2021 NCSBN Scientific Symposium **- Results From the 2020 National Nursing Workforce Survey Video Transcript**
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Event
2021 NCSBN Scientific Symposium

More info: ncsbn.org/15185.htm

Presenters
Richard Smiley, MS, MA, Senior Statistician, NCSBN

Clark Ruttinger, MPA, MBA, President, The National Forum of State Nursing Workforce Centers

- [Woman] Clark Ruttinger is the immediate past president of The National Forum for State Nursing Workforce Centers. Clark is also the director of Workforce Research as well as the director of Utah's Nursing Workforce Information Center for the Utah Medical Education Council. In these capacities, Mr. Ruttinger tracks supply, demand, and educational program data about Utah's medical workforce and works with stakeholders to develop usable information to better inform policy and strategic planning decisions.

A major goal of this work is to facilitate communication and collaboration between public and private entities as they pursue common workforce planning efforts across the state of Utah. Mr. Smiley has worked as a statistician in the research department at NCSBN for 19 years. During his time at NCSBN, he has co-authored studies on the use of simulation in nursing education and data from the National Nursing Workforce Survey and on best practices for substance use disorder monitoring programs.

He has undergraduate degrees in mathematics and computer science, and graduate degrees in statistics and demography. He is the past president of the Chicago Chapter of the American Statistical Association.

- [Richard] Hello. I am here to join Clark Ruttinger in presenting the 2020 National Nursing Workforce Survey. After I go through the background and methods of the survey, Clark will review the major results.

I will return with Clark to answer questions live after the presentation has ended. During the presentation, you are welcome to submit questions in the Q&A box. I will first note that the survey is the result of a collaborative partnership with The National Forum of State Nursing Workforce Centers.

Since the 1970s, nursing supply data had been collected every four years by the Health Resources and Service Administration, HRSA, via the national sample survey of registered nurses. After their 2008 survey was conducted, it was announced that a 2012 survey would not be conducted due to lack of funding.

NCSBN and the forum partnered in 2013 to fill the void in RN supply data by conducting the National Nursing Workforce Survey. The survey was conducted again in 2015 by NCSBN with LPN/VNs included and was subsequently conducted in 2017 and 2020.

It will be noted that HRSA resurrected the National Sample Survey of Registered Nurses in 2018 and will be conducting it again in 2022. In collecting the sample, all active RN and LPN/VN licensees were eligible for survey participation.

The sample was stratified by state and over 150,000 RNs and 170,000 LPN/VNs were selected to be sent the survey. In composing the survey, the forum's minimum supply dataset was used to form the bulk of the questions.

Additional questions about telehealth, National Licensure Compact, specialty setting, future retirement, and direct patient care were added to it. Surveys with cover letters were mailed out to selected nurses in early February of 2020. Due to the pandemic the first reminder letters were mailed out six weeks after the initial mailing rather than four weeks.

The final reminder letters were sent out 10 weeks after the initial mailing. The survey closed at the end of June. After all of the responses were in, a nonresponse bias analysis was conducted to evaluate survey response patterns by age, gender, and race/ethnicity. There were insufficient data available to adjust for response differences in race/ethnicity, but adjustments could be made for age and gender.

So weights were created which adjusted for nonresponse by age and gender, and adjusted for the stratification by state in the original survey design. These weights were applied to the subsequent descriptive analysis. Over 40,000 RNs responded to the survey and nearly 40,000 LPN/VNs responded. The response rate for each group was near 25%.

For both groups, over 30% of the surveys were returned electronically, a proportion that has been continually increasing since 2013. Clark will now review the survey results.

- [Clark] Thank you, Richard. I really have to say it's been a privilege to work with you on this project over the last year and I want to thank also the other...my colleagues from The National Forum of State Nursing Workforce Centers who put a lot of time and effort into this project as well. It's really been a great collaboration between the State Nursing Workforce Centers and the NCSBN.

