

Ensuring a Representative Nursing Workforce

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UW Center for Health Workforce Studies

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RN workforce project aims

- Examine changes in RN workforce before and after pandemic
 - Sociodemographics and work characteristics
 - All RNS
 - RNs leaving profession
 - Different outcomes for sociodemographic groups
 - Work characteristics
 - Job outcomes
 - Rationale for job outcomes

National Sample Survey of RNs (NSSRN)

- HRSA Bureau of Health Workforce
- Initiated in 1977
 - Collected every 4 years [Hopefully]
 - Most recent 2008, 2018, and 2022
- ~50,000 actively licensed RNs across the US
- Public use files available for download
- Nursing Workforce Dashboard

Explore the Nursing Workforce Dashboard



NSSRN content

- Sociodemographics, educational preparation, current and past employment
- Job characteristics, job logistics, job intentions
- Work experiences
- Variables updated to meet changing needs
- Limitations
 - Public use crosswalks available but data harmonization not consistent
 - Changes in variables AND coding structures
 - Many 'select all that apply' questions
 - 2018 weighting issues tend to underrepresent Black RNs and overrepresent Hispanic RNs
- Advantages
 - Far more explanatory detail if RNs or APRNs are the target workforce
 - Contextualized questions (e.g. impact of COVID)

Project methods

- Secondary analysis, retrospective cross-sectional study
- Sample: 2018 and 2022 NSSRN respondents
 - Worked in a nursing job in December of the year prior to the survey
 - Not advanced practice RNs
- Analyses
 - Descriptive analyses of sociodemographics and work characteristics
 - Estimates using provided sample weights
 - Chi² comparisons of differences between years
 - Regression analysis examining factors associated with leaving a primary job

RN Demographics, 2018 and 2022

** = $p < .05$ on χ^2 analysis
comparing 2018 to 2022*

	2018	2022
	N=3,062,035	N=3,240,435
Mean age	46.8 \pm 0.14	47.5 \pm 0.28
Sex: female*	90.1	87.0
Race*		
AIAN/NHPI	1.2	1.0
Asian	5.7	10.5
Black	8.3	12.4
Multiracial	5.0	5.1
White	79.9	71.1
Ethnicity*		
not Hispanic	89.2	91.2
Hispanic	10.8	9.8
Education*		
Associates or lower	61.1	54.3
Bachelors or higher	38.9	45.7
Initial RN education location*		
US educated	94.6	93.1
Foreign educated	5.4	6.9

Detailed race and ethnicity

- 'Other' category discontinued in 2022, more detailed Asian categories included
- Decline in Hispanic RNs and increase in Black RNs perhaps due to weighting issues

