The 2015 National Nursing Workforce Survey

Executive Summary

The National Council of State Boards of Nursing has partnered for the second time with The National Forum of State Nursing Workforce Centers to conduct the only national-level survey specifically focused on the U.S. nursing workforce. The National Nursing Workforce Survey, first conducted in 2013, generates information on the supply of nurses in the United States, information that is critical to planning for well-prepared and well-educated nurses in sufficient numbers to meet the health care needs of the nation, ensuring a safe, diverse, accessible, and effective health care system.

In addition to providing a portrait of the current state of the nursing workforce, the data from this study facilitate the following:

- Examination of national workforce trends. The current survey data can be compared with data from previous Nursing Workforce surveys, including the 2013 study mentioned above, and the Health Resources and Services Administration (HRSA) nursing surveys (conducted from 1990 to 2008). Also, trends can be ascertained by a look at this year's data only; for example, this year's data concerning age and year licensed provide an idea of how the workforce will change as nurses retire.
- State-level analysis. Each board of nursing and state nursing workforce center will be provided their state's data for further analyses that can help employers, educators, and others in developing policies and initiatives impacting the supply of nurses in their state.
- Further research. The national survey generates a broad data set from which important substudies or analyses can be conducted.

As of June 2015, the total number of active registered nurse (RN) licenses held was 4,378,273 and active licensed practical/vocational nurse (LPN/VN) licenses held was 1,030,080. These numbers include approximately 12% who hold multiple licenses; these individuals were removed prior to sampling. Over 260,000 individual RNs and LPN/VNs were randomly selected from the study sample to participate in the survey (140,154 RNs and 120,793 LPN/VNs). Nurses throughout the United States with active licenses were asked to report on their age, gender, race, education, employment, and other characteristics.

Participants received an announcement postcard in late June of 2015 and received their first survey in early July. Participants could submit their responses via mail or online until the survey closed on September 15th. In total, 78,739 nurses (46,476 RNs and 32,263 LPN/VNs) responded to the survey. A formal nonresponse analysis was conducted and weighting was used in the analysis process to adjust the distribution across states, age, and gender.

Selected Results From the Survey

Size of the Nurse Workforce

As of June 2015, an estimated 3,852,881 individuals held an active RN license (up from 3,530,174 in 2013) in the United States and its territories, representing an increase of 322,707 RN licensees from 2013; an estimated 906,471 individuals held an LPN/VN license in the United States and its territories. Respondents had been licensed for an average of 20.9 years (*M*, 19, *SD* 14.8); 81.1% of RNs and 77% of LPN/VNs were employed in nursing. Only 5.4% of RNs were initially licensed as an RN or LPN/VN outside of the United States (2.6% in the Philippines; 0.5% in Canada, and 2.0% in other countries). An examination of the type of license currently held by RNs revealed that 8.6% held an advanced practice registered nurse (APRN) license and, of those, 70.4% were licensed as a nurse practitioner.

Education of RNs and LPN/VNs

Evidence on the academic progression of RNs has been steadily accumulating over the past few years. When asked to indicate highest level of education, 65% of respondents in the current study indicated that they had obtained a baccalaureate or higher degree, up from 61% in 2013. The current study also found an increase in the percentage of respondents with a BSN as their initial nursing education. Specifically, in 2013, 36% indicated a BSN as their initial nursing education, while in 2015, 39.0% indicated this. Additionally, in the current study, almost 42% of RNs held either a BSN (39.0%) or graduate degree (3.0%) as their initial credential. Newly licensed RNs, those licensed from 2013 to 2015, were more likely to have obtained a BSN as their initial education (48.6%) versus RNs licensed prior to 2000 (34.8%).

More than two-thirds of LPN/VNs indicated their highest level of education was a vocational/practical certificate in nursing; about 6% have gone on to obtain further education beyond this certificate. The vast majority (95.1%) were educated in the United States. The 4.9% of LPN/VNs who were educated outside the United States tended to have achieved a higher level of education—17.6% of foreign-educated LPN/VNs held BSN degrees, compared to 0.3% for U.S.-educated LPN/VNs.

Employment Status

The study revealed 81.1% of RN licensees were actively employed in nursing and of those, 62.9% worked full time. In 2013, 85% of RNs were actively employed, with 60% employed full time. The current study shows that the percentage of those younger than age 30 who are working in nursing is consistent with 2013 data. However, in the 50-and-older age cohort, the current study shows a drop-off in percentage employed in nursing when compared to 2013 data. For instance, in 2013, 47% of those age 65 and older were employed in nursing; in 2015, 40.1% were employed in nursing.

