

Fact Sheet 2015



NURSING: A PROFILE OF THE PROFESSION

Nursing occupations have been among the fastest growing occupations since the 1990s. Demand for nurses is expected to continue as the U.S. population ages and access to healthcare services expands. Nurses are integral to our health care system; however, their profession is difficult due to physical demands on the job, under staffing, 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 challenges, safe-staffing ratios, and the state of collective bargaining in nursing.

The Nursing Workforce

The nursing workforce is largely comprised of registered nurses (RNs), nurse anesthetists, nurse midwives, licensed practical nurses (LPNs), licensed vocational nurses (LVNs), and nurse practitioners (NPs). Together, in 2014, there were 3.7 million of these nursing professionals employed. Nursing professionals are typically distinguished by their education attainment and job responsibilities.

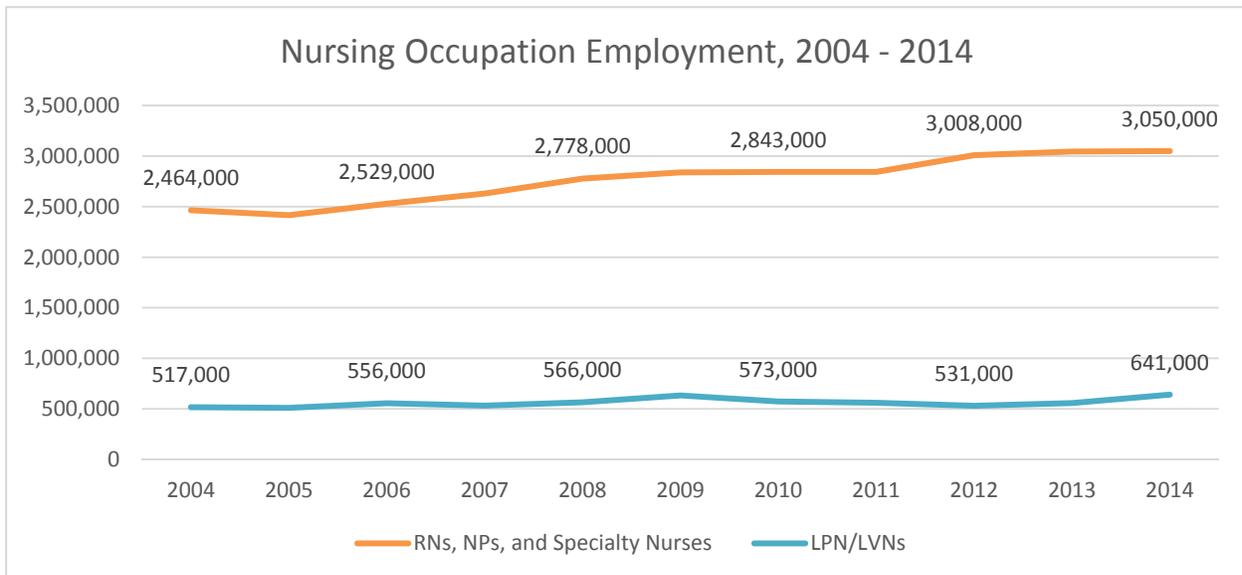
NPs typically have completed a master's-level degree in advanced practice nursing and have met state licensing requirements. Unlike RNs, NPs make diagnoses, treat diseases, and write prescriptions.

RNs have completed a minimum of an associate's degree in nursing and have met state licensing requirements. RNs work in a variety of settings conducting examinations, administering medications, and coordinating patient care among many other responsibilities.

LPN and LVN are two titles for the same job. LVN is the job title used in California and Texas, whereas LPN is used in the other 48 states. LPNs/LVNs typically have a high school diploma and completed postsecondary course work that takes about one year. LPNs/LVNs must meet the licensure requirements set forth by their state. LPNs/LVNs typically work under the direction of an RN or physician.

- The number and demographics of NPs has only been tracked since 2011. Prior to 2011, NPs, nurse anesthetists, and nurse midwives, were grouped with RNs in the Bureau of Labor Statistics employment data.¹
- Between 2003 and 2014, the number of RNs increased from 2,449,000 to 2,888,000—an increase of 18 percent.² However, if other nursing specialties, like NPs are included with the number of RNs, then the number of RNs increased from 2,449,000 to 3,044,000—an increase of 24 percent. This amounts to an average of 54,000 new professional nursing jobs per year for the last 11 years.

