted to represent all NPs and CNMs with active licenses.

In Figure 3.9, the initial CNM education of nurses is compared to the decade in which that CNM education was completed. Over 67 percent of CNMs who completed their CNM

education in the 1960s reported they received that education in a diploma program. Over 35 percent of CNMs prepared in the 1970s reported a certificate program as the source of their initial CNM education. Of those educated in 1980s, 52.1 percent of CNMs reported a certificate program. But, in the 1990s nearly 45 percent of CNMs went through a master's program. Nearly 86 percent of CNMs prepared in the 2000s and all CNMs who completed education in 2010 reported they were educated in a master's program.

Figure 3.9: Initial CNM education by decade for CNMs residing in California



	1960	1970s	1980s	1990s	2000s	2010s
Other Certificate	32.9%	35.1%	52.1%	33.0%	6.6%	0.0%
Post-Master's Certificate	0.0%	0.0%	5.1%	8.6%	5.6%	0.0%
Doctorate	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%
Master's Degree	0.0%	22.2%	19.4%	44.9%	85.8%	100.0%
Baccalaureate	0.0%	17.9%	6.6%	7.5%	1.0%	0.0%
Associate Degree	0.0%	9.3%	3.8%	1.5%	0.0%	0.0%
Diploma	67.1%	15.4%	12.2%	4.5%	1.0%	0.0%

Note: Number of cases=472. Data are weighted to represent all NPs and CNMs with active licenses.

Table 3.11 presents the highest level of CNM education received by CNMs. Over 58 percent of CNMs reported their highest education was a master's degree, 7.2 percent reported their highest education as a post-master's certificate, and less than one percent held a doctoral degree, which is much higher than the 11.5 percent of working RNs in California with a master's degree or higher. Nearly 32 percent reported their highest CNM education as a diploma or other certificate. Only two percent reported holding a baccalaureate as their highest degree, and less than one percent held an associate degree.

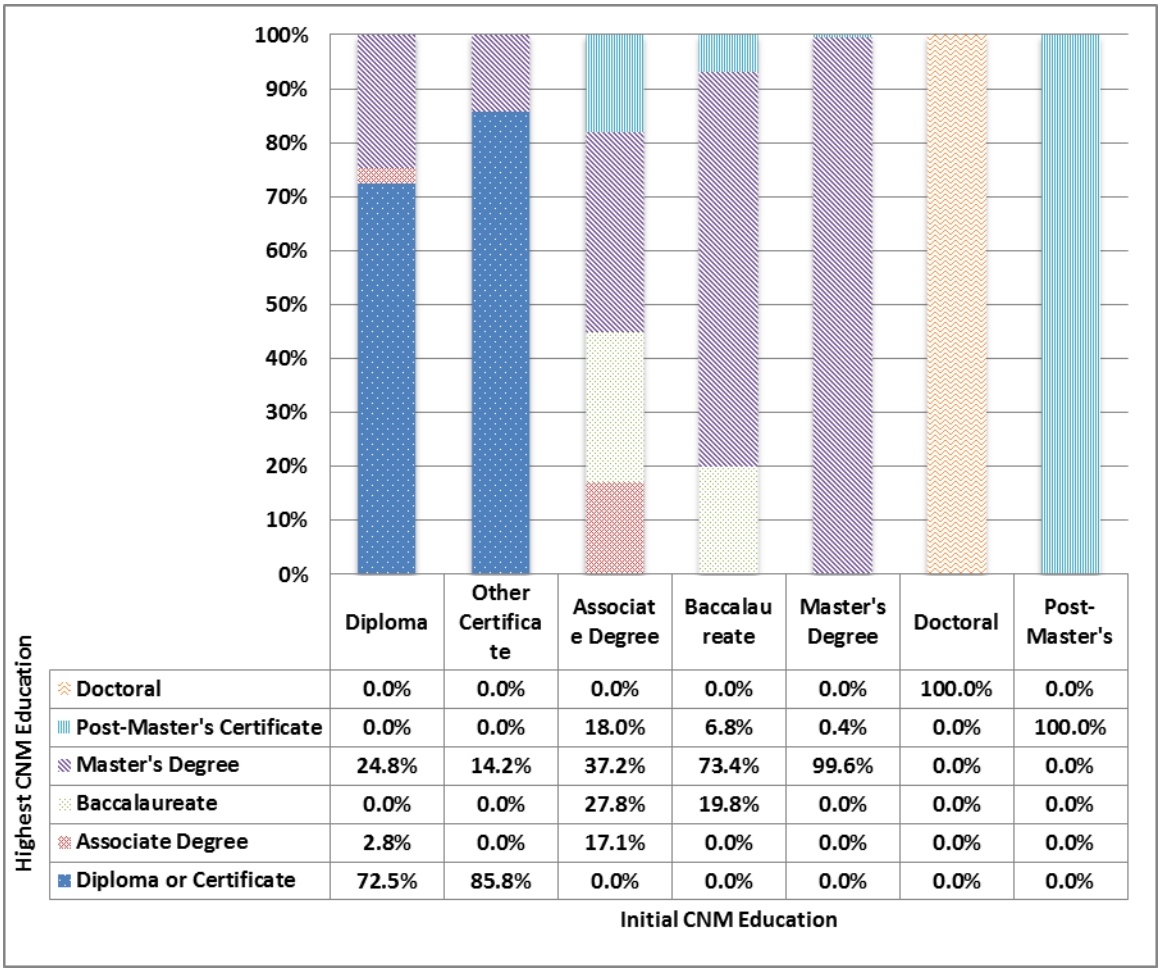
Table 3.11: Highest CNM education for CNMs residing in California

	Highest CNM education	Highest working RN education
Diploma	4.9%	8.4%
Associate degree	0.6%	38.5%
Baccalaureate degree	2.0%	41.7%
Master's degree or higher	*	11.5%
Master's degree	58.5%	*
Doctorate	0.2%	*
Post-master's certificate	7.2%	*
Other certificate	26.7%	*
Number of cases	472	4,662

Note: Data are weighted to represent all NPs and CNMs with active licenses. Source of data for highest working RN education: Survey of Registered Nurses in California, 2010.

Figure 3.10 compares initial CNM education to the highest CNM education completed. Nearly 73 percent of CNMs whose initial CNM education was through a diploma program reported their highest CNM education is a master's degree. Nearly 86 percent of CNMs whose initial preparation was a certificate reported their highest education was either a diploma or a certificate. Over 37 percent percent of CNMs whose initial CNM education was an associate program have as their highest CNM education a master's degree; 27.8 percent reported acquiring a baccalaureate degree. The majority of CNMs prepared initially in a baccalaureate program or an master's program report their highest CNM education as a master's degree (73.4% and 99.6%, respectively). One hundred percent of CNMs initially prepared as an APRN in a post-master's program reported a post-master's certificate as their highest CNM education.

Figure 3.10: Initial CNM education by highest CNM education for CNMs residing in California

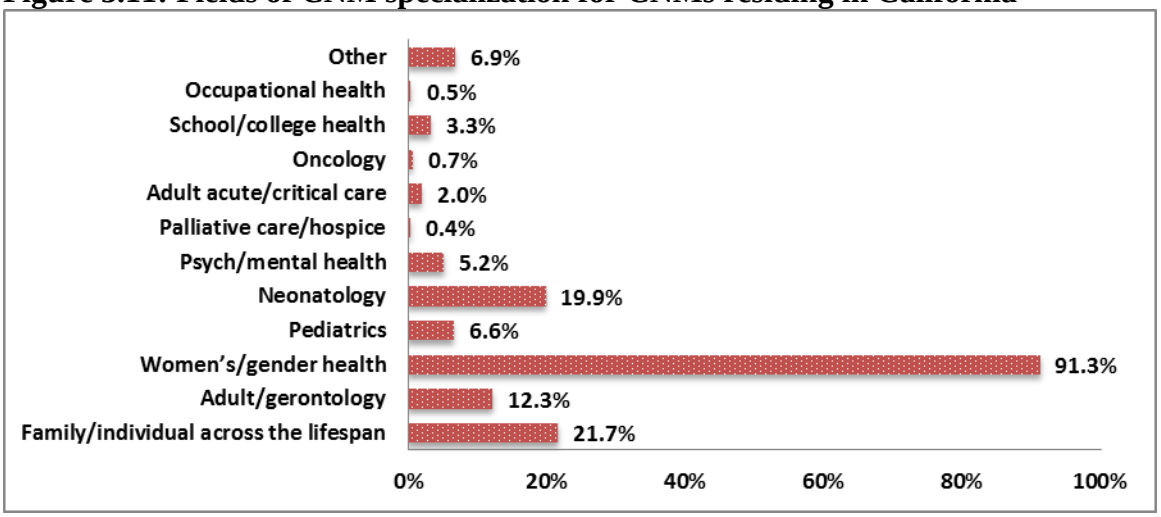


Highest CNM Education	Diploma	Other Certificate	Associate Degree	Baccalaureate	Master's Degree	Doctoral	Post-Master's
Doctoral	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Post-Master's Certificate	0.0%	0.0%	18.0%	6.8%	0.4%	0.0%	100.0%
Master's Degree	24.8%	14.2%	37.2%	73.4%	99.6%	0.0%	0.0%
Baccalaureate	0.0%	0.0%	27.8%	19.8%	0.0%	0.0%	0.0%
Associate Degree	2.8%	0.0%	17.1%	0.0%	0.0%	0.0%	0.0%
Diploma or Certificate	72.5%	85.8%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: Number of cases=472. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs reported their areas of specialization during their CNM education (Figure 3.11). Over 91 percent of CNMs reported that they specialized in women's health. Nearly 22 percent of CNMs were educated in family medicine, 19.9 percent were educated in neonatology, and 12.3 percent in gerontology.

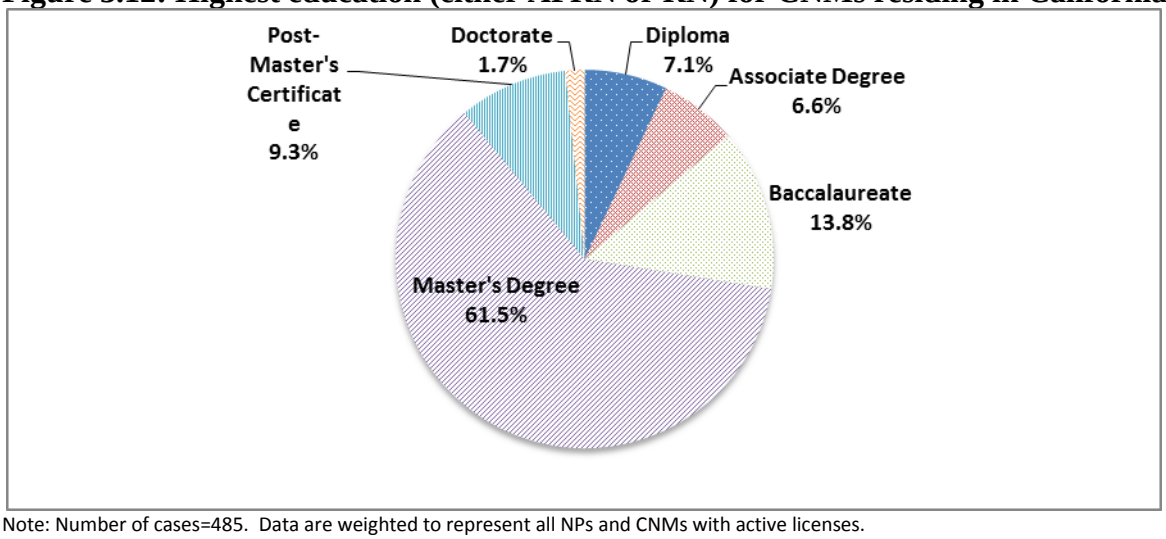
Figure 3.11: Fields of CNM specialization for CNMs residing in California



Note: Number of cases=456. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were asked about their highest RN education, as distinct from their APRN preparation. Figure 3.12 shows the highest levels of education for CNMs from both RN programs and APRN programs. Over 61 percent of CNMs reported their highest overall education as a master's degree and another 9.3 percent reported holding a post-master's certificate. Only 1.7 percent reported a doctorate as their highest nursing education. Nearly seven percent reported their highest education as an associate degree; 7.1 percent reported holding a diploma, and 13.8 percent reported holding a baccalaureate degree.

Figure 3.12: Highest education (either APRN or RN) for CNMs residing in California



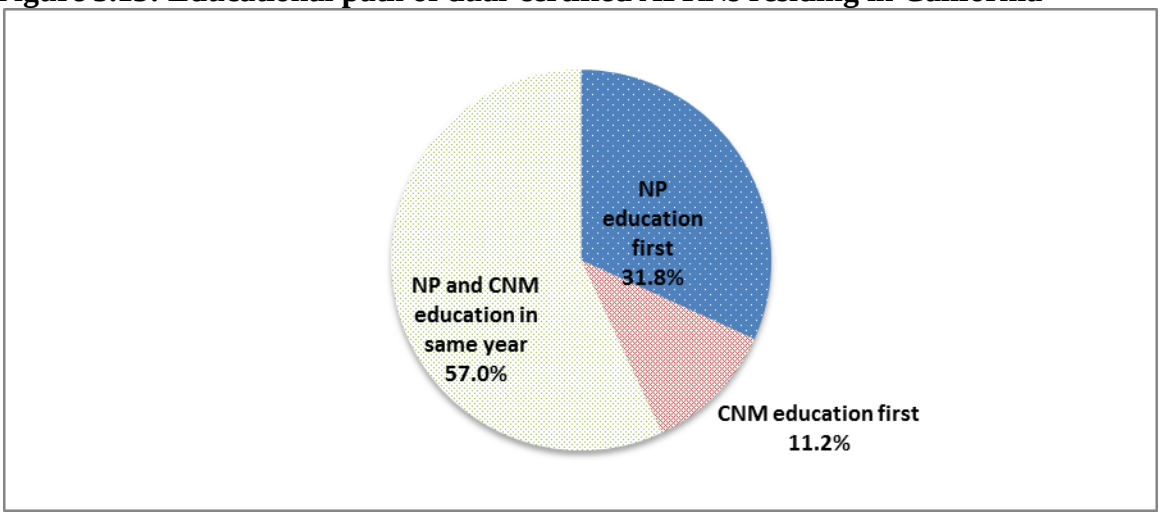
Note: Number of cases=485. Data are weighted to represent all NPs and CNMs with active licenses.

Education of Dual-certified NPs and CNMs

Approximately 503 NPs and CNMs residing in California are considered dual-certified, that is holding both an NP and CNM certificate. Having both a NP and CNM certificate allows

the nurse to work in either field as an APRN. For this reason, the educational levels of dual-certified APRNs have already been explored in the NP and CNM sections. Figure 3.13 details which APRN education – NP or CNM – they received first, or whether the education was completed simultaneously. Of those NPs and CNMs who reported the year in which they completed their initial APRN education, 57 percent completed their NP and CNM education in the same year. Nearly 32 percent completed their NP education first and 11.2 percent completed their CNM education first.

Figure 3.13: Educational path of dual-certified APRNs residing in California

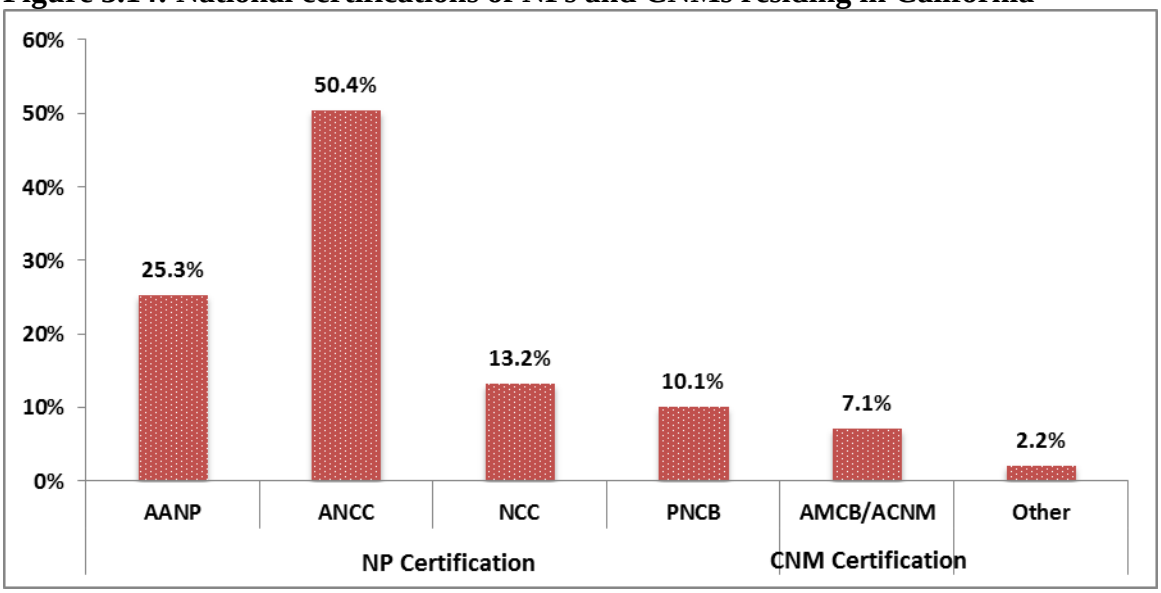


Note: Number of cases=209. Data are weighted to represent all NPs and CNMs with active licenses.

National Professional Associatiosn and Physician Assistant Certification

NPs and CNMs can obtain certification from national professional organizations. Over half of NPs and CNMs residing in California reported they were certified by the American Nurses Credentialing Center (ANCC) (Figure 3.14). About a quarter of APRNs are certified by the American Academy of Nurse Practitioners (AANP). Over 13 percent are certified by the National Certification Corporation (NCC). About 10 percent are certified by the Pediatric Nursing Certification Board (PNCB), and 7.1 percent are certified by the American Midwifery Certification Board (AMCB).

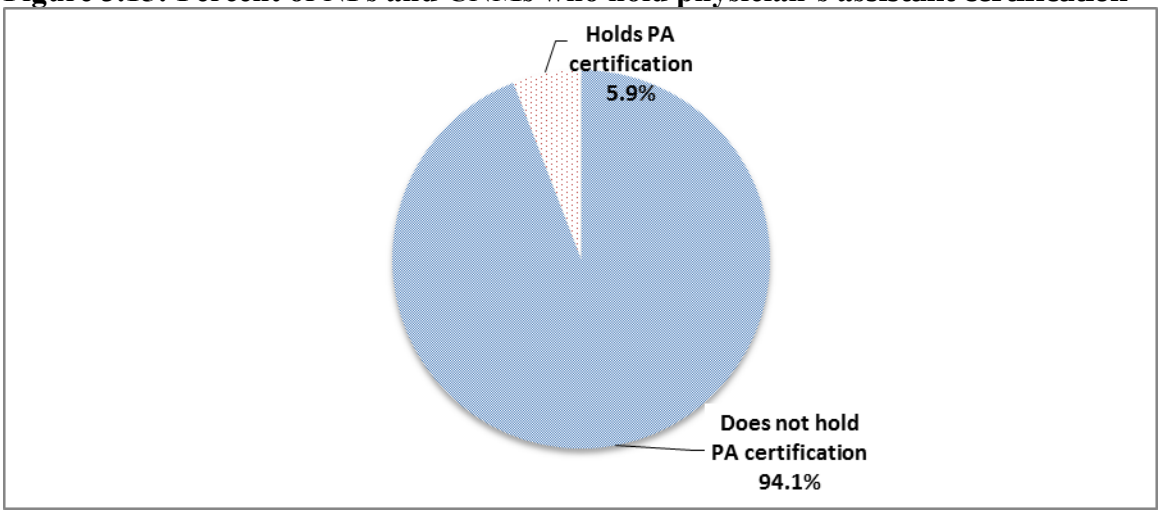
Figure 3.14: National certifications of NPs and CNMs residing in California



Note: Number of cases=991. Data are weighted to represent all NPs and CNMs with active licenses.

Nearly six percent of NPs and CNMs reported they also hold certification as a physician's assistant (PA) (Figure 3.15).

Figure 3.15: Percent of NPs and CNMs who hold physician's assistant certification



Note: Number of cases=1,336. Data are weighted to represent all NPs and CNMs with active licenses.

Current Enrollment of NPs and CNMs

An estimated 568 NPs and CNMs are currently enrolled in an education program (Table 3.12), representing 3.8 percent of NPs and CNMs. When asked about their degree objectives, about 30 percent of APRNs reported pursuing a Doctorate in Nursing Practice, and a similar fraction was pursuing a non-degree certificate (Table 3.13).

Table 3.12: California-residing NPs and CNMs enrolled in education programs

	All APRNs
Percent enrolled in an education program	3.8%
Estimated number enrolled in an education program	541.7
Number of cases	1,332

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 3.13: Degree objectives of California-residing NPs and CNMs enrolled in education programs

	All APRNs
Baccalaureate	3.5%
Master's degree	12.8%
Doctorate in Nursing Practice (DNP)	29.8%
Non-degree certificate	30.0%
Other Doctoral degree	23.9%
Number of cases	48

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Chapter 4: Overview of NP & CNM Employment

Of the 14,255 California residing NPs and CNMs, approximately 10,508 reported working in an advance practice nursing position in 2010. This chapter reviews the differences in employment between NP-only, CNM-only, and dual certificate holders. This chapter also briefly reviews the employment of NPs and CNMs as faculty in California nursing schools.

Employment Status of NPs and CNMs

Less than three-quarters of NPs and CNMs are working as APRNs. Only 73.7 percent of California-residing NPs and CNMs were working as an APRN at the time of the survey (Table 4.1). The rate of employment was higher for dual-certified NPs/CNMs than for NPs or CNMs with a single certificate. Nearly 85 percent of the dual-certified were working as APRNs, compared to 73.5 percent of NP-only and 69.9 percent of CNM-only certificate holders.

The percentage of NPs and CNMs working as an APRN is not comparable to general statistics about the employment of RNs, of which APRNs are subset. In 2010, 87.4 percent of RNs reported working in nursing.[3] Currently 73.7 percent of NPs and CNMs are working as an APRN. Because ARPNs also hold an active RN license, they may choose to work as an RN. Of the NPs and CNMs not working as APRNs, 57.8 percent were working as an RN (Chapter 7, Figure 7.5). Together the nurses employed as APRNs or RNs represent 87.7 percent of APRNs which is slightly higher than the overall level of RN employment for the state.

Table 4.1: Employment of California-residing NPs and CNMs by certificates

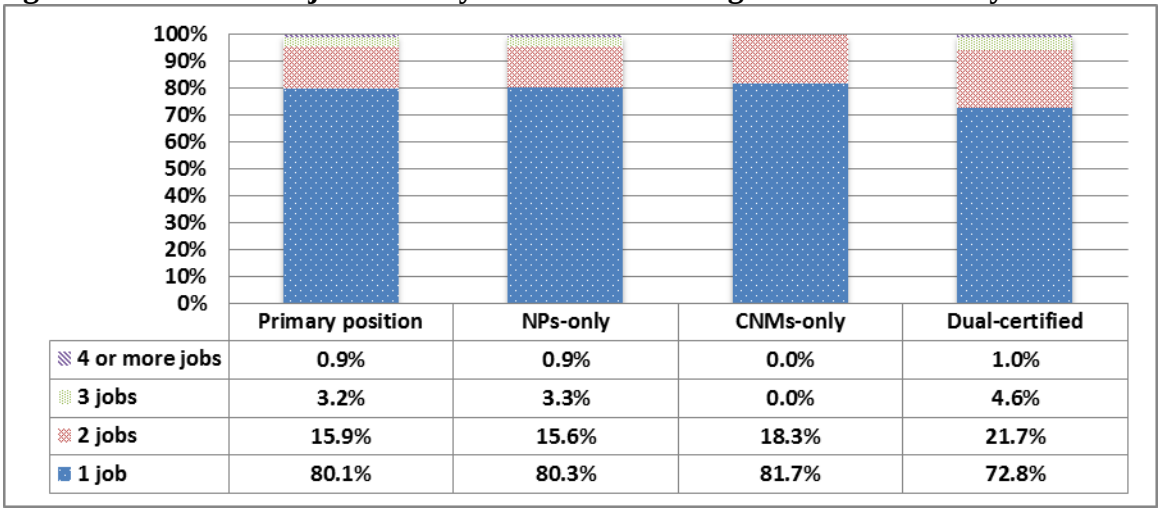
	All APRNs	NPs-only	CNMs-only	Dual-certified
Not working as APRN	26.3%	26.5%	30.1%	15.5%
Working as APRN	73.7%	73.5%	69.9%	84.5%
Number of cases	1,365	880	242	243

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Many working APRNs reported holding more than one job. Over 80 percent of NPs report holding only one job; 15.9 percent reported holding two jobs, and over 4 percent reported holding three or more jobs. Over 80 percent of NPs held one job, 15.6 percent held two jobs and 4.2 percent held three or more jobs. A slightly higher percentage of CNMs held only one job (81.7%), and 18.3 percent of CNMs held two jobs. Dual-certified APRNs were more likely to hold more than one job – only 72.8 percent held only one job, 21.7 percent held two jobs, and 4.6 percent held three or more jobs.

[3] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

Figure 4.1: Number of jobs held by California-residing NPs and CNMs by certificates



	Primary position	NPs-only	CNMs-only	Dual-certified
4 or more jobs	0.9%	0.9%	0.0%	1.0%
3 jobs	3.2%	3.3%	0.0%	4.6%
2 jobs	15.9%	15.6%	18.3%	21.7%
1 job	80.1%	80.3%	81.7%	72.8%

Note: Total number of cases=966. Total NP-only cases=605. Total NM only cases=164. Total dual-certified cases=197. Data are weighted to represent all NPs and CNMs with active licenses.

How Much Do NPs and CNMs Work?

Table 4.2 presents the average months worked per year and hours worked per week for NPs and CNMs working as APRNs and residing in California. On average, NPs and CNMs worked nearly 12 months per year. The average hours worked per week were 34.7 hours, with APRNs certified as NPs-only working 34.6 hours, CNMs-only working 35.8 hours, and dual-certified NPs/CNMs working 35.3 hours.

Table 4.2: Average months per year, and total hours per week working as APRN for employed NPs and CNMs residing in California

	All APRNs	NPs-only	CNMs-only	Dual-certified
Total months per year working as APRN	11.7	11.7	11.7	11.9
Number of cases	975	611	166	198
Total hours working per week as APRN	34.7	34.6	35.8	35.3
Number of cases	976	615	164	197

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Principal APRN Positions

Nurses were asked to provide information about their principal nursing position, which is the APRN position in which they spend most of their working time. As the majority of NPs and CNMs held only one position, the average months per year and hours per week spent working in the primary position were very close to the total months and total hours. As reported in Table 4.3, on average, NPs and CNMs worked nearly 12 months per year in their primary position. The average hours per week was slightly less than for all jobs, with APRNs certified as NPs-only working 32.3 hours, CNMs-only working 33.6, and dual-certified NPs/CNMs working 31.4 hours per week in their primary positions

Table 4.3: Average months per year, and total hours per week for primary APRN position for APRNs residing in California

	All APRNs	NPs-only	CNMs-only	Dual-certified
Total months per year working in primary APRN position	11.7	11.7	11.7	11.9
Number of cases	973	610	166	197
Total hours per week in primary APRN position	32.3	32.3	33.6	31.4
Number of cases	976	615	164	197

Note: Data are weighted to represent all NPs and CNMs with active licenses.

The job titles that best describe APRNs' principal nursing positions are presented in Table 4.4. Most ARPNs reported that they are Nurse Practitioners (84.2%). Nearly 90 percent of NP-only APRNs reported NP was their job title. The majority of dual-certified nurses were CNMs (65.8%), while less than half were NPs (30.0%). Other frequently reported job titles include: senior management, middle management, and academic educator.

Table 4.4: Job titles of primary ARPNs positions held by employed NPs and CNMs residing in California

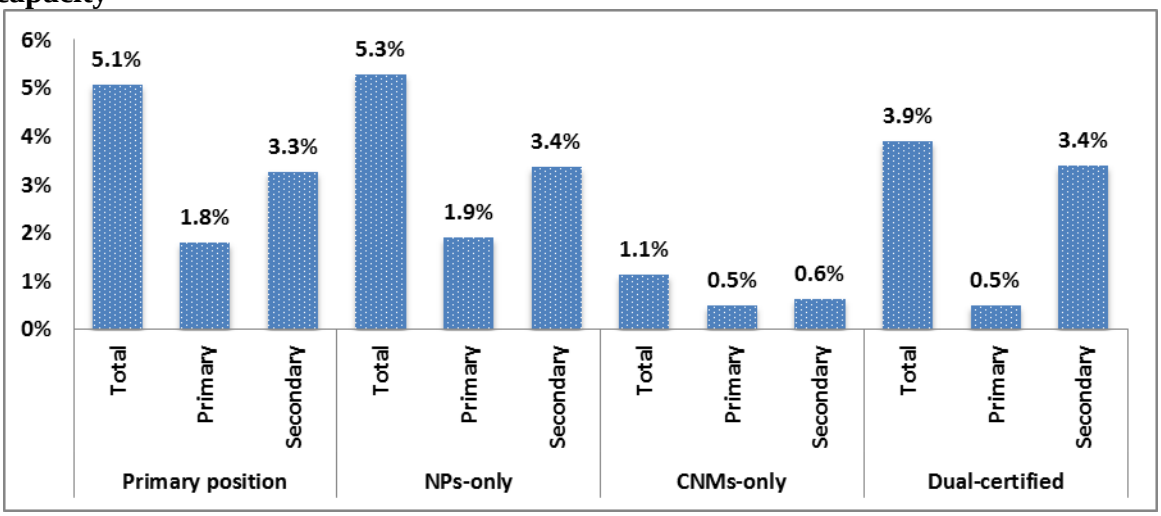
	All APRNs	NPs-only	CNMs-only	Dual-certified
NP	84.2%	89.8%	0.6%	30.0%
CNM	6.1%	0.1%	92.6%	65.8%
Senior Management	0.2%	0.2%	1.8%	0.0%
Middle Management	2.1%	2.1%	3.3%	2.1%
Front-Line Management	0.4%	0.5%	0.0%	0.0%
Charge Nurse	0.2%	0.2%	0.0%	0.6%
Occupational Health	0.9%	1.0%	0.0%	0.0%
Staff Nurse	0.6%	0.6%	0.6%	0.0%
School Nurse	0.4%	0.4%	0.6%	0.0%
Nurse Coordinator	0.4%	0.5%	0.0%	0.0%
Public Health Nurse	0.0%	*	*	0.5%
Academic Educator	1.9%	2.0%	0.5%	0.5%
Staff Educator	0.3%	0.3%	0.0%	0.6%
Case Manager	0.4%	0.4%	0.0%	0.0%
Patient Education	*	*	*	*
QI Nurse	0.1%	0.2%	0.0%	0.0%
Research	0.9%	0.9%	0.0%	0.0%
Other	1.0%	1.1%	0.0%	0.0%
Number of cases	978	616	163	199

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Academic Employment

Overall, 1.8 percent of survey respondents indicated their primary job was that of an academic educator. The estimates of APRNs working as an academic educator, or faculty, were based on job title or job setting (Figure 4.2). Due to a small sample size, any NPs or CNMs reporting in their second or third APRN position that they were academic educators were reported under "secondary" positions. Over five percent of APRN-respondents indicated working as faculty, either in a primary or secondary position. Very few of those indicating full or part-time work in a faculty role were certified solely as nurse midwives.

Figure 4.2: Percent of employed NPs and CNMs residing in California working in a faculty capacity



Note: Total number of APRN cases=1,008. Total Number of NP-only cases=635. Total number of CNM-only cases=168. Total number of dual-certified cases=205. Data are weighted to represent all NPs and CNMs with active licenses.

Geographic Locations of Academic Educators

Table 4.5 presents the home and employment regions of employed APRNs who held a faculty position in either their primary, secondary, or tertiary positions. A review of the NPs and CNMs who work as faculty shows that 32.4 percent of faculty reported living in the Los Angeles region, 31.7 percent lived in the San Francisco Bay Area and 13.5 percent lived in the Southern Border. Less than 4 percent of faculty reported living in the Sacramento region (3.3%), the Central Valley (2.6%) and the Central Coast (0.0%).

Faculty could list working in up to nine different regions, and therefore Table 4.5 only presents the results for faculty who hold all their APRN positions in the same region. Nearly 32 percent reported working in Los Angeles, 18.8 percent reported working in the Central Valley, and 17.3 percent worked in the San Francisco Bay Area. Less than four percent of faculty reported working in Sacramento (3.2%), the Northern Border (3.0%) or the Central Coast (0.0%).

Table 4.5: Home and employment regions of employed APRNs who are academic educators and residing in California

	Home Region Distribution	Employment Region Distribution
N. Border	5.2%	3.0%
Sacramento	3.3%	3.2%
San Francisco Bay Area	31.7%	17.3%
Central + Sierra	2.6%	18.8%
Central Coast	0.0%	0.0%
Los Angeles	32.4%	31.6%
Inland Empire	11.3%	10.9%
S. Border	13.5%	15.3%
Number of cases	45	39

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Other Work Settings of Academic Educators

With the majority of academic educators working in a primary position other than academic educator, there is a need to understand which primary positions are closely associated with secondary jobs in education. Table 4.6 presents the primary jobs of APRNs with secondary faculty positions. Over 82 percent reported holding a work title of NP. Only 3.9 percent reported having a job title of CNM. Nearly five percent reported holding a research position, 4.2 percent worked as an occupational health nurse, another 4.2 percent worked as a staff educator, and less than one percent worked in "other" positions.

Table 4.6: Primary jobs of APRNs with faculty secondary jobs working as APRNs and residing in California

NP	82.4%
CNM	3.9%
Senior Management	0.0%
Middle Management	0.0%
Front-line Management	0.0%
Charge Nurse	0.0%
Occupational Health	4.2%
Staff Nurse	0.0%
School nurse	0.0%
Nurse Coordinator	0.0%
Public Health Nurse	0.0%
Academic Educator	0.0%
Staff educator	4.2%
Case Manager	0.0%
Patient education	0.0%
QI nurse	0.0%
Infection Control	0.0%
Telenurse	0.0%
Research	4.7%
Other	0.7%
Number of cases	29

Note: Data are weighted to represent all NPs and CNMs with active licenses.

The primary work settings of APRNs working in faculty positions for their secondary jobs are presented in Table 4.7. As with the overall NP and CNM workforce, the majority of faculty reported their primary position was in a clinic (52.4%). About 32.8 percent reported working in hospitals, 9.1 percent reported working in other institutions, five percent worked in "other" locations, and less than one percent worked in maternal/child health.

Table 4.7: Primary work settings of APRNs with faculty secondary jobs working as APRNs and residing in California

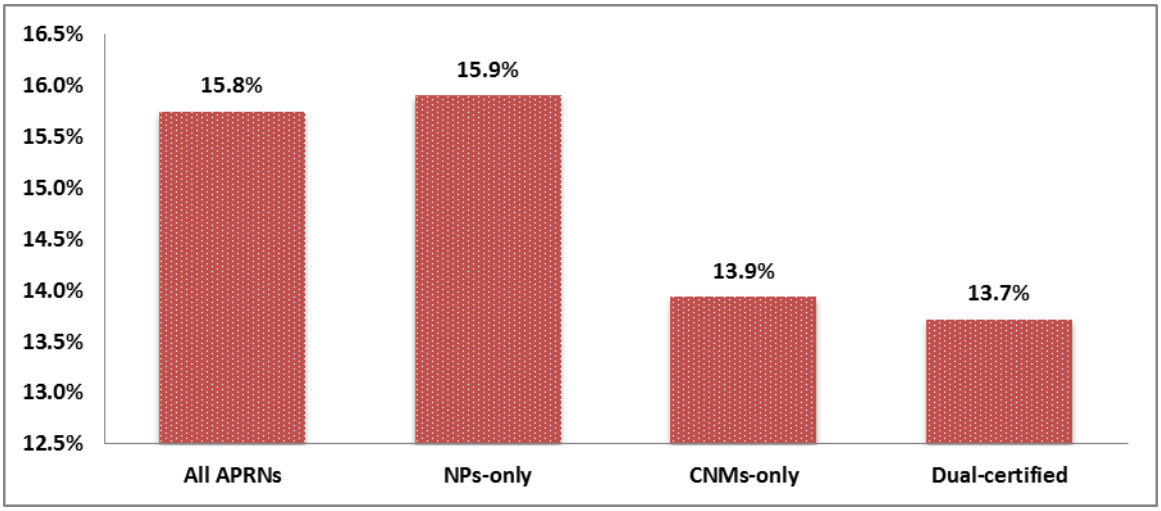
Hospital	32.8%
Clinic	52.4%
Maternal Child Health	0.7%
Other Institutional	9.1%
Other	5.0%
Number of cases	30

Data are weighted to represent all NPs and CNMs with active licenses.

Nurses' Charity Work Positions

As Figure 4.3 indicates, NPs and CNMs were asked if they worked as an APRN when they volunteer (i.e. perform charity care). Approximately 16 percent of APRNs act as an APRN when they volunteer. NPs-only had the highest levels of charity care (15.9%), CNMs-only had lower levels (13.9%), and dual-certified NPs/CNMs had the lowest levels (13.7%).

Figure 4.3: Charity care provided as an APRN by employed NPs and CNMs residing in California

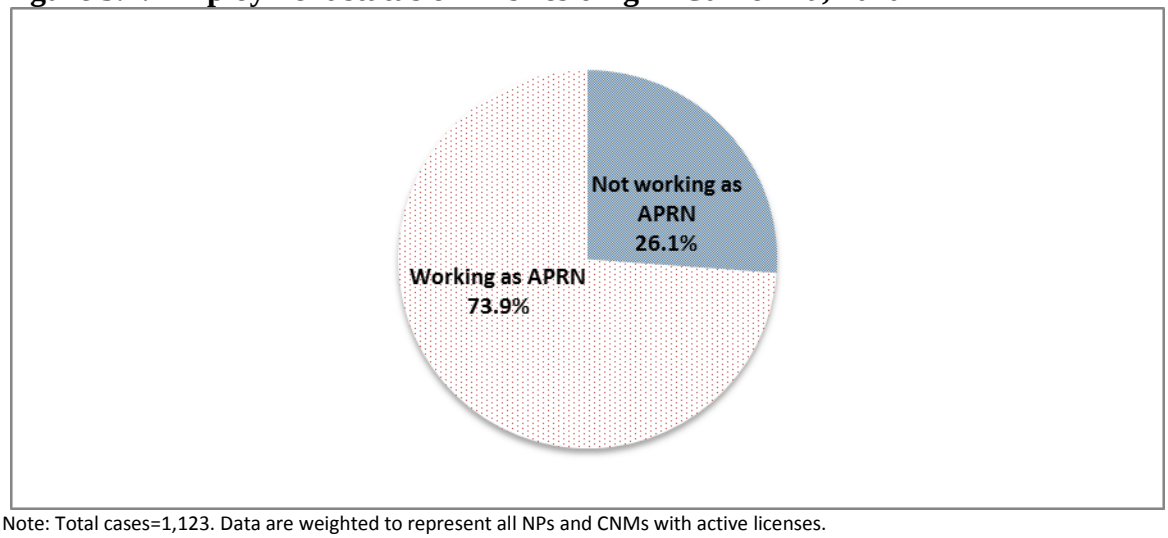


Note: Total number of cases=969. Cases for NP-only=612. Cases for NM-only=164. Cases for dual-certified=193. Data are weighted to represent all NPs and CNMs with active licenses.

Chapter 5: Nurse Practitioner Employment

Of the 13,714 Nurse Practitioners residing in California, approximately 10,129 NPs were employed as an APRN in California in 2010. The total NPs residing in California include 503 dual-certified NPs/CNMs; approximately 425 of these dual-certified nurses reported working in advance practice. Therefore, in this chapter the use of the term "Nurse Practitioner" applies to both NP-only nurses and NP/CNMs. More than a quarter of the NPs residing in California do not work as an APRN (Figure 5.1). This chapter focuses on the 73.9 percent of NPs who work as APRNs in California.

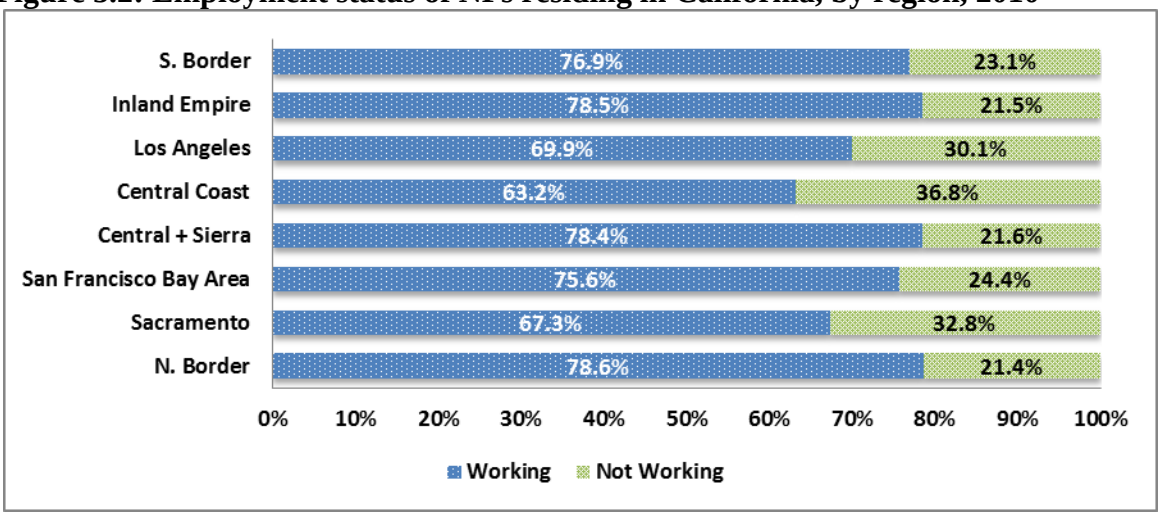
Figure 5.1: Employment status of NPs residing in California, 2010



Note: Total cases=1,123. Data are weighted to represent all NPs and CNMs with active licenses.

There is some variation in employment rates across regions, as shown in Figure 5.2. Nurse practitioners living in the Central Coast (63.2%), Sacramento (67.3%), and Los Angeles (69.9%) regions were less likely to work as an APRN than average. NPs living in the Central/Sierra (78.4%), the Inland Empire (78.5%), and the Northern Border (78.6%) were the most likely to be working as NPs.

Figure 5.2: Employment status of NPs residing in California, by region, 2010



Note: Total cases=1,123. Data are weighted to represent all NPs and CNMs with active licenses.

Age Distribution of Working California NPs

The employment status of nurses with active licenses varies by age group. The average age of a working NP in California was 48.7 years old (Table 5.1). The largest share of NPs working in California (31.6%) was between 55 and 64 years of age. The next largest groups of NPs were the 45-54 year olds (27.7%), and the 35-44 year olds (24.1%). Relatively few working NPs were under 35 or 65 and older.

Table 5.1: Age of employed NPs residing in California

Under 35 years	12.0%
35-44 years	24.1%
45-54 years	27.7%
55-64 years	31.6%
65 years or older	4.6%
Average age	48.7 years
Number of cases	840

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.2 outlines how the age distribution of NPs influences the number of jobs they hold. NPs between 35 and 44 years old held the highest number of jobs, with 77.1 percent holding only one job, 18.3 percent holding two jobs and 4.6 percent holding three or more jobs. NPs 65 and older held the fewest number of additional positions; 85.8 percent held only one APRN position, 10.8 percent held two position.

Table 5.2: Number of APRN positions by age of employed NPs residing in California

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years or older
One job	83.2%	77.1%	78.7%	81.4%	85.8%
Two job	13.5%	18.3%	17.0%	14.4%	10.8%
Three job	1.9%	2.3%	4.2%	4.3%	0.4%
Four or more jobs	1.5%	2.3%	0.2%	0.0%	3.0%
Total number of cases=802					

Note: Data are weighted to represent all NPs and CNMs with active licenses.

