

Biannual Analysis of Alabama's Registered Nurse Workforce: 2008

**Principal Investigator
Allison J. Terry, PhD, MSN, RN
Director, Center for Nursing**

**Alabama Board of Nursing
Montgomery, Alabama
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Acknowledgements

Technical and Administrative Support

Richard Boyette
Programmer Analyst

Initial Planning and Development

N. Genell Lee MSN, RN, JD
Executive Officer

Consultants

Thomas A. Petee, PhD
Auburn University at Montgomery
Center for Government

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INTRODUCTION

The current state of the nursing workforce, both statewide and nationally, is receiving even more attention than usual due to the emphasis on providing quality, affordable, and portable health coverage for all Americans, modernizing the American health care system, and upgrading the public health system (Laszewski, 2008). Multiple studies have been completed on various aspects of the workforce and the existing nursing shortage as cited in Lazarus (2002) and Terry (2007).

In an effort to monitor the state of the nursing workforce in Alabama, the Alabama Center for Nursing surveys the Alabama nursing population congruent with license renewal to provide cross-sectional data on registered nurses. The 2008 survey was placed on the Alabama Board of Nursing website from September 1, 2008-December 31, 2008. The voluntary survey assured respondents of the confidentiality of their submitted information. The study gives a report of the data analysis prepared in response to information provided by respondents to the survey, including the cross-sectional picture provided by questions in the sampling paradigm as well as the longitudinal view produced when current data are compared with data submitted in previous years. Trends will be reported that are developing in Alabama's nursing workforce based on data submitted.

Trends that will be of particular interest will be those related to graduate nursing education. Multiple studies have been released regarding the current shortage of faculty needed to teach nursing students in graduate programs that would prepare additional nursing faculty, as well as on creative strategies to deal with the faculty shortage (American Association of Colleges of Nursing, 2005; Maryland Statewide Commission on the Crisis in Nursing, 2005; Allen, 2008). Tanner, Gubrud-Howe, and Shores (2008) reported on the development of the Oregon Consortium for Nursing Education (OCNE), a statewide coalition of community college and university nursing programs. In an effort to use scarce nursing faculty most effectively, a standard curriculum was developed and is currently being delivered on thirteen campuses that include eight community colleges and five campuses of the Oregon Health Sciences University School of Nursing. OCNE also focused on development of an integrative practicum, a precepted clinical experience that was intended to be an immersion experience.

The study tests the hypothesis that a registered nurse who is approaching retirement from his or her current nursing position is more likely to make the decision to attend a graduate nursing program than a registered nurse who is not close to retirement. It is also hypothesized that a registered nurse who is employed in more than one nursing position is less likely to decide to attend

graduate school than a nurse who is employed in only one primary nursing position.

METHODS

Cases consisted of all actively licensed registered nurses (RNs) in Alabama. Data were collected in conjunction with the online license renewal process from September 1, 2008 until December 31, 2008. The survey instrument is distributed on a biannual basis to coordinate with the renewal process, although questions are updated prior to each distribution to reflect current workforce conditions in both the State and the nation. The survey instrument is found in the Appendix .

Respondents were given the opportunity to add narrative responses to specific questions, although answer options were primarily multiple choice. Findings are reported based on responses per item since not all respondents chose to answer each question. Of the 55,053 RNs who would have viewed the survey as part of the material accessed for license renewal in 2008, 53,816 opted to provide data in the survey, producing a 97.75% response rate. It should be noted that the response is much higher than was achieved in the 2006 RN workforce survey when a response rate of 88.25% was seen.

Validation of the content and format of questions was provided through consultation with members of the nursing community currently appointed to the Alabama Board of Nursing. The research project was non-experimental and descriptive in design and utilized a sample of convenience, namely, the entire population of actively licensed registered nurses in Alabama. Though effective for the project, the choice to use a sample of convenience (the entire Alabama RN population) caused a limitation for the project by decreasing the amount of generalization to other states. The framework for the survey was multiple causation since multiple independent variables were proposed.

RESULTS

Statistical analysis occurred using the Statistical Package for the Social Sciences (SPSS) version 16. Descriptive statistics were initially calculated to provide a cross-sectional “snapshot” view of Alabama’s RN workforce. A total of 53,816 RNs responded to questions regarding their employment status. Of that number, 75% (n = 40,567) reported being employed full-time in nursing. The remaining 13,248 reported being employed part-time in nursing, retired, unemployed, or not employed at all in the field of nursing. The breakdown of nurses according to their employment status may be viewed in Table 1.

