Highlights of the National Workforce Survey of Registered Nurses

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Over the past 3 decades the Health Resources and Services Administration has reported on the supply of registered nurses (RNs) through the *National Sample Survey of Registered Nurses* (NSSRN). Data collection from the most recent, and final, NSSRN was completed in 2008; hence, there is no current data on the nationwide supply of RNs. This current project was conducted by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers to fill this ongoing need and is titled, *The National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers 2013 National Workforce Survey of RNs.* This article presents the highlights of the study and its results.

Having an adequate supply of registered nurses (RNs) in the U.S. workforce is critical to ensuring a safe and effective health care system. Over time, there has been a substantial body of evidence to suggest a potential shortfall of nurses that could have a major impact on health care delivery. The factors contributing to this RN shortage include the aging of the U.S. population, the aging of the RN workforce, the Patient Protection and Affordable Care Act, which predicts that 30 million more U.S. residents will become insured and seek medical care in the years ahead. Data on the RN workforce can be used to predict possible shortages and assist in the allocation of resources, program development, and recruitment efforts in both the health care system and education sectors.

Over the past 3 decades, the Health Resources and Services Administration (HRSA) has reported on the supply of RNs through the *National Sample Survey of Registered Nurses* (NSSRN). Data collection from the most recent, and final, NSSRN was completed in 2008; hence, there is no current data on the nationwide supply of RNs. This current project was conducted by the National Council of State Boards of Nursing (NCSBN) and the Forum of State Nursing Workforce Centers to fill this ongoing need and is titled *The National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers 2013 National Workforce Survey for RNs* (National Council of State Boards, 2013). The survey was opened in January 2013 and closed in March 2013. This article presents the highlights of the full survey report and its results.

Method

A variety of methods to collect workforce data about the U.S. nursing population was examined. The most comprehensive, valid, and cost-effective method was chosen for this study.

Participants

All RNs in the United States and its territories were eligible candidates for survey participation. A random sample, stratified by state, was obtained. A portion of the sample was drawn from Nursys®, NCSBN's licensure database. This database contains basic contact and demographic information for RN licensees from 49 U.S. jurisdictions. At the time of study sampling, Nursys contained information on 3,998,416 RNs licensed to practice in U.S. jurisdictions. This number, however, included individuals with multiple licenses. RNs with multiple licenses in the Nursys database were de-duplicated before sampling, to ensure that they were not oversampled. The remaining six jurisdictions (i.e., Alabama, Connecticut, Georgia, Hawaii, Oklahoma, and Pennsylvania), which did not participate in Nursys at that time, were contacted and asked for a database of all active RN licensees in their state—this brought the total list to 4,104,854 RNs. From this list, 109,853 RNs were sampled, stratified by state. 1,603 had addresses that were undeliverable, and of the remaining 108,250 RNs, 42,294 responded, for a response rate of 39%.

Materials

The Forum of State Nursing Workforce Centers Minimum Dataset (MDS) was utilized for the primary questions on the survey. This instrument was created through a process of consensus-building. Forum workgroups (participating states included Alabama, Colorado, Florida, Hawaii, Illinois, Indiana, Iowa, Massachusetts, New Jersey, North Dakota, Oklahoma, Tennessee, Vermont, and West Virginia) drafted the dataset. Following a public comment period, which allowed input from national organizations, the Forum voted and approved the datasets in September 2009. NCSBN and The National Forum of State Nursing Workforce Centers currently use the MDS questionnaire to collect data on the nursing workforce at