- Between 2003 and 2014, the number of LPNs/LVNs increased from 531,000 to 641,000.³
- From 2011 to 2014, the number of NPs grew from 100,000 to 128,000.⁴



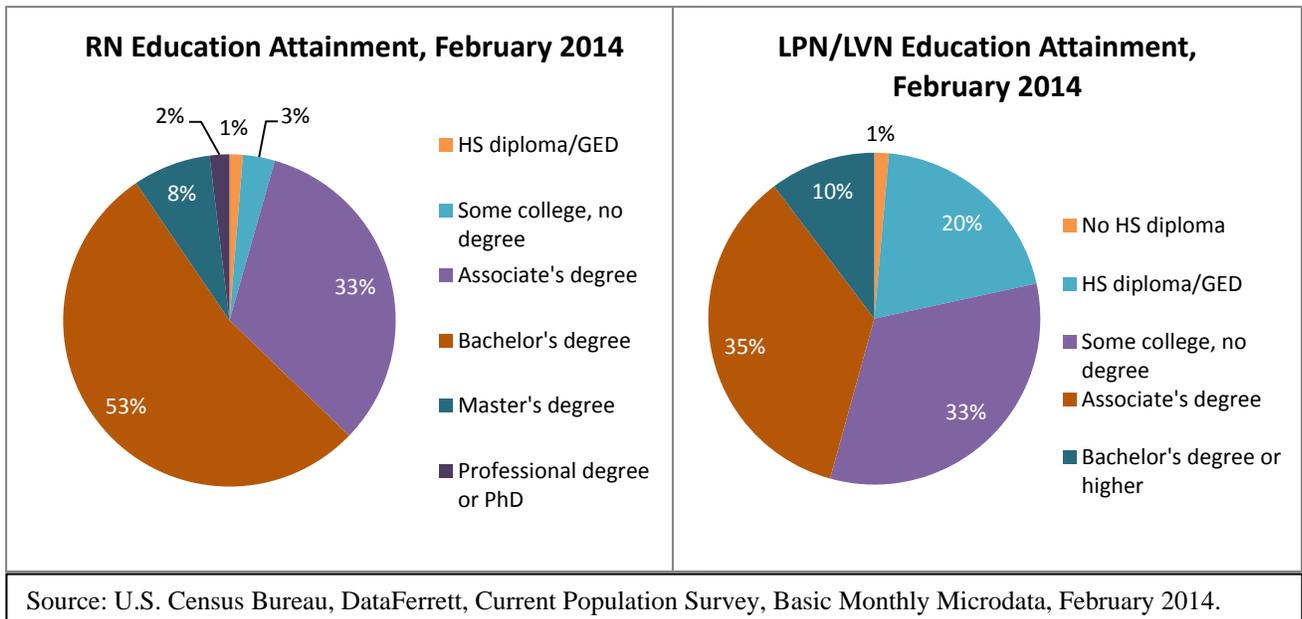
Slowly Changing Demographics

- The vast majority of RNs and LPNs/LVNs in 2014 were women—90 percent and 89 percent, respectively. Among NPs in 2014, 91.5 percent were women.⁵
- 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 10 percent in 2014. The percentage of male LPNs/LVNs increased from 4.6 percent to 11 percent during the same period.⁶
- Most nurses are non-Hispanic Whites, nearly 70 percent in 2014,⁷ but the percentage of minorities among nurses has been slowly increasing. From 2004–2014:
 - The proportion of Black RNs increased from 10.1 percent to 11.8 percent. The proportion of Black LPNs/LVNs increased from 20.8 percent to 27.9 percent. Blacks made up 11.4 percent of the total labor force in 2014.⁸
 - The percentage of Hispanic and Latino RNs increased from 4.4 percent to 6.7 percent from 2004 to 2014. Latinos’ share of LPN/LVN positions increased from 5.6 percent to 9.9 percent during the same period. Latinos represented 16.1 percent of the labor force in 2014.⁹
 - RNs of Asian descent increased from 6.8 percent in 2004 to 8.2 percent in 2014. Asian LPNs/LVNs increased from 3.4 percent to 5.0 percent.¹⁰
- Among nurses who were 35 years old and younger in 2014, there was often increased diversity.
 - In February 2014, among RNs who were 35 years old and younger, 10.9 percent were Hispanic or Latino. Among LPNs/LVNs 35 years old and younger, 13.1 percent were Hispanic or Latino.
 - In February 2014, among RNs who were 35 years old and younger, 11.8 percent were Asian or Hawaiian Pacific Islander.

