2021 NCSBN Scientific Symposium - Results From the 2020 National Nursing Workforce Survey Video Transcript ©2021 National Council of State Boards of Nursing, Inc.

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.

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 mor

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.

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.

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.

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.