TABLE 1

Gender

	(*n* = 40,365)	Percentage
Male	2,679	7%
Female	37,686	93%

TABLE 2

Average Age of Registered Nurse Respondents

	n	*M*	*SD*	*Min*	*Max*	*Median*
Overall	34,880	50	13	18	99	52

TABLE 3

Age Distribution of Registered Nurses who Work as Faculty

	Faculty position	
Age	Principal position (*n* = 889)	Secondary position (*n* = 480)
Younger than 30	34 (4%)	23 (5%)
30 to 34	33 (4%)	20 (4%)
35 to 39	53 (6%)	38 (8%)
40 to 44	55 (6%)	46 (10%)
45 to 49	76 (9%)	53 (11%)
50 to 54	147 (17%)	72 (15%)
55 to 59	171 (19%)	110 (23%)
60 to 64	195 (22%)	70 (15%)
65 and older	126 (14%)	48 (10%)

the state level and believe that the dataset enhances the ability to plan for the future. More information about the development and current status of implementation can be found in Moulton et al. (2013) and Nooney et al. (2010). Additional questions pertaining to the Nurse Licensure Compact and tele-health were added as a supplement to the MDS by NCSBN.

Procedure

Surveys were distributed in early 2013 using a modified Dillman approach (Dillman, Smyth, & Christian, 2009), which included the following steps:

1. Week 1: RNs in the initial sample received a telephone announcement that they should expect a survey in the mail. The telephone announcement stated the purpose and importance of completing the survey. The day after the telephone announcement, a letter inviting RNs to participate in the survey was mailed and included a $1 incentive. The letter, which explained the voluntary nature of the survey and the due date for the following week, contained a link for online survey participation. The letter was sent first class to allow the return of invalid addresses.
2. Week 3: A hardcopy of the survey was sent to nonresponders, and included an online option. Participants were instructed to complete the survey within the following 2 weeks.
3. Week 5: A telephone announcement was sent to remind nonresponders to complete the survey, and to thank those who had already participated.
4. Week 7: A hardcopy of the survey was sent to nonresponders, and included an online option. Participants were instructed to complete the survey within the following 2 weeks.
5. Week 9: Deadline for surveys and closure of the online option.

Nonresponse Analyses and Sample Weighting

A formal nonresponse bias analysis was conducted following the close of the survey. Although response rates are a valuable indicator of survey quality, they may not be a good measure of response bias. An analysis of basic demographic data (i.e., gender, age, race/ethnicity, number of years since graduation, number of years since first licensed) for all RN licensees sampled from the Nursys database was used to compare the survey respondents and nonrespondents, to determine the representativeness of the survey participants.

Summary of Results

The current study was a collaborative research effort that identified the most current characteristics of the RN workforce in the United States.

Results were compared to HRSA (2010) results, which were based on RN workforce data from 2008, and HRSA (2013) results, which were based on Census data from 2008–2010. Importantly, when comparing the current study's results to those of HRSA (2013) it should be noted the HRSA (2013) data were from individuals who reported their current occupation as nursing and who currently had or were seeking a job. These data were obtained from the U.S. Census Bureau's American Community Survey. The current study was a survey of all RN licensees, which included individuals who were not actively employed in nursing. In the current study, 82% of the respondents were actively employed in nursing. Also, when comparing the current study's results with those of HRSA (2010), it is important to note that HRSA's (2010) survey was longer and more detailed; hence, some grouping of the data could not be performed in a similar manner. Data comparisons should be interpreted with caution.

Results on the following topic areas are discussed: gender, age, racial/ethnic diversity, education, licensing, employment status, position setting, position title, employment specialty, Nurse Licensure Compact, and tele-health.

Gender

The current study indicated that male RNs are a relatively small but growing minority in the nursing workforce (see Table 1). An examination of gender, by year licensed cohort, revealed a trend toward an increase in the proportion of males in the workforce. Specifically, for respondents licensed before 2000, 5% were male, while of those licensed between 2010 and 2013, 11% were male.

Examining highest education of RNs by gender, the current data show 71% of male respondents and 62% of female respondents are working in nursing and held bachelor or higher degrees in nursing and any nonnursing field.

The job titles with the highest percentage of men were the following: "advanced practice nurse" (12%), "nurse manager" (7%), and "staff nurse" (7%).

Age

The average age of the respondents was 50 years (see Table 2); HRSA (2013) found an average age of 44.6 years. More than half (53%) of those working in nursing were age 50 or older.

