



The Nursing Voice

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President's Perspective

Elissa Brown, President, ANA/C California

Greetings,

It's that time of year when we think about holidays and getting together with family or friends or both. These are supposed to be happy, peaceful, caring, reflective times. Since our ordinary lives do not stop, there is often a feeling of being overwhelmed between meeting work and personal responsibilities. Thus, on top of the "regular" activity, there is the joy of planning for holiday events. Ah, getting through the season! Luckily, things usually work out.



Elissa Brown

As nurses we help others manage their health, face illness, and prevent problems. We do feel good when we help patients and their families. That needs to extend to being kind, respectful, and helpful to our colleagues and to ourselves.

There is too often heard comments like "Yes, I know she is not nice to her colleagues, and she yells at times, but she is really a good nurse." When exploring this apparent contradiction, the reason a colleague or manager says this not-so-nice person a "good nurse"—you guessed it: "she is always willing to come in and work overtime!"

The Code of Ethics for Nurses (ANA, 2001) addresses our responsibility as nurses, to others to the public, to ourselves:

"Nursing encompasses the prevention of illness, alleviation of suffering, protection, promotion and restoration of health in the care of individual, families, groups and the community...."

"The principle of "respect for persons" extends to all individuals with whom the nurse interacts." "... fairness..., integrity, respect, ...compassionate and caring relationships... values the contribution of others...values collaboration..." in providing high quality health care.

"The Nurse ...expected to adhere to the ideals and moral norms of the profession ... to embrace them as part of what it means to be a nurse." "The ethical tradition of nursing is itself reflective, enduring and distinctive."

As we think of the coming season, be reflective, strive for improvement, recognize that nurses are life-long learners, and be good to others and to you. A good nurse has to also be a good person.

Here's wishing you peaceful, happy, healthy holidays and continued success in your nursing careers.

"Peace...it does not mean to be in a place where there is no nose trouble or hard work. It means to be in the midst of those things and still be calm in your heart." *unknown*

Another aspect of the Code of ethics for Nurses addresses nurses advancing the profession through belonging to one's professional associations and being involved in health care policy. I encourage nurses to join at least two associations: your professional general organization, ANA/C California, and your specialty organization(s). That will keep you up to date on all things Nursing and healthcare issues! Belonging enables a nurse to support the profession, provides wonderful networking experiences, and allows for

participation in building coalitions and collaborating toward improving access to high quality health care.

And please be kind to those coming into the Nursing profession. I was privileged to attend and address the California Student Nurses Association convention in Ontario, CA in October. This was a great experience and I thank the students and Pat McFarland for consistently inviting ANA/C California to participate. What a wonderful group...it was so nice to talk with students and graduates...a little disheartening at times—when they spoke of not being able to find jobs. However, and as the keynote speaker, Becky Patton, past President of ANA, noted to the audience... things are changing daily, there will be more changes, many new and unique opportunities are and will be out there, many nurses are nearing retirement, and if one is waiting for a job, consider going back to school earlier. The whole program was very well organized with excellent sessions. ANA/C California has also been invited now to have an ANA/C California Corner in the students' newsletter, *Range of Motion*. This is quite an honor. We are strengthening our relationship with CNSA and will keep you updated on new happenings. And we invite students, when they become RNs to please join ANA/C California.

On a personal note, I again want to thank our ANA/C California Board members who continue to work hard, promote quality healthcare for the public, participate in healthcare reform and support the Nursing profession.

Issues: Recent elections, and changes to anticipate, concerns about Health Care Reform measures and possible efforts to change what has been gained; positions in government are opening for Nurses—we shall keep you informed of this. Please check the American Nurses Association\ California website and the American Nurses Association website: www.nursingworld.org for the latest information about healthcare reform, health care issues and nursing issues; check the video links, including one to: "Nurses Have Power: Let's Use It for Change". Please also see on the nursingworld.org link to the "Key Provisions Related to Nursing and Health Care Reform." All nurses should be proud: Nurses continue to be a significant "caring" force in healthcare reform, through their work, community and political involvement at local, state and national levels. And, many of our leaders are also involved in the international world of nursing and healthcare.

I continue as a member of the Executive Committee of the ANA Constituent Assembly (CA; the group of the Presidents and Executive Directors of all of the states plus a number of other constituents). In our latest "virtual" meeting, one of the topics was more about the Institute of Medicine Future of Nursing report. The speaker noted this is being called the "Age of the Nurse" and the "golden Age of Nursing." She discussed the many opportunities for nursing. And we shall be letting you know as some of those opportunities arise. The presenter shared this wonderful Florence Nightingale quote:

"May we hope that when we are all dead and gone, leaders will arise who have been personally experienced in the hard, practical work, the difficulties and the joys of organizing nursing reforms, and who will lead far beyond anything we have done."

You, we, are those leaders.

We welcome your comments, suggestions and questions.

Again, thank you to the ANA/C California Board members and staff, and to all of you who have supported nursing and the association. And, of course, to our families and significant others for their support.

Wishing you a Peaceful, Healthy, Happy Holiday season!

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ANA\California Wants To See You.... IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

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Article Submittal to 'The Nursing Voice'

ANA\California accepts and encourages manuscripts and editorials be submitted for publication in the association's quarterly newsletter, *The Nursing Voice*. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA\California members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in *The Nursing Voice* do not necessarily reflect the views of ANA\California, its membership, the board of directors or its staff.

ANA\California's official publication, 'The *Nursing Voice*' editorial guidelines and due dates for article submittal is as follows.

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com
 - a. Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
 - b. *The Nursing Voice* reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
 - c. *The Nursing Voice* reserves the right to edit manuscripts to meet style and space limitations.
 - d. Manuscripts may be reviewed by the Editorial Staff.
 - e. Articles submitted by members' of ANA\California will be given first consideration when there is an availability of space in the newsletter.
2. Photographs should be of clear quality. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, *The Nursing Voice* c/o ANA\California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@yahoo.com
3. E-mail all narrative to TheNursingVoice@yahoo.com



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A Survey of Nursing Salaries

A survey revealed that nurse anesthetists are the top-earners in the nursing profession, with an annual salary of \$154,221, followed by high-level nurse managers and nurse practitioners. Experts raised concerns about nurse faculty salaries, which barely reached \$70,000, saying the low pay could contribute to nursing shortages.

The top ten

The top ten nursing salaries, according to the 2008 National Sample Survey of Registered Nurses:

1. Nurse anesthetist: \$154,221
2. Management/administration: senior management: \$96,735
3. Nurse practitioner: \$85,025
4. Nurse midwife: \$82,111
5. Management/administration: \$78,356
6. Consultant: \$76,473
7. Informatics nurse: \$75,242
8. Management/administration: middle management: \$74,799
9. Clinical nurse specialist: \$72,856
10. Management/administration: first-line management: \$72,006

Staff nurses garner higher wages if they have more education under their belts; the survey found that staff nurses with a master's or doctorate degree made, on average, \$69,616 in 2008, while nurses with an associate degree made \$59,310. The average RN, working as a staff nurse, made \$61,706 in 2008.

Salaries for RNs tend to be inching upward each year, something that not many other professions can boast. More recent employment statistics from the BLS show that the median salary for RNs in 2009 was \$63,750, more than \$10,000 more than the median salary of \$52,330 five years earlier in 2004.

California Opt-Out Upheld – Lower Court Dismisses Lawsuit

On Friday, October 8, 2010, the California Superior Court in San Francisco granted summary judgment in favor of both California Governor Arnold Schwarzenegger and the California Association of Nurse Anesthetists (CANA), affirming California's opt-out of the federal physician supervision requirement for nurse anesthetists.

At the conclusion of the October 8 hearing, the presiding judge announced his finding that California state law does not require that nurse anesthetists be supervised by a physician. The judge further found that the governor did not abuse his discretion in concluding that the opt-out was consistent with state law. The court therefore ruled against the California Society of Anesthesiologists (CSA) and the California Medical Association (CMA), who filed the lawsuit in February 2010. A written order reflecting the court's findings and decision will not be finalized for several days.

The CSA and CMA are reviewing their options, including appealing the ruling. Meanwhile, California's opt-out remains in effect.

Additional Background

California opted out in July 2009. Gov. Schwarzenegger informed the Centers for Medicare & Medicaid Services (CMS) of the opt-out in a letter that stated that after “[h]aving consulted with the California Board of Medicine and California Board of Registered Nursing and having determined that this exemption is consistent with state law, I have concluded that it is in the interests of the people of California to opt out of this requirement.”

The CSA and CMA lawsuit requested (1) that “the Court issue a writ of mandate commanding Respondent Governor Schwarzenegger to withdraw the ‘opt-out’ letter said Respondent submitted to CMS in or about June 2009, and to take no further action to effect an opt-out under [federal regulation]”; and (2) that “the Court declare that, under California law, a CRNA is not authorized to administer anesthesia except under the supervision of a physician.”

Subsequently, CANA was granted permission to intervene as a party to the lawsuit. The AANA filed a declaration in the case in support of the governor's and CANA's position.

