



STATE OF WISCONSIN
Department of Safety and Professional Services
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Governor Scott Walker Secretary Dave Ross

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BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
AUGUST 8, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. A quorum of the Board will be present during the committee meetings.

BOARD OF NURSING MEETING

8:00 A.M

CALL TO ORDER – ROLL CALL

- A. **Adoption of Agenda (1-4)**
- B. **Attendance at Legislation and Rules Committee (5-18)**
- C. **Attendance at Education and Licensure Committee (19-54)**
- D. **Attendance at Practice Committee (55-60)**
- E. **Report of Legislation and Rules Committee**
- F. **Report of Education and Licensure Committee**
- G. **Report of Practice Committee**
- H. **Approval of Board of Nursing Minutes of July 11 , 2013 (61-74)**
- I. **Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Website update
- J. **Legislative/Administrative Rule Matters - Discussion and Consideration**
 - 1) Legislative/Administrative Rules Update
 - 2) LRB2399 **(75-78)**
 - 3) LRB13-1859 **(79-82)**

K. Informational Items

- 1) 2012 Wisconsin Registered Nurse Survey – Discussion and Consideration **(83-256)**
- 2) Signe Cooper Obituary **(257-260)**

L. Discussion and Consideration of Items **Received After** Preparation of the Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Proposed Final Decision and Order(s)
- 5) Informational Item(s)
- 6) DLSC Matters
- 7) Status of Statute and Administrative Rule Matters
- 8) Education and Examination Matters
- 9) Credentialing Matters
- 10) Practice Questions/Issues
- 11) Legislation/Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Speaking Engagement(s), Travel, or Public Relation Request(s)

M. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; to consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

N. **Deliberation of Proposed Final Decision and Orders**

- 1) Stacey M. Hanson, R.N. 13 NUR 067 **(261-274)**
- 2) Barbara L. Hehn, R.N.13 NUR 127 **(275-282)**
- 3) Jeffrey P. Barbee, R.N. 13 NUR 182 **(283-296)**
- 4) Jaime L. Kaiser, R.N. 13 NUR 212 **(297-310)**

O. **Credentialing Matters**

- 1) Convictions and/or Discipline **(311-312)**
 - a. Justine Sandine – R.N. Licensure by Examination **(313-350)**
 - b. Nichole Mundth – L.P.N. Licensure by Examination **(351-386)**
 - c. Alyssa Acerbi – R.N. Licensure by Examination **(387-420)**

P. **Deliberation on Monitoring Matters (421-422)**

- 1) Laurie A. Blum, R.N. – Requesting a Limited License **(423-444)**
- 2) Vyacheslav Dubrovsky, R.N. – Requesting a Reduction in Screens **(445-464)**
- 3) Lisa Van Natta, R.N. – Requesting Termination of Therapy & Reduction in Screens **(465-488)**
- 4) Barbara Warner, R.N. – Requesting Reduction in Screens **(489-508)**
- 5) Kathleen Whalen, R.N. – Monitoring Requesting Suspension of License **(509-528)**

- Q. **Deliberation on Issuance of Administrative Warnings**
- R. **Division of Legal Services and Compliance**
 - 1) Case Status Report
 - 2) Case Closings
- S. Deliberation of Items **Received After** Preparation of the Agenda:
 - 1) Application Issues and/or Reviews
 - 2) Professional Assistance Procedure (PAP)
 - 3) Monitoring Matters
 - 4) Administrative Warnings
 - 5) Review of Administrative Warning
 - 6) Proposed Stipulations, Final Decisions and Orders
 - 7) Proposed Final Decisions and Orders
 - 8) Orders Fixing Costs/Matters Related to Costs
 - 9) Petitions for Summary Suspension
 - 10) Petitions for Re-hearings
 - 11) Complaints
 - 12) Examination Issues
 - 13) Credential Issues
 - 14) Appearances from Requests Received or Renewed
 - 15) Motions
 - 16) Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

- T. **Board Meeting Process (Time Allocation, Agenda Items) - Discussion and Consideration**
- U. **Discussion and Consideration of Board Strategic Planning and its Mission, Vision, and Values**
 - 1) Board Seal Update **(529-530)**

ADJOURNMENT

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LEGISLATION AND RULES COMMITTEE

8:00 A.M.

CALL TO ORDER – ROLL CALL

OPEN SESSION: Jeffrey Miller (Committee Chair), Rachelle Lancaster, Lillian Nolan

- A. **Approval of Agenda (5-6)**
- B. **Approval of Legislation and Rules Committee Minutes of May 5, 2013 (7-8)**
- C. **Rule-Making Goals and Timelines – Discussion and Consideration**
- D. **Amendments to N1 Relating to Nursing Program Approval – Discussion and Consideration (9-10)**
- E. **Amendments to N2, 3 Relating to Licensure – Discussion and Consideration (11-12)**
- F. **Amendments to N7 Relating to Unprofessional Conduct – Discussion and Consideration (13-18)**
- G. **Public Comments**

ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING

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LEGISLATIVE AND RULES COMMITTEE
BOARD OF NURSING
MEETING MINUTES
May 9, 2013

PRESENT: Jeffrey Miller, Rachelle Lancaster, Lillian Nolan

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; Other Department Staff

CALL TO ORDER

Jeffrey Miller, Chair called the meeting to order at 8:01 a.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Rachelle Lancaster moved, seconded by Lillian Nolan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF LEGISLATION AND RULES COMMITTEE MINUTES OF MAY 8, 2013

MOTION: Lillian Nolan moved, seconded by Rachelle Lancaster, to approve the minutes as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Lillian Nolan moved, seconded by Rachelle Lancaster, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 8:51 a.m.

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Paralegal		2) Date When Request Submitted: <i>2 July 2013</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 11 July 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Amendments to N1 relating to school approval programs – Discussion and consideration	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>2 July 2013</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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4) Meeting Date: 11 July 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Amendments to N 2&3 relating to licensure – Discussion and consideration	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
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3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 11 July 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Amendments to N 7 relating to unprofessional conduct – Discussion and consideration	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
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<i>Sharon Henes</i>		<i>2 July 2013</i>	
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N 7.04 Misconduct or unprofessional conduct. Misconduct or unprofessional conduct is any practice or behavior which violates the minimum standards of the profession necessary for the protection of the health, safety, or welfare of a patient or the public. Misconduct or unprofessional conduct includes, includes the following:

- (1) Noncompliance with federal, jurisdictional or contractual requirements including:
 - (a) Failing to meet the initial requirements of a license.
 - (b) Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results.
 - (c) Having a license to practice nursing or a multi-state privilege to practice denied, revoked, suspended, limited or otherwise disciplined in another state, territory or country. A certified copy of the record of the board is conclusive evidence of the final action.
 - (d) After a request of the board, failing to cooperate in a timely manner, with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.
 - (e) Practicing without an active license.
 - (f) Practicing beyond the scope of practice permitted by law.
 - (g) Failing to inform the board of the advanced practice nurse prescriber's certification status as a nurse anesthetist, nurse-midwife, nurse practitioner or clinical nurse specialist.
 - (h) Violating any term, provision or condition of any order of the board.
 - (i) Failing to notify the board of a felony or misdemeanor in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.
- (2) Violating or aiding and abetting a violation of any law substantially related to the practice of nursing. Conviction of any crime that would affect the licensee's ability to practice nursing. A certified copy of a judgment of conviction is prima facie evidence of a violation.
- (3) Confidentiality, patient privacy, consent or disclosure violations, including:
 - (a) Failing to safeguard the patient's dignity, and the right to privacy.
 - (b) Knowingly, recklessly or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.
 - (c) Making statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity, including statements or disclosures via electronic or social media.
- (4) Misconduct or abuse, including:
 - (a) Soliciting, borrowing, misappropriating, obtaining or attempting to obtain money or property from a patient or a patient's family.
 - (b) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit, duress or undue influence in the course of nursing practice.

(c) Abusing a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain or injury or mental anguish or fear.

(d) Violating principles of professional boundaries, including:

1. Failing to establish, maintain and communicate professional boundaries with the patient.
2. Engaging in relationships with patients that could impair the nurse's professional judgment;
3. Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual or personal advantage or benefit.
4. Engaging in dual relationships if the nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient.
5. Engaging in any dual relationship in mental health nursing.
6. Engaging in self-disclosure to a patient unless it is limited in terms of amount, nature and duration and does not adversely impact the patient's care and well-being.
7. Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.
8. Failing to have a clear agreement with the patient regarding financial matters.
9. Arrangements for reimbursement must be made at the initiation of the nurse-patient relationship.
10. Accepting gifts which are more than minimal value from a patient or patient's family.

This subsection does not prohibit providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of or potential for exploiting the patient and contact that is necessary for a health care purpose that meets the standards of the profession.

(e) Engaging in sexually misconduct, including:

1. Sexual explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient, a patient's immediate family or a person responsible for the patient's welfare.
2. Conduct that may reasonably be interpreted by a patient as sexual or in any verbal behavior that is sexually harassing to a patient.
3. Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.
4. Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.
5. Engaging or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

For the purpose of this subsection, due to the unique vulnerability of mental health patients, including patients with substance use disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients, a former patient's immediate family or person responsible for the patient's welfare, for a period of at least 2 years after the termination of nursing services.

- (f) Engaging in repeated or significant disruptive behavior or interaction with health care personnel, patients, family members or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.
- (5) Fraud, deception or misrepresentation, including:
 - (a) Falsifying or inappropriately altering reports, patient documentation, agency records and other health documents.
 - (b) Knowingly making incorrect entries in a patient's medical record or other related documents.
 - (c) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.
 - (d) Submitting false claims.
 - (e) Fraud, deceit or material omission in obtaining license or certification or in the renewal of the license or certification.
 - (f) Impersonating another licensee or allowing another person to use the licensee's credential of any purpose.
 - (g) Submitting false information in the course of an investigation.
 - (h) Misrepresentation of credentials.
 - (i) Misleading, false or deceptive advertising or marketing.
- (6) Unsafe practice or substandard care, including:
 - (a) Failing to perform nursing with reasonable skill and safety.
 - (b) Lack of knowledge, skill or ability to discharge professional obligations within the scope of nursing practice.
 - (c) Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established.
 - (d) Failing to supervise student experiences as a clinical nursing instructor.
 - (e) Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.
 - (f) Practicing nursing while under the influence of alcohol, illicit drugs or while impaired by the use of legitimately prescribed pharmacological agents or medications.
 - (g) Unable to practice safely by reason of alcohol or other substance use.
 - (h) Unable to practice safely by reason of psychological impairment or mental disorder.
 - (i) Unable to practice safely by reason of physical illness or impairment.
 - (j) Failure to consult or delay in consultation with supervisor.
 - (k) Inappropriate failure to treat.
 - (L) Inadequate or improper infection control practices.
 - (m) Failure to provide medically reasonable or necessary items or services.
 - (n) Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
- (7) Improper supervision or allowing unlicensed practice, including:
 - (a) Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
 - (b) Knowingly aiding, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of nursing.
 - (c) Inappropriate or inadequate supervision or delegation.

- (8) Improper prescribing, dispensing, administering medication or drug related offenses, including:
 - (a) Narcotics violation or other violation of drug statutes.
 - (b) Unauthorized prescribing medicine.
 - (c) Unauthorized dispensing of medication.
 - (d) Unauthorized administration of medication.
 - (e) Error in prescribing, dispensing or administering medication.
 - (f) Diversion of controlled substances

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EDUCATION AND LICENSURE COMMITTEE

9:00 A.M

(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF THE LEGISLATIVE/RULES COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Education and Licensure Committee –Carol Ott (Committee Chair), Rachelle Lancaster, Gretchen Lowe; Julie Ellis

- A. **Adoption of Agenda (19-20)**
- B. **Approval of Education & Licensure Committee Minutes of July 11, 2013 (21-24)**
- C. **Faculty Exception Approval Process – Discussion and Consideration (25-26)**
- D. **What Constitutes a Nursing Program - Discussion and Consideration (27-28)**
- E. **Out-of-State Pre-Licensure School Programs – Discussion and Consideration (29-30)**
- F. **Request for Authorization to Plan a Bachelor of Science in Nursing Program – Discussion and Consideration**
 - 1) **Cardinal Stritch University (31-46)**
- G. **Quarter 2 2013 NCLEX Pass Rate Data – Discussion and Consideration (47-54)**
- H. **Public Comments**

ADJOURNMENT OF EDUCATION & LICENSURE COMMITTEE MEETING

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EDUCATION AND LICENSURE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
JULY 11, 2013

PRESENT: Carol Ott, Julie Ellis, Gretchen Lowe (*entered the meeting at 9:52 a.m.*)

PRESENT VIA GOTO MEETING: Rachelle Lancaster

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; other
DPS staff

CALL TO ORDER

Carol Ott, Chair, called the meeting to order at 9:22 a.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to adopt the agenda as published. Motion carried unanimously.

**APPROVAL OF EDUCATION & LICENSURE
COMMITTEE MINUTES OF MAY 9, 2013**

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to approve the minutes of May 9, 2013 as published. Motion carried unanimously.

FACULTY EXCEPETION APPROVAL PROCESS

MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, to delegate authority to Jill Remy to review and approve faculty exceptions following the Exceptions to Requirements for Faculty document previously approved by the Board of Nursing. Jill Remy will consult with the Chair of the Education and Licensure Committee on non-nursing Masters exceptions and any other circumstances in which it is not clear that the criteria is met. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to review the Exceptions to Requirements for Faculty document at the August 8, 2013 Board of Nursing Meeting. Motion carried unanimously.

Gretchen Lowe entered the meeting at 9:52 a.m.

SCHOOL APPROVAL REQUESTS

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to accept the survey report of Wisconsin Lutheran College with the addition of the names of everyone who were present for the site visit and their title. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Gretchen Lowe, to accept the progress report of Wisconsin Lutheran College as a condition for initial approval of the program. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to grant initial approval by the Wisconsin State Board of Nursing to Wisconsin Lutheran College. Motion carried unanimously.

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to accept the survey report of Rasmussen – Green Bay with the addition of the names of everyone who were present for the site visit and their title. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to accept the progress report of Rasmussen – Green Bay as a condition for initial approval of the program. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to grant initial approval by the Wisconsin State Board of Nursing to Rasmussen – Green Bay. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to recognize the appearance of Bill Hartmann, Dean of the College of Nursing at Rasmussen – Green Bay. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

FAQ REVIEW

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to keep the question on the FAQ on DNP degrees and to replace the answer with the word “yes”. Motion carried unanimously.

RN TO BSN ONLINE PROGRAMS

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that the Board will accept EAB approval of Chamberlain College of Nursing to continue to operate and admit students until such time as the rules amending N1 are finalized. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Gretchen Lowe, to recognize the appearance of Linda Prozialeck and Diane Smith-Levine from Chamberlain College of Nursing. Motion carried unanimously.

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, that the Board requests EAB to send the Board of Nursing a list of approved out of state RN to BSN completion programs to DSPS whenever a new school is added. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that the Board will accept EAB approval of out of state RN to BSN completion programs to continue to operate and admit students until such time as the rules amending N1 are finalized. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that out of state RN to BSN programs that are not EAB approved must go through the Board of Nursing approval process under Wis. Stats. s.441.12. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Gretchen Lowe, that discussion and consideration of out of state pre-licensure school programs with regard to approval be placed on the August 8, 2013 Education and Licensure Committee Meeting Agenda. Motion carried unanimously.

SITE SURVEYS

MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, that DSPS is responsible for writing the report following a site visit with input from the delegated site visitors. DSPS has authority over the final report. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, that the Board of Nursing and DSPS will share responsibility for the process of site visits. At a minimum, the composition of the team will include a nurse educator with extensive background in nursing higher education who may or may not be a member of the Board, and a DSPS Staff Member. If the nurse educator is not a member of the Board, another Board Member will be appointed to the team. Motion carried unanimously.

ADJOURNMENT

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:43 a.m.

DRAFT

BON Faculty Exception Policy
(effective November, 2007)

Exceptions to Requirements for Faculty

Educational administrators may apply to the Board for approval of exceptions to faculty requirements, if recruitment of masters-qualified faculty has been unsuccessful.

The school must provide an MSN-prepared faculty supervisor/mentor to the exception faculty with contact that occurs throughout the experience, including verbal/phone discussion on instructional guidelines, grading/evaluating performance and joint review of performance problems.

The curriculum will continue to be developed by master's prepared faculty.

A minimum of fifty percent of regular faculty (full-time and part-time) must meet requirements in N1.06(4). If this requirement is not met, program approval may be withdrawn.

Form 2662 (Appendix A-1, and <http://drl.wi.gov>) identifies the requirements. Please use the form to request exceptions in advance of hire. It may be mailed, emailed or faxed.

Exceptions may include:

- One Year Exception (“Standard Exception”): Persons having a baccalaureate degree in nursing who are actively enrolled in a masters program with a major in nursing, or a BSN to PhD in nursing, or doctorate in nursing science, may be employed for up to one academic year in RN programs. This exception may be renewed upon a showing of proof of progress and continued active enrollment each year.
- Emergency Exception: Persons having a baccalaureate degree in nursing may be employed for short term, unanticipated emergency situations, such as a medical leave of a faculty member in an RN program. These approvals are for up to one semester only, and will not be granted to fulfill an ongoing need.
- Non-nursing Masters Degree: Each school of nursing is allowed to apply for an exception of the MSN qualifications for nursing faculty in Wisconsin if the following conditions are met: The candidate for this waiver must possess:
 - A Bachelor of Science Degree in Nursing
 - A Master’s Degree related to the topic of the course(s) he/she is teaching
 - Current/recent nursing experience in area of teaching assignment
 - A unique combination of knowledge, experience and skills that will best serve the school, faculty and students in a specific content area
 - No school will be allowed to request or hold more than one such waiver at a time and other licensure and experience requirements for nursing faculty remain in effect.
- A faculty member granted this exception will be counted with the total number of exceptions granted to a school and the school must meet the BON requirement for the minimum percentage of fully qualified faculty.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 7/31/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Board of Nursing			
4) Meeting Date: 8/8/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? What constitutes a nursing program - Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 7/31/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Board of Nursing			
4) Meeting Date: 8/8/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Out of State Pre-licensure school programs – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p style="margin-left: 40px;">➤ MOTION: Julie Ellis moved, seconded by Gretchen Lowe, that discussion and consideration of out of state pre-licensure school programs with regard to approval be placed on the August 8, 2013 Education and Licensure Committee Meeting Agenda. Motion carried unanimously.</p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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CARDINAL STRITCH UNIVERSITY

Ruth S. Coleman College of Nursing

May 24, 2013

Wisconsin Department of Safety and Professional Services
Board of Nursing
P.O. Box 8935
1400 E. Washington Avenue
Madison, WI 53708-8935

Dear Wisconsin Board of Nursing Members,

Cardinal Stritch University- Ruth S. Coleman College of Nursing, Milwaukee, Wisconsin is seeking approval to conduct a pre-licensure Bachelor of Science in Nursing program.

The Application for Approval for the Bachelor of Science in Nursing Program as required by the Wisconsin Department of Safety and Professional Services- Board of Nursing is attached for your convenience. In addition, an Executive Summary has also been included. The Cardinal Stritch University nursing faculty and I plan to attend the Board of Nursing session when our Application for Approval is discussed.

If additional information is required for the Application for Approval, please contact me.

Respectfully submitted,

Ms. Kelly J. Dries, MSN, RN
Dean, Ruth S. Coleman College of Nursing
Cardinal Stritch University
Phone: 414.410.4397
Email: kjdries@stritch.edu

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

BOARD OF NURSING

APPLICATION FOR AUTHORIZATION TO PLAN A PROGRAM

At least 12 months prior to the anticipated opening date of a new nursing program, the institution planning to establish a nursing program in professional or practical nursing shall submit this application and attach a written proposal completed by individuals with nursing expertise that includes the following six items:

- (1) The administrative and organizational structure of the governing institution and its relationship to the nursing program
- (2) The type of program
- (3) The curriculum plan
- (4) The instructional methods
- (5) The projected use of clinical facilities and resources
- (6) The plan for employment of faculty

The Board shall notify the institution of the action taken (either approval or a request for more information) on the application. (Ch. N 1.03, Wis. Admin. Code)

Please submit the following to dspsexaminationoffice@wisconsin.gov:

- (1) This signed application page.
- (2) A completed Nursing Program Expert Qualifications form for each individual involved in developing the written proposal.
- (3) A written proposal addressing the six items above.

An electronic version of these rule requirements can be accessed at: https://docs.legis.wisconsin.gov/code/admin_code/n/1

Institution applying to plan a nursing program:

Name of Program: Cardinal Stritch University
Address: 6801 North Yates Road
Milwaukee, WI 53217
Program (ADN, BSN, Other): BSN

Kelly J. Dries

Program Representative

Signature

414-410-4397

Telephone Number

Dean, Ruth S. Coleman College of Nursing

Title

7-3-13

Date

kjdries@stritch.edu

Email Address

#3025 (5/13)
Ch. N1

-OVER-

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

NURSING PROGRAM EXPERT QUALIFICATIONS

Name: Kelly J. Dries RN License #: 124577-30

Licensed by (state): Wisconsin

Educational Preparation *(Please list most recent first.)*

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
Cardinal Stritch University	Milwaukee, WI	Anticipated May 2014	PhD- 55 credits	Leadership in Higher Education	
Cardinal Stritch University	Milwaukee, WI	2003	MSN	Nursing	
UW-Milwaukee	Milwaukee, WI	1996	BSN	Nursing	
Wisconsin Leadership Development Institute- The Academy-	Mesa, AZ	2008- 1 yr. program	Transformational Leadership		

Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
March 1999	December 2000	FT	Extendicare Health Services (EHSI)	Milwaukee, WI	Area Dir. of Education-Standards & Practice
October 1997	March 1999	FT	EHSI- Cedar Springs Health & Rehab	Cedarburg, WI	ADON, Staff Development, Charge Nurse
December 1996	October 1997		Meadow View Manor	Sheboygan, WI	Inservice Education Coordinator and Charge Nurse

Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title
August 2012	present	FT	Cardinal Stritch University	Milwaukee, WI	Dean
March 2009	July 2012	FT	Milwaukee Area Technical College	Milwaukee, WI	Associate Dean
January 2009	August 2012	PT (adjunct)	Cardinal Stritch University	Milwaukee, WI	Assistant Professor- Nursing
January 2001	December 2008	FT	Lakeshore Technical College	Cleveland, WI	Assistive Personnel Dept. Chair/Faculty
January 2005	May 2006	PT (adjunct)	Concordia University	Milwaukee, WI	Nursing Faculty

Wisconsin Department of Safety and Professional Services

NURSING PROGRAM EXPERT QUALIFICATIONS

Name: Lori Stutte

RN License #: 77506-30

Licensed by (state): Wisconsin

Educational Preparation *(Please list most recent first.)*

Name of Institution	Location	Date Graduated	Degree Earned or # Credits	Major	Minor
Cardinal Stritch University	Milwaukee, WI	anticipated May 2017	PhD 7 credits	Leadership in Higher Ed.	
Marquette University	Milwaukee, WI	May 1992	MSN	Nursing	
Viterbo University	LaCrosse, WI	May 1980	BSN	Nursing	

Nursing Practice Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title	
June 10, 1980	January 1, 2010	FT 1980 - 1990	Oconomowoc	Oconomowoc, WI	RN, Charge Nurse	+
		PT 1990 - 2010	Memorial Hospital			
1990	January 1993	PT	St. Michael Hospital	Milwaukee, WI	RN, staff nurse	+
1984	1993	PT	Midwest Medical Homecare	Oconomowoc, WI	RN, case manager	

Nursing Education Experience *(Please list most recent first.)*

From Mo/Yr	To Mo/Yr	Part or Full-Time	Employer	Location City/State	Position Title	
August 1993	present	FT	Cardinal Stritch University	Milwaukee WI	Assistant Prof, ADN Prog Cha	+

CARDINAL STRITCH UNIVERSITY
Ruth S. Coleman College of Nursing

**Proposal for Approval to Conduct a Nursing Program
submitted to the Wisconsin Board of Nursing**

I. The administrative and organizational structure of the governing institution and its relationship to the nursing program.

The organizational structure of the Ruth S. Coleman College of Nursing (CON) and Cardinal Stritch University (Stritch) is attached as Appendix A and Appendix B respectfully. The CON is led by Kelly J. Dries, MSN, RN, Dean. The CON has three programs, the Associate Degree in Nursing (ADN) Program, Bachelor of Science in Nursing – Completion (BSN-C) Program, and the Master of Science in Nursing (MSN) Program. Each program has a program chair with full-time and adjunct faculty reporting to the program chair.

Kelly J. Dries, Dean of the CON reports directly to Anthea Bojar, PhD, Executive Vice President of Academic Affairs (EVPAA). The EVPAA reports directly to James P. Loftus, PhD, President of Cardinal Stritch University. There are regularly scheduled meetings with the deans, vice presidents, and the president. Dr. Loftus reports directly to the Board of Trustees. The Sisters of St. Francis of Assisi (OSF), whose order sponsors the University, appears at the top of the Organizational Chart (Appendix B).

The proposed pre-licensure Bachelor of Science in Nursing (BSN) has gone through the approval process for new programming as required by Stritch.

Approvals include:

1. CON (Undergraduate Curriculum Committee and CON faculty);
2. University Undergraduate Curriculum Committee;
3. President and his extended cabinet, deans and vice presidents; and
4. Board of Trustees Academic Affairs subcommittee.

This approval process ensures that the proposed program is solid from a curricular, economic, and business perspective and ultimately aligns with the mission and vision of the university. The signatures of the required bodies of the university can be found in Appendix C. The signatures indicate approval by the bodies as identified in the approval process for new program.

II. The type of program

The proposed pre-licensure BSN Program is designed for individuals seeking a nursing education in a liberal arts foundation within a faith-based university. The graduates are prepared to practice as licensed professionals, within their scope of practice, in a variety of healthcare settings.

Stritch has a 32 year history of educating individuals to become registered nurses (RN) to meet the healthcare needs of the community. The healthcare environment is changing and there is a call for RNs to be prepared at the baccalaureate level. The Institute of Medicine (IOM) report released in 2010 recommended that 80 percent (80%) of nurses have a baccalaureate degree by the year 2020. The American Nurses Association (ANA), the national voice of nurses, supports this recommendation. In addition hospitals that strive to achieve the standards of the American Nurses Credentialing Center (ANCC) Magnet Recognition Programs support this initiative. The ANCC has also mandated that 80 percent (80%) of the RNs in a healthcare organization seeking Magnet recognition, be baccalaureate prepared. The Magnet Recognition Program recognizes a healthcare organization for the provision of quality patient care, nursing excellence and innovations in professional nursing practice. Based on the recommendations of the IOM report, the ANA stance, and the educational preparation required by employers, the support for baccalaureate prepared nurses is essential.

III. The curriculum plan

The program outcomes are based on the skills that nurses need to practice safely and effectively. The BSN program outcomes, as approved by the Ruth S. Coleman College of Nursing include:

1. Applies communication theories in written, verbal, nonverbal, and technology-based forms in professional nursing practice.
2. Demonstrates professional behavior as defined by the ANA's Scope and Standards of Practice and Performance and ANA Code of Ethics.
3. Analyzes theories, concepts, assumptions, ideas, inferences, arguments and conclusions that influence health and health care.
4. Applies a systematic process to evaluate clients' ability to process and act on health information.
5. Applies a systematic process to meet the nursing and collaborative care needs of clients.

The proposed BSN Program has a strong foundation in the arts and sciences. The curriculum can be found in Table 1. Fifty-two (52) non-nursing liberal arts credits will be offered through the College of Arts and Sciences (CAS); 3 credits from College of Business and Management (CBM); and 3 credits from the College of Education and Leadership (COEL).

The CAS will provide the majority of the support courses for the BSN program. The Department of Natural Sciences will provide the foundation for the science of nursing in the nursing courses. The Department of Psychology provides the foundation for understanding the person. The Department of English and the Department of Communication Arts provides the foundation for communication, an essential skill a nurse must have. The Department of Religious Studies provides the ethical foundation for nursing practice.

The proposed curriculum has a course that focuses on teaching and health literacy. The 3 credit course is designed to be taught by the COEL. The rationale for this course is that nurses are charged with teaching the patients and ensuring that the patient understands what is being taught. The decision to have the course taught in the COEL was made with the belief that students need to be exposed to interdisciplinary education. It is typical for interdisciplinary education to be taught among healthcare professions, and the Stritch nursing program is excited to engage in this instructional methodology. In the proposed curriculum, the students will learn how to teach in their first nursing course with a clinical component. The course is a health promotion and maintenance of health, in which the clinical component will take place in elementary schools. The students will participate in screenings and health teaching. It was felt that having the students learn about teaching from the “teaching experts” in the COEL was a complimentary fit.

Because of the belief that nurses need to have knowledge of the economics of the healthcare environment, the CBM will offer a healthcare economics theory course within the curriculum. The rationale for this course is that healthcare uses a significant amount of a person’s income, and is a topic of national concern. Students will gain a deep understanding of the cost of healthcare in order to practice with fiscal responsibility.

The curriculum allows the student to take electives in the area of Spanish or faith-based nursing. Clinical experiences in the community and acute care settings can be tailored to incorporate these concentrations in the curriculum for those students. The length of the program is 120 credits, which is the new credit standard determined by the university for a bachelors degree. These concentrations align with the university’s desire for students to graduate with a concentration in one of the four areas that reflect the Franciscan values, the foundation of the university’s identity. These values are creating a caring community, showing compassion, reverencing all of creation, and making peace.

Table 1: BSN Curriculum

Semester	Nursing (NRS) Theory/Clinical credits	Liberal Arts (LA) Credits	Non-Nursing Liberal Arts Credits	Total NRS Credits	Total LA Credits	Total Non-NRS Credits	Total semester Credits	Total Cumulative Credits
1		FYE – 3 BL111 A&P I – 4 EN 10I – 3 PS 201 Gen Psych – 3 CA 108 Interp. Comm.– 3		0	16	0	16	16
2	Intro to Professional Nursing Practice – 1 (can be co-req. with physical assessment)	BL 112 A&P II – 4 EN 102 – 3 PS 202 Life-span – 3 Phil elec. - 3		1	14	0	15	31
3	Assessment of Physical Health – 3 (2/1 lab)	BL 202 Micro – 4 REL 235 Ethics – 3 MT 120 Stats – 3	Healthcare Economics – 3	3	10	3	16	47
4	Pathophysiology – 3 Promotion & Maintenance of Health – 5 (4/1) Nutrition – 2	LA elec. – 3	Principles of Health Teaching – 3	10	3	3	16	63
5	Adult/Gerian Health – 8 (4/4) Pharmacology – 3 Evidenced Based Nursing Practice – 3			14	0	0	14	77
6	Mental Health – 6 (4/2) Childbearing Families and Reproductive Health – 6 (4/2)	LA elec. – 3		12	3	0	15	92

Table 1: BSN Curriculum, cont.

Semester	Nursing (NRS) Theory/Clinical credits	Liberal Arts (LA) Credits	¹Non-Nursing Liberal Arts Credits	Total NRS Credits	Total LA Credits	Total Non-NRS Credits	Total Semester Credits	Total Cumulative Credits
7	Population Focused Health – 6 (4/2) Management of Comorbid Conditions – 4 Prof Comm. – 3	Lit elec. – 3		13	3	0	16	108
8	Transition into Professional Nursing Practice – 2 (1/1 lab) Leadership and Management of Care – 7 (3/4) Critical care Faith based nursing Enfermero en Espanol	Fine Arts elec. – 3 KEY 400 - 0		9	3	0	12	120
	Total Credits			62 Credits	52 Credit	6 Credits	120 Credits	120 credits

¹Courses that are not in the CON or the College of Arts & Sciences

IV. The instructional methods

The curriculum will be taught in a face-to-face format. This does not imply that technology will not be a significant part of the curriculum. It is anticipated that components of the curriculum, assignments, testing, clinical simulation, on-line modules, etc., will be technologically based to increase the student's digital literacy. Stritch currently utilizes a learning management system that allows for the incorporation of technology in courses.

V. The projected use of clinical facilities and resources

All clinical facilities will be solicited and selected based on the ability to provide quality learning and appropriate experiences to meet the learning outcomes for each course. The first nursing course with a clinical component is a promotion and maintenance of health course. It has been identified that the clinical will take place in elementary schools where health teaching is needed, and the task currently falls on the classroom teacher. Elementary schools in the Milwaukee Public School system, and parochial schools in the metro- Milwaukee area will be utilized. Other courses such as the gerian health course and community health course will also have clinical facilities selected based on the learning outcomes. The gerian health course will utilize acute care clinical facilities in the metro-Milwaukee area. The community health course, as well, will utilize community settings in the metro-Milwaukee area.

A formal written contract developed by the Risk Management Specialist at Stritch will be initiated prior to attending clinical experience. This written contract is already used by the existing nursing programs in the CON. The length of the contract will be mutually determined by the clinical facility and Stritch.

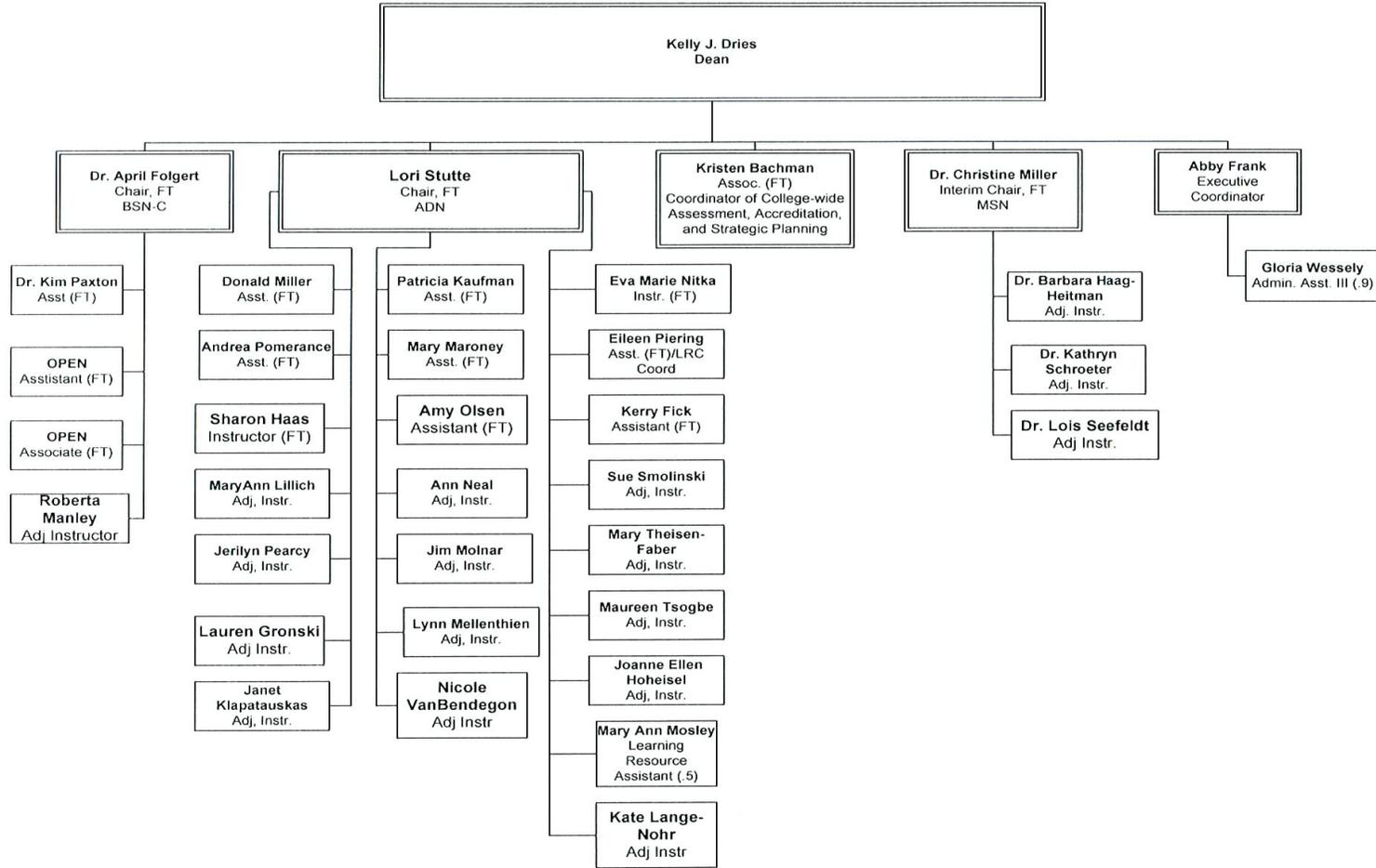
VI. The plan for employment of faculty

All faculty in the CON are required to hold a minimum of master's degree in nursing and licensed to practice as an RN in Wisconsin. Faculty are hired based on clinical expertise for the classroom and clinical components of a course. The faculty are screened through the hiring process as to experience and expertise to ensure that they have a minimum of two years experience as a nurse in the practice setting, have expertise in the area they will be teaching, and have been employed in the nursing profession in the last five years.

The faculty currently teaching courses and clinical in the ADN and BSN- Completion programs will be utilized in the proposed BSN pre-licensure program. The current faculty have met all the above stated requirements.

APPENDIX A

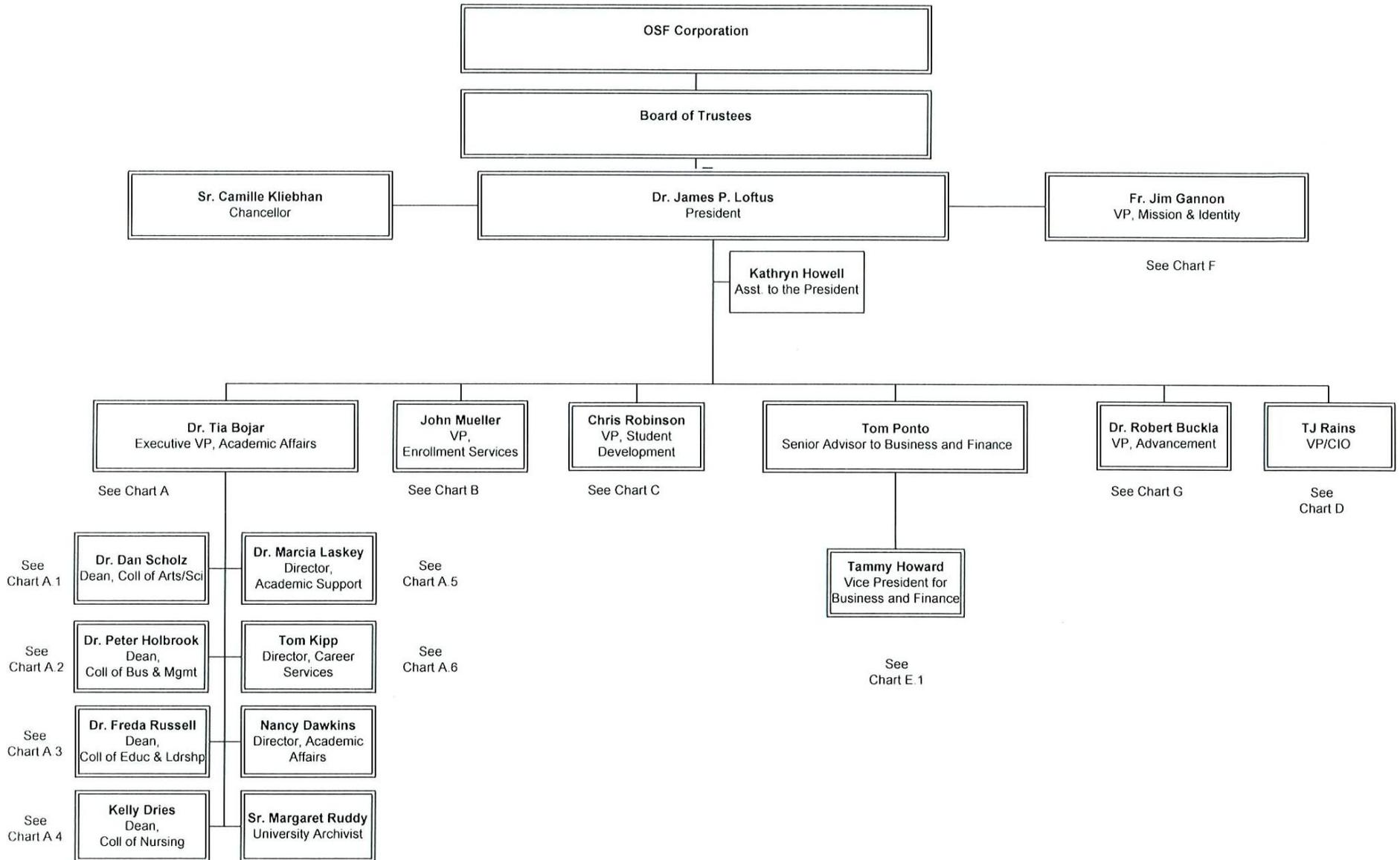
RUTH S. COLEMAN - COLLEGE OF NURSING
 ORGANIZATIONAL CHART 2012-2013
 Chart A.4 Faculty



5-16-13

APPENDIX B

CARDINAL STRITCH UNIVERSITY ORGANIZATIONAL CHART



APPENDIX C



CARDINAL STRITCH UNIVERSITY

New Program Approval

Program: Bachelor of Science in Nursing (BSN) program (pre-licensure)

College/Dept.: Ruth S. Coleman College of Nursing

The signatures obtained indicate approval of new program development and implementation.

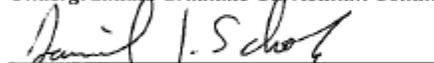
Approvals

College/Department


Kelly Dries MSN, RN, Dean CON

Date: 5-10-13

Undergraduate/Graduate Curriculum Committee


Dan Scholz Ph.D., Undergraduate Chair

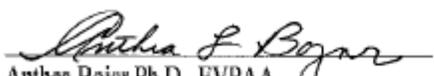
Date: 5-10-13

President's Extended Cabinet


James P. Loftus Ph.D., President

Date: 5/15/13

Board of Trustees- Academic & Student Affairs Sub-Committee


Anthea Bojar Ph.D., EVPAA

Date: May 10, 2013



CARDINAL STRITCH
UNIVERSITY

Ruth S. Coleman College of Nursing

Executive Summary Proposed Bachelor of Science in Nursing (BSN) Program

The Ruth S. Coleman College of Nursing (CON) is submitting, for approval, a proposed pre-licensure Bachelor of Science in Nursing (BSN) Program, also referred to as a traditional undergraduate BSN program. The BSN Program will take 4 years or eight semesters to complete, and is designed to be delivered face-to-face. The curriculum is based on 120 credits, with an anticipated implementation date of August 2014.

Rationale:

A pre-licensure program is necessary based on the changing healthcare environment. Due to the increasingly complex healthcare system, sicker patients, shorter hospital stays, and federal regulations changes, the healthcare community recommends that nurses be prepared at the BSN level. In 2008 the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need for assessment and transformation of the nursing profession. The purpose of the initiative was to produce a report that would make recommendations for an action-oriented blueprint for the future of nursing. The result of this initiative was the IOM's recommendation that nurses with bachelor degrees be increased to 80 percent (80%) by 2020.

Another market force driving this new program is that our clinical site partners are showing reluctance to host associate degree students for clinical experiences. The reluctance is driven by the standards outlined in the American Nurses Credentialing Center (ANCC) Magnet Recognition Program. The healthcare organizations which have Magnet Recognition have mandated that 80 percent (80%) of the RNs will need to be baccalaureate prepared. The Magnet Recognition Program recognizes a healthcare organization for the provision of quality patient care, nursing excellence, and innovations in professional nursing practice. To meet the standards there has also been an increased preference for baccalaureate prepared graduates during the job placement process. All hospital systems in the metro Milwaukee area have achieved Magnet status, or are in the process of becoming recognized as a Magnet Hospital.

It is anticipated that the pre-licensure program will be attractive to the student that want a traditional college experience and degree. The Noel-Levitz Academic Program Analysis (August 2012), reported that only 2% of the high school seniors were interested in an associate's degree in nursing, however 25% were interested in health professions and health sciences including nursing. Prospective students coming from high school have indicated the desire for a traditional bachelor program, and a traditional University experience. This conclusion is further supported by conversations between Enrollment Services and prospective students; whom have decided not to enroll at Stritch in the Associate Degree Nursing (ADN) Program and subsequently enrolled in a school with a traditional BSN program. In addition, enrollment of true full-time freshman seeking an associate degree in nursing has declined since 2008-2009.

Uniqueness:

The BSN program will be unique in that the student will have the opportunity to select a concentration in their clinical practice. Areas of concentration include nursing experiences in the Hispanic/Latino community, and faith-based nursing. BSN students will have the ability to take 9 – 12 credits in their selected areas of concentration. The Hispanic/Latino population was selected due to the large Hispanic/Latino community in metro Milwaukee. The faith-based nursing concentration was chosen for its direct alignment to the mission of the University. Additionally, several required courses will be offered through the College of Education and Leadership and College of Business and Management, which will promote interdisciplinary education and improved utilization of resources.

Curriculum:

The curriculum is designed to allow students to take a core-nursing course early in the program and not in the sixth semester as is the case in many other nursing programs. The curriculum is also designed for the transfer student who has completed their natural science or psychology courses. These transfer students will begin taking their core-nursing courses in the third semester of the program, which allows them to graduate approx. 2 ½ years later. This will be attractive to transfer students, because it will avoid the situation of having to take four plus (4+) years to obtain a BSN degree, which will likely result in both frustration and financial implications.

Faculty and Class/Clinical Ratio:

Existing MSN prepared faculty will be used to teach the core-nursing courses. The faculty to student ratio for didactic courses (theory courses) will adhere to the University guidelines. It is anticipated that after the initial start of the program, the enrollments will be approximately 30 to 40 students admitted each semester. In the clinical setting, the faculty to student ratio will be 1:8. This ratio is due to the close supervision students need when in the clinical setting. The national standard for faculty to student ratio in the clinical setting is 1:8 to 1:10. The ratio of 1:8 will allow for flexibility in clinical assignment as 1 or 2 additional students could be added to the clinical group to accommodate a class transfer students or readmitted students.