In terms of advanced practice registered nurses (APRNS), there is a trend towards the aging of the nurse midwife workforce, more so than any other group of APRNs. The current study also found fewer certified nurse midwives (CNMs) under the age of 40—20% compared to HRSA's (2013) 23%. Similarly, there were increased numbers of CNMs in the over 40 categories: 63% were age 50 or older compared to HRSA's (2010) 55%. A striking 31% of CNMs in the current study were age 65 or older, a 20% jump from HRSA (2010) results.

In terms of nurse faculty, 72% of respondents who held a principal position as full-time faculty were age 50 or older (see Table 3), indicating the emerging shortage of nurse faculty and the potential shortage in the future. Only 14% were younger than age 40, indicating that younger RNs are not choosing to work as full-time faculty. Of those with a secondary faculty position, 63% were age 50 or older, and 17% were younger than age 40. These data are comparable to those of HRSA (2010), which found that almost 60% of nurse faculty were older than age 50, and only 15% were younger than age 40. It continues to be evident that younger RNs are not choosing to work as faculty in academic nursing education programs.

Racial/ethnic diversity

According to the U.S. Census Bureau (2013), individuals from ethnic and racial minority groups accounted for 37% of the U.S. population in 2012. The current study found that 19% of responding RNs were from a minority population (see Table 4).

TABLE 4

Registered Nurses by Race/Ethnicity

	(*n* = 41,880)	Percentage
American Indian or Alaska Native	453	1%
Asian	2,561	6%
Black/African American	2,632	6%
Native Hawaiian or Other Pacific Islander	237	1%
White/Caucasian	34,838	83%
Hispanic/Latino	1,407	3%
Other	506	1%

TABLE 5

Type of Nursing Degree/Credential that Qualified Respondents for First U.S. Nursing License

	(*n* = 41,823)	Percentage
Vocational/practical certificate-nursing	1,994	5%
Diploma-nursing	7,365	18%
Associate degree-nursing	16,152	39%
Baccalaureate degree-nursing	15,019	36%
Master's degree-nursing	1,218	3%
Doctoral degree-nursing (DNP)	18	< 1%
Doctoral degree-nursing (PhD)	26	< 1%
Doctoral degree-nursing other	30	< 1%

This percentage is a slight increase from that of HRSA (2010), which found that 17% were from a minority population. As compared to those licensed before 2000, newly licensed nurses were more likely to have a more diverse racial/ethnic composition. In particular, the percentages of RNs of Asian, Black/African American, and Hispanic/Latino descent increased in the most recent licensed cohorts.

An examination of RN job titles, by race/ethnicity found that "nurse faculty" and "nurse executive" had the least diversity (87% and 86%, respectively, White/Caucasian), while "staff nurse" had the most diversity (79% White/Caucasian) .

TABLE 6

Highest Level of Education

	(*n* = 41,018)	Percentage
Vocational/practical certificate-nursing	25	< 1%
Diploma-nursing	4,319	11%
Associate degree-nursing	11,332	28%
Associate degree-other field	286	1%
Baccalaureate degree-nursing	14,097	34%
Baccalaureate degree-other field	3,091	8%
Master's degree-nursing	4,846	12%
Master's degree-other field	2,203	5%
Doctoral degree-nursing practice (DNP)	143	< 1%
Doctoral degree-nursing (PhD)	217	1%
Doctoral degree-nursing other	63	< 1%
Doctoral degree-other field	396	1%

Education

The current study found an increase in the percentage of respondents with a BSN as their initial education, as compared to previous HRSA studies (see Table 5). Approximately 39% of RNs held either a BSN (36%) or graduate degree (3%) as their initial credential. The increase in the percentage of respondents with a BSN as their initial education aligns with HRSA's (2013) results, which found an increase in baccalaureate-prepared first-time NCLEX-RN® test takers, a 135% growth from 2001 to 2011.

