

California Board of Registered Nursing

2010 Survey of Clinical Nurse Specialists



Conducted for the
California Board of Registered Nursing

by the
University of California, San Francisco

Joanne Spetz, Ph.D.
Professor & Principal Investigator

Dennis Keane, M.P.H.
Survey Analyst

Carolina Herrera, M.A.
Statistician

Lela Chu, B.A.
Editor

Jessica Lin
Intern

Survey of Clinical Nurse Specialists in California, 2010

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Board of Registered Nursing
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Sacramento, CA 95834-1924
(916) 322-3350

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Chapter 1: Executive Summary

The *Survey of Clinical Nurse Specialists in California, 2010*, is the first survey designed to describe registered nurses certified as Clinical Nurse Specialists (CNSs) in California. This survey sought to identify California-residing CNSs with current California CNS certification. The survey was sent to CNSs who did not hold a certificate as a Nurse Practitioner (NP) or Certified Nurse Midwife (CNM) and who had registered with the Board of Registered Nurses (BRN) with a California address. Approximately 2,071 nurses were identified as California-residing CNSs, and 750 of these nurses were randomly chosen to complete the survey. The survey response rate was 74 percent, yielding information for about 555 nurses.

Demographics

California's CNS workforce was older and somewhat less diverse than the overall California RN workforce. The average CNS was 51.8 years old, which is considerably older than the average age of RNs (46.3 years). Only 5.3 percent of the CNS workforce was male, compared to 10.7 percent of the RN workforce. Most CNSs were white (69.5%), and 74 percent spoke only English. Nearly 74 percent of CNSs were married, and 38.3 percent had children under 19 living at home.

Education

The majority of CNSs received their pre-licensure education before the 1990s; only 32 percent received their RN education after 1989. Nearly 66 percent of CNSs entered nursing with a baccalaureate degree or higher. While 55.9 percent of CNSs received pre-licensure education in California, 35.2 percent received their education in another US location. The average age of a CNS at the time of graduation from their nursing program was 25.9 years old.

The CNS certificate in California requires a RN to have received their CNS education in master's or higher degree program. Over 97 percent of CNSs received their initial CNS education in a master's degree program. The majority of CNSs received their education 12.2 years after they graduated from their RN program; the average age at graduation from the CNS program was 38 years old. When asked about their highest level of nursing education, 91.2 percent reported holding a master's degree and the remaining 8.9 percent reported holding a post-master's certificate or doctorate. Only 9.1 percent of CNSs were enrolled in a continuing education program at the time of the survey, of which 43.8 percent reported seeking a non-nursing doctoral degree.

CNS certification focuses on areas of clinical specialization. While the CNS certification began as a mental health specialization, only 16.3 percent of CNSs reported psychiatrics/mental health as one of their clinical areas of specialization. The most commonly reported areas of primary focus were adult/gerontology (22.4%), and acute/critical care (20.4%)/

Employment

In California in 2010, 89.1 percent of CNSs reported working in nursing as either an RN or APRN. Most (75.5%) of the CNSs held only one nursing position. Only 44.9 percent reported using their CNS certification in their primary nursing job, suggesting the majority of CNSs may be working as RNs or in positions designed for RNs, not as APRNs. Much higher percentages reported using their CNS training in expert clinical practice, staff and patient education, clinical leadership, and consultations, suggesting healthcare organizations and patients may be benefiting from CNS education even if the CNS was not working in a formal APRN position.

Over 56 percent of CNSs reported working in hospitals, with the next highest percentage (27.3%) working in other institutions such as universities, correctional facilities, mental health facilities, insurance agencies, and governmental institutions. About 37.1 percent of CNSs reported working in hospital acute/critical care units and the next highest fraction, 12.1 percent, reported working for academic institutions. The primary job title reported by CNSs is Clinical Nurse Specialist (29.7%), followed by staff nurse (13.5%), middle management (10.9%), and educator (10.2%).

Most CNSs worked nearly 12 months per year and 37.9 hours per week in their primary nursing positions. CNSs reported working very few hours of overtime (<1 hour on average). Nurses in hospitals worked more hours (40.1) than nurses in other health facilities. The average CNS reported working for the same employer for the last 10.7 years, and reported holding the same position for the last 7 years.

Nineteen percent of CNSs reported not being involved in patient care. Nearly 19 percent practiced in medical/surgical units, 16.5 percent in intensive/critical care, 16.5 in ambulatory/outpatient care, and 12.8 percent in mental health. CNSs reported spending most their time providing patient care, and the least amount of their time educating nursing students. Thirty-four percent of CNSs reported working in primary care. Over 40 percent of those CNSs working in primary care reported “always” or “almost always” serving the underserved in their primary nursing position.

As with all APRNs, CNSs have specific scopes of practice. Most CNSs (56.3%) reported “always” or “almost always” working to their full scope of practice. Nearly 44 percent reported contributing to the development of standardized procedures at their primary practice site, and 63.3 percent reported their primary practice used standardized procedures.

Nursing Income

Most CNSs reported being salaried in their primary nursing position (62.5%), and only 25.8 percent reported holding an hourly wage position. The average annual earnings for CNSs in all nursing positions was \$101,637. The average earnings from a CNS’s primary nursing position were \$96,220 in 2010. This is considerably higher than the \$82,134 reported by all RNs as their total nursing income in 2010¹.

¹ Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. Sacramento: California Board of Registered Nursing.

Over 21.4 percent of the overall CNS population reported having family income greater than \$200,000 last year. Of employed CNSs, 21.8 percent reported having family incomes of over \$200,000, with 41.5 percent of family income derived from nursing income.

Work Satisfaction and Barriers to Care

Nearly 87 percent of California's working CNSs felt satisfied with their nursing career; however, only 62 percent were satisfied with their CNS career. When asked about obstacles to practicing as a CNS, over 55 percent reported quality issues a "major" or "minor" problem, 52.3 percent reported stress on the job, 49.2 percent reported inadequate CNS mentoring, 44.5 percent reported inadequate CNS pay, and another 42.6 percent reported dissatisfaction with their ability to work as a CNS.

CNSs were also asked about potential problems impacting their ability to provide quality care. Quality issues were reported as the most common "minor" or "major" problem (76.7%). Colleagues and the public not understanding the CNS role was reported as a problem by 75.3 percent of CNSs, insufficient resources by 70.2 percent, varying degrees of collaboration by 65 percent and too much time in meetings by 63.7 percent.

CNSs Not Working in Nursing

Nearly 11 percent of CNSs reported not working in nursing. Of these CNSs, most stopped working as a nurse between 2000 and 2009 (69.1%). Over 48 percent of CNSs reported retirement as an "important" or "very important" reason not to be working in nursing. Nearly 37 percent reported dissatisfaction with their ability to practice as a CNS, and 32.3 percent indicated some other dissatisfaction with nursing as an "important" or "very important" reason to stop working in nursing.

Changes in Employment and Future plans

Over 50 percent of employed CNSs reported no changes in employment since 2007. The most commonly experienced change was an increase in nursing hours (12.5%), followed by changing employers (11.3%). Nearly 11 percent reported stopping work as a CNS between 2007 and 2010.

Nearly 46 percent of CNSs who were working as nurses reported they plan to continue working approximately the same amount in five years as they work now. Sixteen percent planned to start working as a CNS (rather than as an RN). Over 13 percent planned to reduce their hours, 1.4 percent reported planning to leave nursing and 6.2 percent planned to stop working as a CNS (which means they may continue to work as an RN). Over 16 percent also planned to retire, suggesting that nearly 18 percent of currently working CNSs will no longer work in nursing after 2015.

Nurses who were not working in nursing were also asked about future plans. Only 5 percent of CNSs reported looking for a CNS position at this time. Over 44

percent did not plan to return to nursing as a CNS, and 43.8 percent were uncertain as to their plans.

Summary

This survey provides the first analysis of California's Clinical Nurse Specialist workforce commissioned by the Board of Registered Nursing. The workforce was small – less than 3,000 nurses held a CNS certificate and did not hold an NP or CNM certificate. The workforce was not very diverse and the vast majority of certificate holders were female. The workforce was also older than the general RN workforce. Although this workforce was highly educated, at this time few nurses were enrolled in programs to advance their formal education.

Over 89 percent of CNSs were working in nursing as either a RN or an APRN. Less than half of CNSs reported their CNS certification was a requirement of their primary nursing position, although more than half reported always or almost always using CNS competencies in that same position. CNSs worked in a wide range of settings, and the most common workplace setting was in hospitals. Despite concerns over scope of practice, most CNSs reported that they always or usually practice to the fullest extent of their legal scope in their nursing positions. Overall satisfaction levels with the nursing profession were high for CNSs, but lower when asked about the state of the CNS profession.

Of growing concern was the rapid aging and retirement of this workforce. The average age of a CNS was over 51 years old. Over 31 percent of working CNSs were reducing their nursing hours, planned to leave nursing, or planned to retire in the next five years. While this suggests nearly 70 percent of the employed CNS workforce would remain in nursing at current levels, about 6 percent planned to stop working in CNS positions and 16 percent planned to start working in CNS positions. The net percent of currently employed nurses seeking CNS positions would be a gain of 10 percent. How future plans may change if those employed nurses have difficulty finding a CNS position is unclear.

The CNS profession as stated 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. 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 advanced practice nursing, and actively strive to retain these important healthcare professionals.

Chapter 2: Introduction and Methodology

This report presents the results of the first survey of Clinical Nurse Specialists (CNSs) conducted by the California Board of Registered Nursing. In 2010, the Board of Registered Nursing (BRN) commissioned the University of California, San Francisco, to conduct a survey of Clinical Nurse Specialists to better understand the roles these APRNs currently play in the delivery of health care, and assess their potential to address the care needs of Californians in the future.

Advanced practice registered nurses (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 (NP), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), and Clinical Nurse Specialists (CNS). Nurses may be educated in more than one of these fields. The role of each 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, the environment, and disease management.

After completing an approved education program, an RN can apply for a certificate from the State of California Board of Registered Nursing to practice as an APRN. There also are nationally recognized professional organizations that offer APRN certificates. As with RN licensure, each state establishes its own criteria for certification of advanced practice nurses.

Clinical Nurse Specialists: History and Practice

The CNS role was conceived in 1954 and developed in acute care settings. The first clinical specialist certification exam was launched in that year in psychiatric/mental health nursing. Today CNSs specialize in a specific area of nursing practice in addition to providing direct patient care. CNSs influence care outcomes by providing expert consultation for nursing staffs and by implementing improvements in health care delivery systems. CNS education focuses on how clinical care is affected by the patient's personal and family characteristics, the environment, the nursing personnel who provide care, and the health system organization. CNSs have been required to have a master's degree in nursing since the inception of this advanced practice field.

The California BRN began certifying CNSs in 1998. CNS certification in California can be obtained by successful completion of a master's program in a clinical field of nursing or in a clinical field related to nursing, with graduate course work in advanced nursing in the areas of expert clinical practice, education, research, consultation, and clinical leadership. CNS certification in California may also be obtained from a national organization or association whose standards are equivalent to the BRN's standards.

Purpose and Objectives of the Survey

The purpose of the *Survey of Clinical Nurse Specialists in California, 2010* was to collect and evaluate nursing workforce data to understand better the demographics, education, and employment of these APRNs with California certificates. There were 2,840 California-residing CNSs in the sample file provided by the BRN to UCSF, of which 769 also held either a Nurse Practitioner certificate and/or a Certified Nurse Midwife certificate. After removing the NPs and CNMs, the total number of eligible nurses for this survey was 2,071.

Questions about perceptions of the work environment, scope of practice, reasons for discontinuing work in nursing, and plans for future employment were included in the surveys. The survey questions were based on previous surveys of RNs conducted by the California BRN, and other CNS surveys conducted in Wyoming². 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 7 of this report.

Response Rates for the CNS Survey

Survey packets were mailed to a random sampling of 750 CNSs. Seven cases were determined ineligible for the survey due to being returned for lack of a current mailing address, reported death, or refusal to participate. By the end of the data collection period (10/26/2010 – 3/01/2011), questionnaires were received from 555 CNSs. None of the completed questionnaires were later determined to be unusable due to incomplete data, non-active RN status, or a written refusal to participate in the survey. Thus the total number of usable responses from the CNS survey was 555 of the 743 eligible nurse respondents, which represents a 74.6 percent response rate for the eligible population and a 74.0 percent response rate when considering all surveys mailed.

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

	2010
Questionnaires mailed	750
Ineligible cases	7
Eligible cases	743
Surveys returned	555
Refusals and incomplete surveys	0
Total respondents	555
In California	547
Outside California	8
Response rate of all surveys mailed	74.0%
Response rate of certified population	74.6%

² NCSBN research brief. Volume 30 | May 2007. Role Delineation Study of Nurse Practitioners and Clinical Nurse Specialists. Survey of Wyoming Licensed Health Care Providers: ADVANCED PRACTICE NURSES -2009 by WHCC (Wyoming Healthcare Commission)

Of the CNSs who responded to the survey, approximately 1.4 percent reported moving out of state between the last update of their licensure and the survey. They represented about 30 CNSs statewide. The remaining CNSs reported living in California, representing 2,041 CNSs (Table 2.2).

Table 2.2 Estimated counts of CNSs, 2010

	California-residing	Out of State
CNS population (percentage)	98.6%	1.4%
CNS population (estimated counts)	2,041	30
Number of cases	547	8

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

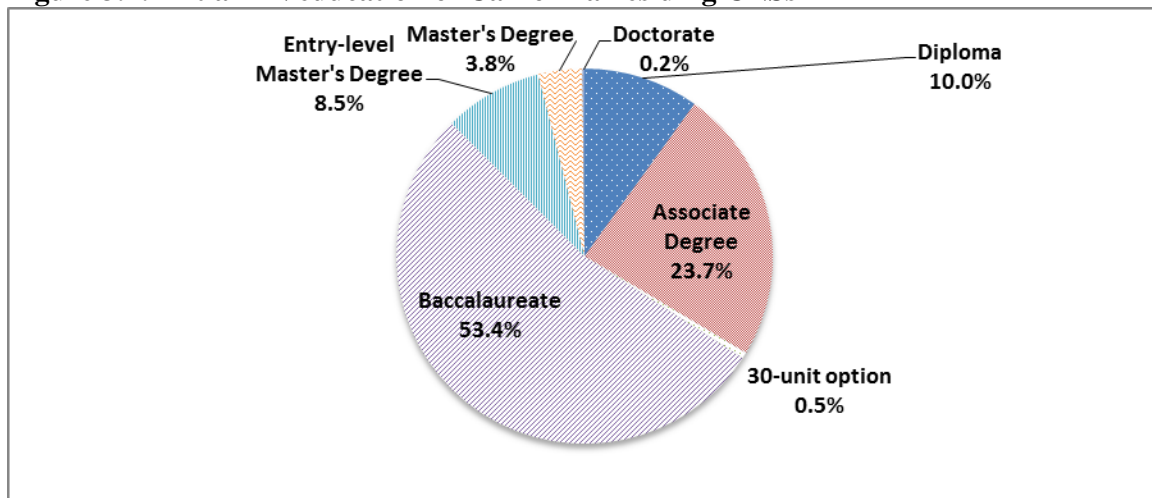
Chapter 3: Education, Licensure, and Certification

California's Clinical Nurse Specialist (CNS) workforce is comprised of nurses who have current California CNS certificates. Some nurses with California certificates do not reside in California, as noted in Chapter 2. California's CNS workforce also includes nurses who are not currently working, but have the potential to work in California as long as they maintain an active certificate. The population of actively licensed CNS numbered 2,071 at the time this survey was conducted. This represents CNS-only certified nurses and does not include another 769 nurses who also hold a Nurse Practitioner and/or Certified Nurse Midwife certificate. About 2,041 of these nurses reported living in California. The California-residing subpopulation is described in this chapter.

Education and Licensure as an RN

Less than 34 percent of California-residing CNSs received their initial RN education in a diploma or associate's degree program, as seen in Figure 3.1. The share of CNSs whose initial RN education was in a baccalaureate program was 53.4 percent, and the share who entered nursing with a graduate degree or higher was 12.5 percent. As compared with the RN workforce in general, CNSs were 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 program³.

Figure 3.1: Initial RN education of California-residing CNSs

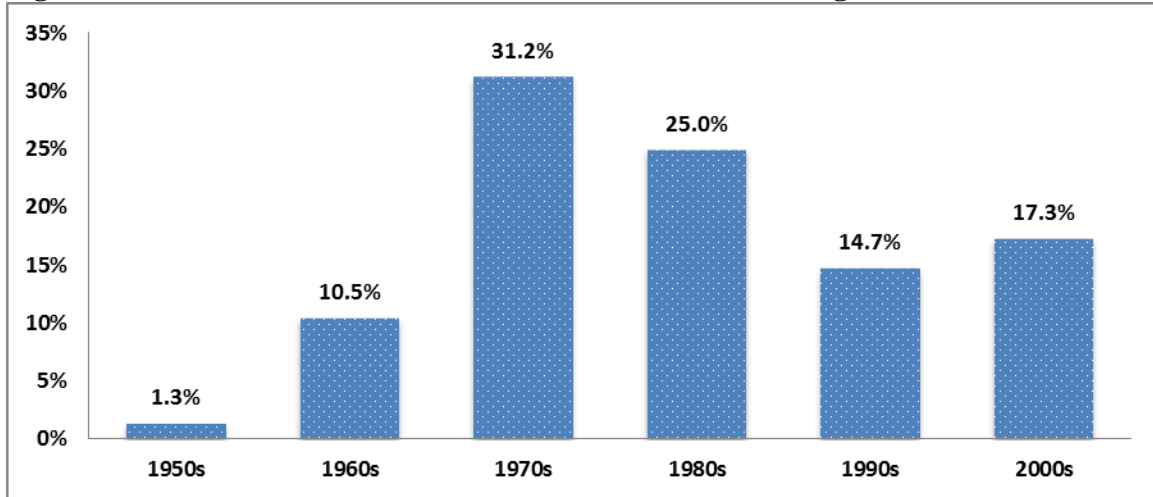


Note: Number of cases=547. Data are weighted to represent all CNSs with active licenses.

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

The decade in which CNSs graduated from their initial RN education programs is shown in Figure 3.2. Forty-three percent of CNSs graduated from pre-licensure programs before 1980. A quarter of CNSs reported graduating between 1980 and 1989, and the remaining 32 percent graduated after 1989.

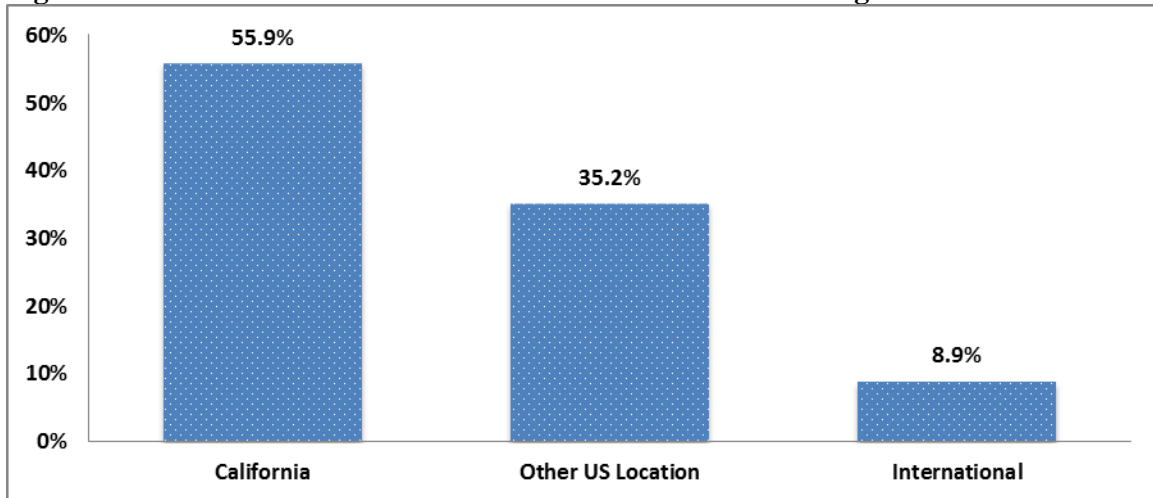
Figure 3.2: Decade of initial RN education of California-residing CNSs



Note: Number of cases=539. Data are weighted to represent all CNSs with active licenses.