“You’ll Know They’re a Nurse When... They are Employed as One”

Dianne Moore, PhD, MN, MPH, CNM, RN
Associate Provost for Nursing Education and
Regulatory Affairs, West Coast University

A book was published recently entitled “You’ll know you’re a nurse when...” by Sigma Theta Tau. (Wilmeth, R., 2010) The stories and quotes were funny, sad, and inspirational and made one think of all those reasons why we became nurses. As nursing faculty we share that common bond, the wealth of experience that sets us apart from other professions and we know we don’t just do the work of a nurse, we are a nurse. During the educational process of teaching our students to be nurses we need them to understand and operationalize what being a nurse is all about. They need to be employed as a nurse so they can be the nurse they want to be. This article is about how we as a university community can help our students be employed to become the nurse they wish to be.

There are a number of items to consider in this quest for professional employment, three of them are **networking, resume development and interviewing skills.**

Networking has always been the number one way to get a job. The old adage of “it’s who you know” or “Business is a contact sport” is true in the job search market. For nursing students entering the job market it is imperative that the nursing program utilize instructors to incorporate nursing political science and leadership into the curriculum and coursework. Learning leadership skills is also required as part of the AACN Nine Essentials for BSN education (American Association of Colleges of Nursing) (American Association of College of Nursing, 2008). Leadership skills include membership in the professional nurse’s organization, the American Nurses Association (ANA). Professional membership and networking starts with the membership in the Student Nurses Association, and if one is eligible, membership in other organizations such as Sigma Theta Tau (STT), the national nursing honor society.

In today’s nursing environment, students must job search early in their academic career and set goals toward the job of their choice at the institution of their choice. Learning what is required by the institution and the position they seek will help them focus their learning toward achieving their goal. Achieving the certifications needed for the position should definitely be one of their objectives. Students also need to learn to have a vision of what they ultimately want to be and then plan the steps needed to achieve their goals. Part of this goal setting can be done in their early leadership classes and through the development of their Professional Portfolio, as well as incorporated in other ways throughout the nursing education to reinforce this notion.

A goal of working in the Intensive Care Unit (ICU) will require more certifications and experience, so expectation of easy employment in this area should be tempered. Valuable experience to consider is being part of a Residency or Internship program as this focused learning helps them make the transition from novice graduate to more experienced professional. This process also makes them more desirable to the employer. For those who do not find employment immediately, it also helps keep their skills active.

Professional contacts are also earned and one way to help students establish them is to have students send thank you notes to the staff at the hospital where they did their clinical experience. Each student from each clinical class should have Thank You cards ready to write at the end of each clinical rotation in the hospital or the community setting. Instruct the students to keep the names of those nurses they felt were particularly helpful and to keep in touch with them as they go through the nursing program. These connections may pay off when they are ready to do their preceptorships or for finding employment. Students might also be interested in reading a column written in The Orange County Register entitled “Expanding your network expands your business.” The author Harvey Mackay uses the alphabet A-Z approach in describing how to obtain and maintain a network (Harvey, 2010), consider reading his article.

Components of leadership include professional networking and developing positive relationships with faculty, supervisors, clinical nursing staff and peers. This type of networking will help students realize the goal of good references. Students must also be aware that references are earned and should never be expected.

Faculty must not only emphasize the need for **quality references** but must also be prepared to write them. Many institutions today ask students for multiple references

from their theory and clinical instructors. Learning this early and taking action by collecting references in their Professional Portfolio as they move through the program should be high on their priority list. This means of course they must excel in their studies to receive a good reference.

Writing a reference can be a challenge for faculty, especially if they are part of a large diverse program. There are several techniques to use and among them is using the clinical evaluation tool to write references that are specific to the strengths of that student. Personal specific positive references make the reference more meaningful to the potential employer and help the student with obtaining the employment they need. Faculty should also instruct students to place the reference in their Professional Portfolio both as a hard copy and in their electronic format.

Career services can also assist by determining from employers what an excellent reference looks like and then write one. Faculty can use this as a template and insert the specialty or skill set, name, personality traits etc that would make the reference personal. Another technique is to teach students what a good reference looks like and why. Then help them write a reference for themselves and for their classmates. Then have the student write a reference for themselves and submit it to you for your review and editing. For most students this is the first time they have ever had to ask for a reference so it can be intimidating. The feedback you provide should be helpful for the student to learn not only about themselves but also about the process of reference writing.

In today’s high tech world where the internet reigns supreme, nursing programs need to ensure students are equipped with good computer and research skills. In fact this is one of the 9 Essentials that AACN sets forth for BSN nursing programs. One of the ways to implement this standard is to do lots of research about what employers are looking for and then letting fingers “do the walking” on the keyboard and using such on line job networking services as **LinkedIn and ANA’s Career Center.** Facebook and Twitter are for more personal networking while LinkedIn is for more professional employment and related networking opportunities. So the best thing to do is start up an account and enter the professional information that matches your interests. Also use the professional membership in the American Nurses Association for the job search by going to <http://www.nursingworld.org/careercenter/> to post your resume and find employment.

Faculty and career counselors can assist students in their employment research and networking opportunities to be aware that one’s decision about where to work should not be about who pays more. In their networking and research, the students should also explore whether the work environment is suitable to one’s own philosophy, beliefs, likes, dislikes, skills. Benefits are of particular importance in the workplace environment as they refer to more education, health, welfare, family, work hours, or their belief in the nurse as an important member of the health care team.

Overall in the job search the person needs to keep in mind that if one is not happy with where they work, the money will not matter. Moving from the job after one year is usually because of unhappiness with the work environment and remember employers are wary about those who job hop. Hiring and orientating a new graduate costs the facility \$50,000 or more so the employers are going to be careful about who they employ. Likewise the potential employee must be aware of the investment the employer is making in them and respect that investment in them of time, money and resources. This is where faculty and career placement services can help students prepare by helping them learn what to look for in this exciting new world of nursing and health care. Sometimes this means the student may need to continue on in school and earn that BSN or MSN or DNP or PhD to obtain the professional opportunities they desire.

The next step in this professional employment search is the development of the resume. This is the entre to an invitation for an interview. So first you need to know how to network and where to send your resume and then of course you need a really good resume and cover letter to get the invitation for an interview.

The Resume

There are different types of resumes and Curriculum Vitae which are used for different purposes, the modern and tailored resume are examples. “**The modern resume**

is how discoverable you are when your dream employer starts looking for you,” said one recent job seeker. Therefore students need to insure their resume and Professional Portfolio is on all the networking sites that a potential employer might look, like LinkedIn and the ANA Career Center.

Faculty need to make students aware that writing a resume today has changed from even a few years ago. Different versions of the resume such as a short one page or a longer Curriculum Vitae (CV) following the American Academy of Nursing format is required. The short one may be the 30 second introduction but the longer one may give more details on overall skills and experiences. This longer CV version is particularly important if there was a career change or as the career progresses. The resume or CV needs to be updated frequently so achievements, CEU, certifications, professional organization membership or other leadership positions or achievements are kept current.

The tailored resume is one where the applicant is expected to have a specifically tailored resume dedicated to a particular position. This also means research needs to be done to insure the resume actually speaks to the particular position of interest. Have students put themselves in the place of the employer and think about what they need and want and this will help them prepare. Go to their website or literature and insure the philosophy and belief system matches to the tailored resume being submitted. Consider various positions that may be available and not just the one of particular interest. Facilities today get over 1000 applications for one position so to even be considered the applicant has to speak to the specific position in need.

The right resume leads the applicant to an invitation for an interview. Therefore the resume needs to speak to the employer in words, phrases, and behaviors that they need and understand. To rapidly find suitable applicants many employers use an “**applicant tracking system**” whereby the computer reviews the resume for the “right words and phrases” that match the skill set they need for a particular position. Therefore in addition to researching the particular facility the applicant also needs to insure that the resume has all the “right” words in it so when the computer reviews it, the “right words” are picked up putting the owner of that resume in the running for that coveted interview.

The resume also needs to answer the question of “**what problem can I solve**” for the particular position being applied. In the age of computers, this is not difficult to insure the tailored resume answers the employer’s need of what problem they can solve. One way to accomplish this is to put the **key words** of the particular job and those words important to the profession on the resume in **white lettering.** They are not viewed with the naked eye but the applicant tracking system used by the computer programs picks up the key words. Use such words and phrases below either in the body of your resume or as white lettering in the white space area:

*Promote health, prevent disease, educate,
instruct and help patients and families cope with
illness,
provide direct patient care,
prepare and assist physicians and patients for and
during surgeries, treatments and examinations,
administer medication, develop and manage
nursing care, wound treatment, outpatient or in
home,
maintain medical records, management and
administrative tasks, quality and safety skills
Utilize nursing process and meet patient care needs
according to evidence based outcomes
Collaborate with health care team to ensure delivery of
safe, timely and appropriate quality patient care
Ensure a safe patient care environment
Exhibits and demonstrates leadership skills through
establishing collegial relationships with others
Demonstrates competence and sensitivity to
multicultural diversity
Recognizes abuse
Professional image and communication through
appearance and conduct
Excellent communication of all of the above with
health care team—informs team of any changes
in patient’s condition, reactions, symptoms and
activities*

Nursing Job Search continued from page 4

The **Professional Portfolio** which of course includes the resume and references must be uploaded to the new **Optimal Resume system** the university has available. This can be linked to LinkedIn and Facebook and Twitter and your ANA accounts. This digital format will make it more permanent and accessible to many different employers and it can be added to as you gain more experience and other credentials.