How Much Do NPs Work?

NPs were asked about employment in up to three APRN positions. Table 5.3 presents the distribution of hours worked per week for NPs working as APRNs and residing in California. The average NP worked approximately 34.6 hours a week for all APRN positions. NPs 35 to 44 years old worked the most hours (36.8 hours) and NPs over the age 65 years or older worked the fewest hours per week (26.4 hours).

Table 5.3: Average hours per week for all APRN positions by age of employed NPs residing in California

Under 35 years	34.3
35-44 years	36.8
45-54 years	34.3
55-64 years	34.5
65 years or older	26.4
Overall average hours	34.6
Number of cases	812

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were also asked how long they have held their ARPN position(s). Table 5.4 details the average tenure in years with a specific employer, and Table 5.5 details the average tenure of years in a specific position. NPs reported spending 8.5 years with the employer of their primary position. The average years spent in that primary position is 7.1.

Table 5.4: Average years spent with current employer by position for employed NPs residing in California

	Primary APRN position	Position 2	Position 3
Employer tenure in years	8.5	4.5	4.4
Number of cases	811	180	36

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.5: Average years spent in current position by position for employed NPs residing in California

	Primary APRN position	Position 2	Position 3
Position tenure in years	7.1	3.8	4.1
Number of cases	760	152	31

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were asked how many months per year they spent working as an APRN. Ninety-six percent of NPs spent 10-12 months working in their primary position (Table 5.6). Most NPs working in second and third positions also worked 10-12 months a year – 78.1 percent of NPs with a second job and 61.3 percent of NPs with a third job.

Table 5.6: Months per year spent working in each APRN position for employed NPs residing in California

	Primary APRN position	Position 2	Position 3
<1 month	0.0%	0.7%	4.2%
1-3 months	1.7%	12.5%	22.9%
4-6 months	1.1%	3.1%	8.1%
7-9 months	1.2%	5.7%	3.4%
10-12 months	96.0%	78.1%	61.3%
Number of cases	807	173	34

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.7 breaks down the time spent per day working in up to three APRN positions. NPs worked 8.5 hours per day in their primary position, 6.9 hours per day in their second position and 5.2 hours in their third position. Nearly 65 percent of NPs worked between 5-8 hours in their primary position, and another 32.1 percent worked between 9 to 12 hours per day.

Table 5.7: Hours per day for each APRN positions for employed NPs residing in California

	Primary APRN position	Position 2	Position3
<1 hour	0.2%	3.3%	9.9%
1-4 hours	1.9%	22.4%	43.6%
5-8 hours	64.9%	59.4%	30.2%
9-12 hours	32.1%	13.7%	16.2%
13-16 hours	0.5%	0.0%	0.0%
17-20 hours	0.4%	0.0%	0.0%
21-24 hours	0.0%	1.3%	0.0%
Mean daily hours	8.5	6.9	5.2
Number of cases	701	130	30

Note: Data are weighted to represent all NPs and CNMs with active licenses.

When asked about hours per week, NPs reported working an average of 32.2 hours per week in their primary position. Slightly less than 40 percent of NPs reported that they worked 33-40 hours per week, and another 15.4 percent reported working 25-32 hours per week in their primary position.

Table 5.8: Hours per week for each APRN positions for employed NPs residing in California

	Primary APRN position	Position 2	Position 3
<1 hour	0.2%	2.4%	12.3%
1-8 hours	7.9%	56.7%	55.2%
9-16 hours	7.9%	26.9%	31.8%
17-24 hours	13.3%	8.9%	0.7%
25-32 hours	15.4%	1.9%	0.0%
33-40 hours	39.7%	3.0%	0.0%
41-48 hours	10.2%	0.0%	0.0%
49+ hours	5.6%	0.1%	0.0%
Average hours per week	32.2	10.5	6.8
Number of cases	813	176	35

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs reported very few hours of overtime (Table 5.9). Nearly 86 percent of NPs reported working less than one hour of overtime a week in their primary job; on average, NPs worked only 0.6 hours of overtime per week.

Table 5.9: Overtime hours per week for each APRN positions for employed NPs residing in California

	Primary APRN position	Position 2	Position3
<1 hour	85.8%	97.2%	100.0%
1-8 hours	12.7%	2.8%	0.0%
9-16 hours	1.2%	0.0%	0.0%
17-24 hours	0.0%	0.0%	0.0%
25-32 hours	0.0%	0.0%	0.0%
33-40 hours	0.2%	0.0%	0.0%
41-48 hours	0.2%	0.0%	0.0%
49+ hours	0.0%	0.0%	0.0%
Mean overtime hours per week	0.6	0.1	0.0
Number of cases	813	176	35

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Very small percentages of NPs reported working on-call hours per week as part of their APRN work. Only 9.7 percent of NPs reported working more than one on-call hour per week for their primary position.

Table 5.10: On-call hours per week for each APRN positions for employed NPs residing in California

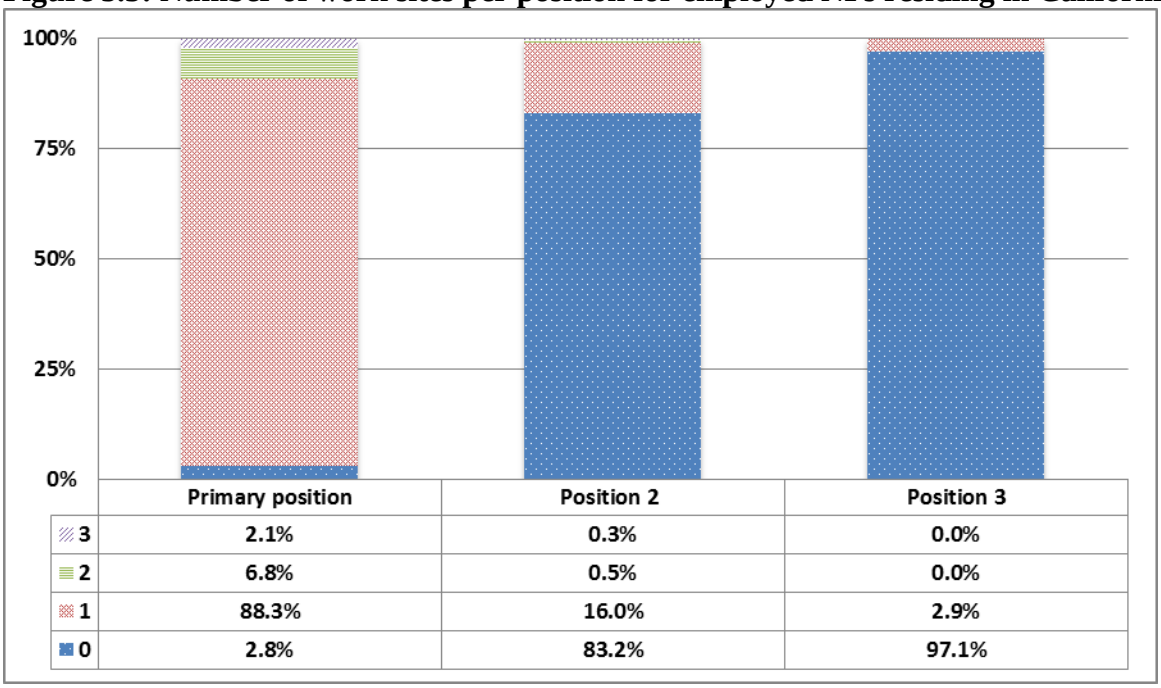
	Primary APRN position	Position 2	Position3
<1 hour	90.3%	94.3%	97.0%
1-8 hours	3.0%	0.7%	3.0%
9-16 hours	2.4%	1.8%	0.0%
17-24 hours	1.0%	0.7%	0.0%
25-32 hours	0.2%	0.0%	0.0%
33-40 hours	0.2%	1.8%	0.0%
41-48 hours	0.9%	0.1%	0.0%
49+ hours	1.9%	0.6%	0.0%
Mean on-call hours per week	2.9	1.8	0.1
Number of cases	813	176	35

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Geographic Settings

The work that NPs do may result in them having more than one workplace per position. Figure 5.3 shows the number of sites that NPs may report to for each of their APRN positions. Some NPs did not provide information and therefore have zero sites, or did not have a second or third job. About 2.8 percent of NPs did not explain how many sites they work at in their primary job, 88.3 percent reported they had one work site, 6.8 percent reported two work sites, and 2.1 percent reported having three work sites.

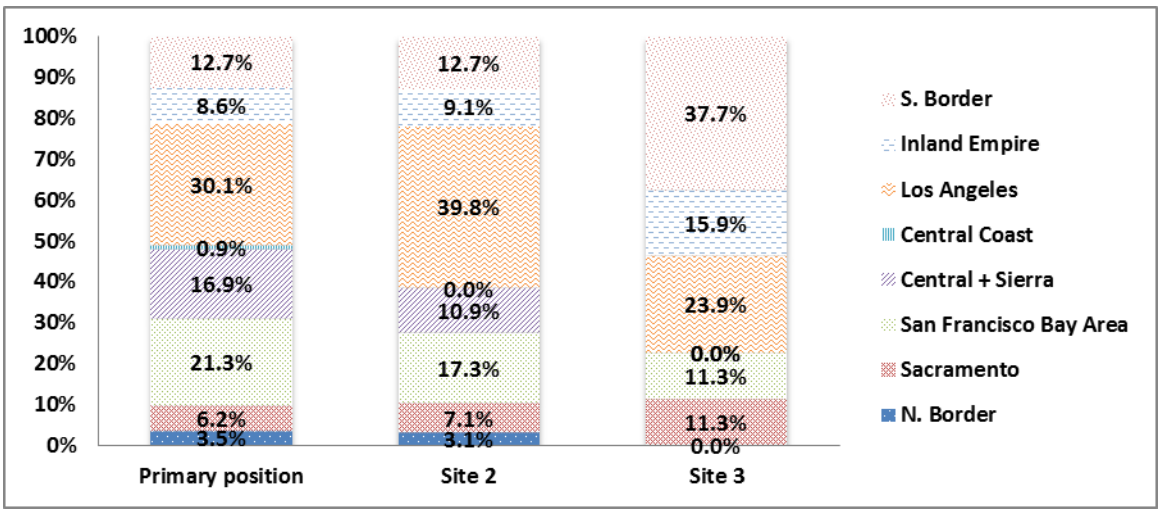
Figure 5.3: Number of work sites per position for employed NPs residing in California



Note: Total number of cases=840. Data are weighted to represent all NPs and CNMs with active licenses.

NPs also had an opportunity to provide the region of the state where they worked for each work site. Figure 5.4 details where NPs work for their primary position. Over half of NPs working as APRNs had their primary position's primary work site in Southern California. Slightly less than 13 percent worked in the Southern Border, 8.6 percent worked in the Inland Empire, and 30.1 percent worked in the Los Angeles region. Very few NPs held a primary APRN position in Central California – only 0.9 percent held a position in the Central Coast and 16.9 percent held a position in the Central Valley and Sierra region. Nearly four percent of NPs working as an APRN in California reported their primary position's primary location in the Northern Border region; 6.2 percent worked in the Sacramento region, and 21.3 percent worked in the San Francisco Bay Area.

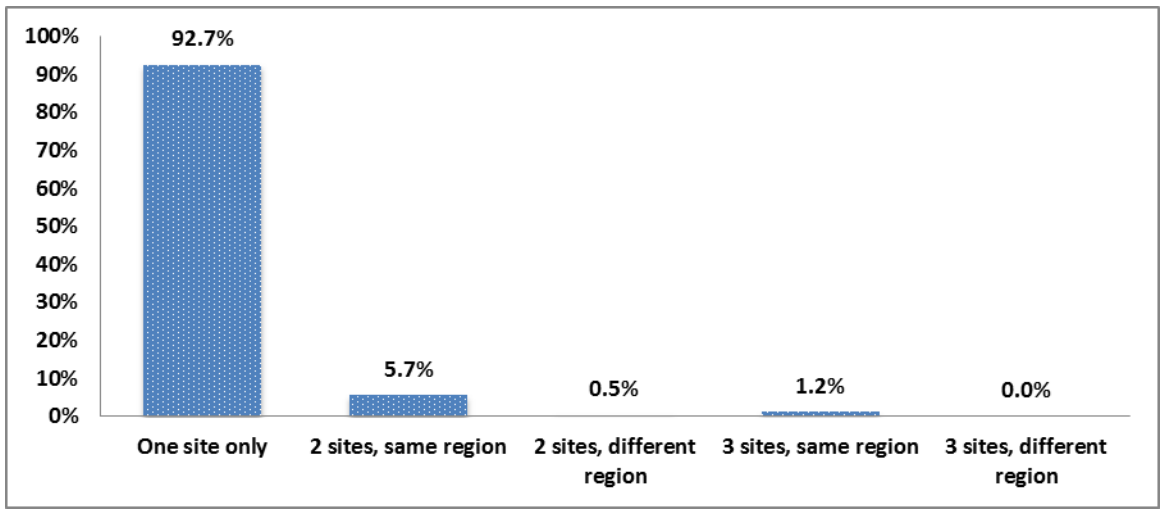
Figure 5.4: Locations of primary APRN positions held by employed NPs residing in California



Note: Total primary work site number of cases=746. Total secondary work site number of cases=63. Total tertiary work site number of cases=10. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 5.5 reports on the differences between the locations of primary work sites. Nearly 93 percent of employed NPs responding to the work site question only reported one primary work site for their primary APRN position. Only 6.2 percent reported having a second work site for their primary position, and of those, only 0.5 percent reported the second work site was in another region. Of the 1.2 percent who reported having three work sites, all those NPs reported the work sites were in the same region. One limitation of this analysis is that regions in California span multiple counties. However, for the purpose of workforce analysis, it is clear that very few NPs working as APRNs have work sites in different regions.

Figure 5.5: Differences in the location of the primary work sites for employed NPs residing in California

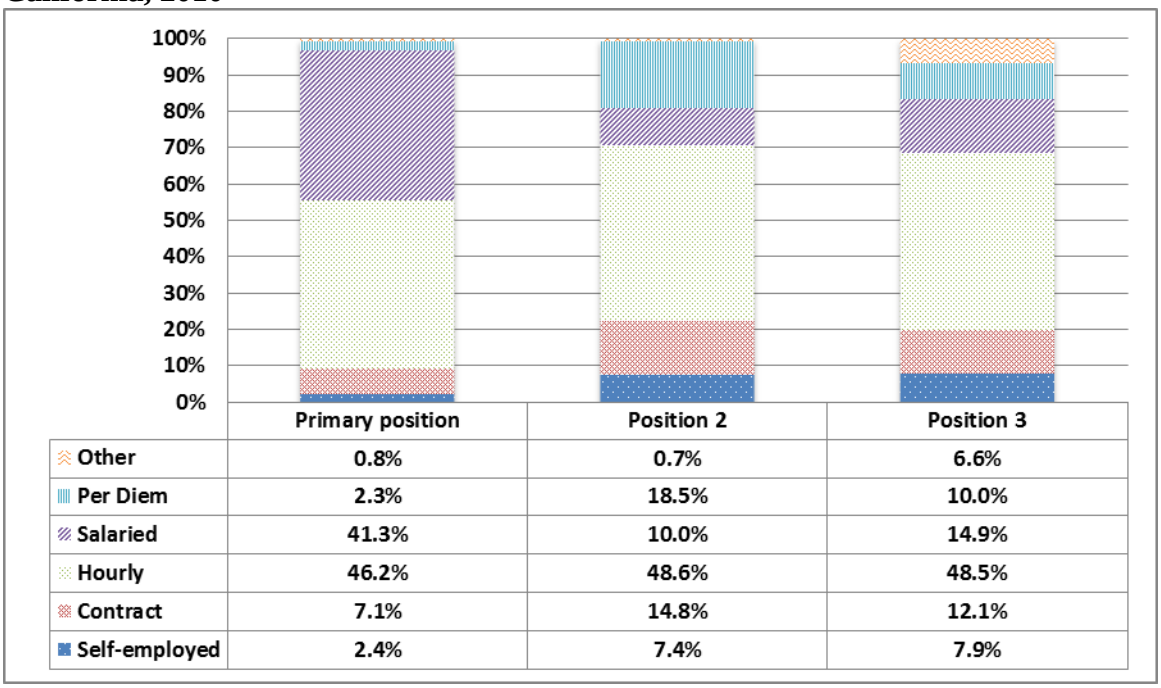


Note: Total number of cases=796. Data are weighted to represent all NPs and CNMs with active licenses.

Work Settings and Organization

NPs also reported a variety of employment arrangements. NPs reported that 46.2 percent were paid hourly in their primary position, and 41.3 percent were salaried. For primary positions, 7.1 percent of NPs reported being contract workers, 2.4 percent were self-employed, 2.3 percent were per diem, and less than one percent reported another arrangement. Hourly work made up the largest shares of secondary (48.6%) and tertiary (48.5%) positions.

Figure 5.6: Employment arrangements by position for employed NPs residing in California, 2010



	Primary position	Position 2	Position 3
Other	0.8%	0.7%	6.6%
Per Diem	2.3%	18.5%	10.0%
Salaried	41.3%	10.0%	14.9%
Hourly	46.2%	48.6%	48.5%
Contract	7.1%	14.8%	12.1%
Self-employed	2.4%	7.4%	7.9%

Note: Total primary positions number of cases=820. Total secondary positions number of cases=179. Total tertiary positions number of cases=37. Data are weighted to represent all NPs and CNMs with active licenses.

NPs were also asked where they worked as an APRN. NPs provided their job settings for up to three positions. Table 5.11 lists these settings. About 16 percent of NPs worked in private MD practice, 12.9 percent worked in a hospital outpatient clinic, about another 15.1 percent in other areas of the hospital and 9.2 percent worked in a primary care clinic for their primary position.

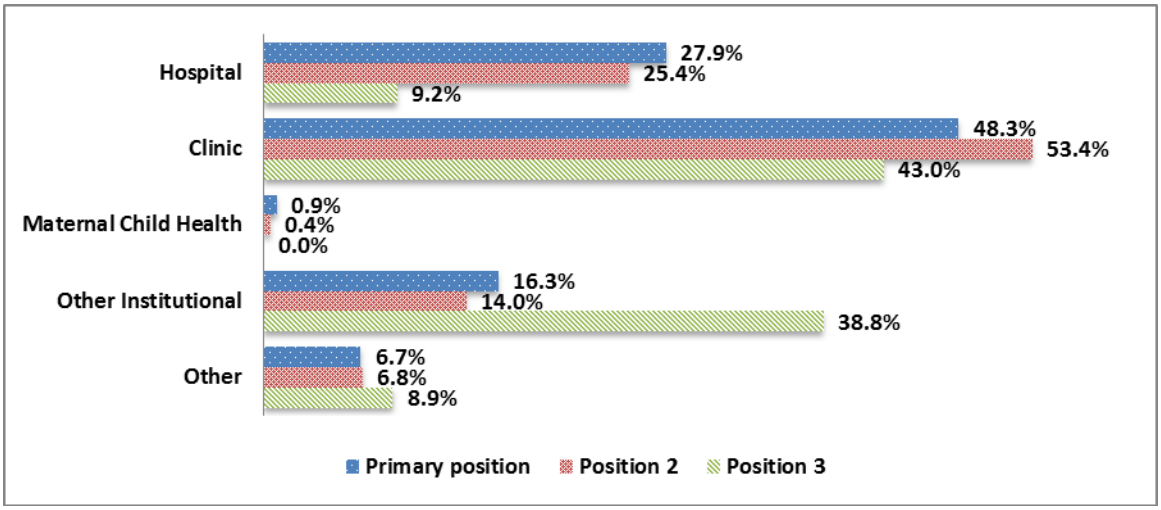
Table 5.11: Work settings by position for employed NPs residing in California, 2010

	Primary APRN position	Position 2	Position 3
HOSPITAL			
Hospital, acute/critical care	7.7%	7.5%	*
Hospital, emergency room	2.8%	5.7%	7.1%
Hospital, Hospitalist Team	1.0%	2.1%	*
Hospital, labor and delivery	0.9%	1.0%	1.4%
Hospital, outpatient clinic	12.9%	6.8%	0.7%
Hospital, other (Specify)	2.7%	2.3%	*
CLINIC			
College health service	2.0%	2.2%	7.9%
Community Health Center	8.5%	8.3%	10.2%
Homeless/indigent clinic	0.8%	0.7%	*
Migrant Clinic	*	*	*
Nurse managed clinic	0.4%	0.6%	*
Occupational/Employee clinic	1.8%	3.2%	5.9%
Private MD/DO Practice	15.9%	19.8%	3.6%
Private primary care group/clinic	9.2%	2.4%	7.4%
Public Health clinic	1.5%	1.8%	0.0%
Retail based clinic	1.7%	2.1%	3.1%
Rural Health Center	1.6%	2.2%	0.7%
School health clinic	1.0%	0.6%	*
Clinic, other (Specify)	4.0%	9.5%	4.3%
MATERNAL CHILD HEALTH			
Birthing Center	0.0%	0.3%	*
Family planning	0.7%	0.1%	*
Home birth	0.1%	0.0%	*
MCH, other (Specify)	0.0%	*	*
OTHER INSTITUTIONAL			
Academic education program	1.2%	9.8%	35.0%
Correctional system	1.4%	0.1%	*
Extended care/long term facility	1.7%	0.6%	*
HMO/Managed care	7.7%	1.5%	0.7%
Mental Health Facility	0.8%	0.0%	3.1%
Military/Department of Defense	0.6%	*	*
Public Health Department	0.3%	*	*
Rehabilitation Facility	0.2%	0.7%	*
Veterans Administration	1.6%	1.3%	*
Institutional, other (Specify)	0.9%	*	*
OTHER			
Other: Aesthetic practice	0.5%	0.2%	*
Home Health agency	1.6%	2.6%	*
Hospice/Palliative care	0.2%	1.5%	*
Other (Specify)	4.4%	2.6%	8.9%
Number of cases	808	192	38

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Overall, 48.3 percent of NPs worked in clinics. A smaller share (27.9%) worked in a hospital and 16.3 percent worked at another institution for their primary position (Figure 5.7).

Figure 5.7: Work-setting categories by position for employed NPs residing in California, 2010



Note: Total primary position cases=808. Total secondary position cases=192. Total tertiary position cases=38. Data are weighted to represent all NPs and CNMs with active licenses.

NPs were also asked in which clinical fields they practiced (Table 5.12). Respondents could indicate multiple practice fields, leading to percentages that total more than 100 percent per position. Only 2.3 percent reported not working in direct patient care in their primary position. Over 56 percent reported working in ambulatory/outpatient care, 16.2 percent with diabetes, 15.5 percent in obstetrics, and 14.2 percent in pediatrics. Nearly 16 percent reported also working in another field, the most common of which were neurology, women's health, and family planning.

Table 5.12: Clinical fields practiced in each APRN position for NPs residing in California

	Primary APRN position	Position 2	Position 3
Not involved in patient care	2.3%	7.1%	19.3%
Ambulatory/outpatient	56.3%	39.1%	44.5%
Cardiology	6.9%	4.2%	3.9%
Community/public health	10.5%	6.3%	6.5%
Corrections/prison	2.1%	0.1%	0.0%
Diabetes	16.2%	8.1%	3.9%
Dialysis	0.9%	0.7%	3.9%
Emergency/trauma	6.2%	7.6%	3.9%
Geriatrics/gerontology	9.2%	6.3%	0.0%
Home health care	1.2%	2.3%	0.0%
Hospice/palliative care	2.5%	1.6%	0.0%
Intensive care/critical care	4.4%	0.0%	0.0%
Labor and delivery	2.6%	3.8%	3.3%
Medical-surgical	5.6%	5.2%	6.5%
Mother-baby unit or normal newborn	1.4%	2.9%	1.3%
Neonatal care	2.6%	2.3%	0.0%
Obstetrics/gynecology	15.5%	9.6%	6.4%
Oncology	4.9%	2.0%	0.0%
Orthopedics	5.4%	6.1%	10.4%
Pediatrics	14.2%	9.8%	6.5%
Psychiatry/mental health	6.9%	9.4%	10.9%
Rehabilitation	0.8%	1.6%	0.0%
School health (K-12 or college)	4.6%	5.9%	16.5%
Step-down or transitional bed unit	0.9%	0.0%	0.0%
Surgery/pre-op/post-op/	2.5%	0.7%	0.0%
Telemetry	2.3%	1.3%	0.0%
Other	15.9%	14.9%	13.9%
Wound care	0.1%	0.9%	0.0%
Pain Management	0.2%	0.0%	0.0%
Research	0.2%	0.7%	0.0%
Number of cases	824	185	35

Note: Data are weighted to represent all NPs and CNMs with active licenses.

A comparison of clinical practice by work setting and primary position appear in Table 5.13. Of those NPs whose primary APRN position was in the hospital, 45.3 percent reported working in ambulatory/outpatient care, 17.4 percent in emergency rooms, and 14.7 percent in pediatrics. NPs working in clinics reported 65.8 percent worked in ambulatory care, 20.9 percent worked in diabetes, and 18.6 percent worked in pediatrics. Over 92 percent of NPs working in maternal/child health reported they worked in obstetrics/gynecology, 47.8 percent worked in community health, and 44.8 percent reported performing ambulatory care. NPs working in other healthcare institutions listed as their top three clinical fields: ambulatory care (48.0%), obstetrics/gynecology(23.3%) and geriatrics/gerontology (21.9%). Nearly 58 percent of NPs that worked in home health, aesthetic practices, hospices, or other uncategorized settings reported they performed ambulatory care, 20.4 percent worked in obstetrics/gynecology, and 11.5 percent worked in psychiatric/mental health.

Table 5.13: Clinical fields practiced in work settings for NPs residing in California, primary Position

	Primary APRN position				
	Hospital	**Clinic**	**Maternal/ Child Health**	**Other Institution**	**Other**
Not involved in patient care	2.5%	1.3%	0.0%	4.7%	5.2%
Ambulatory/outpatient	45.3%	65.8%	44.8%	48.0%	57.7%
Cardiology	7.9%	7.5%	0.0%	5.7%	2.3%
Community/public health	1.8%	18.1%	47.8%	5.3%	2.7%
Corrections/prison	1.1%	0.3%	0.0%	9.0%	2.7%
Diabetes	10.0%	20.9%	0.0%	16.7%	11.3%
Dialysis	0.7%	1.2%	0.0%	1.0%	0.0%
Emergency/trauma	17.4%	1.0%	0.0%	6.5%	0.3%
Geriatrics/gerontology	2.8%	9.8%	0.0%	21.9%	6.0%
Home health care	0.7%	0.3%	5.4%	2.0%	7.8%
Hospice/palliative care	2.5%	0.7%	0.0%	6.5%	6.6%
Intensive care/critical care	14.6%	0.6%	0.0%	1.0%	0.3%
Labor and delivery	3.7%	0.5%	18.1%	2.2%	11.3%
Medical-surgical	12.1%	1.7%	0.0%	7.5%	0.3%
Mother-baby unit or normal newborn	2.2%	0.5%	7.6%	0.7%	4.3%
Neonatal care	6.7%	0.7%	2.3%	0.0%	3.1%
Obstetrics/gynecology	6.6%	16.0%	92.1%	23.3%	20.4%
Oncology	11.0%	2.4%	0.0%	3.1%	2.7%
Orthopedics	6.7%	4.2%	0.0%	9.4%	0.0%
Pediatrics	14.7%	18.6%	2.3%	4.4%	2.3%
Psychiatry/mental health	3.0%	6.5%	0.0%	14.5%	11.5%
Rehabilitation	0.0%	0.4%	0.0%	3.7%	0.0%
School health (K-12 or college)	0.6%	8.1%	0.0%	0.9%	2.3%
Step-down or transitional bed unit	2.9%	0.3%	0.0%	0.0%	0.0%
Surgery/pre-op/post-op/	7.2%	0.3%	0.0%	0.1%	0.0%
Telemetry	7.8%	0.3%	0.0%	0.0%	0.0%
Other	16.8%	14.6%	2.3%	13.5%	25.9%
Wound care	0.0%	0.3%	0.0%	0.0%	0.0%
Pain Management	0.0%	0.4%	0.0%	0.0%	0.0%
Research	0.7%	0.0%	0.0%	0.0%	0.0%
Total number of cases=796					

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were asked to report the percent of time spent on each of several functions in their primary APRN position: direct patient care and charting, administration, teaching in a pre-licensure program, teaching in an APRN program, and organizational activities like quality improvement, research, and "other" (Table 5.14). In all settings, there was little variation in the share of time spent on direct patient care, with the largest share of RNs saying they spent 76-100 percent of their time on this activity (77.6%).

Table 5.14: Share of time NPs residing in California spent on specific job functions for their primary APRN position

	Primary APRN position						
	Patient care	**Admin of Clinical Practice**	**Teaching pre-licensure**	**Teaching NP/CNM**	**Org activities**	**Research**	**Other**
0%	3.2%	62.7%	96.7%	95.5%	76.3%	89.9%	93.2%
1%-25%	3.1%	29.3%	2.7%	3.6%	21.8%	8.3%	4.4%
26%-50%	6.2%	5.4%	0.0%	0.3%	1.6%	1.1%	1.5%
51%-75%	9.8%	1.1%	0.2%	0.1%	0.0%	0.3%	0.2%
76%-100%	77.6%	1.6%	0.4%	0.4%	0.3%	0.5%	0.6%
Total number of cases=819							

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.15 compares NP responses about time to their primary job setting. In all settings, the majority of time is spent in patient care. NPs working in hospitals spent the most time on organizational activities like quality of care (4.4%). NPs working in maternal/child health reported the most time spent in administrative duties (19.9%). NPs in other institutions, which include academic institutions, reported teaching APRNs the most (3.4%) and spending the most time on research (3.1%). NPs in "other" settings, which include hospice, home health and aesthetic practices, reported spending the most time teaching pre-licensure students (2.0%) and on "other" APRN functions (6.5%).

Table 5.15: Share of time spent in certain functions by APRN position setting for NPs residing in California, primary position

	Primary APRN position						
	Patient care	**Admin of Clinical Practice**	**Teaching pre-licensure**	**Teaching NP/CNM**	**Org activities**	**Research**	**Other**
Hospital	82.7%	8.9%	0.4%	0.7%	4.4%	2.2%	0.7%
Clinic	87.1%	8.1%	0.5%	0.2%	1.8%	1.0%	1.3%
Maternal Child Health	74.8%	19.9%	0.0%	0.2%	3.9%	0.3%	0.8%
Other Institutional	81.4%	4.2%	1.1%	3.4%	4.0%	3.1%	2.6%
Other	80.5%	6.1%	2.0%	2.4%	1.3%	1.1%	6.5%
Total number of cases=791							

Note: Data are weighted to represent all NPs and CNMs with active licenses.

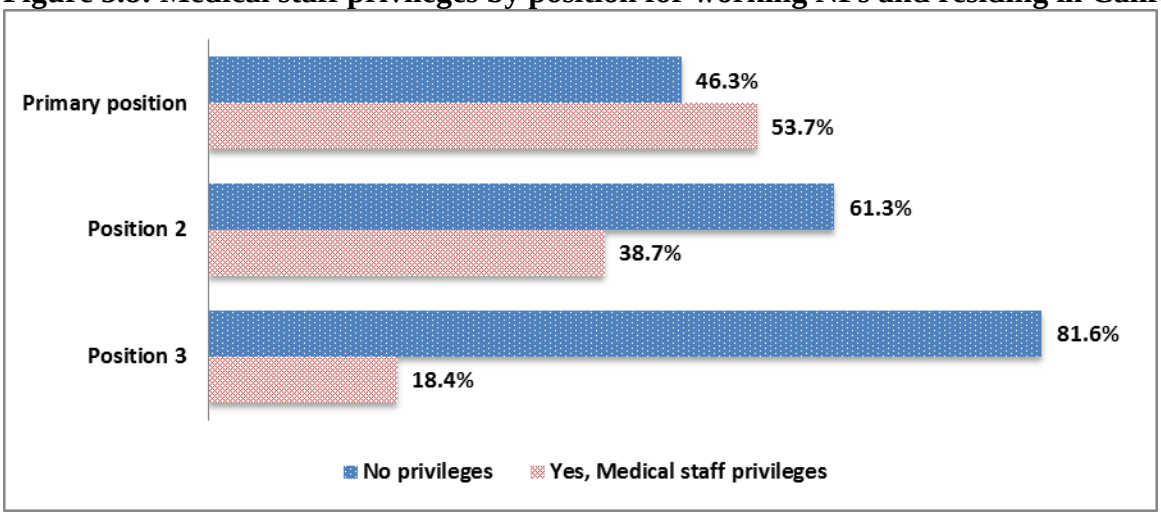
Scope of Practice

Figure 5.8 shows the percent of NPs who have medical staff privileges in their various APRN positions. Over 53 percent of NPs reported having medical staff privileges in their primary APRN position. Nearly 39 percent had medical privileges in their second APRN position, and only 18.4 percent reported having them in their third APRN Position.

NPs were asked if they could perform rounding on patients, write orders without physician co-signature, and write orders with physician co-signature (Table 5.16). Over 63 percent of NPs with medical staff privileges for their primary APRN position reported rounding on physicians' patients. Nearly 60 percent of NPs reported being able to write orders with

physician co-signature, and 86.2 percent of NPs reported being able to write orders without the physician co-signature.

Figure 5.8: Medical staff privileges by position for working NPs and residing in California



Note: Total number of primary position cases=771. Total number of secondary position cases=166. Total number of tertiary cases=36. Data are weighted to represent all NPs and CNMs with active licenses.

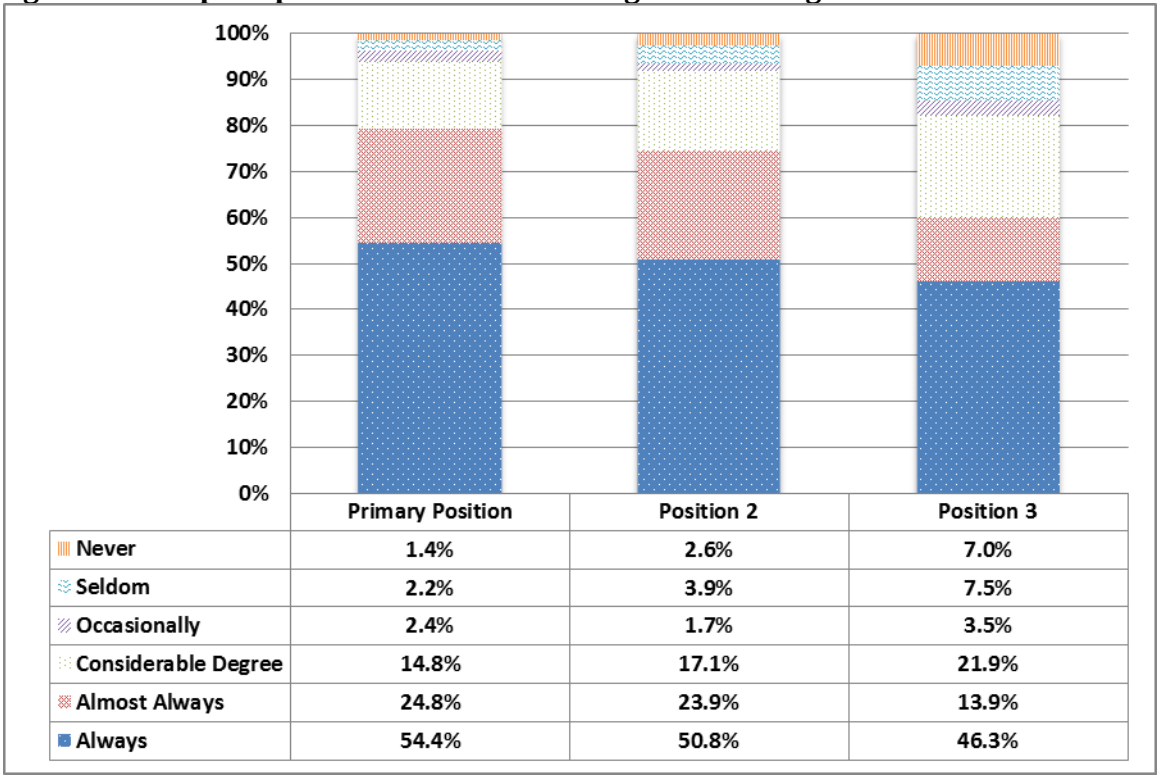
Table 5.16: Medical staff privileges held by NPs in their primary NP position

	Rounding on physicians' patients	Write orders without physician co-signature	Write order with physician co-signature
No	36.8%	13.9%	40.4%
Yes	63.2%	86.2%	59.6%
Number of cases	303	325	198

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were also asked how often they were allowed to work to the full scope of their practice in their APRN positions (Figure 5.9). Over 79 percent of NPs reported, they "always" or "almost always" worked to the full scope of their practice in their primary position; only 1.4 percent reported never working to their full scope in their primary APRN job.

Figure 5.9: Scope of practice limits for working NPs residing in California

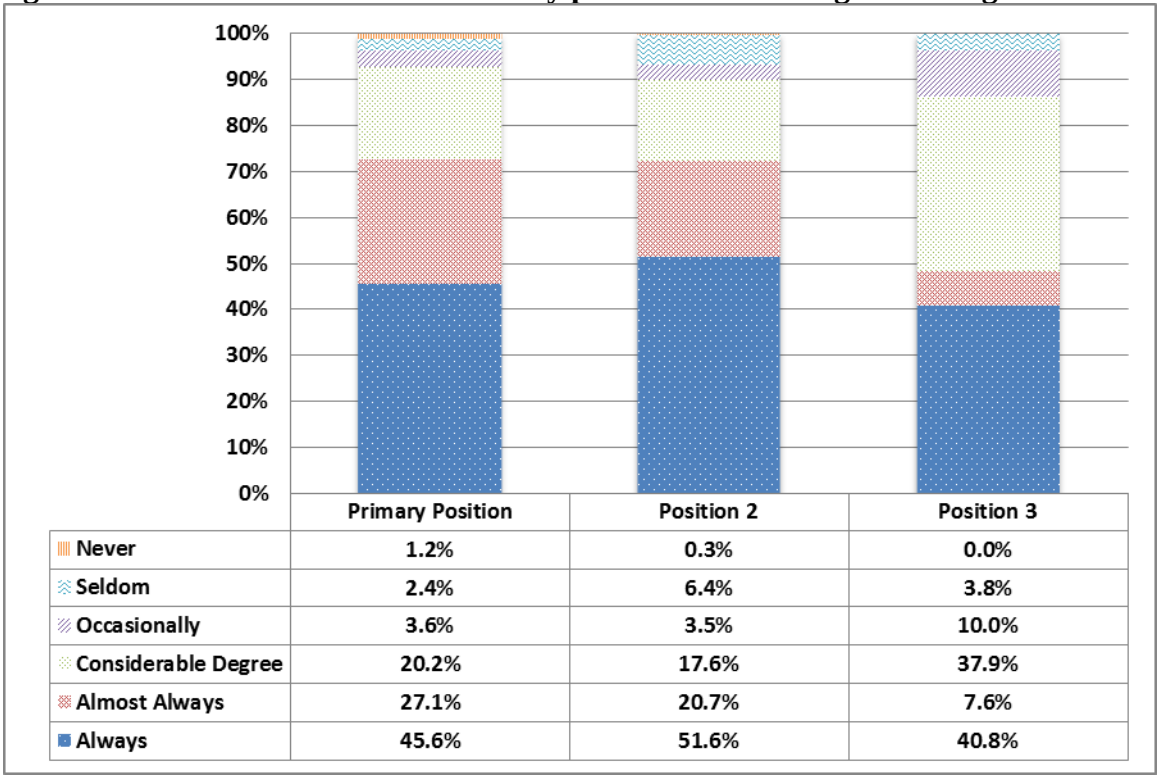


	Primary Position	Position 2	Position 3
Never	1.4%	2.6%	7.0%
Seldom	2.2%	3.9%	7.5%
Occasionally	2.4%	1.7%	3.5%
Considerable Degree	14.8%	17.1%	21.9%
Almost Always	24.8%	23.9%	13.9%
Always	54.4%	50.8%	46.3%

Note: Total number of primary position cases=815. Total number of secondary position cases=182. Total number of tertiary position cases=33. Data are weighted to represent all NPs and CNMs with active licenses.

In order to understand if NPs were underemployed, they were asked to rate the use of their APRN skills (Figure 5.10). For the primary position of NPs approximately over 72 percent of respondent reported “always” or “almost always” fully using their skills.

Figure 5.10: Utilization of APRN skills by position for working NPs living in California

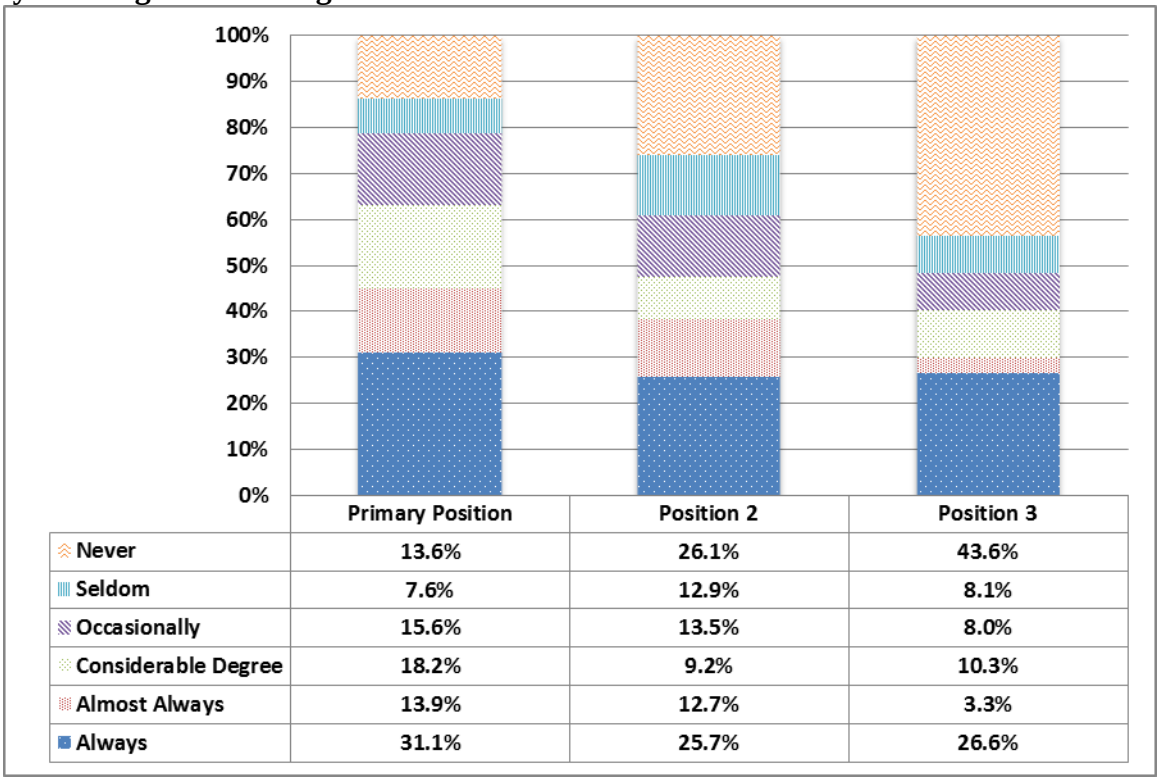


	Primary Position	Position 2	Position 3
Never	1.2%	0.3%	0.0%
Seldom	2.4%	6.4%	3.8%
Occasionally	3.6%	3.5%	10.0%
Considerable Degree	20.2%	17.6%	37.9%
Almost Always	27.1%	20.7%	7.6%
Always	45.6%	51.6%	40.8%

Note: Total number of primary position cases=820. Total number of secondary position cases=182. Total number of tertiary position cases=35. Data are weighted to represent all NPs and CNMs with active licenses.