Table 1

Nursing Employment Status

Variable Name	2006	2006	2008	2008
	n	%	n	%
full-time in nursing	35,637	75.4	40,567	76.1
part-time in nursing	7,038	14.9	7,629	14.2
retired	999	2.1	1,266	2.4
unemployed	1,657	3.5	2,358	4.4
not employed in nursing	1,487	3.1	1,793	3.3

When the current number of full-time nurses ($n = 40,567$) is compared to the 2006 number reported to be working full-time ($n = 35,637$), it may appear that a much higher number of nurses are now classified as full-time employees. However, when the percentages of respondents are compared, it becomes clear that little has changed. Whereas 76.10% of respondents were employed full-time in 2006, a slightly lesser percentage of respondents (75.4%) are currently full-time employees in nursing.

One question in the survey instrument was specifically directed toward the population of nurses who responded that they were retired from nursing but still actively licensed. They were asked which factors would encourage them to return to the nursing workforce. A primary factor cited was “flexible work hours”, followed by “not applicable” ($n = 32,798$; 60%), and “other”. The primary factors cited under “other” consisted of “more holistic-type practice”, “nurse refresher course”, and “active recruitment of senior nurses” as the top three factors reported. The complete breakdown of all factors reported as potentially influencing a retired nurse to return to the nursing workforce is provided in Table 2.

Table 2

Factors Influencing Returning to the Nursing Workforce

Variable Name	2008 n	2008 %
RNs were not asked this question on the 2006 survey		
not applicable	32,798	60.95
ergonomic work environment	9	.0
flexible work hours	327	.61
don't want to return to the nurse workforce	361	.67
increased salary and benefits	147	.3
assistance from nurse-mentor	16	.0
small patient-to-nurse ratios	49	.1
sufficient support staff	14	.0
supportive nursing leadership	38	.1

Other factors cited as influencing a potential return to the workforce:

- more holistic-type practice
- nurse refresher course

- active recruitment of senior nurses
- setting using integrative/alternative therapies
- less contact hours as nursing faculty
- assistance with graduate education
- being treated as a professional
- less paperwork
- less politics in the workplace
- improvement in personal health.

In addition, nurses were asked when they anticipated retiring from the nursing workforce. The greatest number of the nurses responding to the question reported that they anticipated retiring from the nursing workforce more than twenty years from now (n = 13,539, 25%). However, 7,824 nurses (14.5%) reported that they intend to retire from the nursing workforce within the next ten years. When these numbers are compared to the 2006 survey responses, it is revealed that whereas an additional 56 nurses now plan to retire within the next five years in comparison to 2006 responses, an additional 710 RNs now plan to retire within the next ten years. The breakdown of responses to the question regarding a timeframe for anticipated retirement is found in Table 3.

Table 3
Retirement from Nursing Workforce

Variable Name	2006	2006	2008	2008
	n	%	n	%
within the next five years	5,083	10.8	5,139	9.5
within the next ten years	7,114	15.04	7,824	14.5
within the next fifteen years	7,082	15.0	7,591	14.1
within the next twenty years	7,897	16.7	8,257	15.3
greater than twenty years	11,323	23.9	13,539	25.2
do not anticipate retiring or leaving the workforce	6,061	12.8	8,985	16.7

Additional employment-related information was gained when nurses were asked about their primary nursing employer. The largest number of responding nurses reported working for their primary nursing employer for one to five years (n = 18,526, 34%). Regarding primary employment, nurses reported working for the most part as a staff nurse (n = 23,690, 44%) in a hospital (n = 29,859, 55%) in the medical-surgical clinical area (n = 7,421, 13%). These findings are congruent with 2006 RN workforce findings and may be viewed in Tables 4, 5, and 6.

Table 4
Position Title for Primary Nursing Position

Variable Name	2006	2006	2008	2008
	n	%	n	%
administrator	994	2.1	1,173	2.2
case manager	1,958	4.1	2,451	4.6
certified nurse midwife	46	.01	26	.0
certified registered nurse anesthetist	1,259	2.7	1,378	2.6
certified registered nurse practitioner	1,268	2.7	1,474	2.7
charge nurse	3,239	6.8	3,761	7.0
clinical nurse leader (not an answer option on 2006 survey)	-----	-----	478	.9
clinical nurse specialist	368	.7	317	.6
compliance officer	92	.2	108	.2
consultant	364	.7	359	.7
discharge planner/outcomes manager	60	.1	35	.1
educator	1,114	2.4	1,705	3.2
home health nurse	1,416	3.0	1,620	3.0
infection control nurse	153	.3	163	.3
insurance reviewer	175	.3	175	.3
nursing faculty	859	1.8	418	.8
nurse manager	2,144	4.5	2,230	4.1
nursing staff development	147	.3	145	.3
nursing supervisor	1,504	3.2	1,555	2.9
registered nurse first assistant (not an answer option on 2006 survey)	-----	-----	152	.3
researcher	288	.6	279	.5
school nurse	724	1.5	826	1.5
sexual assault nurse examiner (not an answer option on 2006 survey)	-----	-----	16	.0
staff nurse	21,376	45.2	23,690	44.0
surveyor/auditor/regulator	259	.5	182	.3
student	264	.5	294	.5

