

Fact Sheet 2013



NURSING: A PROFILE OF THE PROFESSION

Nursing has been among the fastest growing occupational fields since the 1990s. Demand for nurses is expected to continue as baby boomers retire, creating a need to replace retiring nurses and care for the aging population. Nurses are integral to our health care system; however, their profession is made more difficult by unsafe working conditions, and limitations on collective bargaining. Ultimately, these difficulties not only affect nurses, but jeopardize safe and efficient patient care.

This fact sheet will outline: vocational and demographic trends in nursing, wage trends for nurses, the supply of nurses, workplace hazards, international labor recruitment in nursing, safe-staffing ratios, and the state of collective bargaining in nursing.

The Nursing Labor Force

- Between 2003 and 2012, the number of employed registered nurses (RNs) increased from 2,449,000 to 2,875,000—an increase of 17 percent.¹
- The U.S. Department of Labor (DOL) predicts that employment of RNs will grow 26 percent from 2010 to 2020, faster than the average for all occupations.²
- The number of Licensed Practical Nurses (LPNs) and Licensed Vocational Nurses (LVNs) is expected to grow 22 percent between 2010 and 2020.³ LPNs and LVNs provide basic nursing care and typically work under the direction of RNs and doctors.
- Prior to the economic downturn in 2008, there were numerous reports of RN shortages. More recent reports question the existence of an RN shortage, citing an increase in the number of retired nurses going back to work and more nurses increasing from part-time to full-time employment after the economic downturn.⁴
- During the economic downturn, employment of RNs grew by nearly 182,000 positions.⁵

Slowly Changing Demographics

- The vast majority of RNs and LPNs/LVNs are women—90.6 percent and 94.2 percent, respectively.⁶
- The percentage of men in the field increased slightly in the last 15 years or so, rising from 6.9 percent of RNs in 1995 to 9.4 percent in 2012. The percentage of male LPNs and LVNs increased from 4.6 percent to 5.8 percent during the same period.⁷
- Most nurses are white, non-Hispanic, around 75 percent, but the percentage of minorities among nurses has been slowly increasing. From 2003–2012:

- The proportion of Black RNs increased from 9.9 percent to 11.5 percent. The proportion of Black LPNs and LVNs increased from 22.3 percent to 23.3 percent. Blacks made up 11.1 percent of the total labor force in 2012.⁸
- The percentage of Latino RNs increased from 3.9 percent to 6.2 percent from 2003–2012. Latinos' share of LPN and LVN positions increased from 6.6 percent to 9.4 percent. Latinos represented 15.4 percent of the labor force in 2012.⁹
- The nurse population is aging, but new workers are entering the profession. The average age of RNs increased from 39 in 1990 to 44 in 2013. Nearly 40 percent of RNs are under 40.¹⁰
- The robust supply of nurses comes from nursing programs that are producing over 150,000 graduates. Graduates are required to have a minimum of an Associate's degree to be credentialed as an RN. There were 81,277 Associate's degrees awarded in the 2009-2010 school year.¹¹ There were 73,916 RN Bachelor's degrees awarded, 9,132 RN Master's degrees, and 448 Ph.Ds.¹²

Stagnant Wages for Nurses and the Union Difference

Nursing has historically been an undervalued and underpaid profession, considering its high level of education, skills, and responsibility. In spite of the difficulty in retaining experienced nurses, employers have yet to raise nurses' salaries dramatically, as they did in the late 1980s in response to the nurse shortage.¹³

- RNs' median weekly earnings have been nearly stagnant from 2000 to 2012, only rising from \$781 to \$1097. After adjusting for inflation, this represents a less than one-half of one percent increase in buying power each year.¹⁴
- LPNs' and LVNs' median weekly earnings increased from \$513 in 2000 to \$731 in 2013. After adjusting for inflation, this represents a one percent gain in buying power per year over the 12 years.¹⁵

There is a significant union difference for the 18 percent of RNs and 11 percent of LPNs and LVNs who were union members in 2011.

- In 2011, union member RNs earned, on average, \$224 more per week than their non-union counterparts.¹⁶
- Union member LPNs and LVNs earned, on average, a staggering \$415 more per week than their non-union counterparts.¹⁷

Nursing Shortage Reprieve

Starting in the late 1990s, many warned of an impending shortage of nurses. There has been a reprieve in the nursing shortage due to the economic downturn. Many nurses who left the workforce before 2008 have come back to supplement family incomes. Also easing the RN shortage is the increase in the number of graduates from RN programs.