- Also in February 2014, 33.5 percent of LPNs/LVNs 35 and under were Black or African American.
- The nurse population is aging, but new, younger nurses are entering the profession. The average age of RNs increased from 39 in 1990 to 43.8 in February 2014. Nearly 43 percent of RNs were under 40 years old and 25 percent were between ages 41 and 50 in February 2014. Ages of LPNs/LVNs were similar; 44 percent were under 40 years old and 21 percent were ages 41 through 50.¹¹

Education Attainment and the Education Pipeline

Most RNs had completed at least a bachelor’s degree by February 2014. Most LPNs/LVNs had completed an associate’s degree or completed some college, but had not received a degree in February 2014.¹²



- The robust supply of nurses comes from associate’s and bachelor’s degree nursing programs that are producing over 165,000 graduates each year. To be eligible for an RN credential, most states require a minimum of an associate’s degree. There were 86,393 associate’s degrees awarded in nursing in the 2012-13 academic year.¹³ In the 2002-03 academic year, just 45,117 associate’s degrees in nursing were awarded.
- In the 2012-13 academic year, there were 101,628 registered nursing bachelor’s degrees awarded, 12,963 master’s degrees, and 577 Ph.Ds.¹⁴
- Many newly credentialed RNs are having trouble finding work. A 2012 survey by the National Student Nurses’ Association found that four months after graduation, over one-third of new graduates had not found a job in nursing.¹⁵

The Work Environment

The debate about the nursing shortage must be held in conjunction with the debate about the working environment for nurses. Studies have shown that poor working conditions are driving nurses from their profession. According to the 2013 Survey of Registered Nurses, 66 percent of nurses aged 55 or older believed that the quality of nursing care had generally declined.¹⁶ RNs reported a myriad of working conditions that drive RNs from their profession, including involuntary overtime, unsafe staffing levels, and occupational injury or stress.¹⁷

With managed care restructuring of 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. A 2011 American Nurses Association survey of 4,614 nurses found that:

- 55 percent of nurses worked more than 40 hours per week, with the largest percentage of respondents working 41 to 60 hours per week;
- 56 percent reported that their usual shift was 10 hours or more;
- 53 percent worked some mandatory or unplanned overtime each month;
- 74 percent of RNs reported being concerned about the acute or chronic effects of stress and overwork; and
- 62 percent of respondents were concerned about disabling musculoskeletal injuries.¹⁸

Unless working conditions improve, expanding nursing school enrollments will not sufficiently increase the supply of RNs. Studies have found that RNs feel powerless to change hospital policies that negatively affect working conditions. Union membership and the use of collective action is one of the only ways nurses can effect change in their workplace.

RNs represented by unions have a voice in the workplace and they bargain contracts that address issues of effective patient care and safety. The United Federation of Teachers (UFT), an American Federation of Teachers chapter, represents 700 RNs at Brooklyn's Lutheran Medical Center. In February 2013, UFT ratified a three-year contract that required the hospital to hire 25 additional nurses to achieve a lower nurse-to-patient ratio. The UFT nurses also successfully addressed issues of cleanliness in some patient care areas and nursing stations.¹⁹

RNs represented by the United Steelworkers Local 4-200, at Robert Wood Johnson University Hospital (RWJ) in New Brunswick, NJ were awarded the American Nurses Association's 2012 Outstanding Nursing Quality Award for the second consecutive year. RNs at RWJ reduced patient falls by 50 percent through "safety huddles" at the beginning of shifts. Their exceptional teamwork worked to "identify at-risk patients and to implement prevention strategies, such as bed alarms and risk mitigation during hourly nursing rounds." The RNs also scored high on a job enjoyment scale, indicating "highly engaged and satisfied nursing staff with consistent quality outcomes."²⁰

Safe Staffing Ratios May Help Address Nurse Retention

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.

- 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.²¹
- 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.²²
- 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.²³ 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.²⁴

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 were reduced by 69 percent.²⁵
- According to a 2010 study of California's policy by Linda Aiken, *et al.*, 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 20 percent of nurses in California reported dissatisfaction with their jobs, compared with 26 percent and 29 percent in New Jersey and Pennsylvania.²⁶
- In 2014, a UC-Davis study showed mandating the nurse to patient ratio lowered "workers' compensation costs, improved job satisfaction and increased safety that comes with linking essential nursing staff levels to patient volumes."²⁷