Table 5
Location of Primary Nursing Position

Variable Name	2006	2006	2008	2008
	n	%	n	%
assisted living	117	.2	129	.2
community mental health	235	.5	264	.5
doctor's office	2,375	5.0	2,640	4.9
government agency other than hospital or nursing home	835	1.8	1,043	1.9
home health agency	2,025	4.3	2,224	4.1
hospice	1,486	3.1	1,644	3.1
hospital	27,255	57.6	29,859	55.5
insurance or drug company	719	1.5	942	1.8
nursing home	1,889	4.0	2,001	3.7
out-patient center or clinic	2,682	5.7	3,169	5.9
school or college of nursing	965	2.0	1,072	2.0
school k-12	764	1.6	908	1.7
special care assisted living	59	.1	35	.1
travel nursing agency (not an answer option on 2006 survey)	-----	-----	405	.8

Table 6
Clinical Area for Primary Nursing Position

Variable Name	2006	2006	2008	2008
	n	%	n	%
community /public health	1,619	3.4	1,924	3.6
critical care	5,262	11.1	5,884	10.9
emergency	2,727	5.8	3,006	5.6
geriatrics/long term care	2,244	4.7	2,411	4.5
home health	2,483	5.3	2,658	4.9
medical/surgical	6,742	14.3	7,421	13.8
neonatal	1,283	2.7	1,509	2.8
OB/GYN, perinatal	2,678	5.7	2,778	5.2
occupational health	439	.9	389	.7
oncology	962	2.0	1,126	2.1
orthopedics	589	1.2	652	1.2
pediatrics	1,945	4.1	2,280	4.2
post anesthesia/recovery room	1,089	2.3	1,196	2.2
psych/mental health	1,361	2.9	1,712	3.2
rehabilitation	156	.3	747	1.4
substance abuse/chemical dependence	81	.2	62	.1
regulatory/compliance	203	.4	264	.5
research	294	.6	336	.6
operating room/surgery	3,280	6.9	3,613	6.7
utilization review/QA/infection control	720	1.5	889	1.7

For the first time nurses were asked to respond regarding their employment in multiple nursing positions. A total of twelve percent of responding RNs (n = 6,477) reported being employed by a secondary employer. When asked to report the number of hours worked weekly in the secondary position, only 1,918 nurses responded. Of that number, the greatest number of nurses (n = 832) reported working twelve hours/week in a secondary position. The position title, location, and clinical area reported most often for a secondary position was congruent to that of the primary position--staff nurse in a hospital in a medical-surgical clinical area. The complete breakdown of responses regarding secondary employment is found in Tables 7, 8, 9, and 10.

Table 7
Employed by Multiple Nursing Employers

Variable Name	2008 n	2008 %
RNs were not asked this question on the 2006 survey		
employed by a secondary employer	6,477	12.0
not employed by more than one nursing employer	44,988	83.6

Number of hours worked in secondary position weekly:

- 12 hours/week (n=832, 1.55%)
- 8 hours/week (n=699, 1.3%)
- 24 hours/week (n=387, .72%).

Table 8
Position Title for Secondary Nursing Position

Variable Name	2008 n	2008 %
RNs were not asked this question on the 2006 survey		
administrator	30	.1
case manager	87	.2
certified nurse midwife	4	.0
certified registered nurse anesthetist	173	.3
certified registered nurse practitioner	238	.4
charge nurse	291	.5
clinical nurse leader	36	.1
clinical nurse specialist	26	.0
compliance officer	3	.0
consultant	88	.2
discharge planner/outcomes manager	4	.0
educator	394	.7
home health nurse	331	.6
infection control nurse	7	.0
insurance reviewer	15	.0
nursing faculty	89	.2
nurse manager	41	.1
nursing staff development	4	.0
nursing supervisor	267	.5
registered nurse first assistant	9	.0
researcher	17	.0
school nurse	89	.2
sexual assault nurse examiner	17	.0
staff nurse	3,324	6.2
surveyor/auditor/regulator	12	.0
student	14	.0

