Introduction

Close to 300,000 actively licensed registered nurses (RNs) reside in California, making nursing the single largest health profession in the state. In the last 10 to 15 years, nurses’ roles have expanded as they have taken on more responsibility for the delivery of health care. Recognizing the key role that nurses play in providing care to patients across the health care system, legislators have passed nurse-to-patient staffing ratios in hospitals, colleges have increased the number of educational programs, and private-sector investments have supported the growth of the profession’s ability to meet demand. This report examines California’s nursing workforce, including supply, education, and demographics.

KEY FINDINGS INCLUDE:

- The number of practicing California nurses nearly doubled between 1980 and 2008, outpacing overall population growth. However, California still ranks near the bottom of all states in the number of RNs per capita.

- Over the last two decades, California’s nursing workforce has grown increasingly diverse; the percent of non-white nurses has nearly doubled to comprise more than 40 percent of the workforce. However, the workforce still does not reflect California’s general population as a large part of the non-white growth is made up of foreign-trained nurses from the Philippines.

- Over the past decade, California has seen significant growth in the number of RN educational programs and graduates.

- Between 2004 and 2008, the number of nurse practitioners (NPs) in California more than doubled. The NP credential is the most frequently held advanced practice certification.

- RN incomes increased by more than 50 percent from 1990 to 2008, significantly outpacing inflation.

- Since 2000, the number of licensed vocational nurse (LVN) educational programs in California has more than doubled to over 200, driven by the proliferation of private, for-profit programs. LVN employment per capita increased slightly.

Note: Throughout this report, registered nurses in California refers to actively licensed RNs residing in California, who are employed in nursing.
An aging population is likely to increase the demand for health care services, including nurses. Californians ages 65 and older are expected to grow at a rate much faster than the overall population. By 2030, the number of Californians aged 65 and over is projected to double.

Actively Licensed RNs and RNs Employed in Nursing, California, 1980 to 2008, Selected Years

From 1980 to 2008, the number of actively licensed RNs in California increased 78 percent. During this time, the number of RNs employed in nursing nearly doubled, as the percent working in nursing increased from 78 to 85 percent. Minimum nurse staffing ratios, which were passed in 1999 and implemented in 2004, have likely contributed to the increase in the number of employed RNs.

Note: These data refer to RNs who have an active license and reside in California.

California’s RN per capita ratio remains significantly lower than the nation.

Note: The data for California refer to actively licensed RNs employed in nursing who reside in California.

The California RN workforce is aging. More RNs are approaching retirement age with fewer RNs to replace them. Nearly half of the nursing workforce is over 50 and a recent survey found that 12 percent are planning to retire over the next 5 years.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
Although California's RN workforce remains predominantly female, in recent years more men have been entering the workforce. The share of men working in nursing in California more than doubled between 1993 and 2008.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
California’s RN workforce has become increasingly racially/ethnically diverse over the past two decades. Non-whites grew from 23 percent to 41 percent of the RN workforce since 1990.

Registered Nurses, by Race/Ethnicity, California, 1990 to 2008

Non-White

23% 27% 36% 39% 38% 41%


Note: White refers to White, not Hispanic or Latino.
Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
Registered Nurses and Population, by Race/Ethnicity, California, 2008

Although registered nurses are one of the more racially/ethnically diverse health professions in California, Latino RNs remain substantially underrepresented in relation to the state’s general Latino population. In contrast, Filipinos account for 18 percent of the RN workforce but just 3 percent of the general population.

Notes: Asian includes Asian Indian and excludes Filipino. Other includes Native Hawaiian/Pacific Islander, American Indian and Alaska native, mixed race/ethnicity, and other.
Race/Ethnicity of Newly Enrolled Students in Pre-Licensure RN Education Programs, California, 2001 and 2009

2001

- Native American: <1%
- African American: 10%
- Filipino: 12%
- Asian: 11%
- Latino: 21%
- White: 44%

2009

- Native American: <1%
- African American: 7%
- Filipino: 15%
- Asian: 17%
- Latino: 18%
- White: 39%

Notes: “Other Race” was not a category in the 2001 data. Asian includes Native Hawaiian/Pacific Islander and excludes Filipino. Segments may not add to 100 percent due to rounding.
Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.