NPs were also asked if they contributed to the development of standardized procedures. Figure 5.11 reveals that less than half (45%) of NPs in any position reported "always" or "almost always" being involved in the creation standardized procedures. Nearly 14 percent of NPs reported never having a voice on these issues in their primary APRN position.

Figure 5.11: Level of involvement in development of standardized procedures as reported by working NPs residing in California

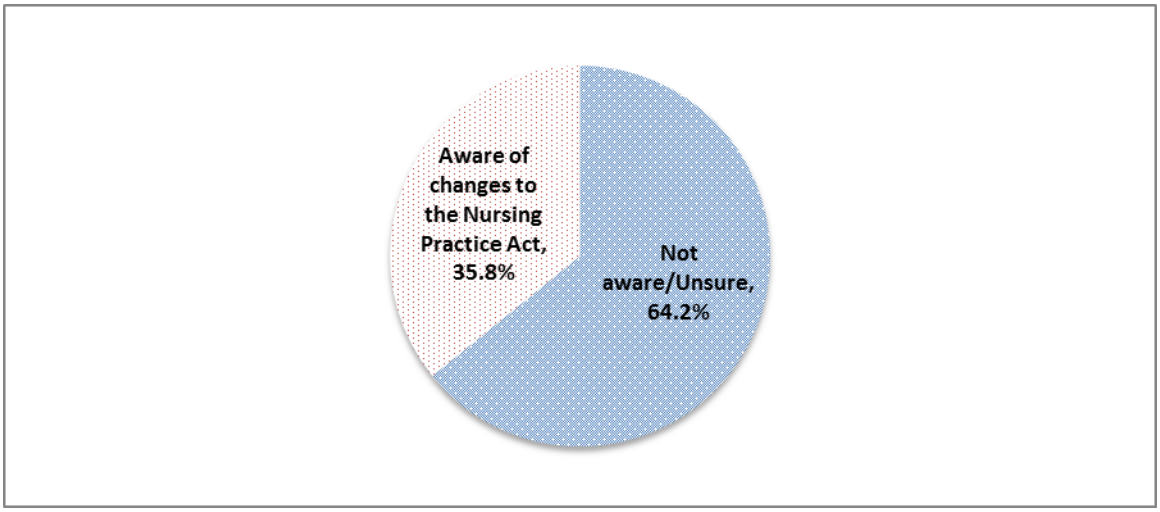


	Primary Position	Position 2	Position 3
Never	13.6%	26.1%	43.6%
Seldom	7.6%	12.9%	8.1%
Occasionally	15.6%	13.5%	8.0%
Considerable Degree	18.2%	9.2%	10.3%
Almost Always	13.9%	12.7%	3.3%
Always	31.1%	25.7%	26.6%

Note: Total number of primary position cases=816. Total number of secondary position cases=177. Total number of tertiary position cases=34. Data are weighted to represent all NPs and CNMs with active licenses.

NPs were asked if they were aware of the 2010 changes to the Nursing Practice Act that altered regulations regarding standardized procedures for durable medical equipment (DME) in disability and home health service. Only 35.8 percent of working NPs reported they knew about the changes.

Figure 5.12: Awareness of scope of practice changes reported by working NPs residing in California



Note: Total number of cases=809. Data are weighted to represent all NPs and CNMs with active licenses.

Income and Earnings of NPs

Table 5.17 presents the total annual income received from all nursing positions by currently working NPs residing in California in 2010. As seen in this table, NPs reported average annual earnings from their primary position of $88,206. This is slightly higher than the average earnings reported by RNs, which was $82,134[4].

Table 5.17: Total annual earnings from APRN positions for NPs residing in California

	Primary APRN position	Position 2
2010 total gross annual earnings	$88,206	$24,012
Number of cases	750	154

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Table 5.18 presents the average hourly wage received from all nursing positions by currently working NPs residing in California in 2010. As seen in this table, NPs reported an average hourly wage of $56.71 for their primary APRN position.

Table 5.18: Average hourly wage from APRN positions for NPs residing in California

	Primary APRN position	Position 2
Hourly wage	$56.71	$53.78
Number of cases	503	136

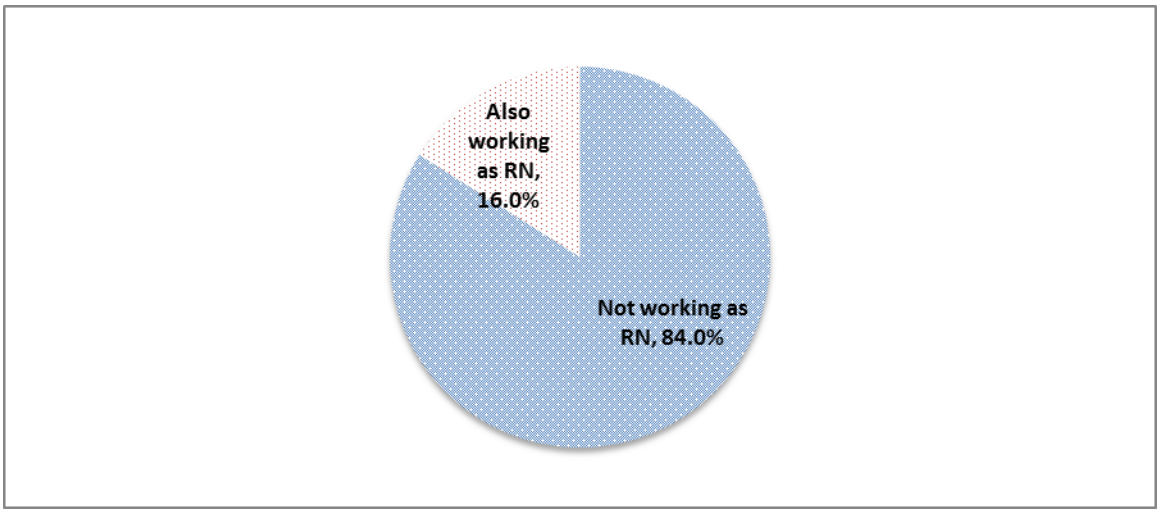
Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

RN Positions Held by NPs Also Working as APRNs

APRNs may work as RNs in California if they so choose. Sixteen percent of NPs who held APRN positions also worked as RNs (Figure 5.13). Most NPs who were also working as RNs only held one RN position, although 8.7 percent of NPs also employed as APRNs reported holding two RN jobs (Table 5.19).

[4] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

Figure 5.13: NPs residing in California who are working as APRNs and also working as RNs



Note: Total number of cases=660. Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.19: Number of RN positions held by NPs also employed as RNs residing in California

1 RN position	91.3%
2 RN positions	8.7%
3 RN positions	0.0%
4 or more RN positions	0.0%
Number of cases	98

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were asked where they worked as RNs. Table 5.20 presents the most common settings for additional RN work. Slightly less than 43 percent reported working in a hospital acute care or emergency department, 11.6 percent reported working at a college or university and 10.1 percent reported working in ambulatory care at a hospital. When asked about their titles, 55 percent reported being staffing nurses, 12.3 percent reported acting as academic educators, and 11 percent reported their title as "other". The most common "other" titles were public health nurse, EMT, and consultant (Table 5.21).

Table 5.20: Settings for RNs positions held by NPs also employed as APRNs and residing in California

Hospital, inpatient care or emergency department	42.6%
Hospital, ancillary unit	1.5%
Hospital, ambulatory care department (surgical, clinic)	10.1%
Hospital, nursing home unit	0.0%
Nursing home, extended care, or skilled nursing facility	2.4%
Home health agency/ home health service	6.2%
Rehabilitation facility/long term acute care/group home	0.0%
Medical practice, clinic, physician office, surgery center	9.0%
Urgent care, not hospital-based	1.2%
Public health or community health agency	2.3%
Outpatient mental health/substance abuse	1.2%
Inpatient mental health/substance abuse	3.6%
Occupational health or employee health service	1.2%
Dialysis	0.0%
Correctional facility, prison or jail	1.2%
Government agency other than public/community health or corrections	2.4%
Hospice/palliative care	3.9%
School health service (K-12 or college)	2.7%
Call center/telenursing center	1.2%
University or college (academic department)	11.6%
Case management/disease management	1.5%
Self-employed	1.2%
Other	6.8%
Number of cases	96

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.21: Titles for RNs positions held by NPs also employed as APRNs and residing in California

Staff nurse/direct care nurse	55.0%
Senior management (Vice President, Nursing Executive, Dean)	1.3%
Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean)	6.1%
Front-line management (Head Nurse, Supervisor)	4.1%
Charge Nurse or Team Leader	9.8%
Occupational health nurse	1.3%
Certified Registered Nurse Anesthetist	0.0%
School Nurse	2.8%
Nurse Coordinator	4.8%
Educator, academic setting (professor, instructor at a school of nursing)	12.3%
Staff educator, service setting (in-service educator, clinical nurse educator)	0.0%
Patient education	5.6%
Patient care coordinator/case manager/discharge planner	4.1%
Quality Improvement nurse, utilization review	1.1%
Infection control nurse	0.0%
Telenursing	1.3%
Researcher	0.0%
Other	11.0%
Number of cases	92

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Hours and Income for RN Positions Held by NPs Also Working as APRNs

On average, NPs who held an APRN position and reported working as an RN said they worked an average of 21.3 hours per week in their RN position (Table 5.22). They reported working an average of 25.4 hours per week in their primary APRN position. Over 54 percent of NPs reported working less than 16 hours per week in their RN position, with the most common number of hours reported being 9-16 hours a week (36.9%). Nineteen percent of the same NPs reported working 33-40 hours per week.

Table 5.22: Hours spent per week working as an RN or APRN by NPs working as both RNs and APRNs and residing in California

	RN hours per week	Primary APRN position hours per week
1-8 hours	17.5%	19.3%
9-16 hours	36.9%	19.0%
17-24 hours	14.0%	15.1%
25-32 hours	9.5%	10.9%
33-40 hours	19.0%	27.7%
41-48 hours	1.6%	5.2%
49+ hours	1.5%	2.8%
Average hours	21.3	25.4
Number of cases	90	94

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs were also asked about their annual income from their RN position. The average income from RN earnings was $32,645 and the average earnings from a primary APRN position

was $62,364 for NPs working as both APRNs and RNs (Table 5.23). The total income from RN and APRN positions for these nurses was $79,248. The average total income for these NPs is lower than the average income for NPs primary positions, perhaps indicating an economic cause for the NPs to work as an RN.

Table 5.23: RN and APRN annual earnings for NPs residing in California

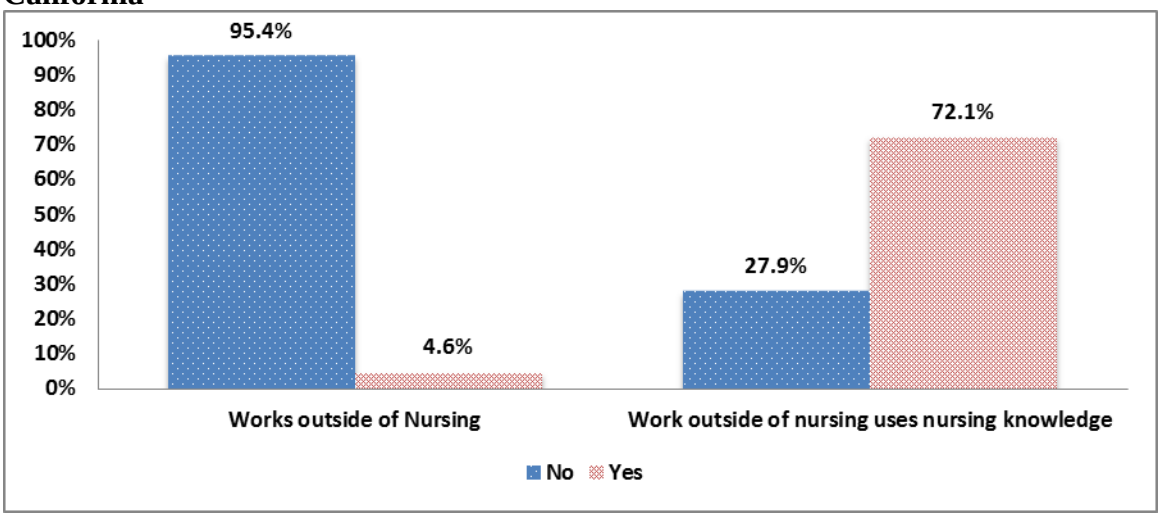
	RN position,	Primary APRN position	All APRN and RN positions
Average annual earnings in 2010	$32,645	$62,364	$79,248
Number of cases	53	82	81

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Work Outside of Nursing for Employed NPs

NPs may also choose to work a non-nursing job as well as an APRN position. Figure 5.14 presents the percentage of employed NPs who worked outside of nursing. Less than five percent of NPs worked outside of nursing. Of those that do, 72.1 percent reported that their non-nursing position uses their nursing knowledge.

Figure 5.14: Work outside of nursing by NPs working as an APRN and residing in California



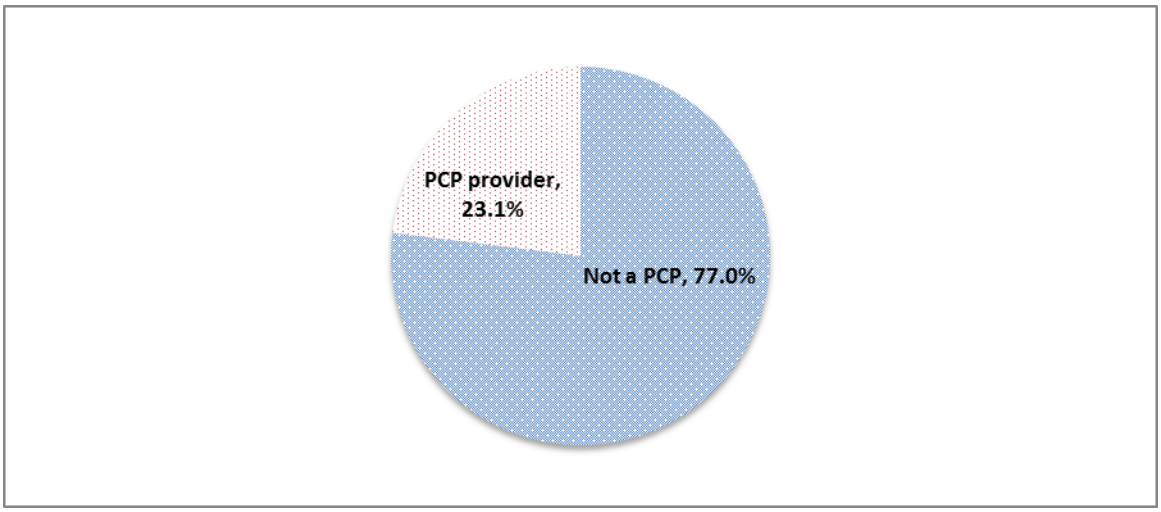
Note: Number of cases for the first pair of bars=693. Number of cases for second pair of bars=26. Data are weighted to represent all NPs and CNMs with active licenses.

NP Work in Primary Care

One of the areas of growing interest for healthcare providers is the role of APRNs in primary care. Most discussion of nurse Primary Care Providers (PCPs) focuses on the work and scope of NPs. CNMs may also work as PCPs. However, this survey did not provide enough information about the workflow for CNMs in primary care to allow for appropriate analysis. Therefore this section focuses on NPs in primary care.

NPs who are working as APRNs were asked if they were recognized as a primary care provider by the insurance networks in which their practice participated. Less than a quarter (23.1%) of NPs reported they had primary care provider status with the insurance companies (Figure 5.15).

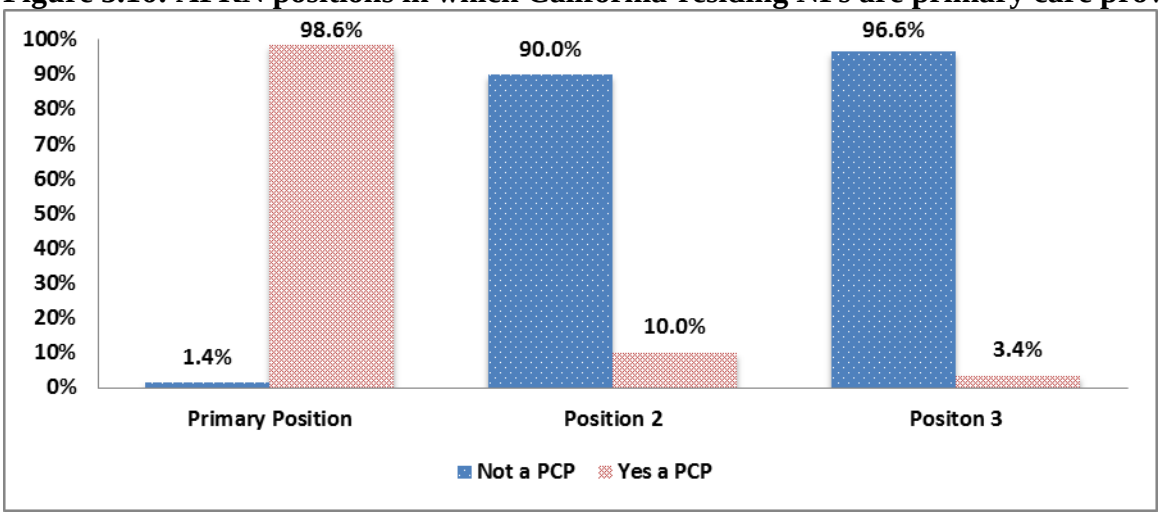
Figure 5.15: Primary care provider status for NPs working as APRNs and residing in California



Note: Total number of cases=773. Data are weighted to represent all NPs and CNMs with active licenses.

Primary care providers were then asked which of their APRN positions had PCP status. Of NPs reporting PCP status by APRN position, 98.6 percent reported having the status in their primary position, 10 percent reported having the status in their second position, and 3.4 percent reported having the status in their third potion.

Figure 5.16: APRN positions in which California-residing NPs are primary care providers



Note: Total number of cases=167. Data are weighted to represent all NPs and CNMs with active licenses.

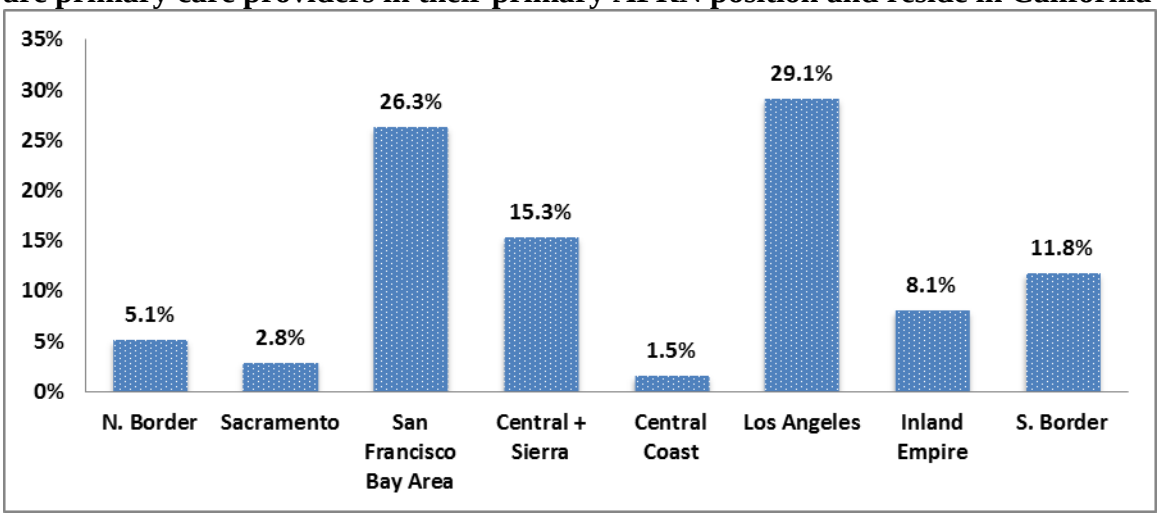
NPs acting as primary care providers were asked where their practice were located, how many practice locations they worked at, and if those locations were in the same region. About 86 percent of PCPs reported having only one practice location for their primary APRN position (Table 5.24). Over 97 percent of NPs reported their sites being in the same region. Figure 5.17 reports the location of the primary site where PCPs have their primary APRN position. The Los Angeles region had the most NPs working as primary care providers (29.1%), followed by the San Francisco Bay Area (26.3%), and the Central Valley (15.3%). Very few NPs working as PCPs reported working in the Central Coast region (1.5%), Sacramento (2.8%), or the Northern Border counties (5.1%)

Table 5.24: Number of primary care practice location for NP's primary APRN position for NPs residing in California

	Number of practice locations
0	4.2%
1	86.2%
2	9.5%
3	0.1%
Number of cases	164
In the same region	97.1%
Number of cases	158

Note: Data are weighted to represent all NPs and CNMs with active licenses.

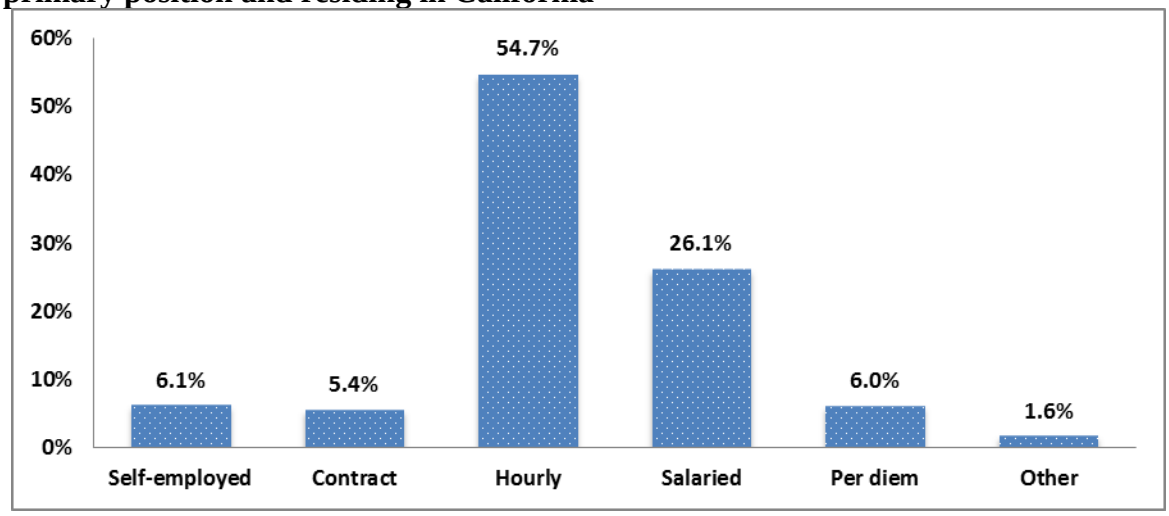
Figure 5.17: Location of primary job site for primary APRN position of NPs reporting they are primary care providers in their primary APRN position and reside in California



Note: Number of cases=139. Data are weighted to represent all NPs and CNMs with active licenses.

NPs reported on their employment arrangements and Figure 5.18 presents the arrangements for primary APRN positions in which NPs are PCPs. Nearly 55 percent of PCPs reported being paid hourly in their primary care position; 26.1 percent reported being salaried.

Figure 5.18: Employment arrangements for NPs who are primary care providers in their primary position and residing in California



Note: Total number of cases=161. Data are weighted to represent all NPs and CNMs with active licenses.

Months and Hours Worked by NPs Who Are Primary Care Providers

PCPs were asked how long they have worked with their employers in their primary care position. Table 5.25 details employer and job tenure. PCPs reported working an average of 11.1 years for their employers. PCPs have worked an average of 9.4 years in their primary care position.

Table 5.25: Duration of employment with current employer for NPs working as primary care providers and residing in California

	Employer tenure in years	Position tenure in years
Primary position	11.1	9.4
Number of cases	161	147

Note: Data are weighted to represent all NPs and CNMs with active licenses.

PCPs reported working an average of 11.7 months per year in their primary position (Table 5.26). About 98 percent of PCPs reported working between 10-12 months per year. Only 2.1 percent worked 1-3 months per year.

Table 5.26: Months spent working per year for NPs working as primary care providers and residing in California

	All NPs	NPs who work in primary care practice
1-3 months	1.7%	2.1%
4-6 months	1.1%	0.0%
7-9 months	1.2%	0.0%
10-12 months	96.0%	97.9%
Mean months	11.7	11.7
Number of cases	806	157

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs working as primary care providers in their primary APRN position also provided information about the number of hours spent working per week. Primary care providers worked on average 8.4 hours per day in their PCP position (Table 5.27). They worked about 29.7 hours a week, of which 0.4 hours are over time. They worked an average of 1.4 hours on call.

Table 5.27: Hours spent working per week, primary APRN position, for NPs working as primary care providers and residing in California

	Hours per day	Hours per week	Over time hours per week	On call hours per week
<1 hour	0.0%	0.0%	81.3%	90.9%
1-8 hours	67.5%	9.8%	18.8%	1.8%
9-16 hours	31.5%	9.2%	0.0%	4.5%
17-24 hours	1.0%	17.2%	0.0%	2.6%
25-32 hours	0.0%	22.3%	0.0%	0.0%
33-40 hours	0.0%	31.3%	0.0%	0.1%
41-48 hours	0.0%	6.2%	0.0%	0.1%
49+ hours	0.0%	4.1%	0.0%	0.0%
Average hours	8.4	29.7	0.4	1.4
Number of cases	137	159	159	159

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Work Settings of NPs Who Work as Primary Care Providers

Table 5.28 presents the primary work settings of NPs who are also PCPs and who reported they were a PCP for their primary care position. Nearly 46 percent of PCPs reported their primary APRN position was in a clinic. Nearly 32 percent reported working in another institution, and 14 percent worked in a hospital.

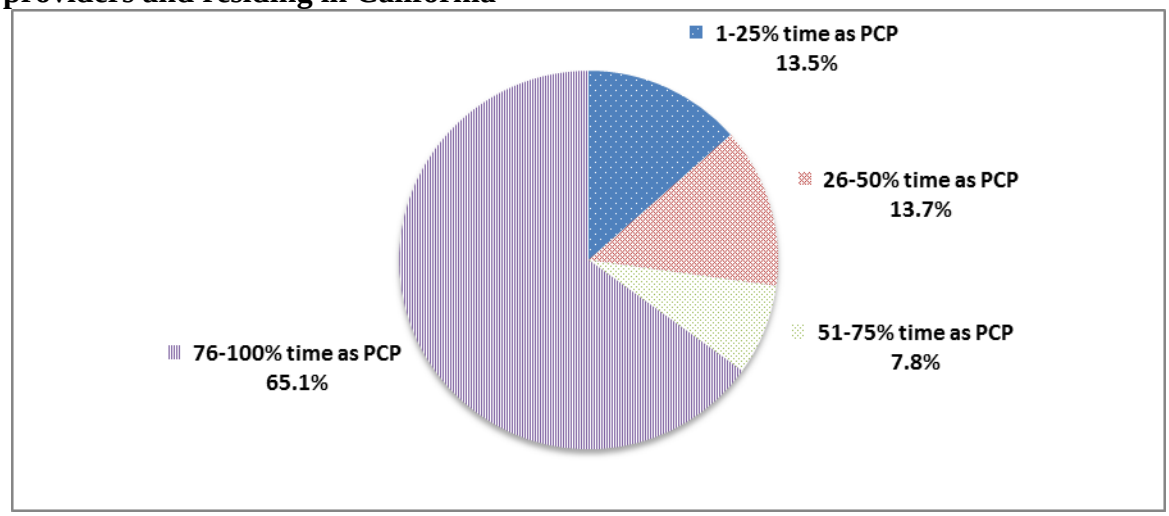
Table 5.28: APRN clinical settings for NPs working as primary care providers and residing in California

	Primary APRN position	
	All NPs	**All NPs who work as primary care providers**
Hospital	27.9%	14.0%
Clinic	48.3%	45.7%
Maternal Child Health	0.9%	0.2%
Other Institutional	16.3%	31.8%
Other	6.7%	8.3%
Number of cases	808	159

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Figure 5.19 presents the time spent performing primary care by NPs who identified as PCPs in their primary position. About 65 percent of PCPs reported providing primary care 76-100 percent of their time in their primary position. Only 7.8 percent reported providing primary care 51-75 percent of the time, 13.7 percent reported providing primary care 26-50 percent of their work time, and 13.5 percent provided care 1-25 percent of the time.

Figure 5.19: Percentage of time spent in primary care by NPs working as primary care providers and residing in California



Note: Total number of cases=116. Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.29 breaks down the time spent performing primary care by clinical setting. NPs who were also PCPs in their primary position and worked in hospitals mostly provided primary care 76-100 percent of their work time. The majority of PCPs working in clinics also provided primary care 76-100 percent of their time. Very few NPs who were PCPs worked in maternal/childcare and those that did provided primary care less than 25 percent of their time. PCPs in other institutional settings spent most of their time performing primary care. Nearly 75 percent of PCPs in "other" settings reported providing PCP care at least 51 percent of the time.

Table 5.29: Percentage of time spent in primary care by APRN clinical settings for NPs working as primary care providers and residing in California

	Hospital	Clinic	Maternal Child Health	Other Institutional	Other
1%-25%	7.4%	16.9%	100.0%	14.1%	1.8%
26%-50%	41.6%	12.4%	0.0%	7.6%	23.3%
51%-75%	0.0%	0.3%	0.0%	13.2%	30.5%
76%-100%	51.0%	70.4%	0.0%	65.1%	44.4%
Number of cases=111					

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs working as PCPs were asked about their clinical fields of work, and check all fields that applied. Table 5.30 details those clinical fields for the primary APRN position of NPs who reported they were PCPs in that primary job. Nearly 67 percent reported working in ambulatory care. About 21 percent reported working in obstetrics/gynecology and 19 percent in diabetes. Less than one percent reported that they were not involved in patient care.

Table 5.30: Clinical fields of work for NPs working as primary care providers and residing in California

Not involved in patient care	0.8%
Ambulatory/outpatient	66.7%
Cardiology	7.5%
Community/public health	10.5%
Corrections/prison	0.0%
Diabetes	19.0%
Dialysis	1.3%
Emergency/trauma	4.6%
Geriatrics/gerontology	15.7%
Home health care	1.5%
Hospice/palliative care	3.9%
Intensive care/critical care	2.1%
Labor and delivery	2.4%
Medical-surgical	2.3%
Mother-baby unit or normal newborn	0.7%
Neonatal care	0.9%
Obstetrics/gynecology	21.2%
Oncology	3.2%
Orthopedics	6.9%
Pediatrics	12.5%
Psychiatry/mental health	6.9%
Rehabilitation	1.5%
School health (K-12 or college)	3.9%
Step-down or transitional bed unit	0.0%
Surgery/pre-op/post-op/	0.0%
Telemetry	0.0%
Other	14.4%
Wound care	0.0%
Pain Management	0.0%
Research	0.0%
Number of cases	161

Note: Data are weighted to represent all NPs and CNMs with active licenses. Column will not total 100% because respondents could select multiple items.

Table 5.31 provides a breakdown of NPs who act as PCPs by clinical fields and by work setting. All the NPs who reported not working in patient care (1.7%) reported working for clinics. In all work settings, over half of all NPs reported working in ambulatory care. Hospital PCPs were also likely to report working in emergency or trauma (23.2%) or to report working in an "other" field (24.2%). Clinic-based PCPs most commonly reported working with diabetes patients (18.5%) and obstetrics/gynecology (18.1%). PCPs working for maternal/child health organizations reported working in labor and delivery (100.0%) and obstetrics/gynecology (100.0%). NPs who were PCPs at other institutions also reported working in geriatrics/gerontology (32.7%), and obstetrics/gynecology (28.5%). PCPs working in "other" institutions such as home health and hospice reported most commonly working in the clinical fields of diabetes (33.8%) and geriatrics/gerontology (24.8%).

Table 5.31: Clinical fields of work by setting for NPs working as primary care providers and residing in California

	Hospital	Clinic	Maternal Child Health	Other Institution	Other
Not involved in patient care	0.0%	1.7%	0.0%	0.0%	0.0%
Ambulatory/outpatient	50.0%	69.7%	50.0%	69.6%	64.1%
Cardiology	17.6%	6.5%	0.0%	7.6%	0.0%
Community/public health	0.0%	17.0%	50.0%	4.4%	15.7%
Corrections/prison	0.0%	0.0%	0.0%	0.0%	0.0%
Diabetes	11.8%	18.5%	0.0%	21.0%	33.8%
Dialysis	0.0%	2.9%	0.0%	0.0%	0.0%
Emergency/trauma	23.2%	0.0%	0.0%	5.1%	0.0%
Geriatrics/gerontology	0.0%	8.7%	0.0%	32.7%	24.8%
Home health care	0.0%	0.0%	0.0%	2.6%	9.0%
Hospice/palliative care	6.1%	1.7%	0.0%	7.7%	0.0%
Intensive care/critical care	5.7%	2.9%	0.0%	0.0%	0.0%
Labor and delivery	5.0%	0.6%	100.0%	1.6%	8.7%
Medical-surgical	5.7%	0.0%	0.0%	5.1%	0.0%
Mother-baby unit or normal newborn	1.4%	0.2%	50.0%	0.3%	3.2%
Neonatal care	0.0%	1.9%	0.0%	0.0%	0.0%
Obstetrics/gynecology	10.6%	18.1%	100.0%	28.5%	24.4%
Oncology	12.2%	1.7%	0.0%	2.7%	0.0%
Orthopedics	11.8%	5.2%	0.0%	10.3%	0.0%
Pediatrics	5.7%	17.5%	0.0%	7.6%	9.3%
Psychiatry/mental health	5.7%	10.5%	0.0%	0.0%	15.7%
Rehabilitation	0.0%	0.0%	0.0%	5.1%	0.0%
School health (K-12 or college)	0.0%	6.9%	0.0%	0.0%	9.3%
Step-down or transitional bed unit	0.0%	0.0%	0.0%	0.0%	0.0%
Surgery/pre-op/post-op/	0.0%	0.0%	0.0%	0.0%	0.0%
Telemetry	0.0%	0.0%	0.0%	0.0%	0.0%
Other	24.2%	13.1%	0.0%	9.6%	19.1%
Wound care	0.0%	0.0%	0.0%	0.0%	0.0%
Pain Management	0.0%	0.0%	0.0%	0.0%	0.0%
Research	0.0%	0.0%	0.0%	0.0%	0.0%
Number of cases=156					

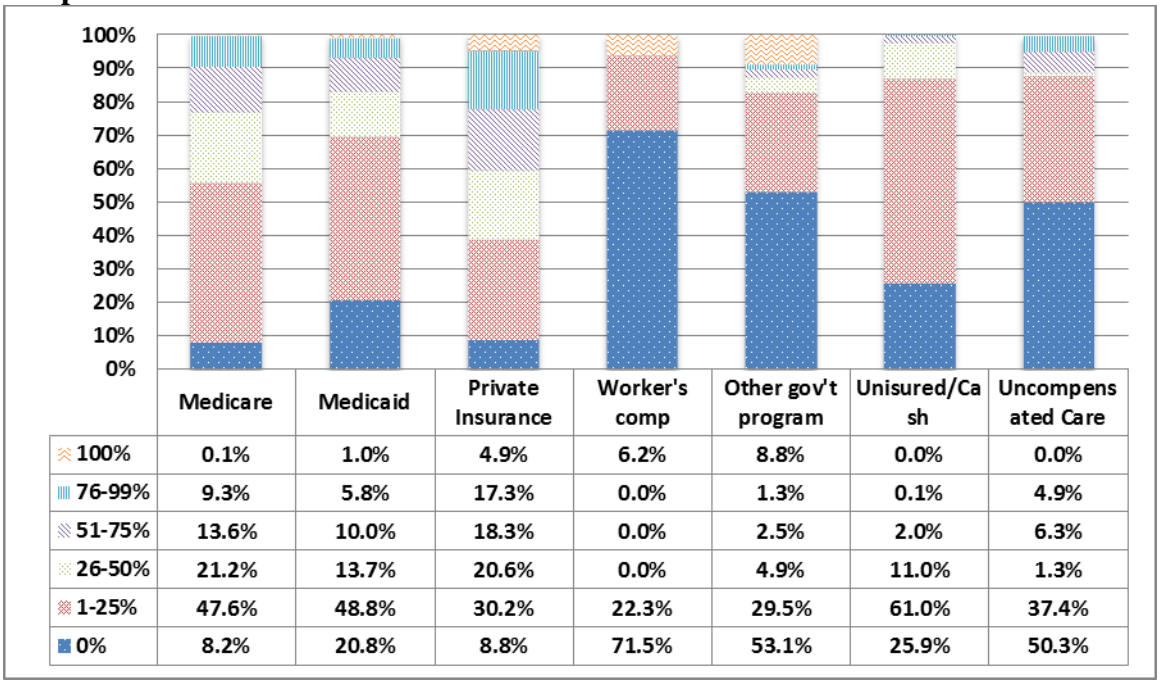
Note: Data are weighted to represent all NPs and CNMs with active licenses.

Patient Population Served by NPs Who Are Primary Care Providers

NPs were asked about the payment profiles of their patient populations, although not all NPs reported on each insurance type. Figure 5.20 details the differences between patients for PCP providers in their primary APRN position. Over 8 percent of providers reported not serving Medicare patients, and 47.6 percent reported that less than 1-25 percent of their patients were on Medicare. Nearly 21 percent of providers reported not serving Medicaid patients, and 48.8 percent reported that less than 1-25 percent of their patients were on Medicaid. Nearly 9 percent reported not working with patients with private insurance, while 30.2 percent of NPs reported only 1-25 percent of their patient population had private insurance. Over 53 percent of PCPs reported that they did not work with patients on government assistance and only 29.1 percent

reported less than a quarter of their patients were on government insurance. About 25.9 percent of PCPs reported not accepting the uninsured, and 50.3 percent reported not accepting patients with uncompensated care.

Figure 5.20: Patient population for the primary APRN position of NPs who are primary care providers and reside in California

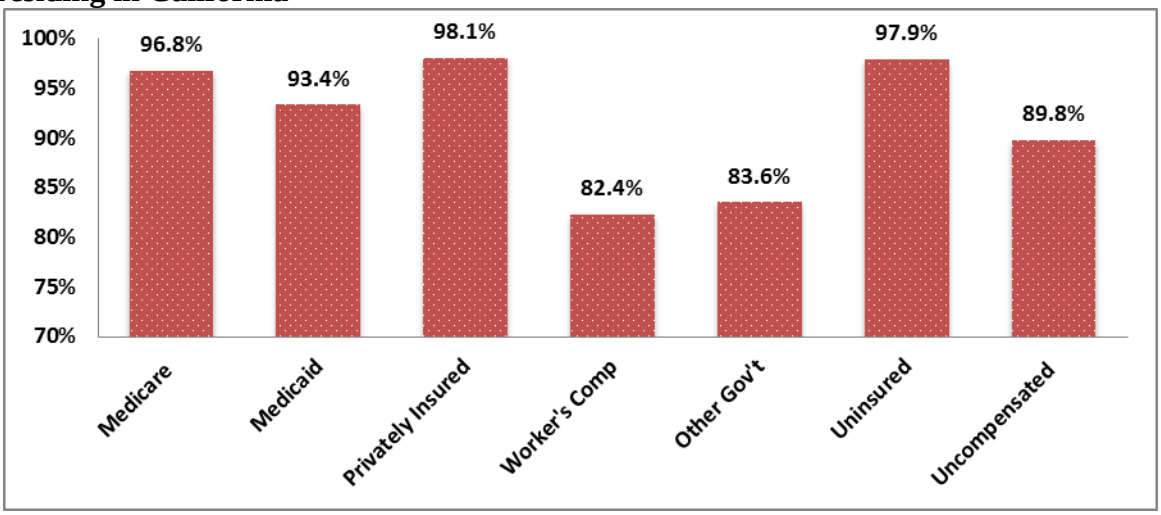


	Medicare	Medicaid	Private Insurance	Worker's comp	Other gov't program	Unisured/Cash	Uncompensated Care
100%	0.1%	1.0%	4.9%	6.2%	8.8%	0.0%	0.0%
76-99%	9.3%	5.8%	17.3%	0.0%	1.3%	0.1%	4.9%
51-75%	13.6%	10.0%	18.3%	0.0%	2.5%	2.0%	6.3%
26-50%	21.2%	13.7%	20.6%	0.0%	4.9%	11.0%	1.3%
1-25%	47.6%	48.8%	30.2%	22.3%	29.5%	61.0%	37.4%
0%	8.2%	20.8%	8.8%	71.5%	53.1%	25.9%	50.3%

Note: Number of cases reporting: Medicare patients=140; Medicaid patients=123; private insurance=134; worker's compensation=83; other government programs=87; uninsured patients=104; uncompensated care=86. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 5.21 presents the percentage of PCPs accepting new patients. Over 98 percent of PCPs reported accepting new patients who were privately insured, 97.9 percent reported accepting the uninsured, 96.8 percent reported accepting new Medicare patients, and 93.4 percent reported accepting new Medicare patients.

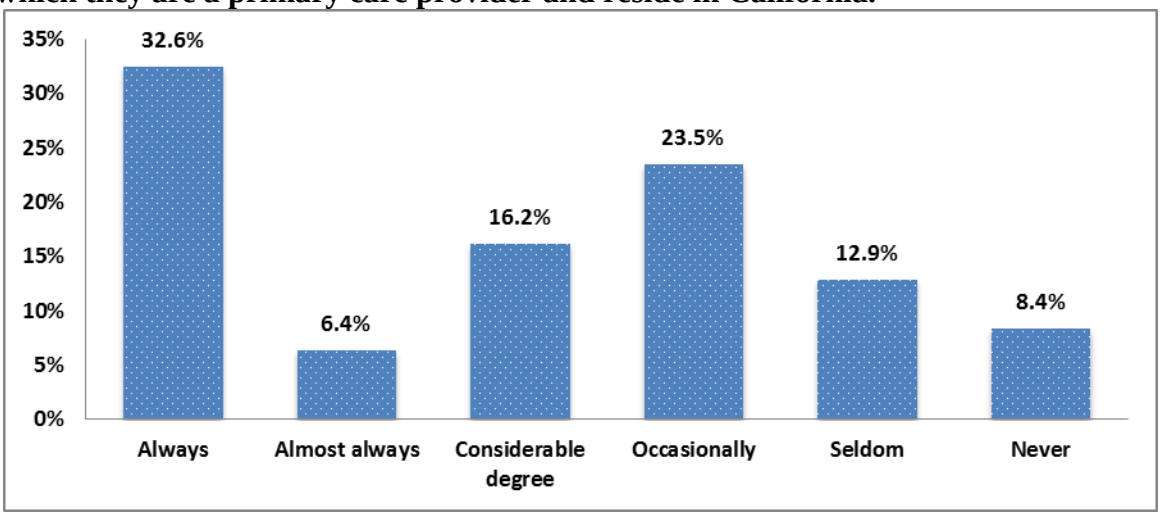
Figure 5.21: Percentage of primary care providers accepting new patients by patient insurance for NPs working as a primary care provider in their primary position and residing in California



Note: Number of cases reporting: Medicare patients=12; Medicaid patients=92; private insurance=129; worker's compensation=41; other government programs=51; uninsured patients=87; uncompensated care=47. Data are weighted to represent all NPs and CNMs with active licenses.

PCPs were asked if their primary practice served the underserved. Thirty-nine percent reported working "always" or "almost always" with the underserved in their practice. About 8.4 percent reported never working with the underserved (Figure 5.22).

Figure 5.22: Working with underserved populations in an NP's primary APRN practice in which they are a primary care provider and reside in California.