I think it's provided a wonderful opportunity for us to compare notes about what we're all doing and learn from each other, and discuss ways to standardize how we measure the nursing workforce across the country. I'll add a quick plug to that. If you want more analysis of the state at the state level, I will present on this subject at the The National Forum of State Nursing Workforce Centers conference in June, June 8th through 10th of this year and you can find more information about the conference at nursingworkforcecenters.org.

So moving into the results. As you can see from the chart, the RN workforce continues to age. An area that warrants monitoring is the proportion of nurses in the workforce who are working past typical retirement age. Nurses age 65 and older account for nearly 20% of each of the RN and LPN workforces.

In 2017, the same age cohort accounted for 15% of RNs and 13% of LPNs. And looking at LPNs, the pattern holds similar for LPNs. There's been an increase in the number of men in the nursing workforce. This is the result of improved representation of men among nurses under the age of 50.

Men account for a higher proportion of nurses within every age cohort between 19 and 49 years old than they account for in the workforce as a whole. And similar patterns, again, hold for LPNs. Looking at racial and ethnic diversity, younger nurses are not only more likely to be men, but they are also more likely to report identifying as an underrepresented racial minority.

As younger nurses have entered the workforce, they have introduced greater racial diversity. Nurses between the age of 19 and 49 comprise 47% of all nurses, but account for 49% of RNs who are Black African American and more than 60% of RNs who are multiracial, Asian or Native Hawaiian, or other Pacific Islander.

The racial distribution of the LPN workforce much more closely matches the racial distribution of the U.S. population than does the RN workforce. As the workforce ages and the less racially-diverse generation of nurses begins to retire out of practice, it will be important to monitor whether persons of color become overrepresented among LPNs. LPN licensure requires the lowest level of education and yields a median salary that is over 35% lower than the median income of RNs.

The significant overrepresentation of persons of color at the lowest level of nursing practice and compensation may be indicative of systemic challenges associated with persons of color having access to RN education and practice opportunities. In the 2020 survey, the proportion of RNs holding a baccalaureate degree increased for those reporting their highest level of nursing education, but remain steady for those reporting the degree held when obtaining their first nursing license.

The proportion of RNs holding an associate degree when first licensed increased slightly in 2020. This trend had been declining in recent years. When only considering the highest nursing degree earned, the proportion of RNs earning a baccalaureate or higher continues to grow although the proportion will fall short of the National Academy of Medicine goal of 80% of RNs holding a baccalaureate degree or higher.

The proportion of LPNs earning an associate degree or baccalaureate also increased slightly this year while those with a practical certificate or nursing diploma declined. There is also evidence RNs and LPNs are continuing their nursing education after obtaining their initial nursing license.

Additionally, proportionally more LPNs hold an associate or baccalaureate as their highest level of nursing education than at initial licensure. Nearly 84% of RNs work only one position in nursing, 13% report that they work two positions, and 2.4% reported working 3 or more positions.

Nearly 60% of nurses work 32 to 40 hours a week and over one-fifth of nurses work over 40 hours each week. The distribution for LPNs are nearly identical in employment status. Nursing incomes overall have at best remained nearly flat over time. Looking at the increase from 2015 to 2020 and calculating annual percentage change shows that the increase over time just barely beat out inflation.

Regional income increases in specific states as described in the report may be a good indicator for where employment demand for nurses is high in the country. As expected there's a positive relationship between the number of years licensed and earnings. This holds true no matter the age.

Hospitals continue to be the primary practice setting for RNs followed by ambulatory care settings, home health, and nursing homes. It will be important to continue to track setting migration into the future. Metrics for percent change in home health, hospice, nursing homes, faculty, or growth and increases in nurse utilization in primary care settings will be key to measure progress towards policy goals.

The percentage of the workforce in the most common specialty a saw small percentage drop since 2017, while RN selecting other specialties represented an increase from 12% in 2017. Further investigation of this data should examine increases by setting and type as well. LPNs on the other hand, tend to be clustered more in nursing home settings and geriatric home healthcare.