It is with these internet accounts that one must also be very careful about what the person or others put on your facebook or twitter accounts. The facilities do review them and if there is ANYTHING in the least bit problematic to them they will not even consider the person. Be very careful with the name or picture on the account, one's own name is simply the best. Only place profession business pictures and remove any pictures or comments that may be of a romantic nature or refer to any sort of recreational activities that anyone might even remotely consider offensive. Ex. Recently several teachers have lost their jobs because of pictures of them "allegedly drinking" while on vacation, yes even on vacation and when they were not actually drinking alcoholic beverages. Health care organizations do frequent searches of their names to determine if anyone is saying anything even remotely negative about them. Some students have been banned from getting clinical experiences at facilities because they said some negative things about the facility. Be very cautious about what is placed on your personal or professional accounts. On the internet—harmful information does not go away and may come back to haunt you in the future. Please also let family and friends know they need to be cautious about what they post to internet accounts. Review those accounts daily and remove anything that might be problematic. If one is prudent and vigilant on their personal information on the internet, your job search can happily proceed to the next step, the interview.

Interview

Step three is the interview and requires that faculty and career services promote the idea that this next step is well rehearsed long before the interview actually takes place. The student may have the best resume that meets the needs of the institution and leads them to the interview but only success in the interview will land them the actual job offer.

Making a **first impression** is quick and can often be the decision maker before anything else is considered. First impressions take seconds and last so students need to be prepared. Teaching today's generation to "Dress for success" can be a challenge and can be as foreign to them as "Linked In" may be to some faculty. One of the best classes that can be offered to students as they transition into the profession is to have a professional person come into the class who specializes in **dressing for success**. They can give you the latest tips for dressing appropriately for different interviews. In general the following is usually sound advice. Dress in a clean pressed current professional dark blue, black or gray suit that is well fitting with a top that provides complete coverage. Have matching or neutral colored clean polished well maintained closed toe leather shoes, simple or no jewelry, neutral polished and/or clean short nails with a clean simple hairdo of a natural color with simple makeup for the ladies. No perfume or other harsh odors, no tattoos or piercing showing and no gum chewing or other behavior that may be considered offensive.

As faculty we have had to teach students that in the clinical setting, how we appear to the patients is what is important. Like providing care to patient, the interview it is not about showing our personality or personal taste in the latest fashion, it is about making a good impression on the interviewer. The student needs to dress and act like a professional who respects the institution and the patients for whom they are responsible to provide care.

The next step after looking successful is to **act successful**. Having students practice their handshake is important since it is part of making the first impression. The handshake needs to be firm and dry with two shakes while looking the Interviewer in the eyes, with a smile. We are judged by the quality of the handshake. Following the handshake would be giving the interviewer your business card. The business card should be a simple white card with your name and credentials, address, phone numbers and e-mail on the front. When you use the e-mail as a follow up with a thank you for the interview be certain the e-mail name is professional and the signature section has all the professional contact information on it that also matches the business card. A hand written card as a thank you follow up is also proper etiquette and can leave a positive impression with interviewer so they remember the interviewee in the future (Pagana, 2008).

Teaching students to be prepared and be ready with professional answers to many different types of questions is another challenge, but probably closer to what we

have taught them in preparing for patient care situations. Students had to learn nursing techniques in the skills lab and how to interview patients. Now the role is reversed, they need to prepare for being interviewed. Students need to **practice the interview**, particularly those **behavioral questions** which are often the most difficult to answer. Like in the clinical setting they need to "think on the spot" in terms of providing positive verbal and non verbal responses to the interviewers questions. If it is possible to video tape the interviews, this will also help them "see" how they come across to others and what they need to do to improve their chances for success.

One of the most difficult types of question to prepare for is the behavioral question but they are the most important and tell the Interviewer a lot about the candidate. As an example a behavioral question related to compassion skills might be "Tell me about a time when you helped someone or a group less fortunate than you" or "Tell me about a time when you learned to get along with someone you found to be a very difficult person." Here the positive traits the interviewer is looking for are: shows empathy for others, gives others the benefit of the doubt, shows compassion for people even if he/she doesn't particularly like or respect them, willingness to help others and tolerates differences in behavior. On the negative side the answer could show low value for people, discomfort when dealing with others feelings, being judgmental or critical, or doesn't know how to show compassion. If they were asking about the ability to set priorities they might ask "Tell me about a time when you had to deal with two important things at once" or "Tell me about a time when you were overwhelmed with obligations." In this latter example the positive things the interviewer is looking for is: logical scheme for deciding what's important, or whether you can project consequences for choices, or courage to make choices or say no, or the ability to differentiate between critical and trivial. On the negative side they may see in the answer such things as not providing focus for others, lacking courage to make choices, or having poor time management skills. (Lominger International:A Korn/Ferry Company, 2010)

We are a very diverse cultural society so learning what works best in a particular environment will provide the student with an advantage during the interview process. This is where the career services or faculty can help students understand these subtle differences in the environment of each place the student seeks employment. Knowing and understanding cultural differences is as important with people as it is with the work environment. Understanding and being sensitive to these differences is part of what we must know as nurses so applying this to a work environment is another one of those skills that must be broadened and transferred.

Be prepared by bringing to the interview a copy of the specific resume for the specific interview, references and

any specific papers the facility has requested. In addition to posting the Professional Portfolio on the LinkedIn accounts also bring a hard copy to show their work but caution students that they only have a few minutes so don't get bogged down in the details. When interviewing being prepared includes having copies of certifications (STT Nurse Manager Certificate, ACLS, QSEN, and HIPPA etc), licenses (RN), degrees (Transcript), references, and any other items the facility may have asked to bring. Included in their documentation should be identification items like a social security card and two forms of official identification that proves they are either a US citizen or you can legally work in the USA. Faculty and career services can demonstrate to the student how to package the documents in a professional manner so they can be ready to hand the copies to the person doing the interview. Having all this readily at hand shows the interviewer the organization, preparation, forethought that went into preparing for this interview and the importance of the position to the interviewee.

Faculty and staff must continue to assist students with learning that there is always more to learn about being successful in their career. Career paths also change as our life changes but it is always important to find fulfilling professional endeavors. Emphasize to students the need to look for a position that makes them feel they are making a difference. If they love what they do, they will never really feel like they are working, they will be doing what they love—caring for others. Here are some resources to help them plan and succeed in reaching their personal goals and our goals as a university. Remember we teach them to be a nurse but their having professional employment demonstrates to the employer world that they are a nurse.

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2009-2010 New Graduate Hiring Survey

The unexpected difficulty of new RNs finding employment is now California's most pressing workforce issue. After several years of investing in building the workforce and increasing nursing program educational capacity, the new graduate hiring dilemma threatens to undermine the progress that has been made. To better understand how many newly licensed RNs are experiencing difficulties, a statewide survey was recently conducted through the efforts of the California Institute for Nursing & Health Care (CINHC), the California Board of Registered Nursing (BRN), California Student Nurses Association (CSNA), Association of California Nurse Leaders (ACNL), the California Community Colleges Chancellor's Office (CCCCO), and the UCLA School of Nursing.

Design and Sample: A random selection of 7,000 out of the 15,000 nurses who were newly licensed in California from Jan. 1, 2009 through March 31, 2010 was invited to voluntarily participate in the survey. Each received a letter from the BRN in July 2010 inviting them to access and complete the on-line survey within a one month period of time. No personal information was gathered and the all results were aggregated. Out of 1,052 respondents, we received 973 completed surveys for a 14% completed survey response rate.

Results:

Respondent Profile:

- 89% graduated from nursing schools in California within the period May 2009 through March of 2010.
 - 44% of respondents graduated in December 2009 and 37% graduated in May/June 2009
- The sample reflected the state's education system: 61% of respondents had associate degrees, 36% bachelors, and 1% were masters prepared.
- 25% of respondents live in the San Francisco Bay area; 25% in the Los Angeles/Ventura area; 12% in Orange /Riverside and San Bernardino counties; and 12% in the San Diego area.
- 32% of respondents were between the ages of 25-30; 19% were less than 25 years of age, indicating that the entry into practice is consistent with the national trend of nursing as a younger, career oriented profession.
- The majority of respondents were White, non-Hispanic (48%) followed by 12% Hispanic and 12% Black/African American.

Work/Job Experience:

- 57% of respondents are working in their first job as a registered nurse and 43% are not working as a registered nurse.
- Of the respondents who are currently working as nurses, 67% are working in an acute care hospital; the remainder are working in long term care/skilled nursing facility (12%), home health (3%) or community health (3%).
- The majority of those with nursing are working full-time (82%).
- When asked how long it took to find their first nursing job, the majority of respondents indicated less than three months (45%); 26% responded that it took 3-6 months to find their first nursing job.
- Jobs were found in a variety of ways: 28% indicated that they knew someone at the hospital or health facility where they eventually went to work; 26% indicated that they used the hospital or health facility Website; 21% responded that they had previous employment at the hospital or health facility in a non-RN position, and 20% had a referral.
- Among respondents who indicated that they were not working as an RN, 28% had been looking for a RN position 3-6 months; 28% had been looking, 6-9 months; 15% for 9-12 months and 20% had been looking for longer than 12 months (20%).