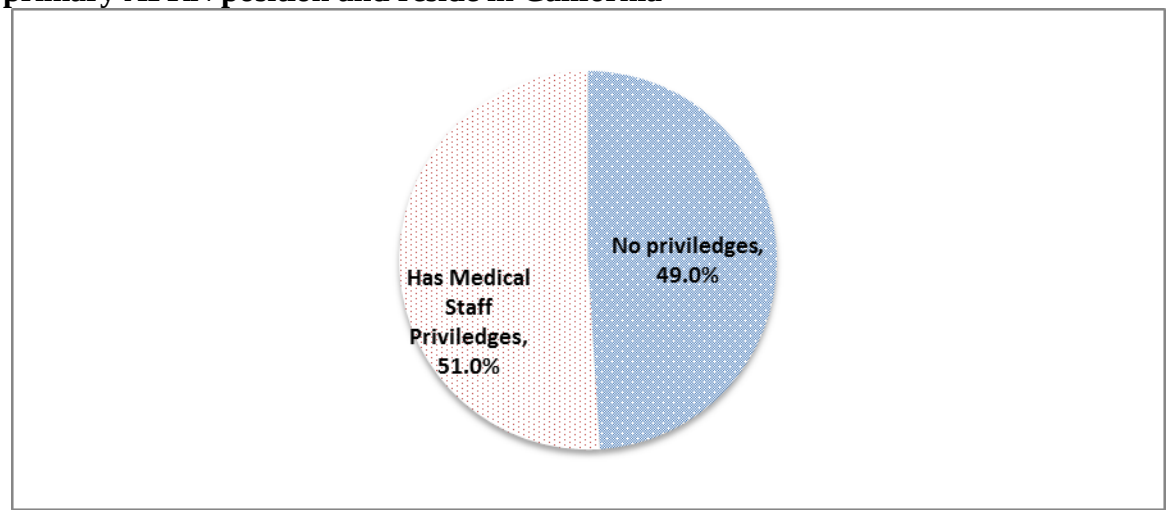
Note: Number of cases=163. Data are weighted to represent all NPs and CNMs with active licenses.

Practice Limitation of NPs Who Are Primary Care Providers

Fifty-one percent of NPs who were also primary care providers in their primary APRN position reported having medical staff privileges (Figure 5.23). PCPs were asked if they could perform rounding on patients, write orders without physician co-signature, and write orders with physician co-signature (Table 5.32). About 58 percent of PCPs with medical staff privileges for their primary APRN position reported rounding on physicians' patients. Over 58 percent of NPs

reported being able to write orders with physician co-signature, and 89.8 percent of NPs reported being able to write orders without the physician's co-signature.

Figure 5.23: Medical staff privileges for NPs who are primary care providers in their primary APRN position and reside in California



Note: Number of cases=158. Data are weighted to represent all NPs and CNMs with active licenses.

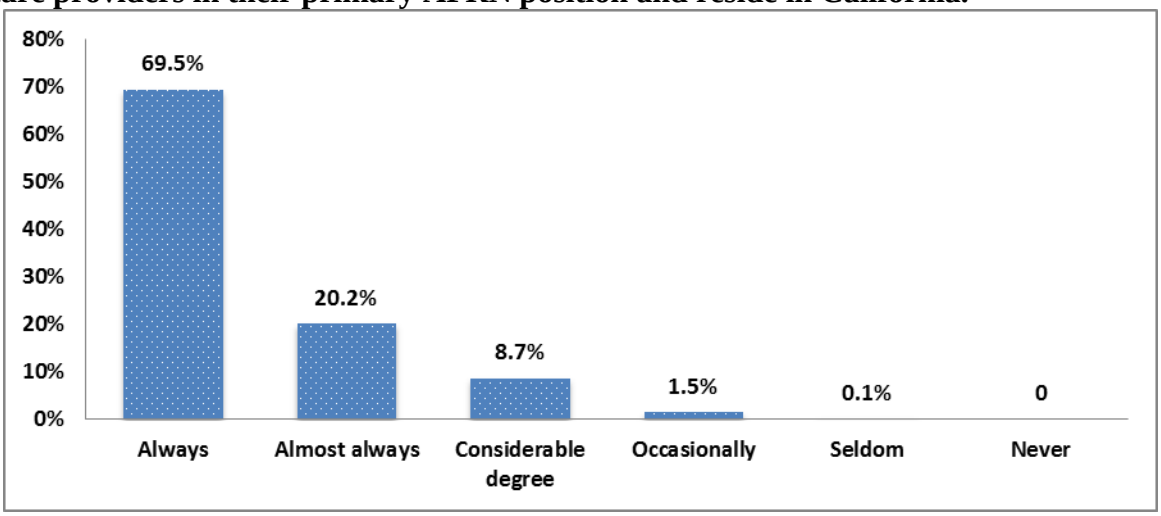
Table 5.32: Medical staff privileges held by primary care providers in their primary NP position

	Rounding on physicians' patients	Write orders without physician co-signature	Write order with physician co-signature
No	42.2%	10.3%	41.7%
Yes	57.8%	89.8%	58.3%
Number of cases	64	71	40

Note: Number of cases=163. Data are weighted to represent all NPs and CNMs with active licenses.

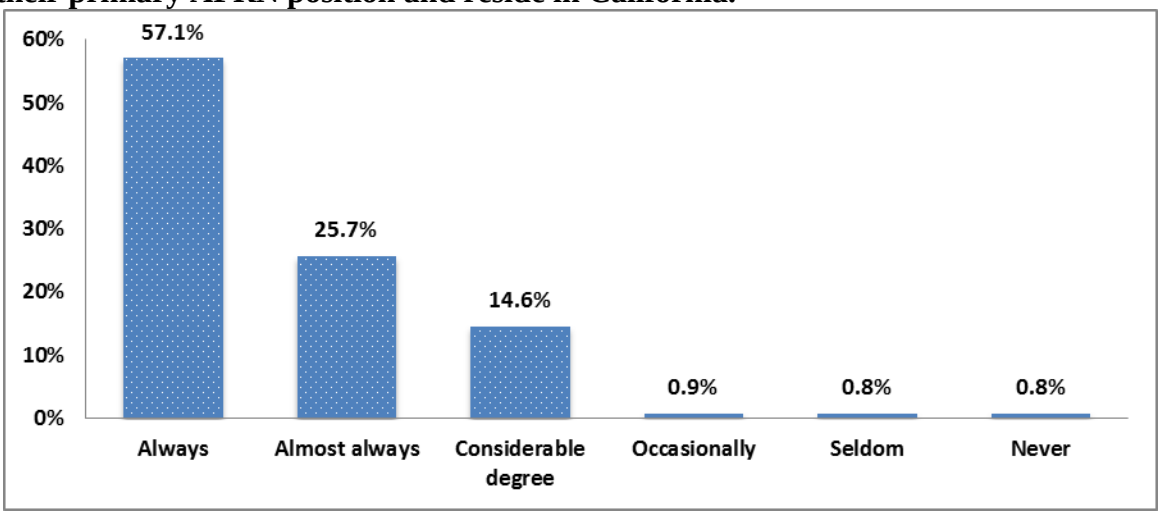
Nearly 90 percent of PCPs reported "always" or "almost always" practicing to the full extent of their scope of practice (Figure 5.24). Nearly 83 percent of NPs who were PCPs in their primary APRN position reported "always" or "almost always" fully utilizing their nursing skills (Figure 5.25). Relatively fewer PCPs (47.3%) reported "always" or "almost always" contributing to the development or revision of standardized procedures (Figure 5.26).

Figure 5.24: Practicing to the fullest extent of scope of practice for NPs who are primary care providers in their primary APRN position and reside in California.



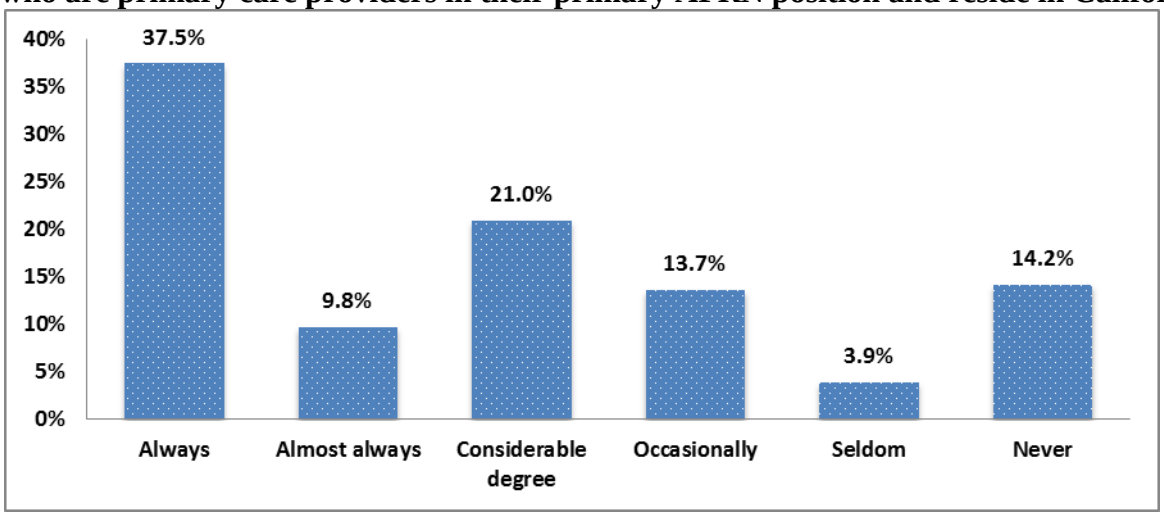
Note: Number of cases=163. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 5.25: Full utilization of nursing skills by NPs who are primary care providers in their primary APRN position and reside in California.



Note: Number of cases=163. Data are weighted to represent all NPs and CNMs with active licenses.

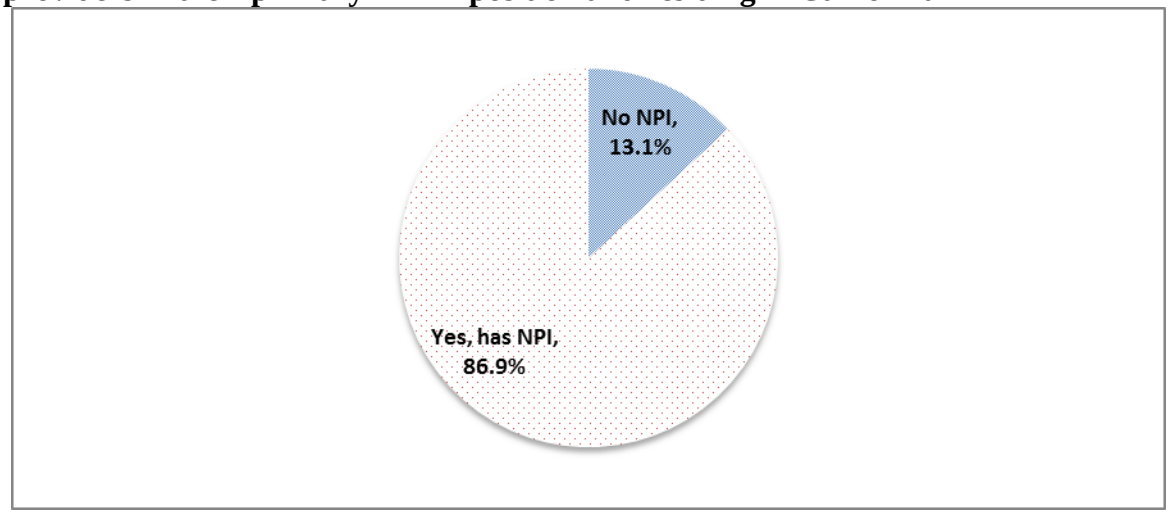
Figure 5.26: Ability to contribute to the development of standardized procedures by NPs who are primary care providers in their primary APRN position and reside in California



Note: Number of cases=164. Data are weighted to represent all NPs and CNMs with active licenses.

As a nurse practitioner and primary care provider, a nurse may have the opportunity to bill Medicare directly. Nearly 87 percent of NPs who were primary care providers reported having a Medicare provider number (NPI) (Figure 5.27).

Figure 5.27: NPs with Medicare provider number/NPI who are also primary care providers in their primary APRN position and residing in California



Note: Number of cases=164. Data are weighted to represent all NPs and CNMs with active licenses.

Income and Earnings of NPs Who Are Primary Care providers

NPs who are primary care providers in their primary APRN position had higher annual gross earnings and hourly wages than the average NP (Table 5.33). The average annual earnings from their primary APRN position were $91,008 a year in 2010. The hourly wage reported by PCPs was $62.24 an hour.

Table 5.33: Annual APRN earnings and hourly wage for NPs working as primary care providers and residing in California

	Primary APRN position	
	All NPs	**NPs who are primary care providers**
2010 annual earnings	$88,206	$91,008
Number of cases	750	148
Hourly wage	$56.71	$62.24
Number of cases	503	116

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Job Satisfaction

NPs who were employed as APRNs and reside in California were asked to indicate their degree of satisfaction with their APRN career on a five-point Likert-type scale ranging from "very dissatisfied" to "very satisfied." Table 5.38 presents the responses of working NPs residing in California. A "mean score" for each item can be obtained by computing the average score, with 1 point given for "very dissatisfied" and 5 points for "very satisfied."

Over 82 percent of NPs employed as APRNs reported being satisfied with their APRN career. The mean satisfaction score of employed NPs was 4.05 and 4.04 for NPs who worked as PCPs in 2010 (Table 5.34). This is slightly lower than the mean satisfaction score of RNs, who reported a mean satisfaction score of 4.10 in regards to the nursing profession in the *Survey of Registered Nurses in California, 2010*[5], but nonetheless still a very high level of satisfaction.

Table 5.35 presents satisfaction levels by work setting. Hospital-employed NPs had the lowest career satisfaction levels at 77.2 percent. Clinics employed the most NPs of any setting, and 83.9 percent of NPs working in one for their primary position reported being satisfied. Maternal/child health facilities had the highest levels of satisfaction at 97.4 percent.

Table 5.34: Satisfaction with APRN career for all NPs, and NPs working as primary care providers residing in California

	All NPs	**NPs who are primary care providers**
Very dissatisfied	6.1%	12.4%
Dissatisfied	4.7%	1.7%
Neither	7.1%	7.0%
Satisfied	42.2%	27.0%
Very satisfied	39.9%	51.9%
Mean Satisfaction	4.05	4.04
Number of cases	812	159

Note: Data are weighted to represent all NPs and CNMs with active licenses.

[5] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

Table 5.35: Satisfaction with APRN career by setting for NPs residing in California

Hospital	77.2%
Clinic	83.9%
Maternal Child Health	97.4%
Other Institution	85.2%
Other	81.8%
Number of cases	786

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Nursing satisfaction may be influenced by issues in the provision of care. Table 5.36 presents potential issues facing NPs in their APRN positions. NPs graded the potential problems as "not a problem," "a minor problem," "a major problem" or as "not applicable." Inadequate time with patients was categorized as either a "minor problem" or "major problem" by 66.3 percent of employed NPs. Difficulties communicating with patients was considered a problem by 64.4 percent. About 64 percent of NPs reported quality issues outside of the control of the NP as a problem. Over 62 percent reported too little involvement in decision-making as a "minor" or "major problem." In addition, 60.1 percent of employed NPs reported not receiving timely reports from other providers as a problem.

Table 5.36: Potential issues with quality of care for NPs residing in California

	Not a Problem	Minor Problem	Major Problem	Not Applicable
Inadequate time with patients	31.1%	47.2%	19.1%	2.6%
Difficulties communicating with patients due to language or cultural barriers	31.9%	57.0%	7.4%	3.6%
Lack of qualified specialists in your area	54.8%	25.3%	13.5%	6.4%
Not getting timely reports from other providers and facilities	34.5%	46.6%	13.5%	5.3%
Denial of coverage/care decisions by insurance companies	26.0%	36.3%	22.1%	15.7%
Scope of practice limitations/restrictions	52.1%	33.9%	9.7%	4.3%
Quality issues outside of your control	29.0%	49.8%	14.2%	7.0%
Patients' inability to receive needed care because of inability to pay	31.4%	34.6%	23.7%	10.4%
Insufficient income	43.5%	31.2%	15.5%	9.9%
Too little involvement in decisions in your organization	31.1%	42.6%	19.6%	6.7%
Non-paying patients/bad debt	44.5%	26.3%	6.7%	22.5%
High liability insurance rates	44.6%	23.2%	9.8%	22.4%
Non-reimbursable overhead costs	43.0%	19.3%	7.8%	29.9%
Lack of call coverage	51.8%	12.4%	4.0%	31.9%
Lack of administrative support	46.2%	31.4%	15.8%	6.6%
Lack of access/support for educational advancement	50.9%	30.1%	12.5%	6.5%
Varying degrees of collaboration	44.5%	40.6%	9.2%	5.7%
Inadequate or slow 3rd party payment	37.0%	18.9%	6.7%	37.4%
Too little involvement in decision about healthcare in your community	37.7%	31.8%	9.5%	21.0%
Other	1.3%	0.8%	2.6%	95.3%
Total number of cases=814				

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 5.37 presents issues with quality of care as determined by NPs who are primary care providers in their primary APRN position. As with other NPs, most PCPs reported inadequate time with patients as a problem (71.0%). About 63 percent reported too little involvement in decision-making as a "minor" or "major problem." Slightly more than 60 percent of PCPs felt the difficulties in communicating with patients was considered a problem. More than 51 percent of NPs who are PCPs reported patients' inability to receive needed care because of their inability to pay as a "minor" or "major" problem.

Table 5.37: Potential issues with quality of care for NPs working in primary care in their primary APRN position and residing in California

	Not a Problem	Minor Problem	Major Problem	Not Applicable
Inadequate time with patients	27.7%	48.4%	22.6%	1.3%
Difficulties communicating with patients due to language or cultural barriers	36.1%	55.1%	5.5%	3.3%
Lack of qualified specialists in your area	58.3%	20.3%	14.3%	7.1%
Not getting timely reports from other providers and facilities	45.2%	37.2%	13.2%	4.3%
Denial of coverage/care decisions by insurance companies	35.9%	28.2%	20.7%	15.3%
Scope of practice limitations/restrictions	59.3%	32.6%	5.7%	2.3%
Quality issues outside of your control	32.9%	46.2%	14.2%	6.7%
Patients' inability to receive needed care because of inability to pay	36.9%	31.8%	19.5%	11.8%
Insufficient income	50.9%	29.9%	11.8%	7.5%
Too little involvement in decisions in your organization	33.2%	47.0%	16.2%	3.6%
Non-paying patients/bad debt	49.3%	25.3%	5.4%	20.0%
High liability insurance rates	50.5%	21.1%	11.2%	17.2%
Non-reimbursable overhead costs	45.2%	18.9%	7.5%	28.5%
Lack of call coverage	53.1%	10.6%	2.5%	33.8%
Lack of administrative support	50.0%	33.9%	12.6%	3.6%
Lack of access/support for educational advancement	54.8%	30.2%	10.1%	4.9%
Varying degrees of collaboration	45.1%	43.1%	7.0%	4.8%
Inadequate or slow 3rd party payment	40.5%	17.3%	6.6%	35.5%
Too little involvement in decision about healthcare in your community	38.0%	29.3%	11.8%	21.0%
Other	2.4%	0.0%	1.7%	95.9%
Total number of cases=159				

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Employed NPs reported on the obstacles they faced working as an APRN between 2007 and 2010 (Table 5.38). More than 63 percent reported no difficulties practicing as an APRN. Nearly 19 percent expressed problems finding an APRN position, 15.8 percent reported a lack of adequate mentoring, and 11.2 percent reported "other" difficulties, the most common other response being limitations on scope of practice.

NPs who work as primary care providers in their primary APRN position reported slightly lower levels of difficulties working as APRNs. Over 69 percent reported encountering no obstacles in the last three years. Less than 16 percent reported difficulty finding an APRN position. More than 10 percent reported encountering a lack of adequate mentoring. Only 4.5

reported difficulty obtaining sufficient furnishing hours for a certificate. About 7.2 percent of PCPs reported "other" difficulties.

Table 5.38: Obstacles to working as an APRN encountered by NPs residing in California in the last three years

	All NPs	NPs who are primary care providers
Difficulty finding employment as APRN	18.8%	15.9%
Difficulty obtaining furnishing hours for certificate	5.6%	4.5%
Lack of adequate mentoring	15.8%	10.4%
No Difficulties practicing as an APRN	63.6%	69.3%
Other difficulty	11.2%	7.2%
Number of cases	763	139

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Changes in Employment and Future Plans

APRNs were asked about employment status changes in the past three years. Nearly 48 percent of NPs residing in California reported no change in their employment status between 2007 and 2010 (Table 5.39). The most common change experienced was a change in employers (21.1%), followed by an increase in hours (16.0%), and a decrease in hours (14.9%).

Nearly 51 percent of NPs who are primary care providers in their primary APRN position reported no change in their employment status in between 2007 and 2010. Over 16 percent of PCPs reported having their hours decreased in the last three years. Nearly 15 percent reported they changed employers, and 12.1 percent added services to their practice.

Table 5.39: Change in APRN employment encountered by NPs residing in California in the last three years

	All NPs	NPs who are primary care providers
Hours increased	16.0%	9.8%
Hours decreased	14.9%	16.5%
Changed employers	21.1%	14.9%
Practice closed	2.6%	3.3%
Opened practice	0.9%	1.7%
Added services in practice	8.3%	12.1%
Ceased offering specific services	3.5%	3.9%
No change	47.8%	50.7%
Other	4.6%	4.1%
Number of cases	767	146

Note: Data are weighted to represent all NPs and CNMs with active licenses.

NPs who were employed in APRN positions were asked about their future plans. Their responses, and the responses of the subset of NPs who are also PCPs in their primary APRN position, are summarized in Table 5.40. More than 60 percent of NPs said they planned to continue work approximately the same amount in five years that they work now. Only 50.5 percent of PCPs reported planning to work at similar levels in five years. The difference may be due to the fact that nearly 10 percent of NPs planned to retire in the next five years and twice as many PCPs (19.9%) planned to retire in the next five years. Of all employed NPs, 14.3 percent

reported a plan to increase hours of APRN work; 13.1 percent of PCPs have similar plans. About 14 percent of NPs planned to reduce APRN hours, and 16.4 percent of PCPs planned to reduce hours as well. Very few NPs (1.2%) or PCPs (0.1%) planned to leave nursing.

Table 5.40: Future plans of NPs residing in California

	All NPs	NPs who are primary care providers
Plan to increase hours of APRN work	14.3%	13.1%
Plan to work approximately as much as now	60.8%	50.5%
Plan to reduce hours of APRN work	13.8%	16.4%
Pan to leave nursing entirely but not retire	1.2%	0.1%
Plan to retire	9.9%	19.9%
Number of cases	810	158

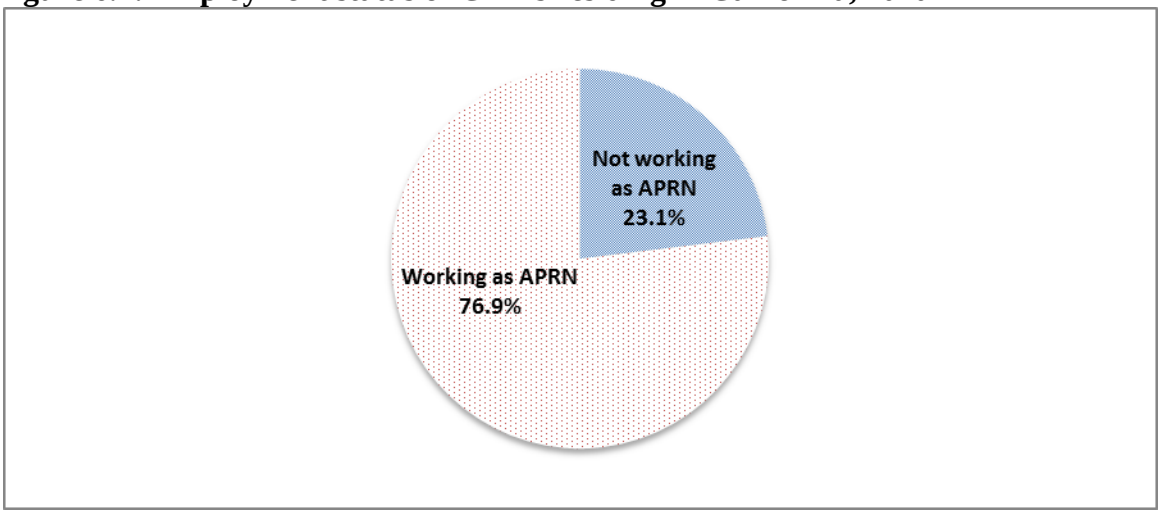
Note: Data are weighted to represent all NPs and CNMs with active licenses.

Chapter 6: CNM Employment

Of the 1,045 Certified Nurse Midwives residing in California, approximately 804 CNMs were employed as an APRN in California in 2010. The total of CNMs residing in California included 503 dual-certified NP/CNMs of which approximately 425 reported working as APRNs. Therefore, in this chapter the use of the term "Certified Nurse Midwife" applies to both CNM-only nurses and NP/CNMs.

About 23.1 percent of the CNMs residing in California did not work as an APRN (Figure 6.1). This chapter focuses on the 76.9 percent of CNMs who worked as APRNs in California.

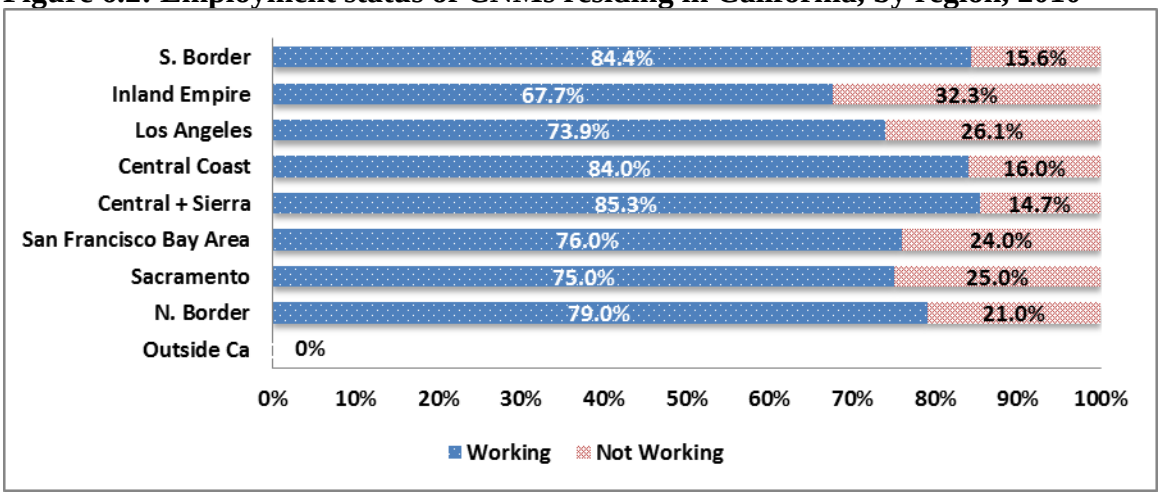
Figure 6.1: Employment status of CNMs residing in California, 2010



Note: Total cases=485. Data are weighted to represent all NPs and CNMs with active licenses.

There is some variation in employment rates according to the region, as shown in Figure 6.2. Certified nurse midwives living in the Inland Empire (67.7%), Los Angeles (73.9%), Sacramento (75.0%), and San Francisco Bay Area (76.0%) were less likely to work as an APRN than average. CNMs living in the Central Coast (84.0%), Southern Border (84.4%), and Central/Sierra (85.3%) were the most likely to be working as APRNs.

Figure 6.2: Employment status of CNMs residing in California, by region, 2010



Note: Total cases=485. Data are weighted to represent all NPs and CNMs with active licenses.

Age Distribution of Working California CNMs

The employment status of CNMs by age group shows that the average age of a working CNM in California was 50.9 years old (Table 6.1). The largest shares of CNMs working in California were between 55 and 64 years of age (36.6%). The next largest groups of CNMs were the 45-54 year olds (28.7%), and the 35-44 year olds (19.6%). Relatively few working CNMs were under 35, or over 65. g

Table 6.1: Age of employed CNMs residing in California

Under 35 years	8.7%
35-44 years	19.6%
45-54 years	28.7%
55-64 years	36.6%
65 years or older	6.5%
Average age	50.9 years
Number of cases	373

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 6.2 outlines how the age distribution of CNMs influences the number of APRN jobs they hold. Between 70.5 percent and 81.8 percent of CNMs held old only one job. Nearly 30 percent of CNMs 65 years or older reported holding more than one job. Only 18.2 percent of CNMs ages 45 to 54 years held more than one APRN position.

Table 6.2: Number of APRN positions by age of employed CNMs residing in California

	Under 35 years	**35-44 years**	**45-54 years**	**55-64 years**	**65 years or older**
One job	71.4%	76.9%	81.8%	75.7%	70.5%
Two job	21.4%	23.1%	13.5%	22.3%	25.9%
Three job	7.2%	0.0%	2.8%	2.1%	3.6%
Four or more jobs	0.0%	0.0%	1.9%	0.0%	0.0%
Total number of cases=360					

Note: Data are weighted to represent all NPs and CNMs with active licenses.

How Much Do CNMs Work?

CNMs were asked about employment in up to three APRN positions. Table 6.3 presents the distribution of hours worked in a "normal" week for CNMs working as APRNs and residing in California. The average CNM worked approximately 35.5 hours a week for all APRN positions. CNMs ages 55 to 64 years old worked the most hours (37.5 hours) and CNMs over the age 65 years or older worked the fewest hours per week (25.3 hours).

Table 6.3: Average hours per week for all APRN positions by age of employed CNMs residing in California

Under 35 years	33.7
35-44 years	36.6
45-54 years	35.3
55-64 years	37.5
65 years or older	25.3
Overall average hours	35.5
Number of cases	361

Note: Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were also asked how long they have held their ARPN position(s). Table 6.4 details the average tenure in years with a specific employer, and Table 6.5 details the average tenure of years in a specific position. CNMs reported spending 9.6 years with the employer of their primary position. The average years spent in that primary position is 8.5 years.

Table 6.4: Average years spent with current employer by position for employed CNMs residing in California

	Primary APRN position	**Position 2**
Employer tenure in years	9.6	6.5
Number of cases	362	84

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Table 6.5: Average years spent in current position by position for employed CNMs residing in California

	Primary APRN position	**Position 2**
Position tenure in years	8.5	5.8
Number of cases	342	71

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

CNMs were asked how many months per year they spent working as an APRN. Nearly 98 percent of CNMs spent 10-12 months working in their primary position (Table 6.6).

Table 6.6: Months per year spent working in each APRN position for employed CNMs residing in California

	Primary APRN position	Position 2
<1 month	0.00%	1.1%
1-3 months	0.5%	14.6%
4-6 months	1.4%	4.1%
7-9 months	0.3%	3.3%
10-12 months	97.8%	76.8%
Number of cases	363	83

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Table 6.7 breaks down the time spent per day working in up to three APRN positions. CNMs worked 9.3 hours per day in their primary position. About 52 percent of CNMs worked between 5-8 hours in their primary position, and another 39.1 percent worked between 9 to 12 hours per day.

Table 6.7: Hours per day for each APRN positions for employed CNMs residing in California

	Primary APRN position	Position 2
<1 hour	0.0%	0.0%
1-4 hours	1.5%	21.2%
5-8 hours	52.1%	38.1%
9-12 hours	39.1%	31.5%
13-16 hours	5.8%	1.9%
17-20 hours	0.8%	1.6%
21-24 hours	0.8%	5.8%
Mean daily hours	9.3	9.0
Number of cases	269	58

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

When asked about hours per week, CNMs reported working an average of 32.4 hours per week in their primary position, an additional 12.7 hours if they held a second job. Nearly 35 percent of CNMs reported they worked 33-40 hours per week, and another 22 percent reported working 25-32 hours per week in their primary position.

Table 6.8: Hours per week for each APRN positions for employed CNMs residing in California

	Primary APRN position	Position 2
1-8 hours	5.0%	45.3%
9-16 hours	8.3%	33.0%
17-24 hours	15.3%	14.9%
25-32 hours	22.0%	2.5%
33-40 hours	34.6%	2.2%
41-48 hours	8.1%	0.7%
49+ hours	6.7%	1.6%
Average hours per week	32.4	12.7
Number of cases	361	84

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

CNMs reported very few hours of overtime (Table 6.9). Nearly 86 percent of CNMs reported working less than one hour of overtime a week in their primary job; on average, CNMs worked only 0.8 hours of overtime per week.

Table 6.9: Overtime hours per week for each APRN positions for employed CNMs residing in California

	Primary APRN position	Position 2
<1 hour	85.9%	98.3%
1-8 hours	12.1%	1.7%
9-16 hours	1.2%	0.0%
17-24 hours	0.3%	0.0%
25-32 hours	0.0%	0.0%
33-40 hours	0.3%	0.0%
41-48 hours	0.3%	0.0%
49+ hours	0.0%	0.0%
Mean overtime hours	0.8 hours	0.0 hours
Number of cases	361	84

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Over a quarter of CNMs reported working more than one on-call hour per week as part of their APRN work (Table 6.10). Nearly 26 percent of CNMs reported working more than one hour on-call hours per week for their primary position. On average, CNMs reported working 11.0 hours on-call in their primary position.

Table 6.10: On-call hours per week for each APRN positions for employed CNMs residing in California

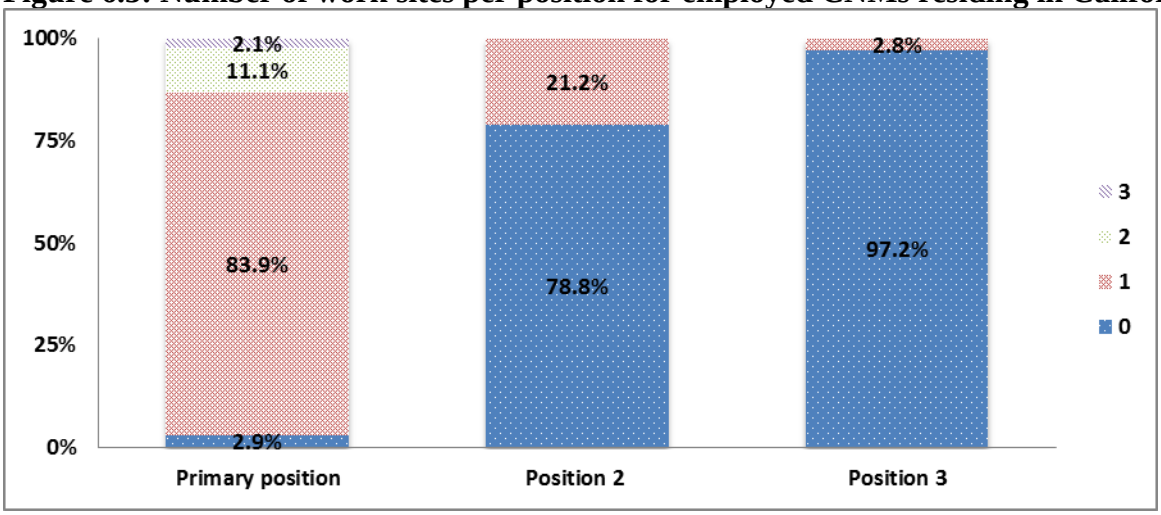
	Primary APRN position	Position 2
<1 hour	74.4%	86.1%
1-8 hours	3.3%	0.0%
9-16 hours	7.0%	3.5%
17-24hours	4.2%	0.0%
25-32 hours	0.3%	0.0%
33-40 hours	2.0%	1.2%
41-48 hours	1.5%	1.4%
49+ hours	7.4%	7.9%
Mean on-call hours per week	11.0	10.4
Number of cases	361	84

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Geographic Settings

CNMs may have more than one workplace per position. Figure 6.3 shows the number of sites that CNMs may report to for each of their APRN positions. Some CNMs either did not provide information and therefore have zero sites, or did not have a second or third job. About 2.9 percent of CNMs did not explain how many sites they worked at in their primary job, 83.9 percent reported they had one work site, 11.1 percent reported two work sites, and 2.1 percent reported having three work sites.

Figure 6.3: Number of work sites per position for employed CNMs residing in California

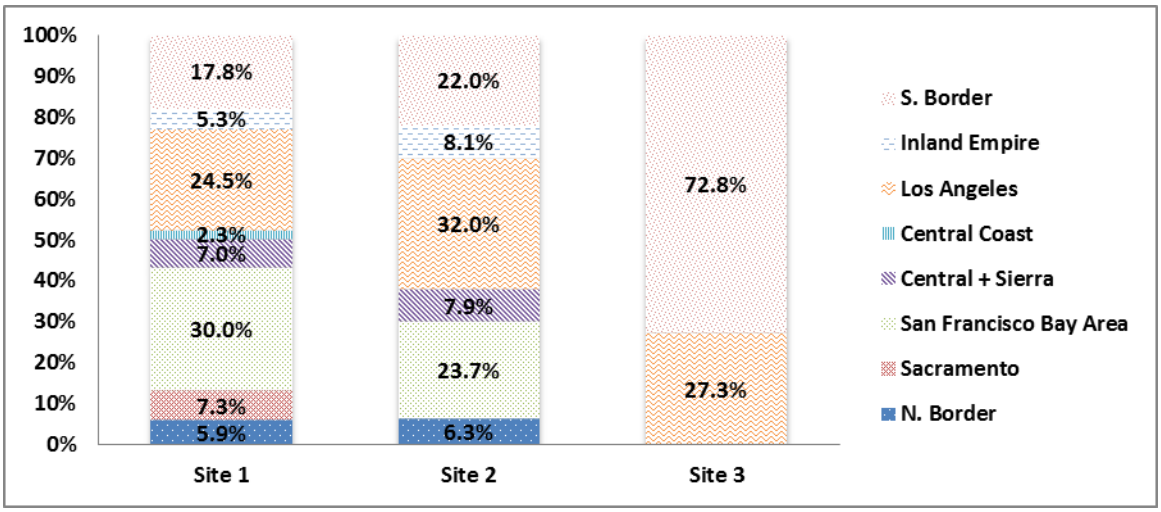


Note: Total primary position number of cases=373. Total secondary position number of cases =373. Total tertiary position number of cases=373. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs also had an opportunity to provide the region of the state where they worked. Figure 6.4 details where CNMs worked for their primary position. Nearly half of CNMs working as APRNs had their principal work site location, for their primary position, in Southern California. Slightly less than 18 percent worked in the Southern Border, 5.3 percent worked in the Inland Empire, and 24.5 percent worked in the Los Angeles region. Very few CNMs held a primary APRN position in Central California – only 2.3 percent held a position in the Central

Coast and 7.0 percent held a position in the Central Valley and Sierra region. Nearly six percent of CNMs working as an APRN in California worked primarily in the Northern Border Region; 7.3 percent worked in the Sacramento region, and 30.0 percent worked in the San Francisco Bay Area.

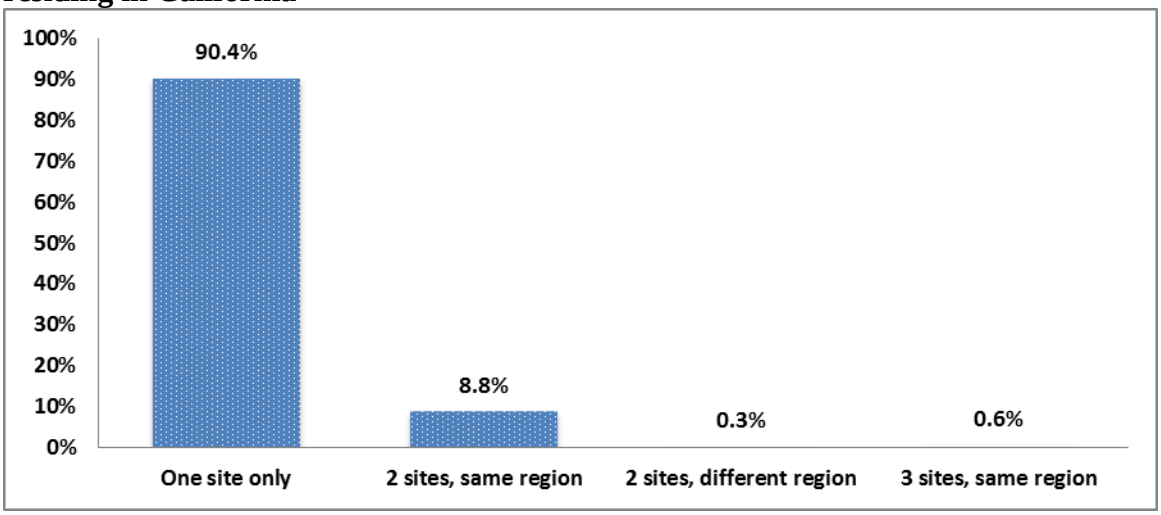
Figure 6.4: Locations of the primary APRN position held by employed CNMs residing in California



Note: Total primary work site number of cases=318. Total secondary work site number of cases=35. Total tertiary work site number of cases=3. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 6.5 reports on the differences between the locations of primary work sites. Over 90 percent of employed CNMs responding to the work site question only reported one primary work site for their primary APRN position. Only 9.4 percent reported having a second work site for their primary position, and of those, only 0.3 percent reported the second work site was in another region. Of the 0.6 percent who reported having three work sites, all those CNMs reported the work sites were in the same region. One limitation of this analysis is that regions in California span multiple counties. However, for the purpose of workforce analysis, it is clear that very few CNMs working as APRNs have work sites in different regions.

Figure 6.5: Differences in the location of the primary work sites for employed CNMs residing in California

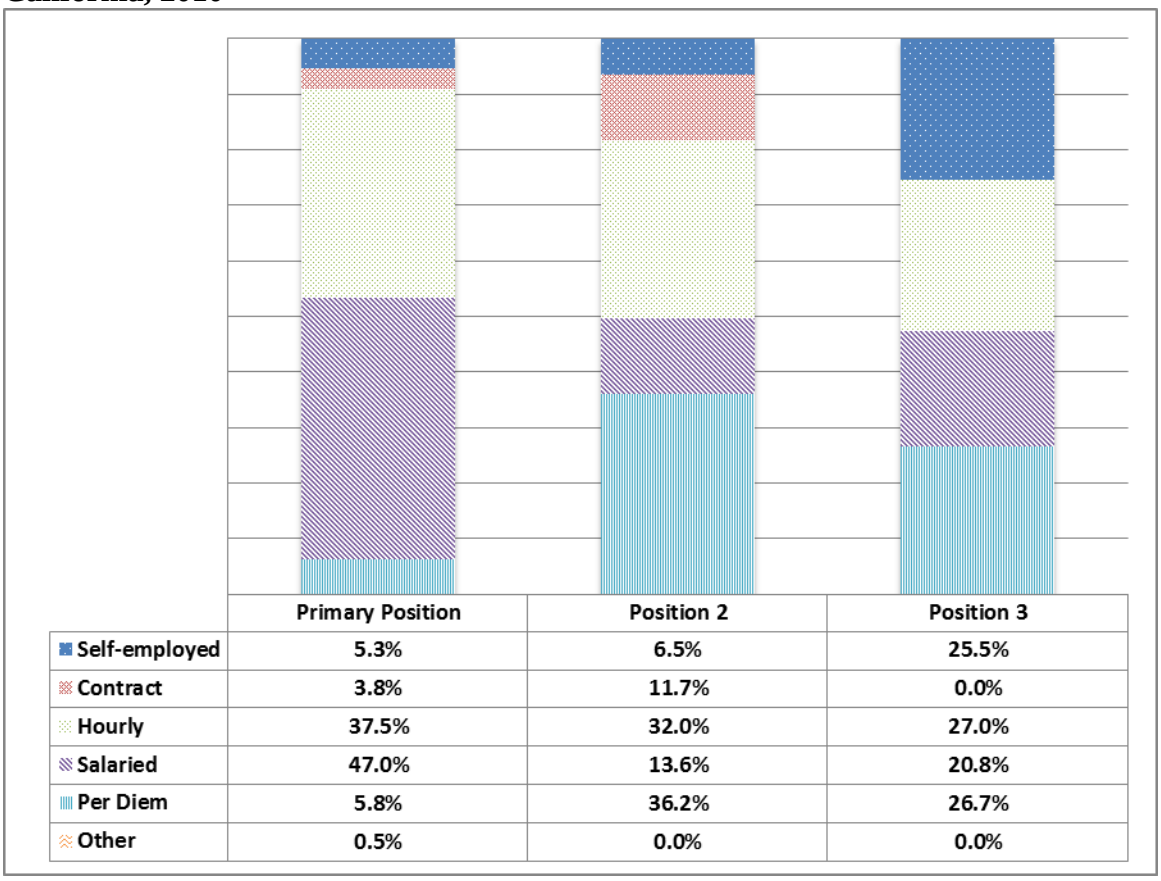


Note: Total number of cases=346. Data are weighted to represent all NPs and CNMs with active licenses.