And with that, I'll turn the time back to Richard to discuss telehealth and multistate licensing findings, and then wrap us up. Thank you for the time.

- Nurses were asked to indicate the percentage of time they provided nursing services or communicated with a patient or client located somewhere different from where they were located via phone or electronically. Forty-eight percent of the RNs indicated they engage in telehealth at a rate similar to what was found in 2015. Among the RNs, 10% indicated that they engaged in telehealth between 76% to 100% of the time, at a rate that is up from 5.8% in 2015.

Fifty point one percent of LPN/VNs indicated they engage in telehealth at a rate similar to that of RNs, but at a decreased rate from the 54.2% of LPN/VNs engaged in 2015. Of those LPN/VNs providing nursing services remotely, similar proportions reported providing services over both state and national borders in comparison to 2017.

Similar to RNs, LPN/VNs reported increased proportions of being engaged in telehealth between 76% to 100% of their time in comparison to 2017. Usage by RNs of voiceover internet protocol, electronic messaging, and video calls increased in 2020 in comparison to 2017.

Similar to RNs, usage by LPN/VNs of voiceover internet protocol, electronic messaging, and video calls increased in 2020 in comparison to 2017. Nurses were asked if they hold a multistate license.

Among RNs who hold a multistate license, 33% have used it for physical cross-border practice while 24% have not used it at all. Among LPN/VNs who hold a multistate license, 22% have used it for physical cross-border practice while 36% have not used it at all.

In conclusion, the nursing workforce today is slightly younger, more diverse, and has a higher initial nursing education in comparison to the workforce earlier in the decade. It is expected that a large cohort of nurses will age out of the nursing workforce over the next five years.

About half of RNs and LPNs engage in telehealth. Multistate licenses are primarily being used for physical cross-border practice. Results of the survey will be published in a supplement to the April Journal of Nursing Regulation.

We will now go live for questions.

- Hello, Clark. Welcome, welcome. We are live now and...

- Hi. Good to see you.

- Good to see you. Just I'm going to be screening through here to see if there are any questions for us appealing and is there anything else you wanted to say about the survey in the interim or...?

- No. I think I'm okay. Actually, I've been playing with some of the results. It's very interesting to see how the data breaks down by state. I think this is a really valuable survey and that it's one of very few that represents the entire national workforce.

It's very difficult at the state level for us to get these descriptions and comparisons.

- Yeah. I realize that I think the one thing that's unique about the survey is that we do include LPN data that, you know, you've got the National Sample Survey of Registered Nurses that covers the RNs, but then there's nothing for the LPN community.

So the fact that we've got that in there I think makes a difference because you see where there are similarities and where there are big differences. So I'm still not seeing anything in the... Let's see, Q&A.

Oh, now they just popped up, they just popped up. Okay. So Julie Sable asked, "When is this published? Will there be APRN data included?" APRNs were included in the survey, but it's not a specific breakout at this moment. Possibly we will have that coming later.

As far as when this will be published, it's going to be coming out in an April supplement of the Journal of Nursing Regulation. So really you should be seeing this up here in about two weeks published. "Does NCSBN have any data regarding retirements or leaving the profession related to COVID, or plans to capture that information?"

Clark, I'm going to take this one just because it's specifically asking about NCSBN doing something related to COVID. We have... In other studies, I think there was even another presentation in the symposium that talked about some of the work we've been looking into regarding COVID although maybe not specifically leaving the profession, but I think that is something that we are becoming aware of.

And I've heard of that that's...that COVID is definitely an issue anecdotally that we've heard of. And our survey was out just at the time that this was starting to take place. So I don't know if that fully captured what was going on in the workforce. And Clark, I'm going to...

Do you see the questions there? Do you want to take the next one?

- I don't. I apologize. I can't see any questions coming up. I keep refreshing, but it just doesn't have anything. I apologize.