- As evidence of the absence of a nursing shortage, a recent survey by the National Student Nurses Association showed 36 percent of newly licensed RNs graduating in 2011 were not working as registered nurses four months after graduation. In California, similarly,

43 percent of new RN's did not have jobs within 18 months of graduating, according to a separate 2011 survey conducted by the California Institute for Nursing and Health Care.¹⁸

- Thirty percent of the nursing workforce is 50 or older.¹⁹ In 2010, a survey of this age group revealed that about 55 percent expressed an intention to retire in the next 10 years, which would create high demands in the near future for nurses.²⁰
- In 2010, there were 1,800 vacancies in the state of Washington, while in-state nursing schools awarded 2,850 Associate's or Bachelor's degrees in nursing. At the same time, budget cuts have resulted in health administrators delegating work previously done by nurses to lower-paid medical assistants.²¹
- Many of the current nursing shortages are in a small number of states like Florida, which is seeing greater demand for nurses. However, some argue that the working conditions and wages in Florida are below average, which drives nurses from the profession or out of state.²²

The Work Environment

There are an estimated 465,000 RNs in the U.S. who are not practicing their profession.²³ This is due, in part, to the difficult working conditions of nurses, which are exacerbated by limited staffing and long working hours.

- In 2011, approximately 24 percent of all private industry illness cases in the U.S. occurred in the health care and social assistance industry. In that year there were approximately 171,530 incidents in the industry requiring days away from work.²⁴
- Registered nursing is one of 10 jobs with the highest levels of occupational injury or illness requiring days away from work. The median number of days away from work for musculoskeletal disorders was eight in 2011.²⁵
- Nurses are also exposed to unconventional dangers on the job: more than one third of occupational injuries and illnesses in health care and social assistance involve interaction with people other than the injured employee.²⁶
- The life and death decisions that nurses frequently make result in moral distress and ethical stress too. These pose significant health consequences. In August 2012, approximately one-third of nurses reported an emotional exhaustion score of 27 or greater, considered by medical standards to be "high burnout."²⁷
- Burnout "is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress."²⁸ In addition to the emotional and behavioral symptoms associated with high stress levels, workers experiencing burnout often suffer from frequent headaches, back pain, muscle aches, decreased energy levels, lowered immunity, and changes in appetite and sleep habits.²⁹

With managed care restructuring the health care industry in the 1990s, hospitals reduced staffing levels to lower costs. Nurses now care for more patients during a shift, which has led to a number of problems for both nurses and patients.

- Many hospitals routinely require nurses to work unplanned or mandatory overtime and to "float" to departments outside their expertise. Over 60 percent of RNs report being "forced to work voluntary overtime."³⁰

- Many RNs also complain that inadequate staffing levels are causing burnout. One study found that 49 percent of RNs under the age of 30 and 40 percent of RNs over 30 experienced high levels of burnout.³¹
- According to a study in the *Journal of the American Medical Association*, each additional patient per nurse carries a 23 percent risk of increased burnout and a 15 percent decrease in job satisfaction.³²
- Nurses' cardiovascular health suffers from working long, irregular shifts and overtime. A study in 2012 found that shift workers, such as nurses, face increased risk for heart problems. The study found that shift workers were 23 percent more likely to have a heart attack than their traditional "9 to 5" counterparts. Night-shift workers were found to be at even greater risk; they were 41 percent more likely to have a coronary problem as the result of working abnormal hours.³³
- The Institute of Medicine (IOM) concluded that the environment in which nurses work is also a breeding ground for medical errors which will continue to threaten patient safety until substantially reformed. The IOM points to numerous studies showing that increased infections, bleeding, and cardiac and respiratory failure are associated with inadequate numbers of nurses.³⁴
- A study by Linda Aiken, *et al.*, found that for each additional patient over four in an RN's workload, the risk of death for hospital patients increases by seven percent.³⁵ Patients in hospitals with eight patients per nurse have a 31 percent higher risk of dying than those in hospitals with four patients per nurse.³⁶

Safe Staffing Ratios May Help Combat Nursing Shortages

In 2004, California became the first state to implement minimum nurse-to-patient staffing ratios. The ratios were designed to improve patient care, nurse retention, and working conditions for nurses by lowering the demands on an individual nurse. Subsequent studies have shown that safe-staffing ratios may be an effective way to combat nursing shortages and fill vacancies by attracting students to the profession and encouraging experienced nurses to return to the profession.