Sun-setting ADN Program:

The proposed BSN Traditional Program will replace the existing ADN Program, which is five semesters long. A teach-out plan has been developed. The last ADN class will graduate December 2015, with a contingency graduation date of May 2016 for those students that may have delayed their progression in the ADN Program.

Accrediting Body:

Similar to the BSN-C program, the CON chose the Commission on Collegiate Nursing Education (CCNE) as the accrediting body for the new BSN-Traditional program.

Timeline:

The following table provides the key steps and dates that identify the CON plan for approval and implementation of the pre-licensure BSN Program.

Table 1- BSN Program Approval and Implementation Timeline

Action	Date	Anticipated Date
Approval by CON	January 16, 2013	
Approval by Undergraduate Curriculum Committee	February 22, 2013	
Approval by President's Extended Cabinet	April 24, 2013	
Approval by Board of Trustees- Academic Affairs Subcommittee	May 7, 2013	
Approval by Wisconsin Board of Nursing <i>(WBON has up to 1 year to grant approval)</i>		July 2013- July 2014
Admit last ADN class		Fall 2013
Admit first BSN class		Fall 2014
Graduate last ADN class		Fall 2015
Apply to Commission on Collegiate Nursing Education (CCNE) for applicant status		Fall 2015
CCNE accreditation visit		Fall 2017

RN Degree Analysis - Board Approved Programs

School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
First Time Test Takers												
All RN Degrees												
National Average		# Passed	44487	9966	34079	45870	45265	10493	37024	39689	266873	
		#Cand	52297	12040	37353	49482	50978	12426	40979	47818	303353	0.88
RN Program - BON Approved												
Alverno College	RN BS	# Passed	55	2	82	36	31	2	66	23	297	
50-591	RN BS	# Cand	59	4	84	44	38	5	72	26	332	0.89
Bellin College	RN BS	# Passed	15	13	3	59	9	21	1	28	149	
50-522	RN BS	# Cand	19	16	3	63	9	24	2	31	167	0.89
Blackhawk Tech College	RN Assoc	# Passed	2	2	24	11	4	0	25	2	70	
50-477	RN Assoc	# Cand	2	2	24	11	4	0	27	3	73	0.96
Bryant and Stratton College	RN Asso	#Passed	46	10	43	49	39	21	39	42	289	
50-402	RN Asso	#Cand	48	13	47	54	44	26	41	49	322	0.90
Cardinal Stritch University	RN Assoc	# Passed	3	1	38	15	16	1	33	21	128	
50-483	RN Assoc	# Cand	5	2	41	17	23	1	37	23	149	0.86
Carroll University	RN BS	# Passed	1	0	7	26	7	0	7	41	89	
50-500	RN BS	# Cand	1	0	7	27	7	0	7	42	91	0.98
Chippewa Valley Tech College	RN Assoc	# Passed	28	3	66	52	32	1	78	29	289	
50-481	RN Assoc	# Cand	30	4	73	57	37	1	85	33	320	0.90
Col. of Menominee Nation	RN Asso	# Passed	6	2	3	3	4	4	3	1	26	
50-425	RN Asso	# Cand	9	2	5	3	4	4	3	1	31	0.84
Columbia-Mt. Mary	RN BS	# Passed	31	0	35	7	23	1	25	8	130	
50-520	RN BS	# Cand	37	0	38	10	27	1	27	8	148	0.88
Concordia University	RN BS	# Passed	25	0	0	17	13	0	0	25	80	
50-594	RN BS	# Cand	26	0	0	17	14	0	0	25	82	0.98
Edgewood College	RN BS	# Passed	37	6	35	6	39	10	31	8	172	
50-575	RN BS	# Cand	41	7	39	7	40	10	34	8	186	0.92
Fox Valley Tech College	RN Assoc	# Passed	17	2	29	27	19	0	32	19	145	
50-470	RN Assoc	# Cand	17	2	29	27	19	0	33	21	148	0.98
Gateway Tech College	RN Assoc	# Passed	30	2	48	35	19	8	32	20	194	
50-478	RN Assoc	# Cand	36	4	60	42	23	10	35	24	234	0.83

RN Degree Analysis - Board Approved Programs

School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
Herzing University - Madison	RN Asso	#Passed	4	0	18	35	2	0	0	27	86	
50-455	RN Asso	#Cand	4	0	20	39	3	0	0	31	97	0.89
Lakeshore Tech College	RN Assoc	# Passed	7	0	18	13	13	1	22	17	91	
50-476	RN Assoc	# Cand	7	0	18	13	15	1	26	18	98	0.93
Madison Area Tech College	RN Assoc	# Passed	33	1	48	7	71	1	43	20	224	
50-479	RN Assoc	# Cand	42	2	49	8	76	2	44	21	244	0.92
Maranatha Baptist Bible Col.	RN BS	#Passed	2	1	0	16	0	0	0	7	26	
50-501	RN BS	# Cand	3	1	0	17	0	0	0	7	28	0.93
Marian University	RN BS	# Passed	56	2	12	24	49	8	8	10	169	
50-539	RN BS	# Cand	68	3	12	25	56	8	10	11	193	0.88
Marquette University	RN BS	# Passed	84	3	9	34	74	8	6	42	260	
50-590	RN BS	# Cand	101	4	10	38	80	9	6	49	297	0.88
Mid State Tech College	RN Assoc	# Passed	23	3	26	12	21	0	35	17	137	
50-400	RN Assoc	# Cand	26	3	30	13	23	0	35	18	148	0.93
Milwaukee Area Tech College	RN Assoc	# Passed	36	4	53	7	47	1	50	6	204	
50-480	RN Assoc	# Cand	40	4	53	7	47	1	50	7	209	0.98
Milw School of Engineering	RN BS	# Passed	20	7	7	4	12	3	8	0	61	
50-544	RN BS	# Cand	25	7	8	4	12	3	8	0	67	0.91
Moraine Park Tech College	RN Assoc	# Passed	30	0	34	22	12	2	52	19	171	
50-482	RN Assoc	# Cand	31	0	35	23	14	2	53	20	178	0.96
Nicolet Area Tech College	RN Assoc	# Passed	9	1	0	15	13	0	15	8	61	
50-401	RN Assoc	# Cand	10	1	0	15	14	0	16	8	64	0.95
North Central Tech College	RN Assoc	# Passed	36	0	38	22	22	2	42	12	174	
50-475	RN Assoc	# Cand	45	1	39	24	27	3	44	14	197	0.88
Northeast WI Tech College	RN Assoc	# Passed	39	4	74	38	28	1	72	38	294	
50-473	RN Assoc	# Cand	46	4	79	40	30	2	79	40	320	0.92
Rasmussen - Green Bay	RN Assoc	# Passed						5	5	4	14	
50-485	RN Assoc	# Cand						8	10	4	22	0.64

RN Degree Analysis - Board Approved Programs

School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
Southwest WI Tech College	RN Assoc	# Passed	15	0	2	10	30	0	0	20	77	
50-471	RN Assoc	# Cand	15	0	2	10	30	0	0	21	78	0.99
UW-Eau Claire	RN BS	# Passed	51	0	48	19	55	0	52	31	256	
50-584	RN BS	# Cand	62	1	50	21	57	0	55	32	278	0.92
UW-Milwaukee	RN BS	# Passed	59	3	82	56	30	0	96	23	349	
50-583	RN BS	# Cand	66	3	95	63	39	1	105	26	398	0.88
UW-Madison	RN BS	# Passed	126	3	0	26	115	5	0	10	285	
50-595	RN BS	# Cand	136	3	1	26	128	7	0	10	311	0.92
UW-Oshkosh	RN BS	# Passed	54	28	64	41	59	25	76	58	405	
50-581	RN BS	# Cand	58	30	64	41	63	26	80	62	424	0.96
Viterbo College	RN BS	# Passed	8	0	2	61	7	0	0	47	125	
50-582	RN BS	# Cand	9	0	3	65	8	0	0	55	140	0.89
Waukesha County Tech	RN Assoc	# Passed	17	2	30	9	17	1	39	22	137	
50-474	RN Assoc	# Cand	18	2	30	10	17	1	41	22	141	0.97
Western Tech College	RN Assoc	# Passed	19	1	29	31	15	0	34	29	158	
50-484	RN Assoc	# Cand	21	1	30	33	17	0	34	33	169	0.93
WI Indianhead Tech College	RN Assoc	# Passed	40	1	39	7	45	0	38	5	175	
50-472	RN Assoc	# Cand	43	1	40	11	47	0	43	7	192	0.91
WI Lutheran College	RN BS	# Passed				0	6	0	0	7	13	
50-505	RN BS	# Cand				1	9	0	0	7	17	0.76

RN Degree Analysis - Authorized to Admit Students, Not Yet Board Approved

School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
First Time Test Takers												
All RN Degrees												
National Average		# Passed	44487	9966	34079	45870	45265	10493	37024	39689	266873	
		#Cand	52297	12040	37353	49462	50978	12426	40979	47818	303353	0.88
RN Program - Authorized to Admit Students, Not Yet BON Approved												
Herzing University - Brookfield	RN BS	# Passed							10	1	11	
50-502	RN BS	# Cand							12	2	14	0.79
Lac Courte Oreilles Ojibwe	RN Asso	# Passed							1	0	1	
50-403	RN Asso	# Cand							2	4	6	0.17

LPN Degree Analysis - Board Approved Programs

Degree Analysis												
School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
LPN Degree												
National pass rates		# Passed	19394	10792	12998	11010	19082	10263	11487	10155	105181	
first time candidates		# Cand	22291	13401	15530	13339	21883	12592	13650	12208	124894	0.84
LPN Program - BON Approved												
Blackhawk Tech College	LPN	# Passed	8	3	11	2	10	2	8	5	49	
50-100		# Cand	8	3	11	2	10	2	8	5	49	1.00
Chippewa Valley Tech College	LPN	# Passed	25	5	24	7	18	4	21	24	128	
50-197		# Cand	26	5	25	7	18	4	21	24	130	0.98
College of Menominee Nation	LPN	# Passed	7	0	2	3	4	3	2	3	24	
50-125		# Cand	8	0	2	3	5	3	2	3	26	0.92
Fox Valley Tech College	LPN	# Passed	46	4	31	21	28	6	29	14	179	
50-157		# Cand	49	4	32	21	31	6	31	14	188	0.95
Gateway Tech College	LPN	# Passed	26	11	27	28	32	5	20	23	172	
50-159		# Cand	30	14	27	30	35	5	20	23	184	0.93
Herzing University - Madison	LPN	#Passed	10	3	0	1	1	8	1	0	24	
50-120		#Cand	11	3	0	1	1	8	1	0	25	0.96
Lakeshore Tech College	LPN	#Passed	12	3	16	6	6	3	10	8	64	
50-198		#Cand	13	3	16	6	7	3	10	8	66	0.97
Madison Area Tech College	LPN	# Passed	26	4	16	5	14	5	15	4	89	
50-156		# Cand	30	4	16	5	15	5	15	4	94	0.95
MATC-Mdsn Stand Alone	LPN	#Passed	6	0	27	6	32	3	16	14	104	
50-113		# Cand	6	0	27	6	32	3	17	14	105	0.99
Mid State Tech College	LPN	#Passed	5	2	8	10	14	3	7	4	53	
50-110		#Cand	5	3	8	10	15	3	7	4	55	0.96
MATC-Mlw Stand Alone	LPN	#Passed	9	0	15	3	13	0	4	3	47	
50-114		#Cand	9	0	15	3	13	0	4	3	47	1.00
Milwaukee Area Tech College	LPN	# Passed	20	5	13	9	17	4	13	6	87	
50-158		# Cand	23	5	14	9	17	5	15	6	94	0.93
Moraine Park Tech College	LPN	# Passed	28	6	23	10	23	3	15	11	119	
50-153		# Cand	29	6	23	10	23	3	15	11	120	0.99
Nicolet Area Tech College	LPN	#Passed	12	0	6	5	3	4	0	2	32	
50-101		#Cand	12	1	6	5	3	4	0	2	33	0.97
North Central Tech College	LPN	#Passed	14	4	22	14	18	4	8	12	96	
50-105		#Cand	14	4	22	14	18	4	9	12	97	0.99

LPN Degree Analysis - Board Approved Programs

School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
Northeast WI Tech-Stand alone	LPN	#Passed	5	1	1	3	6	0	0	3	19	
50-106		#Cand	7	1	1	5	6	0	0	3	23	0.83
Northeast WI Tech College	LPN	# Passed	59	11	17	39	39	12	27	28	232	
50-152		# Cand	67	11	18	41	44	13	29	31	254	0.91
Southwest WI Tech	LPN	# Passed	21	1	2	5	21	1	3	23	77	
50-196		# Cand	21	1	2	5	21	1	3	23	77	1.00
Waukesha County Tech College	LPN	# Passed	18	4	15	5	24	4	14	15	99	
50-199		# Cand	18	4	15	5	24	4	14	16	100	0.99
Western Tech College	LPN	#Passed	15	7	16	13	16	3	18	12	100	
50-195		#Cand	17	8	16	15	16	3	19	13	107	0.93
Wisconsin Indianhead Tech Coll	LPN	#Passed	39	5	22	12	35	4	14	10	141	
50-103		#Cand	40	5	22	13	36	4	14	10	144	0.98

LPN Degree Analysis - Authorized to Admit Students, Not Yet Board Approved

Degree Analysis												
School	Degree		3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	Total	% Passed
LPN Degree												
National pass rates		# Passed	19394	10792	12998	11010	19082	10263	11487	10155	105181	
first time candidates		# Cand	22291	13401	15530	13339	21883	12592	13650	12208	124894	0.84
LPN Program - Authorized to Admit Students, Not Yet BON Approved												



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BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
AUGUST 8, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. A quorum of the Board will be present during the committee meetings.

PRACTICE COMMITTEE

10:00 A.M.

(OR IMMEDIATELY FOLLOWING CONVENING OF THE EDUCATION AND LICENSURE COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Practice Committee – Julie Ellis (Committee Chair), Jeffrey Miller, Lillian Nolan, Maria Joseph

- A. **Approval of Agenda (55-56)**
- B. **Approval of the Practice Committee Minutes of July 11, 2013 (57-58)**
- C. **R.N. FAQs 8, 9, 12, and 13 – Discussion and Consideration (59-60)**
- D. Public Comments

ADJOURNMENT OF PRACTICE COMMITTEE MEETING

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PRACTICE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
JULY 11, 2013

PRESENT: Julie Ellis, Jeffrey Miller, Lillian Nolan

ABSENT: Maria Joseph

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; Nicholas Tank, Bureau Assistant; and other Department Staff

CALL TO ORDER

Julie Ellis, Chair, called the meeting to order at 8:45 a.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 9, 2013

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to approve the minutes of May 9, 2013 as published. Motion carried unanimously.

R.N. FAQs 6, 7, 11, 16, 18, 19, AND 20

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to remove “and currently the only bordering state in the compact is Iowa.” From R.N. FAQ #6. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to leave R.N. FAQ #7 on the website as is. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to leave R.N. FAQ #11 on the website as is. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, that DSPS Staff draft an FAQ to clarify camp nursing and the process for notification, to be considered at the August 8, 2013 Board of Nursing Meeting. The Board requests DSPS Credentialing Staff provide information about current notification procedures for consideration at the August 8, 2013 Board of Nursing Meeting. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQ #16 from the website. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQ #18 from the website. The content from R.N. FAQ #18 will be sent to the Legislation and Rules Committee for discussion and consideration. Motion carried unanimously.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQ #19 from the website. The content from R.N. FAQ #19 will be reviewed by Jeffrey Miller and DSPS Staff for discussion and consideration until such time as Phar 7 revisions are finalized. Motion carried unanimously.

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to pull R.N. FAQ #20 from the website. Motion carried unanimously.

ADJOURNMENT

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to adjourn the Practice Committee meeting. Motion carried unanimously.

The meeting adjourned at 9:21 a.m.

8) CAN MY WORKPLACE FORCE ME TO WORK MANDATORY OVERTIME?

While the Wisconsin Board of Nursing recognizes the problems associated with mandatory overtime, it typically does not get involved with nor does it have jurisdiction in management/workplace issues. However, the Board can offer some guidance for nurses finding themselves in a difficult situation:

- It is the individual nurse's responsibility under their license to see that their practice act and professional conduct requirements/patient care responsibilities are carried out. An overview of the responsibilities and ethical conduct of nurses can be found in [Ch N6](#) and [Ch N7](#), Wis. Admin. Code.
- Seek the advice of your professional organization (see links to organizations on the profession home page).

9) WHAT IS THE DIFFERENCE BETWEEN A NURSE TECHNICIAN AND A GRADUATE NURSE?

A nurse technician is not regulated by the Board. However, a graduate nurse is a position regulated by the Board. The title of "graduate nurse" can only be used by those that hold a temporary permit issued under [Ch N2.06](#), Wis. Admin. Code. Per [N2.06\(4\)](#), Wis. Admin. Code, the temporary permit is only valid for 3 months or until the license applicant receives notification of failure of examination, whichever comes first. The nurse technician position is for nursing students or graduates that do not hold this temporary permit, but still allows them to get some practical clinical experience while attempting to pass the examination for licensure. Both nurse technicians and graduate nurses must practice under the direct supervision of an RN.

12) IS THERE A RULE OR STANDARD OF HOW MANY STAFF A RN MAY SUPERVISE AS A TIME?

No, there are not any specific numbers, however the supervising nurse is required by the rules of professional conduct to not perform any nursing duties in a manner which could be harmful to a patient. See [Ch N7, Wis. Admin. Code](#) for more details on ethical practice.

13) HOW DO I KNOW IF A GIVEN FUNCTION IS WITHIN MY SCOPE OF PRACTICE AS AN RN/LPN?

The Wisconsin Board of Nursing does not publish or maintain a "task" or procedure list regarding scope of practice. The standards of practice can be found in [Ch N6, Wis. Admin. Code](#). If a procedure generally falls within the definitions of a nursing act and the nurse has the required education, training or experience to perform the procedure, it may be deemed appropriate within their scope of practice to perform. You may also find it useful to consult the Scope of Practice Decision Tree: Guidelines for RN and LPN Practice as well as other professional resources and organizations.

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**BOARD OF NURSING
MEETING MINUTES
JULY 11, 2013**

PRESENT: Julie Ellis, Carol Ott, Gretchen Lowe (*entered the meeting at 9:52*), Julia Nelson, Jeffrey Miller, Lillian Nolan

PRESENT VIA GOTO MEETING: Rachelle Lancaster

ABSENT: Maria Joseph

STAFF: Dan Williams, Executive Director; Matthew Niehaus, Bureau Assistant; Nicholas Tank, Bureau Assistant; and other Department Staff

CALL TO ORDER

Julia Nelson, Chair, called the meeting to order at 8:01 a.m. A quorum of six (6) members was present.

ADOPTION OF AGENDA

- Item B (Open Session) **ADD** Presentation of Designation of Hearing Official in Case Number 12 NUR 020 – Deborah J. Mishler, L.P.N.
- Item C (Open Session) **ADD** Presentation of Designation of Hearing Official in Case Number 12 NUR 020 – Stephanie M. McMillen, R.N.
- Item R (Closed Session) **ADD** Deliberation of Designation of Hearing Official in Case Number 12 NUR 020 – Deborah J. Mishler, L.P.N.
- Item S (Closed Session) **ADD** Deliberation of Designation of Hearing Official in Case Number 12 NUR 020 – Stephanie M. McMillen, R.N.

MOTION: Carol Ott moved, seconded by Jeffrey Miller, to adopt the agenda as amended. Motion carried unanimously.

REPORT OF PRACTICE COMMITTEE

BOARD MOTION: Julie Ellis moved for the adoption of the Practice Committee's recommendations. The Board adopts by unanimous consent.

R.N. FAQs 6, 7, 11, 16, 18, 19, and 20

COMMITTEE MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to remove "and currently the only bordering state in the compact is Iowa." from R.N. FAQ #6. Motion carried unanimously.

COMMITTEE MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to leave R.N. FAQ #7 on the website as is. Motion carried unanimously.

COMMITTEE MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to leave R.N. FAQ #11 on the website as is. Motion carried unanimously.

COMMITTEE MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, that DSPS Staff draft an FAQ to clarify camp nursing and the process for notification, to be considered at the August 8, 2013 Board of Nursing Meeting. The Board requests DSPS Credentialing Staff provide information about current notification procedures for consideration at the August 8, 2013 Board of Nursing Meeting. Motion carried unanimously.

COMMITTEE MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQ #16 from the website. Motion carried unanimously.

COMMITTEE MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQ #18 from the website. The content from R.N. FAQ #18 will be sent to the Legislation and Rules Committee for discussion and consideration. Motion carried unanimously.

COMMITTEE MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to pull R.N. FAQ #19 from the website. The content from R.N. FAQ #19 will be reviewed by Jeffrey Miller and DSPS Staff for discussion and consideration until such time as Phar 7 revisions are finalized. Motion carried unanimously.

COMMITTEE MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to pull R.N. FAQ #20 from the website. Motion carried unanimously.

REPORT OF EDUCATION AND LICENSURE

BOARD MOTION: Carol Ott moved for the adoption of the Education and Licensure Committee's recommendations. The Board adopts by unanimous consent.

Faculty Exception Approval Process

COMMITTEE MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, to delegate authority to Jill Remy to review and approve faculty exceptions following the Exceptions to Requirements for Faculty document previously approved by the Board of Nursing. Jill Remy will consult with the Chair of the Education and Licensure Committee on non-nursing Masters exceptions and any other circumstances in which it is not clear that the criteria is met. Motion carried unanimously.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to review the Exceptions to Requirements for Faculty document at the August 8, 2013 Board of Nursing Meeting. Motion carried unanimously.

Gretchen Lowe entered the meeting at 9:52 a.m.

School Approval Requests

COMMITTEE MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to accept the survey report of Wisconsin Lutheran College with the addition of the names of everyone who were present for the site visit and their title. Motion carried unanimously.

COMMITTEE MOTION: Julie Ellis moved, seconded by Gretchen Lowe, to accept the progress report of Wisconsin Lutheran College as a condition for initial approval of the program. Motion carried unanimously.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to grant initial approval by the Wisconsin State Board of Nursing to Wisconsin Lutheran College. Motion carried unanimously.

COMMITTEE MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to accept the survey report of Rasmussen – Green Bay with the addition of the names of everyone who were present for the site visit and their title. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to accept the progress report of Rasmussen – Green Bay as a condition for initial approval of the program. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to grant initial approval by the Wisconsin State Board of Nursing to Rasmussen – Green Bay. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

COMMITTEE MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to recognize the appearance of Bill Hartmann, Dean of the College of Nursing at Rasmussen – Green Bay. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Rasmussen – Green Bay.

FAQ Review

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to keep the question on the FAQ on DNP degrees and to replace the answer with the word “yes”. Motion carried unanimously.

RN to BSN Online Programs

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that the Board will accept EAB approval of Chamberlain College of Nursing to continue to operate and admit students until such time as the rules amending N1 are finalized. Motion carried unanimously.

COMMITTEE MOTION: Julie Ellis moved, seconded by Gretchen Lowe, to recognize the appearance of Linda Prozialeck and Diane Smith-Levine from Chamberlain College of Nursing. Motion carried unanimously.

COMMITTEE MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, that the Board requests EAB to send the Board of Nursing a list of approved out of state RN to BSN completion programs to DSPS whenever a new school is added. Motion carried unanimously.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that the Board will accept EAB approval of out of state RN to BSN completion programs to continue to operate and admit students until such time as the rules amending N1 are finalized. Motion carried unanimously.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, that out of state RN to BSN programs that are not EAB approved must go through the Board of Nursing approval process under Wis. Stats. s.441.12. Motion carried unanimously.

COMMITTEE MOTION: Julie Ellis moved, seconded by Gretchen Lowe, that discussion and consideration of out of state pre-licensure school programs with regard to approval be placed on the August 8, 2013 Education and Licensure Committee Meeting Agenda. Motion carried unanimously.

Site Surveys

COMMITTEE MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, that DSPS is responsible for writing the report following a site visit with input from the delegated site visitors. DSPS has authority over the final report. Motion carried unanimously.

COMMITTEE MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, that the Board of Nursing and DSPS will share responsibility for the process of site visits. At a minimum, the composition of the team will include a nurse educator with extensive background in nursing higher education who may or may not be a member of the Board, and a DSPS Staff Member. If the nurse educator is not a member

of the Board, another Board Member will be appointed to the team.
Motion carried unanimously.

2011 WISCONSIN LPN SURVEY

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to recognize the appearance of Cynthia J. Larson before the Board of Nursing to present the 2011 Wisconsin LPN Survey. Motion carried unanimously.

2012 WISCONSIN REGISTERED NURSE SURVEY

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to table discussion and consideration of the 2012 Wisconsin Registered Nurse Survey until the August 8, 2013 meeting. Motion carried unanimously.

SUBSTANCE USE AND CRIMINAL HISTORY/CONVICTION REGARDING LICENSURE

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to table discussion and consideration of the 2012 Wisconsin Registered Nurse Survey until the August 8, 2013 meeting. Motion carried unanimously.

Rachelle Lancaster left the meeting at 12:00 p.m.

APPROVAL OF MINUTES OF JUNE 13, 2013

MOTION: Jeffrey Miller moved, seconded by Carol Ott, to approve the minutes of June 13, 2013 as published. Motion carried unanimously.

Rachelle Lancaster remotely connected to the meeting at 12:50 p.m.

WLN FALL CONFERENCE SPEAKING ENGAGEMENT

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to designate Rachelle Lancaster as the Board's representative to present at the WLN Fall Conference in Pewaukee, WI, on October 25th, 2013 with content approved by the Board Chair. Motion carried unanimously.

CLOSED SESSION

MOTION: Lillian Nolan moved, seconded by Gretchen Lowe, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Julia Nelson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Julia Nelson -yes; Rachelle Lancaster-yes; Gretchen Lowe-yes;

Julie Ellis-yes; Lillian Nolan-yes; Jeffrey Miller-yes; and Carol Ott-yes.
Motion carried unanimously.

The Board convened into Closed Session at 1:05 p.m.

ADMINISTRATIVE WARNINGS

MOTION: Gretchen Lowe moved, seconded by Carol Ott, to issue an administrative warning in the matter of case number 12 NUR 269 (J.R.H.). Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, to table discussion and consideration of 12 NUR 535 – Jennie Alexander, L.P.N. until the August 8, 2013 Board of Nursing Meeting. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in case number 11 NUR 272 – Michael L. Schleicher, R.N., 12 NUR 169 – Heidi J. Hargis, R.N., 12 NUR 320 – Bryan J. Reynolds, R.N., 12 NUR 366 – Rachel M. Zwiebel, L.P.N. Motion carried unanimously.

DELIBERATION OF PROPOSED FINAL DECISIONS AND ORDERS

Julie Ellis left the room at 1:15 p.m.

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to adopt the Findings of Fact, Conclusions of Law, Proposed Decision and Order in the matter of disciplinary proceedings against Michelle J. Eagle, R.N., Respondent – DHA Case # SPS-13-0013/DLSC Case # 11 NUR 624. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Michelle J. Eagle, R.N. – 11 NUR 624.

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, to adopt the Findings of Fact, Conclusions of Law, Proposed Decision and Order in the matter of disciplinary proceedings against Joan W. Cumings, R.N., Respondent – DHA Case # SPS-0014/DLSC Case # 12 NUR 303. Motion carried.

Julie Ellis recused herself from deliberation and voting in the matter of Joan W. Cumings, R.N. – 12 NUR 303.

Julie Ellis returned to the room at 1:20 p.m.

MOTION: Jeffrey Miller moved, seconded by Julie Ellis, to adopt the Findings of Fact, Conclusions of Law, Proposed Decision and Order in the matter of disciplinary proceedings against Diane C. Walters, R.N., Respondent – DHA

Case # SPS-12-0004/DLSC Case # 12 NUR 001. Motion carried unanimously.

DELIBERATION OF PETITION FOR SUMMARY SUSPENSION

Jeffrey Miller left the room at 1:34 p.m.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, that notice was given to Stephanie M. McMillen of the Summary Suspension proceedings pursuant to Wis. Admin. Code sec. SPS 6.05. Motion carried.

Jeffrey Miller recused himself from deliberation and voting in the matter of Stephanie M. McMillen.

MOTION: Carol Ott moved, seconded by Rachelle Lancaster, that pursuant to 448.02(4) there is probable cause to believe that Stephanie M. McMillen engaged in unprofessional conduct in violation of Wis. Stat. sec. 441.07(1)(d) as defined in Wis. Admin. Code N 7.04(1). Motion carried.

Jeffrey Miller recused himself from deliberation and voting in the matter of Stephanie M. McMillen.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to find that there is probable cause to believe the Stephanie M. McMillen has engaged in or is likely to engage in conduct such that the public health, safety, and welfare imperatively requires emergency suspension of her nursing license pursuant to Wis. Stats. s.227.51 and SPS 6.06. Motion carried.

Jeffrey Miller recused himself from deliberation and voting in the matter of Stephanie M. McMillen.

MOTION: Julie Ellis moved, seconded by Lillian Nolan, that the Board did not receive or review the additional information supplied by the respondent's attorney at the presentation of the petition for summary suspension in the matter of Stephanie M. McMillen. Motion carried.

Jeffrey Miller recused himself from deliberation and voting in the matter of Stephanie M. McMillen.

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to designate a Hearing Official for any Order to Show Cause Hearing in the matter of the Summary Suspension of the license of Stephanie M. McMillen. Motion carried.

Jeffrey Miller recused himself from deliberation and voting in the matter of Stephanie M. McMillen.

Jeffrey Miller reentered the meeting at 2:08 p.m.

Rachelle Lancaster left the meeting at 2:08 p.m.

MOTION: Jeffrey Miller moved, seconded by Carol Ott, that notice was given to Deborah J. Mishler of the Summary Suspension proceedings pursuant to Wis. Admin. Code sec. SPS 6.05. Motion carried.

Rachelle Lancaster recused herself from deliberation and voting in the matter of Deborah J.

Mishler.

MOTION: Lillian Nolan moved, seconded by Gretchen Lowe, that pursuant to 448.02(4) there is probable cause to believe that Deborah J. Mishler engaged in unprofessional conduct in violation of Wis. Stat. sec. 441.07 as defined in Wis. Admin. Code N 7.03(3). Motion carried.

Rachelle Lancaster recused herself from deliberation and voting in the matter of Deborah J. Mishler.

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to find that there is probable cause to believe the Deborah J. Mishler has engaged in or is likely to engage in conduct such that the public health, safety, and welfare imperatively requires emergency suspension of her nursing license pursuant to Wis. Stats. s.227.51 and SPS 6.06. Motion carried.

Rachelle Lancaster recused herself from deliberation and voting in the matter of Deborah J. Mishler.

MOTION: Julie Ellis moved, seconded by Carol Ott, to designate a Hearing Official for any Order to Show Cause Hearing in the matter of the Summary Suspension of the license of Deborah J. Mishler. Motion carried.

Rachelle Lancaster recused herself from deliberation and voting in the matter of Deborah J. Mishler.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS (CONTINUED)

Rachelle Lancaster was absent for deliberation and voting in the remaining Closed Session matters:

MOTION: Lillian Nolan moved, seconded by Carol Ott, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in case number 12 NUR 538 – Darian K. Wagner, L.P.N., 12 NUR 574 – Lisa S. Hayward, R.N., 12 NUR 611 – Wendy D. Dehling, L.P.N., 13 NUR 053 – Olivia Gomez, R.N., 13 NUR 062 – Judith A. Gobeli, R.N., 13 NUR 089 – Jenna M. Peterson, R.N., 13 NUR 111 – Angela B. Scott, R.N., 13 NUR 121 – Veronica S. Lawrence, R.N., 13 NUR 131 – Pamela J. Stelzer, R.N., 13 NUR 186 – Stephanie S. Luck, and 13 NUR 269 – Kawana Hickman, L.P.N. Motion carried.

CREDENTIALING MATTERS

Brandon Lee – L.P.N. Examination

MOTION: Jeffrey Miller moved, seconded by Carol Ott, to grant Brandon Lee's request to sit for the L.P.N. examination. Motion carried.

Alan Bowles – L.P.N. Endorsement

MOTION: Carol Ott moved, seconded by Julie Ellis, to table Alan Bowles' application for licensure by endorsement pending receipt of information regarding the equivalency evaluation of the applicant's license with California. Motion carried.

Lori Hollister – Conviction Review after Information Collected from the Applicant per Full Board

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to deny Lori Hollister's request to sit for the R.N. Examination. **REASON FOR DENIAL:** Convictions substantially related to the practice of nursing. Motion carried.

MOTION: Jeffrey Miller moved, seconded by Carol Ott, to refer Lori Hollister, L.P.N. to DLSC for investigation of alleged failure to report convictions and verification of recommendation letter from physician. Motion carried.

Joshua Grubb – R.N. Examination

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to deny Joshua Grubb's request to sit for the R.N. Examination. **REASON FOR DENIAL:** Convictions substantially related to the practice of nursing. Motion carried.

Casey Johnson – L.P.N. Examination

MOTION: Carol Ott moved, seconded by Jeffrey Miller, to grant Casey Johnson's request to sit for the L.P.N. examination. Motion carried.

Christopher Jablonsky – L.P.N. Examination

MOTION: Jeffrey Miller moved, seconded by Gretchen Lowe, to grant Christopher Jablonsky's request to sit for the L.P.N. examination. Motion carried.

Julie Ellis and Carol Ott abstained from voting in the matter of Christopher Jablonsky.

Shawna Mead – L.P.N. Examination

MOTION: Gretchen Lowe moved, seconded by Jeffrey Miller, to grant Shawna Mead's request to sit for the L.P.N. examination. Motion carried.

Amanda Nimmer – R.N. Examination

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to grant Amanda Nimmer's request to sit for the R.N. Examination. Motion carried.

Amy Beernink – R.N. Examination

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan, to grant Amy Beernink's request to sit for the R.N. Examination. Motion carried.

Erin Stanila – R.N. Examination

MOTION: Lillian Nolan moved, seconded by Gretchen Lowe, to grant Erin Stanila's request to sit for the R.N. Examination. Motion carried.

Megan Weber – R.N. Examination

MOTION: Jeffrey Miller moved, seconded by Gretchen Lowe, to grant Megan Weber's request to sit for the R.N. Examination. Motion carried.

Rebecca Kaup – R.N. Examination

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to grant Rebecca Kaup's request to sit for the R.N. Examination. Motion carried.

Samantha Maxwell – R.N. Examination

MOTION: Lillian Nolan moved, seconded by Gretchen Lowe, to grant Samantha Maxwell's request to sit for the R.N. Examination. Motion carried.

Thomas Mayo – R.N. Examination

MOTION: Lillian Nolan moved, seconded by Julie Ellis, to grant Thomas Mayo's request to sit for the R.N. Examination. Motion carried.

Jessica Piencikowski – Review of Intent to Deny for R.N. Examination

MOTION: Gretchen Lowe moved, seconded by Carol Ott, that, after consideration of the additional materials submitted pursuant to the intent to deny, the Board grants Jessica Piencikowski's request to sit for the R.N. Examination. Motion carried.

Margo Dorgay – R.N. Examination

MOTION: Julie Ellis moved, seconded by Carol Ott, to grant Margo Dorgay's request to sit for the R.N. Examination. Motion carried.

Tamara Young – R.N. Examination

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to grant Tamara Young's request to sit for the R.N. Examination. Motion carried.

MONITORING

Tina Behrens Schindler, R.N. – Consideration of Request for Voluntary Surrender of Licensure

MOTION: Jeffrey Miller moved, seconded by Gretchen Lowe, to accept the request of Tina Behrens Schindler for surrender of licensure. Motion carried.

Renee A. Bender, R.N. – Requesting Stay of Suspension

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan, to deny the request of Renee A. Bender for stay of suspension. **Reason for Denial:** Insufficient time to show adequate compliance with the Order. Motion carried.

Kristin Bleichwehl, R.N. – Requesting Removal of Restriction

MOTION: Lillian Nolan moved, seconded by Julie Ellis, to grant the request of Kristin Bleichwehl for removal of the direct supervision restriction. Motion carried.

Laurie A. Blum, R.N. – Requesting Reinstatement of License

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan, to grant the request of Laurie A. Blum for a limited license with a two year standard impairment order. Motion carried.

Annette Malcomson, R.N. – Requesting Modification of Order

MOTION: Lillian Nolan moved, seconded by Gretchen Lowe, to deny the request of Annette Malcomson for modification of order. **Reason for Denial:** Insufficient time to show adequate compliance with the Order. Motion carried.

Laura Manriquez, L.P.N. – Requesting Modification of Order

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to deny the request of Laura Manriquez for modification of order or reinstatement of licensure. **Reason for Denial:** Lack of compliance with Board Order. Motion carried.

Michelle M. Obermueller, L.P.N. – Requesting Modification of Order

MOTION: Jeffrey Miller moved, seconded by Julie Ellis, to grant the request of Michelle M. Obermueller for reinstatement of licensure. Motion carried.

Elizabeth M. Ogletree, R.N. – Requesting Modification of Order

MOTION: Jeffrey Miller moved, seconded by Gretchen Lowe, to grant the request of Elizabeth M. Ogletree for reinstatement of licensure. Motion carried unanimously.

Todd J. Rademan, R.N. – Requesting Modification of Order

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan, to grant the request of Todd J. Rademan for reduction in the frequency of drug screens to fourteen (14) per year with one (1) annual hair test. Motion carried unanimously.

Kristi L. Sorenson, R.N. – Requesting Modification of Order

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan, to grant the request of Kristi L. Sorenson for reinstatement of licensure. Motion carried unanimously.

CASE CLOSINGS

MOTION: Lillian Nolan moved, seconded by Jeffrey Miller, to close case numbers:

- # 13 NUR 247 (M.O.) for No Violation (NV)
 - # 13 NUR 273 (K.J.L.) for Prosecutorial Discretion (P7)
 - # 13 NUR 279 (D.L.N.) for Prosecutorial Discretion (P7)
 - # 13 NUR 177 (K.S.) for Prosecutorial Discretion (P7)
 - # 12 NUR 293 (P.K.V.) for Prosecutorial Discretion (P2)
 - # 13 NUR 162 (K.B.) for No Violation (NV)
 - # 13 NUR 199 (J.W.) for Prosecutorial Discretion (P1)
 - # 13 NUR 173 (L.M.) for Prosecutorial Discretion (P1)
 - # 13 NUR 129 (J.H.) for Prosecutorial Discretion (P3)
 - # 13 NUR 135 (V.L.) for Prosecutorial Discretion (P2)
 - # 13 NUR 017 (D.B.) for Prosecutorial Discretion (P2)
 - # 13 NUR 211 (L.S.) for Administrative Closure
 - # 12 NUR 386 (M.L.) for Prosecutorial Discretion (P2)
- Motion carried unanimously.

Rachelle Lancaster called in to the meeting at 4:24 p.m.

RECONVENE TO OPEN SESSION

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 4:24 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to affirm all motions made in closed session. Motion carried unanimously.

Rachelle Lancaster left the meeting at 4:26 p.m.

ADJOURNMENT

MOTION: Julie Ellis moved, seconded by Carol Ott, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:34 p.m.

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TO: Members of the Wisconsin Legislature
From: Pharmacy Society of Wisconsin, Wisconsin Health Care Association and LeadingAge Wisconsin
Re: Support for LRB 2399
Date: Thursday, July 11, 2013

The Pharmacy Society of Wisconsin (PSW), along with the two organizations representing nursing home providers in Wisconsin, Wisconsin Health Care Association (WHCA) and LeadingAge Wisconsin, worked cooperatively to develop this legislation, which has been reviewed by the Wisconsin Medical Society. When enacted, this legislation will implement efficiencies in the use of prescription drugs in nursing homes and in the collaboration between pharmacists and physicians.

We are asking for your support of this legislation.

There are two provisions of the legislation:

First, nursing homes in Wisconsin are asking that current law be revised to allow for the development and use of a prescription drug formulary. Under current law, hospitals are allowed to use formularies in order to perform similar therapeutic selections. Under both instances, the therapeutic selections would be done with the approval of a committee that consists of a Wisconsin physician and pharmacist designated by the facility. This change would allow for nursing homes to better control the costs attributed to prescription drugs dispensed to residents of these facilities, especially in those instances when a nursing home resident does not have a health insurance plan with a specific formulary requirement. By working together, the facility, physicians, and pharmacists can better manage the prescription care for nursing home residents by reducing costs and staff time.

Secondly, current law allows physicians to delegate authority for patient care to a pharmacist. However, the law doesn't specify that a pharmacist may accept the delegation from a physician. The bill simply clarifies current law to allow a pharmacist to accept a physician delegated act. By working together through defined collaborative agreements, physicians and pharmacists are able to improve how their patients use medications through better coordination of care.

We are requesting your support of LRB 2399, please contact State Senator Rick Gudex at (608) 266-5300 Sen.Gudex@legis.wisconsin.gov or State Representative Mike Endsley at (608) 266-0656 Rep.Endsley@legis.wisconsin.gov to be listed as a co-sponsor. The deadline to sign on to this legislation is Wednesday, July 24, at 5 PM.



2013 BILL

1 **AN ACT** *to create* 49.498 (2) (a) 3., 50.045, 450.01 (16) (hm) and 450.033 of the
2 statutes; **relating to:** therapeutic alternate drug selections in nursing homes,
3 performance of patient services by a pharmacist, and the practice of pharmacy.

Analysis by the Legislative Reference Bureau

This bill provides that a pharmacist who is licensed by the Pharmacy Examining Board (pharmacist) may perform any patient care service that is delegated to the pharmacist by a physician licensed by the Medical Examining Board (physician).

Under current law, a nursing facility, as defined under federal law, must maintain a quality assessment and assurance committee that must identify issues with respect to which quality assessment and assurance activities are necessary and must develop and implement appropriate plans of action to correct identified quality deficiencies. The committee must consist of the director of nursing services, a physician designated by the nursing facility, and at least three other members of the nursing facility staff.

This bill allows the quality assessment and assurance committee of a nursing facility to establish written guidelines or procedures for making therapeutic alternate drug selections for certain purposes if the committee members include a pharmacist. This bill also allows a nursing home, as defined under state law, that does not otherwise maintain a quality assessment and assurance committee under the federal law requirement for nursing facilities, to maintain a committee consisting of the director of nursing services, a physician, a pharmacist, and at least

BILL

two other members of the nursing home staff. If the nursing home establishes a committee consisting of those members, the committee may establish written guidelines or procedures for making therapeutic alternate drug selections in accordance with the provisions created in the bill.

The bill also adds to the definition of the practice of pharmacy, allowing a pharmacist to make therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a committee of a nursing facility or nursing home that includes the required membership, as described above. Under the bill, the use of the therapeutic alternate drug selection must have also been approved for a patient during the period of the patient's stay within the nursing facility or nursing home by the patient's personal attending physician; the patient's physician assistant, if the physician assistant is under the supervision of the patient's personal attending physician; or the patient's advanced practice nurse prescriber, if the advanced practice nurse prescriber has entered into a written agreement to collaborate with the patient's personal attending physician.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 49.498 (2) (a) 3. of the statutes is created to read:

2 49.498 (2) (a) 3. A quality assessment and assurance committee described
3 under subd. 2. may establish written guidelines or procedures for making
4 therapeutic alternate drug selections for the purposes of s. 450.01 (16) (hm) if the
5 committee members include a pharmacist, as defined in s. 450.01 (15).

6 **SECTION 2.** 50.045 of the statutes is created to read:

7 **50.045 Therapeutic alternate drug selections in nursing homes.** (1) A
8 nursing home that does not maintain a quality assessment and assurance committee
9 under s. 49.498 (2) (a) 2. may maintain a committee that consists of the director of
10 nursing services, a physician, as defined in s. 448.01 (5), a pharmacist, as defined in
11 s. 450.01 (15), and at least 2 other members of the nursing home staff.

12 (2) A committee with the members specified under sub. (1) may establish
13 written guidelines or procedures for making therapeutic alternate drug selections
14 for the purposes of s. 450.01 (16) (hm).



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 **AN ACT** *to amend* 441.01 (4), 441.04, 441.08, 441.10 (1), 441.10 (3) (e), 441.115
2 (1) and 441.12 (2) of the statutes; **relating to:** approval of schools of nursing by
3 the Board of Nursing.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

4 **SECTION 1.** 441.01 (4) of the statutes is amended to read:
5 441.01 (4) The board shall direct that those schools ~~which~~ that qualify be placed
6 on ~~the accredited~~ a list of schools the board has approved for professional nurses or
7 of schools the board has approved for licensed practical nurses on application and
8 proof of qualifications; and shall make a study of nursing education and initiate rules
9 and policies to improve it.

1 **SECTION 2.** 441.04 of the statutes is amended to read:

2 **441.04 Requisites for examination as a registered nurse.** Any person
3 who has graduated from a high school or its equivalent as determined by the board,
4 does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and
5 111.335, holds a diploma of graduation from ~~an accredited~~ a school of nursing
6 approved by the board or that the board has authorized to admit students pending
7 approval, and, if ~~the~~ that school is located outside this state, submits evidence of
8 general and professional educational qualifications comparable to those required in
9 this state at the time of graduation may apply to the department for licensure by the
10 board as a registered nurse,[;] and upon payment of the fee specified under s. 440.05
11 (1), that person shall be entitled to examination.