New students enrolling in California’s pre-licensure RN programs have become increasingly racially/ethnically diverse over the past eight years. The change in overall composition has been driven by growing numbers of Filipino and Asian students.
California’s colleges and universities offer three degree paths for entry-level RNs. While associate degree in nursing (ADN) programs comprise the majority of nursing programs, the number of bachelor of science and master’s degree-level programs have significantly increased.

Note: See Appendix A for descriptions of the education programs.
Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.
California Nurses Facts and Figures
Education

Despite the growth in the number of degree programs, the demand for nursing education has far exceeded the number of available spots. In 2009, 60 percent of applicants meeting the admission criteria were not accepted. A recent survey found that the most common barriers to program expansion were lack of clinical sites, insufficient funding for faculty salaries, and non-competitive faculty salaries.

Notes: Data represents total applications not an unduplicated count of applicants. The number of unique applicants is unknown. “Qualified applicant” is a determination made by schools individually, or by the California Community College Chancellor’s office in the case of associate degree programs in the community college system. In total, 33 percent of applicants were accepted into ADN programs, 47 percent into BSN programs, and 35 percent into ELM programs.

Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov/schools/reports.shtml.
Graduates from California’s pre-licensure RN programs nearly doubled from 2001 to 2009. In 2009, approximately 2 out of every 3 graduates completed an associate degree program. Although graduates of bachelor and entry-level master’s programs are far fewer in number, their numbers have grown rapidly in recent years.
Registered Nurses, by Location of Initial RN Education, California, 1993 vs. 2008

Despite the increase in the number of nursing graduates, California has become more reliant on foreign-educated nurses. In 2008 almost one in four employed RNs were trained outside the United States and nearly two-thirds of those were trained in the Phillipines.

Notes: Segments may not add to 100 percent due to rounding.
Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
Advanced Practice Nurses, by Type, California, 2004 and 2008

Many nurses become advanced practice nurses, requiring at least a master’s degree. The nurse practitioner (NP) credential is the most frequently held advanced practice certification. Between 2004 and 2008, the number of NPs more than doubled.

Note: See Appendix A for descriptions of positions.
Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
Nurse practitioners are much more likely to work in an ambulatory care setting than are clinical nurse specialists, half of whom work in a hospital. An increasing number of nurse practitioners are also practicing in retail clinics. Researchers predict a significant growth in the number of retail clinics over the next 5 years, which could increase the demand for NPs (not shown).
Registered Nurses, by Work Setting, California, 2008

- Acute Care Hospital: 64%
- Ambulatory Care: 9%
- Other: 18%
- Public Health Department: 3%
- Home Health Agency: 3%
- Skilled Nursing/Extended Care/Rehabilitation: 3%

Almost two-thirds of all RNs work in a hospital setting. The next most popular work setting, ambulatory care, employs less than 10 percent of California’s RNs.

Note: The category “Other” includes more than 20 different work settings. In 2008, the five most frequently reported were: case management/disease management, school health (K-12 or post-secondary), academic nursing, hospice, and dialysis. (In 1993 mental health/drug and alcohol treatment was the most frequently reported “other” setting.)

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
Nursing Hours per Patient Day in GAC Hospitals, California, 1999 to 2006

RN hours per patient day rapidly increased since 2002. The increase was likely due to minimum nurse staffing legislation.

Note: GAC stands for general acute care.
## RN Use of Health Information Technologies, by Type of Activity, California, 2008

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Lab Reports</td>
<td>59%</td>
</tr>
<tr>
<td>Computerized Medication Distribution</td>
<td>54%</td>
</tr>
<tr>
<td>Electronic Patient Records</td>
<td>53%</td>
</tr>
<tr>
<td>Electronic Radiology Reports</td>
<td>51%</td>
</tr>
<tr>
<td>Electronic Nurse Charting</td>
<td>46%</td>
</tr>
<tr>
<td>Electronic Medication Administration Records</td>
<td>30%</td>
</tr>
<tr>
<td>Electronic Care Plans</td>
<td>29%</td>
</tr>
<tr>
<td>Computerized Physician Orders</td>
<td>25%</td>
</tr>
<tr>
<td>Scanning for Supplies</td>
<td>16%</td>
</tr>
<tr>
<td>Scanning for Medication</td>
<td>14%</td>
</tr>
<tr>
<td>No Use of IT</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.