- Soon after the nurse-to-patient ratio regulations went into effect in January 2004, the California Board of Nursing reported being inundated with RN applicants from other states. That year, applications for nursing licenses increased by more than 60 percent. By 2008, vacancies for RNs at California hospitals plummeted by 69 percent.³⁷
- According to a 2010 study of California's policy by Linda Aiken, *et al.*, only 29 percent of nurses in California experienced high burnout, compared with 34 percent of nurses in New Jersey and 36 percent of nurses in Pennsylvania, states without minimum-staffing ratios during the period of research. The study also found that only 20 percent of nurses in California reported dissatisfaction with their jobs, compared with 26 percent and 29 percent in New Jersey and Pennsylvania.³⁸
- In Aiken's study, both nurses and nurse managers agreed that the ratio legislation achieved its goals of improving recruitment and retention of nurses, reducing nurse workloads, and improving the quality of care.³⁹

Health Care Employers Increasingly Recruit Nurses from Overseas

Employers sometimes look abroad for nurses to fill labor shortages. This allows employers to avoid making fundamental changes to improve the quality of care and retention of nurses that would make nursing an attractive career. Labor recruitment also draws needed medical talent away from developing countries.

- The number of foreign-born nurses (also known as “guest nurses”) in the workforce has been growing. In 1994, nine percent of the total registered nurse workforce was comprised of guest RNs; by 2008 that percentage had risen to 16.3 percent, or about 400,000 RNs.⁴⁰ However, it is difficult to track the precise number of guest nurses, as they enter the workforce through a number of different visa categories.
- Since the recession of 2008, there have been fewer guest nurses taking and passing the National Council Licensure Examination (NCLEX) required for all nurses. In 2011, 23,266 internationally-trained nurses took and passed the NCLEX.⁴¹

The nursing shortage appears to be an international problem. Nurses’ organizations from 69 countries and every geographic region reported a shortage of nurses. Overseas recruitment drains health care personnel from countries with limited resources and health care personnel, and jeopardizes the well-being of their citizens.⁴²

- According to a 2008 study, there are at least 267 U.S.-based international nurse recruitment firms operating in 74 countries. This represents a significant increase from the 30 to 40 such companies that existed in the late 1990s. While some companies try to avoid recruiting from developing nations, at least 40 firms have been found to recruit from Africa, Latin America, and the Caribbean, all regions facing serious nursing shortages.⁴³

State of the Union: Organizing and the NLRB

- Health care workers represent a large portion of all workers holding union representation elections. More than one in six of the 1,835 NLRB union representation elections held in 2010 were held among workers in the health care and social assistance industries.⁴⁴
- Workers in this industry were more likely to vote for a union than in industries in general: 67.5 percent for health care, compared to 62.3 percent for all industries in 2010.⁴⁵
- From 2000 to 2012, RNs increased their union density from 16.9 percent to 18.1 percent.⁴⁶

National Labor Relations Board (NLRB) Decisions Hinder Nurses’ Collective Bargaining Rights

- The National Labor Relations Act (NLRA) provides union protections only to employees. A supervisor has no right under the NLRA to form or participate in a union. The 2006 NLRB decisions – collectively known as the *Kentucky River* cases, after the name of the 2005 Supreme Court decision that sent the issue back to the NLRB – expanded the category of “supervisor” dramatically. They found that occasional guidance to other employees was enough to identify a supervisor.
- In *Oakwood Healthcare Inc.* the NLRB found that 12 charge nurses were supervisors under the law because of their authority to assign nurses to particular patients.⁴⁷

- Under *Oakwood*, 64 out of 153 nurses at the Salt Lake Regional Medical Center were declared supervisors. For some departments this meant 10 out of 12 nurses or ratios of 12 supervisors for every five employees.⁴⁸
- Unions, DPE, and the AFL-CIO continue to fight the *Kentucky River* ruling and its consequences, including recruiting co-sponsors for the RESPECT ACT (S. 2168 in the 112th Congress), which seeks a return to the intent of Congress in defining who is a “supervisor” under the NLRA.

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⁷ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 1996, 2013.

⁸ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 1996, 2013.

⁹ *Ibid.*

¹⁰ U.S. Census Bureau, DataFerrett, Current Population Survey, February 2013.

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¹² National Center for Education Statistics, Digest of Education Statistics. Table 290, 2011.

¹³ American Federation of Teachers Healthcare, *State of the Healthcare Workforce*, 2002, 2003.

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¹⁷ *Ibid.*

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²⁵ *Ibid.*

²⁶ *Ibid.*

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For more information on professional and technical workers, check DPE’s website:
www.dpeaflcio.org.

The Department for Professional Employees, AFL-CIO (DPE) comprises 21 AFL-CIO unions representing over four million people working in professional and technical occupations. DPE-affiliated unions represent: teachers, college professors, and school administrators; library workers; nurses, doctors, and other health care professionals; engineers, scientists, and IT workers; journalists and writers, broadcast technicians and communications specialists; performing and visual artists; professional athletes; professional firefighters; psychologists, social workers, and many others. DPE was chartered by the AFL-CIO in 1977 in recognition of the rapidly growing professional and technical occupations.

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