When asked to indicate highest level of education, 61% of respondents in the current study indicated that they had obtained a baccalaureate or higher degree (see Table 6). Using 2008–2010 data, HRSA (2013) found that 55% of RNs reported their highest degree as a baccalaureate or higher. This was an incremental increase from 2000 Census data that indicated 50% of RNs obtained a baccalaureate or higher degree. HRSA (2010) found an increase in the percentage of RNs with a baccalaureate or higher degree from 28% in 1980 to 50% in 2008; however, this includes only baccalaureate or higher degrees in nursing or nursing-related fields.

An examination of initial education of RNs by year licensed cohort revealed that RNs licensed between 2000 and 2013 were more likely to have obtained a BSN as their initial education (42%–44%) versus RNs licensed before 2000 (33%). However, the data did not show that newly licensed nurses were more likely to have a BSN as their initial entry into the field.

Foreign-educated nurses are another important resource for the U.S. RN workforce, especially in times of shortage in domestic supply (HRSA, 2013). HRSA (2010) revealed that 5% of the RNs licensed before 2004 were foreign-educated nurses, and 8% since then. Results from the current study indicated that the majority of responding RNs (94%) received their entry-level education in the United States, while 6% were foreign educated. Additionally, of RNs working full time, only 1% were newly licensed and foreign educated; 11% were newly licensed and U.S. educated. Also, 64% of newly licensed foreign educated graduates were likely to have obtained a BSN to qualify them for their first US license as compared to 43% of US educated graduates. An examination of initial education, by year licensed cohort revealed the following percentages of foreign-educated RNs: licensed before 2000 (5%), licensed from 2000 to 2004 (11%), licensed from 2005 to 2009 (10%), and licensed from 2010 to 2013 (5%); HRSA (2013) reported similar results. NCLEX-RN data were examined and wide variations in the number of foreign-educated nurses from 2001 through 2011 were found, with the greatest number in 2007.

Licensing

Table 7 shows the percentage of licensees by state and percentage of practicing licensees by state. Results indicated 11% of respondents had a California license, followed by New York (8%), Texas (7%), Florida (7%), and Pennsylvania (7%). In terms of practicing in a state, 9% of respondents were practicing in California, followed by Texas (7%), Pennsylvania (7%), Florida (6%), and New York (6%).

An examination of RNs by year licensed cohort revealed that of employed licensees, 10% were newly licensed and 12% of RNs employed full time in nursing were newly licensed (i.e., licensed in 2010 or after).

An examination of the type of license currently held revealed approximately 7% were licensed as APRNs. Of those indicating recognition as an APRN, 54% identified themselves as nurse practitioners (NPs), 30% as clinical nurse specialists (CNSs), 12% as certified registered nurse anesthetists (CRNAs), and 4% as CNMs. These proportions are somewhat different than the known proportions of APRNs (Phillips, 2009, 2013). The current study's sample was representative of CNMs and NPs, while CNSs were overrepresented, and CRNAs were somewhat underrepresented. Over the last 4 years, the number of APRNs has increased 29%. According to an annual survey of boards of nursing, the increase has occurred in all APRN categories (Phillips, 2009, 2013). The number of NPs increased from 108,787 in 2008 to 144,249 in 2012—a 33% increase. CRNAs had the most substantial increase, up 46% since 2008, and CNSs and CNMs increased 19% and 26%, respectively.

TABLE 7

States in Which Respondents had an Active License to Practice and Were Currently Practicing