Use of health information systems in the delivery of patient care by RNs is widespread. Eighty-five percent of RNs reported using IT in some part of their workflow. The activities most commonly mediated by IT systems are lab reports, medication distribution, patient records, and radiology reports.
Overall job satisfaction continues to increase among RNs working in California.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
The most satisfying aspect of nursing is the interaction with patients, while the least satisfying aspect is the amount of required paperwork.

### Most and Least Satisfying Aspects of RN Employment, California, 2008

<table>
<thead>
<tr>
<th>MOST SATISFYING</th>
<th>Least Satisfying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interactions with Patients</td>
<td>4.34</td>
</tr>
<tr>
<td>Feeling that Work Is Meaningful</td>
<td>4.20</td>
</tr>
<tr>
<td>Job Overall</td>
<td>4.14</td>
</tr>
<tr>
<td>Work Schedule</td>
<td>4.10</td>
</tr>
<tr>
<td>Job Security</td>
<td>4.10</td>
</tr>
</tbody>
</table>

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
California RNs have enjoyed large increases in income over the last two decades. Inflation-adjusted incomes increased by more than 50 percent from 1990 to 2008.

Notes: Real income estimates have been adjusted for inflation and are expressed as 2008 dollars. These data refer to income earned from all RN positions. Sources: California Board of Registered Nursing, Survey of Registered Nurses, 2008. California Employment Development Department.
### Annual Income from all RN Positions, by Region, California, 2008

<table>
<thead>
<tr>
<th>Region</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Bay Area</td>
<td>$94,014</td>
</tr>
<tr>
<td>Sacramento Area</td>
<td>$82,175</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>$81,161</td>
</tr>
<tr>
<td>San Joaquin Valley</td>
<td>$80,804</td>
</tr>
<tr>
<td>Orange County</td>
<td>$77,911</td>
</tr>
<tr>
<td>Central Coast</td>
<td>$77,714</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>$76,913</td>
</tr>
<tr>
<td>San Diego</td>
<td>$72,850</td>
</tr>
<tr>
<td>Northern and Sierra Counties</td>
<td>$69,975</td>
</tr>
</tbody>
</table>

**STATE AVERAGE: $81,428**

RN incomes vary substantially by region. In 2008, RNs in the Bay Area earned from 14 percent to 34 percent more than RNs in other regions.

**Source:** California Board of Registered Nursing, Survey of Registered Nurses, 2008.
California Nurses Facts and Figures
Compensation

RN wage growth between 2001 and 2009 was strong compared with other occupations that have similar demographic characteristics and educational requirements. Among the selected occupations, only respiratory therapists experienced a similarly large relative gain in wages between 2001 and 2009.

Source: California Employment Development Department, Occupational Employment Statistics Survey.
Licensed vocational nurses, who work under the supervision of physicians and registered nurses, are an important provider of patient care. LVNs per capita increased slightly from 2002 to 2009.

Licensed Vocational Nurses, by Age Group, California, 2008

ESTIMATED NUMBER OF LVNs: 56,113

- 35 to 49: 40%
- 50 to 64: 26%
- Under 35: 31%
- 65 and Older: 3%

California’s LVN workforce is younger than its RN counterpart. Roughly 71 percent of LVNs are under the age of 50, compared to 54 percent of RNs.

LVN Workforce, by Race/Ethnicity, California, 2008

The LVN workforce is racially and ethnically diverse, with three different groups representing 20 percent or more of the workforce: white, African American, and Latino.