Work Settings

CNMs also reported a variety of employment arrangements. CNMs reported that 47 percent were salaried in their primary position, and 37.5 percent were hourly. For primary positions, 3.8 percent of CNMs reported being contract workers, 5.3 percent were self-employed, 5.8 percent were per diem, and less than one percent reported another arrangement.

Figure 6.6: Employment arrangements by position for employed CNMs residing in California, 2010



	Primary Position	Position 2	Position 3
Self-employed	5.3%	6.5%	25.5%
Contract	3.8%	11.7%	0.0%
Hourly	37.5%	32.0%	27.0%
Salaried	47.0%	13.6%	20.8%
Per Diem	5.8%	36.2%	26.7%
Other	0.5%	0.0%	0.0%

Note: Total primary positions number of cases=366. Total secondary positions number of cases=83. Total tertiary positions number of cases=11. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were also asked where they worked as an APRN. CNMs provided their job settings for up to three positions. Table 6.11 lists the settings that CNMs worked in for up to two of their positions. About 16 percent of CNMs worked in labor and delivery at hospitals, 16 percent worked for HMOs or in managed care, and 10.4 percent worked in a private MD practice for their primary position. Over 19 percent of CNMs reported "other" as their work setting, and the most common "other" positions were a combination of labor and delivery in a hospital setting with clinical community health work (16.8%), community health and family planning (13.8%), and labor and delivery in a hospital with a private clinical practice (13.8%).

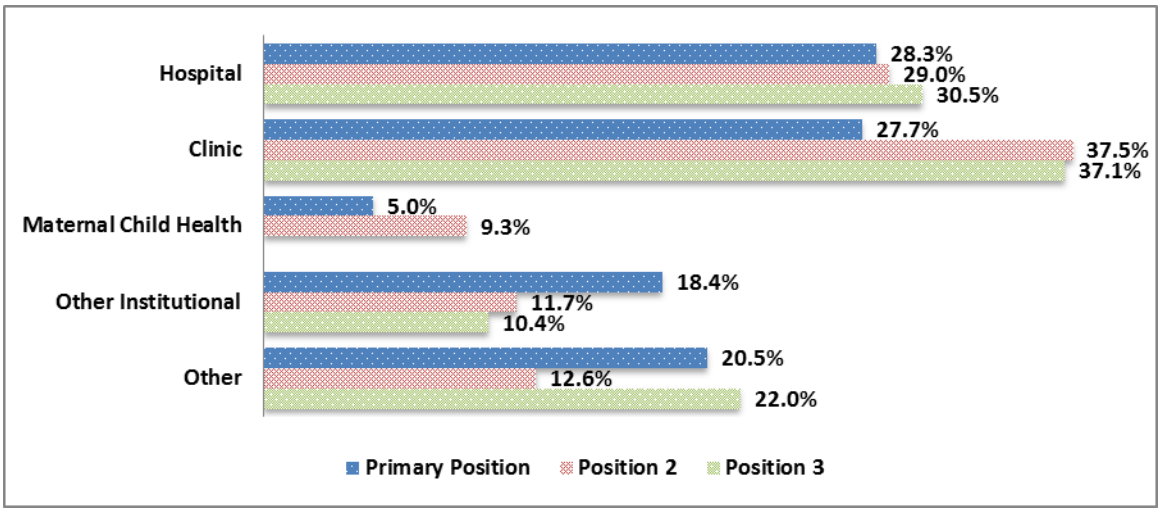
Table 6.11: Work settings by position for employed CNMs residing in California, 2010

	Primary APRN position	Position 2
HOSPITAL		
Hospital, acute/critical care	1.2%	1.9%
Hospital, emergency room	0.0%	0.0%
Hospital, Hospitalist Team	0.3%	0.0%
Hospital, labor and delivery	16.2%	18.0%
Hospital, outpatient clinic	6.7%	7.8%
Hospital, other (Specify)	4.0%	1.2%
CLINIC		
College health service	0.9%	0.0%
Community Health Center	9.9%	8.2%
Homeless/indigent clinic	0.0%	0.0%
Migrant Clinic	*	*
Nurse managed clinic	0.3%	0.0%
Occupational/Employee clinic	0.0%	2.1%
Private MD/DO Practice	10.4%	17.1%
Private primary care group/clinic	1.7%	2.2%
Public Health clinic	2.1%	4.7%
Retail based clinic	0.3%	0.0%
Rural Health Center	0.6%	0.0%
School health clinic	0.3%	0.0%
Clinic, other (Specify)	1.4%	3.2%
MATERNAL CHILD HEALTH		
Birthing Center	1.5%	6.1%
Family planning	1.2%	1.0%
Home birth	2.1%	2.3%
MCH, other (Specify)	0.3%	*
OTHER INSTITUTIONAL		
Academic education program	1.9%	4.7%
Correctional system	0.0%	2.5%
Extended care/long term facility	0.0%	0.0%
HMO/Managed care	16.0%	3.3%
Mental Health Facility	0.0%	1.2%
Military/Department of Defense	0.3%	*
Public Health Department	0.0%	*
Rehabilitation Facility	0.0%	0.0%
Veterans Administration	0.3%	0.0%
Institutional, other (Specify)	0.0%	*
OTHER		
Aesthetic practice	0.0%	2.1%
Home Health agency	1.1%	1.3%
Hospice/Palliative care	0.0%	0.0%
Other (Specify)	19.4%	9.1%
Number of cases	348	89

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Overall, 28 percent of CNMs worked in hospitals as their primary position. A smaller share (27.7%) worked in a clinic and 20.5 percent worked in an "other" setting for their primary position. Clinics were the most common secondary (37.5%) work setting for CNMs.

Figure 6.7: Work-setting categories by position for employed CNMs residing in California, 2010



Note: Total primary position cases=348. Total secondary position cases=89. Total tertiary position cases=11. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were also asked which clinical fields they practiced in their primary work positions (Table 6.12). Respondents could indicate multiple practice fields, leading to percentages that total more than 100 percent per position. Only 1.3 percent reported not working in direct patient care in their primary position. Seventy-five percent reported working in obstetrics/gynecology, 60 percent in labor and delivery, and 54.1 percent in ambulatory/outpatient care.

Table 6.12: Clinical fields practiced in each APRN position for CNMs residing in California

	Primary APRN position	Position 2
Not involved in patient care	1.3%	2.5%
Ambulatory/outpatient	54.1%	34.6%
Cardiology	0.5%	0.0%
Community/public health	9.9%	9.1%
Corrections/prison	0.3%	2.3%
Diabetes	4.4%	3.4%
Dialysis	0.0%	0.0%
Emergency/trauma	0.5%	1.9%
Geriatrics/gerontology	0.5%	1.1%
Home health care	1.1%	2.2%
Hospice/palliative care	0.0%	0.0%
Intensive care/critical care	0.3%	*
Labor and delivery	60.0%	43.9%
Medical-surgical	0.5%	1.0%
Mother-baby unit or normal newborn	20.6%	13.2%
Neonatal care	4.1%	4.9%
Obstetrics/gynecology	75.0%	47.4%
Oncology	0.3%	0.0%
Orthopedics	0.5%	0.8%
Pediatrics	1.5%	0.0%
Psychiatry/mental health	1.0%	1.1%
Rehabilitation	0.0%	0.0%
School health (K-12 or college)	1.3%	0.0%
Step-down or transitional bed unit	0.0%	*
Surgery/pre-op/post-op/	1.1%	1.1%
Telemetry	0.0%	0.0%
Other	3.4%	5.5%
Wound care	0.0%	0.0%
Pain Management	0.0%	*
Research	0.0%	0.0%
Number of cases	367	90

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

A comparison of clinical practice by work setting and primary position appears in Table 6.13. Of those CNMs whose primary APRN position was in the hospital, 75.3 percent reported working in labor and delivery, 65.5 percent in obstetrics/gynecology, and 57.0 percent in ambulatory/outpatient care. For CNMs working in clinics, 76.7 percent worked in obstetrics/gynecology and 59.8 worked in ambulatory care. Over 70 percent of CNMs working in maternal/child health reported they worked in obstetrics/gynecology and/or labor and delivery.

CNMs working in other healthcare institutions listed as their top three clinical fields: obstetrics/gynecology (78.0%), labor and delivery (68.4%) and ambulatory/outpatient care (54.1%). Nearly 84 percent of CNMs that worked in home health, aesthetic practices, hospices, or other uncategorized settings reported they performed obstetrics/gynecology, 78.2 percent worked in labor and delivery, and 49.6 percent worked in ambulatory/outpatient.

Table 6.13: Clinical fields practiced by primary APRN position setting for CNMs residing in California

	Primary position				
	Hospital	**Clinic**	**Maternal\ Child Health**	**Other Institution**	**Other**
Not involved in patient care	0.0%	0.9%	0.0%	4.7%	1.5%
Ambulatory/outpatient	57.0%	59.8%	28.2%	54.1%	49.6%
Cardiology	0.9%	0.9%	0.0%	0.0%	0.0%
Community/public health	5.2%	13.6%	12.2%	3.4%	14.9%
Corrections/prison	0.9%	0.0%	0.0%	0.0%	0.0%
Diabetes	2.9%	7.4%	0.0%	4.8%	4.3%
Dialysis	0.0%	0.0%	0.0%	0.0%	0.0%
Emergency/trauma	0.0%	0.0%	0.0%	0.0%	2.8%
Geriatrics/gerontology	0.9%	0.9%	0.0%	0.0%	0.0%
Home health care	1.0%	0.0%	11.8%	0.0%	1.5%
Hospice/palliative care	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive care/critical care	0.0%	0.0%	0.0%	0.0%	1.3%
Labor and delivery	75.3%	17.7%	70.3%	68.4%	78.2%
Medical-surgical	0.9%	0.0%	0.0%	0.0%	1.3%
Mother-baby unit or normal newborn	22.4%	7.5%	35.0%	21.8%	23.9%
Neonatal care	4.3%	2.0%	5.1%	1.6%	7.3%
Obstetrics/gynecology	65.5%	76.7%	70.8%	78.0%	83.8%
Oncology	0.9%	0.0%	0.0%	0.0%	0.0%
Orthopedics	0.9%	0.9%	0.0%	0.0%	0.0%
Pediatrics	1.1%	2.7%	5.1%	1.6%	0.0%
Psychiatry/mental health	0.9%	2.7%	0.0%	0.0%	0.0%
Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%
School health (K-12 or college)	0.9%	3.0%	0.0%	0.0%	1.6%
Step-down or transitional bed unit	0.0%	0.0%	0.0%	0.0%	0.0%
Surgery/pre-op/post-op/	1.2%	0.0%	6.2%	1.4%	1.5%
Telemetry	0.0%	0.0%	0.0%	0.0%	0.0%
Other	1.0%	1.1%	5.1%	3.0%	11.0%
Wound care	0.0%	0.0%	0.0%	0.0%	0.0%
Pain Management	0.0%	0.0%	0.0%	0.0%	0.0%
Research	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of cases=344					

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

CNMs were asked to report the percent of time spent on each of several functions in their primary APRN position: direct patient care and charting, administration, teaching in a pre-licensure program, teaching in an APRN program, and organizational activities like quality improvement, research, and "other" (Table 6.14). In all, there was little variation in the share of time spent on direct patient care, with the largest share of CNMs saying they spent 76-100 percent of their time on this activity (82.5%).

Table 6.14: Share of time CNMs residing in California spent on specific job functions for their primary APRN position during a typical work week, 2010

	Primary APRN position						
	Patient care	**Admin of Clinical Practice**	**Teaching pre-licensure**	**Teaching NP/CNM**	**Org activities**	**Research**	**Other**
0%	2.2%	66.9%	96.4%	84.6%	77.3%	97.2%	93.6%
1%-25%	2.9%	26.1%	2.8%	14.0%	22.1%	2.8%	4.3%
26%-50%	3.6%	3.6%	0.3%	0.9%	0.3%	0.0%	1.0%
51%-75%	8.8%	1.7%	0.3%	0.0%	0.3%	0.0%	0.3%
76%-100%	82.5%	1.7%	0.3%	0.6%	0.0%	0.0%	0.8%
Total number of cases=367							

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Table 6.15 compares CNM responses about time to their primary job setting. As seen in Table 6.14, in all settings, the majority of time is spent in patient care. In all settings, the second most common function was administration of clinical practice.

Table 6.15: Time spent in certain functions per week by clinical setting for a primary APRN position held by CNMs residing in California

	Primary APRN position						
	Patient care	**Admin of Clinical Practice**	**Teaching pre-licensure**	**Teaching NP/CNM**	**Org activities**	**Research**	**Other**
Hospital	84.7%	8.7%	0.2%	2.7%	2.3%	0.2%	1.2%
Clinic	89.4%	6.0%	0.01%	0.9%	1.5%	0.1%	2.1%
Maternal Child Health	82.5%	10.1%	0.6%	0.5%	3.6%	1.0%	1.7%
Other Institutional	86.9%	6.5%	1.8%	2.2%	0.6%	0.2%	1.9%
Other	88.7%	3.8%	1.5%	2.1%	1.8%	0.2%	1.9%
Total number of cases=344							

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

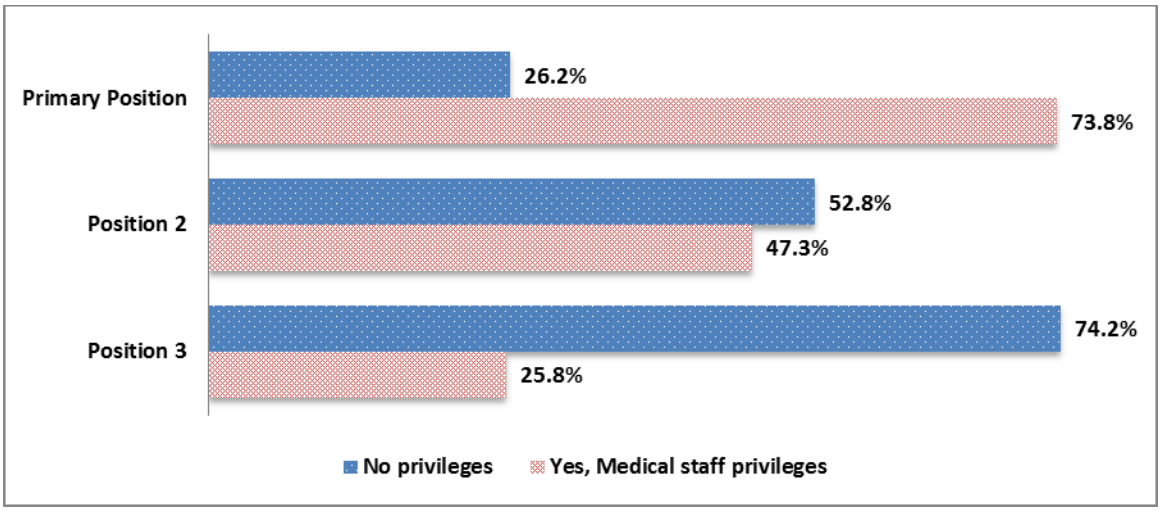
Scope of Practice

Figure 6.8 shows the percent of CNMs who had medical privileges in their various APRN positions. Over 73 percent of CNMs reported having medical staff privileges in their primary APRN position.

CNMs were asked if they could perform rounding on patients, write orders without physician co-signature, and write orders with physician co-signature (Table 6.16). Eighty-two percent of CNMs with medical staff privileges for their primary APRN position reported rounding on physicians' patients. Over 70 percent of NPs reported being able to write orders

with physician co-signature, and 93.1 percent of CNMs reported being able to write orders without the physician co-signature.

Figure 6.8: Medical staff privileges by position for working CNMs and residing in California



Note: Total number of cases for primary position=349. Total number of cases for secondary position=82. Total number of cases in tertiary position=10. Data are weighted to represent all NPs and CNMs with active licenses.

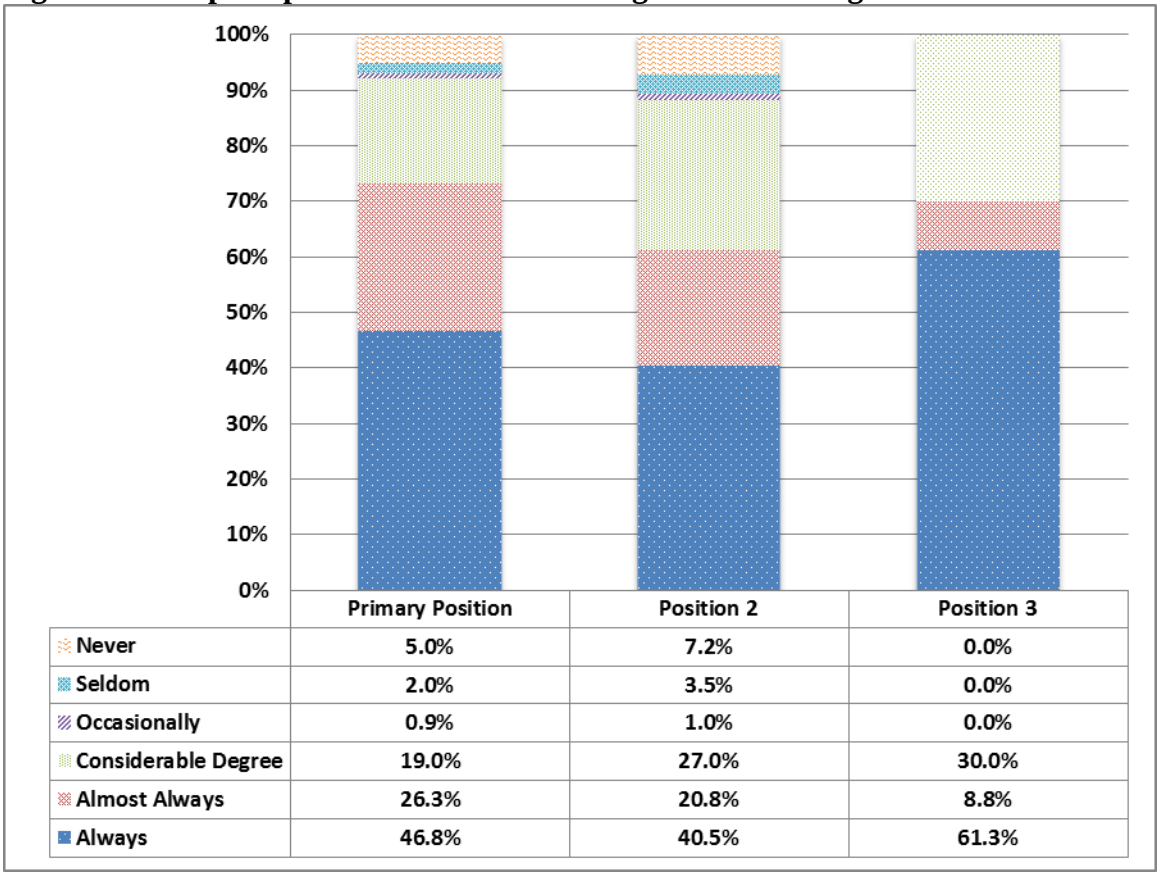
Table 6.16: Medical staff privileges held by CNMs in their primary CNM position

	Rounding on physicians' patients	Write orders without physician co-signature	Write order with physician co-signature
No	18.1%	6.9%	29.9%
Yes	82.0%	93.1%	70.1%
Number of cases	201	197	122

Note: Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were also asked how often they were allowed to work to the full scope of their practice in their APRN positions (Figure 6.9). Over 73 percent of CNMs reported, they "always" or "almost always" worked to the full scope of their practice in their primary position; only 5 percent reported never working to their full scope in their primary APRN job.

Figure 6.9: Scope of practice limits for working CNMs residing in California

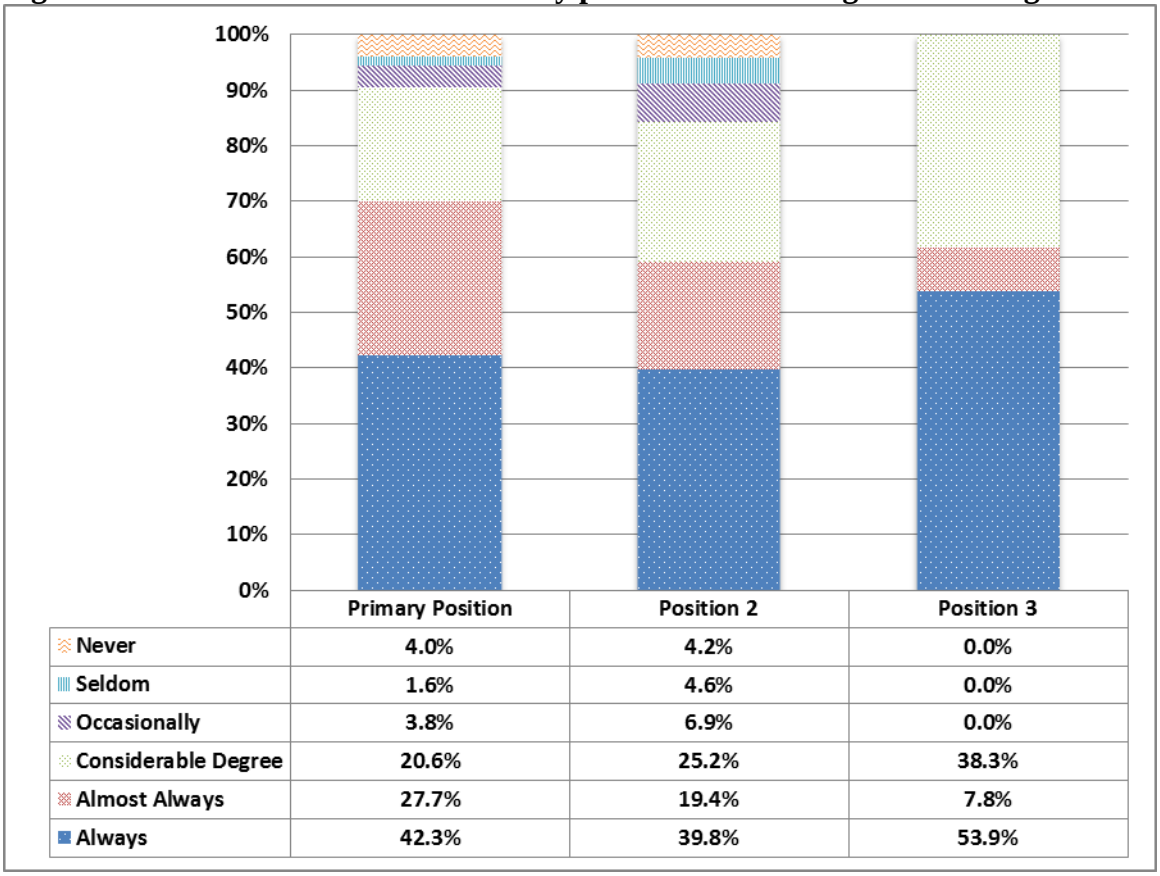


	Primary Position	Position 2	Position 3
Never	5.0%	7.2%	0.0%
Seldom	2.0%	3.5%	0.0%
Occasionally	0.9%	1.0%	0.0%
Considerable Degree	19.0%	27.0%	30.0%
Almost Always	26.3%	20.8%	8.8%
Always	46.8%	40.5%	61.3%

Note: Total number of primary position cases=363. Total number of secondary position cases=89. Total number of tertiary position cases=8. Data are weighted to represent all NPs and CNMs with active licenses.

In order to understand if CNMs were underemployed, they were asked to rate the use of their APRN skills (Figure 6.10). Seventy percent of respondents reported "always" or "almost always" fully using their skills in their primary position.

Figure 6.10: Utilization of APRN skills by position for working CNMs living in California

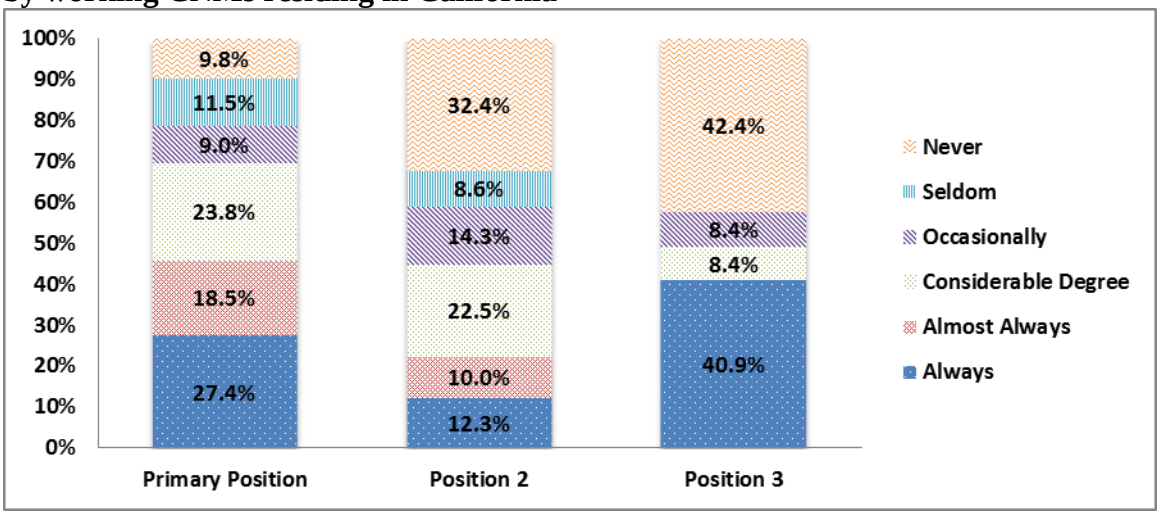


	Primary Position	Position 2	Position 3
Never	4.0%	4.2%	0.0%
Seldom	1.6%	4.6%	0.0%
Occasionally	3.8%	6.9%	0.0%
Considerable Degree	20.6%	25.2%	38.3%
Almost Always	27.7%	19.4%	7.8%
Always	42.3%	39.8%	53.9%

Note: Total number of primary position cases=365. Total number of secondary position cases=87. Total number of tertiary position cases=9. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were also asked if they contributed to the development of standardized practices. Figure 6.11 reveals that less than half (45.9%) of CNMs in any position reported "always" or "almost always" being involved in the creation of practice standards. Nearly 10 percent of CNMs reported never having a voice on these issues in their primary APRN position.

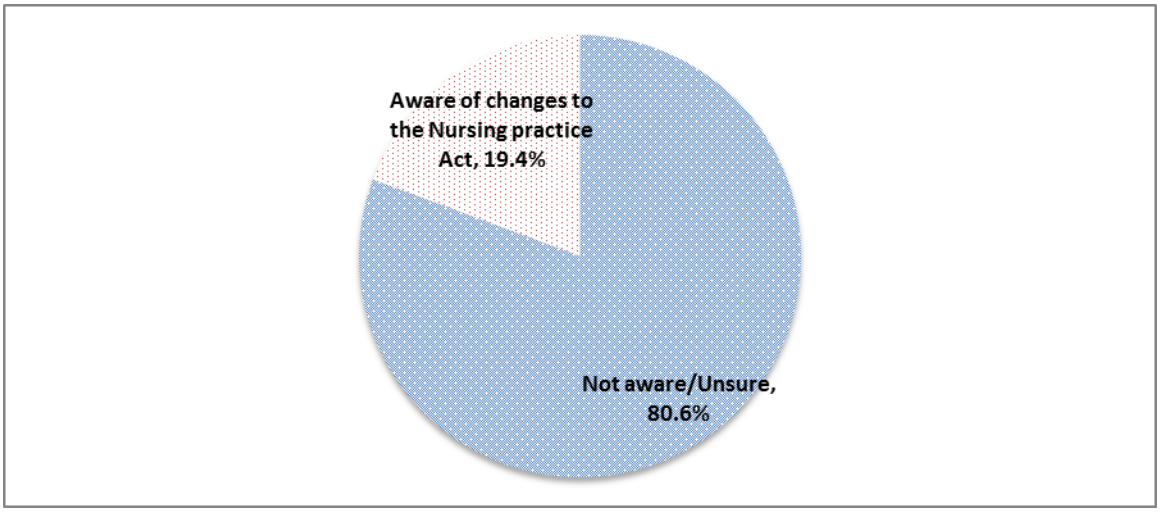
Figure 6.11: Level of involvement in development of standardized procedures as reported by working CNMs residing in California



Note: Total number of primary position cases=363. Total number of secondary position cases=85. Total number of tertiary position cases=8. Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were asked if they were aware of the 2010 changes to the Nursing Practice Act that altered regulations regarding standardized procedures for durable medical equipment (DME) in disability and home health service. Only 19.4 percent of working CNMs reported they knew about the changes.

Figure 6.12: Awareness of scope of practice changes reported by working CNMs residing in California



Note: Total Number of cases=359. Data are weighted to represent all NPs and CNMs with active licenses.

Income and Earnings of CNMs

Table 6.17 presents the total annual income received from all nursing positions by currently working CNMs residing in California in 2010. As seen in this table, CNMs reported

average annual earnings from their primary position of $91,718, which is 11.7 percent higher than that of average RNs ($82,134)[6].

Table 6.17: Total annual earnings from APRN positions for CNMs residing in California

	Primary position	Position 2
2010 total gross annual earnings	$91,718	$23,571
Number of cases	344	78

Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

Table 6.18 presents the average hourly wage received from all nursing positions by currently working CNMs residing in California in 2010. As seen in this table, CNMs reported an average hourly wage of $56.87 for their primary APRN position.

Table 6.18: Average hourly wage from APRN positions for CNMs residing in California

	Primary position	Position 2
Hourly wage	$56.87	$56.61
Number of cases	228	64

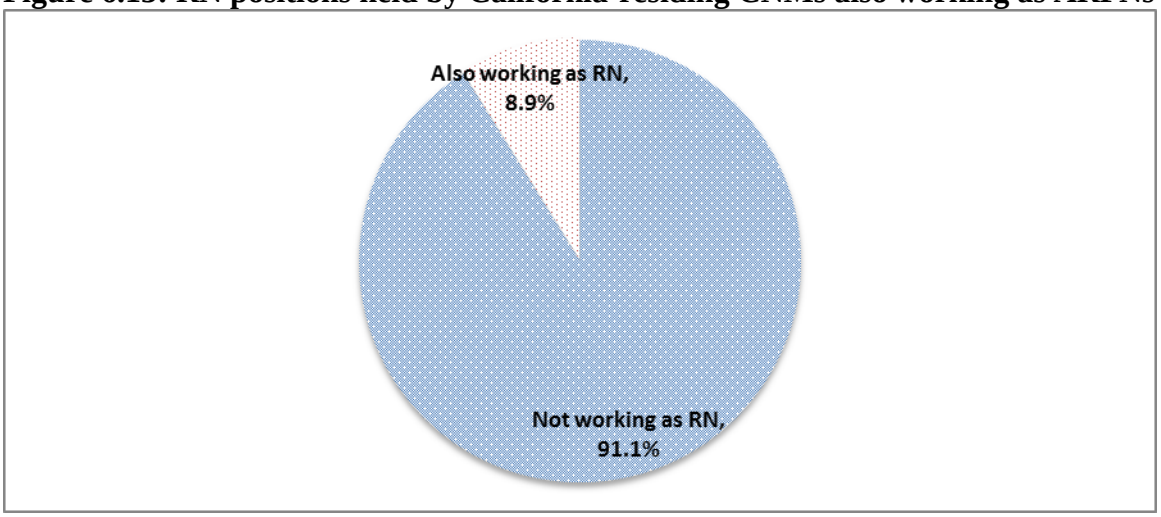
Note: Data are weighted to represent all NPs and CNMs with active licenses. Number of cases for Position 3 less than 30 observations are not shown.

RN Positions Held by CNMs Also Working as APRNs

APRNs may work as RNs in California if they so choose. Nearly 9 percent of CNMs who held APRN positions also worked as RNs (Figure 6.13). Since very few CNMs were working as RNs, statistics around the percentage of CNMs holding multiple positions are not generalizable to the population. However, 89.4 percent of CNMs reporting that they held an RN position and an APRN position held only one RN position ((Table 6.19). Table 6.20 presents the most common settings for additional RN work. Slightly more than 53 percent reported working in a hospital acute care or emergency department. When asked about their titles, 57 percent reported being staffing nurses, 21.8 percent reported being charge nurses, and 21.1 percent worked as educators in an academic setting (Table 6.21).

[6] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

Figure 6.13: RN positions held by California-residing CNMs also working as ARPNs



Note: Total number of cases=312. Data are weighted to represent all NPs and CNMs with active licenses.

Table 6.19: Number of RN positions held by CNMs also employed as RNs residing in California

1 RN position	89.4%
2 RN positions	10.6%
3 RN positions	0.0%
4 or more RN positions	0.0%
Number of cases	27

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 6.20: Settings for RN positions for CNMs also employed as APRNs residing in California

Hospital, inpatient care or emergency department	53.4%
Hospital, ancillary unit	0.0%
Hospital, ambulatory care department (surgical, clinic)	4.2%
Hospital, nursing home unit	0.0%
Nursing home, extended care, or skilled nursing facility	0.0%
Home health agency/ home health service	0.0%
Rehabilitation facility/long term acute care/group home	*
Medical practice, clinic, physician office, surgery center	15.5%
Urgent care, not hospital-based	0.0%
Public health or community health agency	3.7%
Outpatient mental health/substance abuse	0.0%
Inpatient mental health/substance abuse	0.0%
Occupational health or employee health service	0.0%
Dialysis	0.0%
Correctional facility, prison or jail	0.0%
Government agency other than public/community health or corrections	0.0%
Hospice/palliative care	0.0%
School health service (K-12 or college)	0.0%
Call center/telenursing center	0.0%
University or college (academic department)	15.7%
Case management/disease management	0.0%
Self-employed	0.0%
Other	15.3%
Number of cases	25

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 6.21: Job titles for RN positions by CNMs residing in California

Staff nurse/direct care nurse	57.0%
Senior management (Vice President, Nursing Executive, Dean)	0.0%
Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean)	9.6%
Front-line management (Head Nurse, Supervisor)	4.7%
Charge Nurse or Team Leader	21.8%
Occupational health nurse	0.0%
Certified Registered Nurse Anesthetist	0.0%
School Nurse	0.0%
Nurse Coordinator	0.0%
Educator, academic setting (professor, instructor at a school of nursing)	21.1%
Staff educator, service setting (in-service educator, clinical nurse educator)	4.7%
Patient education	4.5%
Patient care coordinator/case manager/discharge planner	0.0%
Quality Improvement nurse, utilization review	0.0%
Infection control nurse	0.0%
Telenursing	0.0%
Researcher	0.0%
Other	12.1%
Number of cases	23

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Hours and Income for RN Positions Held by CNMs Also Working as APRNs

CNMs who held an APRN position and reported working as an RN said they worked an average of 25.4 hours per week in their RN position (Table 6.22). They reported working an average of 24 hours per week in their primary APRN position. Over 54 percent of CNMs reported working less than 25 hours per week in their RN position, however, almost 30 percent reported working 33-40 hours a week as an RN.

Table 6.22: Hours spent per week working as RN and as an APRN by CNMs also working as APRNs and residing in California

	RN hours per week	APRN Primary position
1-8 hours	20.4%	19.7%
9-16 hours	18.3%	11.2%
17-24 hours	16.1%	30.6%
25-32 hours	7.9%	15.3%
33-40 hours	29.7%	19.3%
41-48 hours	0.0%	0.0%
49+ hours	7.7%	3.8%
Average hours	25.4	24.0
Number of cases	25	26

Note: Data are weighted to represent all NPs and CNMs with active licenses.

CNMs were also asked their annual income from their RN position. The average income from RN earnings was $21,025. and the average earnings from a primary APRN position was $60,393 for CNMs working as both APRNs and RNs (Table 6.23). The total average income from RN and APRN positions for these nurses was $74,857. The average total income for these CNMs was lower than the average income for CNMs primary positions, perhaps indicating an economic cause for the CNM's work as an RN.

Table 6.23: RN and APRN annual earnings for CNMs residing in California

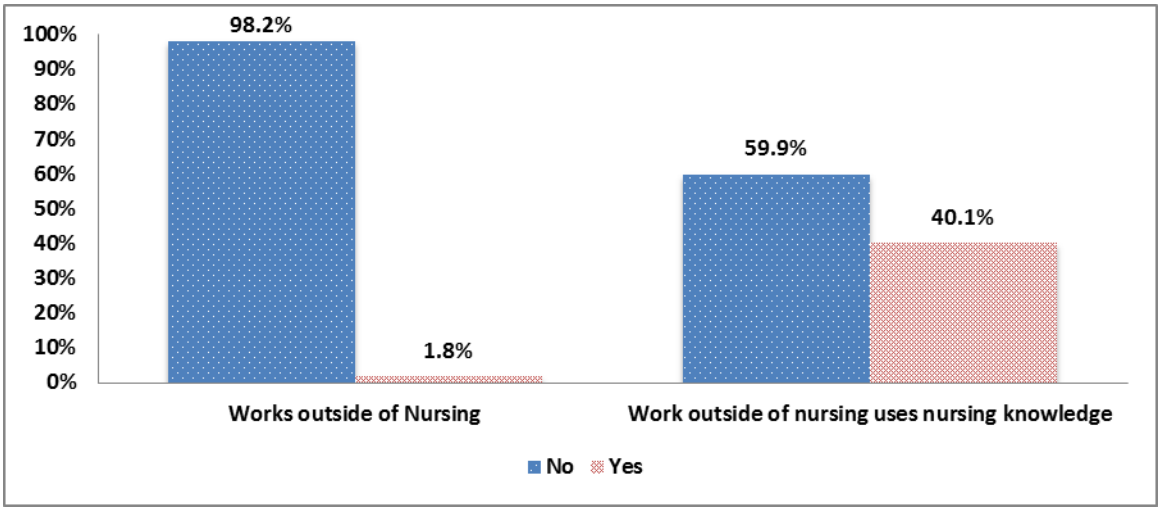
	Annual RN earnings	APRN primary position annual earnings	Total annual earnings from all APRN and RN positions
Estimated earnings in 2010	$21,025	$60,393	$74,857
Number of cases	12	22	23

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Work Outside of Nursing for Employed CNMs

CNMs may also choose to work a non-nursing job as well as an APRN position. Figure 6.14 presents the percentage of employed CNMs who work outside of nursing. Less than two percent of CNMs worked outside of nursing. Of those that do, 40.1 percent reported that their non-nursing position used their nursing knowledge.

Figure 6.14: Work outside of nursing by CNMs working as APRNs and residing in California



Note: Number of cases for the first pair of bars=693. Number of cases for second pair of bars=26. Data are weighted to represent all NPs and CNMs with active licenses.

Job Satisfaction

CNMs who were employed as APRNs and reside in California were asked to indicate their degree of satisfaction with their APRN career on a five-point Likert-type scale ranging from "very dissatisfied" to "very satisfied." Table 6.24 presents the responses of working CNMs

residing in California. A "mean score" for each item can be obtained by computing the average score, with 1 point given for "very dissatisfied" and 5 points for "very satisfied."

Over 85 percent of CNMs employed as APRNs reported being satisfied with their APRN career. The mean satisfaction score of employed CNMs was 4.13 in 2010 (Table 6.24). This is slightly higher than the mean score of RNs who reported satisfaction with the nursing profession in the *Survey of Registered Nurses in California, 2010*[7]. Table 6.25 presents satisfaction levels by work setting. CNMs indicating their primary work setting as a clinic had the lowest career satisfaction levels for any CNMs at 80.5 percent. About 85.9 percent of CNMs working in a hospital for their primary position reported being satisfied. Nearly 88 percent of maternal/child-health working CNMs reported being satisfied. CNMs working in "other" institutional settings reported the highest satisfaction levels (88.5%) while "other" locations such as hospice and home health facilities had 84.8 percent of their CNMs reporting satisfaction with their APRN career.

Table 6.24: Satisfaction with APRN career for CNMs residing in California

Very dissatisfied	5.8%
Dissatisfied	4.3%
Neither	4.8%
Satisfied	41.0%
Very satisfied	44.1%
Mean Satisfaction	4.13
Number of cases	359

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 6.25: Satisfaction with APRN career by setting for CNMs residing in California

Hospital	85.9%
Clinic	80.5%
Maternal Child Health	87.5%
Other Institution	88.5%
Other	84.8%
Number of cases	337

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Nursing satisfaction may be influenced by issues in the provision of care. Table 6.26 presents potential issues facing CNMs in their APRN positions. CNMs graded the potential problems as "not a problem," "a minor problem," "a major problem" or as "not applicable." Inadequate time with patients was categorized as either a "minor problem" or "major problem" by 75.6 percent of employed CNMs. Quality issues outside the CNMs' control was considered a problem by 69.2 percent. Over 67 percent of CNMs reported difficulty communicating with patients as a problem. Over 66.3 percent reported too little involvement in decision-making as a "minor" or "major problem." In addition, 59.0 percent of employed CNMs reported patients' inability to pay as a problem.

[7] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

Table 6.26: Potential issues with quality of care for CNMs residing in California

	Not a Problem	Minor Problem	Major Problem	Not Applicable
Inadequate time with patients	22.2%	46.7%	28.9%	2.2%
Difficulties communicating with patients due to language or cultural barriers	30.5%	60.2%	7.4%	1.9%
Lack of qualified specialists in your area	66.4%	21.6%	7.4%	4.6%
Not getting timely reports from other providers and facilities	47.3%	41.7%	7.7%	3.3%
Denial of coverage/care decisions by insurance companies	40.2%	33.7%	17.9%	8.2%
Scope of practice limitations/restrictions	46.5%	41.4%	9.5%	2.6%
Quality issues outside of your control	28.1%	55.5%	13.7%	2.7%
Patients' inability to receive needed care because of inability to pay	35.8%	34.7%	24.3%	5.3%
Insufficient income	51.4%	31.3%	11.1%	6.2%
Too little involvement in decisions in your organization	31.6%	49.3%	17.0%	2.1%
Non-paying patients/bad debt	54.0%	27.4%	3.5%	15.1%
High liability insurance rates	50.9%	17.2%	16.6%	15.3%
Non-reimbursable overhead costs	47.9%	21.9%	6.2%	24.1%
Lack of call coverage	56.1%	20.1%	6.8%	17.0%
Lack of administrative support	41.8%	41.7%	13.5%	3.0%
Lack of access/support for educational advancement	61.8%	26.5%	7.5%	4.2%
Varying degrees of collaboration	48.6%	40.5%	7.8%	3.1%
Inadequate or slow 3rd party payment	44.8%	22.6%	9.3%	23.2%
Too little involvement in decision about healthcare in your community	39.6%	37.8%	12.2%	10.5%
Other	1.3%	0.0%	2.5%	96.2%
Total number of cases=361				

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Employed CNMs reported on the obstacles they faced working as an APRN between 2007 and 2010 (Table 6.27). More than 71 percent reported no difficulties practicing as an APRN. Nearly 14 percent expressed problems finding an APRN position, 7 percent reported a lack of adequate mentoring, and 15 percent reported "other" difficulties.

