

Past Event: 2023 NCSBN Annual Meeting - The 2022 National Workforce Study
Video Transcript
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In collecting the mailout sample, all active RN and LPN licensees were eligible for survey participation. The sample was stratified by state, and the survey was mailed to over 150,000 RNs and 150,000 LPNs. Likewise, in collecting the email sample, all active RN and LPN licensees were eligible for survey participation.

That sample was stratified by state, and over 25,000 RNs and 18,000 LPNs were selected to be sent the survey. All of the RNs and LPNs captured by the e-Notify system were included in the study. The data collected via this method had undergone an extensive review, and a determination was made that the data were sufficiently comparable to the workforce data previously collected in the selected jurisdictions so that a separate workforce survey was unnecessary.

In composing the survey, the form's minimum data supply set was used to form the bulk of the questions. Additional questions on the survey were asked about telehealth, the National Licensure Compact, future retirement, travel nursing, and direct patient care.

Also, the 2022 survey added questions about the COVID-19 pandemic. Please note that the e-Notify jurisdictions only collected the MDS data set questions. After all the responses were in, a nonresponse bias analysis was conducted to evaluate survey response patterns by age and gender.

Weights were created, which adjusted for nonresponse by age and gender and adjusted for the stratification by state in the original survey design. So those weights were applied to the subsequent descriptive analysis that is being presented here. Nearly 27,000 RNs and nearly 23,000 LPNs responded to the mailout survey.

Response rates were 18% for RNs and 15% for LPNs. The RN and LPN email surveys each received between 2,000 and 2,500 responses. The response rates were 9% for the RNs and 12% for the LPNs. From the e-Notify jurisdictions, 250,000 RN records and 30,000 LPN records were used.

And we now will proceed to the results for the registered nurse's portion of the survey. The RN nursing workforce underwent a dramatic shift in the wake of the COVID-19 pandemic. Many nurses who are in the older age ranges in 2020 left the nursing workforce, and that resulted in a decline in the median RN age of the workforce by six years.

And just as a side note, this is a dramatic shift. All the time I've been doing the survey, I'm used to seeing the median age either stay the same or shift up by a year or shift down by a year. For it to change by six years in two years is unprecedented. Almost a quarter of the RN workforce is now aged 34 or younger.

In 2020, nurses aged 55 and older accounted for 43% of the RN workforce. Now, in 2022, the same age cohort accounted for 31% of the RN workforce. This decline was associated with estimated losses to the workforce of at least 200,000 experienced RNs. The women continue to account for a very large majority of nurses.

The proportion of men licensed as RNs in the country has increased steadily since at least 2015. Currently, men account for 11% of the RN workforce, which is up from 8% in 2015. RNs are more likely to report identifying as an underrepresented racial minority than they were before. Overall, 24% of RNs reported being in a racial or ethnic minority in 2022, which is a slight increase over the 23% reported in 2020.

In contrast, the Census Bureau reports that 41% of the U.S. population in 2021 were in racial or ethnic minority groups. RNs who reported being of Hispanic or Latino origin composed 7% of the workforce in 2022, as opposed to 4% in 2015.

Levels of educational accomplishment among RNs continue to increase. In the 2022 survey, 47% of the RNs held a baccalaureate degree as their initial nursing education, while over 70% of the workforce reported holding a baccalaureate degree or higher as their highest degree of education.

This sharp increase in educational attainment is partially due to the loss of the workforce of many older RNs who had not earned a baccalaureate as their initial education. The COVID-19 pandemic had a notable impact on RN workforce employment.

Eighty-nine percent of the RN licensees were actively employed in nursing. This is an increase from 84% in 2020. And 70% of RN licensees were working full-

And as we indicated in our method section, we couldn't have done any of this data without your support and help, and we thank you for that. And going forward, we will, once again, be conducting a survey in 2024, and we are looking for your help again. And we are especially asking the executive officers to come over to our booth and consider giving us their consent so that we can use the Nursys data and proceed forward with the next survey.

Our booth is in the corner over there. We've got candy. We have Skittles. Our people are friendly. Brandon's friendly. I think he is. I try to be friendly.