Note: Asian includes Asian Indian and excludes Filipino. Other includes Native Hawaiian/Pacific Islander, American Indian and Alaska native, mixed race/ethnicity and other.
LVN Education Programs, California, 2000 to 2010

NUMBER OF PROGRAMS REPORTING NCLEX CANDIDATES*

*NCLEX is the certifying exam that all candidates for licensure as an LVN must pass.
Source: California Board of Licensed Vocational Nursing and Psychiatric Technicians.

LVN education programs in California have more than doubled since 2000, with a rapid increase occurring between 2004 and 2010.
The dramatic growth in the number of LVN program graduates in California has been driven by the private, for-profit sector. In 2001, these programs produced fewer than one-quarter of all LVN graduates; by 2009 their share had grown to nearly 60 percent of the total number of graduates.

Note: The Integrated Postsecondary Data System (IPEDS) is administered by the federal Department of Education. It is the most complete database describing postsecondary education, although not all LVN programs report data to IPEDS.

Licensed Vocational Nurses, by Work Setting, California, 2008

- Acute Care Hospital: 29%
- Nursing Facility: 25%
- Home Health Agency: 11%
- Professional Employment Service: 12%
- Other*: 9%
- Residential Mental Health Facility: 2%
- Ambulatory Care: 2%
- Elderly Community Care Facility: 3%
- Physician’s Office: 6%

*Other includes: government (federal, state, and local) — roughly 5 percent of the workforce; psychiatric, substance abuse, and other hospitals — roughly 2.5 percent of workforce; individual and family social service agencies; elementary and secondary schools; offices of other health care practitioners; administrative services; and facilities support services.

Note: Roughly 10 percent of LVNs are reported as employed by a professional employment service, which could cause the estimates of employment in other settings to be understated.

Source: California Employment Development Department, Staffing Patterns by Occupation and Industry.

LVNs work in a range of settings. The two most frequently reported are hospitals and nursing care facilities, but home health agencies and offices of physicians are also significant sources of employment. Roughly 12 percent of LVNs are reported as employed by a professional employment service, which could cause the estimates of employment in other settings to be understated.
Authors
Tim Bates, M.P.P., senior analyst, and Catherine Dower, associate director of research, Center for the Health Professions, University of California, San Francisco.

Data Sources
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Labor Market Information Division
Occupational Employment Statistics Survey
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bhpr.hrsa.gov

National Center for Education Statistics
Integrated Postsecondary Education Data System (IPEDS), Completions Survey (2001, 2009)
nces.ed.gov/ipeds/datacenter

U.S. Census Bureau, American Community Survey
Public Use Microdata Sample for California, 2008
factfinder.census.gov
Appendix A: Glossary and Survey Descriptions

Occupational Definitions

Clinical Nurse Specialist. A clinical nurse specialist’s (CNS) role is to function as an expert in a specific clinical area, either in the direct care of patients, or in consultation with physicians, nurses, and other hospital staff. Area of expertise may relate to a specific patient population (e.g., neonatal, geriatric), a work setting (e.g., intensive care unit, emergency room); or a disease, medical subspecialty, or clinical problem (e.g., diabetes, oncology, pain). A CNS must possess a master’s degree in a clinical field of nursing or related to nursing.

Source: California Board of Registered Nursing; National Association of Clinical Nurse Specialists.

Licensed Vocational Nurse. LVNs provide patient care under the supervision of physicians and registered nurses. Frequently, LVNs provide basic bedside care, such as measuring and recording vital signs, preparing and giving injections, and assisting patients with the needs of daily living. LVNs may also collect medical samples for testing and perform routine laboratory tests. Generally, LVNs play an important role as patient educators and providers of support to patients’ families.


Nurse Anesthetist.* Nurse anesthetists provide the full spectrum of anesthesia care and anesthesia-related care for patients across a variety of health care settings (e.g., hospitals, ambulatory surgery centers, physician offices). Nurse anesthetists must hold a master’s degree or a post-master’s certificate from an accredited program.