12 **SECTION 3.** 441.08 of the statutes is amended to read:

13 **441.08 Temporary permit.** A nurse who has graduated from ~~an accredited~~
14 a school approved by the board but is not licensed in this state may be granted a
15 temporary permit upon payment of the fee specified in s. 440.05 (6) by the board to
16 practice for compensation until the nurse can qualify for licensure. The temporary
17 permit may be renewed once. Each applicant for renewal of a temporary permit
18 under this section shall complete the nursing workforce survey and pay the fee
19 required under s. 441.01 (7). Further renewals may be granted in hardship cases.
20 The board may promulgate rules limiting the use and duration of temporary permits
21 and providing for revocation of temporary permits.

22 **SECTION 4.** 441.10 (1) of the statutes is amended to read:

23 **441.10 (1) PREREQUISITES FOR EXAMINATION AS LICENSED PRACTICAL NURSES.** A
24 person who is 18 years of age or older, does not have an arrest or conviction record,
25 subject to ss. 111.321, 111.322 and 111.335, has completed 2 years of high school or

1 its equivalent as determined by the board, and holds a diploma of graduation from
2 an accredited a school for licensed practical nurses approved by that the board, may
3 apply to the board for licensing as a licensed practical nurse; and, upon payment of
4 the examination fee specified in s. 440.05 (1), that person shall be entitled to take an
5 examination. Any school for licensed practical nurses, in order to be accredited
6 approved by the board, must offer a course of not less than 9 months.

7 **SECTION 5.** 441.10 (3) (e) of the statutes is amended to read:

8 441.10 (3) (e) The board may grant a temporary permit to a practical nurse who
9 has graduated from an accredited a school approved by the board but is not licensed
10 in this state, upon payment of the fee specified in s. 440.05 (6), to practice for
11 compensation until the practical nurse qualifies for licensure. The board may grant
12 further renewals in hardship cases. The board may promulgate rules limiting the
13 use and duration of temporary permits and providing for revocation of temporary
14 permits.

15 **SECTION 6.** 441.115 (1) of the statutes is amended to read:

16 441.115 (1) This chapter shall may not be construed to affect nursing by
17 friends, members of the family, or undergraduates in an accredited a school approved
18 by the board, nor be construed to interfere with members of religious communities
19 or orders having charge of hospitals or taking care of the sick in their homes, except
20 that none of such excepted those persons while engaged in such activities shall may
21 represent himself or herself as a registered, trained, certified, or graduate nurse
22 unless registered under this subchapter.

23 **SECTION 7.** 441.12 (2) of the statutes is amended to read:

24 441.12 (2) No person shall may operate in this state a school for professional
25 nurses or a school for practical nurses unless the same shall be accredited school is

1 approved by the board. No solicitation ~~shall~~ may be made in this state of the sale of,
2 or registration in, a course by correspondence or conducted ~~without~~ outside of the
3 state for practical nurses unless all written material used in such ~~the~~ solicitation
4 plainly states in type as large as any other type on the material that the course is not
5 ~~accredited in this state~~ approved by the board for training of practical nurses.

6

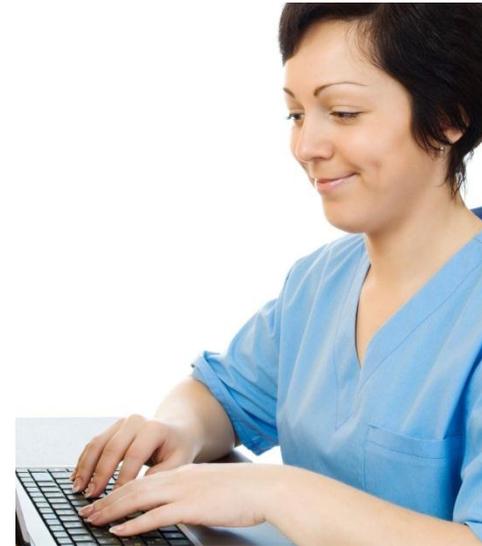
(END)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 6/21/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Board of Nursing			
4) Meeting Date: 8/06/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2012 Wisconsin Registered Nurse Survey –discussion and consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Tabled from July meeting.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Wisconsin Registered Nurse Survey 2012 Executive Summary



wicenterfornursing.org



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Executive Summary

As mandated under Chapter 106.30 of the *Wisconsin State Statutes*, 81,187 registered nurses (RNs) completed a survey in order to renew their RN licenses between January and March, 2012. As an element of the license renewal process, the RN survey was conducted for the first time in 2010, when registered nurses were required to complete a survey and an analysis of the data was conducted. For the 2012 survey, once again, nurse researchers, under the auspices of the Wisconsin Center for Nursing (WCN), analyzed the data which resulted in this report, *2012 Wisconsin Registered Nurse Survey*. As part of the report, 2010 Wisconsin RN data analysis is compared with 2012 Wisconsin RN data analysis where the comparisons are noteworthy. Since the first survey was conducted in 2010, a major report was issued by the Institute of Medicine focused on the future of nursing (IOM, 2010). The recommendations from this report were considered in the analysis of the 2012 survey for implications for the future of the nursing labor force* (all RNs who are either employed or not employed) in Wisconsin.

*Workforce is defined as all those employed in a certain industry.

Section I: Introduction

The report begins with an explanation of the data (Table I.1). The total survey respondents number 78,159 and include only those who completed the survey online. The 6,617 RNs who live out of state and do not work in Wisconsin were eliminated which leaves the number of RNs who live and/or work in Wisconsin at 71,542. Out of this number, there were 70,974 valid responses after cleaning procedures outlined in the Introduction.

Section II: Key Findings and Recommendations of Overall State Data

- The 59,237 RNs who work in Wisconsin are mostly white (94.8%), female (93.4%), and only speak English (89.3%).
- 84.6% are employed as RNs.
- Most nurses who want to work are working (97.6%).
- 64.9% are employed in staff nurse positions.
- 76.9% provide direct patient care; of those, 30.4% plan to leave direct patient care in nursing in the next nine years.
- 53.5% of all the registered nurses are employed in hospitals.
- 85.5% of RNs educated as RNs in Wisconsin are working in Wisconsin.
- Responding to a question about their highest nursing degree earned, 9.2% hold masters' degrees, 43.7% hold baccalaureate degree, 37% hold associate degrees, 9.4% hold diplomas, and 0.6% hold doctorates in nursing.
- 32.6% are either currently pursuing additional education as a nurse (8.5%) or are planning to pursue further education within the next two years (24.1%).

Recommendations:

1. Explore the factors that motivate nurses to remain in the workforce.

2. Since over 85% of nurses who are educated in Wisconsin, stay in Wisconsin, an investment in nursing education by policy makers would help alleviate the impending shortage.
3. Develop strategies between academic institutions and employers to promote the Wisconsin nursing workforce to meet the IOM recommendations for 80% BSN preparation and doubling the number of nurses with a doctorate by 2020.
4. The mean age of an RN who has completed a doctoral degree ranges from 44 years of age for a PhD and 43 years of age for a DNP degree. The development of BSN to DNP programs within the state may help to decrease the mean age of nurses completing the terminal degree.
5. Schools of nursing face challenges recruiting faculty and in obtaining clinical sites for practice, assistance to remove these barriers may be warranted.
6. Health care organizations should encourage nurses with diploma and associate degrees to enter baccalaureate programs by creating a culture that fosters continuing education and offering tuition reimbursement (IOM, 2011).
7. Schools of nursing should be encouraged to offer programs tailored for the working professional with flexible scheduling.

Section III: Key Findings and Recommendations of the Department of Health Services (DHS) Regional Data

- A lack of diversity and lack of proficiency in language other than English exists across the state and across all regions.
- Capacity for recruitment exists in every region, noted by those nurses who reported being unemployed and looking for nursing positions in Wisconsin.
- Registered Nurses across all regions have, on average, 15 years of experience.
- The vast majority (70%) are paid on an hourly basis, work 37 hours per week and, for most regions, less than 1% are employed through a temporary employment agency.
- Over 7,000 nurses report a secondary position and 84% of the secondary jobs require RN licensure. The mean number of hours worked in these secondary positions varies from a low of 9.6 hours in the Northeastern region to a high of 11.3 hours in the Southern region.
- The three most frequently identified factors across the state that may influence nurses to return to nursing are offering more hours and/or flexible schedules and improving the work environment.
- Educational preparation for nursing practice shows some regional variation. The number of associate degree prepared nurses is highest in the Northern Region (46.1%) and lowest in the Southeastern Region (32.2%). Exactly the opposite is true with regard to the number of baccalaureate prepared nurses which is highest in the Southeastern region (48.9%) and lowest in the Northern region (36%).
- The distribution of nurses with advanced degrees is higher in the Southern and Southeastern regions, with the lower numbers in the Western and Northern regions.
- Nurses were asked about future plans and their answers indicate that in the next two years, over 3,000 RNs will leave their nursing positions. This number is evenly distributed across the state.

- In the next four years, 9,622 nurses holding direct patient care positions will leave the workforce with retirement as the major reason for leaving. The second reason is job stress, and third is physical demands of the job. The Western region has the fewest number of nurses planning to leave in the next four years with 889 (13.8%) and the Southeastern region has the most with 3,813 (14.4%).
- Approximately 50% of the nurses completing the survey reported having completed emergency preparedness training and 91% report that they received that education or training through their employer.

Recommendations:

1. The number of nurses planning to leave direct patient care is greater than the supply of nurses entering the profession in the state. Efforts to support nursing education are necessary along with efforts to engage nurses not in active practice.
2. Currently, 43% of nurses hold baccalaureate degrees in nursing in Wisconsin. The Institute of Medicine (2011) recommends that the proportion of nurses with baccalaureate degrees increase to 80% by 2020. A quarter of the nursing workforce in the state plans to obtain additional educational degrees in the next two years, yet this will still fall short of the 80% goal. Nurses may need support from employers, flexibility from educators and financial support to achieve the goal.
3. In 2010 less than 5% of nurses were proficient in another language and in 2012 over 10% of nurses are proficient in another language. Employers should recognize the contributions of bilingual employees and support continuing education efforts aimed at improving communication skills.
4. While nursing is far from racially diverse some gains were noted in the percent of nurses identified as Asian. In 2010 0.3% of nurses self-identified as Asian, in 2012 this rose to 1.3%. Schools of nursing need to support students of diverse backgrounds as they may have unique learning needs.

Section IV: Key Findings and Recommendations Regarding Advanced Practice Nurses (APNs)

- 8,095 nurses living or working in Wisconsin indicated they were educated as Advanced Practice Nurses and represent 11.4% of the total RN sample.
- Almost half (49.9%) work in Wisconsin as APNs and, of those working as APNs, 80% hold a master's degree in nursing.
- The percent of all RNs in the sample who work as APNs in Wisconsin is 5.7% which is lower than the national average of 8.7%.
- 94.5% live in Wisconsin, 89.9% are female, and 94.7% are white.
- 64.8% report the highest degree in nursing to be at least a master's degree.
- On average, APNs are about 50 years of age; however, there is a wide range, with many approaching retirement.
- Family Nurse Practitioners hold the highest number of credentials (17%) followed by Adult Nurse Practitioners (8%) and Pediatric Nurse Practitioners (4%).

- More than three quarters of APNs are licensed to prescribe medications with few differences across regions.
- For those APNs whose DHS region of their primary jobs are known, between 75%–80% live and work in the same DHS region.
- Although the distribution of APNs is fairly similar across all regions, the Southern Region has a higher percent of Adult Nurse Practitioners than other regions.

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1. In recognition that the Affordable Care Act will be fully implemented in 2014, when the need for Primary Care Providers will be significant and consistent with the IOM report for APN nurses to be able to practice to the full extent of their education and training, identify strategies to increase the number of new Advanced Practice Nurses in the state, particularly nurse practitioners.
2. Refine future RN surveys in Wisconsin to gain a better picture of APNs as defined by the Wisconsin Administrative Code (Chapter N 8) with respect to their present certification and positions, including intent to stay in practice as APNs and Primary Care Providers.

Section V: Key Findings and Recommendations of Selected Issues in the Workforce

- ***Nurses age 30 and under***
 - Nurses age 30 and under comprise less than 11% (7,747) of the total workforce.
 - The baccalaureate degree in nursing as their first educational degree is more than twice the number (65.2%) of those holding associate degrees in nursing (31.6%).
 - 96.4% are working as registered nurses and 94.3% provide direct patient care, mostly in hospitals (72.2%).
 - Almost half of the group changed positions in the past year with promotion and advancement cited as the most frequent reasons.
 - While only 16.4% are currently enrolled in additional degree granting programs, almost half (47%) stated their intention to enroll in the next two years.
- ***Nurses age 55 and older***
 - Nurses age 55 and older comprise 27.6% (16,367) of the total workforce.
 - Over 3,000 (18.6%) report a diploma in nursing as their highest degree.
 - 36.6% (5,996) are prepared at the baccalaureate degree in nursing level.
 - 72% report working in urban areas or the city of Milwaukee.
 - 43% (7,088) report that they work in hospitals and 54.4% (8,897) work as staff nurses.
 - 78.2% (12,801) report no employment change in the past year.
 - 39.6% (6,484) plan to leave their present employment in the next four years or less.
- ***Nurse faculty over the age of 50***
 - There are 1,658 nurse faculty members over the age of 50.
 - The greatest number are prepared at the Master's degree level (38.2%) and 7.9% hold a doctorate in nursing.
 - More than three-quarters of the nurse faculty work in urban areas.
 - Few nurses in this age group are unemployed (6%) and seeking work.

- Less than 25% report a change in position in the past year.
- 68.4% plan to leave nursing in the next nine years with half of that group leaving in the next four years.
- ***Clinical practice of associate degree registered nurses (ADNs)***
 - Nurses whose highest degree is ADN number 25,000.
 - This group is slightly more diverse than those holding a baccalaureate degree in nursing and has more males.
 - 2.7% (718) are unemployed and seeking employment as a nurse.
 - 50.6% (11,748) report being employed in hospitals, in staff nurse positions (73.9%), and providing direct patient care (82.5%).
 - Almost one-third had some type of change in their employment in the past year, with the largest number (1,403) citing dissatisfaction with their position as the factor most important in their change.
 - 3.4% (344) report being laid off from their position.
 - 9.3% (2,104) are currently enrolled in a BSN program, and 33.2% (7,466) report they intend to pursue additional education in the next two years.
 - 17.5% (4,069) are employed in extended care.
 - 12.7% (3,233) report holding a second job.
- ***Clinical practice of baccalaureate degree prepared registered nurses (BSNs)***
 - Nurses whose highest degree is a BSN number 26,160.
 - BSN nurses are slightly younger than ADN nurses, with lower levels of diversity and fewer men.
 - 85% (26,390) report being employed as a nurse, with 20,525 providing direct patient care (76.9%).
 - 50% (16,020) report being employed in hospitals, 15.4% (4,099) work in ambulatory care, and 6.4% (1,669) work in extended care.
 - 12.7% (3,391) report having a second job.
 - Almost 70% (21,369) report no change in employment in the past year and when they did change, 9% reported it was a change in hours and 5.4% retired.
 - 54.6% (15,436) plan to leave direct patient care within the next nine years.
 - 22% (7,061) plan to continue their education in the next two years.
- ***Clinical practice of Master's degree prepared registered nurses***
 - Nurses whose highest degree in nursing is a master's degree number 5,617.
 - 523 who reside in Wisconsin are not working.
 - 98.1% report they are working as an RN.
 - 58.7% provide direct patient care and half that number report being APNs.
 - 21.8% report working about 10 hours a week in a second job.
 - Almost 30% of Master's prepared nurses changed positions in the last year with promotion and opportunity for advancement as the major reasons for the change.
 - Almost half (49.2%) plan to remain in nursing for nine years or less.
- ***Clinical practice of registered nurses with doctoral preparation in nursing (PhD, DNP, ND, DNS)***
 - ***Nurses holding PhD, ND or DNS***
 - A total of 260 nurses are prepared with a PhD in nursing, a ND, or a DNS.
 - 80% work in nursing and few are involved in direct patient care.

- Most (53%) are employed in nursing education, and 12.4% report positions as nurse researchers.
 - 78% report no change in employment in the last year and of those who did change, 15.9% reported retirement as the reason.
- ***Nurses holding DNP***
 - A total of 136 are prepared with a Doctor of Nursing Practice (DNP) degree.
 - 93.7% are employed as nurses, and 60% are engaged in direct patient care in ambulatory care settings (36.7%) or hospital settings (29.5%).
 - Few (17.3%) report nurse educator positions.
 - 74.6% report no change in employment in the past year.
 - 40.3% plan to continue in their present position for nine years or less.
- ***The RN workforce in rural and urban areas***
 - Concentration of the workforce is in urban areas, with Milwaukee showing the highest concentration.
 - The highest diversity level is in Milwaukee.
 - Nurses practicing in smaller rural areas (less than 2,500 residents) tend to be older and prepared at the ADN level.
 - 75% of the nurses in both urban and rural areas provide direct patient care.
 - Urban nurses are more likely to be employed in hospitals.
 - In Milwaukee, 6.6% report employment in extended care areas whereas, in small rural areas, 30% report extended care employment.
 - The highest percent (16.9%) of nurses reporting a second job occurs in the smallest rural grouping.
 - Lower percentages of nurses are prepared at the master's level in rural areas.
 - A higher retirement rate occurs in rural areas (rural: 1.7%–2.5%, urban: 0.8–1.4%).
 - Lower percentages of nurses are prepared at the master's level in rural areas (rural: 8.0% -8.6%, urban: 9.7%-0.2%).

Recommendations:

1. Assure access, availability, and support for RNs seeking to further their education in nursing with emphasis on BSN completion opportunities, better articulation between ADN and BSN programs, and opportunities for doctoral education.
2. Conduct age-stratified workforce studies that examine the working environment of nurses and the relationship to turnover and changes in employment.
3. Engage in active and early recruitment to doctoral programs that provide preparation for a faculty role.
4. Employers, especially hospitals, will need to anticipate and plan for retirements of nurses including the loss of expertise.
5. Flexibility in working requirements may be helpful in retaining experienced nurses.
6. Employers must consider enabling faculty members to create more flexible schedules and reduced hours in order to retain an older experienced faculty.
7. Doctoral education for nurse educators needs to be accessible and affordable to promote higher levels of preparation for the faculty role.

8. Data must be collected to determine the number of nurses with doctoral degrees in other areas than nursing in order to determine a true picture of nurses with advanced degrees working in Wisconsin.
9. The nursing profession needs to examine factors that would attract APNs to rural settings as Primary Care Providers.
10. Because nurses with a master's degree represent a potential pool of applicants for doctoral programs, the profession needs to present this group with information about the faculty role in colleges and universities.
11. The nursing profession will need studies to determine the optimal balance between the need for different types of nurses prepared at the doctoral level.
12. Educational institutions will require more nurses prepared at the DNP level to advance their educational mission.
13. As the Affordable Care Act is fully implemented, more DNPs will be needed to serve as Primary Care Providers in the state.
14. Educational institutions need to assure access to a variety of degree programs for rural nurses, including alternatives to online programs.

Following the release of this report, WCN will use this and other data to make overall recommendations to the state legislature and other stakeholders regarding the future need for registered nurses in Wisconsin.

Wisconsin Registered Nurse Survey 2012 Report



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We are grateful to the Wisconsin Department of Workforce Development, without whose assistance our work would not be possible. This important survey yields critical information on the status of the workforce in Wisconsin and serves as a foundation to address predicted future nursing shortages which will impact the healthcare in our state. We are also grateful to the Wisconsin Department of Safety and Professional Services for making the survey accessible to the thousands of nurses in our state, the nurses of Wisconsin for their cooperation in responding to the survey.

Many partner organizations also provided services to design, develop and deliver the survey. In particular, the work being done by the Wisconsin Healthcare Workforce Collaborative was critical to the initial creation of the survey design. Funding for the project was provided in part by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

WCN also extends sincere appreciation to the Faye McBeath Foundation, a long-standing partner that has provided support since the inception of our organization.

Finally, we would like to acknowledge and express our gratitude to the many schools and organizations that will utilize this information to advance nursing education and practice to assure a sufficient, competent and diverse nursing workforce for the people of Wisconsin.

The Wisconsin Center for Nursing looks forward to continued collaborative relationships to insure a bright future for nursing in our state.

Thank you,

Barbara Pinekenstein, MSN, RN-BC, CPHIMS
WCN Board President

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Executive Summary

As mandated under Chapter 106.30 of the *Wisconsin State Statutes*, 81,187 registered nurses (RNs) completed a survey in order to renew their RN licenses between January and March, 2012. As an element of the license renewal process, the RN survey was conducted for the first time in 2010, when registered nurses were required to complete a survey and an analysis of the data was conducted. For the 2012 survey, once again, nurse researchers, under the auspices of the Wisconsin Center for Nursing (WCN), analyzed the data which resulted in this report, *2012 Wisconsin Registered Nurse Survey*. As part of the report, 2010 Wisconsin RN data analysis is compared with 2012 Wisconsin RN data analysis where the comparisons are noteworthy. Since the first survey was conducted in 2010, a major report was issued by the Institute of Medicine focused on the future of nursing (IOM, 2010). The recommendations from this report were considered in the analysis of the 2012 survey for implications for the future of the nursing labor force* (all RNs who are either employed or not employed) in Wisconsin.

*Workforce is defined as all those employed in a certain industry.

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The report begins with an explanation of the data (Table I.1). The total survey respondents number 78,159 and include only those who completed the survey online. The 6,617 RNs who live out of state and do not work in Wisconsin were eliminated which leaves the number of RNs who live and/or work in Wisconsin at 71,542. Out of this number, there were 70,974 valid responses after cleaning procedures outlined in the Introduction.

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- 53.5% of all the registered nurses are employed in hospitals.
- 85.5% of RNs educated as RNs in Wisconsin are working in Wisconsin.
- Responding to a question about their highest nursing degree earned, 9.2% hold masters' degrees, 43.7% hold baccalaureate degree, 37% hold associate degrees, 9.4% hold diplomas, and 0.6% hold doctorates in nursing.
- 32.6% are either currently pursuing additional education as a nurse (8.5%) or are planning to pursue further education within the next two years (24.1%).

Recommendations:

1. Explore the factors that motivate nurses to remain in the workforce.
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 - BSN nurses are slightly younger than ADN nurses, with lower levels of diversity and fewer men.
 - 85% (26,390) report being employed as a nurse, with 20,525 providing direct patient care (76.9%).
 - 50% (16,020) report being employed in hospitals, 15.4% (4,099) work in ambulatory care, and 6.4% (1,669) work in extended care.
 - 12.7% (3,391) report having a second job.
 - Almost 70% (21,369) report no change in employment in the past year and when they did change, 9% reported it was a change in hours and 5.4% retired.
 - 54.6% (15,436) plan to leave direct patient care within the next nine years.
 - 22% (7,061) plan to continue their education in the next two years.
- **Clinical practice of Master's degree prepared registered nurses**
 - Nurses whose highest degree in nursing is a master's degree number 5,617.
 - 523 who reside in Wisconsin are not working.
 - 98.1% report they are working as an RN.
 - 58.7% provide direct patient care and half that number report being APNs.
 - 21.8% report working about 10 hours a week in a second job.
 - Almost 30% of Master's prepared nurses changed positions in the last year with promotion and opportunity for advancement as the major reasons for the change.
 - Almost half (49.2%) plan to remain in nursing for nine years or less.
- **Clinical practice of registered nurses with doctoral preparation in nursing (PhD, DNP, ND, DNS)**
 - **Nurses holding PhD, ND or DNS**
 - A total of 260 nurses are prepared with a PhD in nursing, a ND, or a DNS.
 - 80% work in nursing and few are involved in direct patient care.
 - Most (53%) are employed in nursing education, and 12.4% report positions as nurse researchers.
 - 78% report no change in employment in the last year and of those who did change, 15.9% reported retirement as the reason.
 - **Nurses holding DNP**
 - A total of 136 are prepared with a Doctor of Nursing Practice (DNP) degree.
 - 93.7% are employed as nurses, and 60% are engaged in direct patient care in ambulatory care settings (36.7%) or hospital settings (29.5%).
 - Few (17.3%) report nurse educator positions.
 - 74.6% report no change in employment in the past year.
 - 40.3% plan to continue in their present position for nine years or less.
- **The RN workforce in rural and urban areas**
 - Concentration of the workforce is in urban areas, with Milwaukee showing the highest concentration.
 - The highest diversity level is in Milwaukee.
 - Nurses practicing in smaller rural areas (less than 2,500 residents) tend to be older and prepared at the ADN level.
 - 75% of the nurses in both urban and rural areas provide direct patient care.
 - Urban nurses are more likely to be employed in hospitals.
 - In Milwaukee, 6.6% report employment in extended care areas whereas, in small rural areas, 30% report extended care employment.

- The highest percent (16.9%) of nurses reporting a second job occurs in the smallest rural grouping.
- Lower percentages of nurses are prepared at the master's level in rural areas.
- A higher retirement rate occurs in rural areas (rural: 1.7%–2.5%, urban: 0.8–1.4%).
- Lower percentages of nurses are prepared at the master's level in rural areas (rural: 8.0% - 8.6%, urban: 9.7%-0.2%).

Recommendations:

1. Assure access, availability, and support for RNs seeking to further their education in nursing with emphasis on BSN completion opportunities, better articulation between ADN and BSN programs, and opportunities for doctoral education.
2. Conduct age-stratified workforce studies that examine the working environment of nurses and the relationship to turnover and changes in employment.
3. Engage in active and early recruitment to doctoral programs that provide preparation for a faculty role.
4. Employers, especially hospitals, will need to anticipate and plan for retirements of nurses including the loss of expertise.
5. Flexibility in working requirements may be helpful in retaining experienced nurses.
6. Employers must consider enabling faculty members to create more flexible schedules and reduced hours in order to retain an older experienced faculty.
7. Doctoral education for nurse educators needs to be accessible and affordable to promote higher levels of preparation for the faculty role.
8. Data must be collected to determine the number of nurses with doctoral degrees in other areas than nursing in order to determine a true picture of nurses with advanced degrees working in Wisconsin.
9. The nursing profession needs to examine factors that would attract APNs to rural settings as Primary Care Providers.
10. Because nurses with a master's degree represent a potential pool of applicants for doctoral programs, the profession needs to present this group with information about the faculty role in colleges and universities.
11. The nursing profession will need studies to determine the optimal balance between the need for different types of nurses prepared at the doctoral level.
12. Educational institutions will require more nurses prepared at the DNP level to advance their educational mission.
13. As the Affordable Care Act is fully implemented, more DNPs will be needed to serve as Primary Care Providers in the state.
14. Educational institutions need to assure access to a variety of degree programs for rural nurses, including alternatives to online programs.

Following the release of this report, WCN will use this and other data to make overall recommendations to the state legislature and other stakeholders regarding the future need for registered nurses in Wisconsin.

I. Introduction

This report presents the findings from the 2012 Survey of Registered Nurses (RNs) in the state of Wisconsin. Beginning in 2010, all RNs renewing their licenses to practice in Wisconsin were required by state statute (106.30) to complete a survey. For the second time since the law was passed, RNs completed the survey either online or in paper format in January, 2012. A total of 81,187 nurses completed the survey at the time of license renewal. This report is based on the 78,159 nurse respondents who completed the survey on-line. Those completing the survey on paper were sampled and the results were found not to be significantly different from the electronic surveys.

This survey analysis is sponsored by the Wisconsin Center for Nursing in partnership with the State of Wisconsin Department of Workforce Development (DWD). Four nurse researchers (representing baccalaureate and higher degree nursing education programs in the state), a statistician, a nursing doctoral student, and an undergraduate nursing student comprised the analysis team.

Because this is a study that focuses on the Wisconsin RN Workforce, the analyses in this report include those registered nurses living and/or working in Wisconsin. It is recognized that many nurses maintain licensure in Wisconsin and work in Wisconsin, though they are living outside of the state. There are also a number of nurses who are living in Wisconsin and not working. Both of these groups are included in the analysis.

The study was reviewed by the Institutional Review Boards of the University of Wisconsin-Madison, University of Wisconsin-Milwaukee, University of Wisconsin-Oshkosh, and Marquette University. Each researcher signed a confidentiality agreement with DWD that protected confidentiality and anonymity of respondents. The research team was given electronic access to the complete data set from DWD.

Data Management

Data were electronically reviewed according to the following rule:

Data were eliminated from the survey analysis if the RN reported:

- Does not live or work in Wisconsin
- Reports RN licensure prior to first degree or diploma
- Provided direct patient care for six or more years prior to first degree
- Received first degree or diploma prior to age 16
- Provided direct patient care prior to age 16
- Reports currently working more than 10 jobs
- First Wisconsin license prior to age 16
- Belongs to more than 5 ethnic groups

Table I.1. summarizes the data set that was used for the analysis in this report.

Table I.1.

Data Remaining After Cleaning Procedures

Total Number of Responses Received		78,159
Does not live or work in WI	6,617	
Reports is RN prior to first degree or certification	304	
Provided direct care for six or more years prior to first degree	134	
Received first degree or certification prior to age 16	47	
Provided direct care prior to age 16	28	
Reports currently working more than 10 jobs	25	
First WI license prior to age 16	28	
Belongs to more than 5 ethnic groups	2	
Usable Responses		70,974

Data are reported as the number of valid respondents, the percentage of valid responses, and the mean (average) or median (a score that falls in the middle of a distribution with half the scores above and half the scores below) as appropriate. When the number of valid responses was so small as to risk the identity of the respondent, results were not reported.

Please note that often regional numbers do not add up to the state number because:

- 1) The state dataset is restricted to RNs who live or work in WI.
- 2) The DHS regional data reflects those RNs whose primary position or residence is in the region.
- 3) Not every RN who works in WI provided information that allowed DWD to identify a county where the RN was working.

Organization of Report:

Section II.

In the second section of the report, a “snapshot” of the State of Wisconsin Registered Nurse labor force is provided. Overall demographics, employment, and educational patterns are presented, including diversity issues. In some instances, 2012 Wisconsin RN survey data are compared with 2010 Wisconsin RN survey data.

Section III.

In the third section, a breakdown of the data into Department of Human Services (DHS) Regions is provided in tables comparing each Region to every other Region and to overall State data. Section III also provides information on the present employment patterns of nurses in both primary and secondary positions, with special consideration to data about direct care providers currently in practice as well as probable future employment plans. Section III includes data about the present educational preparation of the RN workforce and the future educational plans of respondents. When the reporting cells were too small as to violate confidentiality or anonymity, the data were not reported.

Section IV.

The fourth section provides information on the advanced practice nurse (APN) workforce in Wisconsin. The reader is cautioned to interpret the data with caution since APN respondents were allowed to answer “all that applied” to them for some questions and for other questions were required to choose one of a number of options. These inconsistencies might have skewed the data. Findings are presented for both the state and regional levels.

Section V.

In section five, the authors identify eight issues that surfaced as a result of extensive review of the 2012 RN survey. The highlighted issues include the clinical practice of nurses under 30 and over 55 years of age; the concerns of an aging workforce; the clinical practice of ADN, BSN, MS and PhD/DNP nurses; and the RN workforce in rural and urban settings.

Appendices:

- A. Clinical Practice Settings (by Primary Employer)*
- B. Department of Workforce Development Regional Profiles*
- C. County Profiles*

II. Overview of the State of Wisconsin Registered Nurse Workforce

A. Demographics of the RN Workforce

Table II.1 presents data that describe demographic information about the Wisconsin Registered Nurse workforce. The analysis is based on the responses of RNs who completed the 2012 survey at the time of license renewal and reflects the data management procedures described in the *Introduction* to this report. Note that the number of valid responses varies from question to question due to the numbers of valid responses collected for that item. In the detailed analysis, the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows will not total to 100%. These data verify common knowledge about nursing: it is a female-dominated profession and largely composed of self-reported “white” members. Although between-year comparisons are difficult, the prior 2010 RN survey reported the “white” race of RNs to be at 95.5 % of that year’s respondents. The 2012 report indicates very limited progress in increasing the diversity of the state workforce.

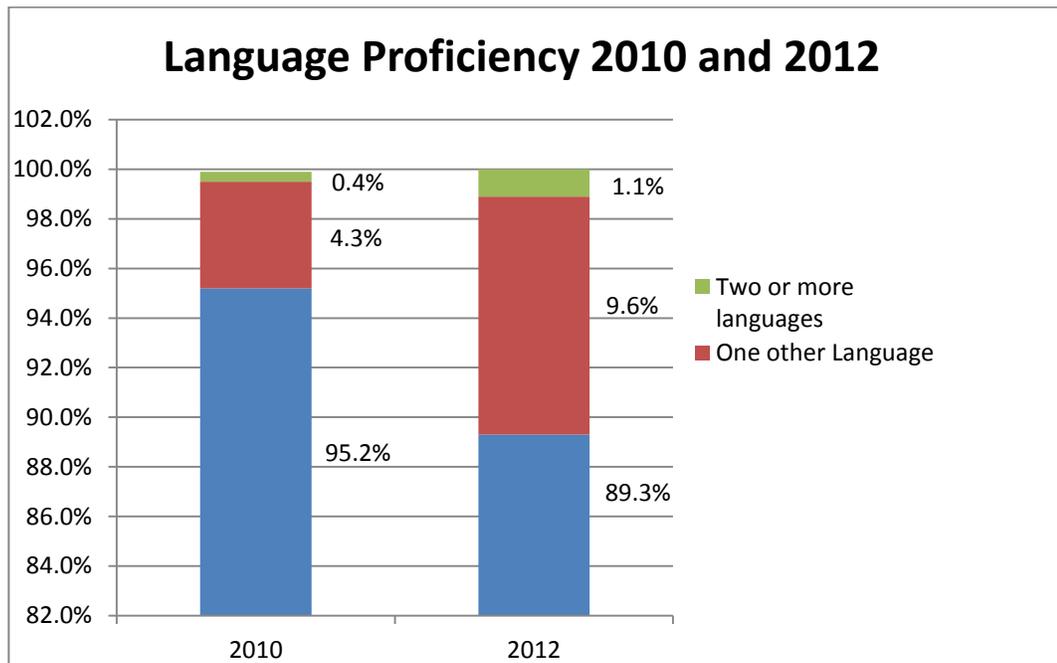
Table II.1.

Demographic Information: RN Workforce in the State of Wisconsin

Residence and Work Status		
Resides in WI	68,839	
Works in WI	59,237	
Lives in WI and works in WI	65,761	
Lives in WI, not working	9,602	
Resides out of state and works in WI	2,149	
Works as RN in WI	60,026	
Descriptive Data		
Median Age	48	
Gender:	<i>N</i>	%
Female	66,315	93.4
Male	4,673	6.6
Race		
White	67,266	94.8
Black	1,256	1.8
Asian	900	1.3
Southeast Asian/Pacific Islander	64	0.1
American Indian/Alaska Native	228	0.3
Multiracial	516	0.7
Missing	758	1.1
Hispanic origin	970	1.4
Proficient in Another Language		
No	63,403	89.3
Yes – one other language	6,824	9.6
Yes – two or more other languages	761	1.1

Although slightly less than 10% of the nursing workforce is proficient in more than one language, the percentage has increased significantly from 4.6% in 2010 to 9.6% in 2012 as indicated by Figure II.1. According to the 2010 census (U.S. Census Bureau) the population in Wisconsin is 88.4 % white, and the RN workforce 94.8 % white. This disparity impairs the ability to care for an increasingly diverse population

Figure II.1.
Comparison between 2010 & 2012 Language Proficiency of the RN Workforce



B. Employment Patterns of RNs in Wisconsin

Table II.2. implies that most nurses who want to be working are working as RNs. Three categories of unemployment are identified which include 3,714 RNs. A potential pool (1,539) of nurses exists who indicate that they are unemployed and seeking work in nursing. The potential also exists to attract those nurses “working in health care, not nursing” and “unemployed, seeking work in another field” as well as those “working in another field” and “unemployed, not seeking employment.”

Table II.2.
Employment Status of RNs in Wisconsin (n=70,988)

	<i>n</i>	%
Working Nurses	Total N	
Works as an RN	60,026	84.6
Works in health care, not nursing	2,157	3.0
Works in another field	1,197	1.7
Not Working	Total N	
Retired	3,894	5.5
Unemployed, seeking work in nursing	1,539	2.2
Unemployed, seeking work in another field	165	0.2
Unemployed, not seeking employment	2,010	2.8

In Figure II.2., the number of RNs working as RNs has increased from 84.6% in 2010 to 96.8% in 2012, which seems to indicate that, when given a choice, RNs would prefer to work as RNs and more RNs are seeking work as RNs in 2012. The number of retired nurses has not changed significantly between 2010 and 2012. Future surveys will likely show a higher percentage of retired nurses as is predicted by various sources (Groves, 2011; Bleich, et al., 2009).

Figure II.2.
Comparison of 2010 and 2012 of RN Workforce Employment Status

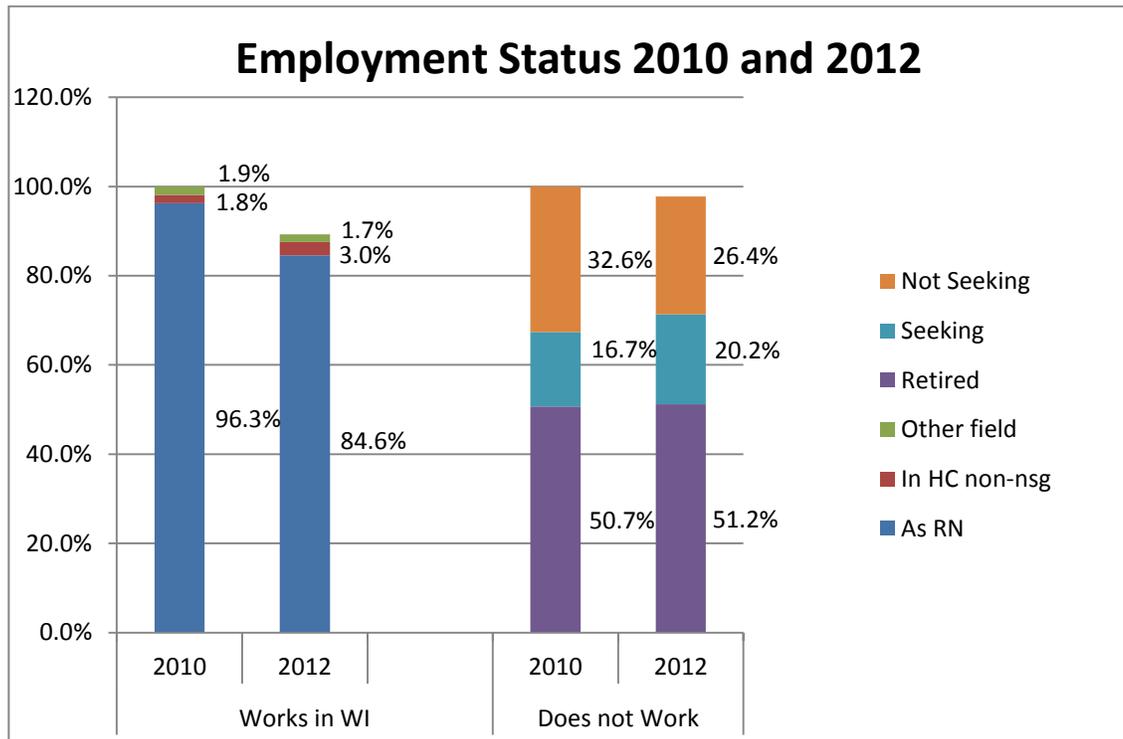


Table II.3. implies that more than half of all nurses (53.5%) are employed in hospitals as their primary employer, followed by ambulatory care (17.3%) and nursing homes (10.7%). Few nurses are employed through a temporary agency or traveling nurse agency (1.1%). Of the total workforce, the majority (64.9%) are staff nurses and more than three-quarters (76.9%) provide direct patient care. Of note is the 14% of nurses who do not plan to provide direct patient care in 5 years. Almost 70% of RNs are paid hourly. This implies they are able to receive overtime compensation to augment their salaries.

Table II.3.
Current Practice in Primary Position (n=60,695)

Primary Place of Work		
	<i>N</i>	%
Ambulatory Care	10,483	17.3
Nursing Home	6,482	10.7
Academia	1,289	2.1
Public health/Community health	2,324	3.8
Home Health	3,461	5.7
Hospital	32,472	53.5
Other	4,184	6.9
Missing	10,293	
Job Title of Primary Position		
Administrator	937	1.5
Advanced Practice Nurse	3,598	5.9
Consultant/Contract	727	1.2
Nurse Executive	688	1.1
Nurse Faculty	1,247	2.1
Nurse Manager	4,704	7.8
Nurse Researcher	319	0.5
Staff Nurse	39,412	64.9
Case Manager	5,016	6.7
Other	5,016	7.7
Missing	10,293	
Primary Position is External Pool/Staffing Placement?		
Yes	655	1.1
Compensation in Primary Position		
Paid hourly	42,609	70.2
Paid salary	15,739	26.0
Direct Patient Care Provider in Primary Position		
Provides direct patient care	46,646	76.9
Plans to work providing direct patient care		
Not applicable	18544	26.1
Less than 2 years	3,127	4.4
2-4 years	6,800	9.6
5-9 years	11,675	16.4
10-19 years	15,181	21.4
20-29 years	8,659	12.2
30 or more years	7,002	9.9

Table II.4. shows a uniform distribution of nurses across specialty areas. The areas with the most RNs with specialized knowledge and two or more years of experience include medical/surgical nursing (33%), acute/critical care (27.5%), gerontology (21.6%), and adult health nursing (21.3%). Of note is the low number of experienced registered nurses in Alcohol and Other Drug Abuse (AODA) where the number is 3,298. Equally concerning is the limited number of experienced Public Health nurses (3,420) available to meet the health needs of the citizens of Wisconsin.

Table II.4.
Employment Specialty of Primary Position (n=58,669)

Current Practice in Primary Position		
	<i>n</i>	%
Acute Care/Critical Care/Intensive Care	19,550	27.5
Adult Health	15,113	21.3
Anesthesia	1,687	2.4
Addiction/AODA/Substance Abuse	3,298	4.6
Cardiac Care	13,268	18.7
Community Health	6,129	8.6
Correctional Health	1,471	2.1
Dialysis	3,287	4.6
Emergency Care	10,208	14.4
Family Health	5,723	8.1
General Practice	7,483	10.5
Geriatrics/Gerontology	15,352	21.6
Home Health	8,996	12.7
Hospice Care/Palliative Care	8,543	12.0
Labor and Delivery	5,615	7.9
Maternal-Child Health	5,653	8.0
Medical-Surgical	23,419	33.0
Neonatal Care	4,265	6.0
Obstetrics/Gynecology	6,018	8.5
Occupational Health/Employee Health	2,329	3.3
Oncology	5,727	8.1
Pediatrics	8,420	11.9
Psychiatric/Mental Health	6,214	8.8
Public Health	3,420	4.8
Rehabilitation	5,158	7.3
Respiratory Care	3,066	4.3
School Health	2,389	3.4
Surgery/Pre-op/Post-op/PACU	11,464	16.1
Women's Health	5,191	7.3
None of the above	2,774	3.9

Table II.5. reflects employment of 5,086 RNs who reported they are not employed in nursing. Education accounts for one-quarter of the nurses and may include those employed in nursing education.

Table II.5.
Employment of RNs Not Employed in Nursing (n=5,086)

Position if not Nursing		
	<i>n</i>	%
Durable medical equipment/pharmaceutical sales	104	0.2
Education	1,289	25.3
Government	533	10.5
Insurance company claims/benefits	719	14.1
Non-governmental health policy, planning, or professional organization	217	4.3
Self-employed/consultant	270	5.3
Other	1,954	38.4

C. Educational Patterns of RNs in Wisconsin

Table II.6 provides an analysis of the educational status of RNs. Eighty-five percent of nurses educated in Wisconsin are working in Wisconsin. The number of nurses with baccalaureate degrees in nursing constitutes 43.7% of the total workforce. When asked about further education, 7.2% are enrolled in nursing programs and 24.1% (17,122) plan to pursue further nursing education in the next two years. More than half stated that the greatest barrier to further education is the cost in terms of lost work time and educational fees.

Table II.6.
Educational Preparation for Nursing Practice (n=70,988)

Location of Educational Preparation		
	<i>n</i>	%
Wisconsin	53,286	75.1
Not Wisconsin	17,702	24.9
Earned degree in WI and working in WI	60,695	85.5
Highest Nursing Degree		
Diploma	6,647	9.4
Associate Degree	26,236	37.0
Baccalaureate Degree	31,047	43.7
Masters' Degree	6,547	9.2
Doctorate	402	0.6
Plans for Further Education in Nursing		
No plans	47,840	67.4
Currently enrolled in BSN	2496	3.5
Currently enrolled in MS	2129	3.0
Currently enrolled in DNP	323	0.5
Currently enrolled in PhD	136	0.2
Currently enrolled in specialty certificate	942	1.3
Plan to pursue further education within next 2 years	17,122	24.1
No	47,840	67.4
Barriers to Pursuing Additional Education n = 51,340 (Note: respondents could check multiple barriers)		
Commuting distance to education Program	3,186	4.5
Cost of loss of work time and benefits	16,793	23.7
Cost of tuition and fees	21,733	30.7
Family/personal reasons	6,528	9.2
Lack of flexibility in work schedule	807	1.1
Limited access to online learning or other resources	109	0.2
Schedule of educational programs offered	156	0.2
Other	2,028	2.9

Figure II.3. indicates an increase in the number of RNs who are planning to further their education from 14.2% in 2010 to 24.1% in 2012. This increase may be explained by the recent IOM report that recommends that by 2020, 80% of RNs hold baccalaureate degrees in nursing. In addition, a greater emphasis on furthering education has been a hallmark of many nursing education programs in Wisconsin.