Table 6.27: Obstacles to working as an APRN encountered by CNMs residing in California in the last three years

Difficulty finding employment as APRN	13.9%
Difficulty obtaining furnishing hours for certificate	2.2%
Lack of adequate mentoring	7.0%
No difficulties practicing as an APRN	71.2%
Other difficulty	15.0%
Number of cases	335

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Changes in Employment and Future Plans

APRNs were asked about employment status changes in the past three years. Nearly 47 percent of CNMs residing in California reported no change in their employment status between 2007 and 2010 (Table 6.28). The most common change experienced was an increase in hours (19.5%), followed by a change in employers (18.2%), and a decrease in hours (14.0%).

Table 6.28: Change in APRN employment encountered by CNMs residing in California in the last three years

Hours increased	19.5%
Hours decreased	14.0%
Changed employers	18.2%
Practice closed	4.0%
Opened practice	2.4%
Added services in practice	11.1%
Ceased offering specific services	7.6%
No change	46.5%
Other	4.9%
Number of cases	344

Note: Data are weighted to represent all NPs and CNMs with active licenses.

CNMs who were employed in APRN positions were asked about their future plans. Their responses are summarized in Table 6.29. More than 57 percent of CNMs said they planned to continue work approximately the same amount in five years that they work now. Of all employed CNMs, 11.9 percent reported a plan to increase hours of APRN work. About 17.1 percent of CNMs planned to reduce APRN hours. Very few CNMs (1.0%) planned to leave nursing. Nearly 13 percent of CNMs planned to retire in the next five years.

Table 6.29: Future plans of CNMs working in as an APRN and residing in California

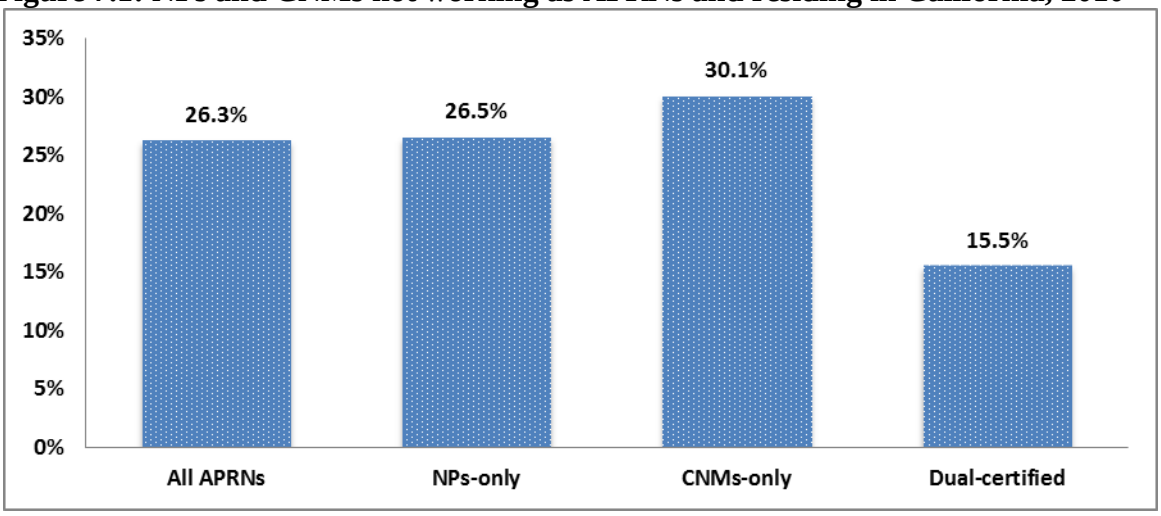
	All CNMs
Plan to increase hours of APRN work	11.9%
Plan to work approximately as much as now	57.4%
Plan to reduce hours of APRN work	17.1%
Pan to leave nursing entirely but not retire	1.0%
Plan to retire	12.6%
Number of cases	354

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Chapter 7: NPs and CNMs not working as APRNs

Over 26 percent of NPs and CNMs reported they were not employed as APRNs in any position in 2010. Of the nurses certified as NPs-only, 26.5 percent reported not working as an APRN. Over 30 percent of nurses certified only as midwives and 15.5 percent of dual-certified nurses reported not working as APRNs (Figure 7.1).

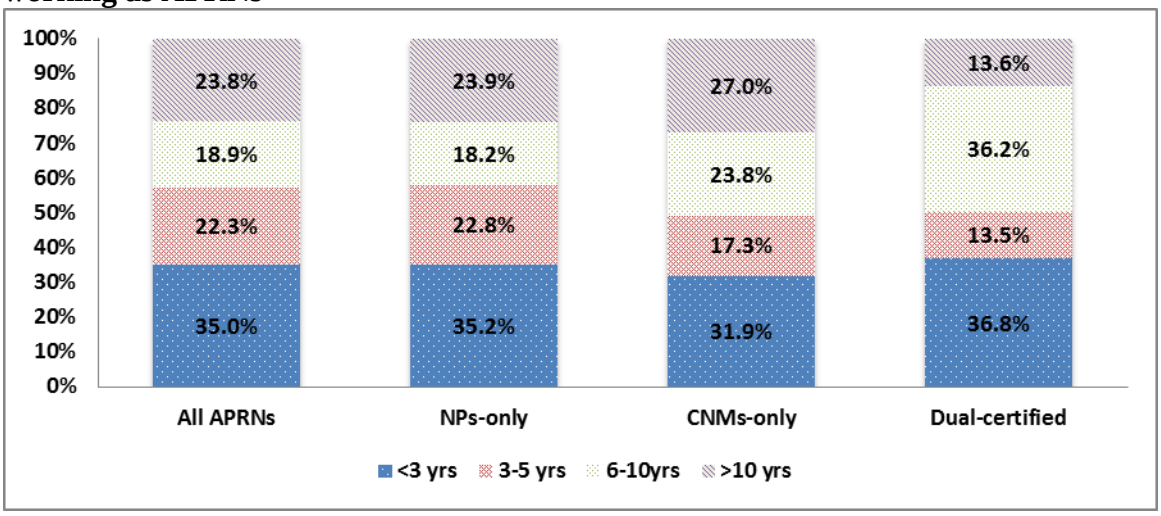
Figure 7.1: NPs and CNMs not working as APRNs and residing in California, 2010



Note: Total number of APRNs=1,365. Data are weighted to represent all NPs and CNMs with active licenses.

When asked the last year they worked as an APRN, the average unemployed NP or CNM reported that they last worked as an APRN 6.9 years ago. Thirty-five percent of APRNs reported stopping work in the last two years, 22.3 percent stopped work 3 to 5 years ago, 18.9 percent reported stopping work 6 to 10 years ago, and 23.8 percent stopped work over 10 years ago (Figure 7.2).

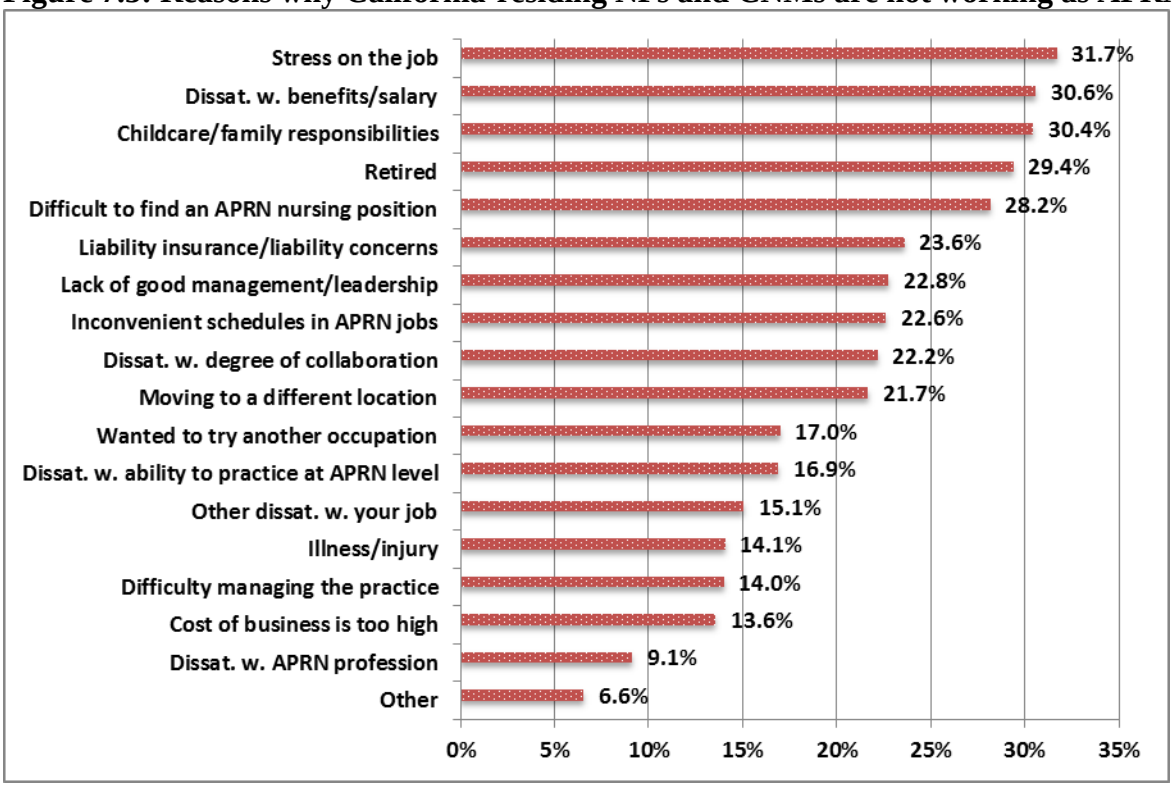
Figure 7.2: Years since last worked for all California-residing NPs and CNMs no longer working as APRNs



Note: Total APRN cases=251. Total NP-only cases=170. Total CNM-only cases=51. Total dual-certified cases=30. Data are weighted to represent all NPs and CNMs with active licenses.

APRNs who are not working in APRN positions were asked to rate the importance of certain factors in their decision not to work in advanced practice nursing. Figure 7.3 presents the results from this question. About 31.7 percent of APRNs reported stress on the job as an "important" or the "most important" factor in their decision to stop working an ARPN. Nearly 31 percent reported dissatisfaction with benefits and salary, 30.4 percent reported family responsibilities, and 29.4 percent reported retirement as an important factor. Over 28 percent reported that the difficulty of finding an ARPN position was keeping them from working in advanced practice.

Figure 7.3: Reasons why California-residing NPs and CNMs are not working as APRNs



Note: Total Number of cases=302. Data are weighted to represent all NPs and CNMs with active licenses.

The importance of factors that influence a nurse's decision not to work in an APRN position varies with the age of the nurse, as seen in Table 7.1 Among nurses younger than 35 years, the most important factors for not working in nursing were stress on the job (80.5%), dissatisfaction with benefits/salary (77.6%) and family/childcare responsibilities (64.0%). Nurses ages 35 to 44 years ranked most important dissatisfaction with benefits/salary (64.3%), family/childcare responsibilities (62.6%), and moving to a different location (55.5%). For APRNs 45 to 54 years old, family/childcare responsibilities (44.5%), lack of good management/leadership (35.5%), and stress on the job (34.1%) were the most highly ranked reasons not work as an APRN. Thirty-one percent of nurses ages 55 to 64 years old reported retirement as a reason to stop working as an APRN; 29.9 percent also cited stress on the job and 27.5 percent reported difficulty finding an APRN position. Of the oldest nurses, retirement (76.4%) was the overwhelming reason they were not working as an APRN.

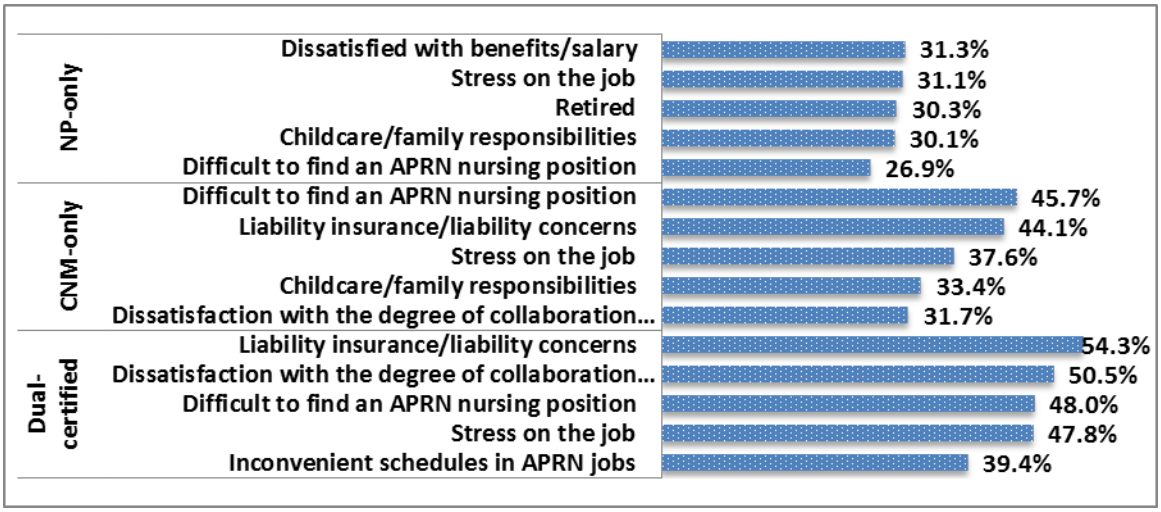
Table 7.1 Reasons why California-residing NPs and CNMs are not working as APRNs, by age group

	Under 35 years old	35-44 years old	45-54 years old	55-64 years old	65+ years old
Retired	15.5%	0.0%	5.8%	31.0%	76.4%
Childcare/family responsibilities	64.0%	62.6%	44.5%	11.7%	11.3%
Moving to a different location	50.4%	55.5%	20.1%	12.6%	7.4%
Stress on the job	80.5%	35.7%	34.1%	29.9%	12.8%
Illness/injury	23.3%	14.3%	11.0%	18.2%	8.4%
Dissatisfied with benefits/salary	77.6%	64.3%	32.4%	23.9%	2.7%
Dissatisfied with the APRN profession	16.5%	13.2%	17.6%	2.7%	3.9%
Wanted to try another occupation	16.5%	14.3%	28.8%	16.8%	5.4%
Inconvenient schedules in APRN jobs	56.3%	52.8%	29.3%	12.3%	0.9%
Difficult to find an APRN nursing position	59.3%	36.3%	31.9%	27.5%	9.5%
Dissatisfaction with ability to practice at the APRN level	25.2%	33.6%	28.0%	8.1%	4.2%
Dissatisfaction with the degree of collaboration with other providers and/or interdisciplinary team	41.7%	29.1%	33.0%	20.7%	1.1%
Liability insurance/liability concerns	34.0%	35.8%	25.3%	21.8%	13.7%
Lack of good management/leadership	33.0%	38.5%	35.5%	19.2%	0.6%
Difficulty managing the practice	16.5%	28.0%	21.2%	10.3%	2.1%
Cost of business is too high	16.5%	20.9%	21.2%	11.7%	2.1%
Other dissatisfaction with your job	24.3%	32.4%	15.4%	14.6%	2.1%
Other	16.5%	9.3%	6.6%	5.9%	2.4%
Number of cases=302					

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Figure 7.4 details the five most important reasons by NPs, CNMs, and dual-certified APRNs were not working as APRNs. NPs felt dissatisfaction with benefits and salary (31.3%), stress on the job (31.1%), retirement (30.3%), family responsibilities (30.1%), and difficulty finding an APRN position (26.9%) were the most important reasons for not working. For non-working CNMs, difficulty finding a position (45.7%), liability concerns (44.1%), stress on the job (37.6%), family responsibilities (33.4%), and dissatisfaction with the degree of collaboration (31.7%%) were the primary reasons not to work. The dual-certified ARPNs also found liability concerns (54.3%), dissatisfaction with collaboration (50.5%), difficulty finding a job (48.0%), stress on the job (47.8%), and inconvenient schedules (39.4%) as the top reasons for not working.

Figure 7.4: Break down of the reasons APRNs are not working in nursing by certification status

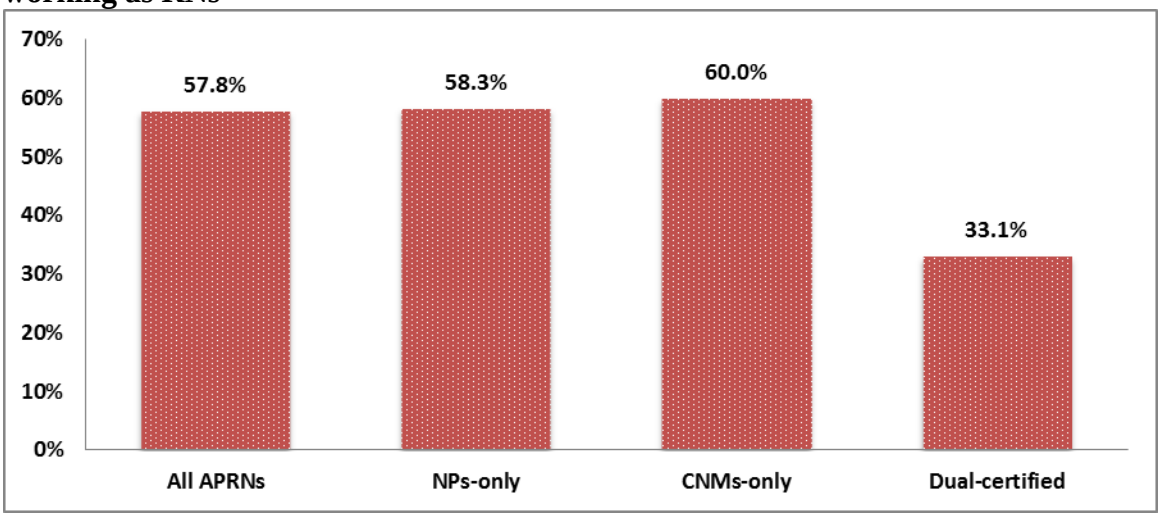


Note: Total number of cases=302. Data are weighted to represent all NPs and CNMs with active licenses.

Work Outside of Advance Practice

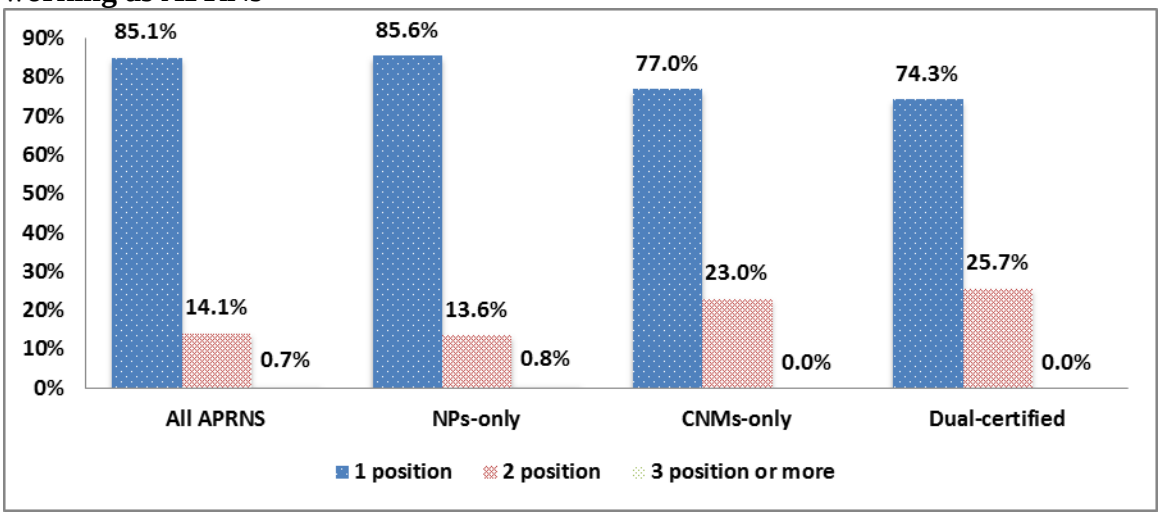
APRNs not working as APRNs were asked if they were working as RNs (Figure 7.5). Nearly 58 percent of non-working APRNs reported working as an RN. Similar shares of NPs-only and CNMs-only nurses reported working as an RN. Only 33.1 percent of the non-practicing dual-certified APRNs were working as an RN. Figure 7.6 presents how many RN-jobs these APRNs were working. Over 85 percent of APRNs were working one RN-job, 14.1 percent were working two RN-jobs, and less than one percent was working three or more RN jobs.

Figure 7.5: Percentage of California-residing NPs and CNMs not employed as APRNs but working as RNs



Note: Total number of cases=322. Total NPs-only=217. Total CNMs-only=69. Total dual-certified=36. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 7.6: The number of RN jobs held by California-residing NPs and CNMs not working as APRNs



Note: Total number of cases=175. Data are weighted to represent all NPs and CNMs with active licenses.

NPs and CNMs were asked where they were working as RNs. The largest share of APRNs reported working as RNs in hospital emergency rooms (43.7%) and the next largest share (20.6%) reported working at universities (Table 7.2). Table 7.3 presents the job titles of these APRNs. The most common job titles were staff nurse (40.8%) and educator (18.5%).

Table 7.2: Settings of RN jobs held by California-residing NPs and CNMs not working as APRNs

Hospital, inpatient care or emergency department	43.7%
Hospital, ancillary unit	3.0%
Hospital, ambulatory care department (surgical, clinic)	7.4%
Hospital, nursing home unit	2.2%
Nursing home, extended care, or skilled nursing facility	3.0%
Home health agency/ home health service	5.6%
Rehabilitation facility/long term acute care/group home	0.0%
Medical practice, clinic, physician office, surgery center	4.8%
Urgent care, not hospital-based	0.8%
Public health or community health agency	5.4%
Outpatient mental health/substance abuse	0.0%
Inpatient mental health/substance abuse	0.7%
Occupational health or employee health service	0.7%
Dialysis	0.7%
Correctional facility, prison or jail	1.6%
Government agency other than public/community health or corrections	3.2%
Hospice/palliative care	1.5%
School health service (K-12 or college)	11.8%
Call center/telenursing center	0.8%
University or college (academic department)	20.6%
Case management/disease management	4.0%
Self-employed	3.8%
Other	2.5%
Number of cases	176

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 7.3: Job titles of RN jobs held by California-residing NPs and CNMs not working as APRNs

Staff nurse/direct care nurse	40.8%
Senior management (Vice President, Nursing Executive, Dean)	4.3%
Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean)	7.3%
Front-line management (Head Nurse, Supervisor)	4.2%
Charge Nurse or Team Leader	9.5%
Occupational health nurse	0.7%
Certified Registered Nurse Anesthetist	0.2%
School Nurse	10.6%
Nurse Coordinator	8.7%
Educator, academic setting (professor, instructor at a school of nursing)	18.5%
Staff educator, service setting (in-service educator, clinical nurse educator)	3.6%
Patient education	5.9%
Patient care coordinator/case manager/discharge planner	4.2%
Quality Improvement nurse, utilization review	3.0%
Infection control nurse	1.6%
Telenursing	1.8%
Researcher	2.8%
Other	11.0%
Number of cases	172

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Most APRNs not working as APRNs but working as RNs reported they worked full time at their RN job (Table 7.4). The average hours worked were 34.2 per week, and over 60 percent of APRNs working these jobs reported working for at least 33 hours per week. On average, APRNs earned $62,922 working as RNs (Table 7.5).

Table 7.4: Hours per week for RN jobs held by California-residing NPs and CNMs not working as APRNs

1-8 hours	6.9%
9-16 hours	6.9%
17-24 hours	15.4%
25-32 hours	10.3%
33-40 hours	40.7%
41-48 hours	7.6%
49+ hours	12.5%
Overall Mean	34.2
Number of cases	173

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Table 7.5: Annual earnings for all RN jobs held by California-residing NPs and CNMs not working as APRNs

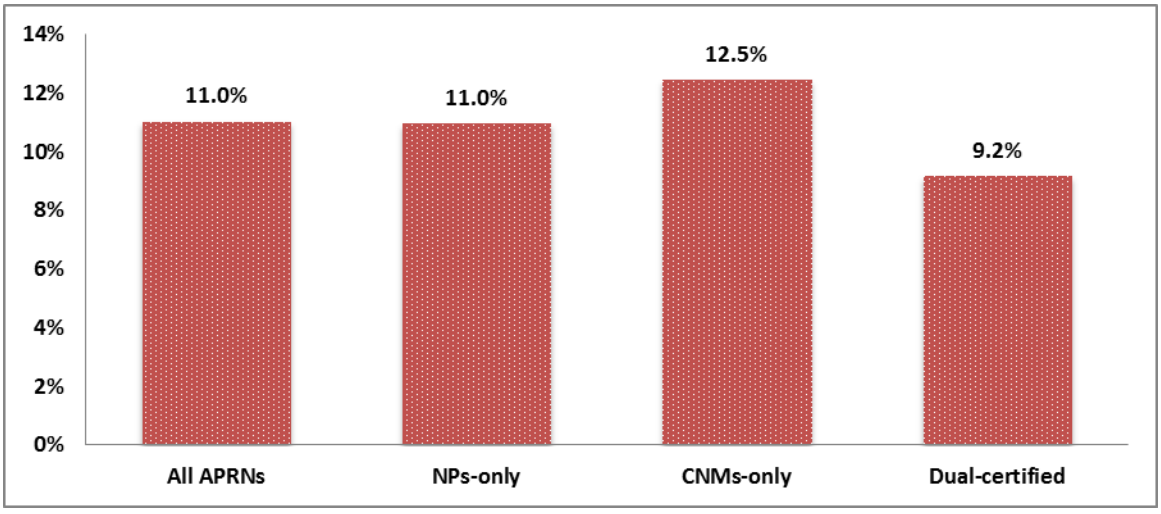
Estimated total annual earnings of all RN positions in 2010	$62,922
Number of cases	50

Note: Data are weighted to represent all NPs and CNMs with active licenses.

Work and Volunteering Outside of Nursing

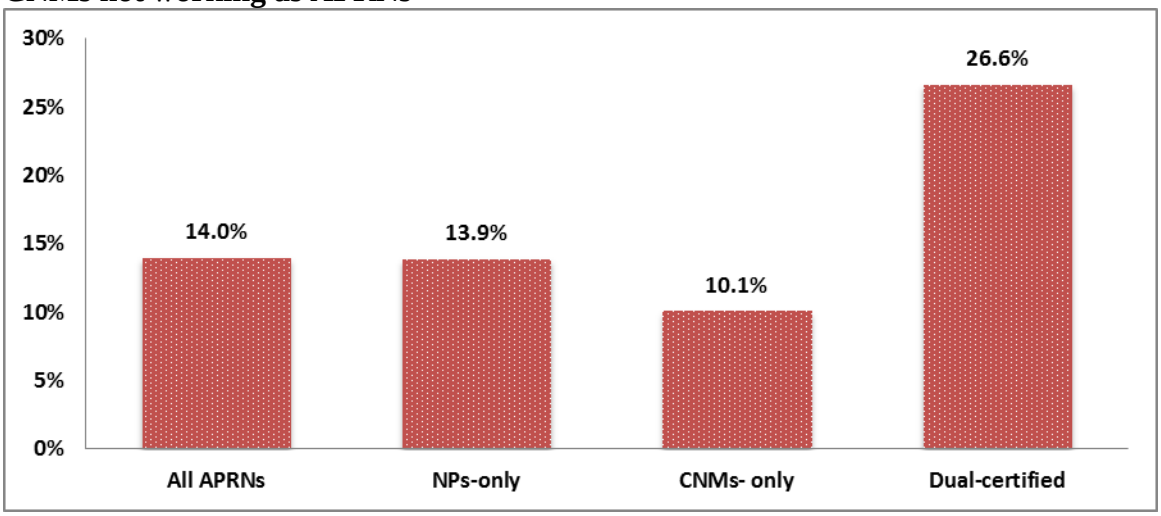
NPs and CNMs not working as APRNs were asked if they were working outside of nursing. Eleven percent of these APRNs reported working outside of nursing (Figure 7.7). ARPNs were also asked if they volunteer. Fourteen percent of APRNs who were not working volunteered in the capacity of an APRN (Figure 7.8).

Figure 7.7: Work outside of nursing by California-residing NPs and CNMs not working as APRNs



Note: Total APRN cases=322. Total NP-only cases=226. Total CNM-only cases==72. Total dual-certified cases=34. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 7.8: Volunteer work in the capacity of an APRN by California-residing NPs and CNMs not working as APRNs



Note: Total number of cases=299. Total NPs only=202. Total CNMs only=64. Total dual-certified=34. Data are weighted to represent all NPs and CNMs with active licenses.

Future Plans

NPs and CNMs who were no longer working as APRNs were asked about their future APRN plans. Table 7.6 presents the results from this question. Only 13.2 percent of non-working APRNs were looking for an APRN position at this time. Over 9 percent were planning to return within one year, 7.3 percent planned to return to advanced practice nursing within the next three years, and 3.5 percent planned to return sometime after three years. Nearly 27 percent did not intend to work as an APRN, and 40.1 percent were uncertain as to their plans.

Table 7.6: Future plans of California-residing NPs and CNMs not working as APRNs

	All APRNs	NPs-only	CNMs-only	Dual-certified
Currently seeking employment as APRN	13.2%	13.3%	10.5%	13.4%
Plan to return to APRN practice within 1 year	9.1%	9.2%	5.0%	12.1%
Plan to return to APRN practice in 1-3 years	7.3%	7.1%	4.9%	18.0%
Plan to return to APRN practice in more than 3 years	3.5%	3.8%	0.0%	0.0%
Definitely will not return/seek APRN position	26.9%	27.2%	29.7%	8.1%
Undecided at this time	40.1%	39.4%	50.0%	48.4%
Number of cases	299	202	62	35

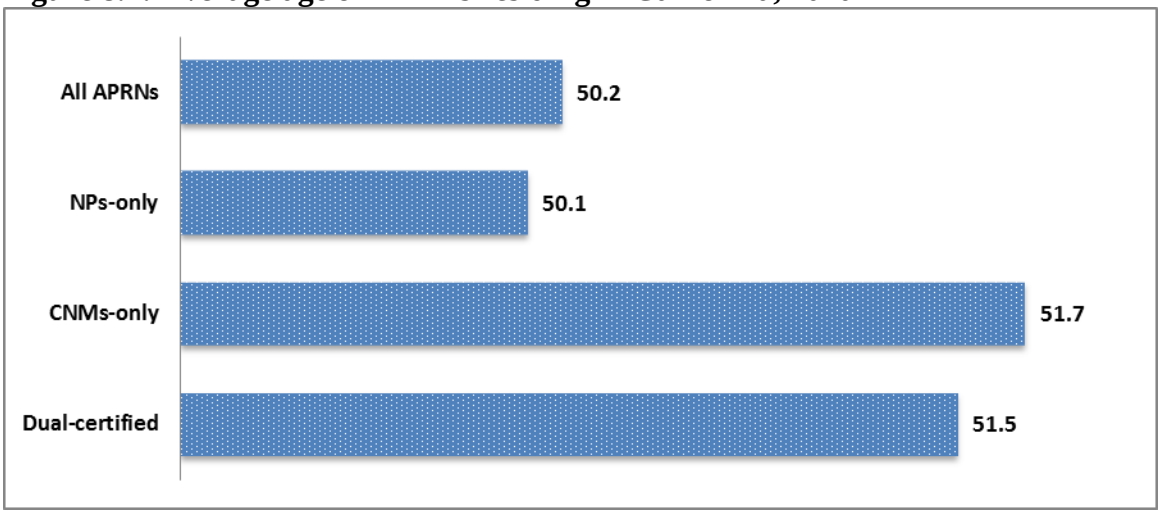
Note: Data are weighted to represent all NPs and CNMs with active licenses.

Chapter 8: Demographics

Age Distribution of California NPs and CNMs

As seen in Figure 8.1, the average age of all NPs and CNMs was 50 years or older. The average age of the NP-only nurses was 50.1 years. The average age of the CNM-only was 51.7 years and the average age of the dual-certified NP/CNM was 51.5 years. This is somewhat higher than the average age of RNs residing in California in 2010, which was 46.3 years[9].

Figure 8.1: Average age of APRNs residing in California, 2010



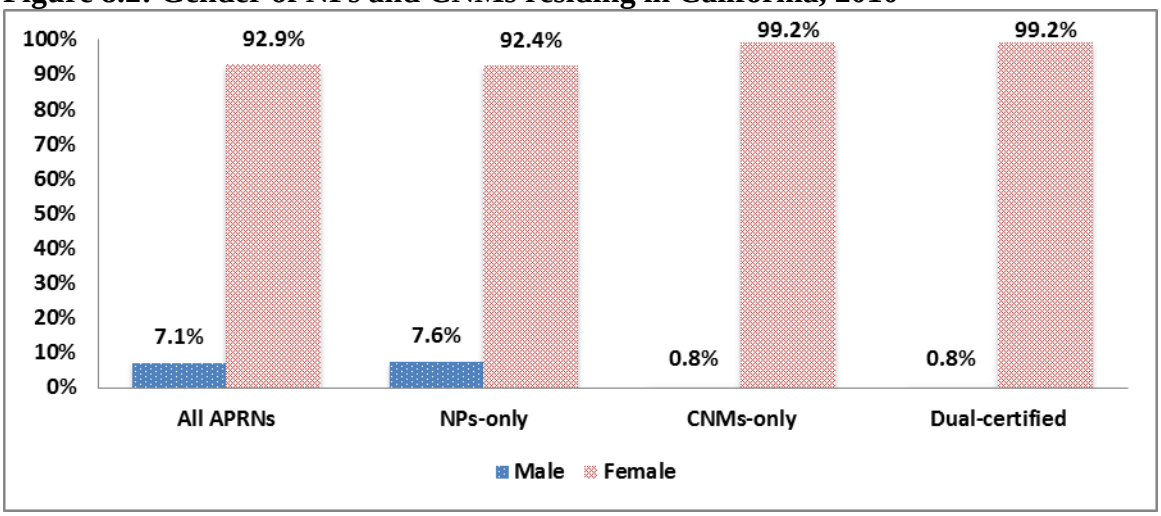
Note: Total APRN all cases=1,365. Total NPs-only=880. Total CNMs-only=242. Total dual-certified cases=243. Data are weighted to represent all NPs and CNMs with active licenses.

Diversity of California's NP and CNM Workforce

Nursing continues to be a predominantly female profession, as seen in Figure 8.2. In 2010, 7.1 percent of NPs and CNMs were male. About 7.6 percent of NP-only nurses are male, 0.8 percent of CNM-only nurses are male, and 0.8 percent of the dual-certified are male. In 2010, about 10.7 percent of employed RNs residing and working in California were male.[10]

[9] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.
[10] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

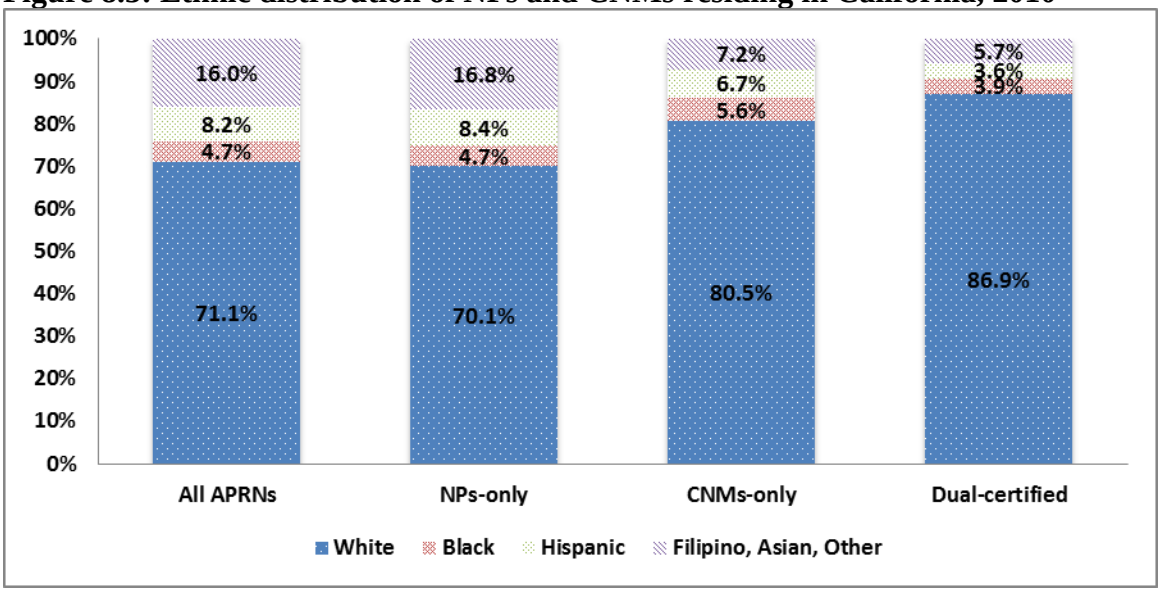
Figure 8.2: Gender of NPs and CNMs residing in California, 2010



Note: Total number of APRN cases=1,329. Total number of NP-only cases=856. Total number of CNMs-only cases=237. Total number of dual-certified cases=236. Data are weighted to represent all NPs and CNMs with active licenses.

As seen in Figure 8.3. slightly more than 71 percent of NPs and CNMs were non-Hispanic Whites. Hispanics represented 8.2 percent of the NP and CNM workforce. Black/African-American nurses represented 4.7 percent of California's NPs and CNMs. The NP-only workforce closely resembles the overall NP and CNM workforce. A larger share of CNM-only nurses (80.5%) were White, non-Hispanic, and 86.9 percent of dual-certified nurses were White.

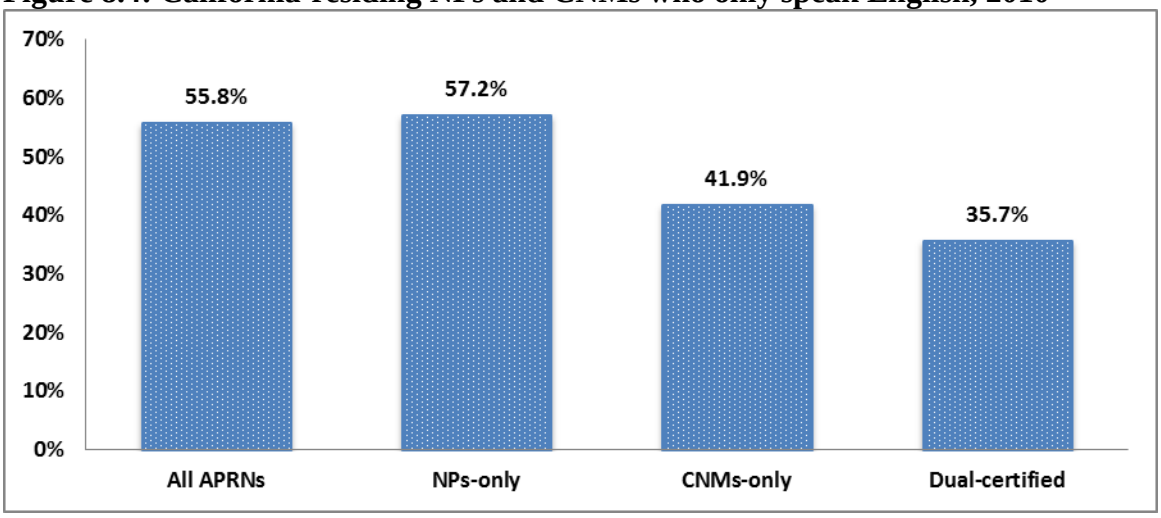
Figure 8.3: Ethnic distribution of NPs and CNMs residing in California, 2010



Note: Total number of APRN cases=1316. Total number of NP cases=845. Total number of CNM cases=236. Total number of dual-certified cases=235. Data are weighted to represent all NPs and CNMs with active licenses.

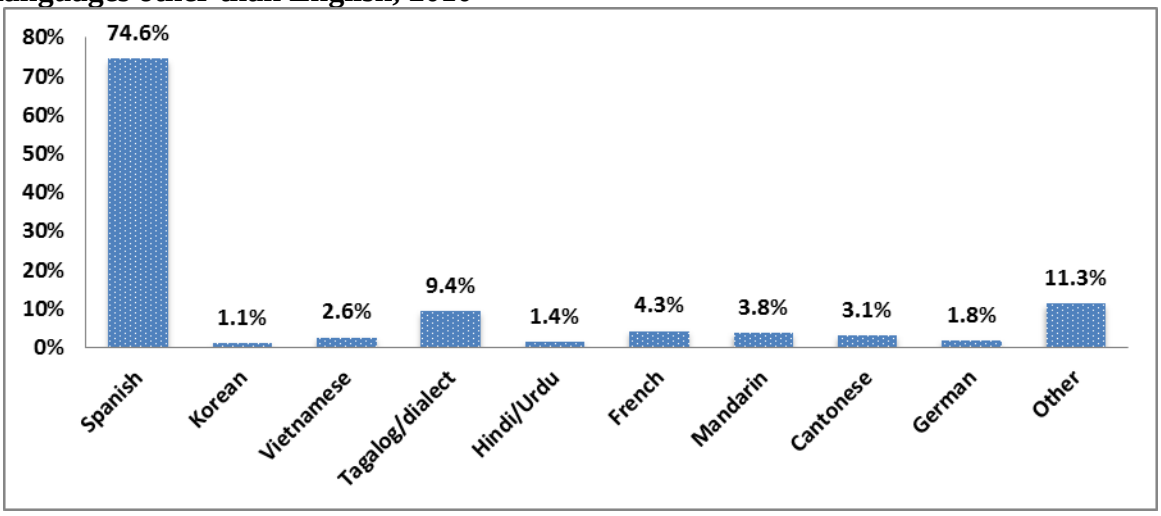
Ethnic diversity is associated with language diversity among California's registered nurses. As seen in Table 8.4, 55.8 percent of all NPs and CNMs only spoke English. A slightly higher share (57.2 %) of NPs spoke only English. Nearly 42 percent CNM-only spoke English, and 35.7 percent of dual-certified nurses only spoke English. Figure 8.5 presents the languages spoken by nurses who were fluent in languages other than English. Nearly 75 percent of foreign language speaking NPs and CNMs spoke Spanish, 11.3 percent spoke "other" languages, and 9.4 percent spoke Tagalog.

Figure 8.4: California-residing NPs and CNMs who only speak English, 2010



Total APRN cases=1,282. Total NP-only cases=823. Total CNMs-only cases=230. Total dual-certified cases=229. Data are weighted to represent all NPs and CNMs with active licenses.

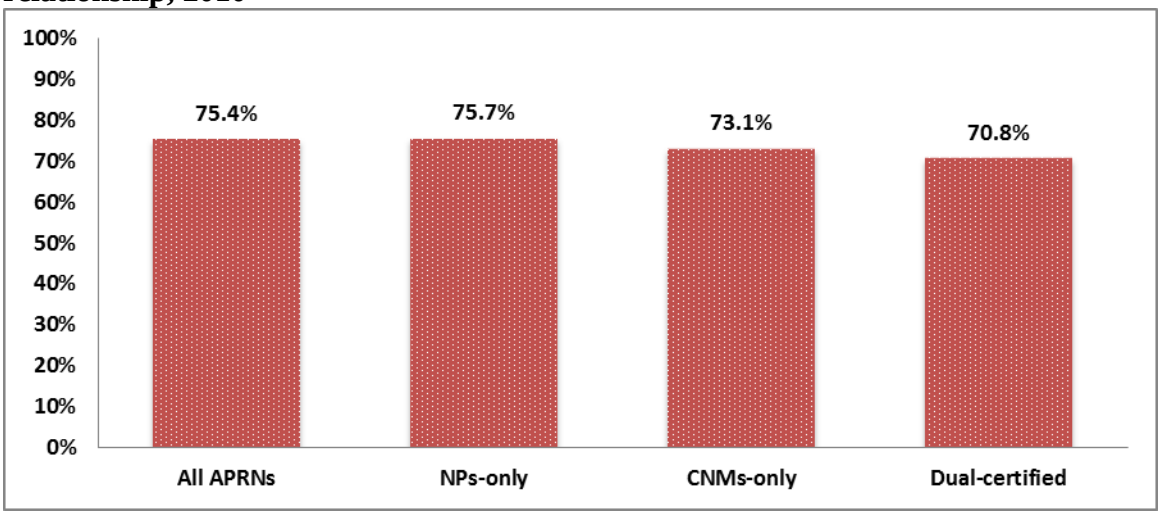
Figure 8.5: Languages spoken by California-residing NPs and CNMs who are fluent in languages other than English, 2010



Note: Total number of cases=627. Data are weighted to represent all NPs and CNMs with active licenses.