Nurse-Midwife.* The certified nurse-midwife provides a full range of primary health care services to women, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. Nurse-midwives may furnish medical devices and drugs (including controlled substances) under circumstances regulated by the state. Nurse mid-wives have attended a BRN-approved training program (many of which award master’s degrees or post-master’s certificates).

Nurse Practitioner.* Nurse practitioners (NPs) serve as autonomous primary or acute health care providers. NPs diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses, and provide initial, ongoing, and comprehensive care. NPs may order, perform, supervise, and interpret laboratory and imaging studies; prescribe medication and durable medical equipment; and make appropriate referrals for patients and families. As of January 2008, licensed nurse practitioners in California must possess a master’s degree in nursing.


Registered Nurse. Registered nurses treat patients, provide support to families of patients, and educate both patients and the public about medical conditions. RNs are responsible for tracking patient histories, conducting diagnostic tests and analyzing results, operating medical technologies, administering medication, and generally assisting in the care and rehabilitation of patients. Other specific responsibilities will depend on the work setting and whether or not the RN has received training in a specialty area.


Pre-Licensure Registered Nursing Education

Note: Pre-license RN education refers to the initial RN education; i.e., graduates have not yet been licensed as RNs. This is distinct from post-license education, which describes individuals who have been licensed as RNs and return to school for a higher degree in nursing or for advanced training in a specialty area (e.g., programs that train clinical nurse specialists, nurse anesthetists, nurse-midwives, and nurse practitioners).

Associate Degree in Nursing (ADN). Programs are offered mostly at community colleges and prepare entry-level RNs to provide general care across numerous settings. Completion time is 2 to 3 years.

Bachelor of Science in Nursing (BSN). Programs are offered at many California State Universities and some private colleges and prepare RNs to provide care across numerous settings, as well as to move into administrative and leadership positions. Completion time is 4 years (sometimes referred to as a Baccalaureate degree).

Master’s Entry Level Program in Nursing (ELM). Designed for adults who have a baccalaureate degree in another field and wish to become registered nurses. Completion time is 1 to 2 years depending on how many nursing course prerequisites already completed. Graduates receive a master’s degree.

Source: California Board of Registered Nursing.

Licensed Vocational Nursing Education

LVN training programs typically take 12 to 14 months to complete on a full-time basis, or 18 to 20 months on a part-time basis. Many graduates of LVN training programs receive an associate’s degree upon completion, but the degree is not required for licensure. Graduates of an LVN training program may receive a certificate of program completion.

Source: California Board of Vocational Nursing and Psychiatric Technicians.

Description of the California Board of Registered Nursing Survey of Registered Nurses

The Survey of California Registered Nurses is an ongoing series of surveys designed to describe licensed nurses in California and to examine changes over time. The first study was conducted in 1990, and other studies were completed in 1993, 1997, 2004, 2006 and 2008. The analysis presented in this report focused exclusively on RNs with active licenses (and primarily on those residing in California and currently employed in nursing).

The sample size of actively licensed RNs in the 2008 survey was 10,000 with a response rate of 54.4 percent, yielding information about 5,439 RNs (4,889 RNs living in California and 550 RNs residing out-of-state). Registered nurses in the Bay Area were oversampled at the request of the Gordon and Betty Moore Foundation.

The following table breaks down the set of survey respondents according to the regional geography used in this report.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>4,889</td>
</tr>
<tr>
<td>Central Coast</td>
<td>489</td>
</tr>
<tr>
<td>Greater Bay Area</td>
<td>1,174</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>407</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>442</td>
</tr>
<tr>
<td>Northern and Sierra counties</td>
<td>518</td>
</tr>
<tr>
<td>Orange County</td>
<td>170</td>
</tr>
<tr>
<td>Sacramento Area</td>
<td>876</td>
</tr>
<tr>
<td>San Diego</td>
<td>418</td>
</tr>
<tr>
<td>San Joaquin Valley</td>
<td>395</td>
</tr>
</tbody>
</table>