- Sure. Okay, I'll read this off. From Anna van der Gaag, "Have there been any innovations in practice to address the coming workforce shortages?" And I'll let you take a crack at that.

- I think that's a great question. I, you know, I know that there's been kind of efforts to do, you know, stackable credentials, right? To get people... I think especially what I hear from my colleagues is that there may not be necessarily a lack of nurses in a given state, but there's definitely a huge loss of experience because of this retirement.

So how do they get more new nurses trained and experienced faster? I think there's a lot of talk about that, but I don't know that anybody has any perfect solution other than, you know, getting people, just getting, allowing, setting up different kinds of training after license.

- Good. Barbara Hill asks, "Does NCSBN have data to clarify why the percent of RNs working over 65 continues year after year? In other words, why in the state workforces do we see this large percent of nurses that are working past the age of 65 or license past the age of 65?"

Can you speak about that, Clark?

- Yeah, I can. Actually Utah did it's RN sample survey this year as well. So I've poured over that data at the state level quite a bit. One thing I've noticed is that a lot of the nurses over the age of 65 tend to be in leadership roles. I was looking just the other day at income data and those above the age 65, they either shot way up or way down because they were tapering off to retire.

So I would say, I would guess that this is because of, you know, there's a lot that maintain in leadership because there isn't...they need, you know, more nurses to have the experience to replace them. Also I would suspect there's quite a few faculty hanging on.

- Okay. "In the survey, do you collect information on how many nurses in clinical practice are also adjunct clinical faculty or preceptors in addition to their full-time clinical job?" I think we collect primary and secondary data.

So I think we could figure some of that out. That would take a much further breakdown into the data than what this preliminary look gave, but I think we could get some of that information, but, you know, maybe not perfectly. You wouldn't have it perfectly, but you would have it close.

I think you could get closer answer to that from the data we have. "Do you find increased numbers of LPNs working in the community, clinics, home health?" I don't know if that proportion... You'd have to

specifically look at the table. I don't know if that proportion has been increasing over the years, but it's always been a high proportion. I think the tables regarding once again, primary specialty and primary work setting show that to be the case that, you know, especially in comparison to RNs, you see that is more often the case.

"Did you capture the number of nurses who came out of retirement under temporary licenses related to COVID emergency acts?" This would be a no and the reason this would be a no is because we didn't...our survey was set up, we went in the field just before the pandemic took off.

So we weren't asking specifically questions about that. Now, I mean, it's possible that some of the nurses who participated in our survey returned to the field. I mean, they may not have been working, but by the time they answered our survey it's possible that their status shifted and their answer reflected that.

But we wouldn't know that, we wouldn't know if gee, if they answered the survey in February when it went in the field as opposed to they got around to it later and answered April, you know, that their answer had changed. We would not know that because we went in the field right at that time.

And I think that's... I'm going to refresh here to see if there's any other questions here. Let's see. Once again, I answered like, the only question I'm seeing here is what Nancy had which was, "Do you find increased numbers of LPNs working in the community?"

Once again, that would be in the the tables. I think we, you know, I think we did address that before.

- Yeah. If I recall that I think there are higher concentrations of LPNs in those community settings over, say, a hospital setting.

- Yeah, yeah, yes. And oh, from Allison. "Any affect on postal mail compared to past surveys of the post office changes?"

- I don't know if we got hit as hard on that. Once again, because we were in the field, like, I think...

- I think you are done with data collection before the issues with the post office started coming up.

- Before the real... Yeah, yeah. I think by the time those issues really kicked into gear, our data collection was mostly over by that time and we had the surveys circulated to people long before that became an issue. And, you know, the people who responded responded.

I don't think there was a big flood of responses coming back after our cutoff deadline that indicated there were problems there. So no, we weren't affected by that. And that is... One last look here.

I think that may be all I'm seeing. Okay. So thank you very much. Bye.