So, please, come over, visit, and sign your life away. You're just signing some data away. And otherwise, that's all I've got, and I guess I will take your questions. Okay, microphone three. I'm seeing number three. Hello.

- [Carrie] Hi, my name is Carrie Oliveira. I'm from the state of Hawaii. I'm also a member of the forum's research committee.

- Yes.

- My question about your exits for the younger portion of the workforce. Do you know that that's attributable to stress related to work? Is it COVID, or is it some other reason for the departures? Did you crosstab that?

- Well, our researcher, Charlie O'Hara, one of our researchers, really has been digging into that. And certainly, the stress is one of the issues that he found. That's a big issue that it's related to. That is one of the reasons they're considering leaving. So, yes.

The answer is yes, you're right on. Microphone six.

- [Lynn] Thank you. Lynn Power, Canada. And I'm going to build on that same type of question. I know this is a national survey, and it's anonymous, and we're looking at larger numbers. But that intent to leave is like a big bubble that multiple groups are really scared of. Is there any way, are you planning any type of qualitative work to dig deeper to really maybe track individuals and see if they do leave?

rather than every four, which was historically done by HRSA. We really feel as though, in particular, with flash points and inflection points, like the pandemic, it's going to change rapidly.

So that's one of the reasons why we'll be back in field for 2024. So we'll do that plug again for the executive officers. But it is one of those issues where we're trying to understand, you know, really what are all the inputs on this. And so it's one of the reasons why, in April, we really tried to heighten the publication, like, the results of this study, to bring together inter-professional stakeholders to really kind of have an all-hands-on-deck approach to policy solutions.

Because I think what you're speaking to there is there could be a natural kind of boomerang effect. There could be other instances in which, through intentional policy, we could encourage folks to come back too.

- And thank you. I'll just mention briefly that two of the drivers we're seeing in medicine for physicians and PAs wanting to come back, one is, of course, the pandemic has largely gone away, even though COVID is still around. But the other is the economy and a desire to sort of, "Let me go back into practice and see if I can earn some money." Thank you.

- Thank you very much. And number two.

- [Jacqueline] Jacqueline Wilmot, from Virginia. From the data, are you able to tell the shelf life of a nurse? In other words, how long from licensure to departure are they staying?

- We ask questions. I mean, we actually, in raw form, do have that because we know how long nurses have been licensed, and we can see that over time. And we know that's... I was giving median age, but one of the other things we could look at is just studies of numbers of years licensed, which we do have and which also does change over time.

That can be studied. I mean, we haven't focused on that, but we can tell. I think we have an idea of what that is.

- Yeah. And you know, I would just reiterate what Richard said at kind of the front of the presentation in that the core of our surveys really constituted the minimum data set, and then layered on top of that are custom elements regarding, like, specialized topics that we want to track over time. That is not one of the specific variables that we've ever dug into. But to Richard's point, because so many jurisdictions are Nursys-participating, we are able to look at, for instance, number of years licensed.

Now, I will say that, typically, even in retirement, nurses do not give up their licenses. So there is some caution in of oud76y k1givi0130bisl6)20,y2 Tfy2 Tf1 0ars "in retir0)wa kbg7(7rs "in re

But assume the demand is static and you're okay there, I applaud you for doing what you're doing, which is looking at that younger group and saying, "What can we do to maintain them?" Because to look at the future here, it doesn't have to be. Like, we're just saying... They're saying, they anticipate that they're going to leave, but circumstances can change. Our research is showing this could be stress, this could be burnout, this could be environment.

It could be things that possibly could be changed so that that doesn't have to come to fruition. So that's the right focus there.

- You know, I was just going to say, I too applaud you. I think you're doing exactly the right thing, and I think you are touching upon something that we thought about constantly when we were reviewing these results. It's not just the fact that we have this intent to leave, but even the folks coming into the workforce now, because of that generational shift that Richard was able to document, there are fewer and fewer mentors with significant practice experience in many of these settings.