Note: Central Coast is Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura, Greater Bay Area is Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Inland Empire is Riverside and San Bernardino; Northern and Sierra counties are Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba; Sacramento Area is El Dorado, Placer, Sacramento, Yolo; San Diego Area is Imperial and San Diego; San Joaquin Valley is Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
## Appendix B: Registered Nurse Workforce, by Location of Initial RN Education and Region, California, 2008

<table>
<thead>
<tr>
<th>REGION</th>
<th>Trained in California</th>
<th>Trained in Other U.S. State</th>
<th>Trained in Foreign Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern and Sierra counties</td>
<td>71.1%</td>
<td>25.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>San Joaquin Valley</td>
<td>66.3%</td>
<td>13.6%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Central Coast</td>
<td>62.4%</td>
<td>23.5%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Sacramento Area</td>
<td>60.0%</td>
<td>23.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Orange County</td>
<td>58.6%</td>
<td>18.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>55.6%</td>
<td>21.4%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Greater Bay Area</td>
<td>50.0%</td>
<td>28.9%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>49.4%</td>
<td>17.1%</td>
<td>33.5%</td>
</tr>
<tr>
<td>San Diego</td>
<td>47.3%</td>
<td>36.4%</td>
<td>16.2%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>54.7%</strong></td>
<td><strong>23.1%</strong></td>
<td><strong>22.3%</strong></td>
</tr>
</tbody>
</table>
# Appendix C: Registered Nurse Workforce, by Race/Ethnicity and Region, California, 2008

<table>
<thead>
<tr>
<th>REGION</th>
<th>WHITE</th>
<th>FILIPINO</th>
<th>LATINO</th>
<th>ASIAN</th>
<th>MIXED</th>
<th>AFRICAN AMERICAN</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern and Sierra counties</td>
<td>89.5%</td>
<td>1.5%</td>
<td>3.0%</td>
<td>1.5%</td>
<td>2.8%</td>
<td>0.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Central Coast</td>
<td>73.0%</td>
<td>12.6%</td>
<td>9.5%</td>
<td>1.8%</td>
<td>2.5%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sacramento Area</td>
<td>70.2%</td>
<td>14.2%</td>
<td>3.1%</td>
<td>4.9%</td>
<td>2.0%</td>
<td>3.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>San Diego</td>
<td>62.5%</td>
<td>21.4%</td>
<td>7.5%</td>
<td>2.7%</td>
<td>2.6%</td>
<td>2.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Greater Bay Area</td>
<td>59.7%</td>
<td>17.7%</td>
<td>3.6%</td>
<td>11.5%</td>
<td>2.4%</td>
<td>3.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>San Joaquin Valley</td>
<td>58.0%</td>
<td>16.9%</td>
<td>11.1%</td>
<td>8.9%</td>
<td>1.8%</td>
<td>1.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Orange County</td>
<td>57.1%</td>
<td>22.3%</td>
<td>7.8%</td>
<td>9.5%</td>
<td>1.6%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>48.4%</td>
<td>20.6%</td>
<td>15.1%</td>
<td>6.7%</td>
<td>1.2%</td>
<td>7.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>35.0%</td>
<td>27.6%</td>
<td>11.2%</td>
<td>14.7%</td>
<td>1.8%</td>
<td>7.8%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Notes: Asian includes Asian Indian and excludes Filipino. Other includes Native Hawaiian/Pacific Islander, American Indian and Alaska native, and other.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.
## Appendix D: Registered Nurses, by Select Employment Characteristics, California, 2004 to 2008

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2004</th>
<th>2006</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working full-time</td>
<td>67.2%</td>
<td>71.4%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Working part-time</td>
<td>32.8%</td>
<td>28.6%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Working as RN but unknown full-time/part-time status</td>
<td>n/a*</td>
<td>n/a*</td>
<td>3.8%</td>
</tr>
<tr>
<td>Estimated size of RN workforce</td>
<td>216,852</td>
<td>225,013</td>
<td>243,761</td>
</tr>
<tr>
<td>RNs working more than 1 position</td>
<td>21.9%</td>
<td>17.2%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

*Data was not reported in 2004 and 2006.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008.