Figure II.3
Plans for Future Education in Next 2 Years

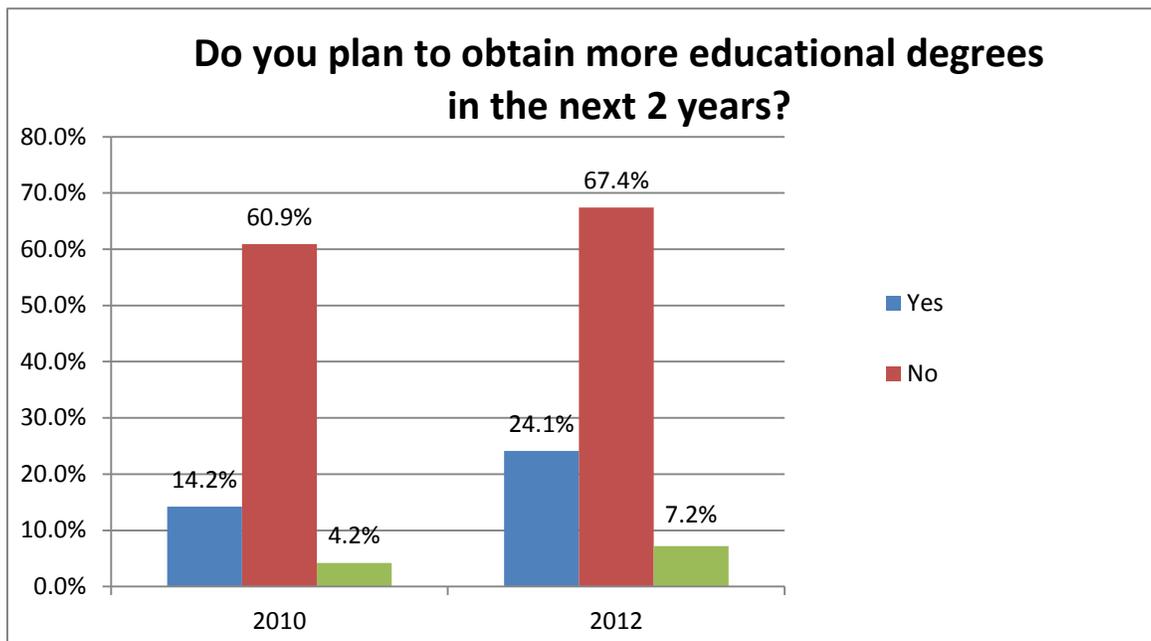


Table II.7. is interpreted as follows:

RNs who received a diploma as their first nursing degree:

- Have a mean age of 23 years at the time of the completion of the diploma program.
- If these RNs continue their education to receive an associate degree in nursing, their mean age was 31 years at the time of completing the associate degree.
- If these RNs continued to a baccalaureate degree, their mean age was 35 years at the completion of the baccalaureate degree.
- If these RNs continued to a Master's degree, their mean age was 41 years at the completion of the Master's degree.

Note that it is possible for RNs to complete a Master's degree in nursing as a first nursing degree. Often, the individual has a baccalaureate degree in another field. From this table, it can be inferred that the most expeditious educational route to a PhD or DNP begins with a baccalaureate degree; however, this still has the RN who has completed a doctoral degree completing the terminal degree at either 44 years of age for a PhD and 43 years of age for a DNP degree. This is in sharp contrast to other disciplines where doctoral preparation is completed earlier and the individual has 30-40 work years after receiving a doctoral degree (IOM, 2011). In the state of Wisconsin, 26% of individuals 25 years of age or older hold a bachelor's degree or higher (U.S. Census, 2013)

Table II.7.
Mean Age at First Degree and Subsequent Degree

First Nursing Degree	Mean Age at Diploma	Mean Age at AD in Nursing	Mean Age at BS in Nursing	Mean Age at Master's in Nursing	Mean Age at PhD	Mean Age at Doctor of Nursing Practice	Mean Age at Doctoral Degree
Diploma	23	31	35	41	48	49	*
Associate Degree		30	36	41	47	49	*
Baccalaureate			25	35	44	43	42
Master in Nursing				30	*	*	*

*cells too small to report

D. Diversity of RNs in Wisconsin

Table II.8 provides information on the diversity of the RN workforce as self-reported by RNs and includes a comparison of the dominant racial category (White) with the ethnically diverse group. The first part of the table indicates that over 95% of the RN workforce is white. Out of the 3,817 individuals who indicated ethnic or racial diversity, the Black group holds 1,256 members and the Hispanic group holds the second highest at 970. The diverse workforce group has a median age 8 years younger than the non-diverse group, perhaps suggesting more recent entry to nursing. Approximately 7% of the nursing population is male. With regard to highest nursing degree earned, more White nurses hold diplomas as their highest educational level (9.6%) than the diverse group (4.4%). The diverse group is more likely to hold an Associate Degree (41.2%) than the White group (36.7%). All other categories are fairly comparable. It is notable that in each group, less than 1% report a doctorate in nursing.

Table II.8.
Diversity in the Wisconsin Workforce (Employed, Unemployed, and Retired)

	Racially or Ethnically Diverse Self Report		Non Racially or Ethnically Diverse Self Report or Not Reported	
	<i>n</i>	%	<i>n</i>	%
Race				
White			67,266	95.8
Black	1,256	1.8		
Asian	900	1.3		
Southeast Asian/Pacific Islander	64	0.1		
American Indian/ Alaska Native	228	0.3		
Multiracial	516	0.7		
Hispanic	970	1.4		
Missing	758	1.1		
Age				
Valid Response	3,817		67,171	
Median	41.0		49.0	
Mean	42.9		47.2	
Gender				
	<i>n</i>	%	<i>n</i>	%
Female (% within gender)	3,457	5.2	62,858	94.8
Male (% within gender)	360	7.7	4,313	92.3

Diversity in the Workforce (continued)					
	<i>n</i>	%		<i>n</i>	%
Proficient in Another Language					
No	2,302	60.3		61,101	91.0
Yes – one	1,332	34.9		5,492	8.2
Yes – proficient in 2 or more	183	4.3		578	.9
Job Title of Primary Position					
Valid Responses	3,268			57,427	
Administrator	50	1.5		887	1.5
Advanced Practice Nurse	150	4.6		3,448	6.0
Case Manager	231	7.1		3,816	6.6
Consultant/Contract	31	0.9		696	1.2
Manager, other non-medical industry	*	*		109	0.2
Nurse Executive	21	0.6		667	1.2
Nurse Faculty	75	2.3		1,172	2.0
Nurse Manager	245	7.5		4,459	7.8
Nurse Researcher	15	0.5		304	0.5
Staff Nurse	2,235	68.4		37,177	64.7
Staff, other non-medical industry	*	*		211	0.4
Other	205	6.3		4,481	7.8
Total Mean Hours/Week Primary/Secondary Position					
Valid Responses	3,268			57,427	
Median	40.0			40.0	
Mean	40.7			37.5	
Highest Nursing Degree					
Valid Responses	3,817			67,171	
Diploma	167	4.4		6,480	9.6
Associate Degree	1,573	41.2		24,663	36.7
BSN	1,736	45.5		29,311	43.6
MSN	313	8.2		6,234	9.3
Doctorate	26	0.7		376	0.6
Primary Position					
Valid Responses	3,268			57,427	
Ambulatory Care	447	13.7		10,036	17.5
Nursing Home/Extended Care	496	15.2		5,986	10.4
Academic Education	75	2.3		1,214	2.1
Public/Community Health	148	4.5		2,176	3.8
Home Health	259	7.9		3,202	5.6
Hospital	1,650	50.5		30,822	53.7
Other	193	5.9		3,991	6.9

*cells too small to report

Figure II.4. indicates a fairly even ethnic distribution of RNs except for the Asian RN population which grew from 0.3% to 1.3%. While still a very strong number, this may be the beginning of a trend which will be tracked in future surveys.

Figure II.4.
Comparison between 2010 & 2012 Ethnic Origin of RN Workforce

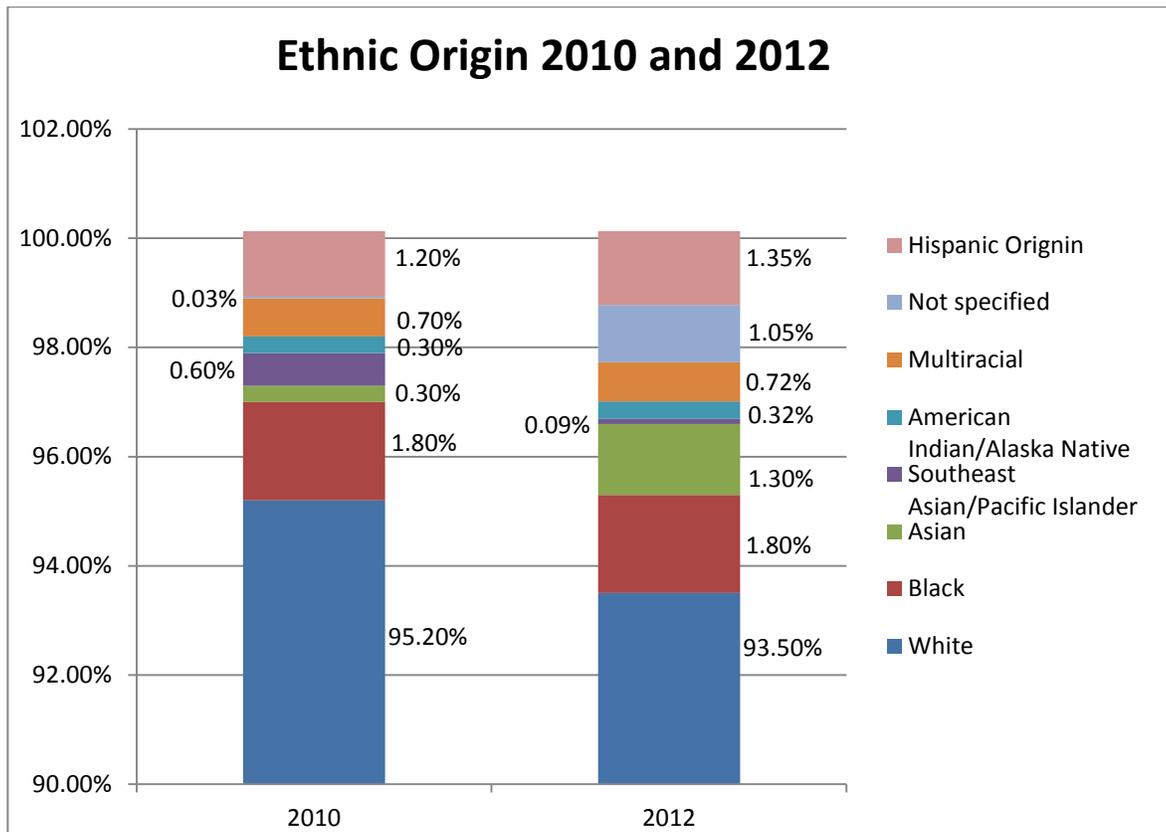


Figure II.5. shows a slight increase between 2010 and 2012 of nurses educated as ADNs, BSNs, Master’s degrees and doctoral degrees in nursing. At the same time, the number of diploma nurses has decreased from 10.3% to 9.4%. Since there are no longer diploma nursing programs in Wisconsin, and only a small number in the rest of the United States, one would expect that diploma nurses would be retiring which would decrease the number still working.

Figure II.5. Comparison Between 2010 and 2012 Highest Degree Earned

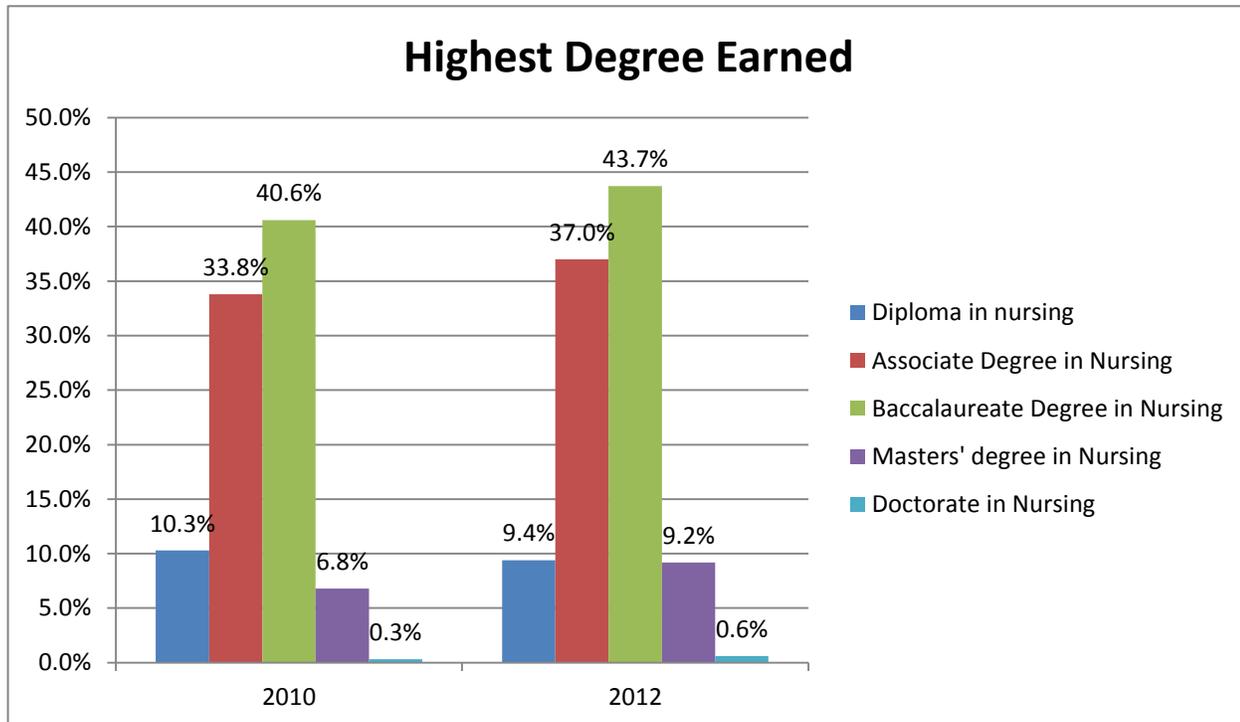
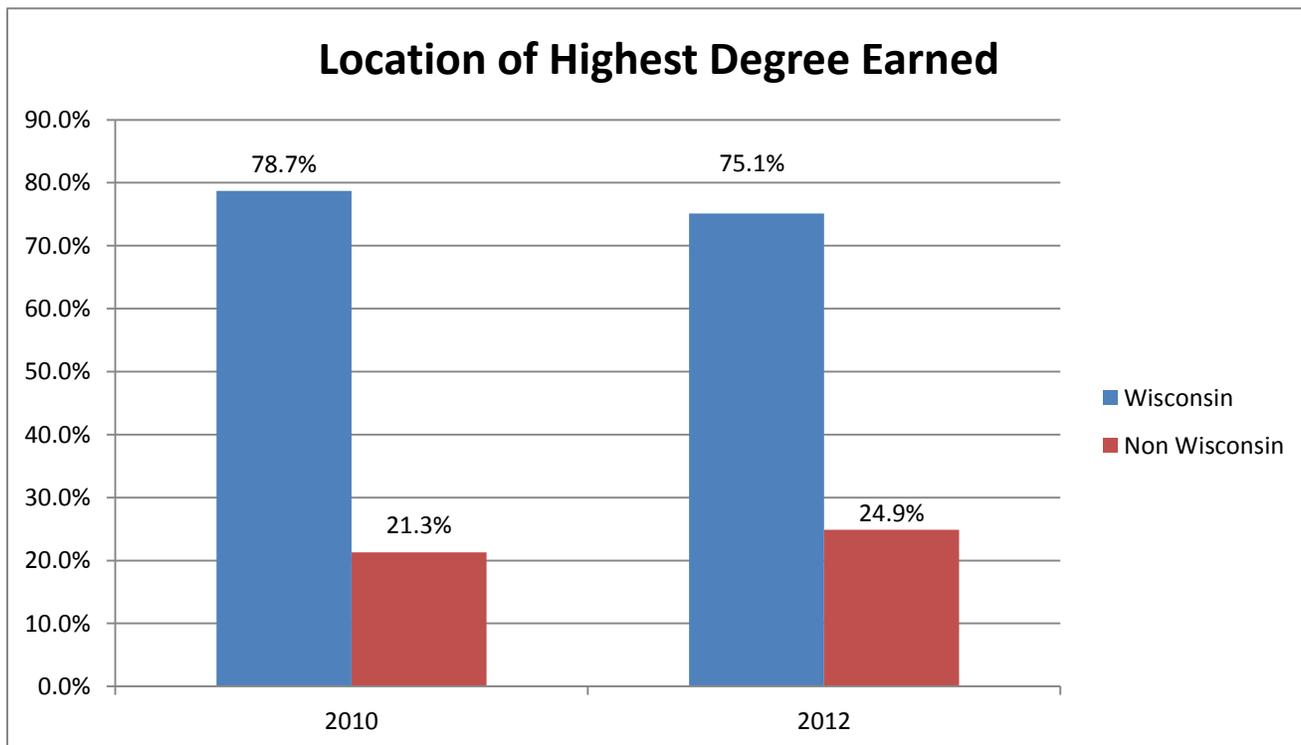


Figure II.6. shows that the number of nurses who are educated in Wisconsin has dropped from 78.7% to 75.1% between 2010 and 2012. This is a possible trend that needs to be monitored.

Figure II.6. Comparison Between 2010 and 2012 Location of Highest Degree Earned



Recommendations:

1. Explore the factors that motivate nurses to remain in the workforce.
2. Since over 85% of nurses who are educated in Wisconsin, stay in Wisconsin, an investment in nursing education by policy makers would help alleviate the impending shortage.
3. Develop strategies between academic institutions and employers to promote the Wisconsin nursing workforce to meet the IOM recommendations for 80% BSN preparation and doubling the number of nurses with a doctorate by 2020.
4. The mean age of an RN who has completed a doctoral degree ranges from 44 years of age for a PhD and 43 years of age for a DNP degree. The development of BSN to DNP programs within the state may help to decrease the mean age of nurses completing the terminal degree.
5. Schools of nursing face challenges recruiting faculty and in obtaining clinical sites for practice, assistance to remove these barriers may be warranted.
6. Health care organizations should encourage nurses with diploma and associate degrees to enter baccalaureate programs by creating a culture that fosters continuing education and offering tuition reimbursement (IOM, 2011).
7. Schools of nursing should be encouraged to offer programs tailored for the working professional with flexible scheduling.

References:

- Bleich, M. R., Cleary, B. L., Davis, K., Hatcher, B. J., Hewlett, P. O., & Hill, K. S. (2009). Mitigating Knowledge Loss. *Journal of Nursing Administration*, 39(4), 160-164
- Groves, P. S. (2011, February). Nursing Work: Understanding a Scarce Resource. *Western Journal of Nursing Research*. pp. 5-6. doi:10.1177/0193945910380847.
- Institute of Medicine Report (2011). The Future of Nursing: Leading Change, Advancing Health. Retrieved from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- U.S. Census Bureau, (2013). State and County QuickFacts. Retrieved from <http://quickfacts.census.gov/qfd/states/55000.htm>

III. Registered Nurse Workforce Analyzed by Wisconsin Department of Health Services (DHS) Regions

In this section, the authors will present aggregate data that describes the nursing workforce employed in each of the five DHS regions of the state. A map of the state regions and the counties included in each region follows. In each table, the data from the statewide aggregate are included in order to make comparisons among regions and between the region and the state. Key findings from the data and implications for employers, educators, and policy makers will be presented in the accompanying narrative.

Regional data numbers will often not add up to the state number. This reflects some incomplete elements of surveys where the data to place respondents into regions were missing. It also reflects the “drivers” in the construction of the survey; that is, not all respondents were asked all of the questions. Depending on a response to a question, a nurse would be routed to a particular series of follow-up questions. In the detailed analysis, the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows will not total to 100%. Because this is a study of the RN workforce in the state, the data was further restricted to nurses living and/or working in Wisconsin.

Wisconsin Department of Health Services Regions (DHS)



<u>Southern</u>	<u>Southeastern</u>	<u>Northeastern</u>	<u>Western</u>	<u>Northern</u>
Adams	Jefferson	Brown	Barron	Ashland
Columbia	Kenosha	Calumet	Buffalo	Bayfield
Crawford	Milwaukee	Door	Burnett	Florence
Dane	Ozaukee	Fond du Lac	Chippewa	Forest
Dodge	Racine	Green Lake	Clark	Iron
Grant	Walworth	Kewaunee	Douglas	Langlade
Green	Washington	Manitowoc	Dunn	Lincoln
Iowa	Waukesha	Marquette	Eau Claire	Marathon
Juneau		Menominee	Jackson	Oneida
Lafayette		Oconto	La Crosse	Portage
Richland		Outagamie	Monroe	Price
Rock		Shawano	Pepin	Sawyer
Sauk		Sheboygan	Pierce	Taylor
Vernon		Waupaca	Polk	Vilas
		Waushara	Rusk	Wood
		Winnebago	St. Croix	
			Trempealeau	
			Washburn	

<http://www.dhs.wisconsin.gov/about/dhs/regions.htm> retrieved 2/23/12

A. Demographics of RN Workforce

Table III.1 indicates that a lack of diversity in the nursing workforce exists across the state and across all regions. For most nurses, proficiency in a language other than English, which is essential to meeting the needs of an increasingly diverse population, is also absent.

Table III.1.

Demographic Information for Department of Health Services Regions by Residence Compared to State of Wisconsin for Nurses Who Live and/or Work in WI (*n*=68,839)

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Resides in WI	68,839		13,737		26,429		13,829		8,419		6,425	
Working as RN	57,936	84.2	11,659	84.9	22,160	83.8	11,540	83.4	5,342	83.1	7,235	85.9
Working RNs/1,000 population	10.2		10.6		10.5		9.4		6.9		14.8	
Descriptive Data												
Median Age	48		48		48		48		49		49	
Gender												
Female	64,384	93.5	12,812	93.3	24,831	94.0	13,004	94.0	5,902	91.9	7,835	93.1
Male	4,455	6.5	925	6.7	1,598	6.0	825	6.0	523	8.1	584	6.9
Race												
White	65,241	94.8	13,184	96.8	24,120	92.7	13,443	97.9	6,265	98.1	8,229	98.5
Black	1,223	1.8	124	0.9	1,052	4.0	27	0.2	7	0.1	13	0.2
Asian	863	1.2	195	1.4	469	1.8	107	0.8	44	0.7	48	0.6
Southeast Asian/ Pacific Islander	53	0.01	6	0.0	36	0.1	11	0.1	*	*	*	*
American Indian/ Alaska Native	223	0.3	20	0.1	75	0.3	74	0.5	32	0.5	22	0.3
Multiracial	494	0.7	86	0.6	263	1.0	69	0.5	33	0.5	43	0.5
Missing	734		122		414		98		38		62	
Hispanic origin	946	1.4	143	1.0	599	2.3	101	0.7	45	0.7	58	0.7
Proficient in Another Language												
No	61,512	89.3	12,144	88.4	22,991	87.0	12,657	91.5	5,916	92.1	7,804	92.7
Yes—one other Language	6,593	9.6	1,423	10.4	3,109	11.8	1,065	7.7	446	6.9	550	6.5
Yes—two or more other languages	734	1.1	170	1.2	329	1.2	107	0.7	63	0.9	65	0.8

*cells too small to report

B. Employment status of RNs in Wisconsin

Table III.2. indicates that the capacity for recruitment exists in every region, noted by those nurses who reported being unemployed and looking for a nursing position in the state. It is also interesting to note that over 3,000 retired nurses continue to renew their licenses.

Table III.2.**Employment Status of RNs Who Live and/or Work in WI (n=68,839)**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Working as an RN	57,936	84.2	11,659	84.9	22,160	83.8	11,540	83.4	5,342	83.1	7,235	85.9
Working in health care, not nursing	2,115	3.07	414	3.0	853	3.2	431	3.1	197	3.1	220	2.6
Working in another field	1,187	1.7	218	1.6	491	1.9	234	1.7	121	1.9	123	1.5
Unemployed, seeking work in nursing	1,535	2.2	248	1.8	663	2.5	314	2.3	149	2.3	161	1.9
Unemployed, seeking work in another field	164	0.2	30	0.2	68	0.3	35	0.3	20	0.3	11	0.1
Unemployed, not seeking work	2,009	2.9	338	2.5	870	3.3	427	3.1	174	2.7	200	2.4
Retired	3,892	5.6	830	6.0	1,324	5.0	847	6.1	422	6.6	469	5.6

C. Patterns of Employment in Nursing

Table III.3. indicates the RN workforce across all regions has, on average, 15 years of experience. The vast majority (70%) is paid on an hourly basis and work 37 hours per week. In addition, a low level of agency employment exists in Wisconsin as primary employer.

Table III.3.**Patterns of Employment in Nursing (n=58,546)**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Currently work as RN providing direct patient care	44,986	76.8	9,321	79.0	17,116	76.5	8,877	76.2	4,116	76.1	5,556	76.1
Mean Years providing DPC as an RN	15.82		15.9		15.59		15.67		16.09		15.87	
Primary Place of Employment												
Ambulatory Care	10,108	17.3	2,195	18.6	3,336	14.9	2,218	19.0	1,100	20.3	1,259	17.2
Nursing Home/Extend Care	6,295	10.8	1,178	10.0	1,973	8.8	1,473	12.6	634	11.7	1,037	14.2
Academic Education	1,241	2.1	244	2.1	494	2.2	234	2.0	112	2.1	157	2.1
Public Health/Community Health	2,272	3.9	425	3.6	824	3.7	497	4.3	241	4.5	285	3.9
Home Health	3,283	5.6	646	5.5	1,267	5.7	737	6.3	267	4.9	366	5.0
Hospital	31,311	53.49	6,353	53.9	13,011	58.1	5,681	48.7	2,602	48.1	3,664	50.2
Other	4,036	6.9	752	6.4	1,483	6.6	815	7.0	451	8.3	535	7.3

Job Title of Primary Position (n= 58,546)													
	<i>n</i>	%		<i>n</i>	%								
Administrator	900	1.5		149	1.3	351	1.6	177	1.5	113	2.1	110	1.5
Advanced Practice Nurse	3,398	5.8		704	6.0	1,160	5.2	730	6.3	361	6.7	443	6.1
Consultant/ Contract	691	1.2		149	1.3	263	1.2	139	1.2	53	1.0	87	1.2
Nurse Executive	652	1.1		131	1.1	241	1.1	130	1.1	62	1.1	88	1.2
Nurse Faculty	1,200	2.0		215	1.8	468	2.1	242	2.1	105	1.9	170	2.3
Nurse Manager	4,538	7.75		918	7.8	1,519	6.8	967	8.3	458	8.5	676	9.3
Nurse Researcher	306	0.5		89	0.8	150	0.7	32	0.3	13	0.2	22	0.3
Staff Nurse	38,121	65.1		7,925	67.2	14,693	65.6	7,443	63.9	3,412	63.1	4,648	63.6
Case Manager	3,888	6.6		704	6.0	1,530	6.8	745	6.4	395	7.3	514	7.0
Other	4,852	8.2		809	6.5	2,013	8.5	1,050	8.2	435	7.4	545	7.0
Payment Basis of Primary Position													
Paid hourly	41,163	70.3		8,572	72.7	15,365	68.6	8,270	70.9	3,715	68.7	5,241	71.8
Paid salary	15,160	25.9		2,818	23.9	6,199	27.7	2,877	24.7	1,472	27.2	1,794	24.6
Per diem	2,009	3.4		362	3.1	753	3.4	466	4.0	198	3.7	230	3.1
Total mean hours worked per week primary/secondary jobs WI	37.43			37.27		38.36		36.69		37.75		37.06	
Primary employment through temporary employment agency or travel agency	385	0.8		74	0.8	213	1.2	43	0.5	23	0.6	32	0.5

D. Patterns of Employment Outside of Nursing

Table III.4. indicates that within the next two years, it appears unlikely that there will be a significant number of currently employed RNs returning to direct patient care.

Table III.4.
Patterns of Employment Outside of Nursing (n=1,315)

	State			Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Position if Not Nursing (valid responses)													
	1,315			257	19.5	488	37.1	239	18.2	129	9.8	127	9.6
Nursing	89	6.8		22	8.6	41	8.4	9	3.8	8	6.2	9	7.1
Health-related services outside of nursing	681	51.7		135	52.5	240	49.2	131	54.8	64	49.6	71	55.9
Retail sales and services	11	0.8		0	0.0	5	1.0	*	*	*	*	*	*
Nurse educator	78	5.9		9	3.5	30	6.1	19	7.9	11	8.5	6	4.7
Financial, accounting, and insurance processing	58	4.4		10	3.9	26	5.3	16	6.7	*	*	*	*
Consulting	79	6.0		14	5.4	28	5.7	9	3.8	6	4.7	*	*
Other	319	24.2		67	26.1	118	24.2	51	21.3	38	29.5	33	26.0

*cells too small to report

E. Work Effort Patterns

Primary Position

The specialized knowledge and experience of the RN workforce is detailed in Table III.5. Respondents could select all categories that applied. The lowest number of nurses with specialized knowledge can be found in correctional health and the highest number in medical-surgical clinical practice.

Table III.5.
Specialized Knowledge and Experience of Two Years or More (n=58,869)

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>N</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Specialty												
Acute/Critical Care	16,564	28.1	3,464	29.1	6,730	29.7	2,760	24.4	1,616	29.2	1,994	26.1
Adult Health	12,653	21.4	2,678	22.5	4,804	21.2	2,427	21.4	1,124	20.3	1,620	21.2
Anesthesia	1,468	2.5	322	2.7	426	1.9	285	2.5	205	3.7	230	3.0
AODA	2,622	4.4	481	4.0	1,013	4.5	461	4.1	292	5.3	375	4.9
Cardiac Care	11,141	18.9	2,115	17.8	4,541	20.1	2,102	18.6	991	17.9	1,392	18.2
Community Health	4,907	8.3	952	8.0	1,879	8.3	903	8.0	459	8.3	714	9.4
Correctional Health	1,221	2.1	371	3.1	374	1.7	268	2.4	78	1.4	130	1.7
Dialysis	2,808	4.8	526	4.4	1,173	5.2	562	5.0	250	4.5	297	3.9
Emergency Care	8,649	14.7	1,833	15.4	2,891	12.8	1,588	14.0	981	17.7	1,356	17.8
Family Health	4,749	8.0	995	8.4	1,495	6.6	1,037	9.2	498	9.0	724	9.5
Geriatric/ Gerontology	12,649	21.4	2,553	21.5	4,107	18.1	2,670	23.6	1,325	23.9	1,994	26.1
Home Health	7,245	12.3	1,411	11.9	2,774	12.2	1,438	12.7	641	11.6	981	12.9
Hospice Care/ Palliative Care	7,152	12.1	1,318	11.1	2,656	11.7	1,523	13.5	636	11.5	1,019	13.4
Labor and Delivery	4,658	7.9	950	8.0	1,422	6.3	1,025	9.1	485	8.8	776	10.2
Maternal-Child Health	4,701	8.0	962	8.1	1,669	7.4	966	8.5	411	7.4	693	9.1
Medical-Surgical	19,495	33.0	3,972	33.4	7,289	32.2	3,748	33.1	1,886	34.0	2,600	34.1
Neonatal	3,599	6.1	629	5.3	1,439	6.4	706	6.2	325	5.9	500	6.6
OB/GYN	5,014	8.5	1,068	9.0	1,657	7.3	1,059	9.4	478	8.6	752	9.9
Occupational Health	1,861	3.2	336	2.8	592	2.6	490	4.3	228	4.1	215	2.8
Oncology	4,845	8.2	891	7.5	2,049	9.0	919	8.1	432	7.8	554	7.3
Pediatrics	7,107	12.0	1,479	12.4	2,937	13.0	1,224	10.8	644	11.6	823	10.8
Psychiatric/Mental Health	4,894	8.3	962	8.1	1,772	7.8	967	8.5	409	7.4	784	10.3
Public Health	2,695	4.6	545	4.6	925	4.1	502	4.4	273	4.9	450	5.9
Rehabilitation	4,212	7.1	682	5.7	1,728	7.6	858	7.6	375	6.8	569	7.5
Respiratory Care	2,612	4.4	599	5.0	1,057	4.7	428	3.8	190	3.4	338	4.4
School/College Health	1,871	3.2	379	3.2	728	3.2	328	2.9	167	3.0	269	3.5
Surgery/Pre-op/ Post-op/PACU	9,698	16.4	1,920	16.1	3,631	16.0	1,966	17.4	955	17.2	1,226	16.1
Women's Health	4,419	7.5	831	7.0	1,743	7.7	944	8.3	315	5.7	586	7.7
None of the above	2,158	3.7	466	3.9	811	3.6	421	3.7	202	3.6	258	3.4
Clinical expertise none	2,159	3.7	438	3.7	874	3.9	384	3.4	197	3.6	266	3.5

Changes in Employment

The most common reason for a change in employment status was a change in the number of hours worked followed closely by a new position with a different employer as noted in Table III.6.

Table III.6.
Employment Status Change in Past Year

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
No change in employment status	47,078	68.5	9,414	68.5	18,292	69.2	9,249	66.9	4,440	69.1	5,683	67.5
Changed the number of hours worked	5,941	8.6	1,190	8.7	2,286	8.6	1,234	8.9	494	7.7	737	8.8
New position with same employer	5,007	7.28	952	6.9	1,812	6.9	1,108	8.0	492	6.7	643	7.6
New position with different employer	5,842	8.5	1,266	9.2	2,145	8.1	1,198	8.7	580	9.0	796	9.5
Was not working as an RN but is now	1,532	2.2	314	2.3	612	2.3	297	2.1	136	2.1	173	2.1
Was working as an RN but no longer working as an RN	1,776	2.6	340	2.5	664	2.5	369	2.9	178	2.8	225	2.7
Other	1,556	2.3	261	1.9	618	2.3	347	2.5	168	2.6	162	1.9

Nurses may experience employment change, and the most common reason identified by nurses was promotion/career advancement, followed closely by dissatisfaction with previous position as noted in Table III.7.

Table III.7.
Important Factors in Employment Change

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Retirement	1,751	7.6	365	2.7	585	2.2	396	2.9	194	3.0	211	2.5
Childcare responsibilities	1,446	6.2	257	1.9	656	2.5	290	2.1	102	1.6	141	1.7
Other family responsibilities	1,004	4.3	172	1.3	415	1.6	209	1.5	90	1.4	118	1.4
Salary/medical or retirement benefits	1,868	8.1	399	2.9	689	2.6	362	2.6	153	2.4	265	3.1
Laid off	778	3.4	119	0.9	370	1.4	146	1.1	68	1.1	75	0.9
Change in spouse/partner work situation	667	2.9	128	0.9	272	1.0	140	1.0	60	0.9	67	0.8
Change in financial situation	775	3.3	166	1.2	304	1.2	136	1.0	71	1.1	98	1.2
Relocation/moved to a different area	1,218	5.3	308	2.2	360	1.4	267	1.9	117	1.8	166	2.0
Promotion/career advancement	3,472	15.0	665	4.8	1,267	4.8	748	5.4	303	4.7	489	5.8

Important Factors in Employment Change (continued)													
	<i>n</i>	%		<i>N</i>	%								
Change in health status of RN	1,060	4.6		187	1.4	439	1.7	207	1.5	111	1.7	116	1.4
Seeking more convenient hours	2,571	11.1		493	3.6	929	3.5	573	4.1	238	3.7	338	4.0
Dissatisfaction with previous position	3,152	13.6		642	4.7	1,190	4.5	629	4.5	305	4.7	386	4.6
Other	3,413	14.7		709	5.2	1,218	4.6	773	5.6	310	4.8	403	4.8

Secondary Position

Table III.8. indicates that over 7,000 RNs report a secondary position, and 84% of the secondary jobs require RN licensure.

Table III.8.
Patterns of Secondary Employment (n=7971)

	State		Southern		Southeastern		Northeastern		Western		Northern		
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	
Secondary Employment													
Secondary job requires licensure as an RN	6,704	84.1		1,240	83.2	2,697	85.4	1,334	82.4	590	82.5	843	85.0
Nursing	5,710	71.6		1,079	72.4	2,266	71.8	1,128	69.7	514	71.9	723	72.9
Health-related services outside of nursing	425	0.1		68	4.6	157	5.0	91	5.6	45	6.3	64	6.5
Retail sales and services	130	0.0		24	1.6	53	1.7	33	2.0	8	1.1	12	1.2
Nurse educator	861	0.1		149	10.0	380	12.0	181	11.2	57	8.0	94	9.5
Financial, accounting, and insurance processing staff	43	*		9	0.6	16	0.5	*	*	*	*	10	1.0
Consulting	111	0.13		21	1.4	49	1.6	18	1.1	13	1.8	10	1.0
Other	691	0.09		141	9.5	237	7.5	159	9.8	75	10.5	79	8.0
Mean number of hours per week worked	10.7			11.3		10.6		9.6		10.6		11.2	

*cells too small to report

Patterns of Unemployment

Table III.9. reveals that slightly more than 1,400 nurses are seeking employment in nursing, with an additional 1,200 that plan to return to nursing in the future. Over 4,500 are undecided about returning to employment as a nurse. Potentially, 7,000 RNs could be added to the workforce if those looking for employment and those planning to return to nursing, along with undecided nurses, were all employed in nursing.

Table III.9.
Intentions Regarding Work in Nursing by Residence

	State			Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Current Intentions Regarding Work in Nursing													
(Valid responses)	10,293			1,944	18.9	4,041	39.2	2,174	21.1	1,018	9.9	1,116	10.8
Currently seeking employment in nursing	1,446	14.0		247	12.7	592	14.6	310	14.3	129	12.7	168	15.1
Plan to return to nursing in the future	1,241	12.10		207	10.6	527	13.0	246	11.3	119	11.7	142	12.7
I am retired /unable to return to nursing	2,373	23.1		491	25.3	832	20.6	514	23.6	258	25.3	278	24.9
Definitely will not return to nursing but not retired	707	6.9		125	6.4	343	8.5	114	5.2	59	5.8	66	5.9
Undecided at this time	4,526	44.0		874	45.0	1,747	43.2	990	45.5	453	44.5	462	41.4

The three most frequently identified factors that may influence nurses to return to nursing are offering more hours or flexible hours, the work environment, and worksite location as noted in Table III.10.

Table III.10.
Factors that would Influence Return to Nursing

	State			Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Would not consider returning to nursing	2,009	2.9		407	3.0	788	3.0	398	2.9	200	3.1	216	2.6
Modified physical requirements of job	1,348	2.0		257	1.9	542	2.1	258	1.9	132	2.1	159	1.9
Affordable childcare at or near work	231	0.3		43	0.3	97	0.4	51	0.4	23	0.4	17	0.2
Improvement in health status	1,060	1.5		184	1.3	420	1.6	229	1.7	111	1.7	116	1.4
Improved health benefits	754	1.1		120	0.9	303	1.1	169	1.2	77	1.2	85	1.0
Retirement benefits	727	1.1		127	0.9	297	1.1	159	1.1	74	1.2	70	0.8
More or flexible hours	2,474	3.6		463	3.4	1,019	3.9	505	3.7	250	3.9	237	2.8
Opportunity for career advancement	676	1.0		132	1.0	268	1.0	155	1.1	49	0.8	72	0.9
Improved pay	1,494	2.2		265	1.9	655	2.5	299	2.2	132	2.1	143	1.7
Shift	1,372	2.0		247	1.8	552	2.1	305	2.2	133	2.1	135	1.7
Work environment	2,407	3.5		462	3.4	973	3.7	514	3.7	235	3.7	223	2.6
Worksite location	1,806	2.6		368	2.7	699	2.6	367	2.7	192	3.0	180	2.1
Other	2,749	4.0		522	3.8	1,020	3.9	625	4.5	284	4.4	298	3.5

F. Educational Preparation for Nursing Practice

Table III.11. indicates that, given the requirement of a minimum of a master's degree in nursing to teach nursing, 6,266 nurses hold the requisite degree and another 390 nurses hold a doctorate in nursing. The survey did not ask whether nurses held doctorates in other fields than nursing, which is permissible as a teacher of nursing as long as nurses have at least a Master's in nursing. The 2010 data showed that 325 nurses hold doctorates in other areas (Dean-Barr, Murray, Acord & Henriques, 2012). The distribution of nurses with advanced degrees is higher in the Southern and Southeastern regions with the lower numbers in the Western and Northern regions. The percentage of nurses holding a baccalaureate degree ranges from 34.7% (Western region) to 48.9% in the Southeastern region.

Table III.11.

Educational Preparation for Nursing Practice ($n=68,735$)

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Highest Nursing Degree												
Diploma	6,495	9.4	1,300	9.5	2,447	9.3	1,355	9.8	682	10.6	711	8.4
Associate Degree	25,292	36.8	4,914	35.8	8,501	32.2	5,056	36.6	2,943	45.8	3,878	46.1
Bachelor Degree	30,294	44.1	5,944	43.3	12,911	48.9	6,177	44.7	2,227	34.7	3,028	36.0
Master's Degree	6,266	9.1	1,466	10.7	2,352	8.9	1,164	8.4	550	8.6	734	8.7
Doctorate of Nursing Practice	136	0.2	20	14.7	67	49.3	24	17.6	7	5.1	18	13.2
Doctorate of Nursing Science or Nursing Doctorate (DNsc, DSN, ND, or DN)	22	0.03	8	36.4	*	*	*	*	*	*	*	*
PhD in Nursing	232	0.3	55	23.7	110	47.4	33	14.2	7	3.0	27	11.6

G. Future Employment Plans

Table III.12. indicates that between 2012–2014, it can be anticipated that over 3,000 RNs will leave positions where they provide direct patient care. In less than five years, over 9,500 RNs indicate they no longer plan to provide direct patient care. More concerning is that within nine years, over 20,000 nurses, or 39% of the RN workforce holding a direct patient care position and residing in the state, will leave direct patient care.

Table III.12.

Future Work Plans of Direct Care Providers by Residence ($n=50,653$)

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Plan to Work Providing Direct Patient Care												
Less than 2 years	3,029	5.98	578	4.2	1,169	4.4	615	4.4	302	4.7	365	4.3
2-4 years	6,593	13.02	1,356	9.9	2,644	10.0	1,176	8.5	587	9.1	830	9.9
5-9 years	11,266	22.24	2,338	17.0	4,454	16.9	2,117	15.3	984	15.3	1,373	16.3
10-19 years	14,647	28.92	3,018	22.0	5,616	21.2	2,839	20.5	1,348	21.0	1,826	21.7
20-29 years	8,347	16.48	1,821	13.3	2,934	11.1	1,749	12.6	780	12.1	1,063	12.6
30+ years	6,771	13.37	1,323	9.6	2,356	8.9	1,564	11.3	649	10.1	879	10.4

H. Future Educational Plans

BSN programs have the largest number of nurses currently enrolled, followed closely by enrollment in Master's Degree programs as noted in Table III.13. Doctor of Nursing Practice programs, while relatively new, have more enrollees than PhD programs in the state. Of interest is the 16,000 nurses that plan to pursue additional education in the next two years.

Table III.13.
Plans for Further Education in Nursing by Residence

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Plans for Future Education in Nursing												
(Valid Responses)	68,839		13,737	19.9	26,429	38.4	13,829	20.0	6,425	9.3	8,419	12.2
No plans	46,551	67.6	9,290	67.6	17,472	66.1	9,635	69.7	4,468	69.5	5,686	67.5
Enrolled BSN	2,397	3.5	448	3.3	879	3.3	457	3.3	262	4.1	351	4.2
Enrolled MSN	2,059	3.0	333	2.4	969	3.7	393	2.8	148	2.3	216	2.6
Enrolled DNP	310	0.5	78	0.6	111	0.4	42	0.3	37	0.6	42	0.5
Enrolled PhD	129	0.2	28	0.2	67	0.3	20	0.1	*	*	*	*
Enrolled in a non-degree specialty certification program	903	1.3	176	1.3	344	1.3	198	1.4	78	1.2	107	1.3
Plan to pursue education in next two years.	16,490	24.0	3,384	24.6	6,587	24.9	3,084	22.3	1,429	22.2	2,006	23.8

*cells too small to report

The two major challenges that nurses face pursuing higher education are related to the cost of education, as noted in Table III.14. Over 21,000 nurses identified the cost of tuition, materials, and books to be the greatest challenge, and 16,000 nurses identified the cost of lost work time and benefits to be a challenge.

Table III.14.
Challenges to Pursuing Higher Nursing Education by Residence

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Challenges to Pursuing Nursing Education (respondents checked only two)												
None	19,108	27.8	3,824	27.8	7,186	27.2	3,922	28.4	1,848	28.8	2,328	27.7
Commuting distance to program	3,068	4.5	621	4.5	600	2.3	741	5.4	623	9.7	483	5.7
Cost of lost work time and benefits	16,236	23.6	3,338	24.3	6,145	23.3	3,111	22.5	1,439	22.4	2,202	26.2
Cost of tuition, books	21,091	30.6	3,893	28.3	8,959	33.9	4,097	29.6	1,779	27.7	2,363	28.1
Family/personal reasons	6,336	9.2	1,396	10.2	2,439	9.2	1,370	9.9	476	7.4	655	7.8
Lack of flexibility in work schedule	771	1.1	166	1.2	295	1.1	154	1.1	51	0.8	105	1.2
Limited access to online learning	108	0.2	22	0.2	23	0.1	35	0.3	18	0.3	10	0.1
Scheduling of Programs offered	149	0.2	40	0.3	55	0.2	21	0.2	17	0.3	16	0.2
Other	1,973	2.9	437	3.2	727	2.8	378	2.7	174	2.7	257	3.1

Nurses who want to work in nursing have found employment opportunities (Table III.1). Over 9,500 RNs in Wisconsin indicate they no longer plan to provide direct patient care in less than five years (Table III.12). New nursing graduates will be needed to fill these vacancies as it does not appear that this exodus of nurses from direct patient care can be filled by having the nurses that remain work additional hours. The current workforce works about 37 hours per week (Table III.3). Approximately 1,500 nurses are unemployed and looking for positions in nursing (Table III.2). If all of these nurses found positions, the number leaving direct patient care is still at 7,000. Nursing schools in the state produced 2,576 graduates from pre-licensure programs in the 2009-2010 academic years (Dean-Barr, Cook & Laurent, 2011). Thus, the supply of nurses entering the profession is not sufficient to replace those planning to leave the profession.