	Active License to Practice as an RN		Currently Practicing			Active License to Practice as an RN		Currently Practicing	
	(*n* = 40,400)	Percentage	(*n* = 35,755)	Percentage		(*n* = 40,400)	Percentage	(*n* = 35,755)	Percentage
Alabama	810	2%	636	2%	New Hampshire	360	1%	243	1%
Alaska	194	< 1%	137	< 1%	New Jersey	1,392	3%	1,029	3%
Arizona	916	2%	660	2%	New Mexico	366	1%	243	1%
Arkansas	480	1%	327	1%	New York	3,218	8%	2,159	6%
California	4,309	11%	3,252	9%	North Carolina	1,448	4%	1,168	3%
Colorado	793	2%	564	2%	North Dakota	249	1%	176	< 1%
Connecticut	767	2%	556	2%	Ohio	2,059	5%	1,663	5%
Delaware	263	1%	159	< 1%	Oklahoma	602	1%	467	1%
Florida	2,927	7%	2,187	6%	Oregon	586	1%	453	1%
Georgia	1,448	4%	1,073	3%	Pennsylvania	2,706	7%	1,988	6%
Hawaii	315	1%	208	1%	Rhode Island	320	1%	184	1%
Idaho	288	1%	182	1%	South Carolina	709	2%	519	1%
Illinois	1,883	5%	1,451	4%	South Dakota	249	1%	176	< 1%
Indiana	1,160	3%	871	2%	Tennessee	1,029	3%	858	2%
Iowa	617	2%	453	1%	Texas	2,855	7%	2,361	7%
Kansas	630	2%	471	1%	Utah	386	1%	273	1%
Kentucky	778	2%	571	2%	Vermont	247	1%	186	1%
Louisiana	665	2%	532	1%	Virginia	1,183	3%	872	2%
Maine	327	1%	208	1%	Washington	981	2%	787	2%
Maryland	966	2%	772	2%	West Virginia	376	1%	293	1%
Massachusetts	1,367	3%	1,032	3%	Wisconsin	1,036	3%	797	2%
Michigan	1,530	4%	1,149	3%	Wyoming	139	< 1%	112	< 1%
Minnesota	1,056	3%	831	2%	DC	328	1%	218	1%
Mississippi	550	1%	422	1%	Virgin Islands	11	< 1%	< 1	< 1%
Missouri	1,231	3%	908	3%	Guam	19	< 1%	21	< 1%
Montana	213	1%	161	< 1%	American Samoa	1	< 1%	1	< 1%
Nebraska	339	1%	268	1%	Northern Mariana Islands	9	< 1%	7	< 1%
Nevada	423	1%	341	1%					

TABLE 8

Employment Rates, by Highest Level of Education

Highest Level of Education	*n*	Employment			
		Employed in nursing	Full time	Part time	Employed in other field*
Certificate	25	16 (64%)	15 (60%)	1 (4%)	--
Diploma	4,309	2,865 (66%)	1,724 (40%)	782 (18%)	282 (7%)
ADN	11,321	9,593 (85%)	7,245 (64%)	1,688 (15%)	686 (6%)
Associate's-other field	286	220 (77%)	164 (57%)	41 (14%)	25 (9%)
BSN	14,064	11,985 (85%)	8,963 (64%)	2,066 (15%)	1,019 (7%)
Baccalaureate-other field	3,089	2,401 (78%)	1,711 (55%)	476 (15%)	390 (13%)
MSN	4,837	4,220 (87%)	3,324 (69%)	705 (15%)	318 (7%)
Master's-other field	2,202	1,524 (69%)	1,111 (50%)	236 (11%)	454 (21%)
DNP	143	138 (97%)	125 (87%)	11 (8%)	15 (10%)
PhD-nursing	217	184 (85%)	157 (72%)	17 (8%)	23 (11%)
Doctoral-nursing other	63	47 (75%)	37 (59%)	3 (5%)	11 (17%)
Doctoral-other field	395	214 (54%)	149 (38%)	43 (11%)	97 (25%)

Note. Columns will not sum to highest level of education *n*'s because the employment status question had additional response options and respondents could select multiple options.

*Some respondents may have been both employed in another field and actively employed in nursing.

TABLE 9

Primary Nursing Practice Position Setting

	(*n* = 34,238)	Percentage
Hospital	19,343	56%
Nursing home/extended care/ assisted living facility	2,211	6%
Home health	2,058	6%
Correctional facility	229	1%
Academic setting	1,012	3%
Public health	609	2%
Community health	740	2%
School health service	1,146	3%
Occupational health	224	1%
Ambulatory care setting	2,994	9%
Insurance claims/benefits	477	1%
Policy/planning/regulatory/ licensing agency	152	< 1%
Other	3,042	9%

Note. Survey participants were asked to answer this question only if they were actively employed in nursing.