Table 9
Location of Secondary Nursing Position

Variable Name	n	%
RNs were not asked this question on the 2006 survey		
assisted living	49	.1
community mental health	67	.1
doctor's office	257	.5
government agency other than hospital or nursing home	75	.1
home health agency	343	.6
hospice	142	.3
hospital	3,249	6.0
insurance or drug company	50	.1
nursing home	371	.7
out-patient center or clinic	317	.6
school or college of nursing	339	.6
school k-12	77	.1
special care assisted living	12	.0
travel nursing agency	116	.2

Table 10
Clinical Area for Secondary Nursing Position

Variable Name	n	%
RNs were not asked this question on the 2006 survey		
community /public health	173	.3
critical care	708	1.3
emergency	627	1.2
geriatrics/long term care	474	.9
home health	328	.6
medical/surgical	1,063	2.0
neonatal	159	.3
OB/GYN, perinatal	329	.6
occupational health	46	.1
oncology	63	.1
orthopedics	54	.1
pediatrics	231	.4
post anesthesia/recovery room	127	.2
psych/mental health	321	.6
rehabilitation	97	.2
substance abuse/chemical dependence	23	.0
regulatory/compliance	9	.0
research	27	.1
operating room/surgery	254	.5
utilization review/QA/infection control	25	.0

In an attempt to gauge RNs' views of Alabama's changing economic situation, nurses were asked to acknowledge if they believed that various economic factors were affecting their current nursing positions. The majority of RNs responding (n = 22,432, 41%) reported that they did not believe that the economic changes had affected their jobs. However, 13% of RNs (n = 7,101) responded that their nursing salaries were no longer adequate to meet their needs. RNs also reported other ways that they believed the economy had affected their nursing positions. These included being concerned about their 401K, having less overtime available, regular work hours decreased, annual raises stopped, and benefits decreased. RNs also reported paying higher health care premiums, having to carpool to work, and experiencing reduced staff, larger numbers of uninsured patients, and fewer availability of travel nurse positions.

RNs were then asked to acknowledge if they believed that various factors were affecting their patients' access to healthcare in Alabama. These included numbers of health care professionals, poverty, health insurance coverage, literacy rate, English as a second language, public policy on immigration, a rural locale, and reimbursement of Advanced Practice nurses. Of responding nurses, the largest number (n = 9,166, 17.03%) reported that they believed that health insurance coverage was the factor having the greatest impact on patients' access to healthcare in Alabama. RNs also

reported factors that they believed to be affecting access to healthcare, including abuse of Emergency Room services, an aging population, and drug costs. The breakdown of responses from nurses regarding the questions on economic impact may be viewed in Tables 11 and 12.

Table 11
Economy's Impact on Nursing Position

Variable Name	n	%
RNs were not asked this question on the 2006 survey		
gasoline is too expensive to continue commuting to current job	2,151	4.0
economy has not affected my job	22,432	41.7
I am concerned my facility will be closed	1,131	2.1
I am concerned my position will be eliminated	1,988	3.7
I expect to be transferred to another area	74	.1
benefits from current job no longer meet my needs	795	1.5
my nursing salary no longer meets my needs	7,101	13.2

Other ways that the state economy is affecting nursing jobs:

- concerns about 401K
- less overtime available
- yearly raises have stopped
- higher health care premiums
- fewer traveling jobs in Alabama
- staff may need to be reduced
- benefits are decreasing
- having to carpool to work
- hours have been cut
- larger numbers of uninsured patients.

Table 12
Factors Affecting Patients' Access to Healthcare in Alabama

Variable Name	n	%
RNs were not asked this question on the 2006 survey		
adequate numbers of health care professionals	2,699	5.01
poverty	1,475	2.7
health insurance coverage	9,166	17.03
literacy rate	148	.3
English as a second language	344	.64
public policy on immigration	95	.2
reimbursement of Advanced Practice nurses	162	.3
rural locality	757	1.41

Other factors documented:

- abuse of Emergency Room services
- aging population
- drug costs
- high insurance co-pay
- illegal immigrants

- lack of transportation for patients
- Medicare reimbursement
- Medicaid budget cuts
- nursing shortage
- overcrowded facilities
- uninsured working poor.