And those who would theoretically step into those walls we are seeing burned with high levels of stress and burnout. So it's really kind of, you know, battered from all sides, so to speak. And so when we see these data points, we try to think about it kind of in the constellation of everything else going on.

So, yes, you know, I just wanted to stand up and say, we applaud Alabama too. I think it really is critical that you think about all these things in concert. The one thing that I would, like, refer back to that Richard I think nicely stated, is that when we say 800,000 in the next 5 years, we did do an analysis looking at exam passes, we did do an analysis looking at annual retirements, you know, maybe somebody transitions out into, like, a graduate nursing program, etc.

And that's where Richard noted that what we would anticipate when we take into account the inflow and the potential outflow on an annual basis, what we would anticipate is about 375,000 nurses leaving in the next 5 years just due to natural progression. That 800,000 number, doubling that, is obviously deeply concerning because, whether or not we can account for that and backfill that with just, you know, new entrance, with all the other challenges going on, shortages in nursing faculty.

You know, one of the things that's going to be in my presentation, AACN has reported drop-off in enrollment to baccalaureate programs, even applications, so prospective student interest in nursing programs. It's kind of at both ends of the funnel.

- Yeah.

- Thank you.

- And number eight.

- [Phyllis] Hi. Phyllis Johnson, EO, Mississippi. Great presentation. Very disturbing results. I've reviewed the study even prior to this. I guess my question is, we've seen a resurgence of LPNs being utilized and brought back into the hospital setting, and in your study, did you look at nurses...are these nurses leaving the bedside because there's still a great need for that?

And also, why are they leaving the bedside even though they are leaving the profession? Some of them are not leaving the profession, but they're going into their own private business with other opportunities

for nursing, such as aesthetics and things of that nature. Will there be any opportunity in your future research to look at where the nurses are that have left the profession?

Because that's what we're seeing a lot in our region, especially, in Mississippi, I notice that a lot. So thank you.

- Yeah. I think that is one of our future studies. Sort of exactly that.

- You know, I'll just refer back to that all-hands-on-deck approach. Phyllis, again, like spot on observation, one of the targeted sub-analyses that we have planned for this cycle, really kind of taking us through the end of the calendar year 2023, is to look at the nurses who are actively employed but in non-nursing positions, kind of representing the lowest hanging fruit, right? These folks are vetted, we know their skills, we know their competency, right, they're already licensed, etc.

How can we bring them off of the sidelines? And then, from there, kind of start to layer on top of that conversation for increasing enrollment, etc., etc. But I think the first step, and I think Hank actually spoke to it a little bit with other health professions, is, how do we get, essentially, as close to as humanly possible full employment in nursing of qualified nurses?

- Yeah. Okay, thank you. And then microphone two.

- [Silvie] Hi. Silvie Crawford, Ontario, Canada. So just building on the opportunities here if they don't

Because that benefits the entire workforce. So more men equals more money, which equals more money for women. I just wonder if you've got any better understanding about that.

- I think that's a difficult one to untangle, especially with the nature of the survey data. A long time ago, I looked into some of the gender stuff. I'm sure. One of the breakdowns we do, anybody who knows this, like, anytime I've tried to break down wages by male/female, breaking it down by practice level, by setting, by geography, the gap never goes away between men and women, you know, there's all this, oh, this is a different specialty, or this wage gap is coming because men are working here.

of the solutions for us to increase the workforce because we know that, with English, there's backward translation, forward translation, sideways translation, you name it.

So I'm wondering if the study on item, and I have to read this, item function differential for a non-native English speaker versus an English speaker would be done. I believe that Phil addressed it last mid-year, but I just want to put it at the forefront if we can push that agenda so that we can get that data and probably truly know the source of why we have a huge non-pass rate for our ESL soon-to-be practitioners.

Thank you.

- Okay. I'm actually going to give a chance here for my colleague to speak because I'm noticing, like, we're getting to the point where he actually has his half hour. So I thank you very much for the questions, and by all means, keep them coming. Once again, after this presentation, I'll be in the booth over there where you might want to come.

Just to reiterate, we've got candy. We've got Skittles. We have friendly people. So, thank you. Brendan.