Reasons for Difficulty and Internship Attitudes:

- The reasons that were given for not finding a job were either no experience (93%) or no positions available (67%). 35% were told BSN preferred or required and 13% were told they were out of school too long.
- When asked about interest in participating in a non-paying internship, the majority of respondents (85%) indicated they would be interested.
- Although the opportunity to increase skills and competencies was overwhelmingly an incentive to participate in an internship (96%) so was:
 - Exposure to employers (91.7%)
 - Improving ones resume (86.8%)
 - 59.6% felt obtaining college credit was an incentive
 - 37.7% felt deferment of student loans was an incentive
- 85% would be willing to participate in an unpaid

internship and 46.8% would be willing to pay a tuition fee to participate.

- 76% indicated that if given the opportunity to work in a non-acute health care facility they would consider this as a great opportunity.

This survey was a snapshot of the hiring dilemma new RN graduates are facing in California and its findings are a resource for nurse leaders seeking creative ways to employ recently graduated nurses. The sample accurately reflects the demographics of new graduates from the annual BRN school survey and their regional distribution. It also mirrors the response of a survey of employers of nurses conducted by CINHC and the Hospital Association of Southern California (HASC) in 2009, which indicated that 40% of new graduates may not be able to find jobs in California hospitals because of a lack of available positions. The employer survey also indicated that non-acute health facilities had positions available for nurses, but did not have the resources to hire and train new graduates.

This survey also indicates that the use of unpaid internships may be a way to keep the newly licensed RN engaged in the work force, providing an opportunity to increase skills and competencies, while they seek employment.

California needs to keep newly licensed RNs engaged and in the nursing workforce as they are the critical resource for ensuring the state has the nurses to provide care to the people of California when the economy improves and the expected exodus of experienced nurses hits. Nurse leaders from academia and service must begin to share best practices and innovative strategies to ensure that new RNs maintain and gain competencies during this temporary employment hiring lull, as the nurse shortage is not over with.

The research team thanks all of the new graduates who took time to share their hiring experiences with us. These results will be shared with others concerned about the difficulty new graduates are having finding RN positions.

October 6, 2010

Study Team:

Louise Bailey, MEd, RN, Interim Executive Officer, California Board of Registered Nursing
 Suzette Cardin, DNSc, RN, FAAN, Assistant Dean, University of California Los Angeles School of Nursing and Principal Investigator for the survey
 Deloras Jones, MS, RN, Executive Director California Institute for Nursing & Health Care
 Patricia McFarland, MS, RN, FAAN, Executive Officer for Association of California Nurse Leaders and California Student Nurses Association
 Jose Millan, JD, Vice Chancellor, California Community Colleges Chancellor's Office

In Memoriam

Maribeth Badura | 1947-2010: Visionary and Leader for Maternal and Child Health

Health Resources and Services Administration's (HRSA) employee, Ms. Maribeth Badura, an exceptional leader and manager of governmental programs serving women, mothers, infants and families, died at her home in NW Washington, DC on October 10, 2010. She leaves a long legacy of exceptional public health civil service and dedication to nursing, especially for high risk maternal and child health populations.



Maribeth Badura

For those wishing to contribute to the *Maribeth Badura Memorial Fund*, please contact CAPT Karen Hench at Khench@hrsa.gov or 301-443-0543.

Ms. Badura, 63, a Milwaukee native educated in Chicago, joined the Federal HHS HRSA staff located in Rockville, MD in 1991. Between 1991 and 2010, she was instrumental in the creation, implementation, oversight, and evaluation of the National Healthy Start (HS) Program to eliminate health disparities and infant mortality, particularly among high risk populations. The Healthy Start Initiative focuses on reducing the contributing factors to infant mortality utilizing community-based strategies to serve pregnant and parenting women, infants and their families. Originally stationed in

HRSA's Chicago Field Office serving as Nurse Consultant for the Midwest area, Ms. Badura began working with communities applying for the HS infant mortality reduction demonstration program in April 1991, and served as a project officer for the first communities funded under the Initiative in 1991. In 1993, she relocated to Washington, DC as project officer and became a HS Branch Chief in 1995. In 1998, she became the Acting Director for the MCHB Division of Healthy Start and Perinatal Services and was named as the Director in 2004. She has participated in the growth of the HS program from 15 communities funded at \$13 million in 1991 to 104 communities at \$105 million in 39 States, the District of Columbia and Puerto Rico in 2010. In addition, she oversaw about \$7 million in other programs serving women and parents. She recently received the National Perinatal Association's National/International MCH Award; the MCHB Director's Achievement Award; and the US Public Health Service Minnegerode Award for Nursing Excellence - Gregg Group Award for Teamwork.

Prior to HRSA, Maribeth worked for the Illinois Department of Health as a Nurse Consultant (1983-86), a Clinical Nurse Specialist at Mt. Sinai Medical Center (1981-83); Rush Presbyterian St. Luke's Medical Center/Rush College of Nursing (1974-1981) where, as a Practitioner Teacher/Assistant Chair, she headed the practice and university MCH activities; Mercy Hospital and Medical Center (1971-1974); and, the University of Illinois Medical Center (1969-1971). An active member of the American Nurses' Association (ANA), Ms. Badura served as President of the Illinois Nurses

Association, testified before Congress on the uninsured, and chaired several national committees dealing with nurse workforce issues for ANA.

Maribeth Badura was a true nursing and public health visionary, leader, mentor, and champion. Ms. Badura is survived by her brothers, James and Thomas.

Ildaura Murillo-Rohde PhD, RN, FAAN 1920-2010

The American Nurses Association (ANA) joins the nursing community in mourning the passing of Ildaura Murillo-Rohde, PhD, RN, FAAN, founder of the National Association of Hispanic Nurses (NAHN). Dr. Murillo-Rohde, who was named a "Living Legend" by the American Academy of Nursing in 1994, passed away in her native country of Panama on September 5, a day shy of her 90th birthday.

She founded Washington, D.C.—based NAHN in 1975, after a Hispanic Nurses Caucus was formed at the ANA convention in 1974. NAHN provides a forum for nurses to evaluate the health care needs of the Hispanic community, and to assess the quality of health care services and barriers to delivery of health care.

Dr. Murillo-Rohde was the first Hispanic nurse to receive a B.S. and M.A. degree in psychiatric nursing at Columbia University under Hildegard Peplau, a pioneer in psychiatric nursing. Dr. Murillo-Rohde received the ANA award for outstanding achievement in psychiatric nursing, named after her mentor Hildegard Peplau, in 1992.

Dr. Murillo-Rohde served as dean and professor of the College of Nursing for the State University of New York-Brooklyn, where she helped create the graduate nursing program. Before her SUNY-Brooklyn tenure, she worked in nursing education and program director positions at the University of Washington, City University of New York and New York University.

Dr. Murillo-Rohde began her career as a staff nurse at Bellevue Psychiatric Hospital in New York in 1950. She helped implement psychiatric units and served as chief nurse of the psychiatric divisions of two other New York hospitals—Elmhurst General and Metropolitan Hospital-New York Medical Center.

She was a member of ANA's Affirmative Action Task Force, Commission on Human Rights, and Cabinet on Human Rights, and the organizer of the ANA Council on Cultural Diversity.

For more information, contact the National Association of Hispanic Nurses at 202-387-2477 or by e-mail at info@thehispanicnurses.org. The organization's website address is: www.thehispanicnurses.org.

American Nurses Advocacy Institute

I just returned from the American Nurses Advocacy Institute (ANAI) October 24-26, 2010 in Washington D.C.. I would like to thank ANA/C for giving me this opportunity.

The goal of the Institute was to prepare participants to become role political leaders for our state and national nurses' associations. The culmination of the Institute was for us to participate in lobbying our State Congressional representative for two national legislative bills that ANA supports.

The Institute started with an informal get together, where participants from different States introduced themselves. Janet Haebler, Associate Director of ANA State Government Affairs, began the discussion by defining advocacy, and explaining the mission, vision, and desired outcomes of the Institute. Advocacy was defined as the effort to influence public policy through various forms of communication and grassroots efforts. ANA is interested in expanding the grassroots capacity of the nursing profession in health care policy through the creation of American Nurses Advocacy Institute (ANAI).

There were four presentations that taught participants how to lobby support for health care and educate members of Congress on the two national bills.

- H.R. 4993/S.2814 Home Health
- H.R. 2381/S.1788 and H.Res.510 Safe Patient Handling

The first presentation discussed effective strategies for creating and sustaining policy change. The take-away from this presentation was to clearly define the problem and the goal to be accomplished. This begins with knowing who you are speaking to, who has power, and who is influential. It also involves deciding how success will be defined, measured and evaluated.

The second presentation was called Politics 101, and discussed the legislative process. The process is slow, complex, dominated by interest groups, driven by politics, and influenced by action of individual citizens. This is where nurses activism can make a difference. The take-away from this presentation was that all politics begins at the local level and all politics is about relationships.

The third presentation discussed how to develop a message for legislators and media. The presenters emphasized the importance of nurses realizing their power; nurses are the largest and most trusted group in the health care profession. When nurses prepare their political message they should always know the way their opposition thinks. Do your homework and be prepared to answer questions. The presenters stressed that nurse lobbyists should never answer a question if they do not know the answer. Nurse lobbyists should always reduce their messages to key points that can be easily remembered and then tell a story that emphasizes the key points. The key to having a message heard and retained by the target audience is repetition.