Employment Status

In 2008 HRSA estimated that 2,596,399 RNs were employed in nursing, representing 85% of licensed RNs (HRSA, 2010). This was the highest rate of nursing employment since HRSA's first workforce survey in 1977. Additionally, in 2004 HRSA found full-time employment of 58%; this increased to 63% in 2008 (HRSA, 2010). The current study's results revealed a slight decrease from 2008 numbers; specifically, in the current study, 82% of licensees were actively employed in nursing and 60% of licensees were employed full time.

An examination of RNs by year licensed cohort revealed that of full-time employed licensees, 12% were newly licensed. The vast majority of RNs not employed in nursing were licensed before 2000.

Study results of respondents who indicated they were actively employed in nursing, by highest level of education, showed that respondents with an associate's degree (ADN) (85%), BSN (85%), MSN (87%), DNP (97%), and PhD-nursing (85%) had the highest percentages of respondents actively employed in nursing, while respondents with their highest degrees in other fields tended to be less likely to have been actively employed in nursing (see Table 8).

The average number of hours worked during a typical week was 36.89. In terms of average hours worked per week, by highest level of education, DNPs, on average, worked the

TABLE 10

Employment Settings, by Highest Level of Education

Primary nursing practice position setting	*n*	Highest Level of Education: Certificate	Diploma	ADN	Associate's-other field	BSN	Baccalaureate-other field	MSN	Master's-other field	DNP	PhD-nursing	Doctoral-nursing other	Doctoral-other field
Hospital	18,767	19 (< 1%)	1,416 (8%)	5,478 (29%)	112 (1%)	7,613 (41%)	1,365 (7%)	1,849 (10%)	769 (4%)	36 (< 1%)	24 (< 1%)	6 (< 1%)	80 (< 1%)
Nursing home/ extended care/ assisted living facility	2,145	< 1	272 (13%)	936 (44%)	33 (2%)	542 (25%)	151 (7%)	143 (7%)	53 (2%)	7 (< 1%)	2 (< 1%)	< 1	5 (< 1%)
Home health	1,994	--	233 (12%)	730 (37%)	17 (1%)	646 (32%)	156 (8%)	125 (6%)	74 (4%)	4 (< 1%)	--	2 (< 1%)	7 (< 1%)
Correctional facility	220	< 1	15 (7%)	90 (41%)	4 (2%)	54 (25%)	25 (11%)	17 (8%)	11 (5%)	--	--	--	3 (1%)
Academic setting	996	2 (< 1%)	24 (2%)	45 (5%)	--	123 (12%)	19 (2%)	472 (47%)	58 (6%)	37 (4%)	125 (13%)	29 (3%)	63 (6%)
Public health	588	33 (6%)	36 (6%)	165 (28%)	< 1	240 (41%)	28 (5%)	70 (12%)	33 (6%)	3 (1%)	4 (1%)	--	7 (1%)
Community health	715	< 1	83 (12%)	171 (24%)	2 (< 1%)	179 (25%)	48 (7%)	165 (23%)	43 (6%)	10 (1%)	5 (1%)	< 1	10 (1%)
School health service	1,115	--	90 (8%)	203 (18%)	5 (< 1%)	470 (42%)	103 (9%)	128 (11%)	113 (10%)	--	2 (< 1%)	--	1 (< 1%)
Occupational health	220	15 (7%)	21 (10%)	62 (28%)	< 1	64 (29%)	14 (6%)	40 (18%)	15 (7%)	1 (< 1%)	< 1	--	3 (1%)
Ambulatory care setting	2,941	< 1	284 (10%)	683 (23%)	10 (< 1%)	956 (33%)	156 (5%)	703 (24%)	97 (3%)	20 (1%)	15 (1%)	9 (< 1%)	9 (< 1%)
Insurance claims/ benefits	466	--	55 (12%)	113 (24%)	2 (< 1%)	184 (39%)	43 (9%)	31 (7%)	38 (8%)	1 (< 1%)	--	--	--
Policy/planning/ regulatory/ licensing agency	152	--	5 (3%)	32 (21%)	2 (1%)	32 (21%)	33 (22%)	21 (14%)	17 (11%)	--	< 1	--	10 (7%)
Other	2,958	--	352 (12%)	837 (28%)	39 (1%)	803 (27%)	232 (8%)	435 (15%)	213 (7%)	15 (1%)	8 (< 1%)	< 1	25 (1%)
Total	33,278	22	2,885	9,545	224	11,907	2,373	4,200	1,532	136	185	47	223

