The 2017 National Nursing Workforce Survey

Executive Summary

The purpose of this study is to provide the nation with the most accurate data available on the characteristics of the U.S. nursing workforce. Since 2013, the National Council of State Boards of Nursing (NCSBN) and The National Forum of State Nursing Workforce Centers (Forum) have partnered every 2 years to conduct this national sample survey using the Forum's Nurse Supply Minimum Data Set (MDS), a standardized survey tool designed to collect workforce data. These data will help answer some of the pressing questions asked by health care workforce researchers, policy makers, and leaders in nursing education and practice to assist in workforce planning and provide evidence for decisions impacting the future of nursing in America.

Previously, NCSBN and the Forum reported on the state of the workforce in *The 2015 National Nursing Workforce Survey*. The 2015 study estimated that in the United States and its territories, 3,852,881 individuals held active registered nurse (RN) licenses, and 906,471 held an active licensed practical nurse/licensed vocational nurse (LPN/LVN) license (Budden, Moulton, Harper, Brunell, & Smiley, 2016). Approximately 12% of these nurses held multiple licenses. The study identified an advanced practice registered nurse (APRN) workforce that appeared to be increasing in age in addition to an aging population of nurse educators. Eighty-one percent of respondents with RN licenses were actively employed in nursing and 77% of those with LPN/LVN licenses were actively employed in nursing. According to the 2015 study, hospitals were the most common employment setting for RNs (or 54% of respondents). However, the authors recognized that the work setting for both RNs and LPNs/LVNs was changing due to telehealth technologies and other factors. Demographically, the 2015 survey found that 19.5% of RN respondents and 32% of LPN/LVN respondents were from underrepresented racial and ethnic populations. The study also noted that minority populations were better represented in younger cohorts and among more recently licensed RNs. Data from this survey indicated that the median salary for males was higher than for females among both RNs and LPNs/LVNs ($72,000 versus $64,000 among RNs, and $43,200 versus $38,000 among LPNs/LVNs.

Selected Findings From the 2017 Workforce Study

Size of the RN and LPN/LVN Workforce

As of December 2017, the total number of active RN licenses held was 4,639,548 and active LPN/LVN licenses held was 975,988, representing an increase by 261,275 of RN licenses (6.0%) and a decrease by 52,432 of LPN/LVN licenses (-5.1%) when compared to 2015. After adjusting for nurses with multiple licenses, the 2017 numbers correspond to approximately 3,951,001 RN licensees and 920,743 LPN/LVN licensees.

Aging of the Workforce

The average age of RNs is 51, which is largely consistent with previous study findings (2015 and 2013). In 2015, 12.4% of the RN respondents were 65 or older compared to 14.6% in the current study, an increase of 2.2 percentage points, which indicates a slow but steady growth of RNs that may be heading for retirement. The average age of LPNs/LVNs was 52 in 2017, a year older than in 2015. The percentage of nurses 65 and older increased from 9.9% in 2015 to 13.2% in 2017, which represents twice as much of an increase in comparison to RNs.

Gender, Race, and Ethnic Diversity

The percentage of male RNs (9.1%) in the 2017 workforce increased by 1.1 and 2.5 percentage points, respectively, when compared with findings from the 2015 (8.0%) and 2013 study (6.6%). Approximately 5% of RNs indicated that they were of Hispanic or Latino origin. In the current study 19.2% of the RN respondents were minorities, which includes other and two or more races: Asian (7.5%), Black/African American (6.2%), other (2.9%), and two or more races (1.7%). The percentage of nurses who identify as Asian in the current study exceeds the 5.7% represented in the U.S. population; the percentage of nurses who identify as Black/African American falls below the 13.3% in the U.S. population (U.S. Census Bureau, 2017). The LPN/LVN workforce remains relatively unchanged in terms of gender diversity between 2015 and 2017. The percentage of males in the LPN/LVN workforce increased by less than half of a percentage point from 7.5% to 7.7% between the two studies. LPNs/LVNs are more racially and ethnically diverse than their RN counterparts. Approximately 29% of LPNs/LVNs were racial minorities with the largest reporting minority group being Black/African Americans (18.5%).

Education

The trend toward a higher percentage of respondents pursuing a BSN degree as their initial nursing education continued in 2017 with 41.8% of the RNs reporting the BSN as the degree that qualified them for their first US nursing license, which reflects a 2.8 percentage point increase when compared to 2015 (39.0%) and a 6.3 percentage point increase when compared to 2013 (35.5%). In terms of graduate education, the number of RNs with a Master's degree in nursing has increased from 13.8% in 2013 to 17.1% in 2017, an increase of 3.3 percentage points. Although small in terms of percentage, 1.1% of responding RNs reported having a Doctorate in Nursing Practice (DNP) as their highest level of nursing education, which is double the percent of nurses who reported having a DNP in 2015. By comparison, 83.2% of LPNs/LVNs indicated that their entry-level qualification for their first US nursing license was a vocational/practical certificate. Of those, more than three-quarters did not pursue a higher level of nursing education.

Employment and Salary

Nurses work settings are changing, as patient care is no longer confined to the walls of a health care facility. Hospitals were the primary employment setting for 55.7% of RNs, 54.4% in 2015, but less than the 56.5% reported in 2013. Ambulatory care setting was the second most frequently selected employment setting reported by 9.4% of RNs, followed by nursing home/extended care (4.8%), and home health (4.3%).

The median pre-tax annual earnings for RNs in the current study increased from $60,000 in 2015 to $63,000 in 2017, which is lower than the median salary of $70,000 for RNs reported by the Bureau of Labor Statistics Occupational Outlook Handbook (2018). In the current study, responding RNs making between $80,000 and $100,000 increased by 1.6 percentage points and those making more than $100,000 increased by nearly 4 percentage points.

Nursing home/extended care was the most common work setting for LPNs/LVNs (31.7%), followed by home health settings (14.0%), and hospitals (9.6%). These findings are consistent with results from the 2015 survey.

The median pre-tax annual earnings for LPNs/LVNs increased from $38,000 in 2015 to $40,000 in 2017. However, it is also lower than the median pay of $45,030 reported by the Bureau of Labor Statistics (2018).

Telehealth

Over half (54.1%) of responding RNs provided nurse services using telehealth technologies. In the current study, 45.7% provided these services across a state border compared to 39.4% in 2015, an increase of 6.3 percentage points, and 11.1% reported providing remote services to patients or clients across national borders, which is an increase of 3.4 percentage points when compared to 2015 (7.7%).

LPNs/LVNs provided nursing services using telehealth technologies in similar proportions to RNs (54.2%). Of those providing these services, 43.9% provided services across state borders, an increase of 10.1 percentage points from 2015.

Conclusion

In conclusion, ongoing monitoring and evaluation of the nursing workforce are critical, as the nursing workforce will continue to undergo significant changes in the next few years. This survey represents the nursing workforce of *today* with the expectation that the workforce of *tomorrow* will be slightly younger, highly educated, with higher numbers working in the community providing primary health care and using technology and telehealth as a means to deliver health care. As the United States undergoes health system transformations, nurses, as the largest segment of the health care workforce and members of the interprofessional health care team, are in a unique position to contribute to and, in many instances, lead the transformation. This effort will require a nursing workforce with an enhanced set of knowledge and skills in relation to population health and wellness, multidisciplinary care coordination, technological advances in health care delivery, evidence-based data analytics, and quality improvement. All these elements create a picture of what will constitute the nursing workforce of the *future.*