Registered Nurses in Vermont
Summary Of Board Of Nursing Relicensure Survey March 2009

Prepared by:
Office of Nursing Workforce Research, Planning, and Development at the University of Vermont
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For more details: (802) 656-0023 or e-mail: mpalumbo@uvm.edu

Background/Methods
To provide Vermonters with useful information on the status of Vermont's nurse workforce, the Office of Nursing Workforce Research, Planning, and Development, in collaboration with the Vermont Board of Nursing conducted a Relicensure survey of Registered Nurses (RNs). The survey was mailed to 6,674 Vermont registered nurses who had Vermont addresses (out of a total 18,431 RNs who had Vermont licenses as of January 2009). The survey was completed in March 2009, by 3,627 nurses (54% response rate). This survey was included in relicensure materials and was not mandatory. The large number discrepancy between the total number of licensed Vermont RNs and the ones that report living and working in the state is due to an increasing number of foreign nurses who apply for Vermont licensure, but never work here after obtaining a license. The following describes only registered nurses residing and working in the state of Vermont.

Basic Demographics:
• 95% of RNs are female, 5% are male
• 94% of Vermont RNs are Caucasian
• Age range: 21-83 yrs.
• Mean age: 49.7 years; 80% are over 39 years old

Nursing Education:
• 17% completed a Diploma program in nursing
• 40% completed an Associate’s Degree in nursing
• 35% completed a Bachelor’s Degree in nursing
• 5% completed a Master’s Degree in nursing
• <1% completed a Doctoral degree

Other Educational Information:
• 28% reported other non-nursing degrees
• 7% are currently enrolled in a nursing education program — and an additional 58% reported participation in continuing education in past year
• 52% received their basic nursing education in Vermont (up 4% since 2007). One third of new RNs who graduated from Vermont nursing schools in 2008 (304) participated in this survey (n=104). 15% of respondents participated in the Vermont Nurse Internship Program as interns (202) or preceptors (337)
• 2% received basic nursing education in a foreign country.

Employment (setting of primary position):  
• Hospitals employ 51% of Vermont RNs
• Ambulatory/outpatient and community health centers employ 10%
• Home health agencies employ 8%
• Schools employ 8%
• Long term care facilities employ 7%
• “Other” settings employ 7%
• Independent practice accounts for 2%
• Public health agencies employ 2%
• Mental health centers employ 2%
• Assisted Living employ 2%
• Nursing education employs 1%
• Correctional facilities employ <1%

Sixty-six (66%) reported their major activity is patient care, 13% are managers/administrators, 5% teach nursing, 4% are involved in public health, 2% quality assurance/case review, and 9% “other” activities.
Likelihood to leave primary position:
- 19% indicated that they are “somewhat likely” or “very likely” to leave their primary position in next 12 months. Of those likely to leave their position 12% reported a likeliness to leave the profession of nursing.

Top five reasons given for leaving (more than one reason could be chosen):
- Change positions ...................... 54%
- Job stress ............................. 32%
- Management practices .............. 31%
- Retirement ............................. 21%
- Salary .................................. 19%

Discussion of These Findings:

In terms of the future supply, nursing is now seen as a promising career by many young adults and career changers (Seago, Spetz, Alvarado, Keane, & Grumbach, 2006). Accommodating this renewed interest in the profession is challenging with limited faculty and collegian resources. Only a small number (<6%) are prepared at the Master’s and Doctoral level and therefore qualified to educate the next generation of nurses. It is encouraging that 15% of Vermont nurses reported participation in the Vermont Nurse Internship Program as interns or preceptors. This type of program helps new graduates adjust to the demands of the workplace and allows experienced nurses the opportunity to pass on their wisdom.

An expansion of 30% over the current number of annual nurse graduates, with particular emphasis on the baccalaureate (BSN) level, has been recommended to meet future needs (Council of Physician and Nurse Supply, 2008). Therefore, public and private support for scholarships and educational loan repayment for nurses seeking BSN and graduate degrees will prove to be a prudent investment, considering the number of nurses that will be needed to care for Vermonters in the decades ahead.

References

