

Registered Nurses In Vermont

Summary of Board of Nursing Relicensure Survey, March 2005

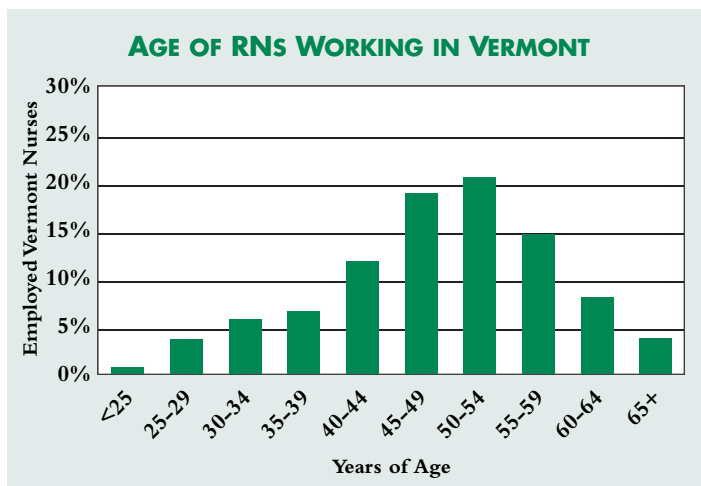
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Background

In order to provide Vermonters with useful information on the status of Vermont's nursing workforce, the Office of Nursing Workforce Research, Planning and Development, in collaboration with the Vermont Board of Nursing conducted a Relicensure survey which was mailed to 9,784 Vermont registered nurses. The survey was completed in March, 2005 by 5,805 (65% response rate). This survey was included in relicensure materials and was not mandatory. Of those surveyed, 4,075 reported that they worked as an RN in Vermont. This report excludes 1,730 RNs who do not currently work in Vermont. The following describes only registered nurses working in the State of Vermont.

Basic demographics:

- 94% of RNs are female, 6% are male
- 94% of Vermont RNs are Caucasian
- Age range: 21- 85 yrs.
- Mean age: 48 years, 79% are over 40 years.



Nursing education:

- 21% completed a Diploma program in nursing
- 39% completed an Associate's Degree in nursing
- 32% completed a Bachelor's Degree in nursing
- 5% completed a Master's Degree in nursing
- <1% completed a Doctoral degree

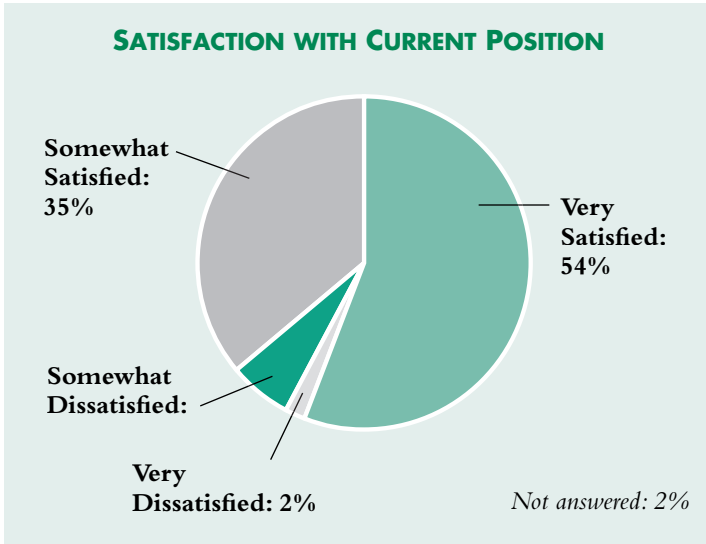
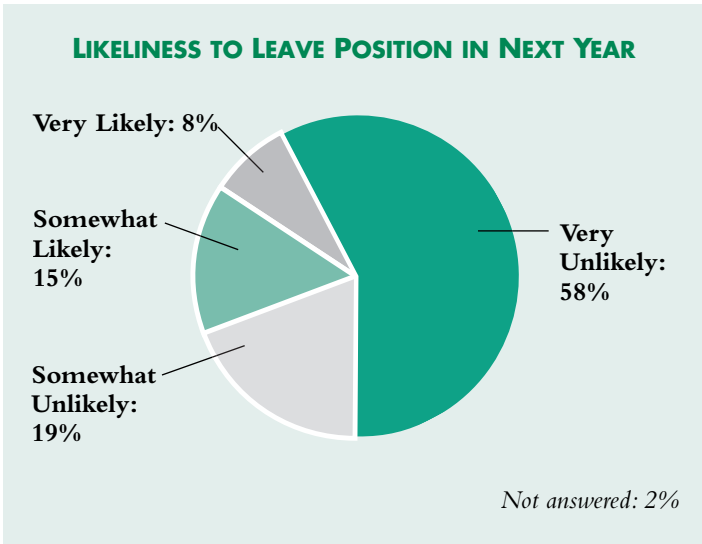
Other educational information:

- 24% report other non-nursing degrees
- 6% are currently enrolled in a nursing education program, 65% report participation in continuing education in past year
- 46% received their basic nursing education in Vermont

Employment

(setting of primary position):

- Hospitals employ 50% of VT RNs
- Home health agencies employ 10%
- Long term care facilities employ 8%
- Ambulatory /outpatient and community health centers employ 8%
- "Other" settings employ 8%
- Schools employ 7%
- Public health agencies employ 3%
- Independent practice accounts for 3%
- Nursing schools and mental health centers employ <2%
- Assisted Living employ 1%
- Correctional facilities employ <1%



Likeliness to leave primary position:

- 23% indicated that they are “somewhat likely” or “very likely” to leave their primary position in next 12 months.

Top five reasons given for leaving (more than one reason could be chosen):

- Change positions .57%
- Retirement34%
- Job stress31%
- Management29%
- Salary26% (down from 31% in 2003)

Discussion of these findings:

More and more nurses are moving toward retirement age and their exit from the labor market is anticipated in the next 5-10 years. It is interesting to note that nurses age 60 and over who are currently working outnumber the nurses age 30 and under. In the next 10 years, the contribution of the mature experienced nurse will be critical to meeting health care needs in Vermont.

Progress on educational advance that will prepare nurses for faculty and leadership positions remains elusive. The recommendation of the National Advisory Council on Nursing Education and Practice¹ to have 60% of the RN workforce prepared at the Bachelor’s degree level has not been achieved (32% BSN in Vermont). This makes advancement to graduate studies more challenging but necessary to meet future needs

for nurse educators and nurse leaders. In addition, lower patient mortality and “failure to rescue” rates have been found in hospitals with more nurses with a BSN or higher degree².

The number of Vermont nurses who intend to leave their current position in the next year has remained steady (21% – 23%) for the last five years. There appears to be some positive progress in terms of reducing the likeliness to leave due to salary dissatisfaction compared to 2003. This Vermont finding is similar to a national study which found that fewer nurses in 2004 perceived salary and benefits to be a cause of the nursing shortage compared to 2002³.

Improvements to the work environment, encouragement of educational advancement, and expansion of Vermont’s capacity to educate the next generation of nurses will be necessary to assure an adequate nursing workforce to provide quality healthcare in the years to come.

References:

¹ National Advisory Council on Nurse Education and Practice (1995). *Report on the basic nurse workforce*. Washington DC: USDHHS, HRSA.

² Aiken LH, Clarke SP, Cheung RB et al (2003) Educational levels of hospital nurses and surgical patient mortality. *JAMA* 290 (12): 1617-1623.

³ Buerhaus, P., Donelan, K., Ulrich, B., Norman, L., Dittus, R. (2005). Is the shortage of hospital registered nurses getting better or worse? Findings from two recent national surveys of RNs. *Nursing Economics* (23) 2: 61-72.