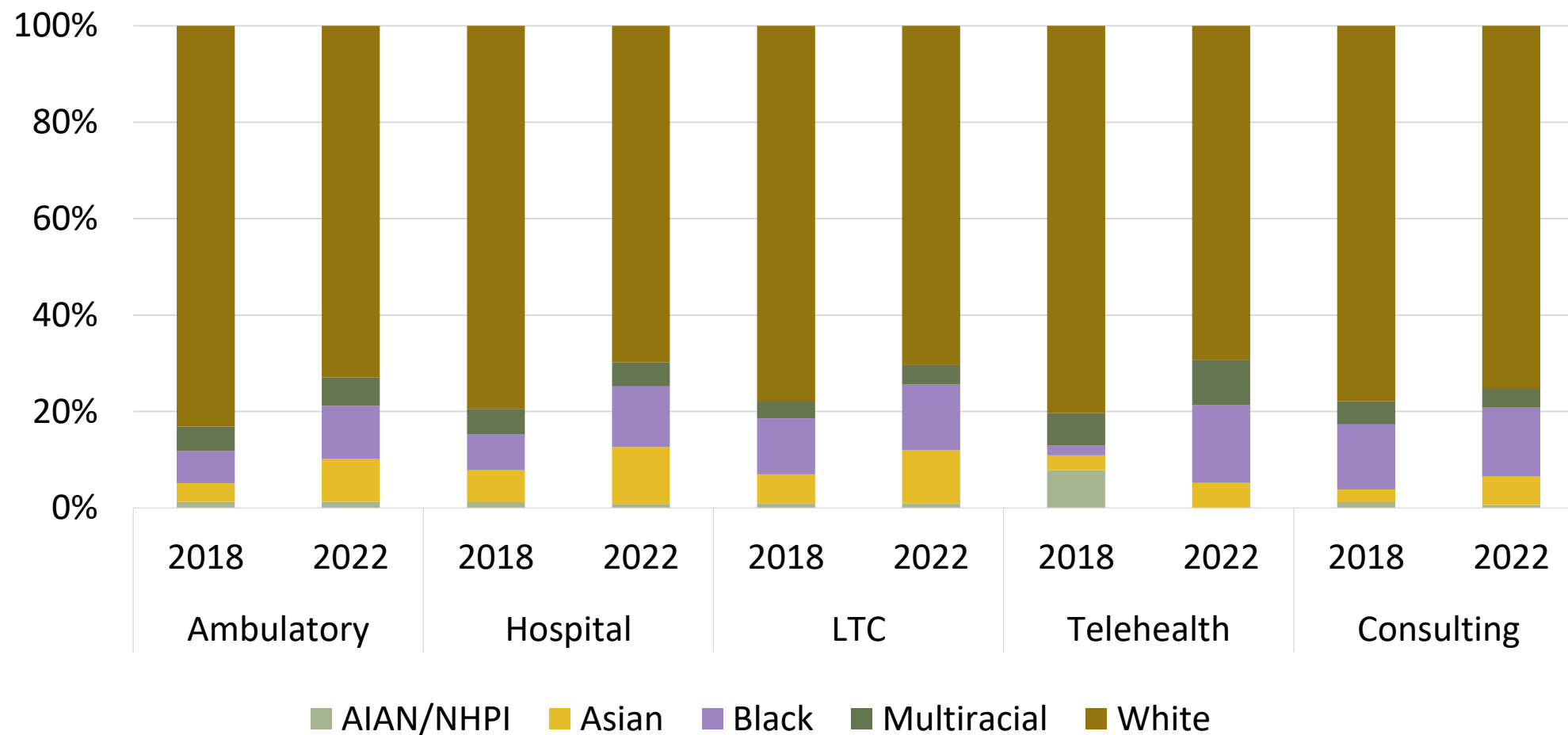
	2018		2022	
	<i>observed</i>	<i>estimate</i>	<i>observed</i>	<i>estimate</i>
N	20,340	3,062,035	15,357	2,655,017
AIAN	79	0.3	83	0.5
Asian	1,231	5.5	1,084	10.1
Black	1,056	8.0	867	12.0
Hispanic (all races)	878	10.8	756	9.8
Multiple races	417	1.8	416	4.3
NHPI	72	0.7	0	0.0
Other race	140	0.9	0	0.0
White	16,467	71.9	12,151	63.2

RN work characteristics, 2018 and 2022

* = $p < .05$ on χ^2 analysis comparing 2018 to 2022

		2018	2022
		N=3,062,035	N=3,240,435
FTE Status*			
Full time		79.7	94.7
Part time		20.3	5.3
Number jobs*			
1		89.7	91.1
2 or more		10.3	8.9
Household earner*			
Primary/equal earner		37.6	48.1
Work settings*			
Consultant, indirect care		5.5	6.1
Inpatient medical hospital		51.8	53.1
Ambulatory, public, community health		26.7	27.3
Long-term care, behavioral, home health		15.4	12.6
Remote, telehealth		0.6	0.9

Racial distribution of RNs by setting



Changes in RN job outcomes

	2018		2022	
	N	%	N	%
Stayed in job	2,526,259	87.1%	1,925,758	72.5%
Left primary job	372,784	12.9%	729,259	27.5%
Retired	38,380	1.3%	40,780	1.5%
Left job only	294,454	10.2%	638,454	24.0%
Left profession	39,950	1.4%	50,025	1.9%