The fourth presentation pertained to nurses conducting a political environmental scan. The take away in this presentation consisted of three key points; timing, relationships, and resources.

1. Timing refers to determining if there is a history associated with an issue/initiative. What is the public level of awareness? What are the possible competing factor?
2. Relationships refers to what type of relationship exists between nurses and influential stakeholders. Also what organization or groups have a vested interest in the issue, either favorable or opposed.
3. Resources refers to determining if there is data that support the issue and what financial and human resources are required.

In summary, ANA believes the time is right to draw attention to the role nurses play in healthcare and healthcare policy making. ANAI is interested in pursuing federal and state policies that:

1. promote better funding for the nursing workforce
2. help nursing schools educate more nurses
3. help hospitals and other health care facilities retain highly skilled nurses
4. promote advance practice nurses practicing to the full extent of their education and training

Board of Registered Nursing Update...

New Executive Director of the Board of Registered Nursing Is Sworn In

ANA/C is pleased to join many other nurses in recognizing Louise Bailey, MEd, RN as the new executive director of the BRN. She was offered the position at the November 17-18, 2010 Board Meeting. Louise Bailey, MEd, RN accepted the Board of Registered Nursing's Executive Officer position and was sworn in on November 23rd. Louise has been serving as Interim Executive Officer of the Board of Registered Nursing since July 27, 2009 and has been with the Board for more than 16 years. Prior to becoming Interim Executive Officer, she was the Supervising Nursing Education Consultant for the Board for nearly eight years and has had a long and distinguished nursing career before joining the Board in 1994. Board President Jeannine Graves RN gave glowing praise to Louise Bailey at the Deans and Directors meeting in Monterey, CA October 2010, and told the group that the complete Board was behind Louise and the work the BRN staff was doing.

Further BRN Cuts Expected

Since the articles trashing the BRN last year, there have been numerous proposed steps to improve the timeline for the BRN nurse discipline investigations. Unfortunately, the legislators and Governor still refuse to recognize that the funds for the board staff positions come from the renewal fees for all registered nurses and recently demanded that the board make further cuts in the BRN staff. If the BRN does not spend the money raised through the licensing renewal fees, the money goes into a reserve fund for the BRN. Currently, there is a reserve fund for the BRN.

The ironic situation exists today in that the Legislature has demanded that the BRN staff salaries be cut by 5% (\$417,000) while at the same time, the Legislature requested the BRN board to submit a plan that improves disciplinary investigations timelines and approved the hiring of 160 FTEs additional positions for investigative work. The BRN is functioning under a hiring freeze with an unspecified ending date and is not even allowed to promote staff. Six positions have been held open since July 1, 2010 to help meet the 5% demanded cut. But even if these six positions are eliminated; it is not enough to meet the 5% cut requirement. Unfortunately, the new positions approved (160 FTEs) for disciplinary enforcement have been targeted to meet the demand for a 5% cut in salaries. The BRN is functioning with a skeleton crew that has the responsibility to (1) approve new graduates to sit for the NCLEX, (2) approve the 140 plus programs

and applications for new programs, (3) approve licensure transfers and renewals, (4) oversee continuing education and discipline programs for licensees.

There are four limited term staff members who were hired to deal with the discipline backlog. However, at the time of this article, the four staff members have not been approved to continue their employment. Furthermore, the current number of licensing temporary BRN staff has not been enough to cover the loss of the BRN half time limited term person and the BRN desk is backed up. In addition, allowing time off for normal issues like illness, combined with furloughs (mandatory time off to balance the state budget) has resulted in an accumulated back log in the processing and investigating of new complaints and transmitting these cases to the Attorney General's office. The Department of Consumer Affairs Agency has approved overtime for BRN staff to clear backlogs. However, the BRN enforcement staff is tired and becoming burned out trying to keep up with the pace of work necessary to improve the case turnaround times with no additional staff.

Louise Bailey, Executive Director, met with Department of Consumer Affairs staff and the Attorney General's office to discuss some of the key issues causing the backlog in nurses' discipline cases. One major issue is the preparation of default decisions that has been moved from the BRN back to the Attorney General's office because of a Supreme Court Ruling. A pilot program will be implemented to resolve this problem. Another concern is the modified BRN case movement guidelines to ensure that the specific timeframes for case milestones are met. The attorney general's office has been inundated with cases beyond what was expected when the original guidelines were proposed. Therefore, case assignments have been delayed, which in turn, delays the preparation of the initial pleadings and has resulted in follow up calls/emails from the BRN case analysts. Presently, other options are being reviewed. There are continued delays in attempting to settle cases, many caused by unresponsive Respondents or their legal counsel. A creative program to address this major problem is being discussed. Since January 2010, 1036 applicants have stated they had something to disclose.

However, no rap sheet for convictions has been found. The BRN has been told that is not uncommon for self reported convictions not to match the Department of Justice report. These serious issues and barriers add to the case loads of the BRN disciplinary team.

Fingerprinting Requirement

A letter will be sent to approximately 7200 nurses who answered "yes" to completing the fingerprint requirement and the fingerprints have been submitted. The letter requests proof from the licensee or action will be taken against their license. This recent regulation dramatically increases the workload of the BRN staff by adding another requirement to the processing of the license renewals.

Diversion Investigations

BRN investigators have completed 92 investigations but there are still 678 pending investigations. There are only two retired annuitants reviewing accusations at this time. From July to November 2010, enforcement prepared nine default decisions and served 233 accusations. The BRN is reviewing national data to determine the number of inactive licensee's who have action taken against them in other states. Holds have been placed on 1915 inactive records to alert BRN staff when a nurse on the list attempts to activate the license. Of the documents reviewed, 204 were referred to the attorney general, 21 to site and fine, 229 closed without action, and 64 have a settlement waiting. The BRN is reviewing their policy about how long a discipline action needs to be posted on the webpage. Nurses, with action that is older than 20 years are still cited. A legal decision states the Diversion Program Evaluation Committees (DEC's) must give notice to their meetings and start in open session. Most of the work of the committee, reviewing diversion participants, must be done in executive session but they still must offer an opportunity for the public to participate. There are 501 participants in the BRN Diversion Program and 463 licensees in the probation program. The Board projects they will get 8496 complaints against licensees this fiscal year. This is up from 7483 in the previous fiscal year. Approximately 516 will go to diversion.

Board Of Registered Nursing Raises Fees

Effective January 1, 2011 fees for RN renewals and licensure, including temporary licenses, interim permits and delinquent fees, will increase. Please refer to the Approved Regulatory Language on our website, <http://www.rn.ca.gov/regulations/approved.shtml> for the new fee schedule and additional information.

1417. Fees.

Pursuant to sections 2815, 2815.1, 2815.5, 2815.7, 2816, 2830.7, 2831, 2833, 2836.3 and 2838.2 of the code, the following fees are established and shall become effective January 1, 2011:

(1) Application fee for licensure by examination	\$150
(2) Application fee for licensure by endorsement	\$100
(3) Biennial license renewal fee	\$140
(a) <i>Renewal fee – BRN</i>	\$130
(b) <i>RN Education Fund administered by Office of Statewide Health Planning and Development</i>	\$10
(4) Penalty fee for failure to timely renew a license	\$65
(5) Application fee for continuing education provider approval	\$200
(6) Biennial continuing education provider approval renewal fee	\$200
(7) Penalty fee for failure to renew a continuing education provider	\$100
(8) Penalty for check returned unpaid	\$30
(9) Interim permit fee	\$50
(10) Temporary license fee	\$50
(11) Fee for processing endorsement papers to other states	\$60
(12) Certified copy of a school transcript	\$30
(13) Duplicate license fee	\$30
(14) Fee for evaluation of qualifications to use the title "nurse practitioner"	\$75
(15) Application fee for certificate as a nurse-midwife	\$75
(16) Biennial nurse-midwife certificate renewal fee	\$75
(17) Penalty fee for failure to timely renew a nurse-midwife certificate	\$37
(18) Fee for application for nurse-midwife equivalency examination	\$100
(19) Application fee for nurse-anesthetist certificate	\$75
(20) Biennial nurse-anesthetist certificate renewal fee	\$75
(21) Penalty fee for failure to timely renew a nurse-anesthetist certificate	\$37
(22) Application fee for drug/device furnishing number	\$50
(23) Biennial drug/device furnishing number renewal fee	\$30
(24) Penalty fee for failure to timely renew drug/device furnishing number	\$15
(25) Application fee for public health nurse certificate	\$75
(26) Application fee for clinical nurse specialist certificate	\$75
(27) Biennial clinical nurse specialist certificate renewal fee	\$75
(28) Penalty fee for failure to timely renew a clinical nurse specialist certificate	\$37

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 163.5, 2815, 2815.5, 2815.7, 2816, 2830.7, 2831, 2833, 2836.1, 2836.2, 2836.3 and 2838.2, Business and Professions Code.

Join the Nurses' Health Study III!

The Nurses' Health Study is growing and we want to include you! Consider joining more than 230,000 of your colleagues who have continually participated in this long-running study. The study started in 1976 with the participation of more than 100,000 nurses with a second group of your colleagues joining the study in 1989. The involvement of women like you in this study has taught us much of what we currently know about how foods, exercise, and medications can affect women's risk of developing cancer and other serious health conditions. However, there is still a great deal that we do not know, especially among women from diverse ethnic backgrounds.