The share of NPs and CNMs who were married or in a domestic partnership is 75.4 percent (Figure 8.6). Nearly 76 percent of NPs, 73.1 percent of CNMs and 70.8 of dual-certified APRNs reported being married or in a domestic partnership.

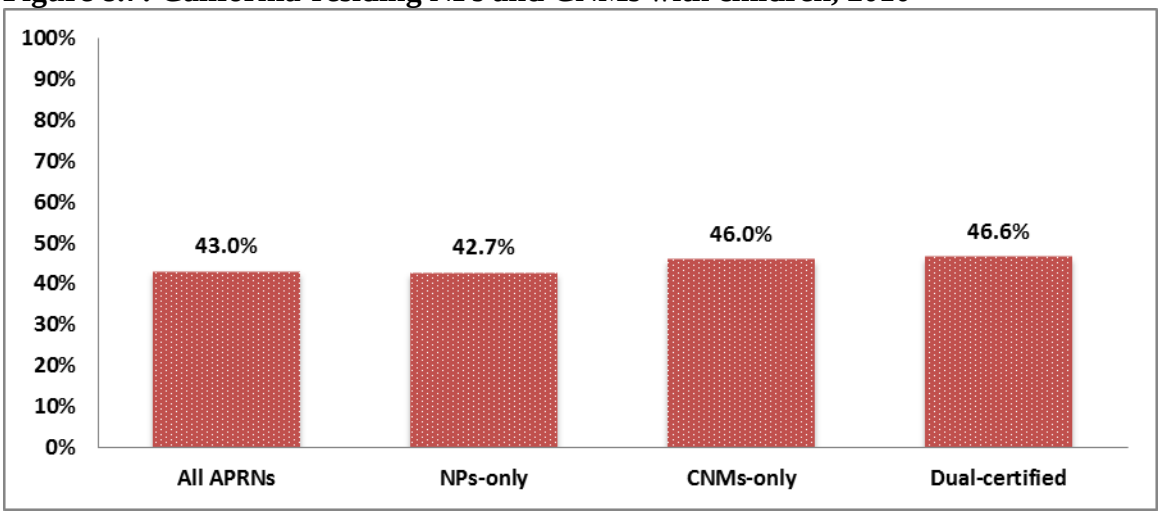
Figure 8.6: California-residing NPs and CNMs currently married or in a domestic partner relationship, 2010



Note: Total number of APRN cases=1,321. Total number NPs-only cases=849. Total number of CNMs-only cases=235. Total number of dual-certified=237. Data are weighted to represent all NPs and CNMs with active licenses.

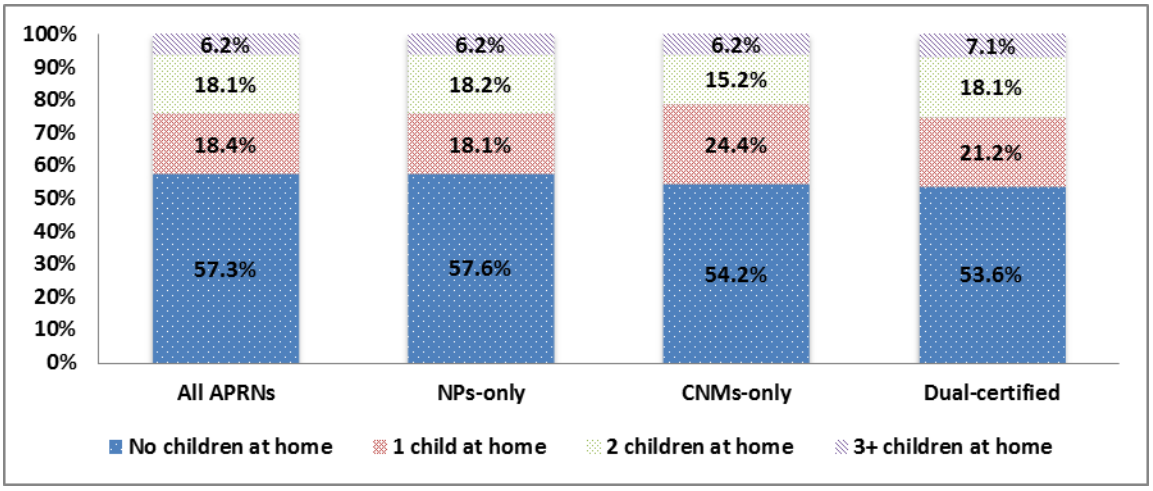
Many of California's NPs and CNMs had children living at home, as seen in Figure 8.7. In 2010, 43 percent of all NPs and CNMs had children living at home. Nearly 43 percent of NPs-only, 46 percent of CNMs-only and 46.6 percent of the dual-certified reported having children. Figure 8.8 presents the distribution of children living in the homes of California-residing NPs and CNMs. Over18 percent of all nurses reported having one child living at home; the percentage is slightly higher for CNM-only certified APRNs (24.4%) and 21.2 percent of dual-certified nurses reported having one child living at home.

Figure 8.7: California-residing NPs and CNMs with children, 2010



Note: Total APRN cases=1,320. Total NPs-only cases=850. Total CNMs-only cases=235. Total dual-certified cases=235. Data are weighted to represent all NPs and CNMs with active licenses.

Figure 8.8: Number of children residing at home for NPs and CNMs residing in California, 2010



Note: Total APRN cases=1,314. Total NPs-only cases=846. Total CNMs-only cases=234. Total dual-certified cases=234. Data are weighted to represent all NPs and CNMs with active licenses.

Income and Earnings of NPs and CNMs

Table 8.1 presents the total annual family income of NPs and CNMs residing in California. As seen in this table, 20.4 percent of APRNs, 20.5 percent of the NP-only, 21.1 percent of the CNM-only and 18.3 percent of dual-certified nurses reported a family income over $200,000. About 10.5 percent of all nurses and the NP-only, 10.8 percent of the CNM-only, and 8.8 percent of the dual-certified nurses reported a family income under $75,000. In 2010, over 13 percent of working RNs reported having annual total family incomes less than $75,000.[11]

Table 8.1: Family income of NPs and CNMs residing in California, 2010

	All APRNs	NPs-only	CNMs-only	Dual-certified
< $30,000	1.1%	1.0%	1.2%	1.8%
$30,000 - 44,999	0.9%	0.9%	1.2%	0.0%
$45,000 - 59,999	2.7%	2.7%	2.0%	2.6%
$60,000 - 74,999	5.9%	5.9%	6.4%	4.4%
$75,000 - 99,999	13.4%	13.3%	18.9%	10.1%
$100,000 – 124,999	19.7%	19.6%	17.0%	24.0%
$125,000 – 149,999	14.0%	13.9%	13.9%	15.6%
$150,000 – 174,999	12.9%	13.0%	11.5%	12.0%
$175,000 – 199,999	9.2%	9.2%	7.0%	11.1%
$200,000 or more	20.4%	20.5%	21.1%	18.3%
Number of cases	1,272	809	229	234

Note: Data are weighted to represent all NPs and CNMs with active licenses.

[11] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. San Francisco: California Board of Registered Nursing.

Total nursing income for employed NPs and CNMs is detailed in Table 8.2. The average nursing income from all APRN and RN positions of all NPs and CNMs working as APRNs was $93,437, with NPs reporting an income of $93,095, CNMs reporting an income of $95,976, and dual-certified NP/CNMs reporting an income of $98,821. On average, nursing income for NPs and CNMs who were working in APRN positions was 61.8 percent of their family income. These levels are somewhat higher than the average total nursing income reported by working RNs ($82,134) in 2010 report on the registered nurses in California[12].

Table 8.2: Total nursing income as share of family income for NPs and CNMs working in APRN positions and living in California

	All APRNs	NPs-only	CNMs-only	Dual-certified
Total nursing income	$93,437	$93,095	$95,976	$98,821
Percentage of total income from nursing	61.8%	61.5%	66.1%	63.9%

Note: Total number of cases for total nursing income=868; 538 are NPs, 152s are CNMs, and 178 are dual-certified. Total number of cases for percentage total income from nursing income=659; 407 are NPs, 115s are CNMs, and 137 are dual-certified. Data are weighted to represent all NPs and CNMs with active licenses.

[12] Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California*, *2010*. San Francisco: California Board of Registered Nursing.

Chapter 9: Thematic Analysis

Introduction

Respondents were invited to provide open-ended comments at the end of the 2010 Survey of Nurse Practitioners and Certified Nurse Midwives. Comments were received from 402 respondents representing 29 percent of the survey respondents. Respondents who submitted comments were very similar to non-respondents in terms of age, ethnicity, and years in nursing practice.

Table 9.1: Characteristics of respondents who commented and all survey respondents

	Respondents who commented	All survey respondents
Years in nursing	15.1	14.1
Age	53.2	51.1
Ethnicity (% white)	80.1	74.6
Number of cases	402	982

Note: Not weighted.

Table 9.2: Characteristics of online narrative respondents vs. hard-copy narrative respondents

	Paper respondents	Online respondents
Years in nursing	15.4	13.4
Age	53.4	52.1
Ethnicity (% white)	80.8	76.3
Number of cases	355	59

Note: Not weighted.

It should be kept in mind that the comments do not necessarily reflect the opinions of the whole sample of NPs and CNMs, let alone the whole of California's advanced practice nursing workforce. Nonetheless, the fact that the expressed issues, opinions and concerns were shared by many respondents suggests that these are very real concerns and issues in the nursing workforce.

Some respondent comments were not relevant to this thematic analysis. These comments included specific critiques of the survey instrument, as well contact information for respondents. The majority of the comments reflected issues related to advanced practice nursing.

The passion that advanced practice nurses bring to their work, their pride in serving others, and the satisfaction of touching people's lives was evident throughout. Many mentioned the joy of having bettered the lives of patients, and enjoying a fulfilling career.

I cannot imagine a better professional life for me than the role of FNP.

I always recommend advance practice to anyone interested in an RN position. I love my job and all the ways I can change a woman's life for the better all life stages.

I am very happy and grateful to have joined a profession that is valued, stimulating and gratifying. I've enjoyed my work and very proud to have contributed in a small way to ease human suffering and provide health and wellness to so many individual.

My career as a nurse midwife and faculty at university MSN program in midwifery has been one of the greatest gifts in my life. I began practice 1982 and still love my work a passion. I am grateful to have been allowed to have this degree of autonomy in my work that being an APRN affords me.

Along with respondents' positive comments were strongly expressed criticisms of the systems affecting advanced practice nursing. Areas of criticism included the lack of recognition, the unsatisfying pay, and the limited scope of practice.

I am feeling discouraged at this stage of my career. I just retired after 10 years as an NP at ___, after receiving a "partial lay-off." I devoted my heart and soul to my work - worked long hours without overtime (discouraged to put in time) and then was shabbily treated.

I have been fortunate to experience many facets of nursing from med-surg, critical care, clinic, nursing education, manager and ending my career as a nurse practitioner. I have learned and enjoyed every area. The pay, hours, benefits leave much to be desired but the autonomy and personal rewards and satisfaction are bountiful.

The work I am getting does not allow me to work within my full scope of practice. But I am not ready to abandon Nursing, it is my calling in life!

This analysis utilizes a set of four themes identified in the comments from the 2010 BRN Survey of Nurse Practitioners and Certified Nurse Midwives. These four thematic areas are: (1) advancing the NP/CNM professions, (2) job-related concerns, (3) work relationships, and (4) nursing education.

Theme 1: Advancing the NP/CNM Professions

The most prominent theme from the narrative comments of the NP/CNM survey was the demand for increased "independence." Respondents expressed frustration with the requirement for MD supervision (for CNMs) or collaboration (for NPs). Many felt they were being hampered from practicing to the full extent of their knowledge and training. Along with practice issues, commenters emphasized that physicians and healthcare administrators often failed to grant medical privileges to APRNs, or failed to allow NPs and CNMs to provide primary care.

Independence from MD supervision and collaboration

The issue that garnered the most comments was the call for independence from the supervision of or collaboration with the MDs. Many felt that requiring the supervision/collaboration requirement hindered their ability to provide quality, direct-care to their patients.

> *Two weeks ago, they sent me an email saying there was "a policy change": my MD-back must be in hospital at all times when I provide care; so they want an MD/a CNM/and a resident present for the entire intrapartner course of my clients. This creates an impossible economic barrier: It is economically not feasible and denies women access to CNM care.*
>
> *In CA, APRNs do NOT have an independent professional practice. We are still tied to MDs. That is why I left APRN practice.*
>
> *The supervision clause should be removed from the regulations (2746.6) [sic, recte 2746.5] thus recognizing our educational preparation as an independent practitioner of women's health care.*

Prescriptive Authority

The theme of independence is very prominent when it comes to the issue of independent prescriptive authority. Respondents felt exasperated at being unable to furnish medication without MD supervision, despite having received training to do so.

> *Graduation from an accredited NP program should include the ability to apply for a prescribing license . . . Most employers these days require prescribing license, as which makes getting a job as a new NP graduate much more difficult.*
>
> *I worked in New York as a N.P. for Nursing facilities. We were independent in prescribing medication. We must be allowed to do independent prescription privileges since we have enough background as nurses to write prescriptions.*
>
> *As a new graduate, employment is difficult to find due to my inability to write prescriptions unsupervised.*
>
> *California is the only western state (except Nevada) that does provide for independent NP practice. We need to start prescribing and not "furnishing." In this respect (independent NP practice) California is a backward state and not a progressive one.*

Scope of Practice

Respondents felt that because of their preparation and education, they should be able to have full scope of practice. Comments showed that many respondents have had to work within limited and irregular scopes of practice.

> *Why can't I practice nursing within my scope of practice and training without a doctor in this state? Why can't the board of nursing regulate my practice instead? I don't understand why nursing is limited this way here.*

Privileges - CNMs

Some respondents, specifically CNMs, remarked that working in hospitals, with the need to "earn" privileges was both difficult and discouraging.

> *Sadly, after an 8 year long successful CNM practice with hospital attended births, the community hospital closed - unable to attain hospital privileges solely due to physician restraint of trade and active opposition to privileges - what an embarrassing and deplorable state of affairs for CA CNM's and the women they serve.*
>
> *CNM's need to have the supervisory language removed from our legal standing. It inhibits our ability to procure hospital privileges and/or insurance contracts.*
>
> *Approximately 1 ½ years ago, the department chair told me "I must let a resident deliver the baby of every single client I bring to the hospital or he will take away my privileges."*

Primary Care Responsibilities

Both NP and CNM respondents saw the need for increased recognition for their abilities to serve as primary care providers. Many felt that utilizing NPs/CNMs in primary care would allow for more efficiency in patient care.

> *We should be recognized more clearly as PCPs as less MPs go into primary care. We are becoming "mini-doctors."*
>
> *NP's should be more widely used in a primary care setting with a larger ration of NP:MD's. NP's are highly qualified to provide the most of the health care that MD's provide. This would leave the most complicated patients for MD's to see and leave MD's available as consultants to the NP.*
>
> *The California BRN needs to collaborate with ACNM and write a clarified role of the NM or CNM. This should include that the NM or CNM can work in*

primary care clinics and collaborate with MD's. It still puzzles me that many MD's and NP's still don't get it.

Work to create uniform scope of practice which ultimately allows NP's to provide direct pt. care without MD supervision. Work to elevate public knowledge on NP scope of practice.: Evidenced based studies have demonstrated high level pt. outcomes with NP primary care. This information needs to be more highly publicized. NP's are currently unable to order home health for medicare patients. Big barrier to provisions of primary care.

The role of the NP will be valuable in the future as the number of primary care physicians decline. I would like to see more government involvement in this area.

Suggestions

Suggestions were offered by the NP and CNM respondents on ways to strengthen the profession. Suggestions included an expanded scope of practice, recognition for their contributions, and more support and assistance from the BRN on achieving these goals.

I strongly believe that we need to end physician supervision and eliminate standardized procedures for nurse practitioners. Need more assistance for NP's to open independent practice and more information and guidance from the BRN on the above issues.

I feel the Board does not support APN as they should. There are no specific standards for APN (scope of practice). The board could be more NP pro-active in the private sector promoting ways that NPs fill a big need in primary and other Health Care other than disciplinary functions and testing.

The BRN could be more proactive in helping APNs be recognized as positive additions to the medical field.

Theme 2: Job-related concerns

Comments on job-related concerns were focused on the challenges of low pay and finding employment in today's job market. Of respondents holding jobs, many expressed dissatisfaction with their pay and benefits, and concern for the liabilities of the profession.

Low Pay and Lack of Benefits

A large number of respondents felt that they were not being accorded fair compensation, considering the heavy burden of their work, the liabilities, and the high cost of malpractice insurance. The lack of benefits and retirement plans was of special concern. There were also a number of comments that noted the discrepancy in pay between NPs/CNMs and others in the

nursing profession. Many remarked that the salaries of their RN colleagues were much higher than their own salaries as NPs/CNMs.

It provides a 'steady income' even in this economy. I have BETTER benefits as an RN compared to previous NP roles which work you "to death." At some point, there has to be "quality of life.

Midwives take on a great deal more liability and responsibility than their RN colleagues but are not compensated.

I recently received a raise only because I gave my notice that I was taking another job for more money. Immediately, I was given a raise. I still do not have any retirement program or benefits. I think we are not paid enough.

Buying my own Insurance is killing my pocket book!!! No real retirement. Tired of nursing but will probably have to work 20 more years. I already worked 25 yrs!! + have nothing to show for it!!

It is demoralizing to get paid $40/hr as an NP when as an RN I can get $70/hr. Why I am transitioning out of APRN work, why have increased stress for less pay? Not worth it. Love my role as an NP but I cannot afford it.

<u>Employment Difficulties – Job Placement and Search</u>

Those seeking employment in today's job market may find it difficult to find nursing jobs with adequate salaries, especially with the high cost of malpractice coverage. New graduates, in particular may find their job-search challenging, because many employers look for more experienced candidates.

Participated in CA women Health Granted Program at Stanford- completed midwife program in 1985. Never worked as MW- No liability coverage.

One challenging thing has been graduating with masters, obtaining my CNM license and still getting messages from my current employer that RN experience is necessary in order to advance.

I graduated in May 2009 from Yale University. AS of 10/2010, I am still job searching for a CNM position. I have a couple of promising leads, but nothing secured.

Difficult to fund employment with adequate pay for advance degree in clinical practice outside of administration especially in practice with private physicians.

Malpractice Risks and Liabilities - CNMs

The high cost of malpractice insurance and the burden of liability were of particular concern to the CNM-respondents in the survey. Because CNMs are required to be supervised by MDs, the supervising MDs face greater liability risks than do physicians who "collaborate" with NPs. In their comments, respondents called attention to the impact of malpractice insurance and the high risk of liability on their professions.

The physicians have so much power in CA and the malpractice insurance is so high that it is difficult to find a position. I was told that they could hire a new MD for the same malpractice fees and since the laws are so strict to practice as a nurse midwife, only a few physicians were open to midwifery practice.

We need malpractice insurance we can afford. I could not find a job in the hospital as a CNM. I found a job in a clinic, but I could not afford the malpractice after a few years.

One of my greatest practice "blockades" is that the malpractice coverage for my back-up physicians no longer allows them to back up midwives!

Liability is a huge problem working in California. Much more so than other parts of the country. Until this issue is dealt with appropriately, less and less professionals will join this amazing career.

CNM's providing home birth services in CA face the obstacle of OB docs refusing to consult. The say their malpractice insurance forbids it. They are overall ignorant in regards to the safety and quality of CNM's home based care and not open to learning or becoming more collaborative with us.

Unions

A few respondents expressed a strong sense of dissatisfaction with the nursing unions in California, which they felt did not represent the interests of the NPs/CNMs.

I am frustrated because the CA Nurse Association (CNA) has too much power over regulating the practice of nurse practitioners. For example, in _____ Np's are treated as hourly employees, not professionals.

I hate our unions. CNA is very cutthroat and unprofessional.: Our unions support longevity instead of performance.

The HMO I worked for (22 years) complained we made too much money and could work younger MD longer without worrying about overtime. This was the unions (CNA) fault. CNA is not supportive of NP's.

Suggestions

Several suggestions were offered to improve and strengthen the NP and CNM professions. Comments included increasing the autonomy of the NPs/CNMs, especially when it comes to establishing private practices, increasing awareness for the value of NPs/CNMs, and perhaps receiving more support from the BRN towards achieving these goals.

> *I strongly believe that we need to end physician supervision and eliminate standardized procedures for nurse practitioners. Need more assistance for NP's to open independent practice and more information and guidance from the BRN on the above issues.*
>
> *At the height of my career, I owned my own practice, with a contractual arrangement with an MD. This degree of control and autonomy should be encouraged and supported.*
>
> *The BRN can support the APRNs by promoting and advertising them to the public. We've been around for over 3 decades and yet majority of the public do not know what Nurse Practitioner's are and what they can do.*
>
> *The BRN could be more proactive in helping APNs be recognized as positive additions to the medical field. Support us and defend us with issues that the CMA takes against NPs.*

Theme 3: Work Relationships

The work relationships of NPs/CNMs with other members of the medical profession can be complicated and frustrating; some NPs and CNMs perceive a lack of appreciation and collaboration for APRN professionals.

Physicians

Work relationships with physicians can be especially frustrating for NPs/CNMs as there can be little recognition and respect for NPs and CNMs. The requirement for supervision is also a source of tension for NPs/CNMs working with the physicians.

> *In my rural community there is little support for NP's - we are told to be grateful for the salary we receive. The physicians are in no way are up to date, nor very interested in new role applications or how to use my role to increase access to care. My role is more used to get an increased rate per patient for rural care.*
>
> *I burned out due to working too many hours but more importantly due to the hostile environment that I encounter in interacting with the hospital/ OB GYN community since I was self-employed and had no hospital back up. CNM's need collaborative physician practice, not supervision.*

My feeling is doctors really don't treat NP's with any more respect than RN's. NP's aren't regarded as equal professionals with MD's in their practice decisions.

Employers

Relationships with employers and management were largely negative as many remarked on the lack of respect and recognition they received for their work.

When the economy is down or practices have financial issues and CNMs/NPs often treated as "bottom of the barrel" Instead of as value resources.

A concern that has risen and brought my attention from medical doctors is that they prefer to hire PA's over NP's because of the attitudes NPs carry when treating and knowledge of disease process. Medical providers feel that providers such as NP's have an attitude of knowing it all because they have practiced for many years as nurses.

Other Nurses

NP/CNM respondents' comments indicated that there is a lack of respect amongst nurses themselves, as comments demonstrated a lack of respect for the work and experience of the NPs.

I remember years ago it was said that the nursing profession was "eating its young". Now it seems we are burying our elders while they are still alive. Would you rather have experience or "letters" [degrees] caring for you?

I am happy of my chosen profession but sometimes I encounter RN' s, LVN's, CAN's [sic, recte CNA] even Md's that don't ever respect us as providers.

Foreign Nurses

Of concern to some of the respondents were the language skills of the foreign nurses working in hospitals today. Some felt that foreign nurses posed a danger to patients, where communication can be crucial.

We need to make nursing schools more available to those that live in the U.S.A. The schools are few and far between and have long wait lists. As us baby boomers get older it would be nice to have a nurse who speaks English and is well trained.

Often foreign nurses are not well trained and do not speak English well.

I have concerns about safety issues of many RNs Graduating today secondary to language barriers, safe + reliable documentation.

Raise the bar… Start eliminating foreign nurses esp ones who don't speak English. English needs to be spoken in work area unless speaking to patients who doesn't not understand English.

One respondent however, defended the presence of foreign nurses, pointing to their service to minority groups.

..increase the awareness of valuing nurse practitioners who speak languages more than English. They are the backbone of the community health in minority groups.

Patients

Despite the tensions in the workplace, respondents reported a positive patient response to their work. Comments reported patients who appreciated the experience and extra care offered by NPs/CNMs.

Several patients that I know have made vary position statements of NP services they have received like more thorough examinations, better medical education and instructions on medicines and treatments, and they appreciate the longer time the NP spent with them than the MD's.

From the patients, I believe they are happy to have a NP as a provider - some patients have verbalized that we spent more time with them compared to onsite MD's that NPs are more comprehensive with the care.

The value of the NP/PA is greatly valued by patients as their emphasis is on prevention/ health education and seeing the patient as mind, body, spirit- especially the RN trained.

Theme 4: Education

The theme of "education" was of marked importance to the respondents. It was one of the most frequently commented upon topic, as respondents spoke about new graduates, instructors, residency/mentorship programs, and the controversy of changing the entry-level requirements of advanced practice.

Program Effectiveness

Respondents largely felt that the new graduates were not yet ready to provide patient care. Comments suggested that the system of choosing nursing students might be flawed, which may be contributing to the quality of new graduates. These sentiments were common in the 2010 Survey of RNs as well.

I have been an inpatient many many times. Hospital nurses (on the "floors") need to have "bedside manner," treating the patient as a whole getting to know your patient seeing them multiple times a day not just to "do" something to them, TLC should be emphasized in their curriculum, work environment and evaluation process.

I do not understand why there are so many obstacles to entering into nursing programs especially where there is a severe nursing crisis. Why are we allowing these lottery take admission systems to pick and choose students? I strongly question the wisdom of that.

I have concerns about skill level and critical thinking abilities of graduates.

Residency Programs

Respondents strongly recommended the creation of a residency/mentorship program for new graduates. Both NPs and CNMs felt that such a program would provide new graduates with invaluable learning opportunities and experiences, making them more effective NPs or CNMs.

I strongly believe we need residency programs for new APRN's as are outlined in the Affordable Health Care Act of 2009 for FNP's. I would have been more likely to stay in primary care setting as a new NP if I had a residency and/or strong NP mentors.

I think newly graduated nurse midwives, especially entry level masters program graduates should have the option of practicing as "midwifery residents" for 6-12 months. This would be supervised practice of the full scope of practice, similar to medical residents. This would address the problem of inadequate clinical experience by newly graduated nurse midwives.

Instructors

Respondents lamented over the lack of nursing school instructors. Commenters have also complained about the poor pay they received for their valuable work.

It is very frustrating to be an instructor who care, spend hours meeting with students, grading papers (reading, providing comments) and providing clinical; hands on experience. Many instructors just put in time, which results in students who graduate being unprepared for the RN profession.

Nursing school educators need to be paid more (a lot more), and we need more nursing schools now.

The salary of nursing faculty is pathetic! PhDs are expected as well as APRN certificates and we are paid like beginning nurses in the San Francisco Bay Area. If quality APRN practitioners are a desired outcome, then experience faculty with PhDs and long years of working as an APRN must be paid better!

Degrees

Bachelor's Degree

Respondents discussed the need to make a bachelor's degree the minimum for entry into nursing. Making such a change may increase respect for the nursing profession as a whole.

The nursing profession in CA must be made to be a bachelors degree profession only. Until every RN is required to have a BSN before taking the RN boards, the profession of nursing will never get the respect it deserves from the other health care professionals at large.

I think there is an over reliance on the community college system in CA. While I understand it would be quite political to move towards BSN as entry-level, I believe that should be the goal. There could be a partnership with community colleges with regards to pre requisites, classes, etc.

Master's Degree

A number of respondents commented on the need to find a way to establish grandfather clauses so that previously-educated NPs and CNMs are able to continue their practice. The respondents were frustrated by the emphasis on the degrees, and the lack of recognition for their years of experience.

I'm teaching the MSN students what is expected for their employment (lecture as well as hands on skills) However- despite >30 years as an RN, and >25 years as a CNM I can't get a job because I do not have an MSN. It's frustrating (& pisses me off) that letters after your name mean more than experience.

Any grandfather clauses into BSN and MSN if have all credits, I believe there are a number of us. We are out here working hard and doing an excellent job. We need more support from our own board, not more money from us.

After working 15 years in this field I find it insane to have to see that some of the jobs require a B.S. or Masters in Nursing to fill an NP job. The BRN could make it easier to provide a degree to obtain this or change the requirements. One would think that having 30 years of RN experience in various health fields and 15 years as an NP would be sufficient.

Doctorate Degree

Opinions on the advocacy of the DNP as the entry-level education for advanced practice nursing were divided. Some respondents felt that DNP programs would not only improve nursing skills, but also elevate respect for the profession.

> *I greatly support the DNP and although both the DNP and MD are available pathways, were I young and choosing to advance my career I would absolutely choose an NP.*
>
> *Move towards a greater recognition of the NP-DNP and better utilization of the NP-DNP to one's greatest potential.*
>
> *Provide more DNP programs at CSU level so we can increase/improve our nursing education skills.*

Those opposed to the DNP felt that the degree was not necessary for providing good care, and that the cost of the education could not be justified, when the salary for NPs/CNMs were already lower than RN-salaries.

> *I don't believe it is at all necessary for us to have a doctorate to be a good NP.*
>
> *I've heard rumors that NP's maybe required to have PHD'd now to work instead of MSN - think that's overkill and would vote against this. Unless they want to teach or be Deans of Nursing Schools, not necessary.*
>
> *I have no regrets about the educational path I chose, but I have serious reservations about pursuing a PhD or DNP in nursing.*

Continuing Medical Education

Amongst those respondents that indicated an interest in continuing education, some expressed frustration with the high cost of continuing education, and the inconvenience of finding a nearby program, while others felt that the continuing education requirement should be increased and improved upon to provide better instruction for APRNs.

> *I would like to go back to school for psychiatric certificates and doctorate but the cost is too great, and the distance from the university is also problematic.*
>
> *I feel strongly that the continuing education requirement for an APRN should be increased significantly to reflect the increased professional responsibility of an APRN. I would suggest 30 hours per year as a minimum, rather than 30 hours every 2 years as is currently required for an RN.*

There are many CE course available but few opportunities for "hands on" refreshers in clinical activities.

Suggestions

Suggestions were offered by the respondents on ways to improve the education of the nursing profession. Suggestions included a call for requiring RN experience before admission to an APRN education program, streamlining the educational system, and alternative ways to meet the goal to attain a doctoral degree in nursing.

A minimum of 2 yrs experience as an RN in actual patient care must be made a pre-requisite for all APRN programs. This provides the APRN a stronger foundation, builds more confidence in transitioning to an autonomous role as a APRN. A new APRN may even need less mentoring if she has a strong experience to bank on.

The Board needs to help streamline nursing education. There are too many programs that seem to be stealing peoples money and providing less that adequate education for LVN's and even some RN programs. The lack of understanding has caused many programs to fold and soon the shortage will be serious.

If you are going to mandate Dr degrees for nurse practitioners instead you should allow for NP student to fast track into family med (only) medical school/ DO program/resident family practice.

BRN-specific Suggestions

Throughout the survey, many of suggestions were directed specifically to the BRN (Board of Registered Nursing), and have been included in the previous "Suggestions." Included here are further recommendations to improve communication between the Board and APRNs.

I would appreciate greater ease in contacting the BRN regarding licensure renewal questions via phone call. When I last called the BRN this past year, it took multiple phone calls (on a daily basis over the course of 2 weeks) before I got a live person on the phone.

To be able to call and reach a person when I have questions about the scope of my practice. Even when asking for a response via email - zero results. Communication support involving the Board of Nursing in California is extremely poor.

Need to Educate on the Role of NPs and CNMs

Respondents spoke of the need for defining the APRN role, and educating the public and general medical profession on the value of NPs/CNMs.

Too many employers I've encountered are seeking a "cheap clinician" to hire without understanding the medico-legal aspects involved in hiring an APRN. We must educate the general public about our specialty.

More educational publicity about the value and role of NPs - highlighting specific contributions to patient care or medical practice, or profiling NP roles in newspapers, magazines, or TV, youtube, etc.

The role of APRN needs to be defined more clearly to patients, doctors, general knowledge of the role in public needs to improve. Job description needs to be better defined. The unclear boundaries allow for duties to be limited or out of scope of practice.

Perhaps promoting of nurse midwifery by educating the public about the benefits of midwifery care. People are confused/misinformed about midwifery.

Certificates – Uniformity

A standardized form of certificates was of importance to many of the respondents, as they felt the current system created too many areas of confusion and conflict. Complaints included the difficulty of transferring licenses between states and from outside the country, and general lack of information on the certificates process.

I think it would strengthen and unite California advanced practice nurses/nursing if the Board administered and granted certificates. As it is having general organizations providing certificates is too confusing.

Make the licensing process less cumbersome for APRNs transferring from other states. Ive lost 3 great out of state candidates due to the state bureaucracy and paper shuffle/dragging its feet.

I have many years experience as a midwife in the U.K., Australia, and Middle East.: I worked for many years in California as an OB RN. Lately, I updated my UK Midwifery license and transferred it to California.

I was told in order to get an NP license in CA I had to complete 2 courses that were specific to CA law. The classes were spread out as a "sprinkling" throughout courses and it would have cost a lot and about two years of coursework . . . Needless to say, I asked and submitted numerous requests but was turned down because "CA does not accept what you studied in CO" and they do not offer what you need here so you just have to meet the CA requirements.

Certificates – Waivers

Just as respondents called for more unity to the method of certificates, certain respondents also expressed frustration with all the requirements necessary for certificates, especially as many of them found the requirements redundant.

There should be a waiver of clinical hours for the certificate exam for those of us who have been practicing in an area for a number of years. Now we have to not only take the courses, but also complete redundant clinical hours at great expense (for credit) and at a great amount of time away from work.

Someway to get credentials as an NP without getting an MA or spending years relearning stuff I learned in 1971-6.

Medicine should accept a single source of certificates. I work primarily in oncology and am certified but have to maintain my FNP also. That means 150 CEU's [clinical education updates] every 5 years just for the FNP plus an additional 100 CEU's fort he oncology [sic, recte for the oncology]specific. This should change.

I hope the Board of Nursing understands that there are a group of NP's that function in NP roles but do not have the certificates specifically to the role since they graduated before many of those programs were developed.

Autonomy

The roles of NP and CNMs may not be as clearly defined as some respondents would like it. Suggestions called for the establishment of clearer lines of separation from other medical professionals, perhaps to the extent of creating a specific board for the APRNs.

Form an advanced practice board of nursing.

Separate RN and NP/CNM in NPA. I oversee both RN's and Np;s and trying to separate scopes of practice is difficult in some areas.

T he role of NP's vs PA's is being blurred. Can the BRN assist with defining the difference in training, education and autonomy of the NP?

I think a board of midwifery is worth considering.

Support advance practice separated from RNs. . . . NP's should be categorized as a separate entities as PAP do! Salary is far below what standards are expected of NPs - 2015 DNP is expected with no salary pay increases! Do we need to be union to be more recognized??

Summary of Thematic Findings

While the perspectives voiced in the comments section are not likely to represent fully all NPs and CNMs residing in California, the recurrence of key issues indicates their relevance to a sizable number of APRNs. Many nurses felt the public and the medical community do not understand the role of APRNs in healthcare. Nurses reported legal and cultural barriers to practice that keep APRNs from working to the full extent of their abilities and scope of practice. Many nurses were experiencing difficulty finding NP and CNM jobs. Similar to RNs surveyed earlier in the year, nurses worried that newly graduated nurses may lack sufficient nursing experience or training to perform their roles well. NPs and CNMs expressed a desire for the Board of Registered Nurses to advocate on behalf of advanced practice with specific suggestions including that the BRN define the roles and autonomy of APRNs, to make the certificate process uniform, and to grant waivers to APRNs lacking advanced degrees.

These narrative comments offer some insight into issues that respondents consider in their decisions to continue a career as advance practice nurses. Comments from the 2010 NP/CNM Survey remind us that nurses are working in an industry that has been impacted by the slowing economy. Not only do APRNs face obstacles to working to their full capacity in the workplace, they must now prepare for the challenges of expanding access to care and other changes wrought by health care. In a time of shrinking budgets and downsizing, nurses are finding it increasingly challenging to do what they love – giving compassionate, quality care to their patients.

Conclusions

The state of California has a diverse workforce of registered nurses and this diversity is increasing with the entry of more men and minorities into nursing. California's advanced practice nursing workforce of Nurse Practitioners and Certified Midwives is, on average, older than the RN population and less diverse. The average age of NPs and CNMs was between 50 and 51 years old. Men made up only 7.6 percent of Nurse Practitioners, and nearly no men held a certificate as a nurse midwife. Over 70 percent of NPs and CNMs were white.

NPs and CNMs are highly educated. The majority of NPs and CNMs received their initial RN education in a baccalaureate degree program or higher degree program, and were educated as RNs in California. Many APRNs received further education for their NP or CNM certificates in a master's degree program. The most common areas of educational specialization in their APRN programs were family/individual health for NPs and women's/gender health for CNMs. Overall, 81.8 percent of NPs and 72.5 percent of CNMs reported holding a master's degree, post-master's certificate, or a doctorate as their highest nursing degree (RN or APRN).

At the time of the survey, nearly 74 percent of all NPs and CNMs were working in positions that required their advanced practice certificates. In addition, 16 percent of NPs and nearly 9 percent of CNMs who held an APRN position had a secondary position as an RN. Around 79 percent of NPs reported that they nearly always were able to practice to the fullest extent of their scope of practice, though only 53 percent reported having medical staff privileges. Over 73 percent of CNMs reported that they work to the full extent of their scope of practice and have medical staff privileges. Less than a quarter of NPs reported that they are recognized as primary care providers by private insurance networks.

Nurses employed in primary positions requiring APRN certification reported working in a variety of settings, which are generally related to their specific certification. NPs most commonly reported working in a physician or osteopathic doctor office, or an outpatient clinic. CNMs reported their most common employment setting as a combination of clinic care and hospital-based labor and delivery.

When asked to rate their satisfaction with their work and careers, the majority of NPs and CNMs working as APRNs reported being "satisfied" or "very satisfied" with their APRN career. Nonetheless, NPs and CNMs were forthcoming as to the problems facing their work and careers. The most common issues reported by NPs and CNMs were inadequate time with patients, difficulties communicating with patients, and quality issues outside of their control. NPs in primary care reported the top problems in their workplace as inadequate time with patients, too little involvement in decision-making, and difficulties communicating with patients.

About 26 percent of NPs and 30 percent of CNMs reported that they do not work in advanced practice. Of this group, more than 58 percent of NPs and 60 percent of CNMs were working as an RN. Over 30 percent of those not working as APRNs were retired. The reasons for not working in advanced practice varied by the type of certification held. NPs reported dissatisfaction with benefits and salary, and stress on the job as the major reasons for not working as an APRN, while CNMs reported difficulty finding an APRN nursing position and liability insurance as the central grounds for not working as an APRN. Dual-certified nurses also

reported liability insurance concerns as an important explanation for not working as an APRN, though there was also significant dissatisfaction with the degree of collaboration with MDs.

In comments received from survey respondents, one of the most common themes was that of unmet potential. Whether through restrictive scope of practice, including MD supervision requirement and expense of liability insurance, or the failure of administrators and collaborators to use APRNs as primary care providers, the medical community is not taking advantage of the rich and extensive APRN training and experience. NPs and CNMs occupy roles that do not fit neatly into the predominant paradigm for nursing, and many APRNs reported that healthcare providers and physicians do not understand what an APRN can do.

California's NP and CNM workforce is highly educated, highly motivated, and under-utilized in many areas of the health care delivery system. Many NPs and CNMs were not working as APRNs, and about a sixth of NPs and CNMs reported working as an RN instead of in advanced practice. Only a small proportion of the APRN workforce was under the age of 35, while a much larger proportion prepares to retire, leave the profession entirely, continue to work in nursing outside of an APRN position, or decrease their APRN hours in the next five years. The aging of the APRN population and reported difficulties finding work as an NP and CNM, makes the future of the NP and CNM workforce difficult to predict. It is uncertain whether the APRN workforce will grow quickly enough to address the increasing demand for RNs and APRNs in California. If California is to take advantage of NPs' and CNMs' extensive skills, experience, and ability to provide primary care, then the concerns raised in this report must be addressed. Employers and health care leaders need to continue to support this valuable workforce, seeking to retain APRNs, support their efforts to work to their full scope of practice, and to attract younger nurses to the profession.

Appendix A: Detailed Methodology

Survey Development

UCSF worked with the BRN to develop the survey questionnaire for 2010.

- A review of past surveys conducted for the BRN, particularly surveys conducted in 2006, 2008 and 2010;
- A review of the National Sample Surveys of Registered Nurses (2004 and 2008), conducted by the United States Bureau of the Health Professions;
- A review of surveys of APRNs performed in Wyoming, Washington, and Colorado;
- 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 content experts and stakeholders;
- Revision of the surveys based on feedback from BRN and UCSF staff, and other experts;
- Development of formatted survey instruments;
- Beta-testing of the survey instruments by nurses recruited by UCSF and the BRN;
- Development of the web-based surveys;
- Beta-testing of the web-based surveys by staff at the BRN and UCSF; and
- Editing the formatted surveys for printing, and editing of the web-based surveys for online use.

Process for Data Collection and Coding

All NPs and CNMs selected for the surveys were mailed a cover letter from the Board of Registered Nursing, which included information about how to complete the survey online, the survey, and a postage-paid return envelope. The survey was mailed on October 26, 2010. A reminder postcard was sent on November 9, 2010, and the questionnaire was remailed on November 22, 2010 to non-respondents. Reminder postcards were sent on December 10, 2010 and December 28, 2010. Data collection ended on March 1, 2011.

All mailings were sent by first-class mail. Outgoing surveys were coded with a tracking number and completed surveys, along with uncertified and undeliverable cases, were logged into a response status file. The status file permitted close monitoring of the response rate. The web version of the survey was monitored as well. The first reminder postcard was sent to all nurses selected for the survey, but the remailing 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 accordingly. 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.

The NP and CNM Sample

The NP and CNM survey was sent to 2,250 APRNs with addresses in California. The Board of Registered Nursing created a file of all APRNs on September 15, 2010, 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 17,757 nurses with active licenses residing in California. After removing Certified Nurse Specialists (CNS) from the NP and CNM sample, the working file from which nurses were sampled contained 14,428 NPs and CNMs.

Sampling included APRNs with either NP or CNM certification as well as dual-certified NP and CNMs. The CNMs and dual-certified sample was sorted by county and age, and then the 2nd, 7th, 9th, 11th, 17th, 19th, 23rd, and 53rd observations were selected for the survey, for a total of 750. For the NPs and NP/CNMs, the sample was sorted by county and age, and then the 9th observation was selected from the population of NPs-only and dual-certified who did not appear in the CNMs sample. This produced a subsample of 1,503 observations, 3 of which were randomly dropped for a total NPs-only and dual-certified sample of 1,500 APRNs. Table 1 presents the final sampling scheme.

Table 1: California's NP and CNM workforce population, the survey sample, survey response rate, by certification, 2010

	All NPs and CNMs		Survey Sample		Survey Respondents		Response Rate
Sample set	#	%	#	%	#	%	%
NP-only	13,363	92.6%	1,485	66.0%	890	64.3%	60.0%
CNM-only	558	3.9%	390	17.3%	249	18.0%	63.8%
Dual-certified	507	3.5%	375	16.7%	245	17.7%	65.3%
Total	14,428	100.0%	2,250	100.0%	1384	100.0%	61.5%

In the analysis, responses were weighted by age group to match the known population and improve the representativeness of responses. Due to the small size of some APRN populations in certain areas (Tables 2, 3, and 4), no weighting was performed to adjust the responses by region. The weighting is dependent on population , not sampling, and therefore in Table 2, Table 3 and Table 4, a breakdown of the population and the response by region and age group are presented. The entire sample was drawn from ARPNs living in California. However, 12 of the NP-only and NP/CNM respondents indicated they were living outside of California at the time they completed survey, as did seven of the CNM certificate holders.

