

Why States Need to Build Better Nursing Workforce Data Systems

The Issue: Efforts to create state-level nursing workforce data systems are frequently hindered by a lack of funding, organizational barriers, and analytical challenges. This first brief, in a series of three, provides useful tips and resources on the need and justification for a nursing workforce data system.

Why It Matters:

- Policy makers with basic questions about the current and future supply, distribution, diversity, and demand for nurses are often frustrated by the lack of timely, robust, and comprehensive data.
- The aging of the population; increased prevalence of chronic disease; expansion of health insurance coverage; and the rapid growth of new models of care will likely increase the demand for nursing services and create new roles for nurses.
- The National Sample Survey of Registered Nurses (NSSRN), previously the foremost data source on the demographics, location and practice behaviors of the US nursing workforce, has been discontinued. Efforts to create a national nursing workforce database, including the development of a Minimum Data Set (MDS) by the Health Resources and Services Administration (HRSA) and National Council of State Boards of Nursing, have put increased pressure on states to collect a common set of data elements that can be aggregated into a new, national nursing workforce dataset.

Key Findings:

- One barrier to building better state nursing data systems is convincing policymakers, funders, stakeholders, and the various agencies who hold nursing data that the shared benefits of a state-wide data system outweigh an organization's individual costs to develop and collectively maintain it.
- Most policy levers affecting the nursing workforce are at the state-level and nursing labor markets are local. Rather than relying on anecdotes, basic nursing workforce data are essential to provide evidence to justify funding requests, influence nursing education program planning, inform regulatory policies, identify shortage areas, and forecast employment needs.
- Due to the absence of workforce data, the nursing community often lacks the evidence needed to influence key policy decisions that affect the profession's future. Common requests for information include questions about:

How will changing population demographics, economic conditions and the rapid pace of health system change affect nursing supply and demand?

- Will the state have enough nurses in the right specialties, employment settings and locations to meet future demand?
- Has the economic recession reduced the demand for nurses? Will demand increase when the economy recovers?
- As the population ages and the demand for nursing services in community-based and home settings increases, will the state have the nursing workforce needed to practice in home health, hospice and long-term care settings?

Are educational programs producing the workforce needed in the future?

- What is the current breakdown of ADN versus BSN nurses? How rapidly is the state moving toward the IOM recommendation of an 80% BSN workforce by 2020?
- What are the educational trajectories of nurses 5, 10 or 15 years into practice? What are the factors that promote/impede educational mobility?
- Are ADN to BSN transition programs increasing the number of BSN nurses in the workforce?
- Where are BSN versus ADN nurses working?
- Will the recent rapid increase in nursing enrollment be enough to meet demand? Will the enrollment expansion overshoot demand?

Does the racial/ethnic, geographic and specialty distribution of the workforce match population health needs?

- What is the supply and distribution of primary care Nurse Practitioners and Certified Nurse Midwives relative to primary care physicians in the state, particularly in rural and underserved areas? How do their numbers affect federal designations of Health Professional Shortage Areas?
- Will the supply of advanced practice nurses in primary care be enough to meet the projected increase in demand for primary care?
- Does the gender, ethnic and racial diversity of the nursing workforce and education pipeline match the state's population? Where are the gaps?

What are the basic demographic and practice characteristics of the state's nursing workforce and how are they likely to change in the future?

- What is the age distribution of the current workforce? What are the possible effects of the projected exodus of experienced nurses over the next 5-10 years?
- Are concerns about a mass exodus from the workforce valid given that the millennial generation represents the largest cohort in US history to enter the nursing workforce?
- How will the practice patterns of the millennial differ from prior generations?
- What percent of licensed nurses are actively working in the profession? Do hours worked vary by age, gender, location, and other characteristics? How many nurses practice in multiple practice locations and how many hours do they practice in each?
- What settings have the highest vacancy and turnover rates?
- Do nurses anticipate change in their employment over the next 3 years or 5 years? Are they planning to increase hours worked? Decrease hours? Change jobs? Leave the nursing profession?
- What are the reasons that nurses choose to not work in nursing?

Conclusion: Most of these questions can be answered with data collected through a robust, well-developed, and longitudinal nursing workforce data system, although questions about retirement plans are fraught with reliability and analytic challenges. These, and other data collection challenges, are addressed in the third brief on enhancing the collection of workforce data.

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