Nearly 56 percent of California’s CNSs received their basic nursing education in California, as seen in Figure 3.3. Over 35 percent were educated in other states and 8.9 percent were international graduates.

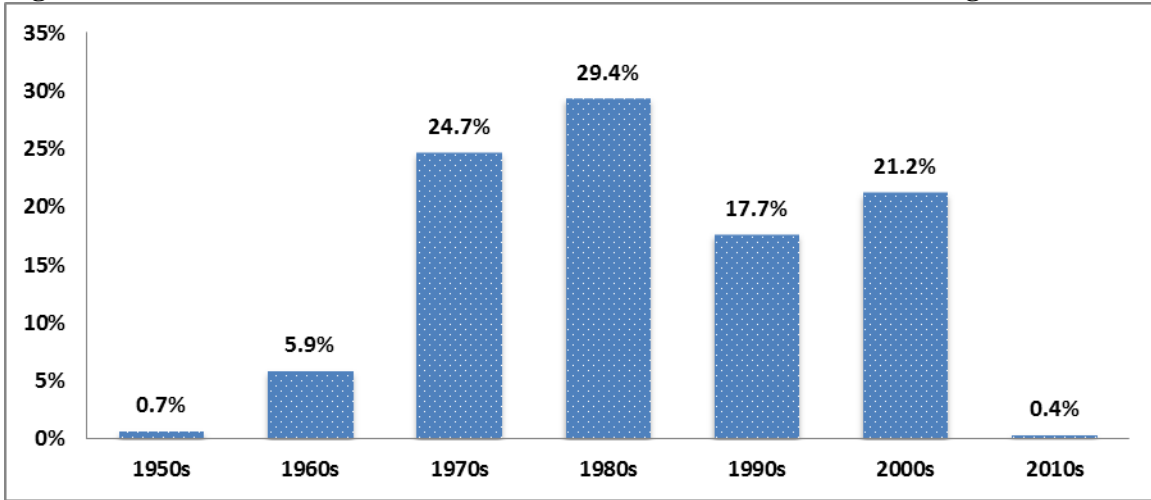
Figure 3.3: Location of initial RN education of California-residing CNSs



Note: Number of cases=516. Data are weighted to represent all CNSs with active licenses.

CNSs were asked about their year of initial licensure as an RN in California (Figure 3.4). Over 29 percent of CNSs received initial licensure during the 1980s. Less than 32 percent received their licensure before 1980. Over 39 percent received their licensure after 1989.

Figure 3.4: Year of initial RN licensure in California of California-residing CNSs



Note: Number of cases=542. Data are weighted to represent all CNSs with active licenses.

Education and Certification as a CNS

All CNSs are required to hold a certificate from the BRN and have at least a master’s degree. As seen in Table 3.1, 97.9 percent of CNS nurses received their initial CNS education in a master’s program. Two percent indicated they received a post-master’s certificate, and less than one percent received their initial CNS education in a doctoral program.

Table 3.1: Initial CNS education of California-residing CNSs

	California
Master's degree	97.9%
Post-masters certificate	2.0%
Doctoral degree	0.2%
Number of cases	547

Note: Data are weighted to represent all CNSs with active licenses.

A comparison of initial CNS education and initial RN education in Table 3.2 reveals that a tenth of nurses whose initial CNS education was a master’s degree reported that their initial RN education was in a diploma program, 22.7 percent received their initial RN education in an associate’s program, and 54 percent received their initial education in a baccalaureate program. Of the CNSs whose initial APRN education was a post-master’s certificate, 62 percent received their initial RN education in an associate’s degree program. One nurse whose initial CNS education was a doctoral degree received their initial RN education in an associate’s degree program.

Table 3.2: Initial RN education by initial CNS education of California-residing CNSs

		Initial CNS Education		
		Master's degree	Post-masters certificate	Doctoral degree
Initial RN Education	Diploma	10.0%	9.1%	0.0%
	Associate degree	22.7%	62.0%	100.0%
	30-unit option	0.5%	0.0%	0.0%
	Baccalaureate degree	54.0%	28.9%	0.0%
	Entry-level's master's degree	8.7%	0.0%	0.0%
	Master's degree	3.9%	0.0%	0.0%
	Doctorate	0.2%	0.0%	0.0%
	Number of cases	543	11	1

Note: Data are weighted to represent all CNSs with active licenses.

CNSs were asked when they graduated from their initial RN education and when they received their CNS education (Table 3.3). On average, CNSs reported being 38 years old when they completed their initial CNS education, and 25.9 years old when they received their initial RN education.

Table 3.3: Age at initial RN education and initial CNS education of California-residing CNSs

	Initial CNS education	Initial RN education
<35 years	44.9%	90.5%
35-44 years	27.1%	6.6%
45-54 years	22.6%	2.9%
55-64 years	5.1%	*
65 years and older	0.4%	*
Mean age (years)	38.0	25.9
Number of cases	506	531

Note: Data are weighted to represent all CNSs with active licenses.

Table 3.4 reports the average years between initial RN and initial CNS education. The average CNS reported 12.2 years between initial RN and initial CNS education. Five percent reported CNS and RN education occurring in the same year; nearly 30 percent reported 16 years between RN and CNS graduation.

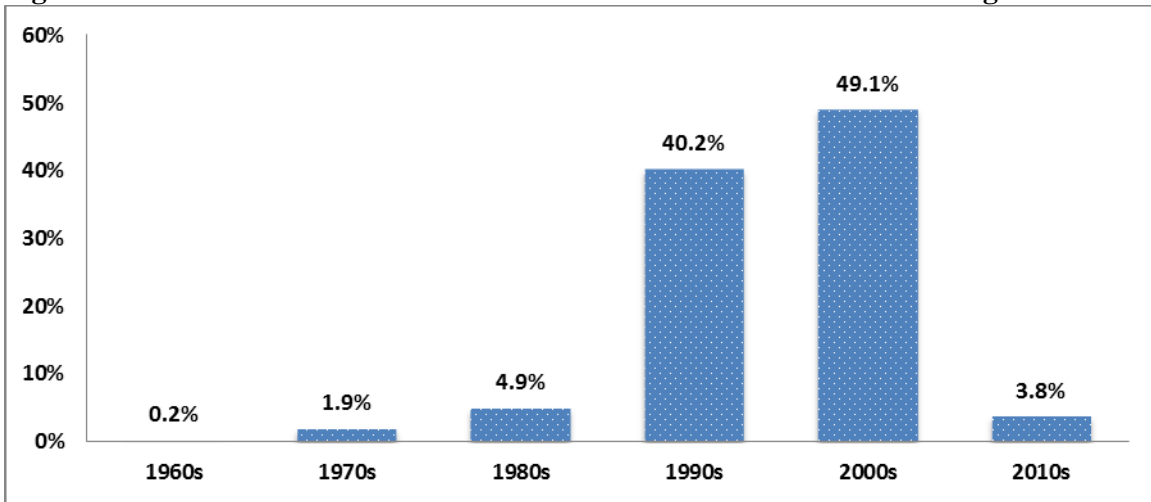
Table 3.4: Years between initial RN education and initial CNS education for California-residing CNSs

Same year	5.0%
1-5 years	21.6%
6-10 years	27.0%
11-15 years	16.7%
16+ years	29.7%
Mean years	12.2
Number of cases	489

Note: Data are weighted to represent all CNSs with active licenses.

CNSs were asked about their year of initial licensure as a CNS in California (Figure 3.5). Over 49 percent of CNSs received initial licensure during the 2000s. Seven percent received their licensure before 1990. California began certifying CNSs in 1998, so those reporting certification before the 1990s were certified elsewhere.

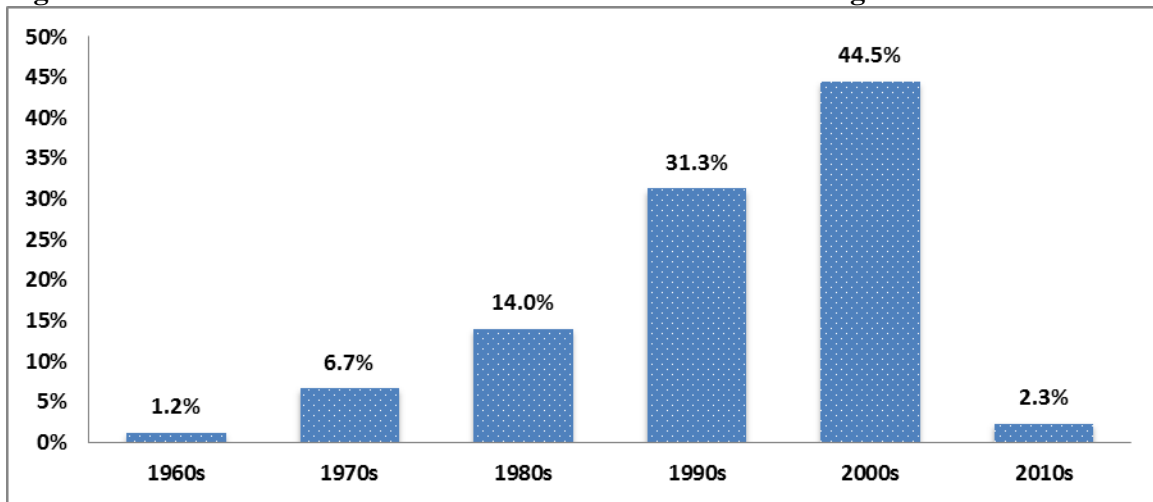
Figure 3.5: Year of initial CNS licensure in California of California-residing CNSs



Note: Number of cases=527. Data are weighted to represent all CNSs with active licenses.

The decade in which CNSs graduated from their initial CNS education program is shown in Figure 3.6. Nearly 22 percent of CNSs graduated from their APRN program before 1990. Over 44 percent of CNSs reported graduating between 2000 and 2009.

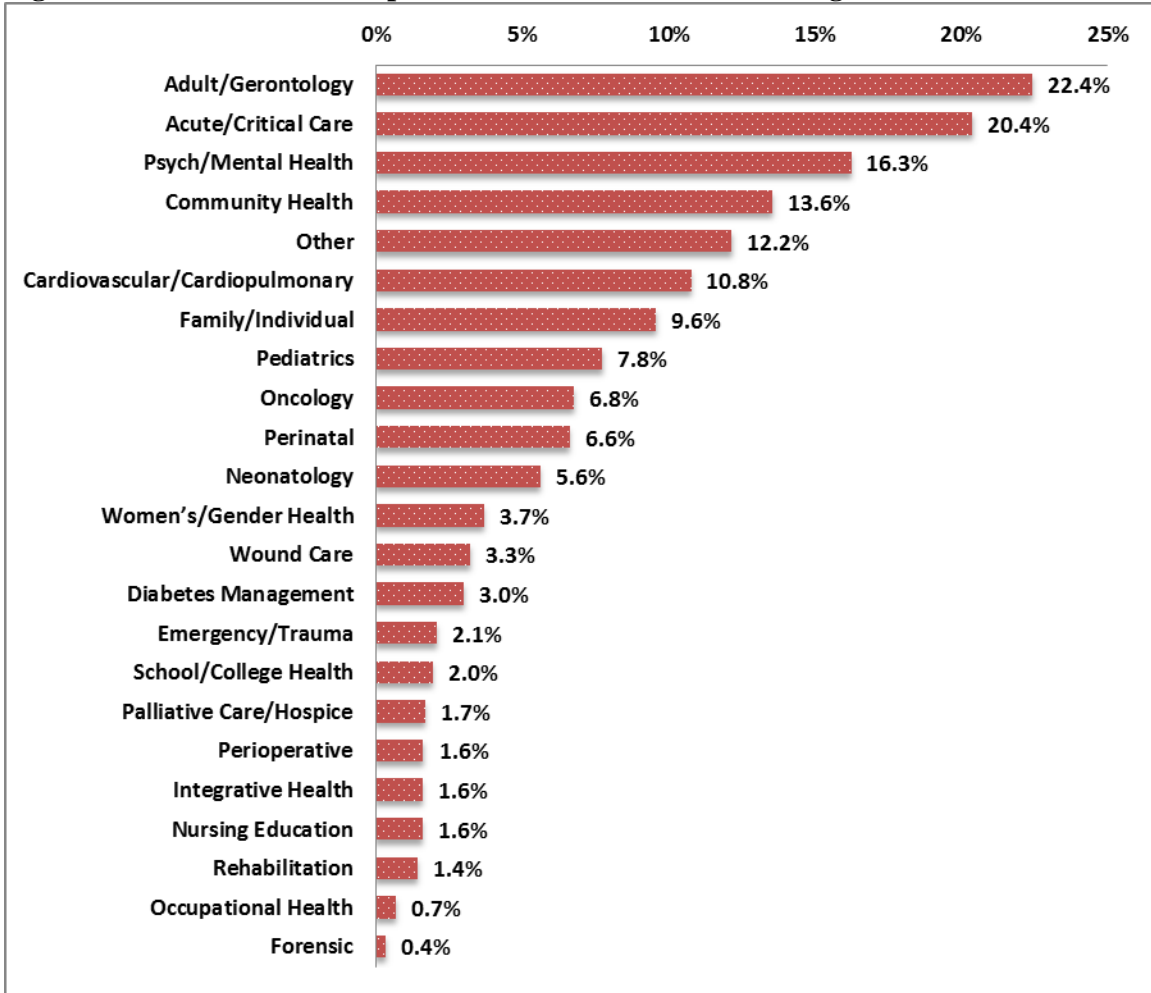
Figure 3.6: Decade of initial CNS education of California-residing CNSs



Note: Number of cases=536. Data are weighted to represent all CNSs with active licenses.

Clinical Nurse Specialists were asked if they received specific education in certain clinical fields (Figure 3.7). Over 22 percent of California-residing CNSs reported education in adult/gerontology, 20.4 percent in acute/critical care, and 16.3 percent in psychiatrics/mental health.

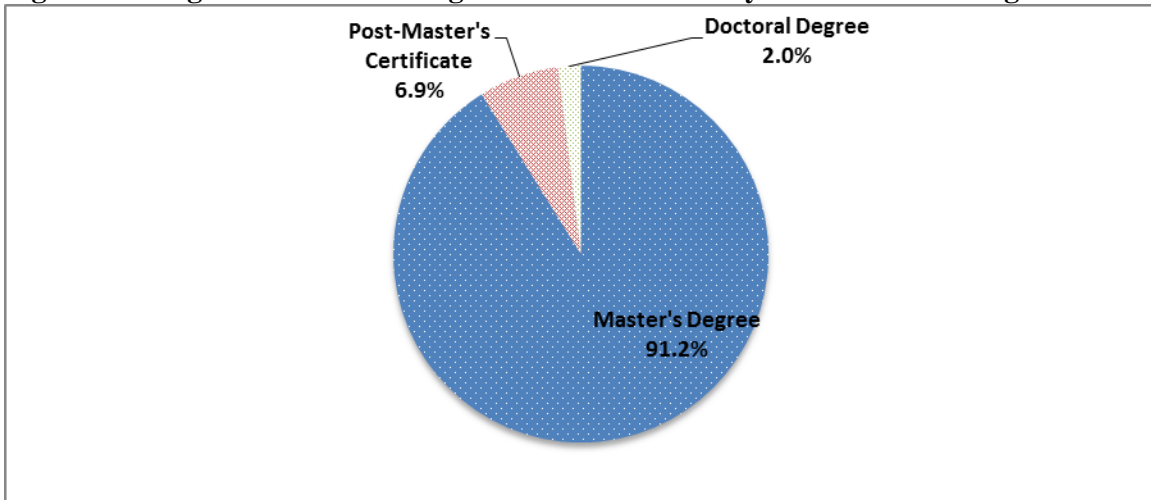
Figure 3.7: Clinical areas of specialization of California-residing CNSs



Note: Number of cases=538. Data are weighted to represent all CNSs with active licenses.

Table 3.8 presents the highest level of nursing education received by CNSs. Over 91 percent of CNSs reported their highest education as a master's degree. Two percent reported their highest education as a doctorate, and 6.9 percent reported their highest education as a post-master's certificate.

Figure 3.8: Highest level of nursing education achieved by California-residing CNSs

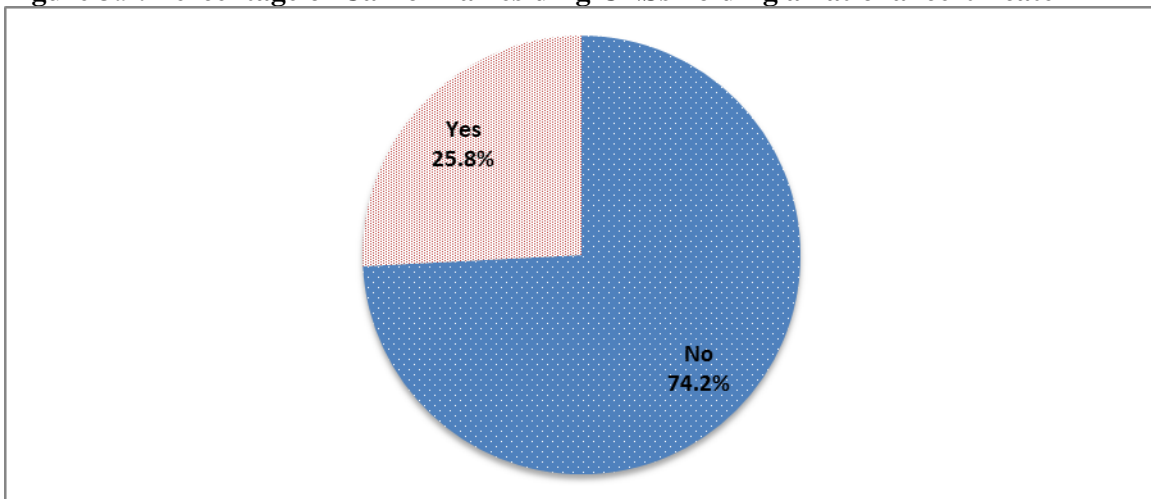


Note: Number of cases=543. Data are weighted to represent all CNSs with active licenses.

