



## **PLANNING FOR CALIFORNIA'S NURSING WORK FORCE PHASE III FINAL REPORT**

### **Executive Summary**

California is in the midst of a nursing shortage that impacts access to care, threatens public health as well as patient safety and has the potential to negatively affect quality of care. This is a health care crisis. Population increases, an increased proportion of elderly in the population, an aging nursing work force, and insufficient capacity in nursing schools contribute to increasing demand and decreasing supply of registered nurses (RNs).

The California Employment Development Department (EDD) projects a demand for 109,600 additional RNs by 2010 for all segments of care. This is almost 40% more RNs than were working in 2000. EDD also projects a demand for an additional 25,400 licensed vocational nurses (LVNs) by 2010, an increase of nearly 50% in the number of LVNs. Hospital employers responding to the California Strategic Planning Committee for Nursing (CSPCN) Employer Intention Survey indicated a vacancy rate for RN full-time equivalent (FTE) positions in hospitals of 11.8% in 2000-2001. In 2002, a 15% vacancy rate in hospitals was reported by the California Healthcare Association. Beyond hospitals, the California nursing shortage is listed as a major health care delivery issue statewide by organizations and agencies such as those concerned with long-term care, public health, and home health. An analysis of RN supply and demand based on the 2000 National Sample Survey of Registered Nurses was conducted recently by the federal Bureau of Health Professions. Analysts identified that deficits in RN supply previously projected for 2007 were already present in 2000 at a rate of 6% for the nation and 8% for California.

In California, RN pre-licensure nursing programs are almost universally oversubscribed and many, particularly in public institutions, still have long waiting lists. Yet, the capacity of nursing education programs did not increase for over a decade. Only within the last two years has capacity increased in some programs. The 1999 CSPCN Phase II report recommended that nursing program capacity be increased and that the increase be underwritten with state funds. The legislature has failed to support nursing education. Industry and education partnerships have been formed or strengthened for the short term to increase enrollments through local and regional initiatives. Some of the partnerships are aimed at creating new RN pre-licensure enrollment opportunities. Others provide on-site baccalaureate completion programs for RNs who graduated from associate degree in nursing (ADN) programs. These efforts underscore the need of employers for RNs with at least a baccalaureate education.

Legislative support is needed in California to increase program capacity by expanding current programs and creating new ones. Scholarships are needed to support students who attend programs in

public or private institutions. Increased support of direct entry baccalaureate and masters level RN pre-licensure programs is extremely important given the increased demand for nurses prepared at those levels.

Baccalaureate and masters degree graduates have the requisite skills desired by employers and form the pipeline to graduate education required for nurse educators, nurse administrators and advanced practice RNs. Currently, only 27% of RN pre-licensure enrollment opportunities are in these programs and nearly half are in private schools; the remaining 73% are in ADN programs. Education and service partnerships are critical and valuable but do not replace substantive State funding to support educational programs for the long term. In 2000-2001 there were approximately 40% more applicants for nursing education programs than could be enrolled because there was no space for them. Interest in a nursing career is increasing. Program capacity is clearly insufficient to meet projected demand and is dependent on adequate funding for faculty.

In 1999, CSPCN called for further work on program articulation so that transitions are streamlined and predictable between LVN, ADN and baccalaureate (BSN) educational programs. While some of the work on articulation was accomplished over a decade ago, much has been accomplished recently through the California State University Nursing Alignment Taskforce and the Intersegmental Major Preparation Articulated Curriculum (IMPAC) Project. Work is continuing toward a common set of prerequisites and required courses to facilitate transfer between programs. Regionally, educational partnership models among programs have been undertaken. These unique and creative nursing education programs move students directly into the BSN path by capitalizing on the strengths of the ADN and BSN programs.

CSPCN also supported recruitment and retention of a diverse student population by ethnicity and gender. During the past three years, the proportion of both ethnic minority students and male gender students has increased. In fact, the proportion of students from minority backgrounds now accounts for over half the students enrolled and graduating from California nursing programs.

The Nursing Workforce Advisory Committee was appointed by the Board of Registered Nursing (BRN) in November 2001. This 16-member advisory committee is composed of consumers, health workforce planners, nursing service, nursing education, professional associations, unions, and government agencies. The purpose of the Nursing Workforce Advisory Committee is to advise the members of the BRN and Board staff on current and projected issues affecting the nursing workforce. Special focus is on data about the supply and demand of nurses, issues affecting the ability of nurses to provide safe, accessible patient care, and strategies to recruit and retain student nurses, nursing faculty, and direct care nurses. Appointment of the Advisory Committee fulfills a CSPCN goal to for data collection and policy support over the long term.

The following recommendations are based on the current nurse supply and demand factors in California. CSPCN recommends that state funds be allocated to:

1. Directly support a state-determined RN pre-licensure class size and provide funds directly to programs rather than leaving decisions to fund nursing education to individual campuses.
2. Fund increased RN pre-licensure nursing education capacity by expanding current programs and creating new ones in the University of California, California State University and California Community College systems.
3. Change the mix of RN pre-licensure student placements to meet employer demand so that 40% of student enrollments are in baccalaureate and masters-level entry programs and 60% are in ADN programs (the current proportions are 30% and 70%).
4. Provide scholarship support for RN pre-licensure nursing students enrolled in private as well as public nursing programs.
5. Support local and regional partnerships for nursing education through grants and scholarships.
6. Fully fund the Board of Registered Nursing to provide data on a continuing basis to direct policy decisions related to an adequate supply of licensed nursing personnel.

The nursing shortage has reached crisis proportions in California. Based on the projected requirements for licensed nursing personnel, a concerted effort by all must be directed at providing an adequate supply of appropriately prepared nurses to meet the needs of California's people.