Hospitals remain the most common employment setting for RNs, at 54% (down from 56% in 2013 and down from HRSA's 62% in 2008). Therefore, although numbers of RNs are increasing, fewer are working in hospitals.

Overall, 77% of LPN/VNs were employed in nursing. However, data indicate that LPN/VNs older than age 60 were less likely to be employed in nursing, as compared to the younger-than-30 age cohort. The most common primary care setting of LPN/VN respondents was nursing home/extended care (30%), followed by home health (15%) and hospitals (approximately 11%).

The "work setting" for both RNs and LPN/VNs is changing, as patient care is no longer confined within the walls of the health care facility owing in part to the growing use and acceptance of technology (American Well, 2015; HIMSS Analytics, 2015). The current survey found that nearly half of RNs and LPN/VNs have provided nurse services using telehealth technologies. Of those, 39.4% of RNs provided these services across a state border and 7.7% across a national border; 17% of LPN/VNs did so across a state border, and 4% engaged in telehealth across a national border.

Demographics

Promoting diversity, including gender, race, and ethnic diversity, in the profession to better represent the patient population it serves has been a specific recommendation to the nursing profession for many years (IOM, 2010).

The current study indicates that male RNs (8.0%) were better represented in the nursing workforce compared to 2013 results (7%). While this percentage is lower than the 9.2% reported by HRSA (2015), our data indicate a substantially higher proportion of male nurses in the more recently licensed cohorts (12.7%) as opposed to those licensed prior to 2000 (4.7%). A substantially larger proportion of foreign-educated LPN/VNs were male (22.7%) compared to U.S.-educated LPN/VNs (6.7%).

The aging of the RN workforce has slowed. The average age of the RN respondents was 48.8 (down from age 50 in 2013); 50% of respondents were age 50 or older and 12.4% were age 65 or older. The average age of LPN/VNs was 47.8.

The current study did not indicate an impending shortage of RNs as a result of large numbers of older nurses retiring. In fact, there was not a disproportionate number of older RNs; further, RNs in the older age cohorts were less likely to be employed in nursing full time. However, among APRNs, an increasing age was detected with certified nurse midwives and clinical nurse specialists, more so than with nurse practitioners and certified registered nurses anesthetists. However, data do suggest an aging nurse faculty. Approximately 50% of full-time faculty were age 50 and older.

In terms of racial and ethnic diversity, minority groups accounted for approximately 19.5% of the RN respondents in both the 2015 and 2013 surveys and for 32% of LPN/VN respondents. HRSA's brief on gender and racial/ethnic diversity of U.S. health occupations for 2010–2012 found a rate of ethnic minorities of 21.4% (HRSA, 2015). These estimates are below the almost 40% of ethnic minorities in the U.S. population (U.S. Census Bureau, 2015). When compared with White/Caucasian nurses, the current study's data indicate ethnic minorities are better represented in younger age-groups and in more recently licensed RNs than in older RNs and RNs licensed prior to 2000. Newly licensed LPN/VNs were more likely to have a more diverse racial/ethnic composition; specifically, of LPN/VNs licensed prior to 2000, 78.8% were White/Caucasian versus 55.6% of LPN/VNs licensed from 2013 to 2015, a fact suggesting that as older RNs retire, the RN workforce may become more racially/ethnically diverse.

The median salary for female RNs was $64,000, while the median salary for male RNs was $72,000. The current study found that salary does increase with higher levels of education. The median earnings for male LPN/VNs was $43,200, while the median earnings for female LPN/VNs was $38,000.

Conclusion

This National Nursing Workforce Survey represents just one point in time. Ongoing monitoring and evaluation will be very important as the nursing workforce continues to evolve. Overall, the nursing workforce is expected to change as older nurses retire and new nurses step in to fill their shoes; however, the data do not suggest an impending shortage of RNs or LPN/VNs due to large

numbers of older nurses retiring. The nursing workforce today is younger, has a higher initial nursing education, and is more diverse, demonstrated by changes in the ratios of racial/ethnic minorities and the ratio of men to women—a trend that is likely to continue.

Data gleaned from the current survey suggest that advances in technology will contribute to higher percentages of nurses providing services across state borders using telehealth.

Changes in the health care environment are especially relevant for LPN/VNs, as the demand may be changing as the health care environment calls for higher levels of nursing education.

Without question, a new generation of nurses will play a large role in transforming how, where, and why nurses learn and practice. The nursing workforce will certainly undergo significant changes over the next 5 years due in no small part to the fact that the millennial generation (those born between 1980 and 1999) is the largest generation ever—numbering more than 90 million. If millennials enter the nursing profession at the same numbers as the current nursing population, they will likely replace the nurses retiring, resolving any shortage issues. With millennials being the most-educated group, our entry-to-practice debates may also be resolved by this generation.