National Certifications Held by CNSs

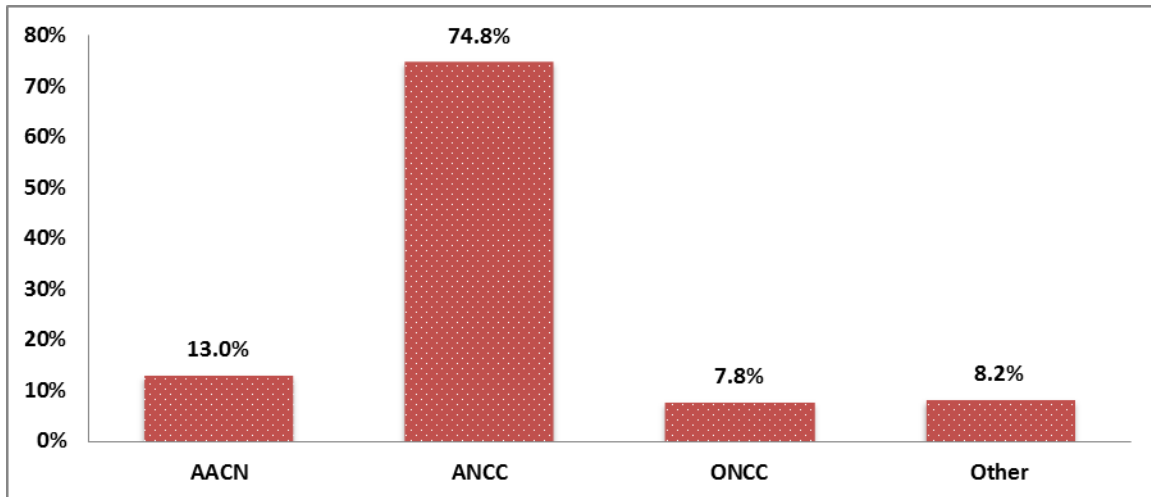
Clinical Nurse Specialists may hold certifications in other APRN fields or hold national certification. Nearly 26 percent of CNSs reported holding national certification as well as their California CNS certificate (Figure 3.9). Of the CNSs holding a national certificate, 74.8 percent reported being CNS-certified by the American Nurses Credentialing Center (ANCC). Thirteen percent reported holding a certification from the American Association of Critical Care Nursing (AACN), and 7.8 reported being certified by the Oncology Nursing Certification Center (ONCC) (Figure 3.10).

Figure 3.9: Percentage of California-residing CNSs holding a national certificate



Note: Total number of cases=522. Data are weighted to represent all CNSs with active licenses.

Figure 3.10: National certificates reported by California-residing CNSs holding a national certificate



Note: Number of cases=131. Data are weighted to represent all CNSs with active licenses.

Continuing Education

Over 9 percent of CNSs were enrolled in an education program at the time of the survey (Table 3.5). When asked what type of program they were currently in, nearly 44 percent of enrolled respondents reported being in a non-nursing Doctoral program. Nearly 35 percent of the enrolled nurses reported seeking a non-degree certificate; 17 percent were seeking a DNP, and 4.5 percent were seeking some sort of master’s degree (Table 3.6).

Table 3.5 California-residing CNSs enrolled in education programs

Not enrolled in a nursing/certificate program	90.9%
Enrolled in a nursing/certificate program	9.1%
Number of cases	536

Note: Data are weighted to represent all CNSs with active licenses.

Table 3.6 The degree objectives of California-residing CNSs who are currently enrolled in an education program

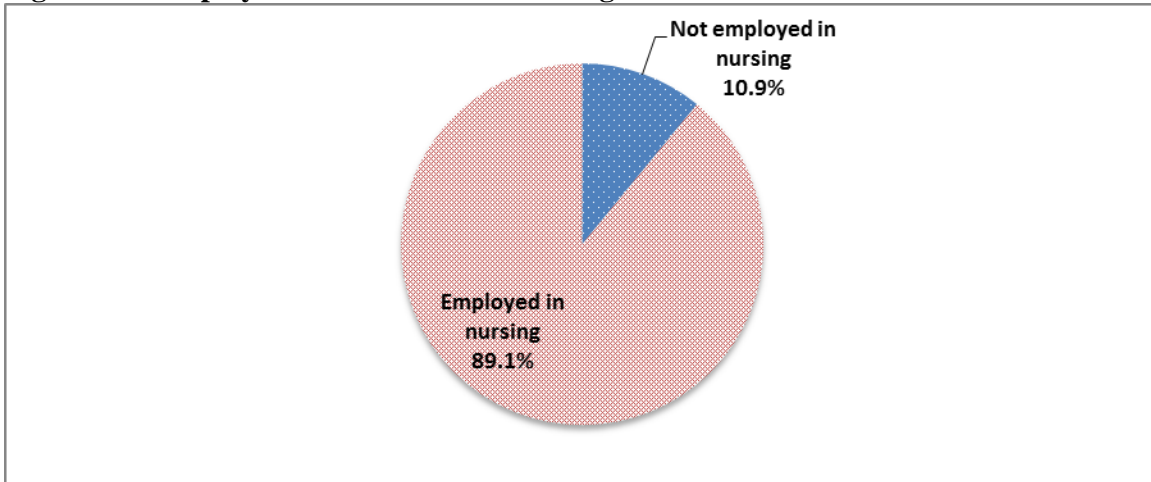
Master's degree	4.5%
Non-degree specialty certificate program	34.8%
Doctorate, Nursing Practice	17.0%
Other Doctoral degree	43.8%
Number of cases	48

Note: Data are weighted to represent all CNSs with active licenses.

Chapter 4: Clinical Nurse Specialist Employment

Of the 2,041 California-residing Clinical Nurse Specialists, approximately 1,818 reported working in a nursing position in 2010. Figure 4.1 shows that 89.1 percent of CNSs were employed in a nursing position. This is somewhat higher than the 87.4 percent overall level of RN employment for the state reported in 2010⁴.

Figure 4.1: Employment of California-residing CNSs

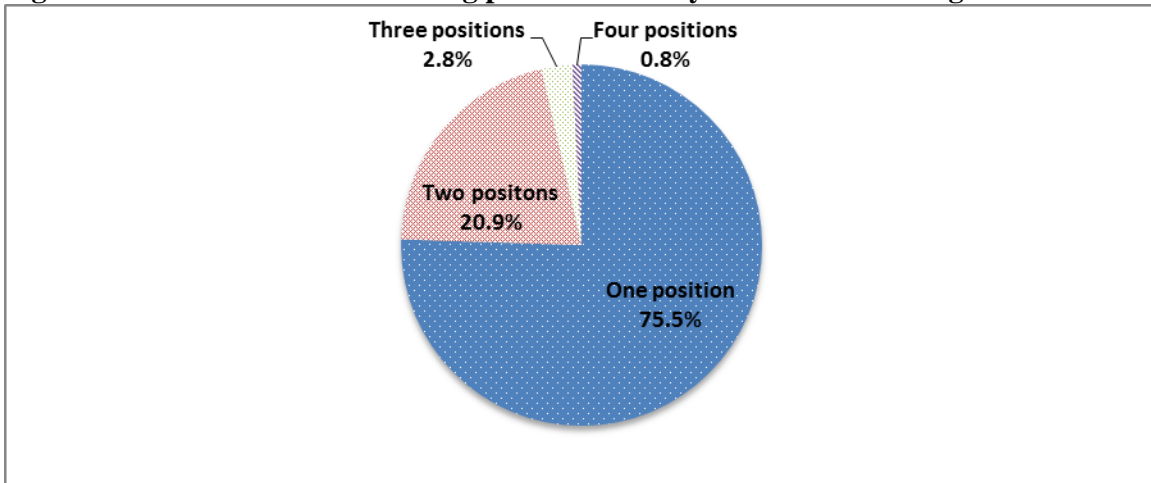


Note: Number of cases=547. Data are weighted to represent all CNSs with active licenses.

Most working CNSs reported holding only one job (75.5%). Nearly 21 percent reported holding two jobs, and 3.6 percent reported holding three or more jobs (Figure 4.2).

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

Figure 4.2: Total number of nursing positions held by California-residing CNSs



Note: Number of cases=468. Data are weighted to represent all CNSs with active licenses.

Clinical Nurse Specialists may work in positions where they are considered RNs or APRNs. Discerning whether CNSs are working as RNs or APRNs can be difficult as job titles, duties, and scope of practice vary between workplaces. Table 4.1 and Table 4.2 report whether CNSs used CNS certifications and CNS competencies in their work positions. Approximately 45 percent of CNSs were required to have a CNS certification to hold their primary nurse position, and 48.4 percent used their master’s degree. Over 70 percent of CNSs reported that they “always” or “almost always” use the CNS core competencies of expert clinical practice (75.5%), education (77.6%), and clinical leadership (73.0%) in their primary nursing position. Two-thirds of CNSs (66.1%) “always” or “almost always” used consultations and 38.4 percent used research competencies.

Table 4.1: Certifications and education required in the primary and secondary nursing position held by California-residing CNSs.

	Primary Position		Secondary Position	
	%	Number of cases	%	Number of cases
CA BRN CNS certificate	44.9%	476	32.7%	114
Master’s degree	48.4%	436	53.7%	113
National CNS Certificate	8.1%	421	5.1%	108

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

Table 4.2: CNS core competencies used in primary and secondary positions by California-residing CNSs

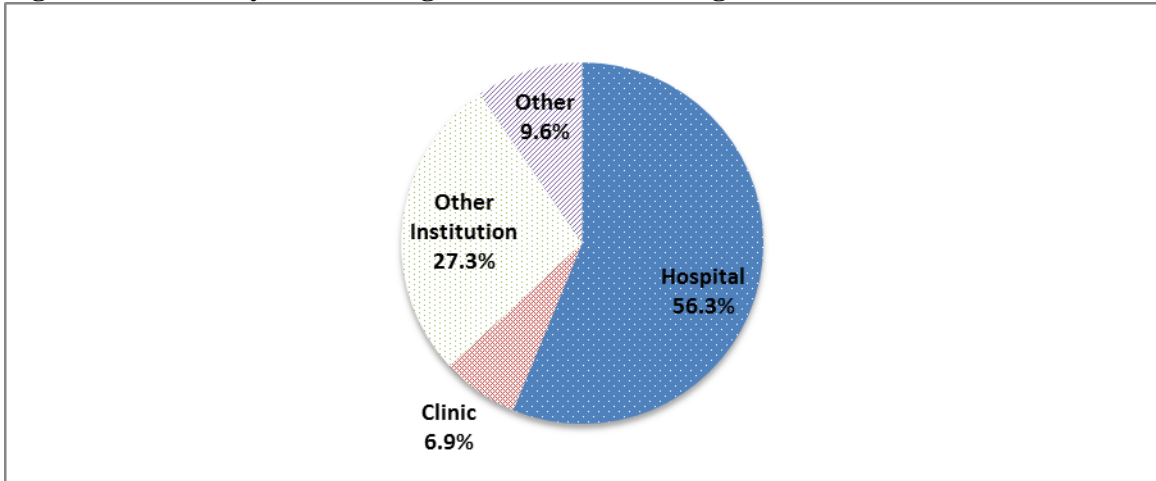
	Always	Almost Always	To a considerable degree	Occasionally	Seldom	Never	Number of cases
Primary Positions							
Expert Clinical Practice	59.8%	15.7%	12.2%	7.2%	2.4%	2.6%	476
Education	60.4%	17.2%	10.9%	8.0%	2.2%	1.3%	474
Clinical Leadership	57.3%	15.7%	13.4%	7.4%	2.6%	3.5%	471
Consultation	47.4%	18.7%	12.7%	11.1%	5.6%	4.6%	470
Research	26.2%	12.2%	17.5%	17.4%	17.2%	9.5%	466
Secondary Positions							
Expert Clinical Practice	62.2%	13.1%	10.5%	8.0%	3.5%	2.7%	119
Education	61.3%	12.1%	13.9%	5.7%	2.8%	4.3%	120
Clinical Leadership	47.9%	16.2%	13.4%	11.9%	4.8%	5.7%	119
Consultation	39.1%	14.5%	18.2%	11.1%	6.8%	10.3%	118
Research	21.9%	7.9%	16.9%	20.5%	18.3%	14.6%	116

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

Primary Work Settings and Primary Work Titles

CNSs provided their job settings for up to three positions. Table 4.3 lists the primary work settings of CNSs, and Figure 4.3 aggregates work settings into four categories – hospitals, clinics, other institutions, and “other”. Other institutions include universities, correctional facilities, insurance agencies, mental health facilities, and governmental institutions. The category “other” is a catchall for workplaces that do not fall under the designation of hospital, clinic, or other institution. Over 37 percent of CNSs worked in hospital acute or critical care and 56.2 percent worked in any hospital setting. The next most common work setting of CNSs was academic employment (12.1%), followed by public health departments (4.3%). Nearly 7 percent reported working in “other” settings that consist mostly of a combination of hospital and clinical settings (Table 4.3).

Figure 4.3: Primary work setting of California-residing CNSs



Note: Number of cases=480. Data are weighted to represent all CNSs with active licenses.

Table 4.3: Primary work settings of California-residing CNSs

HOSPITAL	
Hospital, acute/critical care	37.1%
Hospital, emergency room	3.1%
Hospital, Hospitalist Team	0.2%
Hospital, labor and delivery	1.9%
Hospital, outpatient clinic	4.1%
Hospital, other	9.8%
CLINIC	
College health service	0.4%
Community Health Center	0.2%
Nurse managed clinic	0.4%
Occupational/Employee clinic	0.4%
Private MD/DO Practice	0.8%
Private primary care group/clinic	0.6%
Public Health clinic	0.7%
School health clinic	1.3%
Clinic, other	2.0%
OTHER INSTITUTIONAL	
Academic education program	12.1%
Correctional system	0.4%
Extended care/long term facility	1.4%
HMO/Managed care	3.0%
Mental Health Facility	0.8%
Military/DoD	0.4%
Public Health Dept	4.3%
Rehabilitation Facility	0.9%
Veterans Administration	3.5%
Institutional, other	0.6%
OTHER	
Home Health agency	0.8%
Hospice/Palliative care	0.6%
Private CNS practice	1.8%
Other	6.3%
Number of cases	480

Note: Data are weighted to represent all CNSs with active licenses.

Table 4.4 details the use of core CNS competencies by job setting. In hospitals, clinics and other institutional settings, education was reported most often (75% to 78.9%) as being used “always” or “almost always,” followed by expert clinical practice (66.5% to 76.5%) and clinical leadership (62.2% to 73.6%). Expert clinical practice and consultation (84.8% and 79.5%, respectively) were reported as competencies used most

often for CNSs in “other” work settings. Research competency was used most frequently in other settings (44.3%).

Table 4.4: Use of core competencies in primary nursing position by work setting of California-residing CNSs

	Always	Almost always	Considerable degree	Occasionally	Seldom	Never
HOSPITAL						
Expert Clinical Practice	59.5%	16.9%	13.0%	5.3%	2.3%	2.9%
Education	57.5%	19.6%	10.4%	8.9%	2.0%	1.7%
Clinical Leadership	58.3%	15.3%	14.5%	6.0%	3.2%	2.8%
Consultation	46.7%	19.7%	11.9%	11.6%	5.0%	5.2%
Research	24.1%	14.6%	20.0%	16.7%	16.6%	8.0%
CLINIC						
Expert Clinical Practice	53.6%	12.9%	18.2%	8.9%	3.5%	2.9%
Education	59.1%	15.9%	12.1%	12.9%	0.0%	0.0%
Clinical Leadership	46.6%	15.6%	12.9%	15.9%	6.2%	2.9%
Consultation	40.8%	13.7%	20.6%	15.5%	6.3%	3.2%
Research	16.0%	9.3%	10.0%	33.0%	16.2%	15.5%
OTHER INSTITUTIONAL						
Expert Clinical Practice	59.3%	13.4%	10.7%	12.0%	2.4%	2.2%
Education	64.1%	14.8%	13.3%	4.0%	3.1%	0.7%
Clinical Leadership	55.7%	17.1%	13.3%	8.6%	0.7%	4.6%
Consultation	45.7%	19.5%	13.3%	10.0%	7.0%	4.6%
Research	29.6%	10.1%	14.0%	18.3%	18.1%	9.9%
OTHER						
Expert Clinical Practice	68.3%	16.5%	6.7%	4.4%	2.1%	2.0%
Education	66.4%	10.9%	7.0%	11.3%	2.3%	2.1%
Clinical Leadership	65.2%	13.8%	6.8%	6.8%	2.4%	4.9%
Consultation	63.4%	16.1%	4.4%	9.0%	4.9%	2.2%
Research	37.1%	7.2%	13.9%	6.9%	20.8%	14.1%

Note: Data are weighted to represent all CNSs with active licenses.

When asked about their titles, 29.7 percent of CNSs reported being CNSs, 13.5 percent reported acting as staff nurses, almost 11 percent reported working as middle management, and another 10.2 percent reported working as an educator in an academic setting (Table 4.5).

Table 4.5: Primary job title for California-residing CNSs

Clinical Nurse Specialist (CNS)	29.7%
Senior management	2.4%
Middle management	10.9%
Head, House Supervisor, Nurse Manager	*
Front-line management	4.4%
Charge Nurse or Team Leader	2.4%
Occupational health nurse	0.2%
Staff nurse/direct care nurse	13.5%
School Nurse	3.3%
Nurse Coordinator	1.6%
Public Health/Community Health Nurse	4.1%
Educator, academic setting	10.2%
Staff educator, service setting	3.6%
Patient care coordinator/case	3.7%
Patient educator	1.3%
Quality Improvement nurse, utilization	1.6%
Infection control nurse	0.9%
Telenurse	*
Researcher	1.9%
Other	4.4%
Number of cases	470

Note: Data are weighted to represent all CNSs with active licenses.

Approximately 68.6 percent of CNSs used their CNS title on their business cards, and a slightly smaller percentage (66.7%) used it on any business correspondence (Table 4.6). Around 59.4 percent of CNSs reported having their CNS title on their name badge, and about 40.3 percent reported using it on other work related materials such as electronic communications (emails, websites), office doors/walls, presentations, medical records charting, or resume/vitae.

Table 4.6: Use of CNS title in primary position by employed, California-residing CNSs

	CNS title on Business Cards	CNS title on Letterhead and Correspondence	CNS title on Name Badge/Name Plate	CNS title on Other
Does not use CNS title	31.4%	33.3%	40.7%	59.7%
Uses CNS title	68.6%	66.7%	59.4%	40.3%
Number of cases	467	446	461	53

Note: Data are weighted to represent all CNSs with active licenses.

Time Spent Working in Primary Nursing Positions

On average, CNSs working in nursing said they worked an average of 11.7 months per year as a nurse (Table 4.7). CNSs also reported working 8.7 hours per day in their primary working position (Table 4.8). They reported working an average of 37.9 hours per week in that position. This is lower than the 40.8 hours per week reported by RNs working full-time⁵. Nearly 74 percent of CNSs reported working more than 32 hours per week, with the most common number of hours reported being 32-40 hours a week. This is higher than the 60.9 percent of RNs who reported working more than 32 per week⁶. CNSs reported working on average less than an hour of overtime per week, 92 percent of CNSs reported less than one hour of on-call time per week, while 4 percent reported 57 or more hours of on-call time per week.

Table 4.7: Months spent working in primary nursing position by California-residing CNSs

	2010
<4 months	0.0%
4-8 months	0.6%
9-11 months	9.6%
12 months	89.8%
Mean months	11.7 months
Number of cases	475

Note: Data are weighted to represent all CNSs with active licenses.

Table 4.8: Hours spent working in primary nursing positions by California-residing CNSs

	Hours per Day	Hours per Week	Hours Overtime	Hours On Call
<1 hour	0.4%	0.00%	91.1%	92.0%
1-8 hours	53.6%	4.8%	8.0%	1.9%
9-16 hours	45.9%	4.1%	0.6%	0.2%
17-24 hours	*	7.8%	*	1.2%
25-32 hours	*	9.5%	0.2%	0.2%
32-40 hours	*	41.5%	*	0.6%
41-48 hours	*	13.7%	*	*
49-56 hours	*	15.2%	*	*
57+ hours	*	3.5%	*	4.0%
Mean hours	8.7	37.9	0.4	5.1
Number of cases	452	478	478	479

Note: Data are weighted to represent all CNSs with active licenses.