Demographics of respondents were also analyzed. The primary racial groups of respondents were Caucasian and African-American in a ratio of six Caucasian nurses (n = 44,154, 82%) for every one African-American nurse (n = 7,296, 13.6%) responding. The majority of respondents reported being married (m = 37,302, 69.3%), with an intent to obtain a Master’s Degree in Nursing if graduate education is pursued within the next five years (n = 10, 237; 19.02%). Regarding the location of registered nurses in Alabama, the top ten counties providing employment to Alabama’s RN workforce are, in order from largest workforce population to smallest:

- Jefferson
- Mobile
- Madison
- Montgomery
- Tuscaloosa
- Baldwin
- Calhoun
- Etowah
- Lee and
- Morgan.

The top counties of RN employment in Alabama remain consistent with the previous year’s survey (Terry, 2007). The summary of responses related to racial/ethnic background, current marital status, and pursuit of additional education may be viewed in Tables 13, 14, and 15.

Table 13
Racial/Ethnic Background

Variable Name	2006	2006	2008	2008
	n	%	n	%
African American	6,322	13.4	7,296	13.6
American Indian/Alaska Native	286	.6	283	.5
Asian	395	.8	457	.8
Caucasian	38,516	81.4	44,154	82.0
Hispanic/Latino	212	.4	303	.6
Middle Eastern	23	.05	24	.0
Native Hawaiian/Pacific Islander	36	.1	52	.1
Two or more races	209	.4	366	.7
other race	178	.3	207	.4

Table 14
Current Marital Status

Variable Name	2006	2006	2008	2008
	n	%	n	%
married	33,203	70.2	37,302	69.3
divorced/separated	7,688	16.3	8,866	16.5
widowed	1,169	2.5	1,424	2.6
never married/single	4,605	9.7	5,550	10.3

Table 15
Pursuit of Additional Education

Variable Name	n	%
2006 survey asked RNs if they had pursued additional education since completing their basic nursing program, not if they intended to pursue such		
BSN	9,365	17.4
MSN	10,237	19.02
DNP	1,459	2.71
PhD	710	1.32
PhD in another field	396	.74
other	2,385	4.43

Finally, predictive statistics were calculated. Chi-square was calculated using “intent to enroll in graduate school” as the dependent variable. Independent variables used were being employed in a secondary nursing position, working for more than one nursing employer, being employed fulltime in nursing, intending to retire in five years or less from the primary nursing position, and being employed in a primary care position. The chi-square test on these variables was highly significant ($\chi^2 = 73.951$, $df = 26$, $p = .000$). Logistic regression was then run and yielded highly significant results. Table 17 presents the results of the logistic regression, specifically the parameter estimates, standard error, degrees of freedom, and level of significance. Logistic regression revealed that if all of the variables are held constant, the factor having the greatest influence on a registered nurse’s decision to attend graduate school is being within five years of retiring from the primary nursing position. Factors that have the greatest influence on a nurse’s decision not to attend graduate school were being employed in a secondary nursing position, followed in order of influence by being employed by more than one nursing employer, working fulltime in a nursing position, and working in a primary care position.

Table 16
Results of Logistic Regression Performed on RN Workforce Variables

Variable	Data Represented by this Variable	Estimate	Standard Error	Degrees of Freedom	Significance
retirement	nurse has five years or < before retiring from nursing position	1.148	.050	1	.000
secondary	nurse holds a secondary nursing position	-.482	.030	1	.000
morethan1	nurse is employed by > one nursing employer	-.353	.121	1	.003
fulltime	nurse is employed fulltime as RN	-.350	.028	1	.000
primary care	nurse is employed in an acute care position	-.222	.022	1	.000

IMPLICATIONS FOR RN EMPLOYERS

The statistical results of the 2008 RN workforce report have important implications for RN employers. Of the RNs who responded to the 2008 workforce survey, 1,267 identified themselves as being retired from nursing. Rather than being localized primarily in one region of Alabama, retirees reported themselves as residing in virtually every county. Retired RNs reported that flexibility in work hours as well as nurse refresher courses could have a major impact in drawing them back into the workplace. The 2006 Aging Nursing Workforce Survey (Bernard Hodes Group) found that hospitals that have achieved magnet status have usually implemented both of these benefits for RNs in addition to others specifically geared toward an aging workforce. In order to bring retired actively licensed RNs back into the workforce, nursing employers may consider following the example of magnet hospitals and begin implementing:

- mechanical devices to assist with patient lifting
- self-scheduling and
- flex-time.