**14.6 percentage point
increase in RNs who left
their job**

**0.5 percentage point
increase in RNs who left
profession**

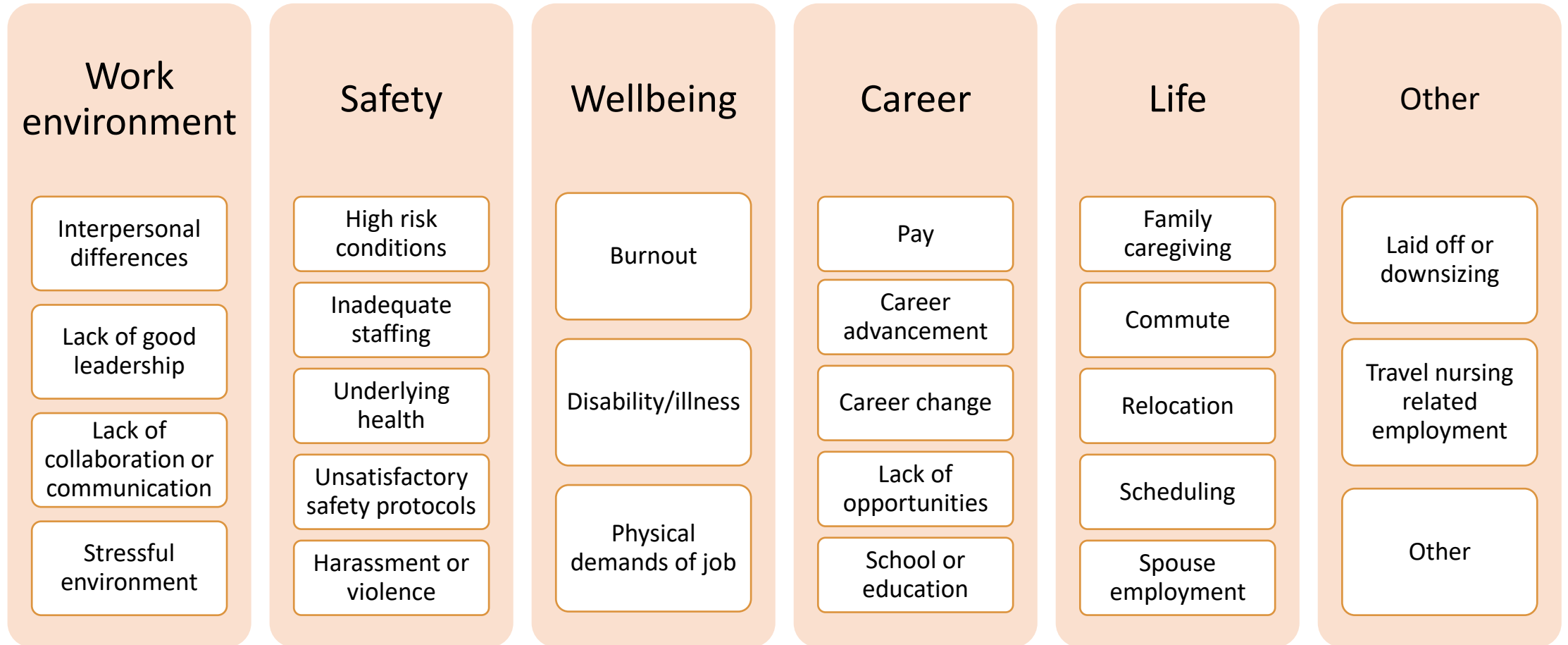
Outcomes among different groups of RNs

	Stayed in job	Retired	Left job	Left nursing
	4,452,017	79,160	932,908	89,975
All RNs	80.2%	1.4%	16.8%	1.6%
AIAN/NHPI	77.3%	0.1%	17.3%	5.4%
Asian	84.3%	0.8%	13.7%	1.3%
Black	78.5%	0.8%	19.8%	0.9%
White	80.0%	1.7%	16.6%	1.7%
Multiracial	80.0%	0.5%	18.4%	1.1%