Recommendations:

1. The number of nurses planning to leave direct patient care is greater than the supply of nurses entering the profession in the state. Efforts to support nursing education are necessary along with efforts to engage nurses not in active practice.
2. Currently, 43% of nurses hold baccalaureate degrees in nursing in Wisconsin. The Institute of Medicine (2011) recommends that the proportion of nurses with baccalaureate degrees increase to 80% by 2020. A quarter of the nursing workforce in the state plans to obtain additional educational degrees in the next two years, yet this will still fall short of the 80% goal. Nurses may need support from employers, flexibility from educators, and financial support to achieve the goal.
3. In 2010 less than 5% of nurses were proficient in another language, and in 2012 over 10% of nurses are proficient in another language. Employers should recognize the contributions of bilingual employees and support continuing education efforts aimed at improving communication skills.
4. While nursing is far from racially diverse, some gains were noted in the percent of nurses identified as Asian. In 2010, 0.3% of nurses self-identified as Asian; in 2012, this rose to 1.3%. Schools of nursing need to support students of diverse backgrounds as they may have unique learning needs.

References:

Dean-Barr, S., Murray, M.E., Acord, L., & Henriques, J. (Eds.). (March, 2012). *Wisconsin Registered Nurse Survey: 2010 Executive Summary*. Retrieved from <http://www.heab.state.wi.us/docs/commission/rn-survey-summary-0807.pdf>

Institute of Medicine Report. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Retrieved from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

J. Emergency Preparedness

The 2012 Nursing Workforce Survey collected information related to formal education or training in emergency preparedness. More than half of the nurses in the state have received emergency response training (Table III.15.). Of those RNs who reported receiving training, 54% participated in an emergency preparedness exercise in the past two years and/or responded to an actual incident or disaster. Less than 2.5% of nurses are members of the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) or members of the Medical Reserve Corps.

Table III. 15.

Nurse Participation or Involvement in Emergency Preparedness by DHS Region by Primary Job

	Statewide	Region 1 Southern	Region 2 Southeastern	Region 3 Northeastern	Region 4 Western	Region 5 Northern
Received Training in Emergency Preparedness and Response						
	41,297	7,816	15,709	7,970	4,043	5,759
Participation in an Emergency Preparedness Exercise in Past 2 Years						
Responded to actual emergency, incident or disaster in past 2 years	1,489	323	537	263	159	207
Member of Wisconsin Emergency Assistance Volunteer registry (WEAVR)	928	203	254	203	95	173
Member of Medical Reserve Corps (MrC) unit	68	14	26	14	*	*

*cells too small to report

Table III.16 shows approximately 50% of the nurses completing the survey reported having completed formal education or training in this area. Of those RN's who did report having participated in emergency preparedness education or training, 91% report that they received that education or training through their employer.

Table III. 16.

Formal Education or Training in Emergency Preparedness by DHS Region by Primary Job

	Statewide	Region 1 Southern	Region 2 Southeastern	Region 3 Northeastern	Region 4 Western	Region 5 Northern
Total	41,297	7,816	15,709	7,970	4,043	5,759
Provided by Employer	37,677	7,033	14,454	7,308	3,649	5,233
Provided by Voluntary Organization	1,159	260	396	206	127	170
Other	2,461	523	859	456	267	356

Recommendation:

In the event of an emergency, all nursing personnel may be called upon to provide assistance; however, only 41,297 out of 70,988 have received formal education or training. Additional efforts may be necessary to fully train the nursing workforce.

IV. ADVANCED PRACTICE NURSES (N = 8,095)

This section provides information on the advanced practice nurse (APN) workforce in Wisconsin. All data reported in this section must be interpreted with caution. There were multiple questions on the survey that asked about advanced practice; respondents were not always consistent in identifying themselves as educated as APNs and/or working as APNs. First findings from the state level are presented (Tables IV.1., IV.2., and IV.3.), then broken down by Department of Health Services (DHS) regions of the primary position of APNs (Tables IV.4., IV.5., IV.6.), and by region of residence (Table IV.7., IV.8., and IV.9.).

There were 8,095 nurses living or working in Wisconsin who indicated they were educated as APNs and/or were working as APNs (Table IV.1). This represents 11.4% of the total RN sample. Almost all live in Wisconsin (95.5%), are female (89.9%), and not diverse (94.7%). They are, on average, about 50 years of age; however, there is a wide range, with many approaching retirement age. The majority (64.8%) report the highest degree in nursing to be at least a master's degree. It is unknown how many of the remaining 35.2% have graduate degrees in other fields, particularly PhDs. The proportion of DNPs is low; however, that is a relatively recent doctoral degree, and it is expected in the future that the proportion will increase. Almost one-half (49.9%) work in Wisconsin as an Advanced Practice Nurse. The nurses who are not working as APNs are in staff nurse, manager, executive, and faculty positions (data not shown). Nurses who work as APNs are, on average, about 5 years younger than their counterparts who do not work as APNs ($M_{APN} = 47.2 \pm 10.6$ vs. $M_{other} = 51.9 \pm 12.2$; $t = 18.4$ $p = .000$). Of those who work as APNs, 80% have a master's degree as compared to 40% of those who do not work at APNs. About 16% of those who work as APNs have less than a master's degree (data not shown). These nurses may have been certified prior to July 1, 1998, when a master's degree became a requirement (Wisconsin Administrative Code Chapter N 8.04).

Table IV.1.
Demographics of Nurses Who Were Educated or Work as APNs in WI

Demographics (N = 8,095)		
	N	%
Resides in WI	7745	95.5
Resides out WI	350	4.3
Works in WI as APN	4043	49.9
Works out WI as APN	116	1.4
Not working as APN	3936	48.6
Male	818	10.1
Female	7277	89.9
Mean Age	49.49 (SD = 11.6)	
Diverse	427	5.3
Not diverse	7668	94.7
Education – highest nursing degree		
Diploma nursing	404	5.0
Associate nursing	972	12.0
Bachelor in nursing	1464	18.1
Master in nursing	4953	61.2
DNP	129	1.6
PhD	163	2.0

As can be seen in Table IV.2., slightly more than one-third of the APNs were credentialed as nurse practitioners at some point in time. Of the nurse practitioners with current certification, the highest proportion (17.2%) are credentialed as family, followed by adult (8.6%), and pediatrics (4%). Currently certified Clinical Nurse Specialists are in specialty areas of OB/Gyn/Women's Health (1.6%), and Adult (1.6%); however, the highest proportion (16.1%) identified no specialty designation. It is unclear whether to interpret this as meaning these APNs are not certified. It is not required to be certified to practice as a CNS unless prescribing authority is desired.

Table IV.2.
Characteristics of Nurses Who Were Educated or Work as APNs in WI

(N = 8,095)		
Credentialed (ever)		
	N	%
Nurse Practitioner	3023	37.3
Clinical Nurse Specialist	700	8.6
Certified Nurse Midwife	193	2.4
Certified Registered Nurse Anesthetist	729	9.0
Advanced Practice Nurse Prescriber	2598	32.1
Advanced Psychiatric Mental Health	143	1.8
Certification as Nurse Practitioner (current)		
Acute Care	179	2.2
Adult	694	8.6
Adult Psych-Mental Health	73	.9
College Health	*	*
Diabetes Management	27	.3
Emergency Nursing	*	*
Family	1391	17.2
Family Planning	11	.1
Family Psych-Mental Health	22	.3
Gerontological	178	2.2
Neonatal	77	1.0
OB-Gyn/Women's Health	278	3.4
Pediatric	323	4.0
School	*	*
No specialty designation	95	1.2
Other	487	6.0
Certification as Clinical Nurse Specialist (current)		
Acute/Critical Care-Adult	40	.5
Acute/Critical Care-Pediatric	7	.1
Acute/Critical Care-Neonatal	8	.1
Adult Health	129	1.6
Adult Psych ental Health	68	.8
Child/Adolescent Psych-Mental Health	12	.1
Diabetes Management-Advanced	18	.2
Home Health	5	.1
Gerontological	33	.4
Medical-Surgical	16	.2
OB-Gyn/Women's Health	130	1.6
Palliative Care-Advanced	9	.1
Pediatric	28	.3
Community/Public Health	11	.1
No specialty designation	1307	16.1
Other	412	5.1

*cells too small to report

For the 4,159 APNs who provided data on their licensure status (Table IV.3), Certified Nurse Midwives account for 4.4% and have been in practice about 12 years; Certified Nurse Anesthetists account for 15.2% ($n = 632$), and 78.6% ($n = 3,267$) report being currently licensed as an Advanced Practice Nurse Prescriber and have been licensed for almost 9 years.

Table IV.3.
Advanced Practice Nurses Licensed in WI

<i>(N = 4,159)</i>		
Credentialed/Licensed (current)		
	<i>N</i>	<i>%</i>
Certified Nurse Midwife	183	4.4
Mean years as CNM	12.80 (<i>SD</i> = 8.5)	
Certified Registered Nurse Anesthetist	632	15.2
Advanced Practice Nurse Prescriber	3,267	78.6
Mean years as prescriber	8.67 (<i>SD</i> = 6.4)	

Of the RNs who indicated they were educated and/or worked as APNs, the DHS region of their primary position could be identified for 6,929 of the sample of 8,095 APNs (85.6% of the APN sample) as can be seen in Table IV.4. Of the 1,166 who could not be assigned to a DHS region, 148 (12.7%) indicated working in Wisconsin as an APN; 91 (7.8%) reported working as an APN but not in Wisconsin; the others ($n = 927$, 79.5%) reported they were not working as APNs. For those whose DHS region of the primary job is known, between 75% and 80% live and work in the same DHS region. The demographic pattern of APNs who work across the DHS regions parallels that of the state as a whole. The Western region profile appears to be meaningfully different from the other regions in having a lower proportion of doctorally prepared nurses although the overall numbers of APNs with nursing doctoral degrees is very small.

Table IV.4.
Demographics of the APN Workforce with Primary Position in DHS

<i>(N = 6,929)</i>	Southern <i>n = 1486</i>		Southeastern <i>n = 2617</i>		Northeastern <i>n = 1282</i>		Western <i>n = 649</i>		Northern <i>n = 895</i>	
Demographics										
	<i>n</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Works in region as APN	769	51.8	1417	54.2	787	61.4	375	57.8	547	61.1
Works out of WI as APN	*	*	*	*	*	*	*	*	*	*
Not working as APN	708	47.6	1192	45.5	492	38.4	273	42.1	344	38.4
Male	146	9.8	166	6.3	154	12.0	100	15.4	134	15.0
Female	134	90.2	245	93.7	1128	88.0	549	84.6	761	85.0
Mean Age	48.76 (<i>SD</i> = 11.2)		48.01 (<i>SD</i> = 11.3)		48.22 (<i>SD</i> = 10.7)		48.07 (<i>SD</i> = 10.6)		48.92 (<i>SD</i> = 10.8)	
Diverse	59	4.0	225	8.6	33	2.6	23	3.5	18	2.0
Not diverse	142	96.0	2392	91.4	1249	97.4	626	96.5	877	98.0
Highest Nursing Degree										
Diploma	63	4.2	104	4.0	52	4.1	22	3.4	36	4.0
Associate Degree	163	11.0	308	11.8	159	12.4	100	15.4	121	13.5
Bachelor Degree	249	16.8	454	17.3	222	17.3	120	18.5	155	17.3
Master 's Degree	957	64.4	1619	61.9	816	63.7	396	61.0	553	61.8
DNP	19	1.3	62	2.4	19	1.5	*	*	12	1.3
PhD	33	2.2	69	2.3	12	.9	*	*	16	1.8

*cells too small to report

Table IV.5 shows the distribution of APNs across the DHS regions by their primary position. Although the distribution is fairly similar across all regions, the Southern region has a higher percent of adult nurse practitioners than other regions. This seems to be balanced by a lower percent of family nurse practitioners. Currently certified Clinical Nurse Specialists are focused in adult or women's health, but the highest percent across all DHS regions are most likely not certified in any specialty.

Table IV.5.**Characteristics of the APN Workforce with Primary Position in DHS**

(<i>N</i> = 6,929)	Southern <i>n</i> = 1486		Southeastern <i>n</i> = 2617		Northeastern <i>n</i> = 1282		Western <i>n</i> = 649		Northern <i>n</i> = 895	
Credentialed (ever)										
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
Nurse Practitioner	564	38	981	37.5	539	42	254	39.1	335	37.4
Clinical Nurse Specialist	143	9.6	293	11.2	59	4.6	37	5.7	53	5.9
Certified Nurse Midwife	35	2.4	59	2.3	27	2.1	*	*	46	5.1
Certified Registered Nurse Anesthetist	147	9.9	91	3.5	146	11.4	110	16.9	146	16.3
Advanced Practice Nurse Prescriber	441	29.7	823	31.4	546	42.6	237	36.5	318	35.05
Adv Psych Mental Health	33	2.2	39	1.5	18	1.4	*	*	10	1.1
Certification as Nurse Practitioner (current)										
Acute Care	44	3.0	96	3.7	25	2.0	*	*	*	*
Adult	179	12.0	203	7.8	105	8.2	753	8.2	91	10.2
Adult Psych-Mental Health	18	1.2	16	.6	12	.9	07	1.1	9	1.0
College Health	*	*	0	0.	0	0	0	0	0	0
Diabetes Management	9	.6	5	.2	6	.5	5	.8	*	*
Emergency Nursing	0	0	*	*	*	*	*	*	*	*
Family	134	9.0	430	16.4	372	29.0	162	25.0	188	21.0
Family Planning	*	*	*	*	*	*	*	*	*	*
Family Psych-Mental Health	*	*	*	*	6	.5	*	*	0	0
Gerontological	53	3.6	58	2.2	25	2.0	8	1.2	16	1.8
Neonatal	8	.5	38	1.5	14	1.1	*	*	9	1.0
OB-Gyn/ Women's Health	60	4.0	87	3.3	40	3.1	17	2.6	38	4.2
Pediatric	97	6.5	141	5.4	16	1.2	10	1.5	25	2.8
School	0	0	0	0	*	*	0	0	0	0
No specialty designation	26	1.7	13	.5	15	1.2	10	1.5	12	1.3
Other	103	6.9	124	4.7	82	6.4	58	8.9	71	7.9
Certification as Clinical Nurse Specialist (current)										
Acute/Critical Care-Adult	8	.5	18	.7	*	*	*	*	*	*
Acute/Critical Care-Pediatric	0	0	*	*	*	*	0	0	*	*
Acute/Critical Care-Neonatal	0	0	7	.3	0	0	0	0	*	*
Adult Health	22	1.5	53	2.0	18	1.4	9	1.4	20	2.2
Adult Psych-Mental Health	15	1.0	27	1.0	12	.9	*	.*	*	*
Child/Adolescent Psych-Mental Health	*	*	*	*	*	*	0	0	0	0
Diabetes Mgmt-Advanced	*	*	*	*	*	*	*	*	*	*
Home Health	*	*	*	*	0	0	0	0	0	0
Gerontological	7	.5	16	.6	*	*	*	*	*	*

Characteristics of the APN Workforce with Primary Position in DHS (continued)										
	Southern		Southeastern		Northeastern		Western		Northern	
Certification as Clinical Nurse Specialist (current)										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Medical-Surgical	*	*	8	.3	*	*	*	*	0	0
OB-Gyn/Women's Health	26	1.7	47	1.8	19	1.5	8	1.2	24	2.7
Palliative Care-Advanced	*	*	*	*	*	*	0	0	*	*
Pediatric	9	.6	10	.4	*	*	*	*	*	*
Community/ Public Health	*	*	*	*	*	*	0	0	0	*
No specialty designation	227	15.3	361	13.8	300	23.4	130	20.0	204	22.8
Other	72	4.8	96	3.7	96	7.5	55	8.5	65	7.3

*cells too small to report

There were 3,920 valid responses to the licensure questions (Table IV.6.). More than three-quarters of APNs are licensed as Advanced Practice Nurse Prescribers, with few differences across regions. The lowest percentages of Certified Nurse Midwives are in the Northeastern and Western regions and the highest percent is in the Northern region. There are proportionally fewer Certified Registered Nurse Anesthetists in the Southeastern DHS region than in other regions. This is perhaps due to the types of hospitals in this region and the availability and proportion of anesthesiologists across regions.

Table IV.6.
APNs Licensed in WI by Primary Position in DHS Regions

(<i>N</i> = 3,920)	Southern <i>n</i> = 778		Southeastern <i>n</i> = 1425		Northeastern <i>n</i> = 790		Western <i>n</i> = 376		Northern <i>n</i> = 551	
Credentialed/Licensed (current)										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Certified Nurse Midwife	32	4.1	63	4.4	22	2.8	6	1.6	51	9.3
Mean years as CNM	11.94 (<i>SD</i> = 8.4)		12.27 (<i>SD</i> = 8.2)		11.73 (<i>SD</i> = 7.6)		8.00 (<i>SD</i> = 6.0)		12.28 (<i>SD</i> = 9.6)	
Certified Registered Nurse Anesthetist	142	18.3	88	6.2	133	16.8	92	24.5	132	24.0
Advanced Practice Nurse Prescriber	619	79.6	1038	72.8	688	87.1	315	83.8	451	81.9
Mean years as prescriber	9.20 (<i>SD</i> = 6.5)		8.73 (<i>SD</i> = 6.4)		8.44 (<i>SD</i> = 6.0)		8.75 (<i>SD</i> = 6.0)		8.16 (<i>SD</i> = 6.3)	

*cells too small to report

Of those RNs who indicated that they were educated and/or worked as APNs, the DHS region of residence could be identified for 7,745 of the sample of 8,095 APNs (95.6% of the APN sample) as can be seen in Table IV.7. For those whose DHS region of the primary job is known, between 75% and 80% live and work in the same DHS region. The demographic pattern of APNs across the DHS regions parallels that of the state as a whole. There is no one region where the profile appears to be meaningfully different from the other regions except for the Northern region, where a slightly higher proportion of APNs work out of Wisconsin. This may be due to the proximity to a neighboring state with a large city and perhaps more employment opportunities. The same pattern for the proportion of Certified Registered Nurse Anesthetists is seen in this table as in Table IV.6., with a lower proportion working in the Southeastern region.

Table IV.7.**Demographic and Other Characteristics of the APN Workforce with Residence in DHS Regions**

(<i>N</i> = 7,745)	Southern <i>n</i> = 1690		Southeastern <i>n</i> = 2905		Northeastern <i>n</i> = 1478		Western <i>n</i> = 730		Northern <i>n</i> = 942	
Demographics										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Works in WI as APN	791	46.8	1402	48.3	795	53.8	379	51.9	462	49.0
Works out of WI as APN	21	1.2	25	.9	9	.6	9	1.2	41	4.4
Not working as APN	878	52.0	1478	50.9	674	45.6	342	46.8	439	46.6
Male	173	10.2	178	6.1	168	11.4	105	14.4	128	13.6
Female	151	89.8	2727	93.9	1310	88.6	625	85.6	814	86.4
Mean Age	50.15 (<i>SD</i> = 11.7)		49.13 (<i>SD</i> = 11.9)		49.42 (<i>SD</i> = 11.5)		49.31 (<i>SD</i> = 11.5)		49.54 (<i>SD</i> = 11.5)	
Diverse	67	4.0	254	8.7	37	2.5	24	3.3	19	2.0
Not diverse	162	96.0	2651	91.3	1441	97.5	706	96.7	923	98.
Highest Nursing Degree										
Diploma	81	4.8	133	4.6	85	5.8	40	5.5	49	5.2
Associate degree	168	9.9	339	11.7	182	12.3	113	15.5	129	13.
Bachelor degree	289	17.1	524	18.0	273	18.5	132	18.1	189	20.
Master's Degree	108	64.2	1765	60.8	898	60.8	433	59.3	546	58.
DNP	19	1.1	65	2.2	22	1.5	*	*	13	1.4
PhD	45	2.7	78	2.7	15	1.0	6	0.8	14	1.5

*cells too small to report

Table IV.8. shows the distribution of APNs across the DHS regions where they reside. Although the distribution is fairly similar across all regions and to the pattern by DHS region primary position (Table IV.5.), the Southern region has a higher percentage of adult nurse practitioners than other regions. This seems to be balanced by a lower percentage of family nurse practitioners. Currently certified Clinical Nurse Specialists are focused in adult or women's health, but the highest percent across all DHS regions are most likely not certified in any specialty.

Table IV.8.**Characteristics of the APN Workforce with Residence in DHS**

(<i>N</i> = 7,745)	Southern <i>n</i> = 1486		Southeastern <i>n</i> = 2617		Northeastern <i>n</i> = 1282		Western <i>n</i> = 649		Northern <i>n</i> = 895	
Credentialed (ever)										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
Nurse Practitioner	642	38.0	1,052	36.2	585	39.6	276	37.8	339	36.0
Clinical Nurse Specialist	173	10.2	326	11.2	73	4.9	42	5.8	59	6.3
Certified Nurse Midwife	44	2.6	65	2.2	28	1.9	7	1.0	40	4.2
Certified Registered Nurse Anesthetist	172	10.2	79	2.7	156	10.6	116	15.9	137	14.5
Advanced Practice Nurse Prescriber	490	29.0	857	29.5	568	38.4	262	35.9	312	33.1
Advanced Psychiatric Mental Health	41	2.4	46	1.6	20	1.4	15	2.1	15	1.6

Characteristics of the APN Workforce with Residence in DHS (continued)										
Certification as Nurse Practitioner (current)										
Acute Care	43	2.5	99	3.4	24	1.6	*	*	*	*
Adult	202	12.0	212	7.3	111	7.5	56	7.7	87	9.2
		Southern	Southeastern	Northeastern	Western	Northern				
Certification as Nurse Practitioner (current)										
	<i>N</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>n</i>	<i>%</i>
Adult Psych-Mental Health	19	1.1	17	.6	14	.9	8	1.1	8	.8
College Health	*	*	0	0	0	0	0	0	*	*
Diabetes Management	10	.6	*	*	6	.4	*	*	*	*
Emergency Nursing	0	0	*	*	*	*	0	0	*	*
Family	134	7.9	460	15.8	380	25.7	175	24.0	180	19.1
Family Planning	*	*	*	*	*	*	*	*	0	0
Family Psych-Mental	*	*	*	*	6	.4	*	*	*	*
Gerontological	58	3.4	60	2.1	26	1.8	9	1.2	19	2.0
Neonatal	8	.5	25	.9	17	1.2	*	*	7	
Ob-Gyn/ Women's Health	75	4.4	93	3.2	41	2.8	20	2.7	38	4.0
Pediatric	104	6.2	149	5.1	25	1.7	12	1.6	24	2.5
School	*	*	*	*	*	*	0	0	0	0
No specialty designation	25	1.5	18	.6	19	1.3	10	1.4	15	1.6
Other	112	6.6	124	4.3	85	5.8	58	7.9	75	8.0
Certification as Clinical Nurse Specialist (current)										
Acute/Critical Care-Adult	9	.5	19	.7	*	*	*	*	*	*
Acute/Critical Care-Peds.c	*	*	*	*	*	*	0	0	*	*
Acute/Critical Care-Neonatal	0	0	6	.2	0	0	0	0	*	*
Adult Health	22	1.3	55	1.9	19	1.3	9	1.2	16	1.7
Adult Psych-Mental Health	14	.8	27	.9	13	.9	*	*	*	*
Child/Adolescent Psych-Mental Health	*	*	*	*	*	*	0	0	*	*
Diabetes Mgmt-Advanced	*	*	*	*	*	*	*	*	*	*
Home Health	*	*	*	*	0	0	0	0	0	0
Gerontological	7	.4	18	.6	*	.2	*	*	*	*
Medical-Surgical	*	*	8	.3	*	*	*	*	*	*
OB-Gyn/Women's Health	30	1.8	44	1.5	19	1.2	6	.8	25	2.7
Palliative Care-Advanced	*	*	*	*	*	*	0	0	*	*
Pediatric	8	.5	12	.4	8	*	*	*	*	*
Community/Public Health	*	*	*	*	*	*	0	0	*	*
No specialty designation	240	14.2	370	12.7	303	20.5	133	18.2	174	18.5
Other	79	4.7	93	3.2	98	6.6	60	8.2	59	6.3

*cells too small to report

There were 3,934 valid responses to the licensure questions (Table IV.9.). More than three-quarters of APNs are licensed as Advanced Practice Nurse Prescribers, with few differences across regions. The lowest percentages of Certified Nurse Midwives are in the Northeastern and Western regions, and the highest percent is in the Northern region. There are proportionally fewer Certified Registered Nurse Anesthetists in the Southeastern DHS region than in other regions. This is perhaps due to the types of hospitals in this region and the availability and proportion of anesthesiologists across regions.

Table IV.9.
Advanced Practice Nurses Licensed in WI with Residence in DHS Regions

(N = 3,934)	Southern n = 812		Southeastern n = 1427		Northeastern n = 804		Western n = 388		Northern n = 503	
	n	%	N	%	n	%	n	%	n	%
Certified Nurse Midwife	37	4.6	62	4.3	24	3.0	8	2.1	42	8.3
Mean years as CNM	11.76 (SD = 7.9)		12.27 (SD = 8.0)		12.42 (SD = 8.4)		10.00 (SD = 6.4)		12.33 (SD = 10.1)	
Certified Registered Nurse Anesthetist	155	19.1	73	5.1	134	16.7	92	23.7	112	22.3
Advanced Practice Nurse Prescriber	641	78.9	1035	72.5	700	87.1	324	83.5	394	78.3
Mean years as prescriber	9.34 (SD = 6.4)		8.69 (SD = 6.4)		8.34 (SD = 6.0)		9.09 (SD = 6.1)		8.34 (SD = 6.5)	

*cells too small to report

Summary:

The percent of RNs in the sample for this report who work as APNs in Wisconsin is 5.7%. This is lower than the national average of 8.7% (U.S. Department of Health and Human Services, 2010). Considering the expectations from the Affordable Care Act to increase preventive and primary care, this is a low percent, particularly since only a portion of those are nurse practitioners. In addition, there are a number of APNs who currently do not work in APN roles and who may not be functioning to the extent of their education (IOM, 2011). As with other RNs in the state, APNs are aging as well with a portion anticipated to retire in the next decade. APNs who work in an APN role are about 5 years younger than their peers who do not work as APNs; they are still in their late 40s. There are great similarities in the type and distribution of APNs across the DHS regions.

Recommendations:

1. In recognition that the Affordable Care Act will be fully implemented in 2014 when the need for Primary Care Providers will be significant and consistent with the IOM report for APN nurses to be able to practice to the full extent of their education and training, identify strategies to increase the number of new Advanced Practice Nurses in the state, particularly nurse practitioners.
2. Refine the survey to gain a better picture of Advanced Practice Nurses as defined by the Wisconsin Administrative Code (Chapter N 8) with respect to their present certification and positions, including intent to stay in practice as APNs.

References:

- Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies of Science.
- U.S. Department of Health and Human Services, Health Resources and Services Administration. (2010). *The Registered Nurse Population. Findings from the 2008 National Sample Survey of Registered Nurses*. Washington, DC: author.

V. Issues in the Workforce

In this section, the authors will identify issues in the Registered Nurse workforce and use the data from the 2012 Registered Nurse Survey to facilitate discussion and inform decision making. When appropriate, data will be presented, first at the aggregate state level and then by Department of Health Services Regions for comparison.

The following issues will be examined:

- A. The Clinical Practice of Nurses Under 30 Years of Age
- B. The Clinical Practice of Nurses Over 55 Years of Age
- C. An Aging Nursing Faculty
- D. The Clinical Practice of Associate Degree Prepared Registered Nurses
- E. The Clinical Practice of Baccalaureate Degree Prepared Registered Nurses
- F. The Clinical Practice of Master's Degree Prepared Registered Nurses
- G. The Clinical Practice of Registered Nurses with Doctoral Preparation
 - 1. Registered Nurses with a PhD, ND, or DNSc Degree
 - 2. Registered Nurses With a Doctorate in Nursing Practice
- H. The Registered Nurse Workforce in Urban and Rural Settings

Issue V.A. The Clinical Practice of Nurses Under 30 Years of Age

While much has been written about the aging of the Registered Nurse force, few have examined the registered nurses who are new to the profession. For this analysis, all registered nurses under 30 years of age who live in Wisconsin and/or work in Wisconsin were selected. In the detailed analysis, the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows will not total to 100%.

In Table V.1., it is notable that there are 7,747 nurses under 30 years of age living and/or working in WI. This group (under 30 years) comprises about 11% of the total nursing workforce in the state. There are slightly more men and members of diverse groups in this group than in the state as a whole, perhaps suggesting changing demographics in the profession. The newest members of the profession are more likely to speak an additional language. The percentage of these nurses holding a baccalaureate degree (65.2%) is more than twice the number of those holding an associate degree (31.6%) as the highest degree. There are over 300 nurses under the age of 30 years who are qualified to practice as an Advanced Practice Nurse.

Table V.1.

The Registered Nurse Workforce Under 30 Years of Age in WI

	Total Under Age 30 Years		21-23 Years		24-26 Years		27-29 Years	
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%
Demographics								
Resides in WI	7,535	97.3	348	97.8	2,981	97.3	4,206	97.2
Resides out WI	212	2.7	8	2.2	82	2.7	122	2.8
Primary job in WI	7,214		324	95.0	2,838	96.0	4,052	96.2
Primary job out WI	130		6	1.8	56	1.9	68	1.6
Resides WI, not working	168		11	3.2	63	2.1	94	2.2
Male	422	5.4	24	6.7	166	5.4	232	5.4
Female	7,325	94.6	332	93.3	2,897	94.6	4,096	94.6
Mean age	26.65 (SD = 1.78)		22.88 (SD = 0.34)		25.17 (SD = 0.79)		28.016 (SD = 0.81)	
Diversity								
Diverse	468	6.0	17	4.8	178	5.8	273	6.3
Not diverse	7,279	94.0	339	95.2	2,885	94.2	4,055	93.7
Speaks one or more additional language	1,171	15.1	67	18.8	499	16.2	605	13.9
Highest Nursing Degree								
Diploma	55	0.7	0	0	23	0.8	32	0.7
Associate's degree	2,446	31.6	131	36.8	827	27.0	1,488	34.4
Bachelor's degree	5,048	65.2	225	63.2	2,197	71.7	2,626	60.7
Master's degree	187	2.4	0	0	14	.05	173	4.0
DNP	*	*	0	0	*	*	*	*
PhD	0	0	0	0	0	0	0	0
Additional Training that Qualifies You to Practice as Advanced Practice Nurse								
Yes	333	4.3	8	2.2	70	2.3	255	5.9

*cells too small to report

Table V.2. presents details regarding the nursing positions of young nurses. There is an extraordinary rate, 96.4%, of employment in nursing and only 122 (1.6%) nurses statewide who report being unemployed and seeking work in nursing. Over 1,000 nurses of this age group of nurses report having a second position (13.7%) at which they work an average of 10.4 hours per week. Note that as the age of nurses increases, the number of unemployed nurses increases. It is difficult to speculate on the reason for this unemployment, but the data does suggest that this is a very limited pool of nurses to recruit in the event of a critical shortage.

Also note that 94.3% of these nurses are engaged in providing direct patient care, and the vast majority, 72.2%, are employed in hospitals followed by extended care (11.2%). The majority, 88.8%, are employed as staff nurses. In their primary position, most (70.6%) are paid an hourly wage.

Table V.2.
Employment Status of Registered Nurse Workforce in WI Under 30 Age Years

	Total Under Age 30 Years		21-23 Years		24-26 Years old		27-29 Years	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Employment Status								
Working as a nurse	7,469	96.4	340	95.5	2,959	96.6	4,170	96.3
Working in health care, not nsg	58	0.7	*	*	22	0.7	35	0.8
Working in another field	40	0.5	*	*	16	0.5	20	0.5
Unemployed , seeking nsg work	122	1.6	9	2.5	52	1.7	61	1.4
Unemployed, seeking work outside nursing	*	*	*	*	0	0	*	*
Unemployed, not seeking work	56	0.7	*	*	*	*	40	0.9
Primary Function to Provide Direct Patient Care (DPC)								
Yes	6,924	94.3	324	98.2	2,787	96.3	3,813	92.5
No, provide limited DPC	135	1.8	*	*	*	*	89	2.2
No, supervise DPC	115	1.6	*	*	*	*	90	2.2
No, have in past	134	1.8	*	*	*	*	108	2.6
No, provided limited DPC in past	22	0.3	0	0	10	0.3	12	0.3
No, have never provided DPC	14	0.2	0	0	6	0.2	8	0.2
Mean # of yrs providing DPC	2.61		.85		1.68		3.41	
Primary Work Setting								
Hospital	5,301	72.2	244	73.9	2,147	74.2	2,910	70.6
Extended care	809	11.0	61	18.5	364	12.6	384	9.3
Ambulatory care	662	9.0	10	3.0	189	6.5	463	11.2
Home health	261	3.6	8	2.4	96	3.3	157	3.8
Public health	134	1.8	*	*	*	*	78	1.9
Nurse educator	15	0.2	*	*	*	*	12	0.3
Other	162	2.2	*	*	*	*	116	2.8
Function at Primary Position								
Staff nurse	6,522	88.8	312	94.5	2,662	92.0	3,548	86.1
Case manager	238	3.2	6	1.8	75	2.6	157	3.8
Staff in other industry	*	*	0	0	*	*	*	*
Nurse manager	209	2.8	*	*	*	*	140	3.4
Manager other industry	*	*	0	0	*	*	*	*
Advanced Practice Nurse	111	1.5	*	*	*	*	103	2.5
Consultant	18	0.2	*	*	*	*	13	0.3
Administrator	15	0.2	0	0	0	0	15	0.4
Nurse executive	*	*	0	0	*	*	*	*
Nurse faculty	66	0.9	*	*	35	1.2	*	*
Nurse researcher	13	0.2	0	0	*	*	9	0.2
Other	144	2.0	*	*	*	*	99	2.4

Employment Status of Registered Nurse Workforce in WI Under 30 Years of Age (continued)									
	Total Under Age 30 Years		21-23 Years		24-26 Years old		27-29 Years		
Payment Basis of Primary Position									
Full time, salary	548	7.5	6	1.8	146	5.0	396	9.6	
Full time, hourly	5,185	70.6	244	73.9	2,185	75.5	2,756	66.9	
PT, salary	37	0.5	*	*	14	0.5	22	0.5	
PT, hourly	1,414	19.3	74	22.4	502	17.3	838	20.3	
Per diem	153	2.1	*	*	45	1.6	103	2.5	
Mean hours worked per week primary job	37.31		36.95		37.98		36.88		
Have a second job	1,004	13.7	52	15.8	379	13.1	573	13.9	
Mean hours per week in second job	10.47		10.52		11.33		9.90		

*cells too small to report

Table V.3. reveals that 15.8% of the nurses in this group as a whole (n=1,227) changed employment in the past year. Most (644, 14.9%) of the employment changes to a new employer were in the 27-29 year-old group. These respondents (27-29 year olds) cited promotion/advancement as the most important factor in their change of employment. While a large number statewide (859 or 11.1%) changed hours, the direction of the change is not known.

Reviewing factors contributing to a change in employment status suggests that working conditions may continue to be a major source of dissatisfaction for registered nurses; 526 (13.6%) nurses changed positions citing more convenient hours as the reason. Another 426 (12.8%) expressed dissatisfaction with their previous position. Salary and benefits were only the sixth most frequent reason listed for changing positions.

Table V.3.

Changes in Employment Status of Registered Nurses Under 30 Years of Age in WI

	Total Under Age 30 Years		21-23 Years		24-26 Years		27-29 Years		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Change in Past Year									
No change	3,781	48.8	91	25.6	1,330	43.4	2,360	54.5	
Change in number hours worked	859	11.1	23	6.5	319	10.4	517	11.9	
New position/ same employer	918	11.8	32	9.0	361	11.8	525	12.1	
New position /different employer	1,227	15.8	38	10.7	545	17.8	644	14.9	
Was not working as RN but am now	794	10.2	168	47.2	435	14.2	191	4.4	
Was working as RN but no longer	78	1.0	0	0	31	1.0	47	1.1	
Factor Most Important in Change of Employment									
Child care responsibilities	346	8.9	*	*	*	*	261	13.0	
Other family responsibilities	72	1.9	*	*	*	*	46	2.3	
Salary/benefits	296	7.6	16	7.4	129	7.9	151	7.5	
Laid off	28	0.7	0	0	9	0.5	19	0.9	
Change in spouse/partner work	88	2.3	*	*	26	1.6	59	2.9	
Change in financial status	95	2.5	8	3.7	42	2.6	45	2.2	
Relocation	443	11.4	18	8.4	233	14.2	192	9.5	
Promotion/advancement	816	21.1	79	36.7	351	21.4	386	19.2	

Change in Past Year RNs in WI Under 30 Years of Age (continued)									
	Total Under Age 30 Years		21-23 Years		24-26 Years		27-29 Years		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Factor Most Important in Change of Employment									
Change in health status	38	1.0	*	*	19	1.2	*	*	
More convenient hours	526	13.6	11	5.1	211	12.9	304	15.1	
Dissatisfaction with previous position	496	12.8	11	5.1	223	13.6	262	13.0	

*reflect cells too small to report

In Table V.4., the varied plans of young registered nurses to remain in direct patient care (DPC) positions are presented.

Table V.4.
Future Plans of Registered Nurses in WI Under 30 Years of Age

	Total Under Age 30 Years		21-23 Years		24-26 Years		27-29 Years		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Plan to Work Providing Direct Patient Care									
< 2 years	252	3.5	*	*	*	*	149	3.7	
2-4 years	749	10.3	35	10.5	297	10.2	417	10.4	
5-9 years	944	13.0	42	12.7	389	13.3	513	12.8	
10-19 years	1,103	15.2	46	13.9	446	15.3	611	15.3	
20-29 years	1,037	14.3	51	15.4	349	12.0	637	15.9	
30 or > years	3,168	43.7	154	46.4	1,337	45.8	1,677	41.9	
Plan to Work in Present Type of Employment									
< 2 years	1,599	21.2	102	29.7	700	23.5	797	18.9	
2-4 years	2,120	28.1	109	31.8	939	31.5	1,072	25.4	
5-9 years	1,031	13.7	47	13.7	394	13.2	590	14.0	
10-19 years	463	6.1	15	4.4	166	5.6	282	6.7	
20-29 years	433	5.7	12	3.5	102	3.4	319	7.6	
30 or more years	1,903	25.2	58	16.9	684	22.9	1,161	27.5	
Plans for Further Education in Nursing									
No plans	2,823	36.4	104	29.2	934	30.5	1,785	41.2	
Currently enrolled in BSN	560	7.2	52	14.6	219	7.1	289	6.7	
Currently enrolled in MS	597	7.7	*	*	*	*	388	9.0	
Currently enrolled in DNP	64	0.8	*	*	*	*	40	0.9	
Currently enrolled in PhD	9	0.1	*	*	*	*	*	*	
Currently enrolled in specialty certificate	50	0.6	*	*	22	0.7	27	0.6	
Plan to pursue within 2 years	3,644	47.0	191	57.3	1,658	54.1	1,795	41.5	
Single Most Important Factor in Career Decisions Today									
Personal satisfaction/collegial relationships	27	0.4	*	*	*	*	17	0.4	
Family personal issues	2,743	36.4	133	39.0	1,187	40.0	1,423	33.7	
Pay	1,134	15.0	21	6.2	327	11.0	786	18.6	
Medical benefits	1,064	14.1	49	14.4	386	13.0	629	14.9	
Retirement benefits	110	1.5	*	*	40	1.3	68	1.6	
Hours/shift availability	8	0.1	0	0	*	*	*	*	
Potential for advancement	1,370	18.2	51	15.0	527	17.7	792	18.7	
Employer supported education	661	8.8	47	13.8	307	10.3	307	7.3	
Worksite location	141	1.9	13	3.8	53	1.8	75	1.8	
Physical work requirements	262	3.5	22	6.5	125	4.2	115	2.7	
Physical disability	16	0.2	*	*	9	0.3	*	*	

*reflect cells too small to report

Summary:

This age group (21–29 years) represents the future of the profession, those RNs who will have the longest length of time to remain active in nursing. These data show that they are increasingly prepared at the baccalaureate level (65.2%), more diverse than older comparison groups (6.0%), and have more males in the age group (5.4%). They are largely employed as nurses, and the majority is employed in hospitals. Almost half of this group changed positions in the past year with promotion and advancement cited as the most frequent reason. A disturbing number (496, 12.8%) identified dissatisfaction in their previous position as the reason for the change in employment. While only 16.4% are currently enrolled in additional degree granting programs, almost half (47%) stated their intention to enroll in the next two years.

Recommendations:

1. Assure access and availability of funding for registered nurses seeking to further their education in degree programs.
2. Conduct age-stratified workforce studies that examine the working environment of nurses and the relationship to turnover and changes in employment.
3. Engage in active and early recruitment to doctoral programs that provide preparation for a faculty role.

Issue V.B. An Aging Registered Nurse Workforce

Nurses who study the Registered Nurse workforce have long expressed concern about the age of the nursing workforce (Buerhaus, Staiger, & Auerback, 2000; Juraschek, Zhang, Ranganathan, & Lin, 2012; Hall, Lalonde, Dales, 2011). In this section, the employment patterns and plans of registered nurses in Wisconsin who are over 55 years of age and who report that they are employed are examined. Over one-fourth (27.6%) of Wisconsin RNs are in this age group. This working group was further stratified in five-year increments. In the total comparisons, all nurses who live and/or work in the state are included.

Note that there are some nurses over 75 years of age who report they are employed but, in the detailed analysis, the cells become so small that assuring confidentiality is impossible. As a result of deleting this age group and suppressing small cells, rows will not total to 100%. Also note that the age groups are collapsed into 55-59.9, 60-64.9, etc. The numbers are rounded in the table but they do not overlap.

Table V.5.

Registered Nurse Workforce Age 55 Years and Over in WI Who Report Employment

Age (report working)	Total > 55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
	n	%	n	%	N	%	n	%	n	%
	16,367	27.6	8,695	14.7	5,589	9.4	1,608	2.7	425	0.7

*% of total WI RN workforce

In Table V.6, the changing educational preparation of nurses is noted. In this group, over 3,000 (18.6%) nurses report a diploma in nursing as their highest degree, as compared to 55 (0.7%) for nurses under 30 years of age. National trends identify the baccalaureate degree as the requirement for entry into professional nursing practice. In this age group (over 55 years of age), the largest number (5,996, 36.6%) of nurses are prepared at the baccalaureate level; 5,242 (32%) are prepared at the associate degree level. Most, 72%, of these nurses report working in urban areas or the city of Milwaukee.

Table V.6.

Demographics of Registered Nurse Workforce Age 55 Years and Over in WI

	Total >55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
	n	%	N	%	n	%	n	%	n	%
Demographics										
Reside in WI	15,713	96	8,348	96.0	5,363	96	1,540	95.8	412	96.9
Reside out WI	654	4.0	347	4.0	226	4.0	68	4.2	13	3.1
Works in WI	16,367		8,695		5,589		1,608		425	
Male	1,029	6.3	528	6.1	391	7.0	98	6.1	11	2.6
Female	15,338	93.7	8,167	93.9	5,198	93	1,510	93.9	414	97.4
Diversity										
Diverse	497	3.0	293	3.4	137	2.5	46	2.9	21	4.9
Not Diverse	15,870	97.0	8,402	96.6	5,452	97.5	1,562	97.1	404	95.1

Demographics of Registered Nurse Workforce Age 55 Years and Over in WI (continued)											
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Highest Nursing Degree											
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Diploma	3,048	18.6		1,185	13.6	1,162	20.8	493	30.7	186	43.8
Associate	5,242	32.0		2,936	33.8	1,790	32.0	423	26.3	86	20.2
Baccalaureate	5,996	36.6		3,454	39.7	1,931	34.6	488	30.3	109	25.6
Master	1,878	11.5		1,018	11.7	639	11.4	177	11.0	37	8.7
Doctorate	179	1.1		94	1.1	57	1.0	22	1.4	6	1.4
Diversity											
Diverse	497	3.0		293	3.4	137	2.5	46	2.9	21	4.9
Not diverse	15,870	97.0		8,402	96.6	5,452	97.5	1,562	97.1	404	95.1
Urban/Rural Designation of Primary Position (Total = 15,978)											
City of Milwaukee	3,613	22.6		1,960	23.1	1,216	22.3	333	21.2	94	23.0
Urban area >50,000	7,901	49.4		4,236	49.8	2,698	49.5	760	48.4	184	45.0
Rural 2,500 – 50,000	3,406	21.3		1,786	21.0	1,178	21.6	344	21.9	90	22.0
Rural < 2,500	1,058	6.6		519	6.1	357	6.6	132	8.4	41	10.0

*cells too small to report

Table V.7. indicates that most working nurses in these age groups hold positions in nursing and health care. The largest percentage (43%) report hospital employment setting and a staff nurse (54.4%) role. The majority (67%) is providing direct patient care and is planning to stay in that role for 5-9 years. This suggests a workforce of experienced nurses to mentor the graduates new to the profession. This is also a group that includes 2,305 registered nurses qualified to practice as APNs. With the increase in people now covered by health insurance and the subsequent increased demand for health care, this is an important part of the potential primary care provider workforce.

Table V.7.