Some magnet hospitals have gone a step further and have implemented:

- lift teams (34% of magnet hospitals)
- improved design of the nursing unit to reduce walking (29% of magnet hospitals)
- redesigned roles for mature nurses (28% of magnet hospitals) and
- increased paid time off for employees over a specific age (8% of magnet hospitals) (Bernard Hodes Group, 2006).

All of these recruitment/retention strategies are designed to appeal to aging RNs already functioning in the workforce as well as retired RNs who are contemplating a return to nursing. Nurse leaders/employers may be able to recruit and retain mature RNs through scheduling accommodations, refresher programs, supportive techniques such as lifting assistance, and a change in responsibilities. Upenieks (2003) showed that magnet hospitals provide nurses with an additional degree of autonomy, control over their practice setting, and shared governance. RNs in the 2006 workforce survey (Terry, 2007) specifically reported that autonomy was the most positive factor in their work environment.

Furthermore, Butler and Waldroop (1999) reported that employers should recognize that they can retain key employees such as mature RNs by using “job sculpting”. Such a technique is considered to be the art of matching people to jobs that allow their life interests to be expressed and translates into forging a customized career path to increase the chance of retaining talented employees. Butler and Waldroop stated that it is an employee’s life interests that indicate what makes him happy. In the work environment, these life interests can keep the employee both employed and engaged in his job. The authors assert that although ability can make an employee feel competent and values are indicative of the rewards that the employee seeks, it is that

employee's life interests that will keep him fulfilled long term and ultimately determine if he remains employed at that particular firm.

The statistical results provided additional implications for nurse employers regarding the economy. Nurse leaders in counties where RN residence is most prevalent should familiarize themselves with the economic conditions in those counties. For example, the University of Alabama's Center for Business and Economic Research (2009) noted that from December 2007 to December 2008, Alabama lost a total of 41,900 jobs. The largest metropolitan area in the State, Birmingham-Hoover, lost 10,300 of those jobs. The combined unemployment rate for Jefferson and Shelby counties in February 2009 was 14.4% (Alabama Department of Industrial Relations, 2009). The Center for Business and Economic Research (2009) forecasted that slowing consumer demand will lead to progressive unemployment for Alabama's manufacturing, retailing, and construction industries in 2009.

IMPLICATIONS FOR RN EDUCATORS

Implications of the research for nurse educators are primarily related to graduate education. Specifically, the data analysis found that nurses who were within five years of retiring from his or her current nursing position were more likely than nurses who were farther from retirement to decide to pursue graduate education. In addition, the data indicated that once a nurse assumes a secondary nursing position in addition to a primary position, the likelihood of pursuing graduate education decreases.

Further research is needed to determine if the fifth year prior to anticipated retirement is specifically significant regarding a nurse's decision to pursue graduate education, or if the entire five-year period is the significant time interval. Since the factor that had the most influence on a nurse's decision not to attend graduate school was having a secondary nursing position, further research should be done to determine the significance of that factor if the nurse's number of hours employed in a secondary position are decreased weekly. The data indicates that the specific population of nurses that is most amenable to pursuit of graduate education can be identified for the benefit of graduate recruiters.

There continues to be a need to educate and recruit minority nurses. Nurse leaders in counties with the largest minority populations should make a concerted effort to recruit these nurses, while nursing education programs should make an effort to recruit and educate minority students so that Alabama's nursing population will become more reflective of the population served.

RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the results of the statistical analysis of the data compiled in this report, the following recommendations are offered for future research:

- survey of nurse employers to determine if they are implementing new, creative retention strategies specifically aimed at nurses;
- determine demand for nurses in Alabama; and
- in the upcoming 2010 RN workforce survey, ask RNs how stressors in their life are affecting their job.

CONCLUSION

The results of this investigation support the hypothesis that a registered nurse who is approaching retirement from his or her current nursing position is more likely to make the decision to attend a graduate nursing program than a registered nurse who is not close to retirement. It also supports the secondary hypothesis that a registered nurse who is employed in more than one nursing position is less likely to decide to attend graduate school than a nurse who is employed in only one primary nursing position.

In addition, statistical analysis of the data generated by this project showed the need for new studies to be completed on the nursing workforce using additional variables. It is recommended that a biennial study of the RN population be continued on a consistent basis in order to continue the longitudinal picture that has been initiated.

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Appendix

NURSING WORKFORCE SURVEY 2008

STATEMENT OF PURPOSE: This multi-part questionnaire will assist the Alabama Board of Nursing to address nursing workforce issues. Part I relates to your current employment situation. Part II consists of general demographic questions. Confidentiality is maintained for all responses submitted and no responses will be individually identified. You should be able to complete this questionnaire in ten (10) minutes.