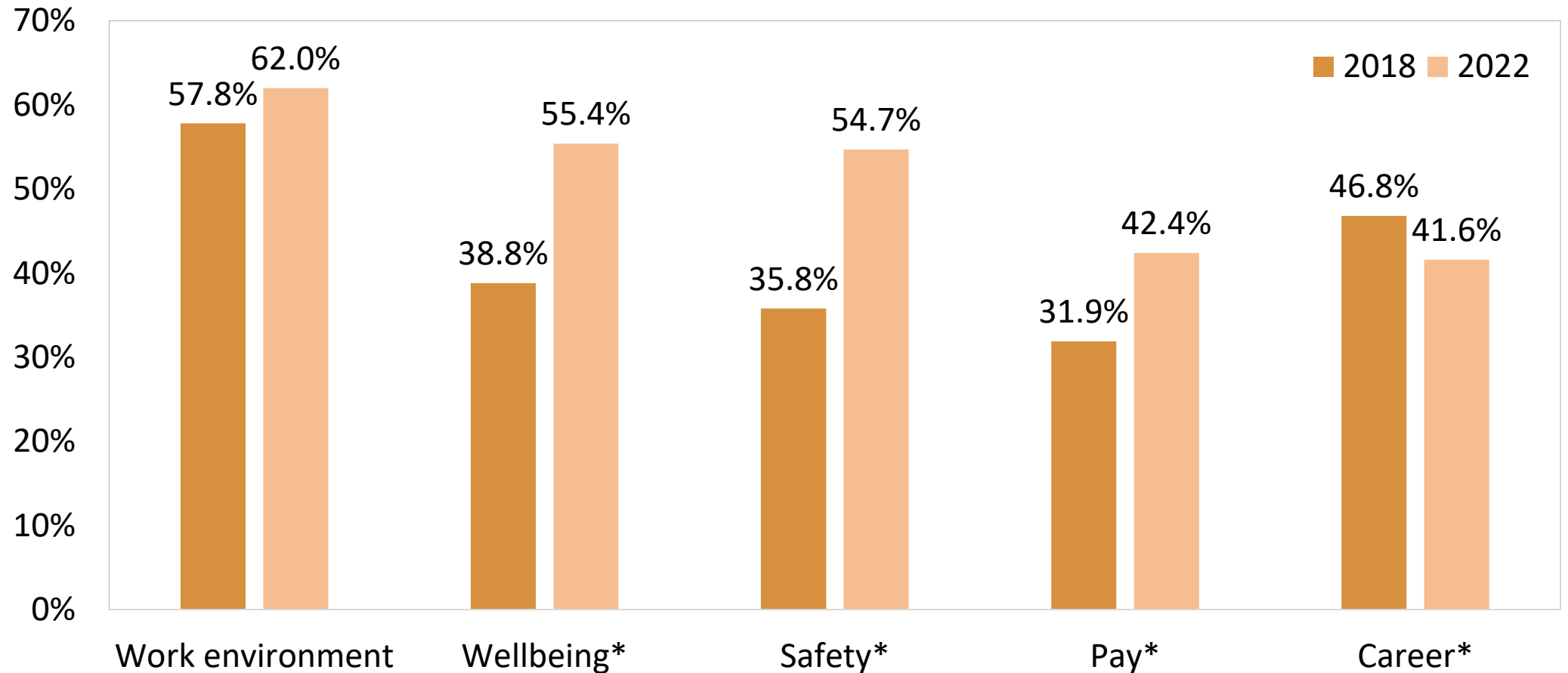
Leavers by setting

Work setting (% all RNs)	Stayed in job	Retired	Left job	Left nursing
All RNs	80.2%	1.4%	16.8%	1.6%
Consultant, indirect care	84.9%	2.0%	10.7%	2.4%
Inpatient medical hospital	78.8%	1.1%	18.8%	1.3%
Ambulatory, public, community health	82.7%	2.0%	13.3%	2.1%
Long-term care, behavioral, home health	78.3%	1.4%	18.7%	1.6%
Remote, telehealth	86.1%	1.6%	10.1%	2.2%