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

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

Table 4.9 compares hours per week by job setting. CNSs working in hospitals as their primary job setting worked approximately 40.1 hours per week. The nurses working in other institutions as their primary work setting reported working 36.9 hours per week, and CNSs working in clinics worked 33.6 hours per week.

Table 4.9: Hours per week by job setting for primary positions of California-residing CNSs

	Hospital	Clinic	Other Institution	Other
1-8 hours	0.8%	14.5%	7.9%	12.9%
9-16 hours	2.8%	2.9%	3.8%	14.4%
17-24 hours	7.1%	9.3%	8.7%	8.2%
25-32 hours	11.2%	15.3%	6.0%	6.5%
33-40 hours	39.1%	46.3%	44.8%	41.2%
41-48 hours	17.2%	3.0%	12.3%	4.1%
49-56 hours	19.3%	3.0%	12.0%	8.5%
57+ hours	2.6%	5.8%	4.6%	4.3%
Mean hours	40.1	33.6	36.9	30.6

Note: Number of cases=473. Data are weighted to represent all CNSs with active licenses.

CNSs were also asked how long they have held their nursing position(s). Table 4.10 details the average tenure in years with a specific employer, and in a specific position. CNSs reported spending 10.7 years with the employer of their primary nursing position. An average of 7 years was spent in that primary position.

Table 4.10: Duration with current employer and current nursing positions for primary positions of California-residing CNSs

	Primary Nursing Positions
Mean years with current employer	10.7 years
Number of cases	475
Mean years in current position	7.0 years
Number of cases	459

Note: Data are weighted to represent all CNSs with active licenses.

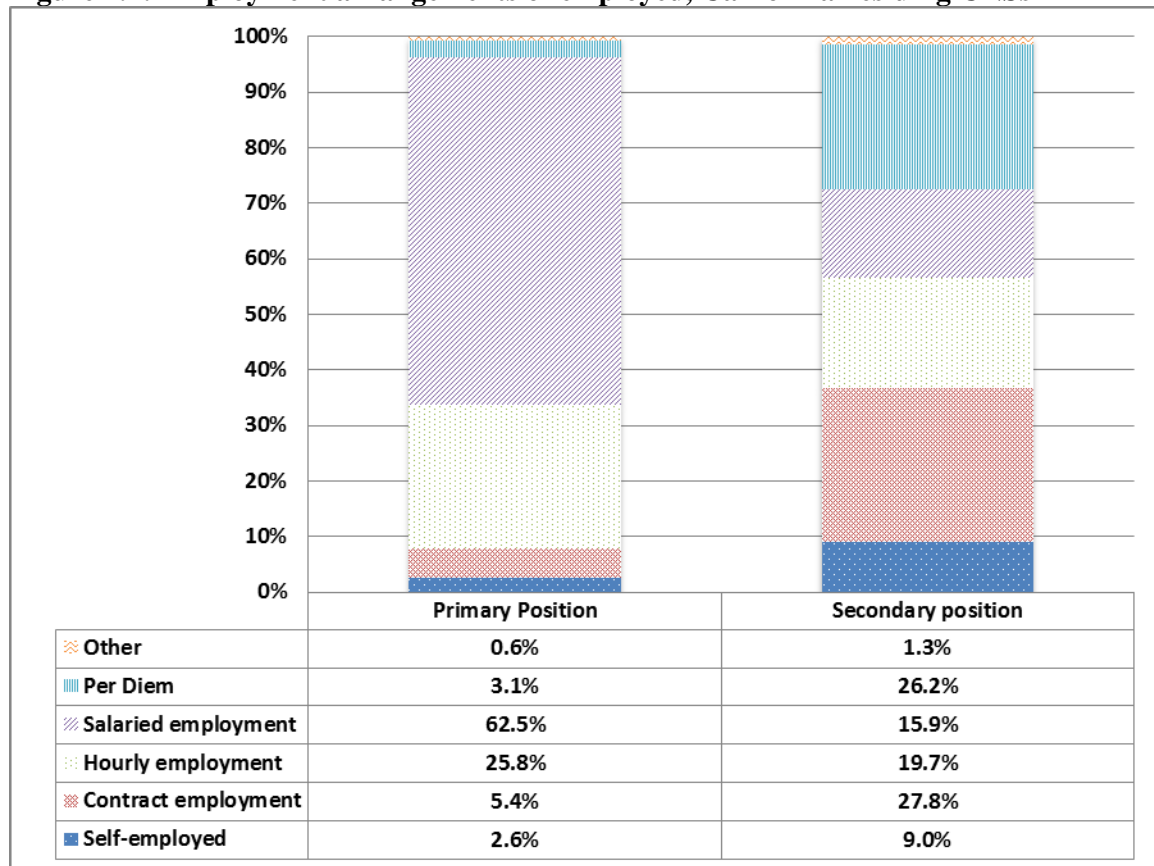
Earnings and Wages

APRNs may have a variety of employment arrangements. Figure 4.4 presents the arrangements for CNSs' primary nursing positions. Nearly 63 percent of CNSs reported being salaried in their primary nursing position; only 25.8 percent reported being paid on an hourly basis.

Table 4.11 presents the total annual income received from all nursing positions by currently working California-residing CNSs in 2010. As seen in this table, CNSs reported average annual earnings from their primary position of \$96,220 and \$101,637 from all nursing positions. These levels are somewhat higher than the average total

nursing income reported by working RNs (\$82,134) in the 2010 report on the registered nurses in California⁷.

Figure 4.4: Employment arrangements of employed, California-residing CNSs



Note: Number of primary position cases=480. Number of secondary position cases=119. Number of cases for Position 3 less than 30 observations are not shown. Data are weighted to represent all CNSs with active licenses.

Table 4.11: Average nursing earnings for California-residing CNSs

	Mean earnings	Number of cases
Primary positions	\$96,220	374
Secondary position	\$20,952	88
Total average earnings	\$101,637	374

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

Table 4.12 presents the average hourly wage received from nursing positions by currently working California-residing CNSs in 2010. This wage is only reported for CNSs who said they received hourly pay and reported a wage. CNSs reported an average hourly wage of \$57.10 for their primary nursing position

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

Table 4.12: Average nursing wages for California-residing CNSs

	Primary position	Secondary position
Hourly wage	\$57.10	\$60.66
Number of cases	215	67

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

Clinical Areas and Scope of Practice

CNSs were also asked in which clinical fields they practiced (Table 4.13). Respondents could indicate multiple practice fields, leading to percentages that total more than 100 percent. Only 19 percent reported not working in direct patient care in their primary position. Nearly 19 percent reported working in medical-surgical care, 16.5 percent in ambulatory care, and another 16.5 percent in intensive/critical care. Other areas that were reported by 10 percent or more of the CNSs include psychiatry/mental health (12.8%), community/public health (11.3%), geriatrics/gerontology (10.7%), pediatrics (10.3%), and cardiology (10.0%).

Table 4.13: Clinical fields practiced in the primary nursing position of employed California-residing CNSs

	Clinical Areas
Not involved in patient care	19.0%
Ambulatory/outpatient	16.5%
Cardiology	10.0%
Community/public health	11.3%
Corrections/prison	0.9%
Diabetes	8.6%
Dialysis	2.2%
Emergency/trauma	8.8%
Geriatrics/gerontology	10.7%
Home health care	1.8%
Hospice/palliative care	8.4%
Intensive care/critical care	16.5%
Labor and delivery	3.2%
Medical-surgical	18.7%
Mother-baby unit or normal newborn	3.4%
Neonatal care	5.8%
Obstetrics/gynecology	3.0%
Oncology	9.6%
Orthopedics	6.0%
Pediatrics	10.3%
Psychiatry/mental health	12.8%
Rehabilitation	3.9%
School health (K-12 or college)	3.7%
Step-down or transitional bed unit	7.1%
Surgery/pre-op/post-op/	6.2%
Telemetry	8.9%
Other	3.3%
Wound care	0.8%
Pain management	0.4%
Research	0.6%

Note: Number of cases=481. Data are weighted to represent all CNSs with active licenses.

CNSs were asked to report the percent of time spent on each of several functions in their primary nursing position: direct patient care, clinical leadership, consultation, education of staff, education of patients and their families, education of nursing students, research, organizational activities, and “other” (Table 4.14). Only 15.4 percent of CNSs reported spending the majority of their time in direct patient care. Over 16 percent spent the majority of their time in organizational activities. It appears that many CNSs spent a quarter of their time or less on several job functions, including direct patient care

(50.0%), education of staff (44.1%), clinical leadership (42.8%), consultation (38.5%) and research (35.0%). A quarter of CNSs reported spending no time in direct patient care, which is slightly higher than the 19 percent reported in Table 4.13.

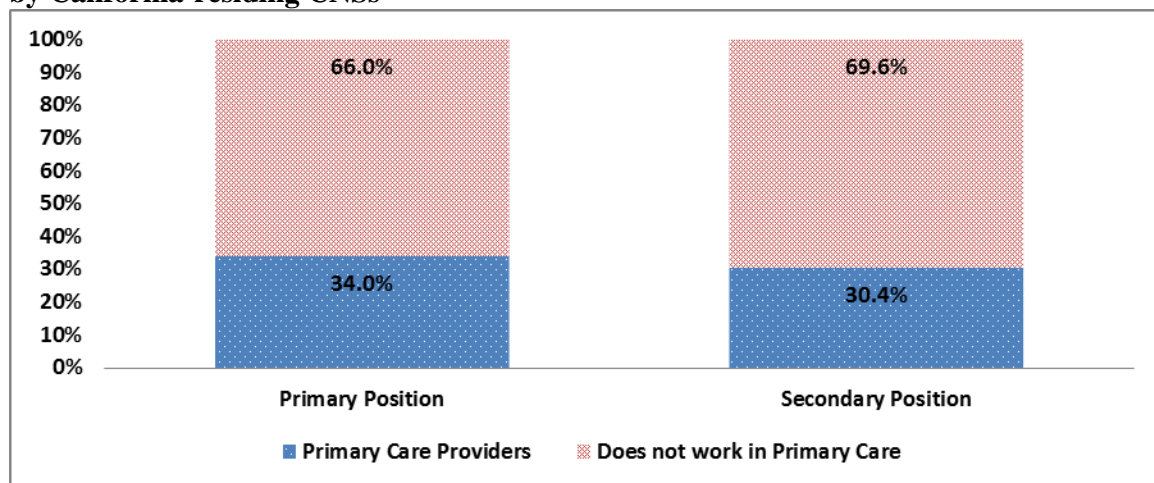
Table 4.14: Share of time California-residing CNSs spent on specific job functions for their primary position

	0%	1-25%	26-50%	51-75%	76-100%
Patient care	24.7%	50.0%	9.9%	6.5%	8.9%
Clinical Leadership	53.4%	42.8%	2.4%	1.1%	0.4%
Consultation	59.9%	38.5%	1.2%	0.2%	0.2%
Education of staff	54.2%	44.1%	1.4%	0.2%	0.0%
Education of patients and family	61.8%	15.4%	11.9%	7.5%	3.4%
Education of nursing students	70.5%	16.3%	3.5%	1.8%	8.0%
Research	56.1%	35.0%	6.5%	1.4%	1.0%
Organizational or systems projects	35.6%	30.1%	18.2%	10.9%	5.2%
Other	67.7%	11.7%	11.0%	5.1%	4.5%
Number of cases=473					

Note: Data are weighted to represent all CNSs with active licenses.

Figure 4.5 shows the percent of CNSs who provide primary care in their various nursing positions. Thirty-four percent of CNSs reported working in primary care in their primary nursing position and over 30 percent reported working in primary care in their secondary APRN position.

Figure 4.5: Primary care work performed in primary and secondary nursing positions by California-residing CNSs



Note: Number of primary position cases=449. Number of secondary position cases=114. Number of cases for Position 3 less than 30 observations are not shown. Data are weighted to represent all CNSs with active licenses.

CNSs were asked if their practices worked with underserved populations. Nearly 41 percent reported working “always” or “almost always” with the underserved in their primary nursing practice. Over 6 percent reported never working with the underserved in their primary position (Table 4.15).

Table 4.15: Work with underserved populations by California-residing CNSs

	Primary position	Secondary position
Always	28.1%	23.7%
Almost Always	12.6%	12.5%
To a considerable degree	22.8%	18.3%
Occasionally	20.6%	25.5%
Seldom	9.5%	9.0%
Never	6.4%	11.0%
Number of cases	469	114

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

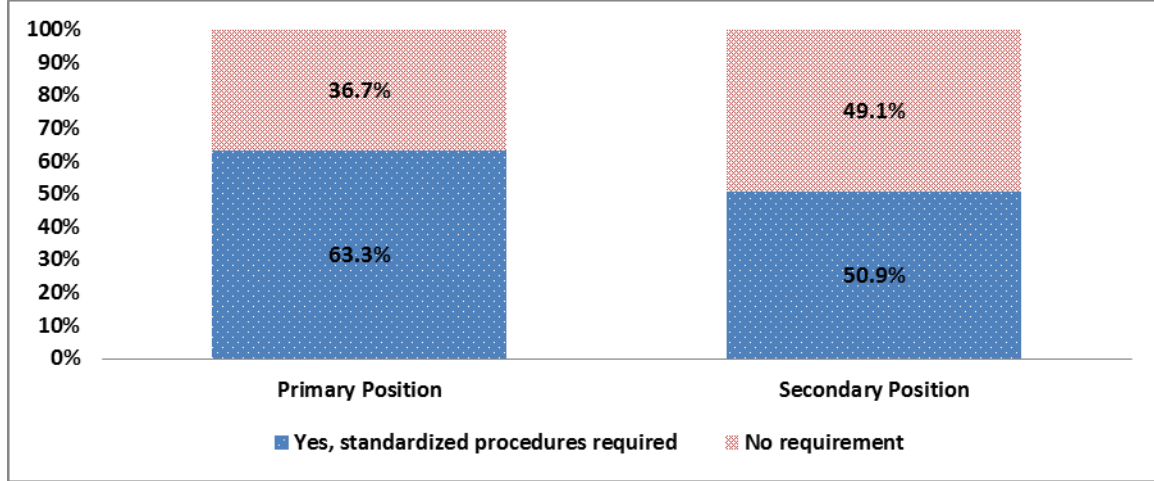
Over 56 percent of CNSs reported “always” or “almost always” fully utilizing their nursing skills in their primary nursing position (Table 4.16). Over 63 percent of CNSs reported that their primary nursing position required them to work under standardized procedures (Figure 4.6). Nearly 44 percent of CNSs reported “always” or “almost always” contributing to the development of standardized procedures and another 19.2 percent contribute “to a considerable degree” (Table 4.17).

Table 4.16: Ability of California-residing CNSs to practice to the fullest extent of their legal scope of practice

	Primary Position	Secondary Position
Always	39.4%	39.4%
Almost Always	16.9%	21.1%
To a considerable degree	22.8%	17.9%
Occasionally	8.2%	6.3%
Seldom	8.1%	8.9%
Never	4.6%	6.4%
Number of cases	474	125

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

Figure 4.6: Work under standardized procedures performed by California-residing CNSs



Note: Number of primary position cases=466. Number of secondary position cases=115. Number of cases for Position 3 less than 30 observations are not shown. Data are weighted to represent all CNSs with active licenses.

Table 4.17 Contribution of California-residing CNSs to the development or revision of standardized procedures

	Primary Position	Secondary Position
Always	26.2%	7.6%
Almost Always	17.6%	8.4%
To a considerable degree	19.2%	11.2%
Occasionally	13.4%	14.5%
Seldom	10.2%	13.8%
Never	13.4%	44.5%
Number of cases	470	111

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

Professional and Volunteer Activities

As Table 4.18 indicates, CNSs were asked if they participated in professional activities such as scholarly research, health policy development, national or statewide regulations, or professional associations as a CNS. Many CNSs reported being involved in these activities often or occasionally. The most frequently reported activities were: professional associations (63.4%), scholarly research (55.2%) and health policy development (36.1%). The majority of CNSs (54.1%) reported never participating in national or statewide regulatory activities.

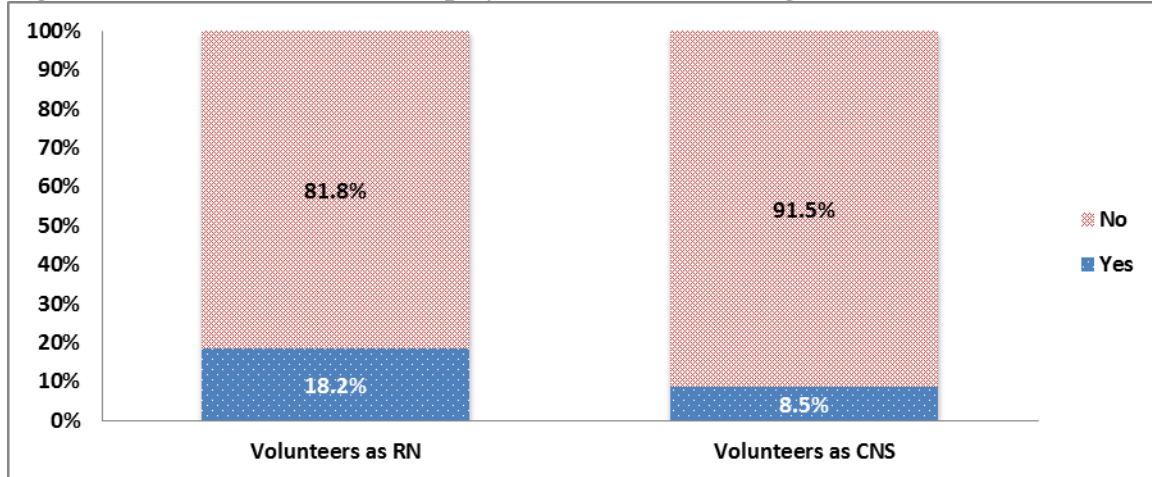
Table 4.18: Participation in professional activities in last three years by employed, California-residing CNSs

	Often	Occasionally	Seldom	Never
Scholarly/research activities	26.0%	29.2%	22.8%	22.1%
Health policy development	13.4%	22.7%	21.3%	42.6%
National/statewide regulatory initiatives	7.0%	17.6%	21.3%	54.1%
Professional association activities	29.5%	33.9%	18.2%	18.4%
Other	2.8%	0.7%	0.3%	96.3%

Note: Number of cases=469. Data are weighted to represent all CNSs with active licenses.

CNSs were asked if they performed volunteer work as a nurse outside of their normal work positions. Over 18 percent of CNSs reported volunteering as an RN, and 8.5 percent reported volunteering as a CNS (Figure 4.7).

Figure 4.7: Volunteer work of employed, California-residing CNSs



Note: Number of RN volunteer cases=470. Number of CNS volunteer cases=468. Data are weighted to represent all CNSs with active licenses.

Work Satisfaction and Barriers to Care

CNSs who were employed in nursing and reside in California were asked to indicate their degree of satisfaction with their APRN career and their nursing career (which includes RN and APRN work) on a five-point Likert-type scale ranging from “very dissatisfied” to “very satisfied.” 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.”

