



Registered Nurses in Vermont

2011 BOARD OF NURSING RELICENSURE SURVEY

Summary prepared by: University of Vermont AHEC Nursing Workforce, Research, and Development
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Background

The number of actively licensed Registered Nurses (RNs) in a state can be misleading if used as an estimate of current nurse workforce. The reasons for this are: 1) many foreign nurses request a license in VT but never come here to practice; 2) licensure depends on maintenance of the required practice hours over a two year period. Therefore, nurses who are not currently working or volunteering will become inactive at the end of each licensing period; and 3) some nurses obtain a VT RN licensure to work here temporarily (i.e. camp nurses) and may not return.

VT RN Licenses as of June 28, 2011

Residents of	Number
VT	6,468
NY	605
NH	563
MA	354
Other states	2,604
Foreign	5,262
Total	15,856

Over the last decade, the nursing workforce in Vermont has been tracked by collecting data from nurses who are relicensing and also report that they are currently working as a nurse in Vermont. This research has helped to guide decisions in educational resources policy-making and grant writing, as well as general information for nurses, health care employers, and other stakeholders. Since 2001, a nurse workforce survey had been mailed along with the relicensure materials and had a high response rate (54-85%). In January 2011, Vermont Registered Nurses (RNs) were instructed (for the first time) to complete their biennial relicensing process online, rather than mailing in their materials. With the switch to online relicensing, and instructions for accessing the survey at a different website than the relicensing site, a lower response rate was expected.

Methods described below were utilized in order to increase the response; however, results should be reviewed with acknowledgement of the low response rate.

Methods

A letter was mailed with relicensure materials to 12,112 RNs (excluding those with foreign addresses) who were licensed in Vermont on January 1, 2011. The letter instructed participants to go to www.choosenursingvt.org to complete a survey and enter into a prize drawing for one Kindle 3G Wireless Reading Device. Two weeks after the initial letter, a reminder was mailed to all active VT RNs with Vermont addresses (8,367). Some of these (369) were returned with expired mailing addresses. Email reminders were sent to all Vermont nursing organizations, hospitals, home health agencies, and nursing homes. Two articles describing the purpose and value of the biennial relicensure survey were published in the *Vermont Nurse Connection* newsletter which is mailed to all Vermont RNs, APRNs, and LPNs. A second reminder was mailed to all VT RNs who had not responded by April 15th. On May 15th a letter and paper survey were sent to a randomized sample of non-responding RNs (500) resulting in a return of 198 paper surveys (40% response rate). Both online and paper surveys were completed by 1,417 nurses (12% response rate) and this low response rate should be considered when using these results. The following is an analysis of the 1,080 respondents who reported working in the state of Vermont and is inclusive of the randomized sample.

Sample Demographics

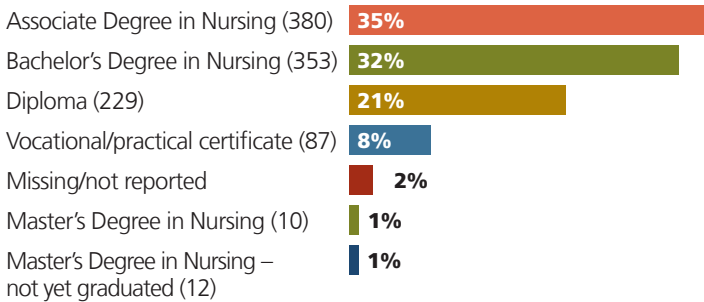
- Gender: 93% female (972); 6% male (69)
- Race/Ethnicity: 89% Caucasian (961); 6% Asian (69); 2% American Indian or Alaska Native (20); 1% Hispanic/Latino (12); 0.3% Black/African American (4); 0.09% Native Hawaiian or other Pacific Islander (1).

- Average mean age: 52 years. Range: 20–82 years.
Median: 50 years. Mode: 55 years.

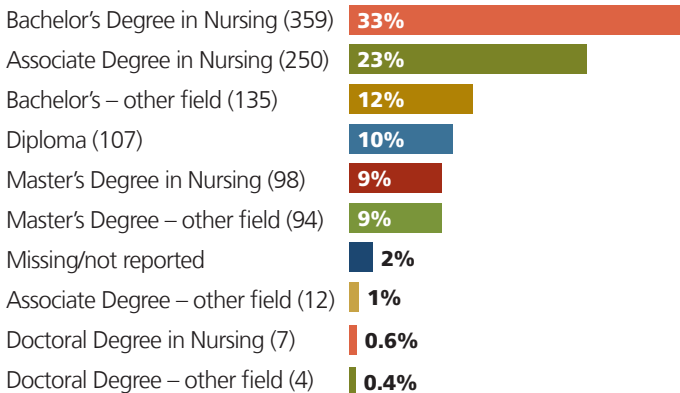
Education

Nine percent of this sample (94) reported receiving their entry-level education outside of the U.S. Nurses enter the profession in a variety of ways and continue their education via many paths as shown below.

