

Registered Nurses in Vermont



2013 BOARD OF NURSING RE-LICENSURE SURVEY

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

Re-licensure Survey Purpose

Many changes are taking place in Vermont and the national health care systems, making an accurate assessment of the healthcare workforce extremely important. Is the supply of registered nurses (RNs) adequate to meet current and future demands? Will we have nurses with the right educational credentials to fill emerging roles as well as become the nurse scientists and educators needed in the future? What constitutes a nursing shortage and how can it be prevented? Answers to these questions are only possible with a regular process of collecting and analyzing workforce data.

This summary provides supply information for RNs working in Vermont in 2013.

Methods

Between January and March 2013, all registered nurses in Vermont at the time of re-licensure (n=18,907) were asked to complete a workforce survey during the electronic re-licensure process or by completion of a paper survey at their request (n=75). Of those who responded (n=16,518, response rate of 87%), only nurses who reported currently working as a nurse in Vermont were analyzed (n=5,311).



Results

Of those who completed their workforce survey online, 5,311 indicated that they were working as a nurse in Vermont.

Demographics

Gender (n=5,311)

Female: 92%, Male: 8%

Age (n=5,311)

Average age: 49 years old
Half of nurses are over 50

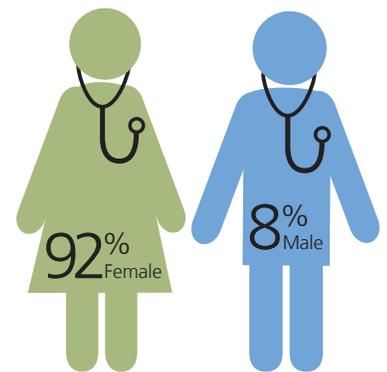
Race/Ethnicity (n=5,261)

Caucasian/White: 94%

Asian: 3%

Other: 1%

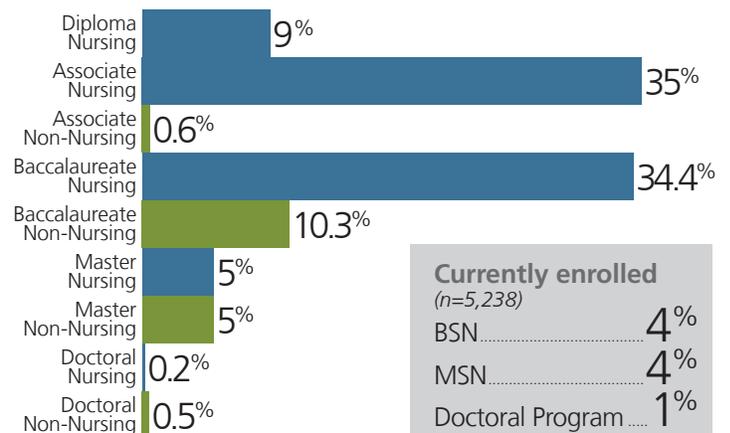
American Indian/Alaska Native, Black/African American, Hispanic/Latino, and Native Hawaiian: <1%