Stagnant Wages for Nurses and the Union Difference

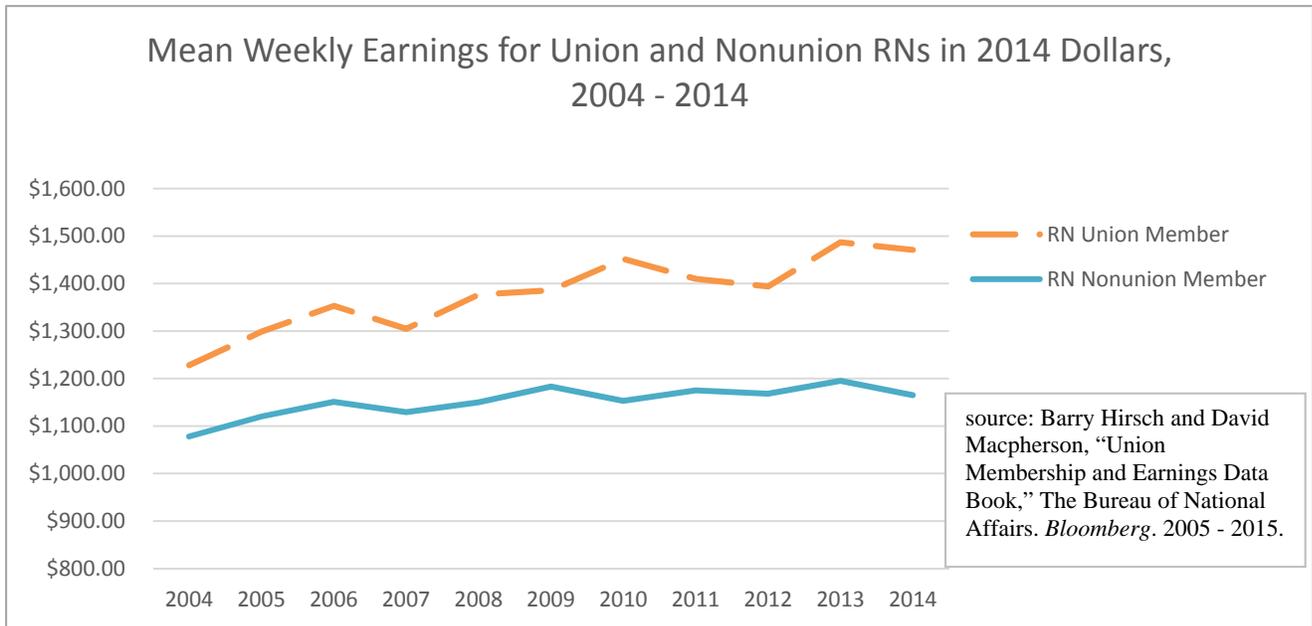
Nursing was historically an undervalued and underpaid profession, despite its high level of education, skills, and responsibility. In many cases instead offering a competitive wage, employers "turn to a combination of overworking (through mandatory overtime), contingent workers, understaffing, and one-time hiring bonuses to meet staffing needs."²⁸

- RNs' median weekly earnings declined from 2004 to 2014. Wages rose from \$904 to \$1,090, but after adjusting for inflation, this represents \$43 *loss* in buying power.²⁹
- LPNs'/LVNs' median weekly earnings increased from \$637 in 2004 to \$751 in 2014. After adjusting for inflation, this represents a \$47 *loss* in buying power.³⁰

There has been a consistent union difference for RNs who have chosen collective bargaining to fight for better pay and working conditions. After adjusting for inflation, the mean

weekly earnings for RNs who were union members increased 20 percent from 2004 to 2014. Union RNs earned \$306 more per week than their nonunion colleagues did in 2014.³¹

- Union member LPNs/LVNs earned, on average, \$147 more per week than their non-union counterparts did in 2014.³²



State of the Union: Organizing and the National Labor Relations Board (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.³³
- Workers in this industry were more likely to vote for a union compared to all industries: 67.5 percent for health care, compared to 62.3 percent for all industries in 2010.³⁴
- In 2014, 17 percent of RNs and 10.7 percent of LPNs/LVNs were union members.³⁵

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. The Court found that occasional guidance to other employees was enough to identify a supervisor.³⁶
- 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.³⁷
- 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.³⁸

- Unions, DPE, and the AFL-CIO continue to fight the *Kentucky River* ruling and its consequences, including continuing support for federal legislation to properly define “supervisor” under the NLRA.

¹ U.S. Bureau of Labor Statistics, “What’s New in the 2010 SOC?” See:

http://www.bls.gov/soc/soc_2010_whats_new.pdf

² U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 2003; U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 2014.

³ *Ibid.*

⁴ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 2011 and 2014.

⁵ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 2014.

⁶ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 1996, 2014.

⁷ U.S. Census Bureau, DataFerrett, Current Population Survey, Basic Monthly Microdata, January and February 2014.

⁸ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey, Table 11, 2004, 2014.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ U.S. Census Bureau, DataFerrett, Current Population Survey, Basic Monthly Microdata February 2014.

¹² U.S. Census Bureau, DataFerrett, Current Population Survey, Basic Monthly Microdata, February 2014.