Employment Status of Registered Nurse Workforce Age 55 Years and Over in WI

	Total >55 Years			55-60 years		60-65 years		65-70 years		70-75 years	
Employment Description											
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
Nursing	12,910	78.9		7,007	80.6	4,393	78.6	1,186	73.8	294	69.2
Health care, not nursing	651	4.0		320	3.7	214	3.8	85	5.3	28	6.6
Retail sales and service	13	0.1		6	0.1	6	0.1	*	*	*	*
Nurse educator	1,126	6.9		550	6.3	382	6.8	138	8.6	49	11.5
Financial, accounting, insurance	189	1.2		89	1.0	76	1.4	*	*	*	*
Consulting	269	1.6		131	1.5	78	1.4	44	2.7	15	3.5
Other	1,209	7.4		592	6.8	440	7.9	133	8.3	36	8.5

Primary Role Registered Nurse Workforce Age 55 Years and Over in WI (continued)											
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Primary Role to Provide Direct Patient Care (DPC)											
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	10,976	67.1		5,927	68.2	3,746	67	1,012	62.9	261	61.4
No, limited DPC in past	1,119	6.8		594	6.8	389	7.0	106	6.6	28	6.6
No, I supervise DPC	1,328	8.1		710	8.2	454	8.1	130	8.1	32	7.5
No, but have in past	2,427	14.8		1,222	14.1	824	14.7	288	17.9	82	19.3
No, provided limited DPC in past	2,222	1.4		107	1.2	70	1.3	34	2.1	8	1.9
No, never provided DCP	295	1.8		135	1.6	106	1.9	38	2.4	14	3.3
Mean years providing DPC	26.23			21.31		27.39		30.16		34.15	
Mean hours per week at primary position	35.07			37.01		35.25		28.52		20.28	
Primary Work Setting											
Hospital	7,088	43.3		4,000	46.0	2,409	43.1	563	35.0	108	25.4
Extended care	1,938	11.8		938	10.8	659	11.8	241	15.0	90	21.2
Ambulatory care	3,131	19.1		1,701	19.6	1,099	19.7	268	16.7	57	13.4
Home health	1,095	6.7		511	5.9	380	6.8	150	9.3	51	12.0
Public health	890	5.4		463	5.3	279	5.0	105	6.5	36	8.5
Nurse educator	604	3.7		284	3.3	206	3.7	78	4.9	30	7.1
Other	1,621	9.9		798	9.2	557	10.0	203	12.6	53	12.5
Function at Primary Position											
Staff nurse	8,897	54.4		4,810	55.3	3,055	54.7	794	49.4	214	50.4
Case manager	1,345	8.2		734	8.4	467	8.4	120	7.5	*	*
Staff other industry	90	0.5		47	0.5	27	0.5	12	0.7	*	*
Nurse manager	1,442	8.8		811	9.3	484	8.7	119	7.4	*	*
Advanced Practice Nurse	1,026	6.3		577	6.6	341	6.1	94	5.8	*	*
Consultant	307	1.9		148	1.7	89	1.6	52	3.2	*	*
Administrator	393	2.4		188	2.2	151	2.7	44	2.7	*	*
Nurse executive	289	1.8		164	1.9	95	1.7	27	1.7	*	*
Nurse faculty	540	3.3		246	2.8	192	3.4	71	4.4	*	*
Nurse researcher	124	0.8		57	0.7	47	0.8	18	1.1	*	*
Other	1,867	11.4		890	10.2	622	11.1	252	15.7	86	20.2
Payment Basis for Primary Position											
FT-salaried	4,627	28.3		2,641	30.4	1,594	28.5	348	21.6	42	9.9
FT-hourly	5,458	33.3		3,182	36.6	1,886	33.7	350	21.8	39	9.2
PT-salaried	679	4.1		303	3.5	244	4.4	105	6.5	25	5.9
PT-hourly	4,690	28.7		2,297	26.4	1,585	28.4	577	35.9	212	49.9
Per diem	747	4.6		241	2.8	236	4.2	188	11.7	73	17.2
Volunteer	166	1.0		31	0.4	44	0.8	40	2.5	34	8.0
Have Additional Training That Qualifies You to Practice as APN											
Yes	2,305	14.1		1,185	13.6	808	14.5	232	14.4	71	16.7

*cells too small to report

FT=full time, PT = part time

Table V.8. reveals that this is a stable workforce, with 78.2% reporting no employment change in the past year. This is in sharp contrast to the nurses under 30 years of age where 48.8 % report no employment change. It is also striking that the older nurses identify more convenient hours (13.4%) and dissatisfaction with previous position (13.5%) as the most frequently cited reasons for changes in employment. These percentages are very similar to the nurses under 30 years of age. This suggests that there is a continuing need for employers to address working conditions of nurses.

It was anticipated that a higher retirement rate would be seen in this group; however, what was observed was a significant number of nurses working beyond a retirement age of 65 years. This may be a reflection of an uncertain economic environment and high unemployment rates among the general population. Note that 181(4.9%) nurses in this group report being laid off.

Table V.8.

Changes in Employment Status of Registered Nurse Workforce Age 55 Years and Over in WI

	Total >55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years		
RNs Reporting Change in Employment in Past Year											
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
No change	12,811	78.2		6,840	78.7	4,443	79.5	1,170	72.8	314	73.9
Number of RNs who changed the number of hours worked	1,576	9.6		663	7.6	555	9.9	279	17.4	69	16.2
New position same employer	777	4.7		483	5.6	239	4.3	45	2.8	10	2.4
New position with different employer	892	5.4		566	6.5	261	4.7	55	3.4	*	*
Was not working as RN but am now	122	0.7		59	0.7	37	0.7	21	1.3	*	*
Was working as RN but no longer	36	0.2		13	0.1	15	0.3	*	*	*	*
Other	163	1.0		71	0.8	39	0.7	33	2.1	*	*
Factor Most Important in Change of Employment											
Retired	240	6.6		29	1.5	83	7.1	100	23.8	*	*
Child care responsibilities	20	0.5		12	0.6	6	0.5	*	*	*	*
Other family responsibilities	193	5.3		98	5.0	69	5.9	19	4.5	*	*
Salary/benefits	333	9.1		211	10.8	94	8.1	26	6.2	*	*
Laid off	181	4.9		100	5.1	60	5.2	15	3.6	*	*
Change in spouse/partner work	110	3.0		71	3.6	33	2.8	*	*	*	*
Change in financial status	154	4.2		83	4.2	47	4.0	22	5.2	*	*
Relocation	120	3.3		76	3.9	39	3.4	*	*	*	*
Promotion/ advancement	363	9.9		244	12.5	103	8.8	12	2.9	*	*
Change in health status	236	6.5		114	5.8	83	7.1	32	7.6	*	*

Changes in Employment Status of RN Workforce Age 55 Years and Over in WI (continued)											
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Factor Most Important in Change of Employment											
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
More convenient hours	490	13.4		229	11.7	169	14.5	69	16.4	*	*
Dissatisfaction with previous position	495	13.5		329	16.8	139	11.9	23	5.5	*	*
Other	723	19.8		357	18.3	239	20.5	92	21.9	31	28.7

*cells too small to report

In Table V.9., 39.6% of the nurses over the age of 55 report plans to continue in their present employment four or fewer years. Of direct care providers, 40.3% (5,007) plan to work four years or less, creating an experience gap in the nursing workforce. These nurses cite family and personal issues as the single most important factor influencing their career decisions today. This may suggest caregiving responsibilities for elderly parents while still being involved in caring for their own children or grandchildren, duties typical of a “sandwich generation.”

Table V.9.
Future Plans of Wisconsin Registered Nurse Workforce Age 55 Years and Over in WI

Plan to Continue in Present Employment											
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2 years	2,016	12.3		43	0.5	48	0.9	56	3.5	30	7.1
2-4 years	4,468	27.3		421	4.8	830	14.9	626	38.9	128	30.1
5-9 years	6,992	42.3		4,435	51.0	2,230	39.9	198	12.3	54	12.7
10-19 years	2,668	16.3		2,452	28.2	191	3.4	*	*	*	*
20-29 years	73	0.4		51	0.6	18	0.3	*	*	*	*
30 or more years	33	0.2		18	0.2	15	0.3	*	*	*	*
Plan to Work Providing Direct Patient Care											
Less than 2 years	1,525	12.3		297	4.4	658	15.6	466	40.9	94	33.1
2-4 years	3,482	28.0		1,028	15.2	1,770	41.9	514	45.1	151	53.2
5-9 years	5,393	43.4		3,550	52.6	1,662	39.3	139	12.2	38	13.4
0-19 years	1,965	15.8		1,825	27.0	121	2.9	18	1.6	*	*
20 – 29 years	48	0.4		36	0.5	9	0.2	*	*	*	*
30 or more years	18	0.1		12	0.2	6	0.1	*	*	*	*
Plans for Further Education in Nursing											
No plans	15,989	86.6		7,902	83.3	5,517	90.4	1,627	94.8	403	95.3
Enrolled in BSN	150	0.8		111	1.2	32	0.5	*	*	*	*
Enrolled in MS	107	0.6		74	0.8	25	0.4	*	*	*	*
Enrolled in DNP	48	0.3		32	0.3	12	0.2	*	*	0	0*
Enrolled in PhD	27	0.1		17	0.2	8	0.1	*	*	0	0
Enrolled in certificate	353	1.9		189	2.0	115	1.9	19	1.1	*	*
Plan within next 2 years	1,790	9.7		1,166	12.3	393	6.4	62	3.6	14	3.3

Future Plans of Wisconsin Registered Nurse Workforce Age 55 Years and Over in WI 55											
	Total >55 Years			55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Single Most Important Factor in Career Decisions Today continued											
	<i>n</i>	%		<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Personal satisfaction collegial relationships	94	0.6		*	*	24	0.4	38	2.5	20	5.2
Family/personal issues	6,563	41.7		3,488	41.5	2,165	40.2	696	45.9	*	*
Pay	1,276	8.1		763	9.1	387	7.2	101	6.7	*	*
Medical benefits	2,253	14.3		1,301	15.5	741	13.7	182	12.0	*	*
Retirement benefits	1,330	8.4		582	6.9	640	11.9	96	6.3	*	*
Hours/shift	757	4.8		332	3.9	336	6.2	82	5.4	*	*
Potential for advancement	1,957	12.4		1,121	13.3	596	11.1	183	12.1	*	*
Employer supported education	157	1.0		121	1.4	29	0.5	6	0.4	*	*
Worksite location	90	0.6		60	0.7	23	0.4	6	0.4	*	*
Physical work requirements	768	4.9		419	5.0	253	4.7	70	4.6	*	*
Physical disability	500	3.2		222	2.6	198	3.7	57	3.8	*	*

*cells too small to report

Summary:

In this age group, there are 16,317 nurses between the ages of 55 and 75 who report that they are employed. Within this group 2,000 nurses over age 65 years reported that they are employed. This may be related to an uncertain economy or it may reflect an improved health status and longevity of this generation. “Seventy is the new 60,” has been given as an explanation for this phenomenon, suggesting that the workforce of the future will remain at full employment into their seventies. In this section, there is also data indicating a change in the educational preparation of nurses, with a decline in the diploma prepared nurses and an increase in baccalaureate preparation. There are also a large number (7,088, 43.3%) of these nurses who are employed in hospitals, suggesting that hospital employers will need to anticipate the future retirement of these nurses and the loss of their expertise. There are 181 nurses in this group who reported being laid off from their positions. It is not possible to make any inferences about the reasons for these layoffs.

Recommendations:

1. Employers will need to anticipate and plan for the retirements of nurses and the loss of their expertise. This will be particularly essential for hospital employers.
2. Flexibility in working requirements may be helpful in retaining experienced nurses.
3. Future workforce studies need to examine the context of nurses who report being “laid off” to determine causes.

References:

- Buerhaus, P.I., Staiger, D.O., & Auerbach, D. I. (2000). Implications of an aging Registered Nurse workforce. *Journal of the American Medical Association*, 83(22), 2948-2954. PMID: 10865272.
- Juraschek, S.P., Zhang, X., Ranganathan, V.K., Lin, V. (2012). United States Registered Nurse workforce report card and shortage forecast. *American Journal of Medical Quality*, 27(3), 241-249. PMID: 22102163.
- Hall, McGillis L., Lalonde, M., Dales, L. (2011). Strategies for retaining Midcareer nurses. *Journal of Nursing Administration*, 41(12), 531-537. PMID: 22094618.

Issue V.C. An Aging Nursing Faculty

In order to assure an adequate number of registered nurses to care for the citizens of the state, it is crucial to first assure an adequate supply of nursing faculty. Table V.10 describes over 1,600 nurse faculty members over 50 years of age who report they are employed.

Note that there are some faculty members over 75 years of age who report they are employed, but in the detailed analysis the cells become so small that assuring confidentiality is impossible. As a result of deleting this age group and suppressing small cells, rows will not total to 100%. Also note that the age groups are collapsed into 50-54.9, 55-59.9, 60-64.9, etc. The numbers are rounded in the table but they do not overlap.

Table V.10.
Nursing Faculty > 50 Years of Age in Wisconsin

Total >50 Years		50- 55		55-60		60-65		65-70		70-75 Years		75 Years & >	
<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1,658	100	499	30.	566	34.1	394	23.8	142	28.	49	3.0	8	0.5

The composition of nursing faculty in this age group mirrors the composition of the profession. It is female, not diverse, and 90% do not speak a second language. The greatest numbers of nurse faculty members are prepared at the master's level (38.2%) and only a total of 7.9% are prepared at the doctoral level. More than three-fourths of faculty work in urban areas, reflecting the geographic location of educational institutions. If one assumes age 65 years to be the typical retirement age of faculty, the faculty workforce prepared at the doctoral level will potentially lose 82 members in the next 10 years. A similar potential to lose 359 faculty members exists among faculty prepared at the master's level.

Table V.11.
Demographics of Nursing Faculty > 50 Years of Age in WI

	Total > 50 Years		50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Demographics												
Resides in WI	1,589	95.8	477	95.6	542	95.8	378	95.9	137	96.5	47	95.9
Resides out WI	69	4.2	22	4.4	24	4.2	16	4.1	*	*	*	*
Works in WI	1,616	100	490	30.3	550	34.0	382	23.6	138	8.5	49	3.0
Works out WI	9	21.4	16	38.1	12	28.6	*	*	*	*	0	0
Gender												
Male	54	3.3	16	3.2	16	2.8	17	4.3	*	*	*	*
Female	1604	96.7	483	96.8	550	97.2	377	95.7	137	96.5	49	100.0
Mean age	58.0 (SD = 5.40)		52.13 (SD = 1.44)		57.0 (SD = 1.42)		61.76 (SD = 1.38)		66.50 (SD = 1.4)		71.57 (SD = 1.46)	
Diversity												
Diverse	53	3.2	25	5.0	11	1.9	12	3.0	*	*	*	*
Not diverse	1,605	96.8	474	95.0	555	98.1	382	97.0	141	99.3	45	91.8
Speaks 1 or > languages	168	10.1	52	10.4	68	12.1	33	8.4	*	*	*	*

Demographics of Nursing Faculty > 50 Years of Age in WI (continued)													
	Total > 50 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Highest Nursing Degree													
	<i>n</i>	%		<i>n</i>	%								
Diploma	127	7.7		22	4.4	34	6.0	42	10.7	17	12.0	10	20.4
Associate	242	14.6		78	15.6	77	13.6	54	13.7	28	19.7	5	10.2
Baccalaureate	521	31.4		171	34.3	194	34.3	110	27.9	30	21.1	15	30.6
Master	634	38.2		195	39.1	213	37.6	146	37.1	59	41.5	16	32.7
DNP	17	1.0		10	2.0	*	*	*	*	0	0	0	0
Doctorate (PhD, NP, DNS)	114	6.9		21	4.2	42	7.4	40	10.2	*	*	*	*
Urban/Rural Designation of Primary Position													
City of Milwaukee	375	23.8		112	23.5	129	23.9	84	22.6	34	25.0	14	29.8
Urban area >50,000	825	52.3		256	53.8	296	54.8	179	48.2	64	47.1	28	59.6
Rural 2,500 – 50,000	286	18.1		86	18.1	86	15.9	81	21.8	*	*	*	*
Rural < 2,500	91	5.8		22	4.6	29	5.4	27	7.3	*	*	*	*

* cells too small to report

In Table V.12., it becomes clear that in a pending faculty shortage there are very few nurses in this age group who identify themselves as faculty who are unemployed and seeking work. It may be possible to recruit those working in health care (not nursing) and those working in another field back to nursing but the numbers are very small and would be further reduced by the educational requirement of a masters or doctoral degree. Also note that there are a few faculty members (63, 3.8%) who report that they have never provided direct patient care; 389 (23.5%) report that they provide direct patient care.

Table V.12.

Employment Status of Nursing Faculty >50 Years of Age in WI

	Total > 50 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Position Description													
	<i>n</i>	%		<i>n</i>	%								
Nursing	1,558	94.0		477	95.6	537	94.9	375	95.2	120	84.5	43	87.8
Health care not nursing	52	3.1		14	2.8	18	3.2	7	1.8	10	7.0	8	6.1
Working in another field	19	1.1		6	1.2	8	1.4	*	*	*	*	0	0
Unemployed, seeking work in nursing	*	*		*	*	*	*	*	*	0	0	0	0
Unemployed, not seeking work	*	*		*	*	*	*	*	*	0	0	0	0
Retired	21	1.3		0	0	*	*	*	*	10	7.0	*	*

Employment Status of Nursing Faculty > 50 Years of Age in WI (continued)													
	Total > 50 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Primary Role Is to Provide Direct Patient Care													
	<i>n</i>	%		<i>n</i>	%								
Yes	389	23.5		136	27.3	134	23.7	87	22.1	20	14.1	10	20.4
No – limited DPC	215	13.0		77	15.4	67	11.8	59	15.0	*	*	*	*
No, I supervise DPC	335	20.2		105	21.0	108	19.1	82	20.8	30	21.1	9	18.4
No, but have in Past	604	36.4		154	30.9	222	39.2	136	34.5	67	47.2	22	44.9
No, limited DPC in past	52	3.1		13	2.6	14	2.5	14	3.6	*	*	*	*
No, never DCP	63	3.8		14	2.8	21	3.7	16	4.1	*	*	*	*
Employment Basis for Primary Position													
FT – salaried	925	55.8		302	60.5	345	61.0	221	56.1	49	34.5	*	*
FT – hourly	181	10.9		67	13.4	60	10.6	47	11.9	*	*	*	*
PT – salaried	171	10.3		39	7.8	55	9.7	39	9.9	27	19.0	*	*
PT – hourly	319	19.2		82	16.4	95	16.8	69	17.5	45	31.7	26	53.1
Per diem	50	3.0		*	*	9	1.6	15	3.8	14	9.9	*	*
Total Hours Per Week in Primary Position													
Mean	37.26			39.16		40.15		37.18		25.70		19.71	
Has Secondary Position													
Yes	406	24.5		143	28.7	129	22.8	95	24.1	*	*	*	*
Mean hours/week	10.63			10.41		11.32		9.74		9.24		16.08	
Have you received additional training that qualifies you to practice as an APN?													
Yes	518	31.2		155	31.1	171	30.2	133	33.8	37	26.1	18	36.7

*cells too small to report

FT=full time, PT=part time

The nursing faculty over the age of 50 is a very stable employment group, with less than 25% reporting a change in position. One might infer that retirement benefits would be a reason for this stability but salary and benefits are not reported among the most frequent reasons for changes in employment. Like their comparison age counterparts in the general nursing workforce, they cite dissatisfaction with their previous position as an important factor in the change.

Table V.13.

Changes in Employment Status of Nurse Faculty > 50 Years of Age in WI

	Total >55 Years			50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Change in Past Year													
	<i>n</i>	%		<i>n</i>	%								
No change	1,258	75.9		381	76.4	441	77.9	300	76.1	95	66.9	35	71.4
Change in number of hours worked	136	8.2		28	5.6	33	5.8	39	9.9	25	17.6	10	20.4
New position same employer	112	6.8		42	8.4	38	6.7	23	5.8	*	*	*	*

Change in Employment Status in Past Year of Nurse Faculty >50 Years of Age in WI (continued)												
	Total >55 Years		50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
New position with different employer	124	7.5	40	8.0	43	7.6	28	7.1	*	*	*	*
Was not working as RN but am now	8	0.5	*	*	*	*	*	*	*	*	*	*
Was working as RN but no longer	*	*	*	*	*	*	*	*	*	*	*	*
Other	18	1.1	*	*	6	1.1	*	*	*	*	*	*
Factor Most Important in Change of Employment												
Retired	36	8.5	0	0.0	*	*	11	11.2	15	31.9	*	*
Child care responsibilities	*	*	*	*	*	*	*	*	*	*	*	*
Other family responsibilities	8	1.9	*	*	*	*	*	*	*	*	*	*
Salary/benefits	26	6.1	7	5.3	11	8.1	7	7.1	*	*	*	*
Laid off	22	5.2	6	4.5	10	7.4	*	*	*	*	*	*
Change in spouse/partner work	17	4.0	6	4.5	6	4.4	*	*	*	*	*	*
Change in financial status	13	3.1	6	4.5	*	*	*	*	*	*	*	*
Relocation	12	2.8	0	0	*	*	*	*	*	*	*	*
Promotion/ advancement	84	19.7	39	29.3	30	22.2	12	12.2	*	*	*	*
Change in health status	16	3.8	*	*	*	*	6	6.1	*	*	*	*
Seeking more convenient hours	31	7.3	8	65.0	12	8.9	6	6.1	*	*	*	*
Dissatisfaction with previous position	67	15.7	27	20.3	18	13.3	18	18.4	*	*	*	*

*cells too small to report

Table V.14 provides early warning of the loss of 68.4% (1,123) of this group of faculty in the next nine years with half of that number (547, 33.3%) leaving in in the next four years. Small numbers of these educators between the ages of 55-60 years are engaged in higher degree programs in nursing. The largest number (45) is currently enrolled in a master's degree program. Similar small numbers (21, 27) are enrolled in DNP (21) and PhD (27) programs. Like their comparison age counterparts in the general nursing workforce, they cite family and personal issues as the single most important factor in their career decisions today.

Table V.14.**Future Plans of Nursing Faculty in WI > 50 Years of Age in WI**

	Total > 50 Years		50-55 Years		55-60 Years		60-65 Years		65-70 Years		70-75 Years	
Plan to Continue in Present Type of Employment												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
< 2 years	176	10.7	21	4.2	28	4.9	60	15.5	51	37.5	*	*
2-4 years	371	22.6	38	7.6	93	16.4	152	39.3	61	44.9	*	*
5-9 years	576	35.1	116	23.3	273	48.2	155	40.1	22	16.2	*	*
10-19 years	482	29.4	300	60.4	164	29.4	16	4.1	*	*	*	*
20-29 years	28	1.7	20	4.0	*	*	*	*	0	0	0	0
30 or more years	6	0.4	*	*	*	*	*	*	0	0	0	0
Plans for Further Education in Nursing												
No plans	1,243	76.3	318	64.0	425	75.5	324	84.2	129	97.7	42	91.3
Enrolled in BSN	12	0.7	7	1.4	*							
Enrolled in MS	45	2.8	28	5.6	13	2.3	*					
Enrolled in DNP	21	1.3	9	1.8	11	2.0	*					
Enrolled in PhD	27	1.7	13	2.6	9	1.6	*					
Enrolled in specialty certificate	50	3.1	10	2.0	19	3.4	18	4.7	*			
Plan within next 2 years	231	14.2	112	22.5	81	14.4	34	8.8	*			
Single Most Important Factor in Career Decisions Today												
Personal satisfaction /collegial relationships	15	0.9	0	0.0	0	0.0	*	*	6	4.6	*	*
Family/personal issues	867	54.6	251	52.2	295	54.0	209	55.4	81	62.3	*	*
Pay	122	7.7	46	9.6	43	7.9	26	6.9	*	*	*	*
Medical benefits	162	10.2	60	12.5	61	11.2	30	8.0	7	5.4	*	*
Retirement benefits	95	6.0	20	4.2	33	6.0	39	10.3	*	*	*	*
Hours/shift availability	61	3.8	12	2.5	27	4.9	17	4.5	*	*	*	*
Potential for advancement	121	7.6	48	10.0	42	7.7	15	4.0	*	*	*	*
Employer supported education	24	1.5	11	2.3	9	1.6	*	*	0	0	*	*
Worksite location	15	0.9	*	*	8	1.5	*	*	*	*	*	*
Physical work requirements	63	4.0	17	3.5	15	2.7	23	6.1	*	*	*	*
Physical disability	42	2.6	11	2.3	13	2.4	9	2.4	*	*	*	*

*cells too small to report

Summary:

Nursing faculty members over the age of 50 years represent an experienced group of educators and a valuable resource for the profession. The data show that they are largely working full time and, in fact, almost 25% of this group report having a second position. It might be inferred from the number of hours in the second position, that faculty may be working to maintain clinical expertise. Many of the faculty in this group (23.5%) report that they engage in direct patient care in their primary position. This may reflect advance practice nurses who also engage in teaching students. Of concern is the large number of faculty who plan to remain in their positions nine or fewer years, leaving a significant gap in the nurse educator workforce. For more than half of these nurses, the single most important factor in career decisions is family and personal issues, perhaps suggesting involvement in caregiver responsibilities.

Recommendations:

1. Employers might consider enabling faculty members to create more flexible schedules and reduced hours in order to retain an older, experienced workforce.
2. Doctoral education for nurse educators needs to be accessible and affordable to promote higher levels of preparation for the faculty role.

Issue V.D The Clinical Practice of Associate Degree Prepared Registered Nurses

In this analysis, registered nurses who report an associate degree as their highest earned nursing degree were grouped according to their primary employment position into a region as defined by the Wisconsin Department of Health Services. The state totals are included for comparison and these include all associate degree nurses who live and/or work in the state, employed or not. Thus, regional totals of employed nurses will not total to the number of nurses in the state.

Over 25,000 registered nurses in Wisconsin report an associate degree as their highest degree. Contrasted with those holding a baccalaureate degree, these nurses are slightly more diverse and have a slightly larger number of males.

Table V.15.

Registered Nurse Workforce with an Associate Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%										
Resides in WI	25,292	96.4	4,267	96.1	7,331	97.5	4,166	96.7	2,565	97.2	3,267	90.7
Resides out WI	944	3.6	171	3.9	187	2.5	143	3.3	73	2.8	335	9.3
Works in WI	22,503	89.5	4,438	90.6	7,518	89.0	4,309	89.2	2,636	89.7	3,602	86.5
Works out WI	622	2.5	103	2.2	137	1.7	70	1.4	59	2.1	253	6.8
Resides WI, not working	2,040	8.1	344	7.3	759	9.3	456	9.4	230	8.2	251	6.7
Gender												
Male	1,901	7.2	309	7.0	530	7.0	260	6.0	223	8.5	259	7.2
Female	24,335	92.8	4,129	93.0	6,988	93.0	4,409	94.0	2,413	91.5	3,343	92.8
Mean Age	45.76 (SD = 11.65)		44.77 (SD = 11.05)		45.20 (SD = 11.23)		44.42 (SD = 11.16)		44.22 (SD = 11.39)		44.35 (SD = 11.49)	
Diversity												
Diverse	1,573	6.0	182	4.1	897	11.9	121	2.8	69	2.6	67	1.9
Not diverse	24,663	94.0	4,256	95.9	6,621	88.1	4,188	97.2	2,567	97.4	3,535	98.1
Speaks 1 or > additional languages	2,342	8.9	401	9.0	895	11.8	302	6.9	184	7.0	214	6.0

In this analysis, RNs were placed in the regions on the basis of their primary position. This means that at the state level, all ADN graduates are included and in the regional data, only the nurses who report a primary position in a region are included. What is surprising in Table V.16 is the number (718, 2.7%) of this group at the state comparison level that is unemployed and seeking work in nursing. There is a similar number (563) working in health care (not nursing) and another group (275) working in another field. Half report being employed in hospitals, in staff nurse positions (73.9%), and providing direct patient care (82.5%). Another unusual finding is that 153 report never having provided direct patient care. Large numbers of these nurses are also working in extended care and in ambulatory care. A large number of associate degree prepared nurses report working in extended care (4,069, 17.5%) and ambulatory care (3,635, 15.7%). The largest number (73.9%) is employed as staff nurses.

Table V.16.
Employment Status of Registered Nurse Workforce with an Associate Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern		
Employment Status													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Working as a nurse	23,245	88.6		4,352	98.1	7,357	97.9	4,218	97.9	2,572	97.6	3,546	98.4
Working in health care, not nursing	563	2.1		58	1.3	110	1.5	56	1.3	44	1.7	36	1.0
Working in another field	275	1.0		8	0.2	12	0.2	8	0.2	10	0.4	*	*
Unemployed, seeking work in nursing	718	2.7		7	0.2	27	0.4	12	0.3	*	*	*	*
Unemployed, seeking work in another field	52	0.2		0	0.0	0	0.0	*	*	0	0.0	*	*
Unemployed, not seeking work	548	2.1		*	*	*	*	*	*	0	0.0	*	*
Retired	835	3.2		10	0.2	9	0.1	9	0.2	*	*	8	0.2
Primary Job Require Licensure as RN													
Yes	22,283	98.6		4,329	98.6	7,287	98.6	4,342	98.4	2,545	98.5	3,449	98.8
No	336	1.4		63	1.4	107	1.4	70	1.6	40	1.5	43	1.2
Primary Function to Provide Direct Patient Care (DPC)													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	19,164	82.5		3,772	85	6,221	82.7	3,530	81.9	2,168	82.2	2,944	81.7
No, I provide limited DPC	1,103	4.8		190	4.3	337	4.5	227	5.3	122	4.6	192	5.3
No, I supervise DPC	1,182	5.1		207	4.7	381	5.1	236	5.5	121	4.6	189	5.2
No, but have in past	1,484	6.4		229	5.2	488	6.5	269	6.2	193	7.3	225	6.2
No, provided limited DPC in past	133	0.6		16	0.4	38	0.5	26	0.6	10	0.4	34	0.9
No, have never provided DPC	153	0.6		24	0.5	53	0.7	21	0.5	22	0.8	18	0.5
Mean years worked as RN providing DPC?	12.30			12.26		12.15		11.75		11.76		11.91	
Primary Work Setting													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Hospital	11,748	50.6		2,207	49.7	4,173	55.5	1,971	45.7	1,245	47.2	1,812	50.3
Extended care	4,069	17.5		756	17.0	1,139	15.2	855	19.8	478	18.1	732	20.3
Ambulatory care	3,635	15.7		807	18.2	1,027	13.7	726	16.8	431	16.4	543	15.1
Home Health	1,727	7.4		309	7.0	591	7.9	361	8.4	193	7.3	217	6.0
Public Health	474	2.0		80	1.8	147	2.0	98	2.3	62	2.4	68	1.9
Nurse Educator	90	0.4		15	0.3	34	0.5	18	0.4	15	0.6	5	0.1
Other	1,476	6.4		264	5.9	407	5.4	280	6.5	212	8.0	225	6.2

Employment Status of Registered Nurse Workforce with an Associate Degree in WI (continued)													
	State Level		Southern		Southeastern		Northeastern		Western		Northern		
Function at Primary Position													
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Staff nurse	17,160	73.9	3,391	76.4	5,583	74.3	3,134	72.7	1,931	73.3	2,647	73.5	
Case manager	1,745	7.5	293	6.6	570	7.6	325	7.5	218	8.3	286	7.9	
Nurse Manager	1,913	8.2	365	8.2	554	7.4	382	8.9	217	8.2	336	9.3	
Advanced Practice Nurse	86	0.4	9	0.2	20	0.3	21	0.5	16	0.6	18	0.5	
Consultant	226	1.0	36	0.8	69	0.9	31	0.7	14	0.5	35	1.0	
Administrator	223	1.0	38	0.9	78	1.0	41	1.0	36	1.4	26	0.7	
Nurse Executive	192	0.8	32	0.7	70	0.9	32	0.7	17	0.6	31	0.9	
Nurse Faculty	131	0.6	14	0.3	38	0.5	24	0.6	27	1.0	21	0.6	
Nurse Researcher	70	0.3	16	0.4	32	0.4	6	0.1	*	*	*	*	
Payment Basis of Primary Position													
Full time, salary	3,580	15.4	573	12.9	1,260	16.8	675	15.7	402	15.3	522	14.5	
Full time, hourly	12,521	53.9	2,399	54.1	3,899	51.9	2,174	50.5	1,612	61.2	2,068	57.4	
PT, salary	292	1.3	48	1.1	120	1.6	49	1.1	31	1.2	35	1.0	
PT, hourly	6,002	25.8	1,282	28.9	1,961	26.1	1,239	28.8	508	19.3	864	24.0	
Per Diem	775	3.3	129	2.9	264	3.5	161	3.7	77	2.9	105	2.9	
Mean hours worked per week primary job	36.01		35.94		36.77		35.15		36.09		35.29		
Second job	3,233	13.9	606	13.7	1,065	14.2	594	13.8	362	13.7	452	12.5	
Mean hours per week in second job	11.80		11.64		12.73		10.11		11.08		12.56		

*cells too small to report

Table V.17. documents the mobility of these nurses. Almost one-third of them had some type of change in their employment in the past year. The largest number (1,403, 14.8%) cited dissatisfaction with their position as the factor most important in their change. Across the state, there are 322 (3.4%) nurses who report being laid off from a position, perhaps reflecting the state unemployment rate of 7.2% (February, 2013).

Table V.17.

Changes in Employment Status of Registered Nurse Workforce with an Associate Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern		
Change in Past Year													
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
No change	17,245	65.7	2,951	66.5	5,102	67.9	2,808	65.2	1,761	66.6	2,435	67.6	
Change in number of hours worked	2,371	9.0	434	9.8	732	9.7	452	10.5	239	9.1	347	9.6	
New position same employer	2,147	8.2	381	8.6	635	8.4	457	10.6	224	8.5	332	9.2	
New position different employer	2,620	10.0	520	11.7	743	9.9	449	10.4	316	12.0	372	10.3	

Changes in Employment Status of Registered Nurses Workforce with an Associate Degree in WI(continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year continued													
	<i>N</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Was not working as RN but am now	681	2.6		129	2.9	236	3.1	107	2.5	79	2.9	93	2.6
Factor Most Important in Change of Employment													
I retired	461	4.9		12	0.8	17	0.7	18	1.2	13	1.5	15	1.2
Child care responsibilities	531	5.6		85	5.6	177	7.1	81	5.3	51	5.7	60	5.0
Other family responsibilities	439	4.6		51	3.3	133	5.3	65	4.3	36	4.1	52	4.4
Salary/benefits	907	9.5		190	12.5	272	10.9	138	9.1	85	9.6	154	12.9
Laid off	322	3.4		27	1.8	77	3.1	31	2.0	18	2.0	19	1.6
Change in spouse/partner work	278	2.9		46	3.0	98	3.9	56	3.7	5	2.8	22	1.8
Change in financial status	362	3.8		73	4.8	121	4.8	42	2.8	39	4.4	53	4.4
Relocation	472	5.0		83	5.4	97	3.9	73	4.8	57	6.4	65	5.4
Promotion/ advancement	1,348	14.2		254	16.7	362	14.5	262	17.2	141	15.9	216	18.1
Change in health status	478	5.0		44	2.9	80	3.2	45	3.0	26	2.9	37	3.1
More convenient hours	1,192	12.5		188	12.3	353	14.1	261	17.2	140	15.8	184	15.4
Dissatisfaction with previous position	1,403	14.8		242	15.9	394	15.7	208	13.7	143	16.1	168	14.1

*cells too small to report

Table V.18. identifies the large commitment in this group to remain in direct patient care. Approximately one-third of these nurses report that they intend to pursue additional education within the next two years. Family/personal issues are the single most important factor in their career decisions.

Table V.18.

Future Plans of Registered Nurse Workforce with an Associate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work Providing Direct Patient Care													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
< 2 years	969	4.5		139	3.4	357	5.3	169	4.4	103	4.5	124	3.9
2 -4 years	2,265	10.6		380	9.4	767	11.5	393	10.2	232	10.0	337	10.5
5-9 years	4,459	20.8		805	19.9	1,488	22.3	770	20.0	462	20.0	639	19.9
10-19 years	6,625	30.9		1,283	31.8	2,088	31.3	1,128	29.3	694	30.0	971	30.2
20-29 years	3,957	18.5		833	20.6	1,124	16.8	765	19.9	422	18.2	608	18.9
30 or more years	3,156	14.7		597	14.8	852	12.8	622	16.2	400	17.3	538	16.7

Future Plans of Registered Nurse Workforce with an Associate Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
< 2 years	2,330	9.5		350	8.0	751	10.1	395	9.2	227	8.7	358	10.0
2-4 years	3,959	16.2		683	15.5	1,357	17.7	644	15.1	426	16.3	549	15.3
5-9 years	5,034	20.6		882	20.0	1,592	21.4	860	20.1	528	20.2	729	20.4
10-19 years	6,517	26.7		1,190	27.0	2,004	27.0	1,124	26.3	687	26.2	902	25.2
20-29 years	3,380	15.7		779	17.7	1,067	14.4	716	16.8	393	15.0	584	16.3
30 or more years	2,728	11.2		517	11.7	696	9.4	535	12.5	358	13.7	460	12.8
Plans for Further Education in Nursing													
No plans	12,516	55.6		2,426	54.7	3,976	52.9	2,511	58.3	1,541	58.5	2,062	57.2
Enrolled in BSN	2,104	9.3		406	9.1	759	10.1	394	9.1	218	8.3	327	9.1
Enrolled in MS	127	0.6		29	0.7	47	0.6	18	0.4	9	0.3	24	0.7
Enrolled in DNP	*	*		0	0	*	*	*	*	0	0	*	*
Enrolled in PhD	0	0		0	0	*	*	*	*	0	0	0	0
Enrolled in specialty certificate	284	1.3		52	1.2	88	1.2	57	1.3	32	1.2	55	1.5
Plan to pursue within next 2 years	7,466	33.2		1,525	34.4	2,645	35.2	1,327	30.8	836	31.7	1,133	31.5
Single Most Important Factor in Career Decisions Today													
Personal satisfaction/collegial relationships	1,032	4.1		*	*	*	*	8	0.2	*	*	*	*
Family/personal issues	7,829	31.2		1,434	33.4	2,375	32.6	1,325	31.7	868	33.9	1,215	34.5
Pay	3,877	15.4		638	14.9	1,099	15.0	746	17.9	393	15.3	514	14.6
Medical benefits	3,773	15.0		694	16.2	1,229	16.9	598	14.3	377	14.7	528	15.0
Retirement benefits	1,123	4.5		218	5.1	313	4.3	163	3.9	122	4.8	195	5.5
Hours/shift availability	454	1.8		90	2.1	141	1.9	62	1.5	46	1.8	60	1.7
Potential for advancement	4,319	17.2		767	17.9	1,328	18.2	831	19.9	429	16.7	610	17.3
Employer supported education options	952	3.8		134	3.1	302	4.1	177	4.2	116	4.5	132	3.8
Worksite location	269	1.1		49	1.1	91	1.3	34	0.8	20	0.8	41	1.2
Physical work requirements	1,108	4.4		231	5.4	269	3.7	175	4.2	158	6.2	171	4.9
Physical disability	386	1.5		36	0.8	127	1.7	60	1.4	28	1.1	49	1.4

*cells too small to report

Summary:

There are over 25,000 associate degree prepared Registered Nurses residing in Wisconsin, 89.5% of whom are working in Wisconsin. They report high levels of employment in nursing, as direct care providers, and working in hospitals in staff nurse positions. Only 34.3% report a change in employment in the past year, a number that decreases when one considers 8.2% report changing to a new position with the same employer. They also cite promotion or advancement (14.2%) as a frequent reason for change. It is also notable that over 35% of those who report being employed in direct patient care plan to work nine or fewer additional years. Over 7,000 of these nurses plan to pursue additional education in the next two years.

Recommendation:

1. Assure access and funding to support the further education of associate degree prepared registered nurses.

Issue V.E. The Clinical Practice of Baccalaureate Degree Prepared Registered Nurses

In this section the baccalaureate prepared registered nurse workforce in the state is examined.

In this analysis, the state level comparison includes all baccalaureate prepared registered nurses who report a baccalaureate degree in nursing as their highest earned degree and who live and/or work in the state. The regional group includes registered nurses who report a baccalaureate degree in nursing as their highest degree and who report their primary position in the region, so comparisons to state level data are not made.

The first observation is that there are more baccalaureate prepared nurses (26,160) than associate degree prepared nurses (22,503) working in the state of Wisconsin. Baccalaureate (BS) nurses are slightly younger (44.65 years) than their associate degree (AD) counterparts (45.76) with slightly lower levels of diversity and men.

Table V.19.

Registered Nurse Workforce with a Baccalaureate Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%										
Resides in WI	30,294	97.6	5,103	97.7	10,905	98.0	4,959	98.3	1,904	98.0	2,492	90.3
Resides out WI	753	2.4	118	2.3	219	2.0	85	1.7	38	2.0	267	9.7
Works in WI	26,160	84.3	5,221		11,124		5,044		1,942		2,759	
Works out WI	516	1.7										
Resides WI, not working	2,870	8.2										
Male	2,019	6.5	378	7.2	666	6.0	291	5.8	136	7.0	192	7.0
Female	29,028	93.5	4,843	92.8	10,458	94	4,753	94.2	1,806	93.0	2,567	93
Mean Age	44.65 (SD = 12.71)		42.58 (SD = 12.11)		43.08 (SD = 12.35)		43.07 (SD = 11.82)		45.25 (SD = 11.77)		44.98 (SD = 12.30)	
Diversity												
Diverse	1,736	5.6	224	4.3	941	8.5	146	2.9	46	2.4	58	2.1
Not diverse	29,311	94.4	4,997	95.7	10,183	91.5	4,898	97.1	1,896	97.6	2,701	97.9

In Table V.20., a high number of BS prepared nurses (85%) report being employed as a nurse and providing direct patient care (76.9%). Compared to their AD counterparts, BS nurses have lower numbers unemployed and seeking work in nursing, and a lower percentage employed in providing direct patient care. Among the RNs with BS degrees, 60% (16,020) report being employed in hospitals compared to 50.6% (11,748) of nurses with an AD. The reverse is true in extended care where AD nurses report 17.5% (4,069) are employed compared to 6.4% (1,669) of BS prepared nurses; 3,391 (12.7%) of BS prepared nurses report having a second job at which they work a mean of 10.6 hours per week. This is similar to AD nurses who report holding a second job (3,233, 12.7) where they work an average of 11.80 hours per week. BS prepared nurses report a mean of 15 years' experience in providing direct patient care. Note that some of these nurses report being employed as Advanced Practice Nurses, which is a questionable finding given that APN nurses generally hold a graduate degree. It may be that this reflects the "grandfathering" of individuals who held positions before the graduate requirements were implemented.

Table V.20.
Employment Status of Registered Nurse Workforce with a Baccalaureate Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Working as a nurse	26,390	85.0	5,058	96.9	10,799	97.1	4,898	97.1	1,867	96.1	2,683	97.2
Working in health care, not nursing	1,027	3.3	120	2.3	244	2.2	17	0.1	55	2.8	56	2.0
Working in another field	635	2.0	12	0.2	34	0.3	*	*	9	0.5	*	*
Unemployed, seeking work in nursing	586	1.9	9	0.2	25	0.2	*	*	*	*	*	*
Unemployed, seeking work in another field	74	0.2	*	*	*	*	*	*	*	*	*	*
Unemployed, not seeking work	1,058	3.4	*	*	*	*	*	*	*	*	*	*
Retired	1,277	4.1	16	0.3	15	0.1	9	0.2	*	*	*	*
Primary Position Require Licensure as RN												
Yes	26,070	97.7	5,092	97.5	10,896	98.0	4,918	97.5	1,889	97.3	2,712	98.3
No	606	2.3	129	2.5	228	2.0	126	2.5	53	2.7	47	1.7
Primary Function to Provide Direct Patient Care (DPC)												
Yes	20,525	76.9	4,195	80.3	8,659	77.8	3,778	74.9	1,395	71.8	2,094	75.9
No, I provide limited DPC	1,370	5.1	252	4.8	531	4.8	296	5.9	108	5.6	158	5.7
No, I supervise DPC	1,595	6.0	269	5.2	597	5.4	365	7.2	130	6.7	200	7.2
No, but have in past	2,681	10.1	411	7.9	1,118	10.1	510	10.1	271	14.0	270	9.8
No, provided limited DPC in past	222	0.8	42	0.8	87	0.8	49	1.0	22	1.1	17	0.6
No, have never provided DPC	283	1.1	52	1.0	132	1.2	46	0.9	16	0.8	20	0.7
Mean years worked as RN providing DPC	15.15		14.51		14.62		14.88		16.26		16.48	
Primary Work Setting												
Hospital	16,020	60.1	3,226	61.8	7,144	64.2	2,728	54.1	1,065	54.8	1,534	55.6
Extended care	1,699	6.4	273	5.2	598	5.4	476	9.4	92	4.7	228	8.3
Ambulatory care	4,099	15.4	864	16.5	1,505	13.5	844	16.7	360	18.5	454	16.5
Home Health	1,303	4.9	254	4.9	551	5.0	275	5.5	76	3.9	118	4.3
Public Health	1,462	5.5	243	4.7	538	4.8	318	6.3	146	7.5	190	6.9
Nurse Educator	237	0.9	40	0.8	85	0.8	55	1.1	25	1.3	26	0.9
Other	1,856	7.0	321	6.1	703	6.3	348	6.9	178	9.2	209	7.6

Employment Status of Registered Nurses Workforce with a Baccalaureate Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Function at Primary Position													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Staff nurse	18,351	69.5		3,812	73.0	7,871	70.8	3,423	67.9	1,251	64.4	1,828	66.3
Case manager	1,806	6.8		318	6.1	781	7.0	324	6.4	150	7.7	201	7.3
Nurse Manager	2,051	7.7		369	7.1	731	6.6	459	9.1	176	9.1	269	9.7
Advanced Practice Nurse	294	1.1		58	1.1	77	0.7	56	1.1	36	1.9	54	2.0
Consultant	337	1.3		66	1.3	125	1.1	60	1.2	17	0.9	37	1.3
Administrator	448	1.7		70	1.3	174	1.6	88	1.7	59	3.0	47	1.7
Nurse Executive	284	1.1		55	1.1	93	0.8	57	1.1	30	1.5	36	1.3
Nurse Faculty	222	0.8		28	0.5	83	0.7	61	1.2	14	0.7	29	1.1
Nurse Researcher	168	0.6		52	1.0	75	0.7	20	0.4	*	*	10	0.4
Payment Basis of Primary Position													
Full time, salary	5,467	20.5		874	16.7	2,374	21.3	973	19.4	491	25.3	557	20.2
Full time, hourly	12,121	45.4		2,440	46.7	5,015	45.1	2,191	44.1	928	47.8	1,303	47.2
PT, salary	729	2.7		156	3.0	345	3.1	118	2.2	41	2.1	55	2.0
PT, hourly	7,314	27.4		1,566	30.1	2,984	26.8	1,541	29.9	399	20.5	725	26.3
Per Diem	947	3.6		168	3.2	372	3.3	206	4.1	74	3.8	102	3.7
Mean hours worked per week primary job	35.72			35.38		36.35		34.58		36.27		35.08	
Have a second job	3,391	12.7		592	11.3	1,482	13.3	644	12.8	241	12.4	321	11.6
Mean hours per week in second job	10.62			10.74		10.77		9.91		9.60		10.68	

*cells too small to report

In Table V.21., almost 70% of baccalaureate prepared nurses report no change in employment in the past year, and when they did change, 9% reported it was a change in hours. Some 5.4% (552) of these nurses retired in the past year. This may suggest the beginning of an exodus from the work force or an improving economy. A significant number (312, 3.1%) report being laid off but no additional information is available regarding reasons. It is also noted that some (1,393, 13.6%) expressed dissatisfaction with their previous position. This is a number similar to their AD counterparts.