Table 4.19 presents the responses of working California-residing CNSs. Nearly 87 percent of employed CNSs reported being satisfied with their nursing career, but only 62 percent were “satisfied” or “very satisfied” with their CNS career. The mean satisfaction score with nursing for CNSs was 4.28, which is higher than that 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*⁸. The mean satisfaction score with a CNS career for CNSs was 3.77 (Table 4.19), which is lower than the NP and CNM scores (4.05 and 4.13, respectively) reported in the *Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010*⁹.

Table 4.19: Satisfaction with nursing and CNS career as reported by employed, California-residing CNSs

	Nursing Career	CNS Career
Very Dissatisfied	2.5%	3.1%
Dissatisfied	4.1%	9.8%
Neither satisfied nor dissatisfied	6.9%	25.1%
Satisfied	35.8%	31.1%
Very Satisfied	50.8%	30.9%
Mean Satisfaction	4.28	3.77
Number of cases	478	470

Note: Data are weighted to represent all CNSs with active licenses.

Nursing satisfaction may be influenced by problems in the provision of care. Table 4.20 presents potential problems facing CNSs in their APRN positions. CNSs rated the potential barriers as “not a problem,” “a minor problem,” “a major problem” or as “not applicable.” Quality issues outside the nurse’s control were categorized as either a “minor problem” or “major problem” by 76.7 percent of employed CNSs. Others not understanding the CNS’s role was considered a problem by 75.3 percent. Over 70 percent of CNSs reported a lack of resources as a problem. Sixty-five percent reported varying degrees of collaboration as a “minor” or “major problem.” In addition, 63.7 percent of employed CNSs reported too much time spent in meetings as a problem.

⁸ Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. Sacramento: California Board of Registered Nursing.

⁹ Herrera C, Keane D, Chu L, Lin J, Spetz J. (2011) *Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010*. Sacramento, CA: California Board of Registered Nursing.

Table 4.20 Barriers to provision of quality care reported by employed, California-residing CNSs

	Not a Problem	Minor Problem	Major Problem	Not Applicable
Inadequate time with patients	26.9%	32.8%	19.5%	20.8%
Difficulties communicating with patients due to language or cultural barriers	25.6%	48.3%	11.9%	14.2%
Lack of qualified specialists in your area	39.9%	27.6%	14.5%	18.1%
Not getting timely reports from other providers and facilities	30.1%	35.6%	11.0%	23.3%
Care decisions not consistently implemented by interdisciplinary team	23.0%	39.4%	20.1%	17.5%
Scope of practice limitations/restrictions	35.6%	32.9%	16.5%	15.0%
Quality issues outside of your control	11.8%	45.9%	30.8%	11.6%
Patients' inability to receive needed care because of inability to pay	39.8%	24.9%	14.9%	20.5%
Too little involvement in decisions in your organization	29.7%	38.2%	23.4%	8.7%
Lack of administrative support	30.7%	30.4%	30.0%	9.0%
High liability insurance rates	51.0%	12.7%	4.4%	31.9%
Too much time devoted to meetings	22.4%	41.9%	21.8%	13.9%
Insufficient resources	18.5%	42.5%	27.7%	11.4%
Too little involvement in decisions about healthcare in your community	25.6%	37.1%	14.4%	23.0%
Others don't understand the CNS role	12.5%	32.7%	42.6%	12.1%
Employer requirement for national certification(s)	53.7%	8.0%	1.9%	36.3%
Varying degrees of collaboration	23.6%	46.9%	18.1%	11.4%
Lack of access/support for educational advancement	41.1%	27.7%	18.3%	12.9%
Other	1.3%	0.0%	3.9%	94.8%

Note: Number of cases=473. Data are weighted to represent all CNSs with active licenses.

Employed CNSs reported on the obstacles they faced working as a CNS between 2007 and 2010 (Table 4.21). Nearly 56 percent reported quality issues outside the nurse's control. Over 52 percent expressed problems with stress in their CNS position(s), 49.2 percent reported a lack of adequate CNS mentoring, 44.5 percent reported inadequate pay for CNS work, and 42.6 percent reported dissatisfaction with the ability to practice as a CNS.

Table 4.21: Obstacles to practicing as a CNS in the last three years reported by employed, California-residing CNSs

	Not a Problem	Minor Problem	Major Problem	Not Applicable
Difficulty finding employment as a CNS	37.6%	11.6%	21.8%	29.0%
Lack of adequate CNS mentoring	23.8%	20.8%	28.4%	27.0%
Inadequate pay for CNS jobs	27.0%	21.9%	22.6%	28.5%
Stress in CNS position(s)	16.9%	30.0%	22.3%	30.8%
Dissatisfied with the CNS profession	45.0%	16.4%	10.3%	28.3%
Quality issues outside of your control	15.7%	33.5%	22.1%	28.8%
Inconvenient schedules in CNS position(s)	44.6%	18.1%	3.9%	33.4%
Employer requirement for national certification(s)	47.7%	6.2%	2.8%	43.3%
Dissatisfaction with the ability to practice as a CNS	32.9%	20.8%	21.8%	24.5%
Other	0.9%	0.6%	5.9%	92.5%

Note: Number of cases=459. Data are weighted to represent all CNSs with active licenses.

Changes in Employment and Future Plans

CNSs were asked about employment status changes in the past three years. Over 50 percent of California-residing CNSs reported no change in their employment status between 2007 and 2010 (Table 4.22). The most common change experienced was an increase in hours (12.5%), followed by changing employers (11.3%) and no longer working as a CNS (10.7%).

CNSs who were employed in nursing positions were asked about their future plans. Their responses are summarized in Table 4.23. Nearly 46 percent of CNSs said they planned to continue working approximately the same amount in five years that they work now. Of all employed nurses, 16 percent reported a plan to start working as a CNS. Over 13 percent of CNSs planned to reduce their nursing hours. Very few CNSs (1.4%) planned to leave nursing and 6.2 percent planned to stop working as a CNS. Nearly 16.3 percent of CNSs planned to retire in the next five years.

Table 4.22: Changes in CNS employment in the last three years as reported by CNSs working as nurses and residing in California

Increased hours	12.5%
Decreased hours	6.0%
Was working as a CNS, but am not now	10.7%
Was not working as a CNS, but am now	6.8%
Changed employer(s)	11.3%
Closed practice(s)	1.4%
Opened practice(s)	1.3%
No change in employment	50.2%
Added position duties	1.7%
Change in role/title	0.5%
Never worked as a CNS	3.0%
Not currently a CNS	3.1%
Other	4.3%
Number of cases	438

Note: Data are weighted to represent all CNSs with active licenses.

Table 4.23: Future plans of employed, California-residing CNSs

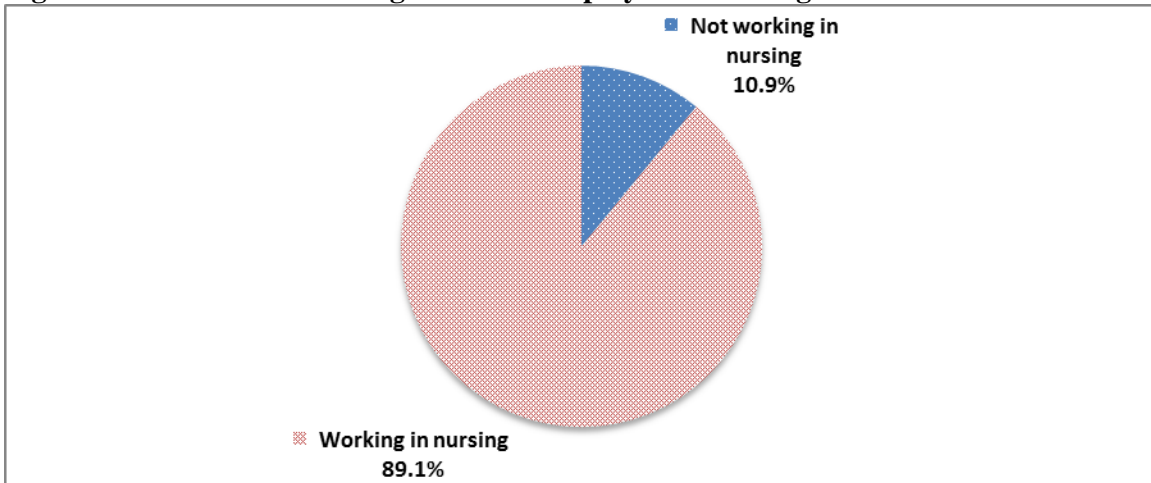
Plan to increase hours of work	3.8%
Plan to work approximately as much as now	45.7%
Plan to reduce hours of work	13.4%
Plan to leave nursing entirely but not retire	1.4%
Plan to start working as a CNS	16.0%
Plan to stop working as a CNS	6.2%
Plan to change to another APRN specialty	6.5%
Plan to retire	16.3%
Number of cases	436

Note: Data are weighted to represent all CNSs with active licenses.

Chapter 5: CNSs Not Working in Nursing

Nearly 11 percent of CNSs reported that they were not employed as nurses in 2010 (Figure 5.1). This is lower than the overall California RN nursing non-employment rate of 12.6 percent.¹⁰

Figure 5.1: California-residing CNSs not employed in nursing

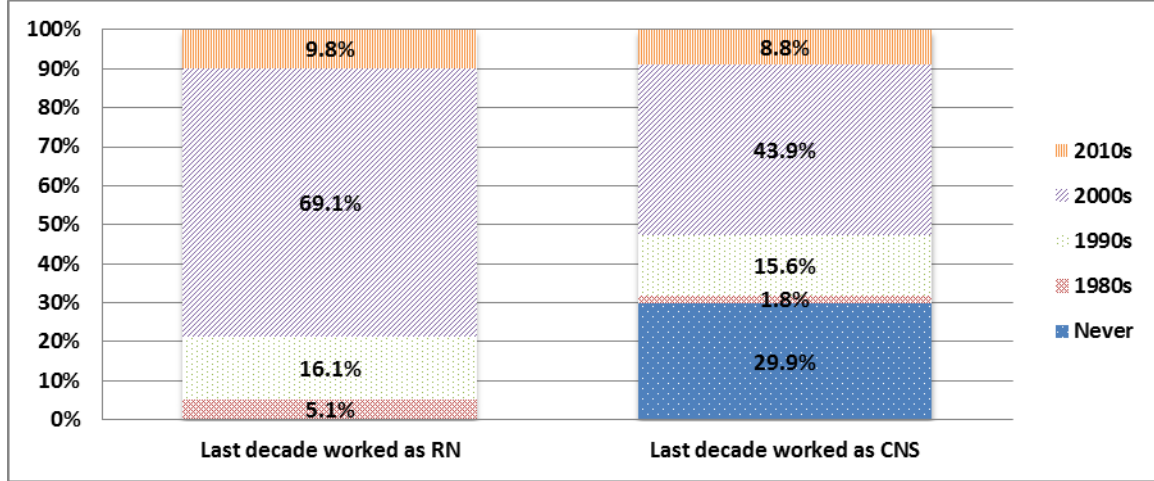


Note: Number of cases=547. Data are weighted to represent all CNSs with active licenses.

When asked the last year they worked as a nurse, 9.8 percent of CNSs reported that they last worked as an RN in the 2010s (Figure 5.2). Over 69 percent of CNSs stopped working as RNs in the 2000s, 16.1 percent stopped working in the 1990s, and 5.1 percent of CNSs stopped working in the 1980s. Of the CNSs who were not currently working in nursing, nearly 30 percent have never worked as a CNS. Nearly 9 percent reported they last worked as a CNS in the 2010s, 43.9 percent stopped working as a CNS in the 2000s, 15.6 percent stopped working as a CNS in the 1990s, and 1.8 percent last worked as a CNS in the 1980s. It should be noted that California only certified CNSs starting in 1998, so the reports of stopping work as a CNS from the 1980s and 1990s may reflect work performed outside the state.

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

Figure 5.2: Decade in which California CNSs not employed in nursing last worked as a nurse



Note: Number of cases last worked as RN=60. Number of cases last worked as CNS=57. Data are weighted to represent all CNSs with active licenses.

Factors Influencing the Decision to Not Work in Nursing & Future Plans

CNSs who are not working in nursing positions were asked to rate the importance of certain factors in their decision not to work in nursing. Figure 5.1 presents the results from this question. Over 48 percent of CNSs reported being retired as an “important” or “very important” factor in their decision to stop working as a nurse. Nearly 37 percent reported dissatisfaction with the ability to practice at the CNS level and 32.3 reported other dissatisfaction with nursing as important. Over 29 percent reported that the stress of the job and 28.6 percent reported lack of good management/leadership were important/very important factors in their decision not to work as a nurse.

The importance of factors that influence a CNS’s decision not to work in nursing varies with the age of the nurse, as seen in Table 5.2. Among nurses younger than 35 years, family/childcare responsibilities (100%) was reported as the most important factor for not working in nursing. Nurses age 35 to 44 years ranked the most important factors as family/childcare responsibilities (75%), inconvenient schedules (75%), stress on the job (50%) and other dissatisfaction with the job (50%). For CNSs 45 to 54 years old, dissatisfaction with ability to practice as a CNS (66.7%), lack of good managers (58.3%), and other dissatisfaction with nursing (58.3%) were the most highly ranked reasons not work to as an APRN. Nearly 42 percent of nurses ages 55 to 64 years old and 94.4 percent of those 65 and older reported retirement as a reason to stop working as an APRN. Over 29 percent of those 55 to 64 years old also cited stress on the job, illness/injury, other dissatisfaction with the job, and dissatisfaction with the ability to practice as a CNS as a reason to stop working as a nurse. Over 33 percent of those 65 and older also reported dissatisfaction with the ability to practice as a CNS as a reason not to work as a nurse.

Table 5.1: Reasons CNSs are not working in nursing reported by California-residing CNSs

	Not important/ Does not apply	Somewhat important	Important	Very important
Retired	50.2%	1.7%	9.9%	38.2%
Childcare/Family Responsibilities	72.0%	3.3%	5.0%	19.7%
Moving to a different area	86.5%	0.0%	8.3%	5.3%
Stress on the job	52.5%	18.5%	12.0%	17.1%
Illness/injury	76.5%	1.7%	5.1%	16.7%
Dissatisfied with benefits/salary	69.4%	5.3%	15.1%	10.3%
Other dissatisfaction with job	59.1%	8.6%	15.3%	17.0%
Dissatisfied with nursing profession	74.6%	5.1%	13.7%	6.7%
Wanted to try another occupation	81.2%	3.7%	5.0%	10.1%
Inconvenient schedules	72.1%	10.3%	6.9%	10.7%
Difficulty finding a nursing position	74.4%	7.1%	8.6%	10.0%
Dissatisfaction with other providers	71.2%	11.9%	12.0%	5.0%
Liability insurance/concerns	83.4%	6.7%	6.6%	3.3%
Lack of good management/leadership	62.8%	8.7%	8.3%	20.3%
Dissatisfied with ability to practice at CNS level	57.5%	5.7%	15.2%	21.6%
Other	93.3%	0.0%	0.0%	6.7%

Number of cases=59. Data are weighted to represent all CNSs with active licenses.

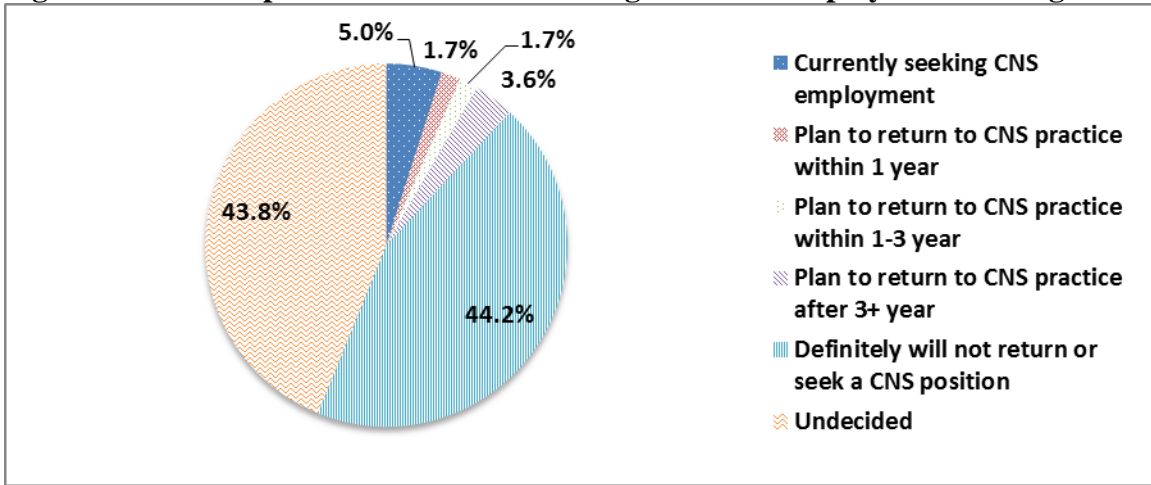
Table 5.2: Reasons CNSs are not working in nursing reported by California-residing CNSs not employed in nursing, by age group

	<35 years	35 -44 years	45-54 years	55-64 years	65+ years
Retired	0.0%	0.0%	16.7%	41.7%	94.4%
Childcare/Family responsibilities	100.0%	75.0%	25.0%	16.7%	16.7%
Moving to a different area	0.0%	25.0%	33.3%	4.2%	11.1%
Stress on the job	0.0%	50.0%	41.7%	29.2%	16.7%
Illness/injury	0.0%	0.0%	33.3%	29.2%	11.1%
Dissatisfied with benefits/salary	0.0%	25.0%	50.0%	25.0%	11.1%
Other dissatisfaction with job	0.0%	50.0%	58.3%	29.2%	16.7%
Dissatisfied with nursing profession	0.0%	25.0%	41.7%	20.8%	5.6%
Wanted to try another occupation	0.0%	0.0%	33.3%	20.8%	0.0%
Inconvenient schedules	0.0%	75.0%	25.0%	8.3%	11.1%
Difficulty finding a nursing position	0.0%	25.0%	50.0%	12.5%	5.6%
Dissatisfaction with other providers	0.0%	25.0%	33.3%	12.5%	11.1%
Liability insurance/concerns	0.0%	0.0%	25.0%	4.2%	11.1%
Lack of good management/leadership	0.0%	25.0%	58.3%	20.8%	22.2%
Dissatisfied with ability to practice at CNS level	0.0%	25.0%	66.7%	29.2%	33.3%
Other	0.0%	0.0%	16.7%	8.3%	0.0%

Number of cases=59. Data are weighted to represent all CNSs with active licenses.

CNSs who were no longer working as nurses were asked about their future nursing plans. Figure 5.3 presents the results from this question. Only 5 percent of non-working CNSs were looking for a CNS position at the time of the survey. Nearly 2 percent were planning to return by 2011, 1.7 percent planned to return to advanced practice nursing by 2013, and 3.6 percent planned to return sometime after 2013. Over 44 percent did not intend to work as a CNS, and 43.8 percent were uncertain as to their plans.