Note. Percentages were calculated with primary nursing practice position setting's *n* as the denominator.

most (M = 47.12, SD = 11.94), followed by PhD-nursing (M = 44.97, SD = 17.33), noting that PhD-nursing had a higher median number of hours. Respondents with a diploma in nursing worked the fewest (M = 33.36, SD = 14.27). This mirrors the fact that those with diplomas tended to be older, and older RNs work fewer hours. An examination of average hours worked per week in respondents' principal nursing position revealed that respondents who worked in academic settings (M = 45.74, SD = 8.67) and home health tended to work the most (M = 44.12, SD = 9.11). Respondents who worked in school health service tended to work the least (M = 40.04, SD = 6.50). HRSA (2010) showed similar findings.

TABLE 11

Primary Nursing Practice Position Title

	(*n* = 34,357)	Percentage
Consultant	772	2%
Nurse researcher	251	1%
Nurse executive	834	2%
Nurse manager	3,792	11%
Nurse faculty	1,105	3%
Advanced practice nurse	2,531	7%
Staff nurse	21,902	64%
Other-health-related	3,069	9%
Other-not health-related	99	< 1%

Note. Survey participants were asked to answer this question only if they were actively employed in nursing.

Results on unemployment indicated 7% of respondents were unemployed; however, only 3% were actively seeking work as a nurse. Of respondents who indicated they were unemployed, approximately half (51%) indicated the reason was because of taking care of home and family. Only 27% of those who gave a reason for unemployment indicated difficulty in finding a nursing position.

Position Setting

In 2004, HRSA found that 57% of respondents' primary employment setting was a hospital; this increased to 62% in 2008 (HRSA, 2010). The current study's results indicated a return to 2004 levels at 57% (see Table 9), followed by 9% of RNs in ambulatory care, 6% in home health, and 6% in nursing homes. Also, 26% of RNs reported a secondary nursing position. These findings are similar to those reported by HRSA (2010).

Of respondents who indicated "hospital" as their primary nursing practice position, the following was the breakdown of their highest level of education: diploma (8%), ADN (29%), BSN (41%), and MSN (10%) (see Table 10).

Additionally, the current study found that 79% of RNs younger than age 30 worked in hospitals. This percentage declined with age, where 46% of RNs age 55 and older worked in hospitals.

Position Title

In 2004, HRSA found that 64% of respondents' primary job title was "staff nurse"; this increased to 66% in 2008 (HRSA, 2010). The current study's results indicated a return to 2004 levels at 64% (see Table 11). This is followed by 13% of RNs in management positions and 3% in nurse faculty positions—the same percentages reported by HRSA. The 7% of RNs identified as advanced practice was an increase over the 5% reported by HRSA (2010). An examination of job titles by highest level of education revealed that of respondents who indicated "staff nurse" as their primary nursing practice position title, 41% had a BSN as highest level of education, while only 4% indicated an MSN as their highest level of education. In terms of nurse faculty, these respondents' highest level of education was as follows: MSN (43%), DNP (3%), PhD-nursing (10%), doctoral-nursing other (2%), doctoral-other field (5%).