First Degree for License in Nursing



Highest Degree



Ten percent (10%) of respondents said they were currently enrolled in a formal nursing education program:

- 0.2 % (2) were enrolled in an associate degree program
- 3% (37) were enrolled in a baccalaureate program
- 6% (64) were enrolled in a master's nursing program
- 0.8% (8) were enrolled in a doctoral program

Employment Setting

All 1,080 respondents reported being employed in a primary position in the state of Vermont. They report being employed full-time (55%), part-time (23%), and per diem (13%). Yet, some noted being unemployed and seeking a job as a nurse (4%); unemployed not seeking nursing job (1%); and retired (3%)*.

The following employment settings were reported:

Hospitals	(464)	43%
School health services	(94)	9%
Home health	(90)	8%
Nursing home/assisted living	(80)	7%
Ambulatory care	(80)	7%
Academic setting	(38)	4%
Community health	(24)	2%
Independent practice	(23)	2%
Other settings	(21)	2%
Public health	(21)	2%
Mental health center	(19)	2%
Policy/Planning	(17)	2%
Regulatory/Licensing Agency Insurance claims/benefits	(8)	0.7%
Occupational health	(4)	0.4%
Correctional facility	(3)	0.3%
Missing/not reported	(97)	9%*

Position Title

Staff nurse/direct patient care	(607)	56%
Other – health-related	(152)	14%
Nurse manager	(88)	9%
Nurse faculty	(57)	5%
Nurse executive	(35)	3%
Consultant/Nurse researcher	(20)	2%
Advanced Practice Nurse	(16)	1%
Other – non health related	(2)	0.1%
Missing/not reported		10%

Job Satisfaction and Intention to Leave

- 83% reported satisfaction with their position.
- 72% stated that they were unlikely to leave their current RN position in the next 12 months.
- Of the 18% (198) who said that they were likely to leave their current position, only 11% (22) said that they would be likely to leave nursing altogether.
- Of those reporting they were likely to leave their position in the next year (n = 198), the most common reasons were:

Position change (55)	Other (15)
Job Stress (38)	Family responsibilities (13)
Management practices (33)	Health/illness (10)
Salary/Benefits (31)	Move/relocation (26)
Supervisor (23)	Retire (36)
Return to school (20)	Co-worker relationships (14)
Promotion (15)	Job Assignment (9)

Please note that more than one response could be chosen.

Discussion

Tracking the nurse workforce in any state is complex and is most effectively done by using information that nurses are mandated to provide during their relicensure period. The 2011 survey process was a pilot study to assess the response rate to a new request to provide information online rather than on paper, as had been done in the past. The 12% response rate has made the case for the ineffectiveness of this voluntary online method.

Cautiously comparing this survey to previous years, it is noted that this sample of Vermont nurses remains prominently female and aging. More respondents reported being enrolled in a nursing program (10%) than in past survey years 2003 to 2009 (6-7%). The number reporting a bachelor's degree in nursing remained stable (33%) but more reported receiving a master's degree (9%) than in previous years (4-5%). There seems to be less job mobility in this sample, with 40% having been in their position less than 5 years, compared to 47%-53% reported previously. Less satisfaction with their current position was expressed (83% versus 89%-92%). This finding and the lower rate of intention to leave their position (18% versus 22-23%), may reflect the effects of the economic

recession and the tendency to stay in a position regardless of satisfaction. Finally, this sample has the lower rate of hospital employed nurses (43% versus 48-51%), and fewer who reported providing direct patient care (50% compared to 64-66%).

Reliable nurse workforce data collection and analysis is essential to assure an adequate supply of appropriately educated nurses and to maximize the health and well-being of all Vermonters. The workforce is expected to shrink with the retirements of a substantial number of nurses in the next decade. Tracking the retention of new nurses in the profession is important, as is the recruitment of males and nurses from underrepresented groups. The utilization of the online relicensure process will provide opportunities to collect a meaningful "Minimum Data Set (MDS)"¹ of workforce information that can inform policymakers, educators, healthcare employers and Vermonters. This will achieve one of the eight recommendations of the Institute of Medicine in the "Future of Nursing"² report which suggests that "nurses are going to have a critical role in the future especially in producing safe, quality care and coverage for all patients in our health care system".

References:

¹ Nooney, JG, Cleary, BL, Moulton, P, Wiebusch, PL, Murray, Yore, M and Brunell, ML. (2010). *Toward standardization (part 1): assessment of state and national nursing workforce data sources. Policy, Politics, & Nursing Practice. 11:173. DOI 10.1177/1527154410390521. Retrieved from: <http://ppn.sagepub.com/content/11/3/173>.*

² Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health. Retrieved from: http://thefutureofnursing.org/sites/default/files/Future%20of%20Nursing%20Report_0.pdf*

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