

# ***2018 NCSBN Scientific Symposium - Practice: Results from the 2017 National Nursing Workforce Survey Video Transcript***

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## **Event**

2018 NCSBN Scientific Symposium

More info: <https://www.ncsbn.org/12009.htm>

## **Presenter**

Richard A. Smiley, MS, MA, Senior Statistician, Research, NCSBN

Cynthia Bienemy, PhD, RN, Director, Louisiana Center for Nursing

- [Richard] Cynthia and I are going to split this presentation. So, I will begin with an introduction to the survey. Cynthia will then discuss the results from the RN portion of the survey. It will return to me and I will discuss the results from the LPN version of the survey and then we will discuss some quick conclusions and take questions.

So, this is a collaborative partnership between the National Forum State Workforce Centers and NCSBN. And the background of this survey is that the federal [NCSBN] (21 CFR 1208.33 792 reW\*BT/F1 12 Tf1

And a little bit over 150,000 RNs and 150,000 LPNs were selected to be sent the survey. The primary instrument used was the forum's minimum dataset, which has been used for other surveys, which prescribes standardized series of questions to be used.

In addition, we added some questions at the end of the survey on telehealth that you will see the results of. Basically, the survey was sent out via the U.S. post, but also, there was a postcard sent out with an online link where respondents could go to a website online and where you fill out the survey online that way if desired.

-class mailings to make sure we got the proper response rate. Also, the mailing list for Utah came in a little bit later than everything else, so we had to do some additional mailings with Utah and I think that stretched out the procedure longer than we had intended it to be.

But the data was collected and afterwards, we conducted a non-response bias analysis because we're aware that various groups respond at different rates. Men tend to respond less than women to the surveys. Young people tend to respond less than older groups to surveys, and actually non-white populations tend to respond less than white Caucasian populations.

We didn't have the data to adjust for white Caucasian, but we had the data to adjust for age and gender and we did so. And in addition, we had to apply the post sample stratification weights to adjust for the population size of the states involved. Afterwards, a descriptive analysis was conducted. And a little bit more here that, you know, this is the responses that we had.

We had over 48,000 RNs respond. We had 40,000 LPNs respond and once again, most of the responses came back... It says paper there, 7







increase from 48.8% in 2015. And you can see, we asked about the percentage of time that you spend in terms of caring for patients, providing care for telehealth. And you can see the various percentages of time that are listed there. I think I'm going to have to go a little quickly so that Richard can come back on.

Next, we talked about cross-border telehealth and we felt that that was very, very interesting in terms of the number of nurses that were doing telehealth and looking at it in terms of cross-border. And we found that 54% respondents indicated that they were remotely... providing remotely, as I mentioned earlier, but 45% said they were providing phone or electronic services to patients across the border.

And 8.8% in home health, which is down a little from 2015. Telehealth. Like the RNs... There's been an increase in telehealth usage for, you know... Now, over half the nurses are engaged, a half of the LPNs are engaged in telehealth in some form.

And just like with the RNs, we see an increase in cross-border telehealth, both over state borders and national borders in comparison to 2015, and it just looks like these trends are growing and we will be monitoring this. And the usage of various types of communication devices are similar from the 2015 survey for LPNs, in terms of with telephone still being the most popular way this is done, followed by email and electronic messaging.

So, some quick conclusions. The average age of RNs has remained roughly the same since 2015, but there is a slight increase in the proportion of RNs nearing retirement. The average age of LPN/VNs has risen by year since 2015, and there is a distinct increase in the proportion of LPN/VNs nearing retirement.

The proportion of RNs who are male has steadily risen since 2013 and the proportion of RNs in minority groups is expected to increase in coming years. And for LPNs... The proportion, male, is unchanged. Well, it's climbing a little but not much. That didn't move much since 2013.

The proportion in minority groups is larger than that of RNs, and the proportion is expected to increase in coming years. The trend towards RNs pursuing and achieving higher levels of education continues with increasing proportions of RNs entering practice with a BSN, earning master's degrees and earning DNPs.

And that, Cynthia talked about that extensively. You saw that the trend towards that, that it's almost 60... over 60% have that as their highest level of education, which is impressive. The median pre-tax annual earnings, for both RNs and LPNs increased since 2015. We now know that over half of the RNs and LPNs engage in telehealth, which is a rising trend and they are increasing their engagement over state borders and national borders.

questions. - - We have time for about two

[Woman 1] This is probably a fairly quick one, but it looks like in 2017, you still only offered the two gender categories and I'm from San Francisco, the home of preferred pronouns. So, I'm wondering if there are plans to include another option for non-binary or any of the number of other terms?

- The demographic questions, what we've tended to do is try to follow what the federal government is doing. And as you may know in the last week, the federal government has indicated a direction and... but really, we've tried to stay with what that is as we do that in, like, our gender categories are consistent with what has been announced there.

So, I mean, I think we're aware of it but it's just not something at the moment we've discussed, but I mean, it's something to keep in mind, so... - [Woman 2] The NPS is asking, you know, when we're doing our surveys, and I was talking to someone on the NPS team from NCSBN, the requirement is to ask





- And I think I'd also like to add to that. We were having discussions about this data and how can we do secondary data analysis and APRNs, a further in-depth look at APRNs, were one of the items that came up in our discussion.

- Yes. And final question, I know you were... - [Woman 4] I guess just piggybacking on that, I was looking forward to maybe another project that would assess APRNs and patient safety in full-practice states versus restricted-practice states, if there's any kind of data that says that, you know, there are patient safety issues? I know the data's out there, but...

- Yeah. That's... when we were talking APRNs, that was one of the things that would be in, like, the follow-up study that would be included. Okay. Thank you.

- All right. Thanks to all the presenters.