TABLE 12

Primary Nursing Practice Position Employment Specialty

	(*n* = 33,516)	Percentage
Acute care/critical care	5,789	17%
Adult health/family health	872	3%
Anesthesia	654	2%
Community	335	1%
Geriatric/gerontology	1,989	6%
Home health	1,515	5%
Maternal-child health	1,662	5%
Medical-surgical	4,249	13%
Occupational health	333	1%
Oncology	953	3%
Palliative care	499	1%
Pediatrics/neonatal	1,996	6%
Primary care	857	3%
Psychiatric/mental health/ substance abuse	1,341	4%
Public health	511	2%
Rehabilitation	691	2%
School health	1,097	3%
Tele-health	388	1%
Trauma	566	2%
Women's health	651	2%
Other	6,568	20%

Note. Survey participants were asked to answer this question only if they were actively employed in nursing.

Employment Specialty

In the current study 17% of RNs reported their primary practice specialty as acute care/critical care, followed by 13% who reported a medical-surgical specialty (see Table 12). Respondent RNs reported specializing in population-specific care; for example 6% reported a geriatric specialty and 6% reported a pediatric specialty. Five percent of RNs reported maternal-child health as a specialty; all other specialty positions were reported to be less than 5%. Rehabilitation and women's health both were identified as a specialty by 2% of RNs, a finding similar to that reported by HRSA (2010), where rehabilitation specialty was 3% and women's health 4%. Twenty percent of RNs reported their specialty in the "other" category.

Nurse Licensure Compact

The Nurse Licensure Compact (NLC) enables multistate licensure for nurses. In 2000, NCSBN launched a new initiative to expand the mobility of nurses as part of our nation's health care delivery system. The NLC allows nurses to have one multistate license, with the ability to practice in both their home state and other party states. The following states were members of the NLC at the time of survey data collection: Arkansas, Arizona, Colorado, Delaware, Iowa, Idaho, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, North Dakota, Virginia, Wisconsin.

Results indicated that of the respondents who indicated their primary state of residence was a compact state, approximately 36% indicated utilizing their compact license; specifically, 92% indicated they had practiced in one additional state, while 8% indicated they practiced in multiple additional states. Further study on the utilization of the compact license is needed.

Tele-health

In an effort to investigate the utilization of tele-health, respondents were asked to indicate if they utilized tele-health in their primary or secondary positions. Results indicated that 9% utilized tele-health, 80% did not utilize tele-health, and 11% were unsure.

Respondents who indicated they utilized tele-health in their primary or secondary positions were asked to indicate if patients were ever located in a different state when the respondents utilized tele-health. Results indicated that of those who utilized tele-health, 27% indicated patients had been located in a different state, while 8% were unsure.

Discussion

The current study had a few limitations. First, the current study's response rate was 39%, lower than anticipated. Although response rates are a valuable indicator of survey quality, they may not be a good measure of response bias. A formal nonresponse bias analysis was conducted following the close of the survey. An analysis of basic demographic data (i.e., gender, age, race/ethnicity, number of years since graduation, number of years since first licensed) for all RN licensees sampled from the Nursys database was used to compare the survey respondents and nonrespondents, to determine the representativeness of the survey participants. Results revealed that the following groups of nurses may have been slightly overrepresented: White/Caucasian, female, and age 60 or older. While the analysis provided some insight into the relationship between demographic characteristics and nonresponse, this information was not used to make nonresponse adjustments, because of the high degree of missing data in the sample frame. Because of this, the only weighting that was utilized was constructed at the state level, to adjust for differing sampling rates across states.

Second, data were missing in the current study. The problem of missing data in certain variables caused inconsistent statistics in certain categories. To help the readers obtain an accurate and comprehensive view of the statistics drawn from the sample, the number of actual valid answers to each question was reported. The large sample size of the study has partially compensated for this stated problem.

Finally, this national survey of RNs represents one point in time. The RN workforce is constantly changing and needs ongoing monitoring and evaluation.

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