Figure 5.3: Future plans of California-residing CNSs not employed in nursing

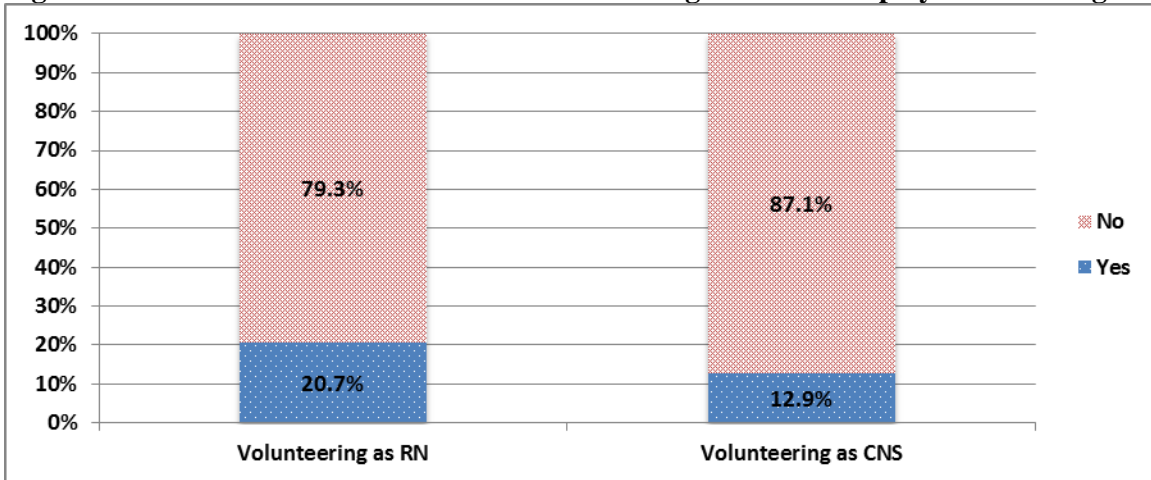


Note: Number of cases=60. Data are weighted to represent all CNSs with active licenses.

Volunteer and Non-Nursing Work

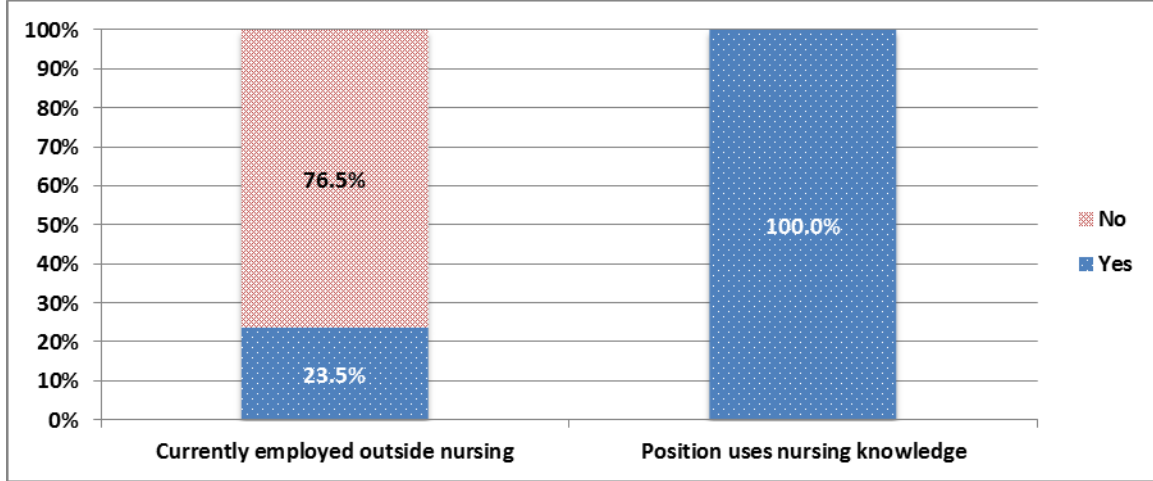
CNSs not working as nurses were asked if they volunteered as a nurse or a CNS. Nearly 21 percent of CNSs who were not working volunteered as a RN and 12.9 volunteered as a CNS (Figure 5.4). CNSs not working as nurses were also asked if they were working outside of nursing. Nearly 24 percent of these nurses reported working outside of nursing and all reported their position used their nursing knowledge (Figure 5.5).

Figure 5.4: Volunteer activities of California-residing CNSs not employed in nursing



Note: Number of cases=61. Data are weighted to represent all CNSs with active licenses.

Figure 5.5: Work outside of nursing performed by California-residing CNSs not employed in nursing



Note: Number of cases for CNS employed outside of nursing=59. Number of cases for position using nursing knowledge=14. Data are weighted to represent all CNSs with active licenses.

Chapter 6: Demographics

The *Survey of Registered Nurses in California, 2010* reported that California's nursing work force is growing more diverse and growing younger over time¹¹. The demographics of the CNS workforce suggest that CNSs, like NPs and CNMs¹², were older than the average RN and less likely to be non-White. The concentration of these highly trained, older nurses in the APRN professions is reflected also in their income.

Age Distribution of California's CNSs

As seen in Table 6.1, the average age of all CNSs was 51.8 years old. The average age of employed CNSs was 50.9 years or older. This is somewhat higher than the average age of RNs, NPs, and CNMs residing in California in 2010, which was 46.3 years, 48.7 years, and 50.9 years, respectively.¹³¹⁴.

Table 6.1 Age of CNSs residing in California

	All CNSs	All employed CNSs
<35 years	8.8%	9.6%
35-44 years	16.3%	17.3%
45-54 years	28.3%	29.5%
55-64 years	35.8%	35.2%
64 years or older	10.8%	8.4%
Average age (years)	51.8	50.9
Number of cases	547	485

Note: Data are weighted to represent all CNSs with active licenses.

Diversity of California's CNS Workforce

Nursing continues to be a predominantly female profession, as seen in Figure 6.1. In 2010, 5.3 percent of all CNSs were male. About 5.6 percent of all employed CNSs were male. In 2010, about 10.7 percent of employed RNs residing and working in California were male.¹⁵

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

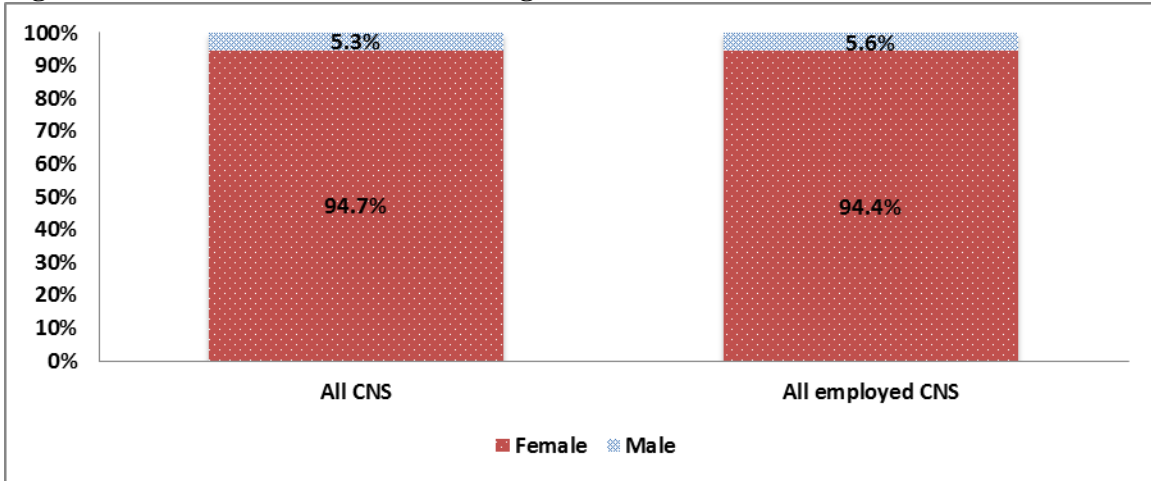
¹² Herrera C, Keane D, Chu L, Lin J, Spetz J. (2011) *Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010*. Sacramento, CA: California Board of Registered Nursing.

¹³ Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. Sacramento: California Board of Registered Nursing.

¹⁴ Herrera C, Keane D, Chu L, Lin J, Spetz J. (2011) *Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010*. Sacramento, CA: California Board of Registered Nursing.

¹⁵ Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. Sacramento: California Board of Registered Nursing.

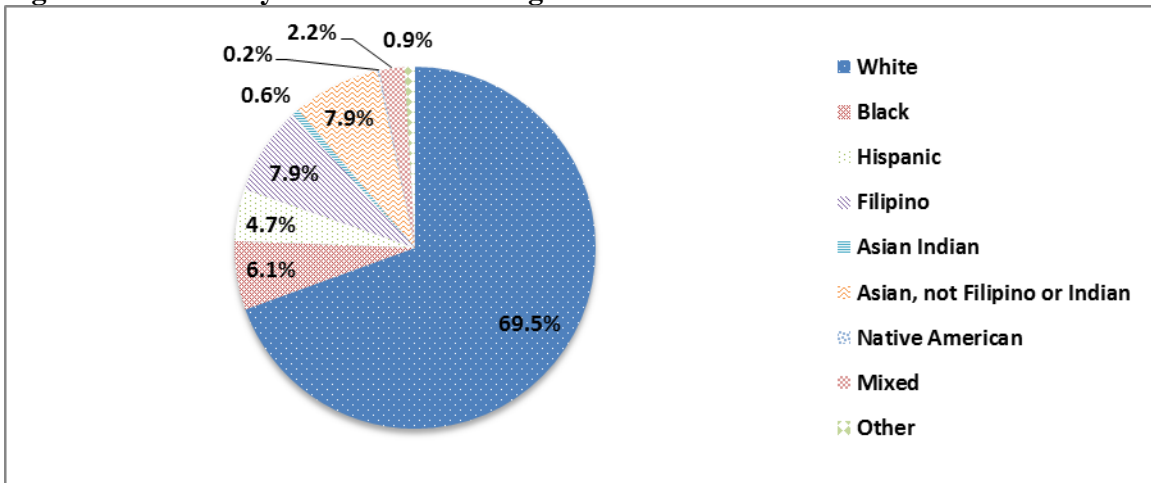
Figure 6.1 Gender of California-residing CNSs



Note: Number of CNS cases=541. Number of employed CNS cases=479. Data are weighted to represent all CNSs with active licenses.

Nearly 70 percent of all CNSs were non-Hispanic Whites (Figure 6.2). Asian, nurses represented nearly 8 percent of California’s CNSs, and Filipino nurses likewise accounted for nearly 8 percent of the CNS workforce. Black/African-American and Hispanic nurses represented a little over 6 percent, and nearly 5 percent, respectively of all CNSs in California. In 2010, 54 percent of RNs with active licenses were non-Hispanic Whites. Filipino nurses represented 19 percent of the RNs, and Hispanic and non-Filipino Asian nurses accounted for another 8 percent each. Black/African-American nurses represented 4 percent of RNs¹⁶.

Figure 6.2: Ethnicity of all CNSs residing in California

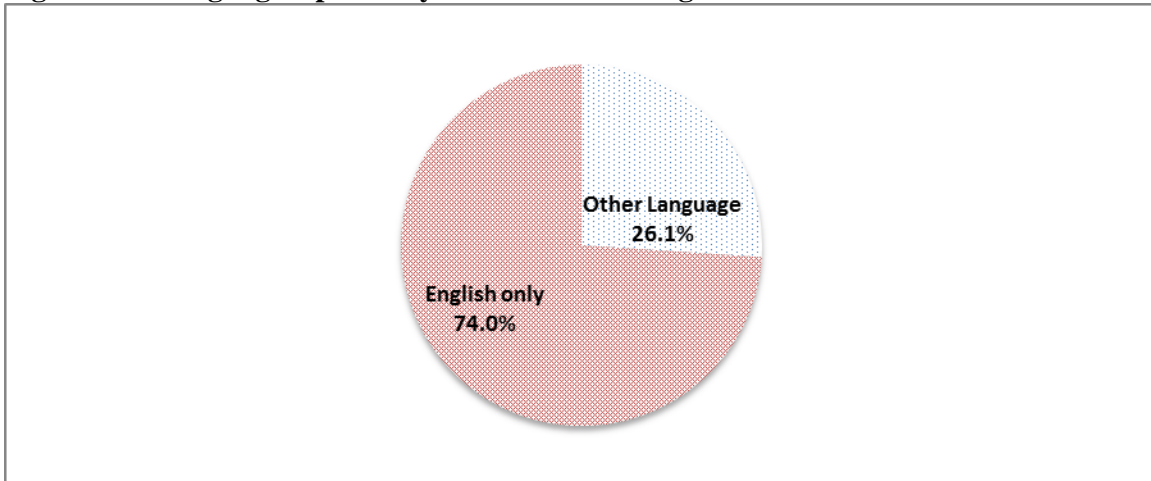


Note: Number of cases=532. Data are weighted to represent all CNSs with active licenses.

¹⁶ Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. Sacramento: California Board of Registered Nursing.

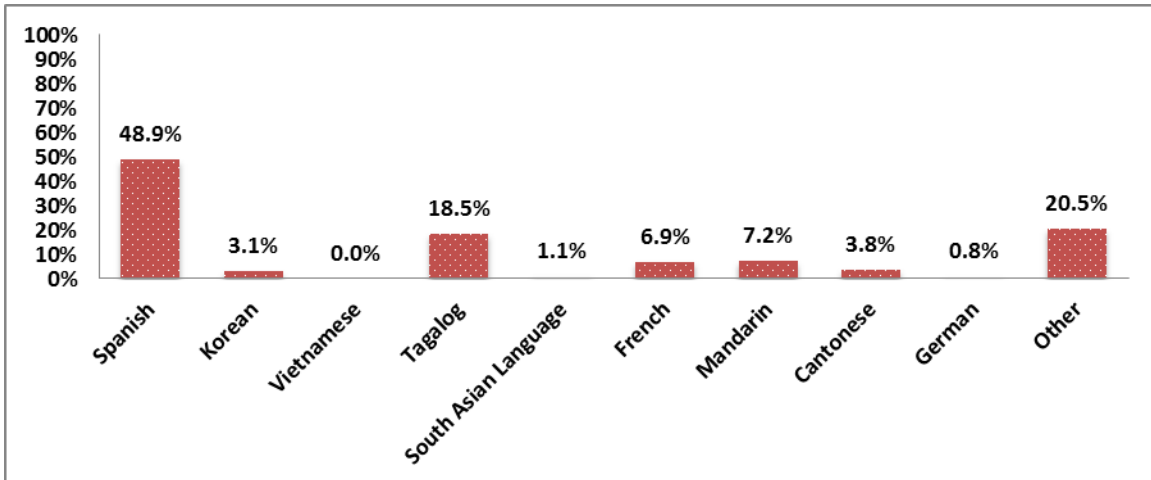
Ethnic diversity is associated with language diversity amongst California’s registered nurses. As seen in Figure 6.3, 74 percent of all CNSs only spoke English. Figure 6.4 presents the languages spoken by nurses who were fluent in languages other than English. Nearly 49 percent of foreign-language speaking CNSs spoke Spanish, 20.5 percent spoke “other” languages, and 18.5 percent spoke Tagalog.

Figure 6.3: Languages spoken by California-residing CNSs



Note: Number of cases=504. Data are weighted to represent all CNSs with active licenses.

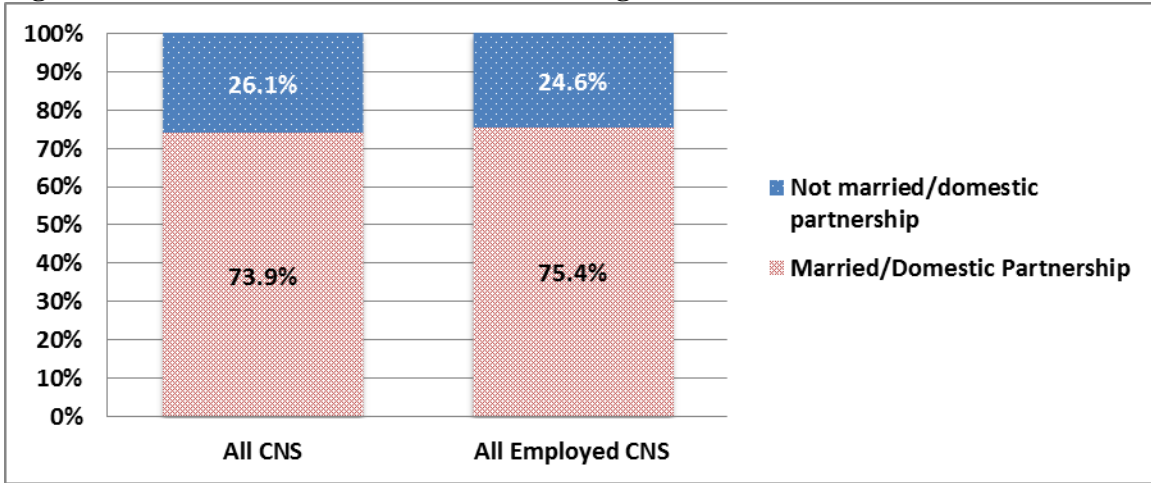
Figure 6.4: Languages of CNSs who speak a language other than English and reside in California



Note: Number of cases=127. Data are weighted to represent all CNSs with active licenses.

The share of CNSs who were married or in a domestic partnership is nearly 74 percent (Figure 6.5). Over 75 percent of all employed CNSs were married or in a domestic relationship.

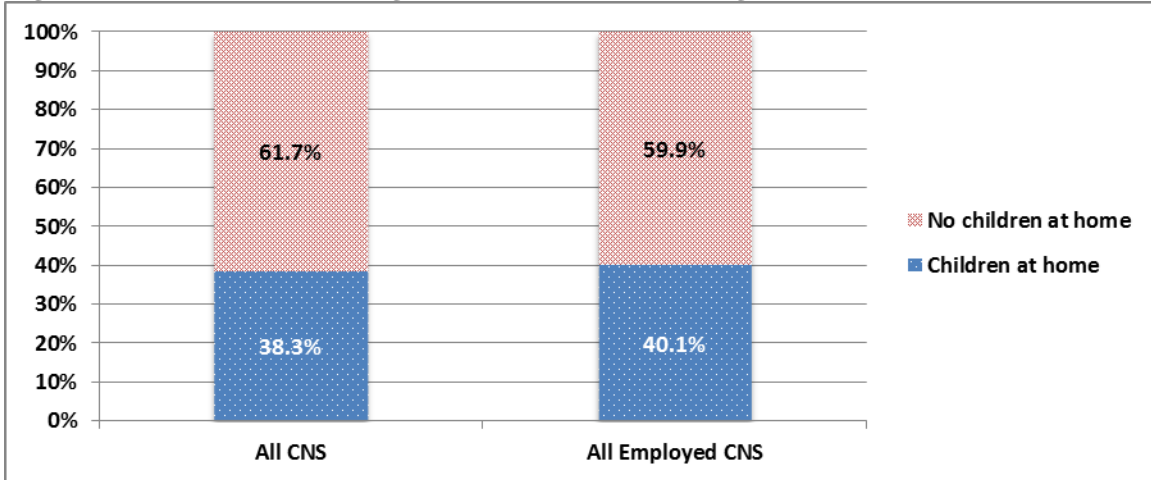
Figure 6.5: Marital status of California-residing CNSs



Note: Number of CNS cases=536. Number of employed CNS cases=475. Data are weighted to represent all CNSs with active licenses.