The goal of this new study, Nurses' Health Study III, is to learn more about how women's lifestyles (including diet, exercise, birth control, pregnancy, etc.) during their 20's, 30's and 40's can influence health and disease risk later in life. As a nurse, your contribution to this study will be invaluable. Because of your unique knowledge, training and interest in health issues, you can provide more complete and accurate information than other women. Enrollment started in the summer of 2010 and will continue until we reach our target enrollment of 100,000 nurses.



The study has received the endorsement of the American Nurses' Association, the National Federation for Licensed Practical Nurses and other major Nursing organizations.

Consider participating in this exciting new study and spread the word among your colleagues about this unique opportunity be an active part in advancing the understanding of women's health. To join and for more information visit our website www.nhs3.org. With your help we hope to make this new study a success!

A Call for Participation from National Leaders of Nursing



As the Principal Investigator of the original Nurses' Health Study, I urge you to consider participating in this new long-term study. The original Nurses' Health Study has been ongoing for 32 years. Over this time, nurses like you from all over the country have provided a wealth of information which has changed how women's health research is conducted and has greatly improved our understanding of how to prevent major diseases like cancer, cardiovascular disease, and diabetes among others. We now need your help as we begin enrolling a new generation of nurses into the Nurses' Health Study. Your involvement will help us determine how today's environment impacts the health of women and their children and point to new ways to maintain health. We look forward to working with you for many years to come!

Sue Hankinson, RN, ScD
Principal Investigator, Nurses' Health Study
Associate Professor of Epidemiology
Harvard School of Public Health
Associate Professor of Medicine
Harvard Medical School



Whenever I hear about findings stemming from the Nurses' Health Study, I feel a sense of pride—first because these findings represent the work of researchers dedicated to learning more about the health needs of women and to do so they rely on the participation of nurses who form the database of this long standing research study. In addition, the results represent yet recognition of the contributions nurses willingly make to the health and well-being of members of our society. I urge you to continue the tradition of past generations of nurses by participating in the Nurses' Health Study, the largest and best known study of women's health issues.

Joyce C. Clifford, PhD, RN, FAAN
President and CEO
The Institute for Nursing Healthcare Leadership
www.inhl.org



As nurses we are dedicated to delivering the highest quality of patient care. The Nurses' Health Study is an invaluable tool for nurses that has led to many new insights on diabetes, cardiovascular disease, cancer and lifestyle factors to promote better health; it is essential that every nurse finds a few minutes in their day to complete this critical study.

Rebecca M. Patton, MSN, RN, CNOR
President
American Nurses Association
www.nursingworld.org



Did you know that the original Nurses' Health Study began more than 30 years ago? Well, I am pleased to report that it is still going strong. And, in response to changing times, a third phase has begun to learn more about how the lifestyles of women in their 20s, 30s and 40s can influence health throughout life. It is vital, as Nurses' Health Study III examines how today's environment impacts women's health, that the participants represent the diversity that nurses embody in the 21st century. Please help spread the word of this very important study.

Beverly Malone, PhD, RN, FAAN
Chief Executive Officer
National League for Nursing
www.nln.org



Overall, racial and ethnic minorities continue to be disproportionately affected by illness and disease. The participation of nurses from various ethnic minority backgrounds in the Nurses' Health Study III will help provide much needed data to assist in improving the quality of life for racial and ethnic minority individuals in the US. It is important that ethnic minority nurses in their 40's and younger take the time to consider participating in this very important research study.

Debra A. Toney, PhD, RN
President
National Black Nurses Association
www.nbna.org



It is an honor for me to be part of such a groundbreaking study as the Harvard Nurses' Health Study III. Previous versions of this study have helped women improve their own health as well as guide nursing practice. Please help to ensure further breakthroughs as the study seeks to include young nurses in their early reproductive years. As a new nurse, I frequently hear that I am the the future of nursing. Join me and sign up today to participate in this study and be a part of future discovery!

Jenna Sanders
President 2008-09
National Student Nurses Association
www.nсна.org



As we continue to care for the ill and promote wellness in our community, it is equally important that we watch the trends in the health of nurses. Please join us in participating in a long term study on the health of the nursing community. The study will be ongoing for many years to come, and yet will take only a few moments of your time. I hope you will assist us in finding ways to take better care of ourselves.

Ottamissiah Moore,
BS, LPN, CLNI, WCC, GC, CHPLN
President
National Federation of Licensed Practical Nurses
www.nflpn.org



Golden State Nursing Foundation (GSNF)



Membership Form for the Golden State Nursing Foundation

Yes, I would like to become a Friend of the GSNF and receive emailed and mailed updates as to the foundations projects and events.

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CAPNAP



CALIFORNIA ASSOCIATION OF PSYCHIATRIC/MENTAL HEALTH NURSES IN ADVANCED PRACTICE

Application for Membership

Last Name		First Name	MI	Credentials	Date of Application
Mailing Address		Apt. / Unit Number		Home Phone	<input type="checkbox"/> Join CAPNAP
City		State	Zip Code	Home Fax Number	<input type="checkbox"/> Join ANA - ANA\CA & CAPNAP
E-mail Address				Basic School of Nursing	
Place of Employment				License Number	Year Graduated
Title/Building/Department				Business Phone	
Address				Business Fax	
City		State	Zip Code		

Join/Renew CAPNAP Membership	\$ 50.00	Membership in CAPNAP only
Join ANA through ANA\CA and renew CAPNAP Membership	\$255.00	Full Membership
	\$127.50	Student Membership
	\$ 63.75	Retired Membership

I WOULD like to join ANA through ANA\CA at this time. By joining ANA-ANA\CA today, I understand I do not owe an additional \$50.00 for my membership in CAPNAP.

I am CURRENTLY a member of ANA through ANA\CA and plan to renew my membership in ANA-ANA\CA when due. I understand that I do not owe an additional \$50.00 for my membership in CAPNAP because of my current membership in ANA-ANA\CA.

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Yes, add my email address to the CAPNAP/ANA\CA (if applicable) list serve so that I will receive email notification of current legislation that CAPNAP/ANA\CA (if applicable) is following.

I am interested in or would like to serve on a CAPNAP committee: (please check all that interest you);

- Legislative Committee
- Bylaws Committee
- Policy and Practice Committee
- Continuing Education Committee
- Membership Committee
- Finance Committee
- Nominating Committee



Monday
April 4th 2011
Registration begins at 8:00 am.

RN Days

On April 4th, 2011, the American Nurses Association\Ca will present a dynamic educational conference in Sacramento: RN Days 2011. The program will focus on opening the world of politics and legislation in a friendly and easy to understand venue, as well as the issues that affect the nursing profession. The goal; *to open up new avenues of thinking as to how nurses can participate in the legislative process and support the nursing agenda throughout the state of California.* It is important that all nurses and school of nursing students know and understand that their voice can and will protect and enhance the nursing profession, as well as nursing's position in the medical and political communities. **Because we shape the agenda around the issues and committees happening at the time, the agenda will not be available until a couple weeks before the event. You must register at least two weeks before the event. The agenda may also change based on committee hearing and availability of political persons. Late registrants are not guaranteed a position. Email confirmation and packets will be sent.**

Name	ANA\CA Member Number: _____	Check In/Program	Price	<i>Mail your completed registration form along with payment to: ANA\California RN Days 2011 1121 L Street, Suite 409 Sacramento, CA 95814</i>
Address	<input type="checkbox"/> ANA\CA Member—Monday 4/4/2011	8:00am/8:45am	\$25.00	
Phone	<input type="checkbox"/> Student—Monday 4/4/2011	8:00am/8:45am	\$35.00	
Method of Payment	<input type="checkbox"/> Non-Member—Monday 4/4/2011	8:00am/8:45am	\$65.00	
	<input type="checkbox"/> Master Card <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> American Express			<i>Credit card payments may fax registration form to ANA\CA at 916-442-4394.</i>
Credit Card #	Exp. date	License Number	Total: _____	<i>Needing more information? Please visit our website at www.anacalifornia.org or call 916-447-0225</i>
Signature of Card Holder	School of Nursing	Year Graduated (y/g)		

UCSF Appoints New Nursing School Dean

David Vlahov, PhD, RN, a pioneer in urban health research, expert in global health epidemiology and highly prolific author, has been appointed the new dean of the University of California, San Francisco School of Nursing, one of the nation's preeminent graduate schools.

Following approval by the UC Board of Regents, Vlahov joins the university from the New York Academy of Medicine, where he serves as the Senior Vice President of Research and Director of the Center for Urban Epidemiologic Studies.

"I am extremely pleased to announce this appointment," said UCSF Chancellor Susan Desmond-Hellmann, MD, MPH. "David brings an exciting combination of community-based research and intervention to UCSF, a unique blend of experience, leadership skills and interests that is highly relevant given the continually evolving landscape of health care in general and the field of nursing in particular."

A scientist and registered nurse, Vlahov will become dean on April 1, 2011.

"This is a very exciting opportunity," he said. "During my visits to UCSF, I have been energized by the enthusiasm, the intelligence, the great leadership. It's a terrific environment."