Table V.21.
Changes in the Employment Status of RN Workforce with a Baccalaureate Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No change	21,369	68.8		3,574	68.5	7,711	69.3	3,471	68.8	1,385	71.3	1,906	69.1
Change in number of hours worked	2,786	9.0		488	9.3	1,163	10.5	517	10.2	154	7.9	282	10.2

Changes in the Employment Status RN Workforce with a Baccalaureate Degree in WI (continued)													
	State Level		Southern		Southeastern		Northeastern		Western		Northern		
Change in Past Year (continued)													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
New position with same employer	2,292	7.4		429	8.2	916	8.2	437	8.7	154	7.9	239	8.7
New position with different employer	2,522	8.1		510	9.8	927	8.3	433	8.6	182	9.4	236	8.6
Was not working as RN but am now	817	2.6		175	3.4	331	3.0	149	3.0	51	2.6	83	3.0
Was working as RN but no longer working as RN	679	2.2		11	0.2	8	0.1	11	0.2	*	*	*	*
Factor Most Important in Change of Employment													
I retired	552	5.4		18	1.1	28	0.8	17	1.1	6	1.0	12	1.4
Child care responsibilities	831	8.1		126	7.6	330	9.5	125	7.8	38	6.5	45	5.2
Other family responsibilities	416	4.1		50	3.0	141	4.1	60	3.8	12	2.1	28	3.2
Salary/benefits	778	7.6		141	8.5	287	8.3	132	8.3	45	7.7	90	10.4
Laid off	312	3.1		37	2.2	99	2.8	25	1.6	16	2.7	16	1.9
Change in spouse/partner work	319	3.1		53	3.2	125	3.8	52	3.32	21	3.6	36	4.2
Change in financial status	334	3.3		64	3.8	128	3.7	46	2.9	23	4.0	35	4.1
Relocation	642	6.3		145	8.7	182	5.2	100	6.3	38	6.5	64	7.4
Promotion/ advancement	1,457	14.3		245	14.7	551	15.8	279	17.4	98	16.8	148	17.2
Change in health status	388	1.2		39	2.3	90	2.6	21	1.3	15	2.6	24	2.8
More convenient hours	1,167	11.4		235	14.1	456	13.1	221	13.8	70	12.0	114	13.2
Dissatisfaction with previous position	1,393	13.6		249	15.0	515	14.8	244	15.3	92	15.8	114	13.2

*cells too small to report

Table V.22. presents data that indicate over half of these nurses plan to leave direct patient care in nine or fewer years and a similar number plan to leave their present employment in the same number of years. The single most important factor in their career decisions is family/personal issues.

Over 22% (7,061) of these nurses plan to continue their education in the next two years. Even though the numbers are very small, there are almost six times as many enrolled in DNP programs as PhD programs. While difficult to infer the meaning of these statistics, it draws attention to the future of nursing research in the state.

Table V.22.**Future Plans of Registered Nurse Workforce with a Baccalaureate Degree in WI**

	State Level		Southern		Southeastern		Northeastern		Western		Northern		
Plan to Work Providing Direct Patient Care													
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
< 2 years	1,349	5.9	245	5.4	523	5.6	246	5.9	103	6.7	142	6.2	
2-4 years	3,113	13.6	592	13.2	1,310	14.1	473	11.4	232	15.0	324	14.1	
5-9 years	4,992	21.8	973	21.6	2,112	22.8	840	20.2	326	21.1	508	22.1	
10-19 years	6,359	27.8	1,275	28.3	2,586	27.9	1,145	27.6	417	27.0	648	28.2	
20-29 years	3,683	16.1	798	17.7	1,414	15.3	689	16.6	248	16.1	365	15.9	
30 or > years	3,389	14.8	617	13.7	1,327	14.3	760	18.3	218	14.1	312	13.6	
Plan to Work in Present Type of Employment													
< 2 years	3,422	12.1	579	11.2	1,403	12.7	583	11.6	221	11.4	322	11.7	
2-4 years	5,713	20.2	1,040	20.1	2,346	21.3	929	18.5	387	20.0	536	19.5	
5-9 years	6,301	22.3	1,134	21.9	2,483	22.5	1,062	21.2	411	21.3	624	22.7	
10-19 years	6,928	24.5	1,252	24.2	2,684	24.4	1,269	25.6	484	25.1	677	24.7	
20-29 years	3,466	12.3	719	13.9	1,238	11.2	635	12.7	258	13.4	363	13.2	
30 or more years	2,414	8.5	450	8.7	868	7.9	537	10.7	170	8.8	221	8.1	
Plans for Further Education in Nursing													
No plans	21,555	69.4	3,452	66.5	7,240	65.4	3,457	68.8	1,380	7.1	1,886	68.7	
Enrolled in MS	1,800	5.8	282	5.4	757	6.8	316	6.3	121	6.2	160	5.8	
Enrolled in DNP	130	0.4	35	0.7	53	0.5	10	0.2	6	0.3	13	0.5	
Enrolled in PhD	21	0.1	*	*	9	0.1	*	*	*	*	*	*	
Enrolled in specialty certificate	413	1.3	79	1.5	148	1.3	86	1.7	26	1.3	38	1.4	
Plan to pursue within next 2 years	7,061	22.7	1,329	25.6	2,852	25.7	1,144	22.7	400	20.6	640	23.3	
Single Most Important Factor in Career Decisions Today													
Personal satisfaction/collegial relationships	1,688	5.6	12	0.2	12	0.1	*	*	*	*	*	*	
Family/personal issues	10,015	33.4	1,897	37.2	3,814	35.2	1,790	36.2	674	35.6	1,036	38.4	
Pay	5,471	18.3	831	16.3	1,938	17.9	994	20.1	326	17.2	431	16	
Medical benefits	4,053	13.5	829	16.3	1,681	15.5	574	11.6	270	14.3	348	12.9	
Retirement benefits	1,028	3.4	220	4.3	347	3.2	143	2.9	87	4.6	113	4.2	
Hours/shift availability	521	1.7	119	2.3	201	1.9	61	1.2	34	1.8	55	2.0	
Potential for advancement	4,532	15.1	774	15.2	1,868	17.2	895	18.1	293	15.5	404	15.0	

Future Plans of Registered Nurse Workforce with a Baccalaureate Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Single Most Important Factor in Career Decisions Today (continued)													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Employer supported education options	1,129	3.8		170	3.3	468	4.3	210	4.3	58	3.1	119	4.4
Worksite location	233	0.8		60	1.2	87	0.8	40	0.8	15	0.8	18	0.7
Physical work requirements	922	3.1		135	2.6	289	2.7	177	3.6	110	5.8	126	4.7
Physical disability	368	1.2		50	1.0	129	1.2	53	1.1	22	1.2	44	1.6

*cells too small to report

Summary:

Baccalaureate prepared nurses mirror the rest of the profession in that they are female, not diverse, and have a mean age of 44.65. Their primary employment setting remains hospitals and they are largely direct care providers in staff nurse positions. They report similar turnover rates as their AD counterparts and similar rates of dissatisfaction with their prior positions when they report an employment change. Layoff numbers (312, 3.1%) were similar to their AD counterparts (322, 3.4%). Fewer BSN nurses (586, 1.9%) than AD nurses (718, 2.7%) report being unemployed and seeking work in nursing.

Recommendations:

1. The “unemployed seeking work in nursing” sector of the nursing workforce needs to be monitored. If this is an increasing trend, it will require detailed analysis and exploration of reasons for the unemployment. Once the reasons are determined, appropriate actions can be determined.
2. This group is the primary recruitment pool for future faculty. This workforce needs to be informed about graduate education and encouraged to prepare for faculty positions.
3. The “dissatisfaction with previous position” response as a reason for employment change requires further detailed examination in future RN surveys.

Issue V.F. The Clinical Practice of Master's Degree Prepared Registered Nurses

In this section the clinical practice of the registered nurse workforce in the state who reports a master's degree in nursing as their highest degree is examined.

In this analysis the state level comparison includes all master's prepared registered nurses who live and/or work in the state. The regional group includes all registered nurses who report their primary position in the region, so all comparisons to state level data will not total to 100%.

The first observation is that there are only a total of 5,617 nurses with a master's degree who report working in Wisconsin. Again, there are few males and the group is not diverse. There is a large group (523) who resides in Wisconsin and is not working. This may represent a potential addition to the workforce.

Table V.23.

Registered Nurse Workforce with a Master's Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Resides in WI	6,266	95.7	1,222	97.1	2,002	96.9	1,011	97.6	475	96.2	617	83.7
Resides out WI	281	4.3	37	2.9	63	3.1	25	2.4	19	3.8	120	16.3
Works in WI	5,617	88.9	1,250	88.5	1,996	88.3	1,011	90.3	481	90.2	598	84.2
Works out WI	177	2.8										
Resides WI, not working	523	8.3										
Male	470	7.2	86	6.8	103	5.0	92	8.9	54	10.9	72	9.8
Female	6,077	92.8	1,173	93.2	1,962	95.0	944	91.1	440	89.1	665	90.2
Mean Age	49.46 (SD = 11.28)		48.47 (SD = 10.90)		48.41 (SD = 11.02)		48.0 (SD = 10.30)		47.50 (SD = 9.93)		48.89 (SD = 10.49)	
Diversity												
Diverse	313	4.8	50	4.0	155	7.5	24	2.3	18	3.6	17	2.3
Not diverse	6,234	95.2	1,209	96.0	1,910	92.5	1,012	97.7	476	96.4	720	97.7

Table V.24 reveals that the majority of Master's prepared nurses are working in the southern and southeastern regions of the state. There is a very low number (98, 1.5%) who report that they are unemployed and seeking work in nursing. Compared to their colleagues with AD (82.5%) and BS (76.9), this group reports only a 58.7% employment in direct patient care. They report a lower level of hospital employment (41%) than their AD (50.6%) and BS (60.1) colleagues. Over half of them report being Advanced Practice Nurses. They report an overall average of 18.48 years' experience as an RN providing direct patient care. At this level of education, there is a move to a salaried form of compensation for their primary position and an increase in the number of hours worked per week in their primary position compared to AD and PS prepared colleagues. A large number (21.8%) report a second job and working a mean number of 10.42 hours per week in that secondary position.

Table V.24.
Employment Status of Registered Nurse Workforce with a Master's Degree in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Working as a nurse	5,576	85.2	1,222	83.4	1,971	83.8	998	85.7	479	87.1	631	86.0
Working in health care, not nursing	303	4.6	77	5.3	118	5.0	50	4.3	23	4.2	30	4.1
Working in another field	104	1.6	18	1.2	41	1.7	17	1.5	11	2.0	16	2.2
Unemployed, seeking work in nursing	98	1.5	16	1.1	47	2.0	17	1.5	7	1.3	11	1.5
Unemployed, seeking work in another field	9	0.1	*	*	*	*	*	*	0	0	*	*
Unemployed, not seeking work	116	1.8	30	2.0	43	1.8	22	1.9	7	1.3	14	1.9
Retired	341	5.2	101	6.9	128	5.4	58	5.0	23	4.2	31	4.2
Primary Job Require Licensures as RN												
Yes	5,648	97.5	1,229	96.5	2,000	97.4	1,006	98.0	494	98.6	642	97.6
No	146	2.5	44	3.0	54	2.6	21	2.0	7	1.4	16	2.4
Primary Function to Provide Direct Patient Care (DPC)												
Yes	3,402	58.7	733	57.6	1,116	54.3	668	65.0	328	65.5	378	57.4
No, I provide limited DPC	462	8.0	107	8.4	186	9.1	76	7.4	28	5.6	54	8.2
No, I supervise DPC	812	14.0	175	13.7	326	15.9	118	11.5	54	10.8	101	15.3
No, but have in past	959	16.6	208	16.3	373	18.2	145	14.1	74	14.8	116	17.6
No, provided limited DPC in past	81	1.4	23	1.8	28	1.4	13	1.3	8	1.6	3	0.5
No, have never provided DPC	78	1.3	27	2.1	28	1.2	7	0.7	9	1.8	6	0.9
Mean years worked as RN providing DPC?	18.48		18.56		18.41		18.23		17.93		18.92	
Primary Work Setting												
Hospital	2,377	41.0	563	44.2	952	46.3	330	32.1	169	33.7	241	36.6
Extended care	219	3.8	45	3.5	97	4.7	44	4.3	7	1.4	18	2.7
Ambulatory care	1,705	29.4	331	26.0	459	22.3	405	39.4	204	40.7	218	33.1
Home Health	130	2.2	36	2.8	31	1.5	28	2.7	11	2.2	16	2.4
Public Health	239	4.1	65	5.1	86	4.2	35	3.4	19	3.8	23	3.5
Nurse Educator	763	13.2	144	11.3	296	14.4	134	13.0	64	12.8	97	14.7
Other	361	6.2	89	7.0	133	6.5	51	5.0	27	5.4	45	6.8

Employment Status of Registered Nurse Workforce with a Master 's Degree in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Function at Primary Position													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Staff nurse	644	11.1		185	14.5	252	12.3	86	8.4	40	8.0	55	8.4
Case manager	132	2.3		35	2.7	40	1.9	21	2.0	12	2.4	16	2.4
Nurse Manager	375	6.5		111	8.7	132	6.4	52	5.1	25	5.0	41	6.2
Advanced Practice Nurse	3,028	52.3		600	47.1	996	48.5	617	60.1	301	60.1	348	52.9
Consultant	79	1.4		26	2.0	32	1.6	6	0.6	8	1.6	4	0.6
Administrator	184	3.2		31	2.4	79	3.8	26	2.5	15	3.0	26	4.0
Nurse Executive	148	2.6		32	2.5	62	3.0	21	2.0	14	2.8	11	1.7
Nurse Faculty	724	12.5		129	10.1	280	13.6	132	12.9	58	11.6	97	14.7
Nurse Researcher	38	.07		15	1.2	14	0.7	2	0.2	1	0.2	3	0.5
Payment Basis of Primary Position													
Full time, salary	3,760	64.9		784	61.6	1,340	65.2	695	67.7	353	70.5	421	64.0
Full time, hourly	776	13.4		158	12.4	251	12.2	148	14.4	68	13.6	99	15.0
PT, salary	546	9.4		150	11.8	202	9.8	77	7.5	35	7.0	60	9.1
PT, hourly	555	9.6		144	11.3	209	10.2	83	8.1	34	6.8	55	8.4
Per Diem	124	2.1		27	2.1	44	2.1	16	1.6	10	2.0	17	2.6
Mean hours worked per week primary job	39.90			39.15		39.96		39.97		41.03		39.78	
Have a second job	1,262	21.8		249	19.6	470	22.9	213	20.7	89	17.8	144	21.9
Mean hours per week in second job	10.42			10.35		10.35		9.39		10.33		11.38	

*cells too small to report

Table V.25. presents data that indicate that almost 30% of this group changed positions in the last year although 6.4% of that was to a new position with the same employer. They are also retiring at higher rates than their AD and BS colleagues. This group also reports that the factor most important in their change was promotion and the opportunity for advancement. Dissatisfaction with the prior position continues to be reported as a reason for employment change.

Table V.25.

Changes in Employment Status of Registered Nurse Workforce with a Master's Degree in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year													
	<i>N</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No change in employment status	4,602	70.3		1,057	72.1	1,649	70.1	799	68.6	398	72.4	495	67.4
Change in number of hours worked	431	6.6		99	6.8	156	6.6	70	6.0	34	6.2	53	7.2

Changes in Employment Status of Registered Nurse Workforce in WI with a Master's Degree (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Change in Past Year (continued)													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
New position with same employer	417	6.4		64	404	160	6.8	83	7.1	36	6.5	57	7.8
New position with different employer	761	11.6		178	12.1	261	11.1	141	12.1	56	10.2	89	12.1
Was not working as RN but am now	32	0.5		12	0.8	8	0.3	6	0.5	*	*	*	*
Was working as RN but no longer working as RN	125	1.9		23	1.6	54	2.3	19	1.6	9	1.6	20	2.7
Factor Most Important in Change of Employment													
I retired	169	8.0		42	9.2	64	8.6	27	6.7	20	11.4	15	6.0
Child care responsibilities	91	4.3		18	3.9	39	5.2	14	3.5	*	*	*	*
Other family responsibilities	69	3.3		11	2.4	29	3.9	17	4.2	*	*	*	*
Salary/benefits	145	6.8		43	9.4	48	6.4	25	6.2	9	3.4	13	5.2
Laid off	81	3.8		12	2.6	47	6.3	12	3.0	*	*	*	*
Change in spouse/partner work	41	1.9		11	2.4	12	1.6	7	1.7	*	*	*	*
Change in financial status	50	2.4		14	3.1	7	0.3	13	3.2	8	4.5	6	2.4
Relocation	114	5.4		41	8.9	26	1.1	26	6.5	7	4.0	11	4.4
Promotion/Advancement	636	30.0		113	24.6	232	9.9	123	30.5	53	30.1	88	35.2
Change in health status	54	2.5		11	2.4	23	1.0	9	2.2	*	*	*	*
More convenient hours	127	6.0		34	7.4	35	1.5	26	6.5	12	6.8	15	6.0
Dissatisfaction with previous position	252	11.9		55	12.0	92	3.9	44	10.9	23	13.1	29	11.6

*cells too small to report

Table V.26. shows that approximately 50% of this group plan to remain in their current type of employment for less than nine years, representing a huge loss of experience and education to the profession. Like all of their colleagues, family and personal issues is given as the single most important factor in career decisions.

Table V.26.
Future Plans of Registered Nurse Workforce with a Master's Degree Prepared in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Plan to Work Providing Direct Patient Care												
< 2 years	314	7.7	78	8.7	113	8.2	48	6.4	29	7.8	34	7.3
2-4 years	417	10.2	110	12.3	169	12.2	60	7.9	22	5.9	40	8.6
5-9 years	921	22.6	199	22.2	336	24.3	144	19.1	77	20.8	117	25.1
10-19 years	1,225	30.1	260	29.0	400	28.9	237	31.4	121	32.7	135	28.9
20-29 years	820	20.1	166	18.5	247	17.9	183	24.2	80	21.6	104	22.3
30 or more years	377	9.3	83	9.3	117	8.5	83	11.0	41	11.1	37	7.9
Plan to Work in Present Type of Employment												
< 2 years	599	9.9	134	10.7	206	10.1	85	8.3	43	8.8	70	9.6
2-4 years	893	14.8	223	17.9	314	15.4	128	12.4	47	9.6	99	13.6
5-9 years	1,476	24.5	309	24.8	544	26.6	200	19.4	120	24.4	179	24.5
10-19 years	1,714	28.4	330	26.4	569	27.8	329	31.9	147	29.9	206	28.2
20-29 years	959	15.9	175	14.0	288	14.1	205	19.9	98	20.0	133	18.2
30 or more years	388	6.4	77	6.2	124	6.1	83	8.1	36	7.3	43	5.9
Plans for Further Education in Nursing												
No plans	4,859	74.2	906	72.0	1,470	71.2	759	73.3	365	73.9	562	76.3
Enrolled in MS	100	1.5	14	1.1	36	1.7	22	2.1	9	1.8	9	1.2
Enrolled in DNP	160	2.4	27	2.1	48	2.3	18	1.7	27	5.5	21	2.8
Enrolled in PhD	108	1.6	20	1.6	52	2.5	16	1.5	*	*	*	*
Enrolled in specialty certificate	115	1.8	21	1.7	39	1.9	22	2.1	*	*	*	*
Plan to pursue within next 2 years	1,205	18.4	271	21.5	420	20.3	199	19.2	85	17.2	124	16.8
Single Most Important Factor in Career Decisions Today												
Personal satisfaction/collegial relationships	375	5.9	103	7.3	142	6.3	65	5.7	25	4.7	40	5.6
Family personal issues	2,943	46.5	667	47.2	1,007	44.3	532	46.9	264	49.8	333	46.6
Pay	877	13.8	194	13.7	316	13.9	168	14.8	70	13.2	103	14.4
Medical benefits	854	13.5	173	12.2	313	13.8	160	14.1	76	14.3	87	12.2
Retirement benefits	192	3.0	48	3.4	75	3.3	25	2.2	12	2.3	24	3.4
Hours/shift availability	171	2.7	49	3.5	67	2.9	22	1.9	7	1.3	16	2.2
Potential for advancement	416	6.6	88	6.2	167	7.4	64	5.6	31	5.8	46	6.4

Future Plans of Master of Science Degree Prepared Registered Nurse Workforce in Wisconsin (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Single Most Important Factor in Career Decisions Today (continued)													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Employer supported education options	219	3.5		41	2.9	95	4.2	48	4.2	10	1.9	16	2.2
Worksite location	48	0.8		10	0.7	18	0.8	6	0.5	6	1.1	6	0.8
Physical work requirements	175	2.8		29	2.1	46	20.	33	2.9	25	4.7	31	4.3
Physical disability	65	1.0		12	0.8	26	1.1	*	*	*	*	12	1.7

*cells too small to report

Summary:

The majority of nurses holding master's degrees are clustered in three most densely populated regions of the state: Southern, Southeastern, and Northeastern. Over half of them report preparation as Advanced Practice Nurses. At this level of education, there is a decrease in the number engaged in direct patient care. Nurses who hold master's degrees are largely salaried employees (64.9%) who report hospitals as their primary employer (41%), though at a decreased percentage than baccalaureate (60.1%) and associate degree (50.6) prepared nurses. Almost half of these nurses (49.2%) plan to remain in their present type of employment nine or fewer years, suggesting a major loss of expertise for the nursing profession.

Recommendations:

1. The nursing profession needs to examine the factors that would attract Advanced Practice Nurses to rural settings as primary care providers.
2. Because nurses with a master's degree represent a potential pool of applicants for doctoral programs, the profession needs to present this group with information about the faculty role in colleges and universities.

Issue V.G.1. The Clinical Practice of Registered Nurses with Doctoral Preparation

This section examines the clinical practice and employment of registered nurses who hold a PhD in Nursing, ND, or DNS. Note that this includes only nurses with doctoral degrees in nursing. These are the research degrees within the profession. Because the numbers are so small and resulted in many suppressed cells to protect anonymity, a decision was made not to report regional data.

Table V.27. shows the very small number (260) of nurses prepared at this level, the lack of diversity, the vast majority (96.3%) of females, and a mean age of over 56 years of age.

Table V.27.

Registered Nurse Workforce in Wisconsin Prepared at the Doctoral Level (PhD, ND, DNS).

	State Level	
	<i>n</i>	%
Resides in WI	388	96.5
Resides out WI	14	3.5
Works in WI	217	86.5
Works out WI	9	3.6
Resides WI, not working	25	9.6
Male	7	3.7
Female	253	96.3
Mean Age	56.98 (SD = 8.61)	
Diverse	19	7.3
Not diverse	241	92.7

*cells too small to report

Over 80% of doctorally prepared nurses report working in nursing though few are involved in direct patient care. These nurses report have provided over 17 years of direct patient care. Most are employed in nursing education (53%) and 12.4% report being nurse researchers. They are also working more hours than any other group of RNs by educational level.

Table V.28.

Employment Status of Registered Nurse Workforce with Doctoral Preparation (PhD, ND, DNS)

Employment Status	State Level	
	<i>N</i>	%
Working as a nurse	215	82.7
Working in health care, not nursing	9	9
Working in another field	7	3.5
Unemployed, seeking work in nursing	*	*
Unemployed, seeking work in another field	0	0
Unemployed, not seeking work	*	*
Retired	26	10.0
Primary Job Require RN License		
Yes	220	97.3
No	6	2.7

Employment Status of Nurses with Doctoral Preparation (continued)		
	State Level	
Primary Function is to Provide Direct Patient Care (DPC)		
	<i>N</i>	<i>%</i>
Yes	28	12.4
No, I provide limited DCP	26	11.5
No, I supervise DPC	24	10.6
No, but have in past	114	50.4
No, provided limited DPC in past	9	4.0
No, have never provided DPC	25	11.1
Mean years worked as RN providing DPC?	17.74	
Primary Work Setting		
Hospital	36	15.9
Extended care	*	*
Ambulatory care	15	6.6
Home Health	5	2.2
Public Health	*	*
Nurse Educator	148	65.5
Other	15	7.1
Function at Primary Position		
Staff nurse	7	3.1
Case manager	*	*
Nurse Manager	*	*
Advanced Practice Nurse	23	10.2
Consultant	*	*
Administrator	21	9.3
Nurse Executive	9	4.0
Nurse Faculty	120	53.1
Nurse Researcher	28	12.4
Payment Basis of Primary Position		
Full time, salary	187	82.7
Full time, hourly	*	*
PT, salary	21	9.3
PT, hourly	9	4.0
Per Diem	*	*
Mean hours worked per week primary job	47.39	
Have a second job	61	27.0
Mean hours per week in second job	10.08	

*cells too small to report

Table V.29. shows that nurses who hold a doctorate are the most stable group of employees, with 78% reporting no change in the past year. Of the number that did change employment, 15.9% reported retirement. This retirement rate was higher than any other group of nurses. It was not possible to provide further detailed analysis of reasons for changes in employment because all remaining cells were too small to report.

Table V.29.**Changes in Employment Status of Registered Nurses With Doctoral Preparation (PhD, ND, DNS)**

Change in Employment in Pat Year	State Level	
	<i>N</i>	%
No change in employment status	203	78.1
Change in number of hours worked	9	3.5
New position with same employer	13	5.0
New position with different employer	20	7.7
Was not working as RN but am now	*	*
Was working as RN but no longer working as RN	0	0
I retired	10	15.9

*cells too small to report

Table V.30. indicates that over 58% of these nurses plan to work nine or fewer years. Like all of their colleagues, family and personal issues govern career decisions.

Table V.30.**Future Plans of Registered Nurses with Doctoral Preparation (PhD, ND, DNS)**

Plan to Work Providing Direct Patient Care	State Level	
	<i>N</i>	%
< 2 years	*	*
2-4 years	11	18.0
5-9 years	16	26.2
10-19 years	15	24.6
20-29 years	10	16.4
30 or more years	*	*
Plan to Work in Present Employment		
< 2 years	21	9.1
2-4 years	46	19.8
5-9 years	69	29.7
10-19 years	69	29.7
20-29 years	20	8.6
30 or more years	7	3.0
Single Most Important Factor in Career Decisions Today		
Personal satisfaction/ collegial relationships	24	10.0
Family personal issues	139	58.2
Pay	18	7.5
Medical benefits	28	11.7
Retirement benefits	*	*
Hours/shift availability	6	2.5
Potential for advancement	*	*
Employer supported education options	*	*
Worksite location	*	*
Physical work requirements	8	3.3
Physical disability	*	*

*cells too small to report

Summary:

The number of nurses with these doctoral degrees (PhD, ND, DNS) represents nurses prepared as nurse researchers. They report that the majority are employed in nursing education. Given their plans to work nine or fewer years, there will be a loss of research and educational expertise in the state that is not easily replaced.

Recommendations:

1. The profession will need to enhance recruitment into doctoral education for nursing research. This recruitment needs to be focused on recruiting nurses early in their professional careers in order to support sustained research productivity.
2. Doctoral education in nursing needs to include preparation for the educator role of nurse faculty.
3. Consider developing flexible, less than full-time employment options in order to retain the expertise of these nurses.

Issue V.G.2. The Clinical Practice of Registered Nurses with a Doctorate of Nursing Practice

This section examines the clinical practice and employment of registered nurses who hold a Doctorate in Nursing Practice (DNP). This is the clinical practice degree within the profession. Because the numbers are small and resulted in many suppressed cells to protect anonymity, a decision was made not to report regional data. The nurses described here report living and/or working in Wisconsin.

The first observation is the very small number of nurses holding a Doctorate of Nursing Practice. Although several institutions in Wisconsin now offer the degree, not surprisingly, few students have completed the requirements and earned the degree at the time of this survey.

Table V.31.
Registered Nurses with Doctorate of Nursing Practice in WI

	State Level	
Demographics	<i>n</i>	%
Resides in WI	136	95.8
Resides out WI	6	4.2
Works in WI	132	93.6
Works out WI	*	*
Resides WI, not working	*	*
Male	8	5.6
Female	134	94.4
Mean Age	48.94 (SD = 8.99)	
Diversity		
Diverse	7	4.9
Not diverse	135	95.1

Table V.32. reveals that almost all (93.7%) of these nurses report being employed as a nurse, and almost 60% of them are engaged in direct patient care. This is in contrast to their PhD prepared colleagues who report only 12.4% employment in direct patient care. This suggests the utilization of these two types of doctorates in different types of employment. Few (17.3%) DNPs report nurse educator positions compared to their PhD counterparts at 53%. Nurses holding a DNP report almost 20 years of experience in providing direct patient care.

Table V.32. Employment Status of Registered Nurses with Doctorate of Nursing Practice in WI

	State Level	
Employment Status	<i>n</i>	%
Working as a nurse	133	93.7
Primary Job Requires Licensure as RN		
Yes	138	99.3
Primary Function to Provide Direct Patient Care (DPC)		
Yes	83	59.7
No, I provide limited DPC	16	11.5
No, I supervise DPC	18	12.9

Employment Status of Registered Nurses with a DNP (continued)		
	State Level	
Primary Function to Provide Direct Patient Care (DPC) continued		
	<i>n</i>	%
No, but have in past	17	12.2
No, provided limited DPC in past	*	*
No, have never provided DPC	*	*
Mean years worked as RN providing DPC?	19.28	
Primary Work Setting		
Hospital	41	29.5
Extended care	*	*
Ambulatory care	51	36.7
Home Health	*	*
Public Health	*	*
Nurse Educator	27	19.4
Other	11	7.9
Function at Primary Position		
Staff nurse	*	*
Case manager	0	0
Nurse Manager	*	*
Advanced Practice Nurse	93	66.9
Consultant	*	*
Administrator	*	*
Nurse Executive	*	*
Nurse Faculty	24	17.3
Nurse Researcher	0	0
Payment Basis of Primary Position		
Full time, salary	105	75.5
Full time, hourly	12	8.6
PT, salary	9	6.5
PT, hourly	*	*
Per Diem	*	*
Mean hours worked per week at primary job	41.47	
Have a second job	42.4	
Mean hours per week in second job	12.32	

*cells too small to report

Table V.33. shows that that this group is also a stable workforce, with 74.6% reporting no change in employment in the past year. Those that did change employment cited the factor most important was opportunity for promotion and advancement.

Table V.33.

Changes in Employment Status of Registered Nurses with Doctorate of Nursing Practice in WI

	State Level	
Change in Past Year	<i>N</i>	%
No change in employment status	106	74.6
Change in number of hours worked	*	*
New position with same employer	*	*
New position with different employer	20	14.1
Was not working as RN but am now	0	0

Change in Employment Status of RNs with DNP (continued)		
	State Level	
Change in the Past Year continued		
	<i>N</i>	<i>%</i>
Was working as RN but no longer working as RN	0	0
Factor Most Important in Change of Employment		
Promotion/advancement	13	28.9
Dissatisfaction with previous position	8	17.8

Table V.34. shows that 35.2% of nurses with a DNP plan to continue in providing direct patient care for nine or fewer years; 40.3% plan to continue in their present their present position for nine or fewer years, again reflecting the age of this group. However, this figure (40.3%) is much less than the comparable figure for the PhD group (58.6%). Like all of their nurse colleagues regardless of educational preparation, DNP's identify family and personal issues as the most important factor in their career decisions.

Table V.34.
Future Plans of Registered Nurses with a Doctorate of Nursing Practice in WI

	State Level	
Plan to Work Providing Direct Patient Care		
	<i>n</i>	<i>%</i>
< 2 years	*	*
2-4 years	10	9.5
5-9 years	27	25.7
10-19 years	40	38.1
20-29 years	16	15.2
30 or more years	10	9.5
Plan to Work in Present Type of Employment		
< 2 years	13	9.4
2-4 years	16	11.5
5-9 years	27	19.4
10-19 years	56	40.3
20-29 years	20	14.4
30 or more years	7	5.0
Single Most Important Factor in Career Decisions Today		
Personal satisfaction/ collegial relationships	*	*
Family personal issues	83	60.1
Pay	10	7.2
Medical benefits	21	15.2
Retirement benefits	*	*
Hours/shift availability	*	*
Potential for advancement	7	5.1
Employer supported education options	9	6.5
Worksite location	0	0
Physical work requirements	*	*
Physical disability	0	0

*cells too small to report

Summary:

Because the DNP is a relatively new academic degree, there are few DNPs in Wisconsin. From this survey, DNPs are engaged in direct patient care, are younger than their PhD counterparts (49 years compared to 57 years), and plan to remain in their positions longer. DNPs are being employed in ambulatory care (36.7%) and hospitals (29.5%) with only 19% in nurse educator positions. This is in sharp contrast to the PhD prepared nurses who (6.6%) report employment settings in ambulatory care, 15.9% in hospitals, and 65.5% in nurse educator position.

Recommendations:

1. The nursing profession will need studies to determine the optimal balance between PhD (including ND, DNS) and DNP prepared nurses to serve the health care needs of the state.
2. Educational institutions will require more nurses prepared at the DNP level to advance their educational mission.
3. As the Patient Protection and Affordable Care Act is fully implemented, more DNPs will be needed to serve as primary care providers in the state.

Issue V.H. The Registered Nurse Workforce in Urban and Rural Settings

This section compares the Registered Nurse workforce in urban and rural areas. The urban and rural designations created by the Wisconsin Department of Workforce Development were used to stratify the nurses. The following rules were applied to the original nine Wisconsin Area Health Education Center (AHEC) categories to create the groupings. The two rural categories were defined as: Rural Area of < 2,500 and Rural Area 2,500 and <50,000. The remaining two categories were defined as: Urban Area >= 50,000 and City of Milwaukee.

Nurses were grouped according to the location of their primary position. State-level data included all the nurses living and/or working in Wisconsin so comparisons between regional and state data are inexact.

Table V.35. shows, as expected, that the concentration of the workforce in urban areas and Milwaukee. The highest levels of diversity are also in Milwaukee. Nurses practicing in the smaller rural area (<2,500) tend to be older and prepared at the Associate Degree level.

Table V.35.

Demographics of the Urban and Rural Registered Nurse Workforce in WI

	State Level		City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
			<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Demographics										
Location of primary position			13,253	22.8	29,960	51.4	11,917	20.5	3,120	5.4
Resides in WI	68,839		13,062	98.6	28,983	96.7	11,552	96.9	3,002	96.2
Resides out WI	2,149		44	0.3	131	0.4	53	0.4	24	0.8
Works in WI	59,237		13,209	99.7	29,829	99.6	11,864	99.6	3,096	99.2
Male	4,573	6.6	881	6.6	1,959	6.5	740	6.2	181	5.8
Female	66,315	93.4	12,372	93.4	28,001	93.5	11,177	93.8	2,939	94.2
Mean Age	46.96 (SD = 12.60)		44.71 (SD = 12.34)		45.13 (SD = 11.95)		46.27 (SD = 11.69)		47.91 (11.85)	
Diversity										
Diverse	3,817	5.4	1,556	11.7	1,185	4.0	279	2.3	97.3	2.7
Not diverse	67,171	94.6	11,697	88.3	28,775	96.0	11,638	97.7	3,036	97.3
Know > 1 language	7,585	10.7	1,918	15.3	3,069	10.2	927	8.8	238	7.7
Highest Nursing Degree Earned										
Diploma in nursing	6,647	9.4	934	7.0	2,223	7.4	928	7.8	265	8.5
Associate degree in nursing	26,236	37.0	3,739	28.6	11,020	36.8	5,773	48.4	1,652	52.9
BS in nursing	31,047	43.7	7,087	53.5	13,601	45.4	4,208	35.3	912	29.2
Masters in nursing	6,547	9.2	1,349	10.2	2,918	9.7	952	8.0	268	8.6
Doctorate in nursing	402	0.6	128	1.0	154	0.5	35	0.3	15	0.5
Additional education that qualifies you to practice as APN										
Yes			1,554	11.7	3,308	11.0	1,256	10.5	349	11.2

*cells too small to report

In Table V.36., data indicate that approximately 75% of nurses in each grouping report providing direct patient care. Urban nurses are more likely to be employed in hospitals. It is notable that in Milwaukee only 6.6% of nurses report employment in extended care whereas in small rural areas 30% report extended care employment. The highest level (16.9%) of nurses reporting a second job also occurs in the smallest rural grouping.

Table V.36. Employment Status of the Urban & Rural Registered Nurse Workforce in WI

	State Level		City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Working as a nurse	60,026	84.6	12,894	97.3	29,064	97	11,555	97	2,992	95.9
Working in health care, not nursing	2,157	3.0	276	2.1	627	2.1	246	2.1	75	2.4
Working in another field	1,197	1.7	37	0.3	96	0.3	35	0.3	19	0.6
Unemployed, seeking work in nursing	1,539	2.2	27	0.2	50	0.2	26	0.2	9	0.3
Unemployed, seeking work in another field	165	0.2	0	0	*	*	*	*	*	*
Unemployed, not seeking work	2,010	2.8	*	*	29	0.1	6	0.1	7	0.2
Retired	3,894	5.5	14	0.1	89	0.3	48	0.4	16	0.5
Primary Function to Provide Direct Patient Care (DPC)										
Yes	46,646	76.9	10,185	76.9	23,062	77.0	9,318	78.2	2,328	74.6
No, I provide limited DPC	3,251	5.4	656	4.9	1,572	5.2	661	5.5	231	7.4
No, I supervise DPC	3,893	6.4	784	5.9	1,838	6.1	852	7.1	252	8.1
No, but I have in past	5,796	9.5	1,380	10.4	2,981	9.7	962	7.8	256	8.2
No, but have provided limited DPC in past	497	0.8	103	0.8	259	0.9	85	0.7	24	0.8
No, have never provided DPC	612	1.0	145	1.1	318	1.1	75	0.6	29	0.9
Primary Position Requires Licensure as Nurse										
Yes	59,467	98	13,044	98.4	29,325	97.9	11,703	98.2	3,029	97.1
Primary Position Work Setting										
Hospital	32,472	53.5	8,479	64	16,074	53.7	5,915	49.6	899	28.8
Extended care	6,482	10.7	877	6.6	2,616	8.7	1,832	15.4	935	30.0
Ambulatory care	10,483	17.3	1,610	12.1	5,853	19.5	2,098	17.6	525	16.8
Home health	3,461	5.7	759	5.7	1,537	5.1	694	5.8	206	6.6
Public Health	2,324	3.8	458	3.5	1,029	3.4	522	4.4	233	7.5
Nurse Educator	1,289	2.1	295	2.2	682	2.3	187	1.6	73	2.3
Other	4,184	6.9	775	5.8	2,169	7.2	669	5.6	249	8.0
Function at Primary Position										
Staff nurse	39,412	64.9	8,781	66.3	19,844	66.2	7,686	64.5	1,792	65.4
Case manager	4,047	6.7	907	6.8	1,916	6.4	807	6.8	206	6.6
Nurse Manager	4,704	7.8	794	6.0	2,159	7.2	1,197	10.0	375	7.8
Advanced Practice Nurse	3,598	5.9	787	5.9	1,707	5.7	676	5.7	205	5.8
Consultant	727	1.2	126	1.0	355	1.2	90	0.8	43	1.1
Administrator	937	1.5	195	1.5	416	1.4	220	1.8	71	1.5
Nurse Executive	688	1.1	134	1.0	280	0.9	157	1.3	66	1.1
Nurse Faculty	1,247	2.1	280	2.1	650	2.2	193	1.6	68	2.0
Nurse Researcher	319	0.5	123	0.9	153	0.5	16	0.1	5	0.5

Employment Status of the Urban & Rural Registered Nurse Workforce in WI (continued)										
	State Level		City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Payment Basis of Primary Position										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Full time, salary	13,999	23.1	3,356	25.3	6,571	21.9	2,580	21.6	757	24.3
Full time, hourly	27,074	44.6	5,975	45.1	13,274	44.3	5,438	45.6	1,427	45.7
PT, salary	1,740	2.9	422	3.2	880	2.9	283	2.4	89	2.9
PT, hourly	15,535	25.6	3,117	23.5	8,056	26.9	3,146	26.4	707	22.7
Per Diem	2,120	3.0	357	2.7	1,069	3.6	416	3.5	117	3.8
Mean hours/worked per week primary job	36.09		37.76		35.57		35.56		35.67	
Have a second job	8,421	13.9	1,902	14.4	3,696	12.3	1,712	14.4	526	16.9
Mean hours per week in second job	11.13		11.51		10.43		11.37		12.03	

*cells too small to report

In Table V.37., it would appear that the larger the population, the more likely the nurses are to have changed positions in the past year, probably because there are more opportunities for change. There is also a higher retirement rate in rural areas. All of these nurses listed promotion and opportunities for advancement as the most important factor in the change of employment.

Table V.37.

Changes in Employment Status of Urban & Rural Registered Nurse Workforce in WI

	State Level		City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Changes in the Past Year										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
No change in employment	48,567	68.4	9,323	70.3	20,576	68.7	8,277	69.5	2,088	66.9
Change in number of hours	6,130	8.6	1,273	9.6	2,902	9.7	1,123	9.4	320	10.3
New position with same employer	5,107	7.2	1,029	7.8	2,548	8.5	983	8.2	237	7.6
New position with different employer	6,227	8.8	1,175	8.9	2,885	9.6	1,157	9.7	348	11.2
Was not working as RN but am now	1,581	2.2	349	2.6	781	2.6	285	2.4	81	2.6
Was working as RN but no longer working as RN	1,805	2.5	15	0.1	56	0.2	17	0.1	10	0.3
Other	1,571	2.2	89	0.7	212	0.7	75	0.6	36	1.2
Factor Most important in Change of Employment										
I retired	1,756	7.4	31	0.8	130	1.4	63	1.7	26	2.5
Child care responsibilities	1,484	6.2	332	8.3	630	6.5	188	5.0	39	3.8
Other family responsibilities	1,030	4.3	172	4.3	383	4.0	147	3.9	34	3.3
Salary/benefits	1,937	8.1	378	9.5	854	5.9	385	10.3	129	12.4
Laid off	792	3.3	135	3.4	208	2.2	73	2.0	38	3.7
Change in spouse/partner work	683	2.9	132	3.3	323	3.4	113	3.0	31	3.0
Change in financial status	800	3.4	155	3.9	391	4.1	128	3.4	35	3.4
Relocation	1,281	5.4	150	3.8	605	6.3	204	5.5	50	4.8

Changes in Employment Status of Urban & Rural Registered Nurse Workforce in WI (continued)											
	State Level			City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Factor Most important in Change of Employment (continued)											
Promotion/advancement	3,584	15.0		701	17.6	1,681	17.5	676	18.1	178	17.1
Change in health status	1,074	4.5		119	3.0	252	2.6	91	2.4	44	4.2
More convenient hours	2,659	11.1		477	12.0	1,288	13.4	557	14.9	132	12.7
Dissatisfaction with previous position	3,239	13.6		623	15.6	1,407	14.6	527	14.1	132	12.7

*cells too small to report

In Table V.38., a large number (19%) of nurses across the state indicate that they are planning to leave direct patient care positions in the next four years. This may be particularly acute in rural areas where recruitment of replacements may be more difficult. All nurses cite personal/family reasons as the single most important factor influencing career decisions today. The second most frequently cited reason for urban nurses was the potential for advancement. Rural nurses gave pay as the next most important factor in career decisions.

Table V.38.