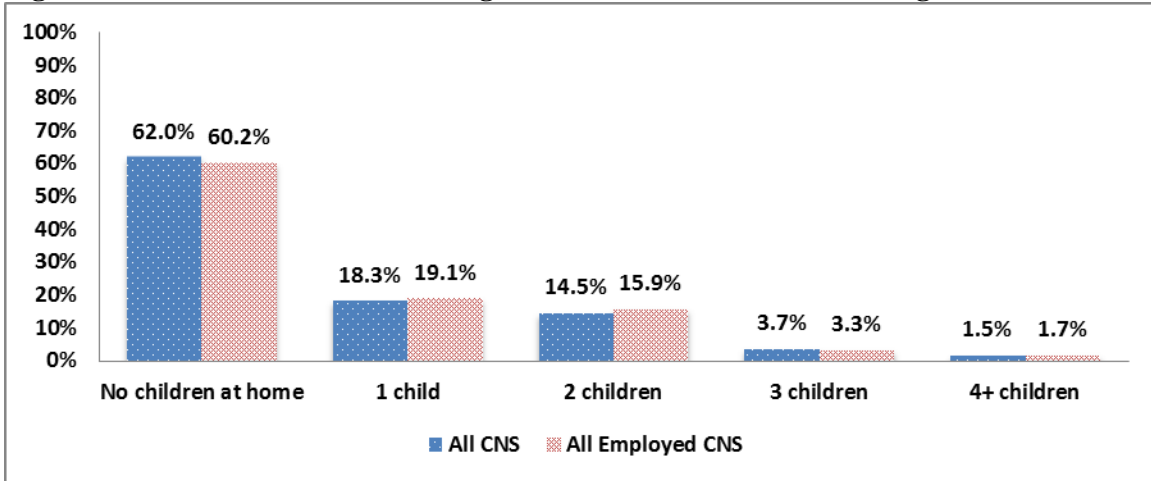
Many of California’s CNSs have children living at home, as seen in Figure 6.6. In 2010, 38.3 percent of all CNSs had children living at home. Over 40 percent of all employed CNSs reported having children at home. Figure 6.7 presents the distribution of children living at home. Over 18 percent of all CNSs and 19.1 percent of all employed CNSs reported having one child living at home.

Figure 6.6: California-residing CNSs with children living at home



Note: Number of all CNS cases=537. Number of employed CNS cases=475. Data are weighted to represent all CNSs with active licenses.

Figure 6.7: Number of children living at home with California-residing CNSs



Note: Number of all CNS cases=534. Number of employed CNS cases=473. Data are weighted to represent all CNSs with active licenses.

Income and Earnings of CNSs

Table 6.2 presents the total household income of California-residing CNSs. In 2010, only 7.5 percent of working RNs reported having annual total incomes more than \$125,000.¹⁷ As seen in this table, 21.4 percent of all CNSs, and 21.8 percent of all employed CNSs reported a family income over \$200,000. In 2010, 20.2 percent of all CNSs and 16.8 percent of employed CNSs reported having annual total incomes less than \$75,000. Nurses employed as CNSs reported that, on average, 41.5 percent of family income came from nursing.

¹⁷ Spetz J, Keane D, and Herrera C. (2011) *Survey of Registered Nurses in California, 2010*. Sacramento: California Board of Registered Nursing.

Table 6.2: Total household income of California-residing CNSs

	All CNSs	All Employed CNSs
<\$30,000	1.0%	0.5%
\$30,000-\$44,999	1.0%	0.5%
\$45,000-\$59,999	2.4%	1.6%
\$45,000-\$59,999	4.2%	3.6%
\$60,000-\$74,999	11.6%	10.6%
\$75,000-\$99,999	16.6%	16.9%
\$100,000-\$124,999	15.1%	16.1%
\$125,000-\$149,999	15.1%	16.2%
\$150,000-\$174,999	11.8%	12.5%
\$200,000 +	21.4%	21.8%
Number of cases	505	452
Percentage of income from nursing	*	41.5%
Number of cases	*	378

Note: Data are weighted to represent all CNSs with active licenses.

Chapter 7: Thematic Analysis

Narrative responses were invited in the comments section at the end of the *Survey of Clinical Nurse Specialists in California, 2010*. Comments were received from 175 respondents representing 31.5 percent of the survey respondents. Respondents submitting comments were very similar to non-respondents in terms of age, ethnicity, and years in advanced practice.

Table 7.1: Characteristics of respondents who commented and all survey respondents

	Respondents who commented	All survey respondents
Average years in current nursing position	10.5	9.7
Average age	53.6	52.5
Ethnicity (% white)	74	70.7
Total number of cases	175	555

Note: Not weighted.

Table 7.2: Characteristics of online narrative respondents vs. hard-copy narrative respondents

	Paper respondents	Online respondents
Average years in current nursing position	10.6	10.5
Average age	54	52.8
Ethnicity (% white)	76.1	69.3
Number of cases	121	54

Note: Not weighted.

It should be kept in mind that the comments do not necessarily reflect the opinions of the whole sample of CNSs, let alone the whole of California's CNS workforce. Some respondents' comments were not relevant to this thematic analysis. These comments included specific critiques of the survey instrument, as well as respondents' email addresses for the results of the survey. The majority of the comments reflected issues related to advanced practice nursing, and the Clinical Nurse Specialist position in particular.

This analysis utilizes a set of three themes identified in the comments from the Survey of Clinical Nurse Specialists in California, 2010. These three thematic areas are: (1) advancing the CNS profession, (2) job-related concerns, and (3) nursing education.

Respondents offered a critical assessment of the role and use of CNSs in the workplace. Areas of criticism included the lack of understanding in the workplace about the roles and capabilities of the trained CNS, overly constrained scope of practice, and less than optimal use of the CNS in the workplace.

I will never return to school nursing as my CNS role was not accepted there by administrators- Too Bad- I was severely harassed and bullied when I became advanced practice in that setting, so now I just do this on my own.

I have talked with many CNS employed at ___ where I work. Many are frustrated that there isn't the understanding of all that a CNS can provide and be utilized for all skills. We are a powerful force and would like to see that get stronger.

The CNS role is challenging because of a lack of "global" definition of the role. It varies significantly between institutions and is often merged with the role of clinical nurse educator. This can make clarification of the role and professional responsibilities difficult at times.

I could do more if I had prescriptive authority. I took the same Pharmacology classes as the NP students and want to practice to the fullest extent of my education.

Theme 1: Advancing the Profession

Perhaps the most common theme among the narrative comments involved the identity of the profession, including confusion about the role of the CNS in the workplace and in health systems. CNSs find that their scope of practice is often limited and unclear.

Defining the role of the CNS

A great many of the respondents called for more clarity on the CNS role, and increased education in the healthcare setting about those roles and capabilities. The respondents expressed frustration with not being fully and effectively utilized in the workplace, namely because of a general lack of understanding from employers on just what the CNS role entails.

Major challenge in my position is lack of understanding across varying disciplines regarding CNS role.

Current employer does not utilize CNS in Nephrology Practice. Many do not understand CNS role. Received degree at ___ - They no longer offer this degree.

Scope of Practice

The issue of scope of practice was frequently mentioned in the survey comments, with specific emphasis on the matter of prescriptive authority. Many respondents expressed resentment at the lack of prescriptive authority, and felt that this hampered their ability to work effectively as a CNS.

I would like to see more info re CNS scope of practice, more advocacy regarding the role of a community health CNS. It isn't a well known title- very difficult to find a job.

More information regarding scope of practice for RN and APRN. Would like a comprehensive list that is useable to ... the schools and graduate schools

If I have Rx authority, it will be much easier to find a specialized-NP" job. Even though it may be titled as "CNS."

It is absurd that CNS does not allow prescriptive authority. I have to tell the NPs what to order with psych pts but I can't write the order myself. Unbelievable in this day and age. It's why I'm not practicing as a CNS- Please correct this before the CNS role becomes even more worthless. Am I angry, you bet.

Need to adopt umbrella titling for APRNs with prescriptive authority across the board. All CA licensed CNSs who have prescriptive authority in other states should be eligible for the same in CA.

Varied CNS roles/job titles

Aside from direct patient care, the CNS profession can include a wide range of other roles, including positions of leadership, administration, research, and education. Comments pointed to areas of work other than patient care where CNSs have utilized their skills. The CNSs' variety of roles and titles could be an obstacle to developing a strong professional identity.

My CNS role is non-clinical. Mainly I function as an educator for ambulatory care specialty areas for a large HMO.

I have not worked as a CNS I graduated with MN in 1983 with a CNS specialty, then worked in administration.

Your questions seemed to assume a role in delivering care to patients, so some did not apply to me. Although I am a CNS it does not mean I do direct care.

CNS is broad. You can be anything like educator, clinical-expert consultant, administration, etc.

Certification

One of the challenges facing CNSs is certification, which can vary between states and specialties, creating potential areas of conflict and confusion.

As a Psych NP for children and adults (a field without cert) I am always in a catch 22 in Calif. But living in Tennessee I had full recognition as APRN rather than CNS. It feels like I went back in time returning home to Calif. And the limits and dependence on MD's in California is not typical across the Nation. California must consider moving forward.

I have worked as a CNS (MSN prepared) for 10 years – I am not eligible for national certification as a CNS. If it becomes mandated, I would lose my job despite superior performance evaluations. Going back to “verify” 500 clinical hrs with my age, 1 child about to enter college, and this economy is not an option.

Theme 2: Job-related Concerns

Comments on job-related concerns were focused on the difficulties of low pay and finding employment in a CNS position. Of respondents holding jobs, many expressed dissatisfaction with compensation and lack of recognition for their education and expertise.

Lack of Jobs/Not Hiring

Many comments discussed the difficulty of finding a position in the current job market, a problem that may be compounded by the general lack of understanding on the CNS role. When employers are not familiar with the CNS profession, job-applicants may find it increasingly difficult to find positions.

Overall in my career as a CNS, I have endured low pay, poor job satisfaction and now even unemployment.

Universities should inform students that there are limited to no job for the CNS position. Most people, including fellow professionals do not even know what a CNS is.

I have not been able to find a CNS position ever. I am considering a post-masters NP program since my CNS degree and certificate seem to be extremely useless.

After many years of time and energy spent in completing CNS study, I was really disappointed to learn that there were not many CNS jobs available and most facilities are not offering extra pay for the CNS certificate either. It seems to me that other than self-fulfillment, the CNS title did not help me much in my pursuing for my professional achievement.

Salary

A large number of the respondents expressed dissatisfaction with the low salaries they earned. Considering the amount of education and work necessary for their profession, they felt they were not being fairly recompensed. Compared to the salaries of others in the nursing profession, CNSs felt their own salaries were lacking.

Salary for advanced education is not attractive. I would lose money to take CNS role. Current facility/employer doesn't use CNS. I would lose seniority to leave for another institution.

I hope to utilize my CNS license more. However, this is one of the only positions where having a master's does not benefit you all the time, as using it will mean more hours for no real change in pay.

Not enough RN positions that compensate for advanced degree/CNS certification. I often use my APRN education (Skills) in my positions, and am not recognized by pay or classification.

Working as a CNS brings in less income in many facilities than that of a full time RN in acute care setting.

Theme 3: Education

The theme of “education” was of marked importance to the respondents. It was one of the most frequently commented upon topics, as respondents spoke about new graduates, instructors, residency/mentorship programs, and the possibility of establishing a minimum degree requirement for RNs.

New Graduates

Respondents expressed concerns that there were not enough new CNS graduates, and that new RNs and CNS may not have the clinical expertise necessary for the position.

Working 5 days a week is not conducive for the younger RN now. This is why younger RNS are not applying for CNS positions. We are used to 3 twelve hour shifts as bedside nurses. Something to consider as the baby boomers are retiring and we need younger CNS's to replace them.

New grad RN's are not ready for complex patients and orientation by an RN with a full patient load is not adequate and all RN's are not good educators for new staff...

Mentoring

In response to the perceived belief that new graduates were not yet ready for nursing, comments suggested the establishment of a mentorship, or residency program, whereby the new graduates might gain the necessary experience for work.

With almost 40 years of RN practice (FT) I have found that RN retention (in acute care and community health) is much improved when new employees have an excellent orientation and a nurse mentor to assist for first 3 months (experienced old-timers like me) to one year (new grads... This is true today. Unfortunately, the first positions dropped due to the current bad economy was for mentors and educators.

I am sad to say my 1st job in 1975 was the most fulfilling job. Terrific preceptor, 6 months, training- when done- I was confident in my abilities to care for my patients. I did not receive that training or confidence from school. Are residency programs the answer?

Degree minimum

A few of the comments suggested the need to establish a minimum level of education for nurses.

Collaborate with nursing organizations to finally decide the entry level requirement into nursing. It should be a minimum 4 year degree as nursing is a profession which necessitates adequate education.

Nursing should be BS and no less. Please push to have 2 years degrees go on for 4 years. State schools could reduce their cost by creating BSN.

Suggestions

Strengthening the Profession

Suggestions were offered by the respondents on ways to improve and strengthen the CNS profession. Suggestions included defining the role of the CNS, promoting the profession, and educating both the public and the medical community on how to effectively utilize Clinical Nurse Specialists.

*Educate employers and public what CNS can do.
Trainings/seminars/workshops re: how to market CNS skills.
Collaborate/coordinate and other state BRN's to promote.*

Help increase awareness of function of CNS to hospital administrators and public and physicians.

Specific Suggestions for the BRN

Throughout the survey, many of the suggestions were directed specifically to the Board of Registered Nursing. Included here are recommendations to improve the working relationship between the Board and the state's Clinical Nurse Specialists.

Provide "Best Practice" guidelines on how to utilize the CNS role in different settings to hospitals and other possible employers.

As a profession, nursing needs to unite and define itself as a profession the BRN can facilitate this by focusing on initiatives/educational activities that build professional skills.

Would like to see more communication between the board and nurses, i.e. mailings or electronic and more updates.

I would ask the BRN to develop and approve of a post-master pharmacology certification for CNS.

The BRN additional license as a CNS doesn't really provide for the expanded role that a CNS is truly capable of fulfilling.

Thematic Summary

While the perspectives voiced in the comments section are not likely to represent all Clinical Nurse Specialists residing in California, the recurrence of key issues indicates their relevance to CNSs. Many nurses felt the public and the medical community did not understand the role of CNSs in healthcare. Nurses reported scope of practice barriers that kept CNSs from working to the full extent of their abilities. Some nurses were experiencing difficulty finding CNS jobs and problems with low wages. Similar to RNs surveyed in 2010, CNSs worried that newly graduated nurses may lack sufficient nursing experience or training to perform their roles well. CNSs expressed a desire for the Board of Registered Nursing to advocate on behalf of advanced practice nurses with specific suggestions including that the BRN define the roles and autonomy of APRNs, to make the certificate process uniform, establish a minimum degree for RNs, and to facilitate communication between nurses and the Board.

These narrative comments offer some insight into issues that respondents considered in their decisions to continue their career as advance practice nurses. Comments from the Survey of Clinical Nurse Specialists in California, 2010 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 reform. 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.

Chapter 8: Conclusions

The state of California has a diverse workforce of nurses and this diversity is increasing with the entry of more men and minorities into Registered Nursing. California's specialized workforce of RNs certified as Clinical Nurse Specialists were older than the average RN population and less diverse. The average age of these APRNs ranged between 51 and 52 years old. Men made up only 5.8 percent of CNSs. Over 69 percent of CNSs were white. The age and diversity of California's CNS population closely mirrors that of other APRNs such as Nurse Practitioners and Certified Nurse Midwives.

CNSs are highly educated. The majority of CNSs received their initial education in a baccalaureate program in California and then received further education for their CNS certificate through a master's degree program. Over 91 percent of CNSs reported a master's degree as their highest degree. The most common educational training for CNSs was adult/gerontological health and acute critical care.

At the time of the survey, over 89 percent of all CNSs were working in a nursing position. It is unclear how many of the Clinical Nurse Specialists worked as a CNS. Slightly less than 30 percent reported their primary job title was Clinical Nurse Specialist, while 13.5 percent reported their job title as Staff Nurse. Nearly 45 percent reported their primary nursing position required the nurse to hold a CNS certificate, yet more (48.4%) reported their primary position required the nurse to hold a master's degree. Over 60 percent of working nurses reported always or almost always using their CNS competencies, like expert clinical practice, education, leadership, and consultation, in their primary nursing positions. Over 56 percent reported always, or almost always, working to the full extent of their legal scope of practice in that same primary position. This data suggests that about half of CNSs were working in positions that require CNS certification, and about half may have been working as RNs rather than APRNs.

Employed CNSs reported working in a variety of settings, but the most common primary work setting for CNSs was in a hospital, typically in acute or critical care. High shares (12.1%) also worked in academic institutions, and 10.2 percent reported their job title as academic educator (professor, lecturer, etc.). The level of CNS involvement in nursing education was higher than levels reported by CNMs or NPs in other surveys conducted by the BRN in 2010¹⁹. This was matched in part by the high percentage of CNSs who also reported they do not work in direct patient care (19.0%), which is considerably more than the 2.3 percent of NPs and 1.3 percent the CNMs who reported not working in direct patient care in their primary nursing positions.

When asked to rate their satisfaction, the majority of CNSs reported being satisfied with their nursing career. Many obstacles were identified as major or minor problems in the workplace, which offer some evidence that CNSs find it difficult to be a CNS. Stress, mentoring, pay, and inability to work as CNS were identified as key issues.

¹⁹ Herrera C, Keane D, Chu L, Lin J, Spetz J. (2011) *Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010*. Sacramento, CA: California Board of Registered Nursing.

When asked about barriers to care, CNSs also identified as a key issue the failure of other practitioners to understand the CNS role and the degree of professional collaboration they experienced. Thematic comments echoed these concerns about the CNS profession.

Less than 11 percent of CNSs reported not working in nursing. Of this group, more than 48 percent reported being retired, and the majority stopped working during the 2000s. When asked to rate the reason for no longer working as a CNSs, respondents cited both dissatisfaction with their CNS career and with nursing in general. Younger nurses overwhelmingly reported family and childcare needs as their key issue, while the oldest nurses reported retirement as their reason.

In comments received from survey respondents, one of the most common themes was that of advocacy for the profession. Clinical Nurse Specialists reported problems with the public and healthcare professionals understanding their work. They called on the BRN to help define the CNS role as distinct from RN and other APRN roles. They sought minimum standards, clear certification guidelines, and a need to confirm that new CNSs and RNs had sufficient experience to work as nurses. Each of these issues echoed the need for professional leadership and regulatory clarity.

California's CNS workforce is a highly educated healthcare source that may be under-utilized in the clinical setting. Less than half of CNSs reported that their primary nursing position required a CNS certification. Yet CNSs, more than other APRNs, are a vital source of nursing educators in California. Disturbingly, only a small proportion of this workforce was under the age of 35, while a much larger proportion were prepared to retire, leave the profession entirely, or decrease their APRN hours in the next five years. The aging of the CNS workforce may not directly affect patients in California but is sure to impact the growth of nursing programs. When asked specifically about their CNS career, only 62 percent reported being satisfied. If California is to take advantage of the extensive skills, experience, and educational abilities of CNSs, then the concerns raised in this report must be addressed. Employers and health care leaders need to continue to support this valuable workforce and seek to retain CNSs. They should clarify the role that CNSs play in patient care and nursing education, and attract younger nurses to the profession.

Appendix A: Detailed Methodology

Survey Development

UCSF worked with the BRN to develop the Survey of Clinical Nurse Specialists in California, 2010 questionnaire using the following processes:

- 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,;
- 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 experts;
- 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 CNSs 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 re-mailed 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 re-mailing 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 for 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 were 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 CNS Sample

The CNS survey was sent to 750 APRNs with addresses in California. The Board of Registered Nursing created a file of all APRNs on September 10, 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 Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) from the CNS, the working file from which nurses were sampled contained 2,071 Clinical Nurse Specialists. The CNS sample was sorted by birth date and county of residence, of which a random sample of the 3rd, 13th, 32nd, and 34th observations were selected to produce a subsample of 750 nurses.