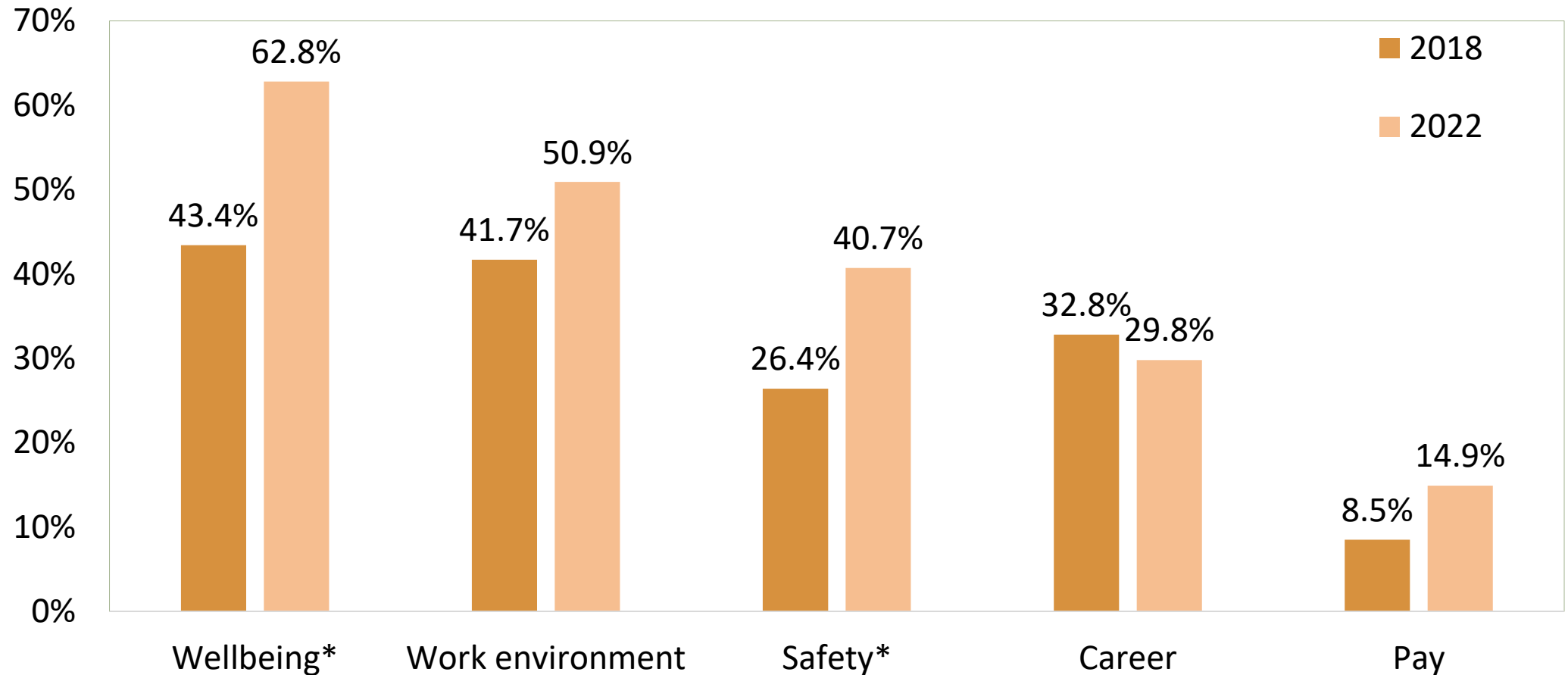
Reasons for leaving



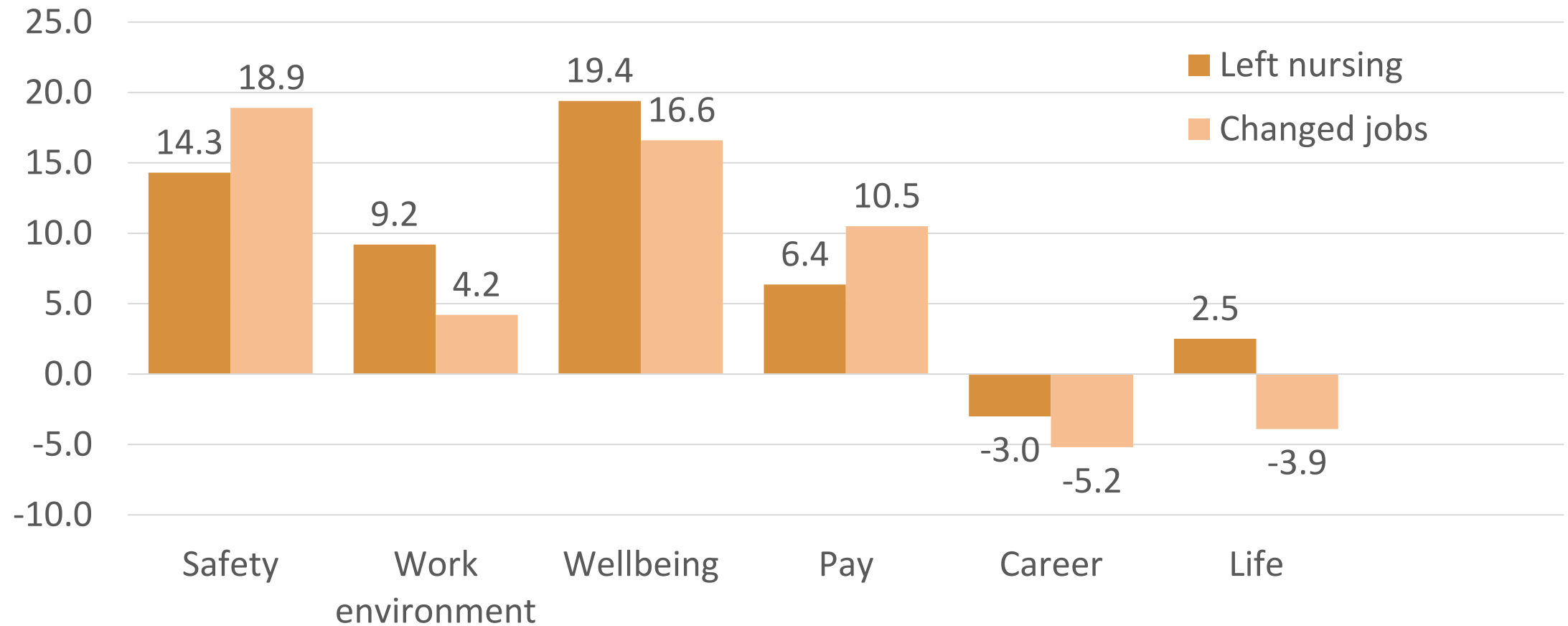
Reasons for changing jobs



Reasons for leaving the profession



Change in reasons for leaving 2018-2022



Reasons for changing jobs by race

	Pay*	Career	Safety	Work environment	Life*	Wellbeing*
AIAN/NHPI	50.1%	49.5%	45.5%	65.8%	42.9%	67.2%
Asian	52.1%	44.1%	54.2%	53.3%	39.4%	48.4%
Black	44.6%	38.4%	40.9%	58.8%	29.1%	43.4%
White	36.7%	43.3%	49.2%	61.0%	43.0%	50.5%
Multiracial	41.8%	49.7%	53.7%	67.6%	43.2%	59.6%

Reasons for changing jobs by race

	Pay*	Career	Safety	Work environment	Life*	Wellbeing*
AIAN/NHPI	50.1%	49.5%	45.5%	65.8%	42.9%	67.2%
Asian	52.1%	44.1%	54.2%	53.3%	39.4%	48.4%
Black	44.6%	38.4%	40.9%	58.8%	29.1%	43.4%
White	36.7%	43.3%	49.2%	61.0%	43.0%	50.5%
Multiracial	41.8%	49.7%	53.7%	67.6%	43.2%	59.6%

Regression analysis of 2022 data

¹⁸ denotes significance in same direction for 2018

Increased odds of leaving ($p < .05$)

- Associate's degree or lower (1.18)¹⁸
- Working part time (1.52)
- Hispanic ethnicity (1.24)
- Agency employment (4.26)¹⁸

Decreased odds of leaving ($p < .05$)

- Age >34 years (varied)¹⁸
- Asian (.72)
- Foreign educated (.68)
- Ambulatory care (.87)¹⁸
- Consultant/indirect care setting (.51)

Discussion

- Common themes but varied experiences among different RNs
- Vacancies versus shortages
- Wellbeing and safety increasingly important in retention, particularly in protecting against attrition
- Workplace experiences continue to be critically important

Implications

- Identify and implement policies and practices that improve wellbeing, maintain safety, and ensure a positive work environment
 - Attend to needs of groups with higher turnover and attrition
- Systems level, not just unit- or organizational level
 - State policies
 - Reimbursement policies that drive workplace experiences
 - Approaches to patient satisfaction
- Continue work toward improving representation of racial and ethnic groups in the workforce
 - Work toward matching with populations served



More details and information:

<https://familymedicine.uw.edu/chws/>

Contact: kylas@uw.edu

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