Vlahov succeeds Kathleen Dracup, RN, FNP, DNSc, FAAN, who had led the nursing school since 2000. During her tenure, the school tripled its research grant funding to nearly \$40 million, doubled its endowment to \$26 million and increased enrollment by 40 percent to 724 students. Internationally recognized in the field of cardiovascular

nursing, Dracup stepped down in October and returned to the UCSF faculty.

The university conducted an extensive national recruitment before selecting Vlahov, who reports to Desmond-Hellmann. He is also being appointed as a tenured faculty member without salary while serving as dean.

Vlahov will earn \$350,000 in total annual compensation as well as moving expense reimbursement and a lump sum relocation allowance of \$25,000. He is eligible to participate in the University of California Home Loan Program, and to receive standard pension and health and welfare benefits, including senior management life insurance and executive salary continuation for disability.

Since 2006, Vlahov has served as the Senior Vice President for Research of the New York Academy of Medicine. He also is a professor of Clinical Epidemiology at the Joseph L. Mailman School of Public Health at Columbia University, adjunct professor of Clinical Epidemiology and Health Services Research at Cornell University, adjunct professor of psychiatry and nursing at New York University, adjunct professor of pediatrics at Mt. Sinai School of Medicine, New York and adjunct professor in epidemiology at the Johns Hopkins Bloomberg School of Public Health.

While at the New York Academy of Medicine, Vlahov built the Center for Urban Epidemiologic Studies in several areas of research including behavioral and community intervention for HIV prevention, population-based studies of mental health, including a mental health assessment

and follow-up on 3,000 New York City residents after the events of Sept. 11, 2001. While there, he has made substantial efforts in building research on urban health in the global arena, serving as an expert advisor to the World Health Organization. He is the founder and first president of the International Society for Urban Health, and has convened nine annual international conferences on the topic. The most recent Conference included 720 participants from 44 countries.

His service at Johns Hopkins University spans nearly a quarter-century in various academic leadership roles, centering primarily on epidemiology. His study of HIV infection among injection-drug users in Baltimore, which began in 1987, is the longest-running epidemiological investigation of its kind.

He also has worked as a nurse in facilities as varied as a nursing home and the medical unit of a maximum security prison.

In his new role, Vlahov's responsibilities include advancing the School of Nursing's commitment to combining research and scholarship with high quality clinical education at the graduate level, developing new ways to sustain the school's growth, leading the school in its strong commitment to diversity, and serving as a key thought leader in the national and international nursing community.

Among his top priorities, Vlahov cited updating a strategic plan for the school, expanding the role of nursing in community practices and establishing a framework for nursing that reflects global health trends and the demands of health care reform.

"The School of Nursing has made some inroads in global health," he said. "We're at a time when it needs more definition in terms of practice and research."

Vlahov said that one of his first tasks at UCSF is "to have extensive conversations with faculty and alumni" about the direction of the school and to extend that dialogue to current students. "I want to really listen to them about what they are doing, what ideas are coming out that I can use in my role as dean to communicate to the rest of university and to alumni about the richness of the nursing school culture."

Desmond-Hellmann said that Vlahov's research focus closely aligns with UCSF's current and future directions, particularly with the university's mission of advancing health worldwide.

"Not only is David a respected scientist in the areas of HIV risk and mental health following community disasters, he is also known for his longstanding commitment to addressing health care disparities through his vibrant community research and clinical activities," she said. "He has led epidemiological studies in Baltimore, Harlem and the Bronx. His outcomes have exemplified how individual- and community-level intervention studies can address social determinants of health."

"His interests in urbanization in both developed and developing countries will find compatible homes here in the San Francisco Bay Area and with our internationally-active faculty."

Vlahov, who was born and raised in Washington D.C., attended the "I Have a Dream" speech of Dr. Martin Luther King Jr. in 1963, and says it so transformed him that he decided to spend his life "serving people, working for social justice and recognizing how important diversity is."

He chose nursing as his profession because it seemed an ideal match between his scientific interests and his avocation toward public service. "I've always liked the idea of caring for other people," he said. "I felt that nursing epitomized it."

Vlahov received a bachelor's degree in 1974 from Earlham College (Indiana); bachelor's and master's degrees in nursing in 1980 from the University of Maryland; and a doctorate in epidemiology in 1988 from the Johns Hopkins School of Hygiene and Public Health.

He is the editor of three books on urban health and author of more than 600 scholarly articles. He also serves as editor-in-chief of the *Journal of Urban Health* and editor for the *American Journal of Epidemiology and Infectious Disease*.

An expert hobbyist photographer, he has been married for 20 years to Robyn Gershon, DrPH, an occupational and environmental health and safety researcher who serves as associate dean for research resources at Columbia University's Mailman School of Public Health. They are the parents of two children, Alexandra and Alexander, and grandparents of three.

UCSF is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care.

ANA

December 7, 2010

Amy Chiaro
Executive Producer
The Dr. Oz Show
ZoCo Productions
30 Rockefeller Plaza
New York, NY, 10112

Dear Ms. Chiaro:

On behalf of the American Nurses Association and the 3.1 million professional registered nurses, I am writing to express my disappointment at the sexist caricature of nurses displayed during a recent episode of "Dr. Oz." On November 4th, you aired a segment entitled "Have Mercy: Moves to Lose" which showed women, dressed as 'nurses' in skimpy outfits demonstrating dance moves.

Ms. Williams's commitment to improving her health is admirable, but the image of a group of women in tight nurse's costumes and heels was gratuitous and had nothing to do with the message of dancing and fitness. What purpose did it serve to dress women up in these costumes instead of workout gear?

Fortunately, the public has other resources for information about nurses and nursing. In a recent Gallup poll, nurses were voted the most trusted profession for the 11th year. Eighty-one percent of Americans believe nurses' honesty and ethical standards are 'high' or 'very high.'

I hope that in the future, your show will take a more responsible and respectful approach to its portrayal and discussion of nurses. You have a valuable forum for highlighting the many innovative ways nurses are improving the health of the American public, from nurse practitioners delivering primary care, to nurses who work to expand access to care for vulnerable populations and others who are champions of immunizations. Examples include:

- Sharon Rohrbach, founder of the Nurses for Newborns Foundation, which works to increase access to health care services for at-risk families to prevent infant mortality, child abuse, and neglect and promote appropriate health care and positive parenting skills.
- Michelle Lauer, who advocates for more environmentally friendly work environments through Nurses Healing Our Planet.
- Christie London, a nurse with the Native American Health Services who dramatically increased immunization in Native American communities using a culturally sensitive approach.

Dr. Oz has said he has the 'utmost respect' for nurses. He has countless opportunities to demonstrate his respect on his show. A series of shows in the coming months or during National Nurses Week, May 6-12, showcasing the contributions of nurses would go far toward demonstrating that respect. ANA is happy to work with you to identify nurse experts and nursing's contributions to the health of the American public. Thank you.

Sincerely,

Karen A. Daley, PhD, MPH, RN, FAAN
President
American Nurses Association
8151 Georgia Avenue
Suite 400
Silver Spring, MD 20910-3492



Announcement: Appointment of Dean of Nursing for WCU LA Campus

I am pleased to announce the appointment of Dr. Rosanne Curtis as the new Dean of Nursing for the LA Campus of West Coast University.

Dr. Curtis comes to WCU from her current position as the Dean of Nursing at Mount St. Mary's College ("MSMC"), Los Angeles. She was appointed Dean at MSMC in January of 2008 and also holds the rank of Associate Professor. MSMC offers five nursing programs and is home to some 700 nursing students.

Dr. Curtis earned her BSN at MSMC, a Master of Nursing from UCLA, and an Ed.D. from Pepperdine University. Her doctoral dissertation was entitled: "Nursing Partnerships: Collaborating to Meet California's Changing Health Care Needs."

Prior to her deanship at MSMC, Dr. Curtis invested 21 years of her professional life with Kaiser Permanente. She served there in various roles, including Director of Education, Nurse Executive and Assistant Hospital and Medical Group Administrator. In the position she held prior to leaving Kaiser Permanente, Dr. Curtis was Senior Project Manager, responsible for implementing the Comprehensive Electronic Health Record at the 12 Medical Centers across Southern California.

Actively involved in regional and national nursing organizations, Dr. Curtis has been a member of Sigma Theta Tau since 1983, a member of the Association of the Colleges of Nursing, member and chair of the Association of California Nurse Leaders, founding member and first Chair of the Greater San Fernando Valley and Los Angeles Area Nursing Resource Coalition, and a fellow of the California Health Care Foundation Leadership Program. She is also a regular presenter and a published author in professional nursing journals.

We eagerly await her arrival on November 1st to assume her new role with West Coast University. The LA campus, and the entire University, will benefit greatly from her leadership. Please join me in welcoming her when she joins us.

Barry T. Ryan, J.D., Ph.D.
West Coast University
President

43% of New Registered Nurse Grads in California Are Not Working as RNs Nurses Say Most Common Reasons for Not Landing a Job Were No experience and No Positions Available

OAKLAND, Calif.—November 22, 2010—According to a recent survey by The California Institute for Nursing & Health Care (www.cinhc.org), 43 percent of nurses that graduated between May 2009 and March 2010 were unable to land an RN job.