SECTION I. EMPLOYMENT IN NURSING

1. What is your nursing employment status?

- 1. Full-time in nursing (specify number of hours worked per week _____)
- 2. Part-time in nursing (specify number of hours worked per week _____)
- 3. Retired
- 4. Unemployed
- 5. Not employed in nursing

2. If you have retired from nursing but hold an active nursing license, what factors would encourage you to return to Alabama's nursing workforce? (Select all that are applicable).

(If you are retired from the nursing workforce, please proceed to Section II, question 15).

- 1. does not apply
- 2. ergonomic work environment
- 3. flexible work hours
- 4. I don't want to return to the nurse workforce
- 5. increased salary and benefits
- 6. nurse-mentor to assist me
- 7. small patient-to-nurse ratios
- 8. sufficient support staff
- 9. supportive nursing leadership
- 10. Other _____

3. Which of the following best corresponds to the **position title** for your **primary** nursing position?

- 1. Administrator
- 2. Case Manager
- 3. Certified Nurse Midwife
- 4. Certified Registered Nurse Anesthetist
- 5. Certified Registered Nurse Practitioner
- 6. Charge Nurse
- 7. Clinical Nurse Leader
- 8. Clinical Nurse Specialist
- 9. Compliance Officer
- 10. Consultant
- 11. Discharge planner/outcomes manager
- 12. Educator
- 13. Home Health Nurse
- 14. Infection Control Nurse

- 15. Insurance Reviewer
- 16. Nursing Faculty
- 17. Nurse Manager
- 18. Nursing Staff Development
- 19. Nursing Supervisor
- 20. Registered Nurse First Assistant
- 21. Researcher
- 22. School Nurse
- 23. Sexual Assault Nurse Examiner
- 24. Staff Nurse
- 25. Surveyor/auditor/regulator
- 26. Student
- 27. Other (specify) _____
- 28. Not applicable

4. When do you anticipate retiring from your **primary** nursing position or leaving the nursing workforce?

- 1. Within the next five years
- 2. Within the next ten years
- 3. Within the next fifteen years
- 4. Within the next twenty years
- 5. Greater than twenty years
- 6. Do not anticipate retiring or leaving the workforce

5. What is the **location** for your **primary** nursing position?

- 1. Assisted Living
- 2. Community Mental Health
- 3. Doctor's Office
- 4. Government Agency (other than hospital or nursing home)
- 5. Home Health Agency
- 6. Hospice
- 7. Hospital
- 8. Insurance or Drug Company
- 9. Nursing Home
- 10. Out-patient Center or Clinic (including rural health, FQHC, dialysis, ambulatory, surgical, and cancer)
- 11. School or College of Nursing
- 12. School K-12
- 13. Special Care Assisted Living
- 14. Other (specify) _____
- 15. Not applicable
- 16. Travel Nursing Agency

6. Select one of the broad clinical areas that best describes your **primary** nursing employment.

- 1. Community/Public Health
- 2. Critical Care
- 3. Emergency
- 4. Geriatrics/Long Term Care
- 5. Home Health
- 6. Medical/Surgical
- 7. Neonatal
- 8. OB/GYN, Perinatal
- 9. Occupational Health
- 10. Oncology
- 11. Orthopedics

- 12. Pediatrics
- 13. Post Anesthesia/Recovery Room
- 14. Psych/Mental Health
- 15. Rehabilitation
- 16. Substance Abuse/Chemical Dependence
- 17. Regulatory/Compliance
- 18. Research
- 19. Operating Room/Surgery
- 20. Utilization Review/QA/Infection Control
- 21. Other (specific) _____
- 22. Not applicable

7. How long have you worked for your **primary** nursing employer?

- 1. Less than one year
- 2. One to five years
- 3. Five to ten years
- 4. Ten years or longer

8. Are you employed full-time, part-time, or per diem by more than one nursing employer?

- 1. Yes (specify the number of hours worked for your secondary employer(s) per week ____)
- 2. No