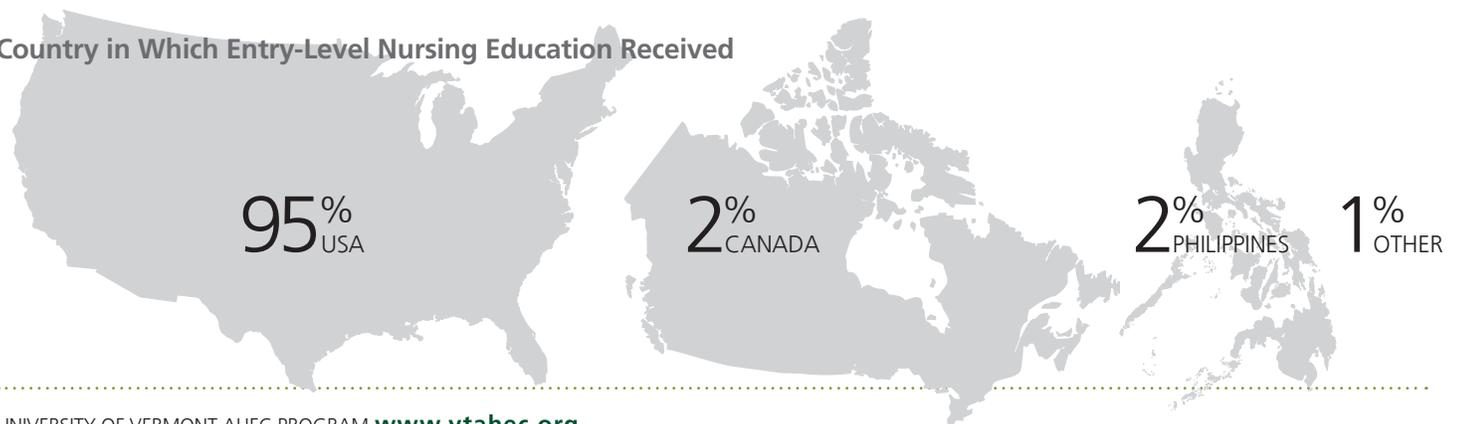
Education

Educational Attainment (n=5,267)

The data sample suggests that the most common educational attainment levels for the Vermont workforce are Associate Degree: Nursing, and Baccalaureate Degree: Nursing. These two levels represent 69% of the overall sample.



Country in Which Entry-Level Nursing Education Received



Employment Status

Full-time/Part-time employment in a position that requires a nurse license (n=4,726)

Full-time:	72%
Part-time:	25%

Reason for Unemployment (n=106)

Taking care of home and family	22%
Other	59%
Disabled	3%
Inadequate salary	2%
School	7%
Difficulty finding a nursing position ..	8%



Number of currently held positions

One	84%
Two	14%
Three or more	2%



Average Number of Hours Worked as Nurse in Typical Week (n=5,311)

The data sample suggests that the most common average work hours for the Vermont workforce are 36 to 42.

Primary Employment Setting (n=5,256)

Hospital	56%
Nursing home/extended care/assisted living	9%
Ambulatory care	7%
Home health	6%
Other and school health and community health	5%
Academic settings and public health	2%
Correctional facilities, insurance claims, occupational health, policy, licensing and regulation	<1%

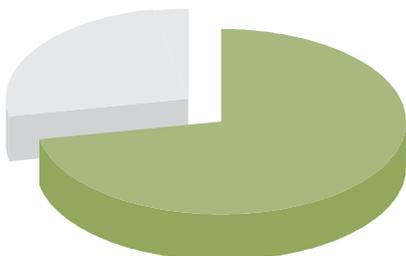
Top primary employment settings for the Vermont workforce are hospital and nursing home/extended care/assisted living facility; representing 65% of the overall sample.



Primary Employment Description (n=5,196)

Staff nurse (patient care)	70%
Other (health-related)	12%
Nurse manager	11%
Nurse faculty	3%
Nurse executive	2%
Consultant/researcher	1%
Advanced practice nurse/other non-health ...	<1%

82% of nurses are working in patient care or other health-related positions.



Conclusions

Over the last decade of nursing workforce analyses in Vermont, data collection methods have transitioned from a mailed paper survey, to voluntary online survey, to a voluntary online survey embedded in the state's re-licensure process. Sample sizes varied from a high of 5,805 in 2005 to a low of 1,080 in 2011's voluntary online surveys. Starting in 2015, electronic re-licensure survey will be mandatory (2013 Act 79, Sec 44) for all health professions in Vermont; this new legislation's objective is to ensure a more comprehensive picture of the Vermont healthcare workforce.

For the past 10 years, the data indicate that nursing remains a female dominated profession with no increase in the ethnic or cultural diversity (averaging 93% Caucasian). There has been a shrinking number of diploma educated nurses: 9% in 2013 compared to 23% in 2003; yet, only a small increase (1%) in bachelor's degree in nursing over the same decade and master's degree-educated nurses are consistently at 5%. There has been a 2% increase in those reporting being currently enrolled in a nursing educational (8% in 2013) program compared to 2003 (6%).

There is increased employment in hospitals (56%) compared to in 2003 (48%) and a decrease in home health employment (6% currently, compared to 10% in 2003). Most other settings have had stable numbers of employed nurses over the last decade. There are a large number of "other" primary position titles (17%) and specialties besides the most commonly known ones; this may represent a continued evolution in nursing practice roles.

Recommendations

Monitoring of the nursing workforce in Vermont over the last decade has drawn attention to issues such as the lack of diversity, the aging of the workforce, and the lack of academic progression. The next step is the establishment of clear goals to change the demographics of the workforce but this is only possible after being informed by data analysis. Moving forward into the unknown territory of our emerging health care system, the Vermont nurse workforce, nurse leaders, and educators must be well-prepared and responsive in order to contribute to the goal of increasing healthcare access for all Vermonters.



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