Among the over 1,000 survey respondents, the most common reasons given for not finding an RN job were: no experience (93%), no positions available (67%), BSN preferred or required (35%), or out of school too long (13%).

"The unexpected difficulty that new RNs are having in finding employment is now California's most pressing workforce issue," said Deloras Jones, RN, MS, executive director of the California Institute for Nursing & Health Care, which coordinated the survey. "After several years of investing in building the workforce and increasing nursing program educational capacity, the new graduate hiring dilemma threatens to undermine the progress that has been made."

The statewide survey was done to better understand how many newly licensed RNs are experiencing difficulties. Collaborators included the California Board of Registered Nursing (BRN), California Student Nurses Association (CSNA), Association of California Nurse Leaders (ACNL), the California Community Colleges Chancellor's Office (CCCCO), and the UCLA School of Nursing. A random selection of 7,000 out of the 15,000 nurses who were newly licensed in California between Jan. 1, 2009 through March 31, 2010 was invited to participate in the survey.

Other survey findings include:

- 57% of respondents are working in their first job as an RN and 43% are not working as an RN.
- Of respondents working as RNs, 67% work in an acute care hospital; long term care/skilled nursing facility (12%), home health (3%) or community health (3%).
- 45 percent of respondents who were employed said it took less than three months to get a job; for 26% it took 3-6 months to find their first nursing job.
- Among those not working as RNs, 28% had been looking for an RN position 3-6 months; 28% 6-9 months; 15% for 9-12 months, longer than 12 months, 20%.

The survey also asked about RN willingness to participate in non-paying internship programs. Eighty-five percent were willing to do so with the main reasons being maintaining skills and increasing exposure to potential employers.

"California needs to keep newly licensed RNs engaged and in the nursing workforce as they are the critical resource for ensuring the state has the nurses to provide care to the people of California when the economy improves and the expected exodus of experienced nurses hits," said Jones.

A complete summary of survey results is available at: <http://www.cinhc.org>

CINHC (www.cinhc.org) is nonprofit organization dedicated to collaboratively developing statewide solutions to a critical nursing shortage and related nursing issues that affect the health of all Californians.

New Grad Economics: What Nursing Shortage?

by **Rachelle Sacks RN, BSN, BA**
New Graduate RN
and **Eden Epling RN, BSN, BA**
New Graduate RN

New graduate registered nurses (RNs) entering the work force face a dire job market. Health care facilities are not hiring as many new graduate RNs as they did a few years ago. According to Young (2010), the "market is "flooded" with experienced RNs who have come out of retirement, delayed retirement or gone from part-time to full-time employment because of the recession" (p. 1). Special visas were given to foreign nurses during times of nursing shortage to supplement the demand. In addition, S. Macaluso (personal communication, October 27, 2010), a Nurse Recruitment Manager for UCSD Medical Center, explained fewer nurses are retiring due in part to the recession. As a result, fewer jobs are available for both new graduate and experienced nurses.

Demand for health care is decreasing. Due to the recession, increased unemployment rates, and higher insurance costs, people who would traditionally seek medical treatment are choosing to delay care until absolutely necessary (Toth, 2010, p. 1). As hospital census declines, so does the need for nurses.

"The average age of licensed RNs is 47" (Hendren, 2010, p. 1). Eventually experienced nurses will retire and the economy will likely improve; thus, nurse recruiters expect to see another nursing shortage in five to ten years (S. Macaluso, personal communication, October 27, 2010).

Health care, like the rest of the economy, is vulnerable to cyclic economic markets. Considering the cycles of booms and busts in nursing hires, this is not a new phenomenon. These cycles can be devastating for public

safety, and given the current situation, we could be facing a problem of epic proportions.

The future of health care and public safety depend on newly graduated Registered Nurses. New grad RNs are up against challenging circumstances, employers prefer at least one year of acute care experience. Therefore, new grads graduate and aren't considered to have enough experience and training, limiting their job opportunities. The dismal job market and lack of opportunities to gain experience, including volunteer, paint a grim picture for the future of health care and nursing. The current situation, if not addressed promptly, could lead to major disabilities in the health care industry. Discouraged job seekers may seek employment in other industries, consequently reducing the number of qualified nurses available to hire. New grads entering the health care setting as experienced nurses retire, may find qualified nurses unavailable to train them. "Nurses with experience are role models and mentors for new nurses, helping the next generation become experts and passing along their wisdom" (Hendren, 2010, p. 1). New grads are the future role models, they need to be hired and trained in order to pass along their expert knowledge to the next generation of nurses and level off the boom/bust cycle.

The demand for future nurses will greatly outweigh the supply. The quality of our health care system will deteriorate without enough qualified staff or experience, and nurse to patient ratios will increase compromising patient outcomes.

It is imperative that nursing advocates find ways to help new graduates gain experience and become integrated into the job market, for the benefit of health care as a whole and for our society. The quality of health care, the future of nursing, and the well-being of patients depend upon nursing leadership and their ability to foresee potential problems before they occur.

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If you have questions or comments about this article, we'd like to hear from you at the ANAC Practice Committee. Please email the ANAC Practice Committee at donnadolar@anacalifornia.org.

The Next Health Care Workforce in California

by Michael Bernick

Former California Employment Development Department Director and Milken Institute Fellow



Michael Bernick

This past week, the California Workforce Investment Board along with the state Office of Statewide Health Planning and Development formed the state Health Workforce Development Council (HWDC) to map the future of health care employment in the state.

Over the past decade, health care has been the one sector in California that job training professionals could always count on to continue to generate jobs. Even in the past 36 months of this Recession, while other job sectors in California were shedding jobs at a rapid rate, health care continued to hold its own each month, and sometimes gain jobs. This job growth is shown in the chart on this page, compiled from payroll job data provided by Mr. Spencer Wong of the Employment Development Department.

But even health care employment in California has felt the Recession. Since reaching a high water mark of 1,448,400 jobs in March 2010, health care employment has slipped to 1,437,500 jobs in the latest August 2010 report—not a big loss compared to losses by other sectors, but one that is contrary to the direction of health care employment for so long in California. For example, for years the job of Registered Nurse (RN) was held out in the workforce system as the one job always in demand, everywhere in California. While experienced RNs today continue to find a strong job market in California, those just graduating or with few years of practice are reporting few job offers.

The recently formed HWDC will address the current market for health care workers and market for the next year or two, during which the California economy is likely to struggle. To a greater extent, as noted by Ms. Barbara Halsey, California WIB director, the HWDC will focus on the employment future in California related to the federal Health Care Act enacted by Congress earlier this year (“The Patient Protection and Affordable Care Act of 2010”). As this Act expands coverage to millions of Californians not currently with health care insurance, it will expand employment in certain health occupations. Understanding which occupations will be impacted and to what degree is a main task of the HWDC.

No sector has gotten as much attention in workforce policy under the past two California Governors than health care. Using state Workforce Investment Act funds, Governor Davis launched major initiatives to train certified

Health Care Employment in California (2007-2010)

Month/Year	Ambulatory Health Care Services	Hospitals	Nursing & Residential Care	Social Assistance (Voc Rehab, Individual & Family Services, Community Emergency Services)	Total Health Workforce
August 2007	555,100	389,600	233,700	206,700	1,385,1000
August 2008	574,900	398,200	240,000	211,200	1,424,400
August 2009	572,500	401,500	244,600	213,900	1,432,500
August 2010	585,600	400,500	244,300	207,100	1,437,500

Source: State of California, Employment Development Department

nurse assistants in the long term care industry, to develop career ladders in long term care, to train allied health staff positions, and to train additional RNs. Governor Schwarzenegger continued and expanded these programs, particularly through his \$20 million Governor’s Career Technical Education Pathways and Workforce Development Program and the \$90 million Nurse Education Initiative.

In concert with the HWDC, the next Governor will want to build on what we’ve learned from these health care workforce Initiatives, as well as what we can project on jobs generated by the federal health care restructuring.



Membership and Communication



American Nurses Association \ California Membership Application



Last Name/First Name/Middle Initial	Credentials	Date of Application
Mailing Address	Apt. / Unit Number	Home Phone Number
City / State	Postal Code 'Zip'	Home Fax Number
Basic School of Nursing	Year Graduated	License Number / State
Employer Name	Business Phone	
Title/Building/Department	Business Fax	
Address	Postal Code	
Employer City / State	E-mail Address	
Referred By: _____		

MEMBERSHIP DUES VARY BY STATE

M Membership Category (Check one)

M Full Membership Dues—\$255

- Employed—Full Time
- Employed—Part Time

R Reduced Membership Dues—\$127.50

- Not Employed
- Full Time Student
- New graduate from basic nursing education program, within six months after graduation (first membership year only)
- Grad. Date _____
- 62 years of age or over and not earning more than Social Security allows

S Special Membership Dues—\$63.75

- 62 years of age or over and not employed
- Totally Disabled

Note:

\$7.50 of the SNA member dues is for subscription to *The American Nurse*. A percentage of your dues may or may not be applied to an SNA/DNA subscription. State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

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Bank Card Number and Expiration Date _____

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Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA)
This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

Signature for EDPP Authorization _____

Mail with payment to:
American Nurses Association\California
1121 L Street, Suite 409
Sacramento, CA 95814

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STATE _____	DIST _____	REG _____	Approved by _____ Date _____
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