Table 2: California's NP-only and dual-certified workforce, the population and survey response rate, by region and age, 2010

	Counties in Region	NPs-only Population in California		NPs-only Respondents	
		N	%	N	%
Out of State*	All states other than California	0	0.0	10	1.1%
Northern Border	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	558	4.2%	33	3.7%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	831	6.2%	63	7.1%
San Francisco Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara, Contra Costa, Napa, Santa Cruz, Solano, Sonoma	3,653	27.3%	220	24.7%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	1,306	9.8%	96	10.8%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	349	2.6%	18	2.0%
Los Angeles	Los Angeles, Orange, Ventura	4,281	32.0%	269	30.2%
Inland Empire	Riverside, San Bernardino	1,032	7.7%	70	7.9%
Southern Border	Imperial, San Diego	1,353	10.1%	111	126%
Total		13363	100.0%	890	100.0%
Under 35 years		1,538	11.5%	88	9.9%
35 to 44 years		2,888	21.6%	163	18.3%
45 to 54 years		3,617	27.1%	237	26.6%
55 to 64 years		4,124	30.9%	299	33.6%
65 years and over		1,195	8.9%	103	11.6%
Total[13]		13,362	100%	890	100.0%

[13] One respondent did not have a reportable birthdate; all weighting was performed on respondents by reported birthdate.

Table 3: California's CNM-only workforce, the population and survey response rate, by region and age, 2010

	Counties in Region	CNM-only Population in California		CNM-only Respondents	
		N	%	N	%
Out of State*	All states other than California	0	0.0	7	2.8%
Northern Border	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	27	4.8%	11	4.4%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	27	4.8%	20	8.0%
San Francisco Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara, Contra Costa, Napa, Santa Cruz, Solano, Sonoma	165	29.6%	65	26.1%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	26	4.7%	7	2.8%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	14	2.5%	4	1.6%
Los Angeles	Los Angeles, Orange, Ventura	174	31.2%	77	30.9%
Inland Empire	Riverside, San Bernardino	49	8.8%	20	8.0%
Southern Border	Imperial, San Diego	76	13.6%	38	15.3%
Total		558	100.0%	249	100.0%
Under 35 years		54	9.7%	22	8.8%
35 to 44 years		95	17.0%	43	17.3%
45 to 54 years		155	27.8%	63	25.3%
55 to 64 years		199	35.7%	92	37.0%
65 years and over		55	9.9%	29	11.7%
Total		558	100.0%	249	100.0%

Table 4: California's dual certified workforce, the population and survey response rate, by region and age, 2010

	Counties in Region	NP/CNM Population in California		NP/CNM Respondents	
		N	%	N	%
Out of State*	All states other than California	0	0.0	2	0.8
Northern Border	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	32	6.3%	16	6.5%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	32	6.3%	17	6.9%
San Francisco Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara, Contra Costa, Napa, Santa Cruz, Solano, Sonoma	185	36.5%	88	35.9%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	42	8.3%	20	8.2%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	15	3.0%	7	2.9%
Los Angeles	Los Angeles, Orange, Ventura	107	21.1%	47	19.2%
Inland Empire	Riverside, San Bernardino	26	5.1%	13	5.3%
Southern Border	Imperial, San Diego	68	13.4%	35	14.3%
Total		507	100.0%	245	100.0%
Under 35 years		40	7.9%	17	6.9%
35 to 44 years		99	19.5%	42	17.1%
45 to 54 years		152	30.0%	72	39.4%
55 to 64 years		178	35.1%	93	38.0%
65 years and over		38	7.5%	21	8.6%
Total		245	100.0%	245	100.0%

Certification Breakdown for the NP and CNM Survey

The sample for the NP and CNM survey was based on a database of nurse license data provided by the BRN on September 10, 2010. Any NPs or CNMs who also held a CNS certificate were excluded from the survey population and sample. Table 5 presents the certificates status of respondents to the survey. All NPs and CNMs were classified by their self-reported certificates. Most respondents self-reported certificates matched the certificates listed in the BRN's files. However, indicated that they had both NP and CNM certificates, but the BRN sample file indicated they had only one certificate. For the purposes of the analyses, they were

classified as NP/CNMs. [14] The total number of NP-only respondents was 890 nurses, the total number of CNMs was 249 nurses, and the total of those with dual certificates numbered 245.

Table 5: Analytic sample certification for all respondents by sample file status, 2010

	Sample File – NP-only		Sample File – CNM-only		Sample File – Dual-certified		
	N	%	N	%	N	%	N
Analysis – NP-only	890	99.9%	0	0.0%	0	0.0%	890
Analysis – CNM-only	0	0.0%	249	97.3%	0	0.0%	249
Analysis – Dual-certified	1	0.1%	7	2.7%	237	100.0%	245
Number of cases	891		256		237		

Representativeness of NP and CNM Respondents

Survey responses were weighted by their age group matched to the original sample database so that response bias could be examined. The last two columns of Table 2, Table 3, and Table 4 present the regional distribution of survey respondents. Of the NP-only and dual-certified sample, there were some differences in regional distribution for Los Angeles and the Inland empire. Of the CNM-only sample, there were large differences in the regional distribution for Sacramento and the San Francisco Bay Area. The age distribution of respondents also is different from that of the population. Younger nurses were less likely to respond to the survey. In contrast, nurses aged 55 to 64 were more likely to complete the survey.

Precision of estimates

The size of the sample surveyed and high response rate contribute to this survey providing very precise estimates of the true values in the population. For NPs and CNMs, discrepancies between the characteristics of the respondents to the survey and the population have been corrected by weighting the data, as discussed above. Unweighted tables based on the full dataset of 1,384 nurses with active licenses may vary from the true population values by +/- 2.7 percentage points from the values presented, with 95 percent confidence.

[14] Self-reporting was based on questions 5 and question 43. One person who was listed in the BRN records as a NP-only self-identified as an NP/CNM. Seven people who were listed in BRN records as CNMs-only self-identified as NP/CNMs. Three people identified in BRN records as NP/CNMs self-identified as NPs-only. Thirty-six people in BRN records as have both certificates self-identified as CNMs-only. BRN certification was followed for all respondents except for the 8 who self-identified as dual-certified; they were re-categorized as dual-certified.

Appendix B: Consent Forms, Mailings, and Questionnaires

Pilot Testers – Consent Form

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

CONSENT TO BE IN RESEARCH

Study Title: ***CA Board of Registered Nursing Survey of Advanced Practice Registered Nursing***

The California Board of Registered Nursing in collaboration with the UCSF Center for the Health Professions is conducting this research study to better gauge practice issues among advance practice registered nurses. We are asking you to take this survey and discuss with project staff your responses to the survey. Your participation is entirely voluntary. You are being asked to take part in this study because you are listed with the CA Board of Registered Nursing as the holder of an advanced practice certificate or you have been recommended as a possible participant.

What will happen if I take part in this study?

If you participate in this study, you will complete a 20-minute survey and participate in a 40 minute in-person or telephone interview to discuss your responses to the survey and any suggestions for making the survey instrument more relevant and clear. Total time of participation is one hour. The survey asks about your training and work as an advanced practice registered nurse.

Are there any risks to me or my privacy?

Some of the survey questions may make you feel uncomfortable or raise unpleasant memories. You are free to skip any question.

We will do our best to protect the information we collect from you. The survey itself will not include details which directly identify you, such as your name or address. Please do not put this information on your survey. The completed surveys will be kept secure and separate from information which identifies you. Only a small number of researchers will have direct access to completed surveys. Your responses and any interview notes will be destroyed when the survey instruments are finalized.

Are there benefits?

There is no direct benefit to you but the results will help the Board of Registered Nursing better understand how to support advanced practice nursing in California.

Can I say "No"?

Yes, you do not have to complete a survey.

Are there any payments or costs?

You will receive a gift certificate for $25 for your time.

Who can answer my questions about the study?

If you have questions about this study, you may contact the principal investigator, Joanne Spetz, Ph.D., at 415-502-4403, or the project coordinator, Dennis Keane, at 415-514-2852.

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call the Office of the Committee on Human Research at 415-476-1814

PARTICIPATION IN RESEARCH IS VOLUNTARY.

Please keep this form in case you have questions about this research project.

First Mailing – Letter, Consent Form, and Questionaire.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

XXXXXXXXXX
XXXXXX
XXXXXXXXXX
XXXXXXXXXXX

Dear XXXXXXXX;

We are pleased to inform you the Board of Registered Nursing has chosen you as one of a select group of advance practice nurses to participate in the first-ever statewide survey of California's advance practice registered nurse (APRN) workforce. Only 2,250 of California's estimated 15,700 APRN's are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. With the growing impact and influence of the APRN in workforce planning and policy in California, it is vital for the Board to be able to accurately present your opinions about working conditions, salaries and other issues pertinent to advanced practice nursing. The data you provide is important whether or not you are currently employed as an APRN. Survey results will be used by the Board to guide public policy and plan for California's future nursing workforce needs. Summary results of the survey will be published on the Board's website in early 2011.

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.

The University of California, San Francisco is conducting the survey for the Board. The attached survey has been sent to advanced practice nurses with active California licenses residing in California. Completion of the survey should take no more than 25 minutes. The survey may be completed as attached in the 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/brn_aprn/**.

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 Dennis Keane 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 R. Bailey M.Ed, RN

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

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

CONSENT TO BE IN RESEARCH

Study Title: ***CA Board of Registered Nursing Survey of Advanced Practice Registered Nursing***

The California Board of Registered Nursing in collaboration with the UCSF Center for the Health Professions is conducting this research study to better gauge practice issues among advance practice registered nurses. We are asking you to take this survey and your participation is entirely voluntary. You are being asked to take part in this study because you are listed with the CA Board of Registered Nursing as the holder of an advanced practice certificate.

What will happen if I take part in this study?

If you participate in this study, you will complete a 20-minute survey. This survey can be completed with pen or pencil and the enclosed questionnaire, or the survey can be taken online. The survey asks about your training and work as an advanced practice registered nurse.

Are there any risks to me or my privacy?

Some of the survey questions may make you feel uncomfortable or raise unpleasant memories. You are free to skip any question.

We will do our best to protect the information we collect from you. The survey itself will not include details which directly identify you, such as your name or address. Please do not put this information on your survey. The completed surveys will be kept secure and separate from information which identifies you. Only a small number of researchers will have direct access to completed surveys. If this study is published or presented at scientific meetings, names and other information that might identify you will not be used.

Are there benefits?

There is no direct benefit to you but the results will help the Board of Registered Nursing better understand how to support advanced practice nursing in California.

Can I say "No"?

Yes, you do not have to complete a survey.

Are there any payments or costs?

You will not be paid for completing the survey. There are no costs to you.

Who can answer my questions about the study?

If you have questions about this study, you may contact the principal investigator, Joanne Spetz, Ph.D., at 415-502-4403, or the project coordinator, Dennis Keane, at 415-514-2852.

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call the Office of the Committee on Human Research at 415-476-1814

PARTICIPATION IN RESEARCH IS VOLUNTARY.

Please keep this form in case you have questions about this research project.

California Board of Registered Nursing

Survey of Nurse Practitioners and Certified Nurse Midwives 2010

Conducted for the Board of Registered Nursing by

School of Nursing and Center for the Health Professions,
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 (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.

CALIFORNIA BOARD OF REGISTERED NURSING
2010 APRN SURVEY

SECTION A: EDUCATION AND LICENSURE INFORMATION

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.)**

☐1 Diploma program ☐4 Baccalaureate program ☐6 Master's program
☐2 Associate degree program ☐5 Entry-level Master's program ☐7 Doctoral program
☐3 30-unit option program (LVN to RN)

2. In what state or country did you complete your pre-licensure RN education that qualified you for RN licensure in the United States?

US: _____ (2-letter state code) **OR** Other country: ☐1 Australia ☐4 England ☐7 Korea
☐2 Canada ☐5 India ☐8 Philippines
☐3 China ☐6 Ireland
☐9 Other (**Please specify**: _____)

3. In what year did you graduate from your pre-licensure RN program? __ __ __ __

4. In what year were you first licensed as an RN **in California**? __ __ __ __

5. Which of the following APRN certificates do you have from the **California Board of Registered Nursing (BRN)**? What year did you receive that BRN certificate? **(Check all that apply.)**

	Certificate	Year		Certificate	Year
☐a	Nurse Practitioner		☐d	Nurse Midwife	
☐b	Nurse Practitioner furnishing number		☐e	Nurse Midwife furnishing number	
☐c	Clinical Nurse Specialist		☐f	Nurse Anesthetist	

6. What are <u>all</u> the programs in which you have had APRN education? When did you complete those programs? (**We will ask you to list non-APRN programs/degrees in question #10**)

	NP	CNM	Other APRN (Specify:_____)
Diploma	_____(Year)	_____(Year)	_____(Year)
ADN	_____(Year)	_____(Year)	_____(Year)
Baccalaureate	_____(Year)	_____(Year)	_____(Year)
Master's	_____(Year)	_____(Year)	_____(Year)
Doctoral (DNP, DNSc,ND)	_____(Year)	_____(Year)	_____(Year)
post-Master's Certificate	_____(Year)	_____(Year)	_____(Year)
Certificate	_____(Year)	_____(Year)	_____(Year)

7. Please indicate your areas of APRN educational preparation. **(Check all that apply.)**

	NP	CNM	Other APRN
Family/individual across the lifespan	☐	☐	☐
Adult/gerontology	☐	☐	☐
Women's/gender health	☐	☐	☐
Pediatrics	☐	☐	☐
Neonatology	☐	☐	☐
Psych/mental health	☐	☐	☐
Palliative care/hospice	☐	☐	☐
Adult acute/critical care	☐	☐	☐
Oncology	☐	☐	☐
School/college health	☐	☐	☐
Occupational health	☐	☐	☐
Other (Specify) _____	☐	☐	☐

8. Do you **currently** hold a California certificate/license as a Physician Assistant? ☐1 Yes ☐2 No

9. If you are **currently** nationally certified as an APRN, by whom? **(Check all that apply.)**

☐a American Academy of Nurse Practitioners (AANP)
☐b American Nurses Credeintialing Center (ANCC)
☐c National Certification Corporation (NCC)
☐d Pediatric Nursing Certification Board (PNCB)
☐e American Midwifery Certification Board (AMCB) / ACNM
☐f Other (specify below) _____

10. Since graduating from the basic RN nursing program that qualified you for licensure in the U.S., have you earned any **additional** degrees **other than your APRN education**? In what **year** did you earn that degree? (**Check all that apply**.)

	Degree	Year		Degree	Year
☐a	No additional degrees earned	↓			↓
☐b	Associate degree in Nursing (ADN)		☐f	Other Associate degree (non-nursing)	
☐c	Baccalaureate of Science in Nursing (BSN)		☐g	Other Baccalaureate degree (non-nursing)	
☐d	Master's degree in Nursing (MSN, MN)		☐h	Other Master's degree (non-nursing)	
☐e	Doctorate in Nursing (PhD, DNP, DNSc, ND)		☐i	Other Doctoral degree (non-nursing)	

11. Are you **currently** enrolled in a nursing degree program or specialty certificate program?

☐1 Yes ↓
☐2 No → **Skip to Question #13 below.**

12. What is your degree objective?

☐1 Baccalaureate degree
☐2 Master's degree
☐3 DNP
☐4 Non-degree specialty certification program
☐5 Other Doctoral degree

13. Are you **currently working for pay** as an **advanced practice** registered nurse?

☐1 **Yes** ↓
Continue to next page, Section B.

☐2 **No**, I am not working as an APRN. ↓
Skip to page 12, Section D.

SECTION B: FOR NURSES CURRENTLY EMPLOYED IN ADVANCED PRACTICE

If you are NOT working in a paid position in which you utilize your APRN training and skills, please SKIP to page 12, Section D.

14. In how many APRN positions do you currently work for pay? ☐ One ☐ Two ☐ Three ☐ 4 or more

Please complete the following questions for up to 3 of your APRN positions according to where you spend most of your working time.

15. How many **months** per year do you work in your APRN position(s)?

	Primary APRN position	Second APRN position	Third APRN position
Months per year	_____ # mos/yr	_____ # mos/yr	_____ # mos/yr

16. How many **hours** do you normally work in your APRN position(s)? **(Please complete all items for each position.)**

	Primary APRN position	Second APRN position	Third APRN position
Total hours per **day**	_____hrs/day	_____hrs/day	_____hrs/day
Total hours per **week** (including all overtime)	_____hrs/wk	_____hrs/wk	_____hrs/wk
Paid overtime hours per **week**	_____hrs/wk	_____hrs/wk	_____hrs/wk
Hours on-call per **week** (standby only)	_____hrs/wk	_____hrs/wk	_____hrs/wk

17. Which best describes your payment arrangement in your APRN position(s)? **(Check one for each position.)**

	Primary APRN position	Second APRN position	Third APRN position
Self-employed	☐	☐	☐
Contract employment	☐	☐	☐
Hourly employment	☐	☐	☐
Salaried employment	☐	☐	☐
Per diem	☐	☐	☐
Other (specify)	_____	_____	_____

18. Indicate the location for **each** site you work at in your nursing position(s)?

	Primary APRN position	Second APRN position	Third APRN position
Site1: Zipcode/City	_____ /_____	_____ /_____	_____ /_____
Site2: Zipcode/City	_____ /_____	_____ /_____	_____ /_____
Site3: Zipcode/City	_____ /_____	_____ /_____	_____ /_____

19. How long have you worked with your current employer?

Primary nursing position	Second nursing position	Third nursing position
_____ years and _____months	_____ years and _____months	_____ years and _____months

20. How long have you worked with that employer in your current nursing position(s)?

Primary nursing position	Second nursing position	Third nursing position
_____ years and _____months	_____ years and _____months	_____ years and _____months

21. Which one of the following best describes the **job title** of your **APRN position(s)**?

(Check one for each practice.)

	Primary APRN position	Second APRN position	Third APRN position
Nurse Practitioner	☐	☐	☐
Certified Nurse Midwife	☐	☐	☐
Senior management (Vice President, Nursing Executive, Dean)	☐	☐	☐
Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean)	☐	☐	☐
Front-line management (Head Nurse, Supervisor)	☐	☐	☐
Charge Nurse or Team Leader	☐	☐	☐
Occupational health nurse	☐	☐	☐
Staff nurse/direct care nurse	☐	☐	☐
School Nurse	☐	☐	☐
Nurse Coordinator	☐	☐	☐
Public Health/Community Health Nurse	☐	☐	☐
Educator, academic setting (professor, instructor at a school of nursing)	☐	☐	☐
Staff educator, service setting (in-service educator, clinical nurse educator)	☐	☐	☐
Patient care coordinator/case manager/discharge planner	☐	☐	☐
Patient educator	☐	☐	☐
Quality Improvement nurse, utilization review	☐	☐	☐
Infection control nurse	☐	☐	☐
Telenurse	☐	☐	☐
Researcher	☐	☐	☐
Other (Specify:	_____	_____	_____

22. Which of the following **best** describes the type of setting of your **APRN position(s)**? (**Check one for each practice.**)

	Primary APRN position	Second APRN position	Third APRN position
Hospital			
Hospital, acute/critical care	☐	☐	☐
Hospital, emergency room	☐	☐	☐
Hospital, Hospitalist Team	☐	☐	☐
Hospital, labor and delivery	☐	☐	☐
Hospital, outpatient clinic	☐	☐	☐
Hospital, other (Specify)	_____	_____	_____
Clinic			
College health service	☐	☐	☐
Community Health Center	☐	☐	☐
Homeless/indigent clinic	☐	☐	☐
Migrant Clinic	☐	☐	☐
Nurse managed clinic	☐	☐	☐
Occupational/Employee clinic	☐	☐	☐
Private MD/DO Practice	☐	☐	☐
Private primary care group/clinic	☐	☐	☐
Public Health clinic	☐	☐	☐
Retail based clinic	☐	☐	☐
Rural Health Center	☐	☐	☐
School health clinic	☐	☐	☐
Clinic, other (Specify)	_____	_____	_____
Maternal Child Health			
Birthing Center	☐	☐	☐
Family planning	☐	☐	☐
Home birth	☐	☐	☐
MCH, other (Specify)	_____	_____	_____
Other institutional			
Academic education program	☐	☐	☐
Correctional system	☐	☐	☐
Extended care/long term facility	☐	☐	☐
HMO/Managed care	☐	☐	☐
Mental Health Facility	☐	☐	☐
Military/DoD	☐	☐	☐
Public Health Dept	☐	☐	☐
Rehabilitation Facility	☐	☐	☐
Veterans Administration	☐	☐	☐
Institutional, other (Specify)	_____	_____	_____
Other			
Aesthetic practice	☐	☐	☐
Home Health agency	☐	☐	☐
Hospice/Palliative care	☐	☐	☐
Other (Specify)	_____	_____	_____

23. Mark the clinical fields in which you **most frequently** provide direct patient care in your **APRN** position(s). (**Check all that apply for each practice.**)

	Primary nursing position	**Second nursing position**	**Third nursing position**
Not involved in patient care	☐	☐	☐
Ambulatory/outpatient	☐	☐	☐
Cardiology	☐	☐	☐
Community/public health	☐	☐	☐
Corrections/prison	☐	☐	☐
Diabetes	☐	☐	☐
Dialysis	☐	☐	☐
Emergency/trauma	☐	☐	☐
Geriatrics/gerontology	☐	☐	☐
Home health care	☐	☐	☐
Hospice/palliative care	☐	☐	☐
Intensive care/critical care	☐	☐	☐
Labor and delivery	☐	☐	☐
Medical-surgical	☐	☐	☐
Mother-baby unit or normal newborn nursery	☐	☐	☐
Neonatal care	☐	☐	☐
Obstetrics/gynecology	☐	☐	☐
Oncology	☐	☐	☐
Orthopedics	☐	☐	☐
Pediatrics	☐	☐	☐
Psychiatry/mental health	☐	☐	☐
Rehabilitation	☐	☐	☐
School health (K-12 or college)	☐	☐	☐
Step-down or transitional bed unit	☐	☐	☐
Surgery/pre-op/post-op/ PACU/anesthesia	☐	☐	☐
Telemetry	☐	☐	☐
Other (Specify:	_____	_____	_____

24. Approximately what percentage of your time is spent on each of the following functions during a **typical week** in your APRN position(s)?

	Primary APRN position	**Second APRN position**	**Third APRN position**
Patient care (including patient and family education, record keeping, communications regarding patient care)	_____ %	_____ %	_____ %
Administration of clinical practice	_____ %	_____ %	_____ %
Teaching in a pre-licensure nursing education program	_____ %	_____ %	_____ %
Teaching in a NP/CNM education program	_____ %	_____ %	_____ %
Organizational activities (such as quality improvement)	_____ %	_____ %	_____ %
Research	_____ %	_____ %	_____ %
Other	_____ %	_____ %	_____ %
Other (Please specify)	_____	_____	_____
	100%	**100%**	**100%**

25. Please estimate the **total annual earnings** for your **APRN position(s) in 2010**, before deductions for taxes, social security, etc.

Primary APRN position	**Second APRN position**	**Third APRN position**
_____ $/year	_____ $/year	_____ $/year

26. Are you paid on an hourly basis in your **APRN position(s)**?

	Primary APRN position	**Second APRN position**	**Third APRN position**
	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
If yes, what is your base hourly wage?	_____ $/hr.	_____ $/hr.	_____ $/hr.

In your **APRN practice**, please estimate what percent of <u>your patients</u>:

27. **Primary APRN position:**

	0%	**1-25%**	**26-50%**	**51-75%**	**76-99%**	**100%**
A. Are covered by Medicare?	☐1	☐2	☐3	☐4	☐5	☐6
B. Are covered by Medicaid?	☐1	☐2	☐3	☐4	☐5	☐6
C. Are covered by private insurance?	☐1	☐2	☐3	☐4	☐5	☐6
D. Worker's compensation?	☐1	☐2	☐3	☐4	☐5	☐6
E. Other government program (eg., VA, IHS)	☐1	☐2	☐3	☐4	☐5	☐6
F. Uninsured, cash paying?	☐1	☐2	☐3	☐4	☐5	☐6
G. Received uncompensated care?	☐1	☐2	☐3	☐4	☐5	☐6

28. **Second APRN position:**

	0%	**1-25%**	**26-50%**	**51-75%**	**76-99%**	**100%**
A. Are covered by Medicare?	☐1	☐2	☐3	☐4	☐5	☐6
B. Are covered by Medicaid?	☐1	☐2	☐3	☐4	☐5	☐6
C. Are covered by private insurance?	☐1	☐2	☐3	☐4	☐5	☐6
D. Worker's compensation?	☐1	☐2	☐3	☐4	☐5	☐6
B E. Other government program (eg., VA,	☐1	☐2	☐3	☐4	☐5	☐6
F. Uninsured, cash paying?	☐1	☐2	☐3	☐4	☐5	☐6
G. Received uncompensated care?	☐1	☐2	☐3	☐4	☐5	☐6

29. **Third APRN position:**

	0%	1-25%	26-50%	51-75%	76-99%	100%
A. Are covered by Medicare?	☐1	☐2	☐3	☐4	☐5	☐6
B. Are covered by Medicaid?	☐1	☐2	☐3	☐4	☐5	☐6
C. Are covered by private insurance?	☐1	☐2	☐3	☐4	☐5	☐6
D. Worker's compensation?	☐1	☐2	☐3	☐4	☐5	☐6
E. Other government program (eg., VA, IHS)	☐1	☐2	☐3	☐4	☐5	☐6
F. Uninsured, cash paying?	☐1	☐2	☐3	☐4	☐5	☐6
G. Received uncompensated care?	☐1	☐2	☐3	☐4	☐5	☐6

30. Which types of new patients are you **currently** accepting into your **APRN practice(s)**? **(Check all that apply.)**

	Primary APRN position	Second APRN position	Third APRN position
A. Covered by Medicare	☐ Yes	☐ Yes	☐ Yes
B. Covered by Medicaid	☐ Yes	☐ Yes	☐ Yes
C. Covered by private insurance	☐ Yes	☐ Yes	☐ Yes
D. Worker's compensation	☐ Yes	☐ Yes	☐ Yes
E. Other government program (eg., VA, IHS)	☐ Yes	☐ Yes	☐ Yes
F. Uninsured, cash paying	☐ Yes	☐ Yes	☐ Yes
G. Uncompensated care	☐ Yes	☐ Yes	☐ Yes

31. For billing/reimbursement in your APRN position(s), do you have a Medicare provider number/NPI?

☐2 Yes ☐1 No → **Skip to #33, below.**

32. If you care for Medicare/Medi-Cal patients in your APRN position(s), how are your services billed?

☐1 Not applicable

	Primary APRN position	Second APRN position	Third APRN position
Medicare	☐1 Bill as primary provider ☐2 Incident to physician ☐3 Don't know	☐1 Bill as primary provider ☐2 Incident to physician ☐3 Don't know	☐1 Bill as primary provider ☐2 Incident to physician ☐3 Don't know
Medi-Cal	☐1 Bill as primary provider ☐2 Incident to physician ☐3 Don't know	☐1 Bill as primary provider ☐2 Incident to physician ☐3 Don't know	☐1 Bill as primary provider ☐2 Incident to physician ☐3 Don't know

33. Are you recognized as a primary care provider (PCP) in those insurance networks in which your practice(s) participate?

☐1 Yes ☐2 No or unsure → **Skip to the next page, Question #34**

If Yes, indicate by marking all that apply below.

	Primary APRN position	Second APRN position	Third APRN position
Aetna	☐	☐	☐
Anthem Blue Cross	☐	☐	☐
Blue Shield	☐	☐	☐
Cigna	☐	☐	☐
Health Net	☐	☐	☐
Kaiser	☐	☐	☐
Pacificare	☐	☐	☐
Western Health Advantage	☐	☐	☐
Other (specify)	_____	_____	_____

34. Do you have medical staff privileges in your **APRN position(s)**?

	Primary APRN position	**Second APRN position**	**Third APRN position**
	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
If Yes, which of the following privileges do you have:			
Rounding on physician's patients	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
Write orders <u>without</u> physician co-signature	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
Write orders <u>with</u> physician co-signature	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No

35. Do you work in **primary care**, involving common health problems and preventive measures, in your **APRN position(s)**?

	Primary APRN position	**Second APRN position**	**Third APRN position**
	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
If yes, what percent of your time does this include?	_____ %	_____ %	_____ %

36. In your **APRN position(s)**, are you allowed to practice to the <u>fullest extent of your legal scope of practice</u>?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary APRN position	☐1	☐2	☐3	☐4	☐5	☐6
Second APRN posion	☐1	☐2	☐3	☐4	☐5	☐6
Third APRN position	☐1	☐2	☐3	☐4	☐5	☐6

37. In your **APRN position(s)**, are your APRN skills being fully utilized?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary APRN position	☐1	☐2	☐3	☐4	☐5	☐6
Second APRN posion	☐1	☐2	☐3	☐4	☐5	☐6
Third APRN position	☐1	☐2	☐3	☐4	☐5	☐6

38. In your **APRN position(s)**, do you contribute to the development or revision of standardized procedures?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary APRN position	☐1	☐2	☐3	☐4	☐5	☐6
Second APRN posion	☐1	☐2	☐3	☐4	☐5	☐6
Third APRN position	☐1	☐2	☐3	☐4	☐5	☐6

39. In your **APRN position(s)**, does your practice work with underserved populations?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary APRN position	☐1	☐2	☐3	☐4	☐5	☐6
Second APRN posion	☐1	☐2	☐3	☐4	☐5	☐6
Third APRN position	☐1	☐2	☐3	☐4	☐5	☐6

40. Are you aware that a section was added in January 2010 to the Nursing Practice Act regarding standardized procedures for DME, disability and home health service? ☐1 Yes ☐2 No/Unsure

41. If you currently work in more than 3 APRN positions, how many hours do you work in a year for all your other positions combined? _____ hours

42. Are you doing volunteer work in your capacity as a APRN? ☐1 Yes ☐2 No

If Yes, how many hours per month _____

43. Are you certified in California as a Nurse Midwife?

☐1 Yes ☐2 No → **Skip to Section C, below**

44. Do you attend obstetrical deliveries in your **APRN position(s)**?

	Primary APRN position	**Second APRN position**	**Third APRN position**
	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
If yes, how many deliveries per month?	_____	_____	_____

45. Do you participate as an RN first assistant in Cesarean deliveries in your **APRN position(s)**?

	Primary APRN position	**Second APRN position**	**Third APRN position**
	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
If yes, how many times per month?	_____	_____	_____

46. In what settings do you practice as a Nurse Midwife? (**Check all that apply**.)

	Primary APRN position	**Second APRN position**	**Third APRN position**
Public hospital	☐1 Yes	☐1 Yes	☐1 Yes
Private hospital	☐1 Yes	☐1 Yes	☐1 Yes
Public outpatient	☐1 Yes	☐1 Yes	☐1 Yes
Private outpatient	☐1 Yes	☐1 Yes	☐1 Yes
Free-standing birth center	☐1 Yes	☐1 Yes	☐1 Yes
Home births	☐1 Yes	☐1 Yes	☐1 Yes
If you attend home births, how many times per month?	_____	_____	_____

SECTION C: SATISFACTION WITH APRN PRACTICE

47. How satisfied are you with your APRN career?

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
☐1	☐2	☐3	☐4	☐5

48. How much of a problem is each of the following issues with regard to your ability to provide quality care?

	Not a problem	Minor problem	Major problem	Not applicable
A. Inadequate time with patients	☐1	☐2	☐3	☐4
B. Difficulties communicating with patients due to language or cultural barriers	☐1	☐2	☐3	☐4
C. Lack of qualified specialists in your area	☐1	☐2	☐3	☐4
D. Not getting timely reports from other providers and facilities	☐1	☐2	☐3	☐4
E. Denial of coverage/care decisions by insurance companies	☐1	☐2	☐3	☐4
F. Scope of practice limitations/restrictions	☐1	☐2	☐3	☐4
G. Quality issues outside of your control	☐1	☐2	☐3	☐4
H. Patients' inability to receive needed care because of inability to pay	☐1	☐2	☐3	☐4
I. Insufficient income	☐1	☐2	☐3	☐4
J. Too little involvement in decisions in your organization	☐1	☐2	☐3	☐4
K. Non-paying patients/bad debt	☐1	☐2	☐3	☐4
L. High liability insurance rates	☐1	☐2	☐3	☐4
M. Non-reimbursable overhead costs	☐1	☐2	☐3	☐4
N. Lack of call coverage	☐1	☐2	☐3	☐4
O. Lack of administrative support	☐1	☐2	☐3	☐4
P. Lack of access/support for educational advancement	☐1	☐2	☐3	☐4
Q. Varying degrees of collaboration	☐1	☐2	☐3	☐4
R. Inadequate or slow 3rd party payment	☐1	☐2	☐3	☐4
S. Too little involvement in decision about healthcare in your community	☐1	☐2	☐3	☐4
T. Other	☐1	☐2	☐3	☐4

(**Specify:** _____)

49. In the last three years, have you encountered any of the following obstacles to practicing as an APRN: **(Check all that apply.)**

☐a Difficulty finding employment as an APRN
☐b Difficulty obtaining furnishing hours for certification
☐c Lack of adequate mentoring
☐d No difficulties practicing as an APRN
☐e Other difficulty (specify) _____

50. Has your APRN employment changed during the last three years? **(Check all that apply.)**

☐a Increased APRN hours
☐b Decreased APRN hours
☐c Changed employer(s)
☐d Closed practice(s)
☐e Opened practice(s)
☐f Added services in a practice
☐g Ceased offering specific services
☐h No change in APRN employment
☐i Other (specify) _____

51. Within the next five years, what are your intentions regarding your APRN employment? (**Check only one.**)

☐1 Plan to increase hours of APRN work
☐2 Plan to work approximately as much as now
☐3 Plan to reduce hours of APRN work
☐4 Plan to leave nursing entirely but not retire
☐5 Plan to retire

(PLEASE SKIP TO PAGE 13, SECTION E)

SECTION D: FOR PERSONS NOT EMPLOYED IN APRN NURSING

If you ARE working in a paid position in which you utilize your APRN training and skills, please SKIP to page 13, Section E.

52. What was the last year you worked for pay as an APRN? __ __ __ __ or ☐1 Never

53. How important are each of the following factors in your not being employed as an APRN?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Retired	☐1	☐2	☐3	☐4	☐5
B. Childcare/family responsibilities	☐1	☐2	☐3	☐4	☐5
C. Moving to a different location	☐1	☐2	☐3	☐4	☐5
D. Stress on the job	☐1	☐2	☐3	☐4	☐5
E. Illness/injury	☐1	☐2	☐3	☐4	☐5
F. Dissatisfied with benefits/salary	☐1	☐2	☐3	☐4	☐5
G. Dissatisfied with the APRN profession	☐1	☐2	☐3	☐4	☐5
H. Wanted to try another occupation	☐1	☐2	☐3	☐4	☐5
I. Inconvenient schedules in APRN jobs	☐1	☐2	☐3	☐4	☐5
J. Difficult to find an APRN nursing position	☐1	☐2	☐3	☐4	☐5
K. Dissatisfaction with ability to practice at the APRN level	☐1	☐2	☐3	☐4	☐5
L. Dissatisfaction with the degree of collaboration with other providers and/or interdisciplinary team	☐1	☐2	☐3	☐4	☐5
M. Liability insurance/liability concerns	☐1	☐2	☐3	☐4	☐5
N. Lack of good management/leadership	☐1	☐2	☐3	☐4	☐5
O. Difficulty managing the practice	☐1	☐2	☐3	☐4	☐5
P. Cost of business is too high	☐1	☐2	☐3	☐4	☐5
Q. Other dissatisfaction with your job	☐1	☐2	☐3	☐4	☐5
R. Other	☐1	☐2	☐3	☐4	☐5

(**Specify:** _____)

54. Which of the following best describes your current intentions regarding work as an APRN? **(Check only one.)**

☐1 Currently seeking employment as an APRN
☐2 Plan to return to APRN practice within 1 year
☐3 Plan to return to APRN practice in 1-3 years
☐4 Plan to return to APRN practice in more than 3 years
☐5 Definitely will not return to or seek APRN position
☐6 Undecided at this time

55. Are you doing volunteer work in your capacity as a APRN? ☐1 Yes ☐2 No

If Yes, how many hours per month _____

SECTION E: FOR PERSONS EMPLOYED IN NURSING OUTSIDE OF APRN PRACTICE

56. Are you **currently** working for pay as an RN (**non-APRN**)?

☐1 Yes

☐2 No

If "No", what was the last year you worked for pay as an RN (non-APRN)?_____ or ☐1 Never worked as an RN

Skip to the next page, Section F

57. How many nursing (**non-APRN**) positions do you hold?

☐1 One ☐2 Two ☐3 Three ☐4 Four or more

58. How many **months** per year do you work as an RN (**non-APRN**)? _____ # months per **year**

59. How many **hours** do you normally work in any RN position? **(Please complete all items.)**

a. _____ Total hours per **day**

b. _____ Total hours per **week** (including all overtime)

c. _____ Paid overtime hours per **week**

d. _____ Hours on-call per **week** (standby only)

60. Please estimate the **total annual earnings** for all of your RN (**non-APRN**) positions **in 2010** combined, before deductions for taxes, social security, etc.

$_____

61. Which of the following **best** describes the type of setting(s) of your RN **(non-APRN)** position(s)? (**Check all that apply.**)

☐a Hospital, inpatient care or emergency department

☐b Hospital, ancillary unit

☐c Hospital, ambulatory care department (surgical,

☐d Hospital, nursing home unit

☐e Nursing home, extended care, or skilled nursing

☐f Home health agency/ home health service

☐g Rehabilitation facility/long term acute

☐h Medical practice, clinic, physician office, surgery

☐i Urgent care, not hospital-based

☐j Public health or community health agency

☐k Outpatient mental health/substance abuse

☐l Inpatient mental health/substance abuse

☐m Occupational health or employee health service

☐n Dialysis

☐o Correctional facility, prison or jail

☐p Government agency other than public/community health or corrections

☐q Hospice/palliative care

☐r School health service (K-12 or college)

☐s Call center/telenursing center

☐t University or college (academic department)

☐u Case management/disease management

☐v Self-employed

☐w Other (Specify: _____)

62. Which one of the following best describes your **job title** in each of your **(non-APRN)** nursing position(s)? **(Check all that apply.)**

- ☐a Staff nurse/direct care nurse
- ☐b Senior management (Vice President, Nursing Executive, Dean)
- ☐c Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean)
- ☐d Front-line management (Head Nurse, Supervisor)
- ☐e Charge Nurse or Team Leader
- ☐f Occupational health nurse
- ☐g Certified Registered Nurse Anesthetist
- ☐h School Nurse
- ☐i Nurse Coordinator
- ☐j Educator, academic setting (professor, instructor at a school of nursing)
- ☐k Staff educator, service setting (in-service educator, clinical nurse educator)
- ☐l Patient education
- ☐m Patient care coordinator/case manager/discharge planner
- ☐n Quality Improvement nurse, utilization review
- ☐o Infection control nurse
- ☐p Telenursing
- ☐q Researcher
- ☐r Other (Specify: _____)

SECTION F: EMPLOYMENT OUTSIDE NURSING

63. Are you **currently** employed in a non-nursing position (that does not require a Registered Nursing license)?

☐1 Yes ☐2 No → **Skip to the next page, Section G.**

64. Does your position utilize any of your nursing knowledge? ☐1 Yes ☐2 No

SECTION G: DEMOGRAPHIC INFORMATION

65. Gender ☐1 Female ☐2 Male

66. Year of birth 19 ___ ___

67. Are you currently married or in a domestic partner relationship? ☐1 Yes ☐2 No

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

☐1 White, not Hispanic or Latino
☐2 Black or African American
☐3 Hispanic or Latino
☐4 Filipino
☐5 Asian Indian
☐6 Asian, not Filipino or Indian
☐7 Native Hawaiian or other Pacific Islander
☐8 Native American or Alaskan
☐9 Mixed race/ethnicity
☐10 Other (**Please describe:** _____)

69. In what languages, other than English, do you have medical fluency? **(Check all that apply.)**

☐a Only English
☐b Spanish
☐c Korean
☐d Vietnamese
☐e Tagalog/other Filipino dialect
☐f Hindi/Urdu/Punjabi/other South Asian language
☐g French
☐k Other (**Please describe**:_____)
☐h Mandarin
☐i Cantonese
☐j German

70. 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 ____

71. Home Zip Code: _____ , City: _____, State: _____ or

If you reside outside of the country, other country (**Please specify:** _____)

72. 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
☐2 $30,000 - 44,999
☐3 $45,000 - 59,999
☐4 $60,000 - 74,999
☐5 $75,000 - 99,999
☐6 $100,000 – 124,999
☐7 $125,000 – 149,999
☐8 $150,000 – 174,999
☐9 $175,000 – 199,999
☐10 $200,000 or more

Thank you for completing the survey.

Please return the questionnaire in the postage-paid envelope provided

If you have additional thoughts or ideas about the nursing profession in California, please write them below. You may include your email address if you would like an email notification when the report on this survey is published.

What information or activities could the CA Board of Registered Nursing provide to assist or support your practice in the state of California?

_____
_____
_____

Comments:

_____
_____
_____
_____
_____
_____
_____

Yes, I would like to be notified when the report is published.
My email address is: _____

First Reminder Mailing

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

California Board of Registered Nursing
c/o University of California, San Francisco
San Francisco, CA 94143-1242

HELLO!

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2010 APRN Survey two weeks ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with California APRN certification regardless of whether or not they are currently working as an APRN, working as an RN, or retired.

Whether you are currently working as an APRN or not, we need your input to better understand how our advanced practice nursing workforce can support new healthcare legislation.

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 on-line, **please call me toll-free at 1-877-276-8277** or email me at dkeane@thecenter.ucsf.edu. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Dennis Keane, Project Manager
School of Nursing
UC San Francisco

Second Reminder and Survey Re-mailing

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

XXXXXXX
XXXXXX
XXXXXXXXX
XXXXXXXXX

Dear XXXXXXX;

A few weeks ago we sent you a questionnaire asking about your experiences as a current or former APRN in California. We have not yet received your completed questionnaire, and I wanted to make a special plea for your help.
Even if you are not currently practicing as an APRN, have moved out-of-state, or are retired, we still need your participation.
The California Board of Registered Nursing is extremely interested in understanding working conditions, salaries and other issues pertinent to advanced practice nursing in California. Your input will help the Board understand how best to utilize the APRN workforce in future nursing workforce planning.

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 15-20 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/brn_aprn/**.

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 Dennis Keane 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 R. Bailey M.Ed, RN

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

Third Reminder

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

California Board of Registered Nursing
c/o University of California, San Francisco
San Francisco, CA 94143-1242

CHECKING IN!

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2010 APRN Survey two weeks ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with California Nurse Practitioner and/or Certified Nurse Midwife certification regardless of whether or not they are currently working as an NP or CNM.

We need your input to better understand how our advanced practice workforce can support new healthcare changes .

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 on-line, **please call me toll-free at 1-877-276-8277** or email me at dkeane@thecenter.ucsf.edu. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Dennis Keane, Project Manager
School of Nursing
UC San Francisco

Final Reminder

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

California Board of Registered Nursing
c/o University of California, San Francisco
San Francisco, CA 94143-1242

LAST CHANCE!

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2010 APRN Survey a month ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with California certification. We would like to hear from you whether or not you are currently working in an APRN capacity.

We need your input to better gauge the health of advanced practice nursing in California.

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 on-line, **please call me toll-free at 1-877-276-8277** or email me at dkeane@thecenter.ucsf.edu. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Dennis Keane, Project Manager
School of Nursing
UC San Francisco