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, no weighting was performed to adjust the responses by region. The weighting was dependent on population, not sampling, and therefore in Table 1, a breakdown of the population and the response by region and age group are presented. The entire sample was drawn from CNSs living in California. However, eight of the respondents indicated they were living outside of California at the time they completed survey.

Table 1: California’s CNS workforce, the population and survey response rate, by region and age, 2010

	Counties in Region	CNS population		CNS Respondents	
		N	%	N	%
Out of State*	All states other than California	0	0.0%	8	1.4%
Northern Border	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	26	1.3%	3	0.5%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	121	5.8%	39	7.0%
Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara, Contra Costa, Napa, Santa Cruz, Solano, Sonoma	852	41.1%	204	36.8%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	104	5.0%	18	3.2%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	41	2.0%	13	2.3%
Los Angeles	Los Angeles, Orange, Ventura	538	26.0%	149	26.9%
Inland Empire	Riverside, San Bernardino	181	8.7%	59	10.6%
Southern Border	Imperial, San Diego	208	10.0%	62	11.2%
Total		2,071	100.0%	555	100.0%
Under 35 years		188	9.1%	44	7.9%
35 to 44 years		332	16.1%	76	13.7%
45 to 54 years		585	28.3%	165	29.7%
55 to 64 years		738	35.7%	202	36.4%
65 years and over		226	10.9%	68	12.3%
Total²⁰		2,069	100.0%	555	100.0%

²⁰ Nurses were categorized for the purpose of weighting in age groups by the age group reported in the BRN sample file, not the age group they self-reported. Two nurses in the sample population who did not have birth date listed in sample file were categorized as over 65 years of age for the purposes of weighting.

Representativeness of CNS 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 1 present the regional distribution of survey respondents. There were some differences in regional distribution for the most regions, with the Bay Area having the greatest discrepancy. The age distribution of respondents also was different from that of the population. Nurses under the age of 44 were less likely to respond to the survey. In contrast, nurses over the age of 45 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 CNSs, 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 555 nurses with active licenses may vary from the true population values by +/- 4.2 percentage points from the values presented, with 95 percent confidence.

Appendix B: Survey Mailings and Survey Instrument

The Appendix includes the following items:

1. The consent form – pilot testers;
2. The cover letter for the survey mailing;
3. The consent form from the survey mailing;
4. The survey as mailed to participants;
5. The first reminder to participants (postcard);
6. The second cover letter as part of the second reminder to participants (packet);
7. The third reminder to participants (post card);
8. The fourth reminder to participants (postcard).



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
CONSENT TO BE IN RESEARCH – PILOT TESTERS

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 advanced 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.



BOARD OF REGISTERED NURSING

P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

XXXXXXXXXX
XXXXXX
XXXXXXXXXX
XXXXXXXXXX

Dear XXXXXXXX;

We are pleased to inform you the Board of Registered Nursing has chosen you as one of a select group of clinical nurse specialists to participate in the first-ever statewide survey of California's clinical nurse specialist (CNS) workforce. Only 750 of California's estimated 2,850 CNS'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 unique role and influence of the CNS 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 a CNS. 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 P. 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 advanced 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 Clinical Nurse Specialists 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 CNS SURVEY**

SECTION A: EDUCATION, LICENSURE, AND CERTIFICATION 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.)**

- | | | |
|--|--|--|
| <input type="checkbox"/> _1 Diploma program | <input type="checkbox"/> _4 Baccalaureate program | <input type="checkbox"/> _6 Master's program |
| <input type="checkbox"/> _2 Associate degree program | <input type="checkbox"/> _5 Entry-level Master's program | <input type="checkbox"/> _7 Doctoral program |
| <input type="checkbox"/> _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:
- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> _1 Australia | <input type="checkbox"/> _4 England | <input type="checkbox"/> _7 Korea |
| <input type="checkbox"/> _2 Canada | <input type="checkbox"/> _5 India | <input type="checkbox"/> _8 Philippines |
| <input type="checkbox"/> _3 China | <input type="checkbox"/> _6 Ireland | |
| <input type="checkbox"/> _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
		↓			↓
<input type="checkbox"/> _a	Clinical Nurse Specialist		<input type="checkbox"/> _d	Nurse Anesthetist	
<input type="checkbox"/> _b	Nurse Practitioner		<input type="checkbox"/> _e	Nurse Midwife	
<input type="checkbox"/> _c	Nurse Practitioner furnishing number		<input type="checkbox"/> _f	Nurse Midwife furnishing number	

6. What are all the programs in which you have had CNS education? When did you complete those programs? **(We will ask you to list non-CNS-related programs/degrees in question #8)**

		Year
<input type="checkbox"/> _a	Master's	
<input type="checkbox"/> _b	post-Master's Certificate	
<input type="checkbox"/> _c	Doctoral (DNP, DNSc, ND)	

12. Were you **ever** nationally certified as a CNS?

Yes

No → **Skip to Question #14 below.**

If Yes, by whom?

American Association of Critical Care Nursing (AACN)

Oncology Nursing Certification Center (ONCC)

American Nurses Credentialing Center (ANCC)

Other (specify) _____

13. Did you allow your national CNS certification to lapse?

Yes

No → **Skip to Question #14 below.**

If Yes, how important were the following reasons for allowing your national CNS certification to lapse? (Check all that apply.)

	Very important	Important	Somewhat important	Not at all important
I stopped working in nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job doesn't require it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of renewing is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The requirements for re-certification are too much work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What factors might influence your decision to seek or renew **national** certification as a CNS? (Check all that apply.)

	Very important	Important	Somewhat important	Not at all important
Jobs I want to apply for require certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive higher pay if nationally certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional affiliation is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Are you **currently** working in a paid position in nursing?

Yes

No, I am not working in nursing.

↓
Continue to next page, Section B.

↓
Skip to page 13, Section D.

SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING

If you are **NOT** working in a paid nursing position, please **SKIP** to page 13, Section D.

16. In how many nursing position(s) do you currently work for pay ? One Two Three 4 or more

Please complete the following questions for up to 3 of your nursing position(s) according to where you spend most of your working time.

17. Are any of the following required in your nursing position(s)?

	Primary nursing position	Second nursing position	Third nursing position
California BRN CNS certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Master's degree in Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
National CNS certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. In each of your nursing position(s), does your position **utilize your CNS core competencies**?

18a. **Primary nursing position**

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Expert clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18b. **Second nursing position**

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Expert clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18c. **Third nursing position**

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Expert clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How many **months** per year do you work in your nursing position(s)?

	Primary nursing position	Second nursing position	Third nursing position
Months per year	_____ # mos/yr	_____ # mos/yr	_____ # mos/yr

20. On average, how many **hours** do you normally work in your nursing position(s)? **(Please complete all items for each position.)**

	Primary nursing position	Second nursing position	Third nursing position
Total hours per day	_____ hrs/day	_____ hrs/day	_____ hrs/day
Total hours per week (including all overtime)	_____ hrs/wk	_____ hrs/wk	_____ hrs/wk
<u>Paid overtime</u> hours per week	_____ hrs/wk	_____ hrs/wk	_____ hrs/wk
<u>Hours on call</u> per week (standby only)	_____ hrs/wk	_____ hrs/wk	_____ hrs/wk

21. Which best describes your payment arrangement in your nursing position(s)? **(Check one for each position.)**

	Primary nursing position	Second nursing position	Third nursing position
Self-employed	—	—	—
Contract employment	—	—	—
Hourly employment	—	—	—
Salaried employment	—	—	—
Per diem	—	—	—
Other (specify)	_____	_____	_____

22. Indicate the location for **each** site you work at in your nursing position(s)?

	Primary nursing position	Second nursing position	Third nursing position
Site1: Zipcode/City	_____ / _____	_____ / _____	_____ / _____
Site2: Zipcode/City	_____ / _____	_____ / _____	_____ / _____
Site3: Zipcode/City	_____ / _____	_____ / _____	_____ / _____

23. How long have you worked with your **current employer(s)**?

Primary nursing position	Second nursing position	Third nursing position
_____ years and _____ months	_____ years and _____ months	_____ years and _____ months

24. How long have you worked at 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

25. Which of the following **best** describes the type of setting of your nursing position(s)? (Check one for each position.)

	Primary nursing position	Second nursing position	Third nursing 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	—	—	—
Rural Health Center	—	—	—
School health clinic	—	—	—
Clinic, 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	—	—	—
Private CNS practice	—	—	—
Other (Specify)	_____	_____	_____

26. Which one of the following best describes the **job title** of your nursing position(s)?
(Check one for each position.)

	Primary nursing position	Second nursing position	Third nursing position
Clinical Nurse Specialist (CNS)	—	—	—
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: _____)			

27. Do you utilize your CNS title designation on:

	Primary nursing position	Second nursing position	Third nursing position
Business cards	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No
Letterhead/correspondence	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No
Name badge/name plate	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No
Other (Specify: _____)	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No	__ ₁ Yes __ ₂ No

28. Mark the clinical areas in which you **most frequently** provide patient care services in your nursing position(s). (**Check all that apply for each position.**)

	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:			

29. Approximately what percentage of your time is spent on each of the following functions during a **typical week** in your nursing position(s)?

	Primary nursing position	Second nursing position	Third nursing position
Patient care/expert clinical practice	_____ %	_____ %	_____ %
Clinical leadership/team coordination	_____ %	_____ %	_____ %
Consultation	_____ %	_____ %	_____ %
Educating staff	_____ %	_____ %	_____ %
Educating patients/family	_____ %	_____ %	_____ %
Educating nursing students	_____ %	_____ %	_____ %
Research	_____ %	_____ %	_____ %
Organizational or systems projects	_____ %	_____ %	_____ %
Other	_____ %	_____ %	_____ %
	100%	100%	100%
Other (Please specify:)	_____	_____	_____

30. Please estimate the **total annual earnings** for your nursing position(s) in **2010**, before deductions for taxes, social security, etc.

Primary nursing position	Second nursing position	Third nursing position
_____ \$/year	_____ \$/year	_____ \$/year

31. Are you paid on an hourly basis in your nursing position(s)?

	Primary nursing position	Second nursing position	Third nursing position
	_1 Yes _2 No	_1 Yes _2 No	_1 Yes _2 No
If yes , what is your base hourly wage?	_____ \$/hr.	_____ \$/hr.	_____ \$/hr.

32. Do you work in **primary care**, involving common health problems and preventive measures, in your nursing position(s)?

	Primary nursing position	Second nursing position	Third nursing position
	_1 Yes _2 No	_1 Yes _2 No	_1 Yes _2 No
If yes , what percent of your time does this include?	_____ %	_____ %	_____ %

33. In your nursing position(s), are you allowed to practice to the fullest extent of your legal scope of practice?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary nursing position	__1	__2	__3	__4	__5	__6
Second nursing position	__1	__2	__3	__4	__5	__6
Third nursing position	__1	__2	__3	__4	__5	__6

34. In your nursing position(s), are you required to work under standardized procedures?

Primary nursing position	__1 Yes	__2 No
Second nursing position	__1 Yes	__2 No
Third nursing position	__1 Yes	__2 No

35. In your nursing position(s), do you contribute to the development or revision of standardized procedures?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary nursing position	__1	__2	__3	__4	__5	__6
Second nursing position	__1	__2	__3	__4	__5	__6
Third nursing position	__1	__2	__3	__4	__5	__6

36. In your nursing position(s), does your practice work with underserved populations?

	Always	Almost always	To a considerable degree	Occasionally	Seldom	Never
Primary nursing position	__1	__2	__3	__4	__5	__6
Second nursing position	__1	__2	__3	__4	__5	__6
Third nursing position	__1	__2	__3	__4	__5	__6

37. If you currently work in more than 3 nursing position(s), how many hours do you work in a year for all your other position(s) combined? _____ hours

SECTION C: SATISFACTION WITH NURSING

38. How satisfied are you with your nursing career as a whole?

<u>Very dissatisfied</u>	<u>Dissatisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Satisfied</u>	<u>Very satisfied</u>
_1	_2	_3	_4	_5

39. How satisfied are you with your CNS career?

<u>Very dissatisfied</u>	<u>Dissatisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Satisfied</u>	<u>Very satisfied</u>
_1	_2	_3	_4	_5

40. How much of a problem is each of the following issues with regard to your ability to provide quality care?

	<u>Not a problem</u>	<u>Minor problem</u>	<u>Major problem</u>	<u>Not applicable</u>
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. Care decisions not consistently implemented by interdisciplinary team	_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. Too little involvement in decisions in your organization	_1	_2	_3	_4
J. Lack of administrative support	_1	_2	_3	_4
K. High liability insurance rates	_1	_2	_3	_4
L. Too much time devoted to meetings	_1	_2	_3	_4
M. Insufficient resources	_1	_2	_3	_4
N. Too little involvement in decisions about healthcare in your community	_1	_2	_3	_4
O. Others don't understand the CNS role	_1	_2	_3	_4
P. Employer requirement for national certification(s)	_1	_2	_3	_4
Q. Varying degrees of collaboration	_1	_2	_3	_4
R. Lack of access/support for educational advancement	_1	_2	_3	_4
S. Other	_1	_2	_3	_4

(Specify: _____)

41. In the last three years, have you encountered any of the following obstacles to practicing as a **CNS**:

	<u>Not a problem</u>	<u>Minor problem</u>	<u>Major problem</u>	<u>Not applicable</u>
A. Difficulty finding employment as a CNS	_1	_2	_3	_4
B. Lack of adequate CNS mentoring	_1	_2	_3	_4
C. Inadequate pay for CNS jobs	_1	_2	_3	_4
D. Stress in CNS position(s)	_1	_2	_3	_4
E. Dissatisfied with the CNS profession	_1	_2	_3	_4
F. Quality issues outside of your control	_1	_2	_3	_4
G. Inconvenient schedules in CNS position(s)	_1	_2	_3	_4
H. Employer requirement for national certification(s)	_1	_2	_3	_4
I. Dissatisfaction with the ability to practice at the CNS level	_1	_2	_3	_4
J. Other	_1	_2	_3	_4

(Specify: _____)

42. To what extent have you actively participated in the following professional activities within the last three years?

	<u>Often</u>	<u>Occasionally</u>	<u>Seldom</u>	<u>Never</u>
A. Scholarly/research activities	_1	_2	_3	_4
B. Health policy development	_1	_2	_3	_4
C. National/statewide regulatory initiatives	_1	_2	_3	_4
D. Professional association activities	_1	_2	_3	_4
E. Other	_1	_2	_3	_4

(Specify: _____)

43. Has your **CNS** employment changed during the last three years? **(Check all that apply.)**

- _a Increased hours
- _b Decreased hours
- _c Was working as a CNS, but am not now
- _d Was not working as a CNS, but am now
- _e Changed employer(s)
- _f Closed practice(s)
- _g Opened practice(s)
- _h No change in employment
- _i Other (specify) _____

44. Within the next five years, what are your intentions regarding your **CNS** employment?

(Check all that apply.)

- _a Plan to increase hours of work
- _b Plan to work approximately as much as now
- _c Plan to reduce hours of work
- _d Plan to leave nursing entirely but not retire
- _e Plan to start working as a CNS
- _f Plan to stop working as a CNS
- _g Plan to change to another APRN specialty
- _g Plan to retire

45. Are you doing volunteer work as an RN? _1 Yes _2 No **If Yes**, how many hours per month _____

46. Are you doing volunteer work as a CNS? _1 Yes _2 No **If Yes**, how many hours per month _____

↓
(PLEASE SKIP TO PAGE 14, SECTION E)

SECTION D: FOR PERSONS NOT EMPLOYED IN NURSING

If you ARE working in a paid nursing position, please SKIP to the next page, Section E.

47. What was the last year you worked for pay as an RN? ___ ___ ___ ___ or _1 Never

48. What was the last year you worked for pay as a CNS? ___ ___ ___ ___ or _1 Never

49. How important are each of the following factors in your not being employed in nursing?

	Not at all <u>important</u>	Somewhat <u>important</u>	<u>Important</u>	Very <u>important</u>	Does not <u>apply</u>
A. Retired	_1	_2	_3	_4	_5
B. Childcare/family responsibilities	_1	_2	_3	_4	_5
C. Moving to a different area	_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. Other dissatisfaction with your job	_1	_2	_3	_4	_5
H. Dissatisfied with the nursing profession	_1	_2	_3	_4	_5
I. Wanted to try another occupation	_1	_2	_3	_4	_5
J. Inconvenient schedules	_1	_2	_3	_4	_5
K. Difficult to find a nursing position	_1	_2	_3	_4	_5
M. Dissatisfaction with relations with other providers	_1	_2	_3	_4	_5
N. Liability insurance/liability concerns	_1	_2	_3	_4	_5
O. Lack of good management/leadership	_1	_2	_3	_4	_5
P. Dissatisfied with ability to practice at the CNS level	_1	_2	_3	_4	_5
P. Other	_1	_2	_3	_4	_5

(Specify: _____)

50. Which of the following best describes your current intentions regarding work as a CNS? (Check only one.)

- _1 Currently seeking employment as a CNS
- _2 Plan to return to CNS practice within 1 year
- _3 Plan to return to CNS practice in 1-3 years
- _4 Plan to return to CNS practice in more than 3 years
- _5 Definitely will not return to or seek CNS position
- _6 Undecided at this time

51. Are you doing volunteer work as an RN? _1 Yes _2 No **If Yes**, how many hours per month _____

52. Are you doing volunteer work as a CNS? _1 Yes _2 No **If Yes**, how many hours per month _____

SECTION E: EMPLOYMENT OUTSIDE NURSING

53. Are you **currently** employed in a non-nursing position (that does not require a Registered Nursing license)?

_1 Yes

_2 No → **Skip to Section F, below.**



54. Does your position utilize any of your nursing knowledge? _1 Yes _2 No

SECTION F: DEMOGRAPHIC INFORMATION

55. Gender _1 Female _2 Male

56. Year of birth 19 ____ ____

57. Are you currently married or in a domestic partner relationship? _1 Yes _2 No

58. What is your ethnic/racial background (select the **one** with which you most strongly identify)?

_1 White, not Hispanic or Latino

_4 Filipino

_7 Native Hawaiian or other Pacific Islander

_2 Black or African American

_5 Asian Indian

_8 Native American or Alaskan

_3 Hispanic or Latino

_6 Asian, not Filipino or Indian

_9 Mixed race/ethnicity

_10 Other (**Please describe:** _____)

59. In what languages, other than English, do you have medical fluency? (**Check all that apply.**)

_a Only English

_e Tagalog/other Filipino dialect

_h Mandarin

_b Spanish

_f Hindi/Urdu/Punjabi/other South Asian language

_i Cantonese

_c Korean

_g French

_j German

_d Vietnamese

_k Other (**Please describe:** _____)

60. 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 ____

61. Home Zip Code: _____, City: _____, State: _____ or

If you reside outside of the country, other country (**Please specify:** _____)

62. 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

_4 \$60,000 - 74,999

_7 \$125,000 - 149,999

_2 \$30,000 - 44,999

_5 \$75,000 - 99,999

_8 \$150,000 - 174,999

_3 \$45,000 - 59,999

_6 \$100,000 - 124,999

_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: _____



BOARD OF REGISTERED NURSING

P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

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



XXXXXXX
XXXXXX
XXXXXXXXXX
XXXXXXXXXX

Dear XXXXXXXX;

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 Bailey, M.Ed, RN
Interim Executive Officer
California Board of Registered Nursing



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 CNS certification regardless of whether or not they are currently working as a CNS.

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

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