9. Which of the following best corresponds to the **position title** for your **secondary** nursing position?

- 1. Administrator
- 2. Case Manager
- 3. Certified Nurse Midwife
- 4. Certified Registered Nurse Anesthetist
- 5. Certified Registered Nurse Practitioner
- 6. Charge Nurse
- 7. Clinical Nurse Leader
- 8. Clinical Nurse Specialist
- 9. Compliance Officer
- 10. Consultant
- 11. Discharge planner/outcomes manager
- 12. Educator
- 13. Home Health Nurse
- 14. Infection Control Nurse
- 15. Insurance Reviewer
- 16. Nursing Faculty
- 17. Nurse Manager
- 18. Nursing Staff Development
- 19. Nursing Supervisor
- 20. Registered Nurse First Assistant
- 21. Researcher
- 22. School Nurse
- 23. Sexual Assault Nurse Examiner
- 24. Staff Nurse
- 25. Surveyor/auditor/regulator
- 26. Student
- 27. Other (specify) _____
- 28. Not applicable

10. What is the **location** for your **secondary** nursing position?

- 1. Assisted Living
- 2. Community Mental Health
- 3. Doctor's Office
- 4. Government Agency (other than hospital or nursing home)
- 5. Home Health Agency
- 6. Hospice
- 7. Hospital
- 8. Insurance or Drug Company
- 9. Nursing Home
- 10. Out-patient Center or Clinic (including rural health, FQHC, dialysis, ambulatory, surgical, and cancer)
- 11. School or College of Nursing
- 12. School K-12
- 13. Special Care Assisted Living
- 14. Other (specify) _____
- 15. Not applicable
- 16. Travel Nursing Agency

11. Select one of the broad clinical areas that best describes your **secondary** nursing employment.

- 1. Community/Public Health
- 2. Critical Care
- 3. Emergency
- 4. Geriatrics/Long Term Care
- 5. Home Health
- 6. Medical/Surgical
- 7. Neonatal
- 8. OB/GYN, Perinatal
- 9. Occupational Health
- 10. Oncology
- 11. Orthopedics
- 12. Pediatrics
- 13. Post Anesthesia/Recovery Room
- 14. Psych/Mental Health
- 15. Rehabilitation
- 16. Substance Abuse/Chemical Dependence
- 17. Regulatory/Compliance
- 18. Research
- 19. Operating Room/Surgery
- 20. Utilization Review/QA/Infection Control
- 21. Other (specific) _____
- 22. Not applicable

12. How do you perceive that Alabama's economy is impacting your job?
(Mark all that apply).

- 1. gasoline is too expensive for me to continue my commute to my job
- 2. has not affected my job
- 3. I am concerned that my facility will be closed
- 4. I am concerned that my position will be eliminated
- 5. I have been told to expect to be transferred to another area
- 6. my benefits from my job are no longer sufficient to meet my needs
- 7. my nursing salary is no longer sufficient to meet my daily needs
- 8. Other

13. Which, if any, of the following factors impact patients' access to healthcare in Alabama?

(Mark all that apply).

- ___ adequate numbers of health care professionals
- ___ poverty
- ___ health insurance coverage
- ___ literacy rate
- ___ English as a second language
- ___ public policy on immigration
- ___ reimbursement of Advanced Practice nurses
- ___ rural locality

SECTION II. GENERAL INFORMATION

14. What is your racial/ethnic background?

- 1. African American/Black
- 2. American Indian/Alaska Native
- 3. Asian
- 4. Caucasian/White
- 5. Hispanic/ Latino
- 6. Middle Eastern
- 7. Native Hawaiian/Pacific Islander
- 8. Two (2) or more races
- 9. Other _____

15. What best describes your current marital status?

- 1. Married
- 2. Divorced, or separated
- 3. Widowed,
- 4. Never married/Single

16. At the present time, what is your county and state of employment in your primary nursing position?

17. What is your county and state of residence?

18. If you are planning to further your education within the next 5 years, what degree do you plan to pursue?

- 1. BSN
- 2. MSN
- 3. DNP
- 4. PhD in Nursing
- 5. PhD in another field
- 6. Other _____

19. Please indicate any language that you can speak fluently.

- 1. Amharic
- 2. Arabic
- 3. Chinese
- 4. French
- 5. German
- 6. Kirundi
- 7. Japanese
- 8. Korean
- 9. Malagasy
- 10. Portuguese

- 11. Russian
- 12. Somali
- 13. Spanish
- 14. Swahili
- 15. Vietnamese
- 16. Other _____

20. What is your highest education degree? (Select One)

- 1. Doctorate, nursing
- 2. Doctorate, non-nursing
- 3. Masters, nursing
- 4. Masters, non-nursing
- 5. Baccalaureate, nursing
- 6. Baccalaureate, non-nursing
- 7. Associate, nursing

21. What is your highest nursing degree? (Select One)

- 1. Doctorate
- 2. Masters
- 3. Baccalaureate
- 4. Associate

[RETURN](#)