¹³ National Center for Education Statistics, Digest of Education Statistics. Table 321.10, 2014. Available at: https://nces.ed.gov/programs/digest/d14/tables/dt14_321.10.asp

¹⁴ National Center for Education Statistics, Digest of Education Statistics. Table 317, 2012. Available at: https://nces.ed.gov/programs/digest/d14/tables/dt14_318.30.asp?current=yes

¹⁵ Diane J. Mancino, “Recalculating: The ‘Nursing Shortage’ Needs New Direction,” Dean’s Notes, *National Student Nurses’ Association, Inc.* Volume 34, No. 2, January/February 2013.

¹⁶ AMN Healthcare, “Survey of Registered Nurses: Generation Gap Grows as Healthcare Transforms,” 2013. http://www.amnhealthcare.com/uploadedFiles/MainSite/Content/Healthcare_Industry_Insights/Industry_Research/2013_RNSurvey.pdf.

¹⁷ J. Paul Leigh, Carrie A. Markis, Ana-Maria Iosif, Patrick S. Romano “California’s Nurse-to-Patient Ratio Law and Occupational Injury” *International Archives of Occupational and Environmental Health*, May 2015, Volume 88, Issue 4, pp 477-484.

¹⁸ American Nurses Association, “2011 ANA Health and Safety Survey,” *Nursing World*.

¹⁹ Michael Hirsch, “Lutheran Nurses OK 3-Year Contract,” *United Federation of Teachers*, February 28, 2013.

²⁰ United Steelworkers HealthCare Workers Council, “RWJUH Earns 2nd Consecutive Outstanding Nursing Quality Award from American Nurses Association.” September 8, 2013. Available at: <http://www.usw4-200.org/2013/09/09/rwjuh-earns-2nd-consecutive-outstanding-nursing-quality-award-from-american-nurses-association/>

²¹ Linda Aiken, Sean Clarke, Douglas Sloane, Julie Sochalski, Jeffrey Silber. “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Satisfaction,” *The Journal of the American Medical Association*, Volume 288 (16), 2002.

²² Institute of Medicine, “Keeping Patients Safe: Transforming the Work Environment of Nurses,” 2003.

²³ Linda Aiken, Douglas M. Sloane, Jeannie P. Cimiotti, Sean P. Clarke, Linda Flynn, Jean Ann Seago, Joanne Spetz, Herbert L. Smith “Implications of the California Nurse Staffing Mandate for Other States” *Health Services Research*. Early View. April 9, 2010.

²⁴ Linda Aiken, Sean Clarke, Douglas Sloane, Julie Sochalski, Jeffrey Silber. “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Satisfaction,” *The Journal of the American Medical Association*, Volume 288 (16), 2002.

²⁵ “Nurses (still) wanted,” *Sacramento Business Journal*, January 13, 2008.

<http://www.bizjournals.com/sacramento/stories/2008/01/14/focus1.html>; Kathy Robertson, *Sacramento Business Journal*, January 19, 2004.

²⁶ Linda Aiken, Douglas M. Sloane, Jeannie P. Cimiotti, Sean P. Clarke, Linda Flynn, Jean Ann Seago, Joanne Spetz, Herbert L. Smith. “Implications of the California Nurse Staffing Mandate for Other States,” *Health Services Research*, Volume 45 (4), August, 2010.

²⁷ UC Davis Health System, “Higher Nurse-to-Patient Standard Improves Staff Safety,” September 23, 2014.

²⁸ American Federation of Teachers Healthcare, *Solving the Nursing Shortage through Higher Wages*, 2007.

²⁹ U.S. Bureau of Labor Statistics, Current Population Survey, Table 39, 2004 and 2014. Inflation adjustment calculated with the BLS inflation calculator.

³⁰ *Ibid.*

³¹ Barry Hirsch and David Macpherson, "Union Membership and Earnings Data Book," The Bureau of National Affairs. *Bloomberg*. 2015.

³² *Ibid.*

³³ National Labor Relations Board, Annual Reports. FY 2010.

³⁴ *Ibid.*

³⁵ Barry Hirsch and David Macpherson, "Union Membership and Earnings Data Book," The Bureau of National Affairs. *Bloomberg*. 2015.

³⁶ Gerald Mayer and Jon O. Shimabukuro, "The Definition of 'Supervisor' Under the National Labor Relations Act." *Congressional Research Service*, July 5, 2012.

³⁷ *Ibid.*

³⁸ *Ibid.*

For more information on professional and technical workers, check DPE's website:

www.dpeaflcio.org.

The Department for Professional Employees, AFL-CIO (DPE) comprises 22 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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