Future Plans of the Urban & Rural Registered Nurse Workforce in WI

	State Level			City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Plan to Work Providing Direct Patient Care											
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
< 2 years	3,127	6.0		680	6.2	1,447	5.8	558	5.5	173	6.5
2-4 years	6,800	13.0		1,535	14.0	3,122	12.5	1,264	12.4	368	13.9
5-9 years	11,675	22.3		2,541	23.1	5,581	22.3	2,163	21.1	594	22.5
10-19 years	15,181	28.9		3,150	28.6	7,122	28.5	3,075	30.1	769	29.1
20-29 years	8,659	16.5		1,674	15.2	4,287	17.2	1,725	16.9	769	29.1
30 years or >	7,002	13.4		1,422	12.9	3,438	13.8	1,443	14.1	414	15.7
Plan to Work in Present Type of Employment											
< 2 years	7,082	11.1		1,546	11.8	3,256	11.0	1,169	9.9	343	11.1
2-4 years	11,925	18.6		2,701	20.6	5,472	18.4	2,007	17.0	569	18.4
5-9 years	14,486	22.6		2,995	22.8	6,686	22.5	2,573	21.8	696	22.6
10-19 years	16,423	25.7		3,321	25.3	7,480	25.2	3,197	27.1	798	25.9
20-29 years	8,492	13.3		1,558	11.9	4,094	13.8	4,094	14.3	411	13.3
30 years or >	5,591	8.7		1,017	7.7	2,709	9.1	2,709	10.0	269	8.7
Plans for Future Education in Nursing											
No plans	37,692	64.7		8,256	62.3	19,510	65.1	7,840	65.8	2,086	66.9
Enrolled in BSN	2,294	3.9		496	3.7	1,137	3.8	498	4.2	113	3.6
Enrolled in MS in nursing	1,901	3.3		601	4.5	965	3.2	269	2.3	66	2.1
Enrolled in DNP	278	0.5		67	0.5	148	0.5	48	0.4	15	0.5
Enrolled in PhD	115	1.4		49	0.4	50	0.2	*	*1	*	*
Currently enrolled in specialty certificate	827	1.4		164	1.2	418	1.4	193	1.6	52	1.7
Plan to pursue within next 2 years	15,193	26.1		3,620	27.3	7,732	25.8	3,057	25.7	784	25.1

Future Plans of the Urban & Rural Registered Nurse Workforce in WI (continued)										
	State Level		City of Milwaukee		Urban Population =>50,000		Rural Population 2,500-50,000		Rural Population <2,500	
Single Most Important Factor in Career Decisions Today (continued)										
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Personal satisfaction/collegial relationships	4,635	6.5	12	0.1	59	0.2	27	0.2	8	0.3
Family personal issues	22,802	32.1	4,762	37.0	10,946	37.5	4,038	34.8	9974	32.2
Pay	10,886	16.0	1,969	15.3	4,673	16.1	1,930	16.6	480	15.9
Medical benefits	9,365	13.7	2,090	16.2	4,318	14.8	1,578	13.6	417	13.8
Retirement benefits	2,773	4.1	476	3.7	1,261	4.3	521	4.5	198	6.5
Hours/shift availability	1,339	2.0	319	2.5	595	2.0	222	1.9	52	1.7
Potential for advancement	10,025	14.7	2,118	16.5	4,765	16.4	1,824	15.7	435	14.4
Employer supported education options	2,367	3.5	564	4.4	1,069	3.7	371	3.2	99	3.3
Worksite location	583	0.9	141	1.1	257	0.9	92	0.8	31	1.0
Physical work requirements	2,443	3.6	242	1.9	782	2.7	860	7.4	289	9.6
Physical disability	981	1.4	182	1.4	408	1.4	134	1.2	42	1.4

*cells too small to report

Summary:

Nurses practicing in the rural areas tend to be older than their urban counterparts and prepared at the associate degree level. There are also lower percentages of nurses prepared at the master's degree level in rural areas. Nurses in urban areas most frequently report hospitals as their primary employment setting, while rural nurses report extended care settings. All of the nurses cited personal/family reasons as the single most important factor influencing career decisions today. The second most frequently cited reason for urban nurses was the potential for advancement. Rural nurses gave pay as the second most important factor in career decisions.

Recommendations:

1. Assure access to varied format of degree programs for rural nurses. Not all nurses wish to engage in online programs, so alternatives need to be available to these potential students.

Wisconsin

Registered Nurse Survey

2012 Appendix A: Clinical Practice Settings



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Appendix A: Clinical Practice Settings

In this section the current supply of Registered Nurses is examined by the practice setting of their primary employment position. First the state level data is presented for each for each clinical practice setting. State level comparison data include all registered nurses who report living and/or working in the state. Next the data is presented by Wisconsin Department of Workforce Development Regions. Individual nurses are aggregated into a region by the location of the nurse's residence. Please note that state totals may not equate to the regional totals. Not all surveys included responses that permitted assignment to regions. An analysis of practice setting data may help to identify potential shortage areas as well as unemployed nurses who may be recruited back into the workforce. The areas that will be examined include:

1. Primary Work Setting: Hospital
2. Primary Work Setting: Ambulatory Care
3. Primary Work Setting: Long Term Care
4. Primary Work Setting: Home Health
5. Primary work setting: Public Health
6. Primary Work Setting: School Health Nursing
7. Primary Work Setting: Mental Health & Substance Abuse

A.1. Primary Work Setting: Hospital

(N = 28,599)

These data include RNs who self-identified their primary work setting as in the hospital including: emergency/urgent care, 24 hour inpatient unit, obstetrics, intensive care, perioperative services (OR, PACU, and others), other hospital departments, or work in several/all hospital units. The state level data are first presented and then sorted by residence into Department of Workforce Development Regions. In the detailed analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

In Table A.1 there is a slight increase in the number of males in the acute care setting compared to the ambulatory setting. While only the most frequently cited certifications are included, the numbers of RNs reporting this achievement is very low, ranging from 0.4 to 3.6% with the higher range among nurse anesthetists. In three regions (Southern, Southeastern, Northeastern) the majority of nurses are prepared at the baccalaureate level, a trend that is reversed in the Western and Northern Regions.

Table A.1.
Demographics of Registered Nurses Employed in Hospitals in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%	<i>n</i>	%								
Resides in WI	27,565	96.4	5,612	0.20	11,304	0.41	4,990	0.18	2,354	0.08	3,305	0.12
Resides out WI	1,034	3.6										
Works in WI	27,977	97.8	5,515	98.3	11,133	98.5	4,902	98.2	2,293	97.4	3,100	93.8
Works out WI	622	2.2	97	1.7	171	1.5	88	1.8	61	2.6	205	6.2
Male	2,246	8.5	505	9.0	810	7.2	400	8.0	264	11.2	304	9.2
Female	26,173	91.5	5,107	91	10,494	92.8	4,590	92.0	2,090	88.8	3,001	90.8
Mean Age	42.54 (SD = 11.91)		42.23 (SD = 11.89)		42.06 (SD = 12.01)		42.34 (SD = 11.65)		44.13 (SD = 11.81)		43.48 (SD = 12.0)	
Diversity												
Diverse	1,502	5.3	231	4.1	962	8.5	64	6.2	57	2.4	62	1.9
Not diverse	27,097	94.7	5,381	95.9	10,342	91.5	970	93.8	2,297	97.6	3,243	98.1
Certification (Five most frequently reported)												
Anesthesia CRNA	588	2.1	141	2.5	68	0.6	126	2.5	84	3.6	113	3.4
Medical- Surgical	386	1.3	70	1.2	158	1.0	43	0.9	40	1.7	58	1.8
Oncology	348	1.2	47	0.8	149	1.3	76	1.5	25	1.1	44	1.2
Neonatal	337	1.2	59	1.1	129	1.1	65	1.3	23	1.0	35	1.1
Pediatric	336	1.2	70	1.2	181	1.6	33	0.7	13	0.6	26	0.8
Peri-operative	295	1.0	50	0.9	125	1.1	59	1.2	9	0.4	39	1.2
Highest Nursing Degree												
Diploma	1,795	6.3	326	0.2	706	6.2	322	6.5	193	8.2	190	5.7
Associate Degree	10,397	36.4	1,924	34.3	3,567	31.6	1,786	35.8	1,097	46.6	1,561	47.2
Bachelor degree	14,261	49.9	2,858	50.9	6,211	54.9	2,571	51.5	903	38.4	1,318	39.9
Master Degree	2,040	7.1	476	8.5	773	6.8	301	6.0	159	6.8	221	6.7
Doctorate	66	0.2	17	0.3	34	0.3	6	0.1	*	*	*	*

*reflect cells too small to report

In Table A.2 at the state level and across all regions, there are few nurses who report that they are working in health care but not in nursing positions. Most nurses in hospitals (a range of 84.5% to 87.2%) work in direct patient care and report a 36 hour work week, suggesting perhaps a norm of 12 hour shifts given that they also report working 3.5 days per week.

Table A.2.

Employment Status of Registered Nurses Employed in Hospitals in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	27,140	98.5	5,543	98.8	11,117	98.3	4,910	98.4	2,318	98.5	3,252	98.4
Work health care not nurse	369	1.3	63	1.1	158	1.4	72	1.4	31	1.3	45	1.4
Primary Role is to Provide Direct Patient Care												
Yes	24,347	85.1	4,892	87.2	9,558	84.6	4,216	84.5	1,997	84.8	2,806	84.9
No, I provide limited DCP	893	3.1	166	3.0	336	3.0	172	3.4	75	3.2	116	3.5
No, I supervise DCP	1,322	4.6	231	282	506	4.5	247	4.9	111	4.7	168	5.1
No, but have in past	1,837	6.4	282	5.0	810	7.2	326	6.5	157	6.7	202	6.1
No, but have provided limited DCP in past	95	0.3	19	0.3	43	0.4	16	0.3	6	0.3	9	0.3
Have never provided DCP	105	0.4	22	0.4	51	.05	13	0.3	8	0.3	*	*
Hours/ week	35.96		35.57		36.95		34.80		36.28		34.80	
Days/ week	3.67		3.63		3.76		3.55		3.66		3.61	

*reflect cells too small to report

Table A.3 presents data that is consistent with every area of the RN workforce as described in this report. That is, in nine years or less many (49.9% statewide) nurses employed in hospitals will cease their current employment, and 38.3% will plan to stop providing direct patient care. The pattern is consistent across all regions. Almost 30% of these nurses plan to continue their education in the next two years.

Table A.3.

Future Plans of Registered Nurses Employed in Hospitals in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	2,999	10.6	521	9.3	1,317	11.8	481	9.7	237	10.1	333	10.1
2-4 years	5,237	18.4	993	17.8	2,255	20.1	852	17.2	416	17.8	563	17.1
5-9 years	5,298	20.9	1,160	20.8	2,359	21.1	1,025	20.6	473	20.2	694	21.1
10-19 years	6,898	24.3	1,323	23.7	2,761	24.6	1,209	24.3	572	24.4	769	23.4
20-29 years	4,195	14.8	649	16.7	1,444	12.9	754	15.2	355	15.2	540	16.4
30 years or more	3,159	11.0	649	11.6	1,067	9.5	645	13.0	290	12.4	394	12.0

Future Plans of Nurses Employed in Hospitals continued													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Continue to Provide Direct Patient Care													
<2 years	1,483	5.2		277	4.8	634	5.4	273	5.6	136	5.6	163	4.7
2-4 years	3,483	12.3		689	11.9	1,551	13.2	527	10.9	302	12.5	414	11.9
5-9 years	6,135	21.7		1,241	21.3	2,648	22.6	991	20.4	519	21.4	736	21.1
10-19 years	8,033	28.4		1,668	28.7	3,386	28.9	1,320	27.2	674	27.8	985	28.2
20-29 years	4,952	17.5		1,134	19.5	1,841	15.7	895	18.4	412	17.0	670	19.2
30 or > years	4,217	14.9		805	13.8	1,663	14.2	848	17.5	381	15.7	520	14.9
Future Education Plans													
No plans	16,884	59.0		3,279	58.4	6,529	57.8	3,084	61.8	1,432	60.8	1,985	60.1
Enrolled BSN	1,374	4.8		254	4.5	533	4.7	212	4.2	129	5.5	185	5.6
Enrolled MSN	1,291	4.5		213	3.8	594	5.3	227	4.5	84	3.6	128	3.9
Enrolled DNP	154	0.5		46	0.8	49	0.4	19	0.4	12	0.5	21	0.6
Enrolled Nursing PhD	33	0.1		8	0.1	16	0.1	6	0.1	*	*	*	*
Enrolled in certificate	364	1.3		73	1.3	145	1.3	64	1.3	22	0.9	43	1.3
Plan to pursue education in next 2 years	8,499	29.7		1,739	31.0	3,438	30.4	1,378	27.6	674	28.8	942	28.5

*reflect cells too small to report

Summary

Examination of the Registered Nurse workforce in hospitals reveals a mean age of 42 years, proportionately more males than in the state as a whole, and the majority prepared at the baccalaureate level. Of concern is the number planning to leave their current hospital employment or direct patient care in nine or fewer years. About one-third plan to continue their education in the next two years. These nurses may be planning to work in other health care settings, perhaps creating a shortage among hospital employers.

Recommendations

1. Hospitals need to consider ways to retain experience in the workforce. Retention strategies may include opportunities for decreased hours, shortened shifts, or shared positions.
2. Given the majority preparation is at the baccalaureate level, hospitals may wish to consider supporting the further education of associate degree prepared nurses both financially and with flexible schedule. If this is done in exchange for a commitment to remain in their positions for a specified period of time, it may become a retention strategy.

A.2. Specialty Practice: Ambulatory Care Regional

(N = 12,313)

These data include RNs who self-identified their primary work setting as Ambulatory Care including: medical practice, clinic, physician office; surgery center, dialysis center; urgent care not hospital based; outpatient mental health, substance abuse; call center, tele-nursing center.

For the purpose of analysis, all of the nurses who reported working in ambulatory care were aggregated at the state level and then placed them into Department of Health Services regions according to the location of their residence. State level data used for comparison includes all RNs living and/or working in the state.

Table A.4 reveals that nurses working in ambulatory care are older by approximately five years than their counterparts who are employed in hospitals. The largest group (40.9%) has a bachelor's degree in nursing. Less than 1% holds certification in ambulatory care. Note that more males are practicing in the Western region and the workforce is more diverse in the Southeastern region.

Table A.4.
Demographic Information for Registered Nurses Employed in Ambulatory Care in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%										
Resides in WI	11,877	96.5	2,522		4,364		2,446		1,207		1,338	
Resides out WI	436	3.5										
Works in WI	12,057	97.9	2,478	98.3	4,306	98.7	2,425	99.1	1,188	98.4	1,224	91.5
Works out WI	436	2.1	44	1.7	58	1.3	21	.09	19	1.6	114	8.5
Male	401	3.3	79	3.1	115	2.6	64	2.6	73	6.0	49	3.7
Female	11,912	96.7	2,443	96.9	4,249	97.4	2382	97.4	1,134	94.0	1,289	96.3
Mean Age	47.54 (SD = 10.84)		47.94 (SD = 10.79)		47.81 (SD = 10.87)		46.38 (SD = 10.87)		47.63 (SD = 10.82)		47.85 (SD = 10.85)	
Diversity												
Diverse	447	3.6	75	3.0	257	5.9	54	2.2	29	2.4	14	1.0
Not diverse	11,866	96.4	2,447	97.0	4,107	94.1	2,392	97.8	1,178	97.6	1,324	99.0
Certification (highest frequency in state)												
Ambulatory Care Nursing	57	0.5	10	0.4	23	0.5	10	0.4	*	*	*	*
Highest Nursing Degree												
Diploma	1,211	9.8	255	10.1	469	10.7	244	10.0	112	9.3	99	7.4
Associate degree	4,134	33.6	865	34.3	1,267	29.0	806	33.0	483	40.0	545	40.7
Bachelor degree	5,041	40.9	1,027	40.7	2,019	46.3	979	40.0	404	33.5	472	35.3
Master Degree	1,847	15.0	365	14.5	573	13.1	402	16.4	200	16.6	215	16.1
Doctorate	68	0.6	7	0.3	34	0.8	14	0.6	*	*	*	*

*reflect cells too small to report

In Table A.5 note that almost 98% of nurses working in this setting are employed as nurses, and providing direct patient care (86%) as their primary role. They report working approximately 36 hours per week and a 4 day week.

Table A.5.**Employment Status of Registered Nurses Employed in Ambulatory Care in WI**

	State Level		Southern		Southeastern		Northeastern		Western		Northern		
Employment Status													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	12,032	97.7		2,461	97.6	4,263	97.7	2,386	97.5	1,179	97.7	1,313	98.1
Work health care not nurse	212	1.7		44	1.7	73	1.7	47	1.9	26	2.2	18	1.3
Work in other field	11	0.1		*	*	*	*	*	*	*	*	*	*
Unemployed, seeking work in nursing	15	0.1		*	*	12	0.3	*	*	*	*	*	*
Unemployed seeking work in another field	*	*		*	*	*	*	*	*	*	*	*	*
Unemployed, not seeking work	9	0.1		*	*	*	*	*	*	*	*	*	*
Retired	33	0.3		12	0.5	10	0.2	*	*	*	*	6	0.4
Primary Role is to Provide Direct Care													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	10,587	86.0		2,189	86.8	3,748	85.9	2,100	85.9	1,037	85.9	1,145	85.6
No, I provide limited DCP	644	5.2		126	5.0	243	5.6	132	5.4	54	4.5	73	5.5
No, I supervise DCP	503	4.1		99	3.9	167	3.8	92	3.8	51	4.2	66	4.9
No, but have in past	495	4.0		91	3.6	175	4.0	102	4.2	57	4.7	49	3.7
No, but have provided limited DCP in past	55	0.4		9	0.4	18	0.4	17	0.7	*	*	*	*
Have never provided DCP	29	0.2		8	.03	13	0.3	*	*	*	*	*	*
Hours per week worked	35.48			35.32		35.51		34.97		36.72		36.32	
Days per week worked	4.09			4.10		4.09		4.03		4.20		4.19	
Weeks worked per year with paid vacation	49.04			49.43		48.95		48.90		48.69		48.36	

*reflect cells too small to report

In Table A.6 there are large numbers of nurses either leaving their present type of employment (5,961 or 40.6%) and or leaving direct patient care (4,646 or 41.7%) in nine or fewer years. Since these nurses are older, it may be a reflection of their retirement plans. Only 18% of these nurses plan to continue their education in the next 2 years.

Table A. 6.
Future Plans of Registered Nurses Employed in Ambulatory Care in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Plan to Work in Present Type of Employment												
<2 years	985	8.0	192	7.7	398	9.2	191	7.9	81	6.7	94	7.1
2-4 years	1,987	16.2	450	18.0	759	17.5	344	14.1	187	15.5	181	13.6
5-9 years	2,989	24.4	591	23.6	1,107	25.6	551	22.7	283	23.5	361	27.1
10-19 years	3,577	29.2	747	29.8	1,238	28.6	727	29.9	353	29.3	377	28.3
20-29 years	1,775	14.5	355	14.2	564	13.0	383	15.7	199	16.5	201	15.1
30 years or >	924	7.6	168	6.7	265	6.1	236	9.7	103	8.5	117	8.8
Plan to Continue to Provide Direct Patient Care												
<2 years	611	5.5	123	5.3	244	6.2	113	5.1	54	5.0	60	5.0
2-4 years	1,364	12.2	304	13.1	512	13.0	231	10.5	126	11.7	146	12.1
5-9 years	2,674	24.0	556	23.9	848	24.9	484	21.9	248	23.0	317	26.2
10-19 years	3,514	31.5	747	32.1	1,233	31.3	699	31.6	332	30.9	366	30.2
20-29 years	1,871	16.8	377	16.2	618	15.7	405	18.3	200	18.6	203	16.8
30 or > years	1,122	10.1	217	9.3	354	9.0	278	12.6	116	10.8	119	9.8
Future Education Plans												
No plans	9,141	74.2	1,905	75.5	3,204	73.4	1,830	74.8	916	75.9	989	73.9
Enrolled BSN	328	2.7	62	2.5	106	2.4	74	3.0	35	2.9	37	2.8
Enrolled MSN	255	2.1	42	1.7	110	2.5	56	2.3	19	1.6	20	1.5
Enrolled DNP	68	0.6	13	0.5	23	0.5	13	0.5	12	1.0	*	*
Enrolled Nursing PhD	9	0.1	*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	201	1.6	28	1.1	74	1.7	49	2.0	23	1.9	21	1.6
Plan to pursue education in next 2 years	2,311	18.8	470	18.6	843	19.3	422	17.3	202	16.7	266	19.9

*reflect cells too small to report

Summary

Nurses working in ambulatory care are slightly older than the average of nurses in the state as a whole, suggesting that this may be a setting that could employ the expertise of an older workforce. The very high number (86%) that provide direct patient care suggests that it is critical to retain these skilled clinicians in the workforce.

Recommendation

1. Develop strategies to recruit registered nurses to ambulatory care practice in order to replace the retiring registered nurse workforce.

A.3. Specialty Practice: Long Term Care

Part 1: Comparisons at State and Department of Health Services Regions

(N = 5,523)

This section provides information on the long term care (LTC) RN workforce in Wisconsin. These data include RNs who self-identified their primary work setting as nursing homes, skilled nursing facility and assisted living facilities. State level data includes all RNs who report working in long term care settings. Next, these registered nurses were placed into Department of Health Services regions according to the location of their primary position.

This is a two part analysis of this workforce since the aging population will require an expanded workforce of direct care providers. Two comparisons will be made: (Part 1) comparisons at the state and Department of Health Services Regions, and (Part 2) comparisons of rural/urban regions.

Table A.7 indicates that the majority (64.3%) of RNs working in LTC hold an associate degree in nursing both in the state and across all regions. In addition, the percentage of nurses holding a baccalaureate degree ranges from 14.5% (n=81) in the Western region to 31.5% (n=420) in the Northeastern region. The number (n=6, 0.1%) reporting a doctoral degree in nursing is very low. Almost none report being certified in this specialty area.

Table A.7.
Demographics of Registered Nurses Employed in LTC Settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	n	%	n	%	n	%	n	%	n	%	n	%
Resides in WI	5362	97.1	975		1534		1326		583		944	
Resides out WI	161	2.9										
Works in WI	5397	97.7	957	98.2	1502	97.9	1309	98.7	570	97.8	898	95.1
Works out WI	126	2.3	18	1.8	32	2.1	17	1.3	13	2.2	46	4.9
Male	307	5.6	49	5.0	106	6.8	63	4.7	20	3.6	59	6.1
Female	5216	94.4	929	95.0	1445	93.2	1270	95.3	538	96.4	908	93.9
Mean Age	46.50 (SD = 12.46)		46.10 (SD = 12.55)		48.36 (SD = 11.67)		45.30 (12.60)		45.96 (SD = 12.32)		45.8 (SD = 13.26)	
Diversity												
Diverse	351	6.4	50	4.5	226	14.8	36	2.7	10	1.8	21	2.2
Not diverse	5124	93.6	928	95.5	1300	85.2	1293	97.3	546	98.2	936	97.8
Certification (highest frequently in state)												
Gerontological CNS	6	0.1	*	*	*	*	*	*	0	0	0	0
Highest Nursing Degree												
Diploma	394	7.1	69	7.1	131	8.4	87	6.5	28	5.0	69	7.1
Associate degree	3549	64.3	665	68.0	894	57.6	783	58.7	442	79.2	677	70.0
Bachelor degree	1375	24.9	202	20.7	439	28.3	420	31.5	81	14.5	203	21.0
Master degree	179	3.2	34	3.5	77	5.0	40	3.0	*	*	15	1.6
Doctorate	6	0.1	*	*	*	*	0	0	0	0	*	*

*cells too small to report

Table A.8 reveals that over 97% of the LTC RNs is employed as nurses across the whole state as well as all regions. It is interesting to note that 62% of RNs stayed in the same position in the past year. More than 21% reported having a new position either with the same or a different employer. One of the most frequently reported reason for an employment changes was promotion or career advancement. The LTC RN workforce across all regions has, on average, approximate 7 years' experience in their primary job position and over 67% of these nurses provide direct patient care. The mean weekly hours (37) and mean days per week (4) for LTC RNs are higher than hospital RNs.

Table A.8.
Employment Status of Registered Nurses Employed in LTC Settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	5401	97.8	951	97.2	1510	97.4	1305	97.9	546	97.8	957	99.0
Work health care not nursing	74	1.3	17	1.7	23	1.5	18	1.4	7	1.3	6	0.6
Mean years in primary job	6.6		7.1		6.3		6.5		6.5		7.0	
Status Change Last Year												
No change	3425	62.0	612	62.6	969	62.5	837	62.8	347	62.2	580	60.0
Change work hours	606	11.0	96	9.8	157	10.1	159	11.9	66	11.8	120	12.4
New position with same employers	481	8.7	84	8.6	120	7.7	104	7.8	48	8.6	110	11.4
New position with different employer	701	12.7	132	13.5	221	14.2	160	12.0	62	11.1	97	10.0
Was not working as RNs but am now	258	4.7	46	4.7	62	4.0	63	4.7	29	5.2	55	5.7
Was working as RNs but no longer working as RNs	9	0.2	*	*	*	*	*	*	*	*	*	*
Factors for Employment Change (May check multiple choices. Two most frequently reported in state)												
Salary/benefits	249	12.1	51	14.4	76	13.0	43	8.8	19	9.4	55	14.4
Promotion/career advancement	433	21.0	90	25.4	117	20.0	89	18.2	41	20.3	82	21.5
Employment Basis for Primary Position												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Full time, salaried	1505	27.2	252	25.8	544	35.1	357	26.8	114	20.4	185	19.1
Full time, hourly wage	2408	43.6	418	42.7	579	37.3	567	42.5	290	52.0	504	52.1
Part time, salaried	74	1.3	16	1.6	32	2.1	16	1.2	*	*	6	0.6
Part time, hourly wage	1298	23.5	253	25.9	316	20.4	337	25.3	131	23.5	236	24.4
Per diem	228	4.1	37	3.8	76	4.9	54	4.1	19	3.4	36	3.7
Volunteer	10	0.2	*	*	*	*	*	*	*	*	0	0

Employment Status of Nurses Employed in LTC Settings continued													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Work Hours													
Hours worked per week	36.8			36.8		37.7		36.3		35.9		35.6	
Days worked per week	4.3			4.3		4.3		4.3		4.1		4.2	
Weeks worked per year including paid vacation	46.4			46.5		46.4		46.6		46.4		46.2	
Primary Role is to Provide Direct Patient Care (DPC)													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	3719	67.3		671	68.6	919	59.3	927	69.5	421	75.4	713	73.7
No, I provide limited DCP	512	9.3		97	9.9	172	11.1	120	9.0	38	6.8	70	7.2
No, I supervise DCP	855	15.5		148	15.1	284	18.3	202	15.2	73	13.1	124	12.8
No, but have in past	355	6.4		51	5.2	140	9.0	67	5.0	23	4.1	52	5.4
No, but have provided limited DCP in past	52	0.9		6	0.6	21	1.4	13	1.0	*	*	7	0.7
Have never provided DCP	30	0.5		*	*	15	1.0	*	*	*	*	*	*

*cells too small to report

Table A.9 indicates that within the next 2 years, it appears likely that there will be 16.3% (n = 889) currently employed RNs leaving their current LTC positions. There will be a much smaller number (n=289, 6.2%) of RNs leaving the position of providing direct patient care. At present, the majority of RNs in long term care (approximately 63%) do not plan to continue their education in nursing, but 1,655 RNs (30%) have plans to continue their education in the next 2 years.

Table A.9.
Future Plans of Registered Nurses Employed in LTC Settings in WI

	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2 years	889	16.3		143	14.9	225	14.7	238	18.0	90	16.2	174	18.2
2-4 years	1081	19.8		182	19.0	315	20.6	271	20.5	94	16.9	193	20.1
5-9 years	1137	20.8		195	20.3	349	22.8	268	20.3	118	21.3	181	18.9
10-19 years	1300	23.5		227	23.6	392	25.6	301	22.8	137	24.7	206	21.5
20-29 years	603	11.1		114	11.9	173	11.3	134	10.1	58	10.5	107	11.2
30 years or >	447	8.2		99	10.3	75	4.9	109	8.3	58	10.5	97	10.1
Factors for Career Decision (Three most frequently reported in state) Valid Response													
Family/personal issues	1677	30.4		293	31.4	509	34.0	388	30.1	153	28.6	286	30.4
Medical benefit	811	14.7		129	13.8	266	17.8	186	14.4	74	13.8	138	14.7
Potential for advancement	833	15.1		145	15.5	193	12.9	246	19.1	98	18.3	138	14.7

Future Plans of Nurses Employed in LTC Settings in WI continued												
Plan to Continue to Provide Direct Patient Care (DPC)												
	State Level		Southern		Southeastern		Northeastern		Western		Northern	
< 2 years	289	6.2	46	5.5	97	7.8	58	5.1	31	6.3	48	5.7
2-4 years	632	13.6	104	12.4	182	14.7	148	13.1	58	11.8	128	15.1
5-9 years	991	21.3	171	20.3	306	24.7	238	21.1	97	19.8	158	18.7
10-19 years	1302	28.0	230	27.3	367	29.6	304	26.9	150	30.6	221	26.1
20-29 years	671	14.4	138	16.4	164	13.2	173	15.3	63	12.9	117	13.8
30 or > years	763	16.4	153	18.2	124	10.0	209	18.5	91	18.6	174	20.6
Future Education in Nursing Plans												
No plans	3455	62.6	613	62.7	952	61.4	850	63.8	362	64.9	599	61.9
Enrolled BSN	247	4.5	44	4.5	58	3.7	54	4.1	31	5.6	53	5.5
Enrolled MSN	72	1.3	*	*	29	1.9	23	1.7	*	*	*	*
Enrolled DNP	8	0.1	*	*	*	*	*	*	0	0	*	*
Enrolled PhD	0	0	0	0	0	0	0	0	0	0	0	0
Enrolled in certificate	85	1.5	12	1.2	34	2.2	17	1.3	*	*	14	1.4
Plan to pursue education in next 2 years	1655	30.0	301	30.8	476	30.7	388	29.1	158	28.3	285	29.5
Challenges in Pursuing Higher Education (Three most frequently reported in state)												
None	1404	25.4	233	23.8	403	26.0	341	25.6	159	28.5	239	24.7
Cost of lost work time and benefit	1642	29.7	323	33.0	415	26.8	401	30.1	154	27.6	309	32.0
Cost of tuition, books, etc.	1556	28.2	274	28.0	473	30.5	376	28.2	145	26.0	251	26.0

*cells too small to report

Summary

The characteristics of the RN workforce in LTC settings include that they are older, more diverse, with fewer males and fewer holding a bachelor's degree in comparison RNs employed in hospital settings. Moreover, there are few who are certified or who hold graduate degrees. Over half of them have plans to leave their present position within the next nine years or less and approximately 50% of LTC RNs will not stay in the position of providing direct care to patients for nine more years, indicating a significant reduction in this part of the RN workforce. With the increasing aging population with complex health care needs, the following recommendations are made.

Recommendations

1. Efforts will be needed to focus on assuring flexibility in educational programs and flexibility in scheduling from employers to support RNs achieving additional education at the bachelors and higher levels.
2. Additional funding sources to support continued education are needed.
3. Within next ten years, there is a need to put more efforts into developing recruitment and retention plans for registered nurses in long term care.

A.3. Specialty Practice: Long Term Care

Part 2: Comparisons at Rural and Urban Regions

(N = 5,341)

In Part 2 of this analysis of the Long Term Care (LTC) Registered Nurse workforce comparisons of LTC nurses in rural/urban areas are provided. The urban and rural designations created by the Wisconsin Department of Workforce Development. The following rules were applied to the original nine Wisconsin Area Health Education Center (AHEC) categories to create the groupings:

The two rural categories were defined as:

Rural Area population of < 2,500

Rural Area population of 2,500 to 49,999

The urban 2 categories were defined as:

Urban Area population \geq 50,000

City of Milwaukee

Nurses were grouped according to the location of their primary position. Due to missing values, the data reported by 5,341 LTC RNs were used in this analysis.

Table A.10 presents the number of RNs work in LTC in Milwaukee, urban areas (\geq 50,000), rural areas (2,500-49,999) and rural areas (< 2,500). Surprisingly, a small number (n=679, 12.7%) of LTC RNs are working in Milwaukee. This may reflect the distribution of LTC settings or the fact that there are more opportunities in urban hospital settings rather than LTC. The lack of diversity in the LTC nursing workforce exists across urban (\geq 50,000) and both rural categories. Most nurses (approximately 70%) in both rural categories are prepared at associate degree level. A high percentage (31.2%) of nurses holding a baccalaureate degree work in Milwaukee compared to the other three categories.

Table A.10.

Demographic Information for Rural/Urban Registered Nurses Employed in LTC Settings in WI

	City of Milwaukee		Urban areas (\geq 50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Demographics	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Resides in WI	671	98.8	2093	97.3	1,585	97.5	855	96.5
Resides out WI	8	1.2	58	2.7	40	2.5	31	3.5
Works in WI	675	99.4	2,141	99.5	1618	99.6	880	99.3
Male	58	8.5	137	6.4	63	3.9	35	4.0
Female	621	91.5	2014	93.6	1562	96.1	851	96.0
Mean Age	48.40 (SD = 11.61)		45.40 (SD = 11.45)		46.11 (SD = 12.52)		47.88 (SD = 12.38)	
Diversity								
Diverse	162	23.9	158	7.3	54	3.3	16	1.8
Not diverse	517	76.1	1993	92.7	1571	96.7	870	98.2

Demographic Information continued								
	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Highest Nursing Degree								
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Diploma	61	9.0	140	6.5	107	6.6	74	8.4
Associate degree	357	52.6	1334	62.0	1126	69.3	616	69.5
Bachelor degree	212	31.2	588	27.3	357	22.0	173	19.5
Master degree	44	6.5	78	3.6	29	1.8	19	2.1
Doctorate	*	*	*	*	*	*	0	0

*cells too small to report

Table A.11 indicates that over 97% of LTC RNs are employed as nurses across the city, urban and rural areas. Over 60% RNs stay in the same position in each population group. The LTC RN workforce in the two urban areas has fewer years of experience (6.3, 6.1 years) in their primary position than does the rural (7.1, 7.6 years) workforce. Over half RNs are in the positions providing direct patient care. Noticeably, the lowest proportion of direct care providers is in the city of Milwaukee. The mean weekly hours for LTC RNs range from 35.6 hours per week in rural areas of the population less than 2,500 to 37.9 hours per week in the city of Milwaukee.

Table A.11.

Employment Status of Rural/Urban Registered Nurses Employed in LTC Settings in WI

	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Employment Status								
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	661	97.3	2108	98.0	1588	97.7	867	97.9
Work health care not nurse	9	1.3	20	0.9	28	1.7	14	1.6
Mean years in primary position	6.3		6.1		7.1		7.6	
Status Change Last Year								
No change	412	60.7	1327	61.7	1033	63.6	542	61.2
Change work hours	77	11.3	223	10.4	182	11.2	111	12.5
New position with same employers	60	8.8	178	8.3	140	8.6	89	10.0
New position with different employers	93	13.7	290	13.5	181	11.1	99	11.2
Was not working as RNs but am now	28	4.1	111	5.2	78	4.8	36	4.1
Was working as RNs but no longer working as RNs	0	0	6	0.3	*	*	*	*

Employment Status of Rural/Urban Registered Nurses Employed in LTC Settings in WI (continued)								
	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Employment Basis for Primary Position								
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Full time, salaried	253	37.3	612	28.5	390	24.0	186	21.0
Full time, hourly wage	247	36.4	912	42.4	744	45.8	441	49.8
Part time, salaried	14	2.1	31	1.4	17	1.0	10	1.1
Part time, hourly wage	130	19.1	504	23.4	401	24.7	225	25.4
Per diem	33	4.9	87	4.0	71	4.4	24	2.7
Volunteer	*	*	*	*	*	*	0	0
Work Hours								
Hours per week worked	37.9		37.0		36.4		35.6	
Days per week worked	4.3		4.3		4.2		4.2	
Weeks worked per year with paid vacation	45.5		46.2		46.7		47.1	
Primary Role is to Provide Direct Patient Care (DPC)								
Yes	368	54.2	1447	67.3	1161	71.4	642	72.5
No, I provide limited DCP	82	12.1	190	8.8	147	9.0	76	8.6
No, I supervise DCP	140	20.6	340	15.8	222	13.7	118	13.3
No, but have in past	74	10.9	143	6.6	73	4.5	41	4.6
No, but have provided limited DCP in past	9	1.3	19	0.9	15	0.9	6	0.7
Have never provided DCP	6	0.9	12	0.6	7	0.4	*	*

*cells too small to report

Table A.12 indicates that within the next nine years, it appears likely that there will be a significant percentage (over 55%) of currently employed RNs leaving their current positions across these four groups, particularly urban areas (≥50,000) (n=1229, 58%). Interestingly, 50% or higher of nurses report they would continue to provide direct patient care over nine years in each group. A large percentage (66.6%) of RNs do not plan to continue their education in nursing in rural areas of the population less than 2,500. Noticeably, none of RNs plans to pursue a PhD in nursing.

Table A.12.
Future Plans of Rural/Urban Registered Nurses Employed in LTC Settings in WI

	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Plan to Work in Present Type of Employment								
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	98	14.7	376	17.8	268	16.6	124	14.1
2-4 years	146	21.9	414	19.5	325	20.2	165	18.8
Future Plans of Nurses Employed in LTC Settings in WI continued								
	City of Milwaukee		Urban areas (≥50,000)		Rural areas (2,500-49,999)		Rural areas (<2,500)	
Plan to Work in Present Type of Employment continued								
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
5-9 years	138	20.7	439	20.7	324	20.1	197	22.4
10-19 years	190	28.4	472	22.3	384	23.8	201	22.8
20-29 years	72	10.8	220	10.4	179	11.1	110	12.5
30 years or >	24	3.6	197	9.3	132	8.2	83	9.4
Plan to Continue to Provide Direct Patient Care (DPC)								
<2 years	53	10.2	94	5.2	78	5.5	53	6.9
2-4 years	86	16.5	228	12.6	191	13.6	109	14.2
5-9 years	123	23.6	394	21.7	284	20.2	164	21.4
10-19 years	151	29.0	499	27.5	407	28.9	201	26.2
20-29 years	67	12.9	254	14.0	207	14.7	118	15.4
30 or > years	41	7.9	346	19.1	240	17.1	121	15.8
Plans for Further Education in Nursing								
No plans	409	60.2	1304	60.6	1050	64.6	590	66.6
Enrolled BSN	29	4.3	105	4.9	78	4.8	25	2.8
Enrolled MSN	18	2.7	33	1.5	11	0.7	10	1.1
Enrolled DNP	*	*	*	*	*	*	*	*
Enrolled PhD	0	0	0	0	0	0	0	0
Enrolled in certificate	14	2.1	32	1.5	18	1.1	16	1.8
Plan to pursue education in next 2 years	208	30.6	675	31.4	466	28.7	243	27.4
Challenges in Pursuing Higher Education (Three most frequently reported in state) Valid Response								
No challenges	181	26.7	506	23.5	426	26.2	248	28.0
Cost of lost work time and benefit	183	27.0	699	32.5	472	29.0	239	27.0
Cost of tuition, books, etc.	214	31.5	641	29.8	444	27.3	206	23.3

*cells too small to report

Summary

RNs work in urban areas tend to have less years of experience in their primary job position (roughly 6 years), high turnover rate (approximately 14%) and high intentions to leave either current job or DCP with less 2 years. There is a high percentage (about 70%) of nurses with associate degrees in rural areas. Further, nurses in rural areas are less likely to pursue education in next 2 years, compared to urban areas. Cost of lost work time and benefit has been identified as a common barrier for RNs in rural areas to continue higher education.

Recommendations

1. Workforce plans should be addressed based on the distribution of nurses in rural and urban areas.
2. In order to motivating rural nurses to pursue advanced education, it is necessary to reduce the barriers through providing such as flexible work schedule and financial support and bringing educational programs to the rural areas perhaps with use of distance technology.

A.4. Primary Work Setting: Home Health

Specialty Practice: Home Health

(N = 3,461)

These data include RNs who self-identified their primary work setting as home health agency, home health service or hospice care. For the purpose of analysis, first all of the nurses who reported working in home health were selected at the state level, and then placed them into Department of Health Services regions according to the location of their residence. In the detailed regional analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

Table A.13 shows that registered nurses employed in home health are approximately the same mean age as all RNs in the state, and approximately 50% of them hold an associate degree in nursing. Over 6% are certified in Hospice and Palliative Care Nursing.

Table A.13.

Demographic Information for Registered Nurses Employed in Home Health Care in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>N</i>	%										
Resides in WI	3,283	94.1	646		1,267		737		267		366	
Resides out WI	178	5.1										
Works in WI	3,374	97.5	636	98.5	1,247	98.4	723	98.1	263	98.5	327	89.3
Works out WI	87	2.5	*	*	20	1.6	14	1.9	*	*	39	10.7
Resides WI, not working	31	0.9	7	1.1	15	1.2	*	*	*	*	*	*
Male	184	5.3	36	5.6	66	5.2	37	5.0	15	5.6	15	4.1
Female	3,277	94.7	610	94.4	1,201	94.8	700	95.0	252	94.4	351	95.9
Mean Age	47.64 (SD = 11.68)		48.13 (SD = 11.90)		47.67 (SD = 11.70)		46.28 (SD = 11.69)		46.28 (SD = 11.66)		49.01 (SD = 11.22)	
Diversity												
Diverse	259	7.5	28	4.3	173	13.7	22	3.0	14	5.2	10	2.7
Not diverse	3,202	92.5	618	95.7	1,094	86.3	715	97.0	253	94.8	356	97.3
Certification (Five most frequently reported)												
Hospice & Palliative Care	214	6.4	48	7.3	51	4.0	63	8.7	15	5.0	37	9.4
Home Health	132	3.9	25	3.8	65	5.0	18	2.5	11	3.6	13	3.3
Respiratory Pulmonary Care	131	3.9	34	5.2	57	4.4	23	3.2	11	3.6	6	1.5
Wound/Ostomy Care	45	1.3	11	1.7	13	1.0	10	1.4	*	*	*	*
Nursing Case Management	33	1.0	*	*	19	1.5	*	*	0	0	6	1.5
Highest Degree in Nursing												
Diploma	291	8.4	59	9.1	105	8.3	58	7.9	14	5.2	29	7.9
Associate Degree	1,727	49.9	302	46.7	579	45.7	365	49.5	178	66.7	208	56.8
Bachelor Degree	1,303	37.6	247	38.2	550	43.4	283	38.4	64	24.0	111	30.3
Master's Degree	130	3.8	36	5.6	31	2.4	28	3.8	11	4.1	16	4.4
Doctorate	7	0.2	*	*	*	*	*	*	*	*	*	*

*reflect cells too small to report

Table A.14 shows that 76.4% of these nurses provide direct patient care. Note that they tend to work an average of 36-37 hours per week in a four day work week.

Table A.14.

Employment status of Registered Nurses employed in Home Health Care in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	3,357	97.0	627	97.1	1,219	96.2	723	98.1	258	96.6	355	97.0
Work health care not nurse	66	1.9	10	1.5	312	2.5	8	1.1	8	3.0	7	1.9
Primary Role is to Provide Direct Patient Care												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	2,644	76.4	510	78.9	952	75.1	570	77.3	203	76.0	264	72.1
No, I provide limited DCP	219	6.3	39	6.0	81	6.4	50	6.8	11	4.1	27	7.4
No, I supervise DCP	319	9.2	55	8.5	119	9.4	65	8.8	26	9.7	41	11.2
No, but have in past	243	7.0	37	5.7	103	8.1	47	6.4	21	7.9	28	7.7
No, but have provided limited DCP in past	24	0.7	*	*	9	0.7	*	*	*	*	*	*
Have never provided DCP	12	0.3	0	0	*	*	*	*	*	*	*	*
Hours per week worked	36.92		36.60		37.98		37.06		35.06		36.02	
Days per week worked	4.23		4.15		4.31		4.17		4.16		4.26	
Weeks worked per year with paid vacation	46.77		47.31		46.3		47.45		46.75		46.58	

*reflect cells too small to report

Table A.15 reveals that over half (55.2%) of these nurses plan to leave their present employment in nine or less years and 43.5% plan to leave direct patient care in the same time period. Given that the majority of these nurses are prepared at the associate degree level, it is surprising that 63.6% have no plans for future education.

Table A.15.

Future Plans of Registered Nurses Employed in Home Health Care in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	441	12.9	68	10.5	159	12.7	98	13.4	38	14.3	60	16.6
2-4 years	665	19.4	146	22.8	234	18.7	142	19.5	47	17.7	64	17.7
5-9 years	784	22.9	157	24.5	296	23.6	150	20.6	59	22.3	77	21.3
10-19 years	893	26.1	152	23.7	350	28.0	178	24.4	67	25.3	93	25.7
20-29 years	407	11.9	84	13.1	135	10.8	98	13.4	34	12.8	42	11.6
30 years or more	233	6.8	34	5.3	78	6.2	63	8.6	20	7.5	26	7.2

Future Plans of Registered Nurses Employed in Home Health Care in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Continue to Provide Direct Patient Care													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	198	6.7		32	5.7	65	6.0	40	6.4	20	8.6	34	9.3
2-4 years	419	14.2		97	17.4	160	14.9	78	12.5	28	11.2	41	13.4
5-9 years	669	22.6		130	23.3	245	22.8	142	22.8	45	19.4	62	20.2
10-19 years	881	29.8		152	27.2	340	31.6	174	27.9	70	30.2	93	30.3
20-29 years	452	15.3		87	15.6	152	14.1	109	17.5	41	17.7	40	13.0
30 or > years	339	11.5		61	10.9	114	10.6	81	13.0	30	12.9	37	12.1
Future Education Plans													
No plans	2,202	63.6		409	63.3	780	61.6	485	65.8	165	61.8	260	71.0
Enrolled BSN	120	3.5		23	3.6	37	2.9	31	4.2	10	3.7	12	3.3
Enrolled MSN	95	2.7		15	2.3	50	3.9	14	1.9	*	*	*	*
Enrolled DNP	7	0.2		*	*	*	*	*	*	*	*	*	*
Enrolled PhD	0	0		*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	67	1.9		21	3.3	17	1.3	11	1.5	*	*	*	*
Plan to pursue education in next 2 years	970	28.0		177	27.4	381	30.1	196	26.6	84	31.5	77	21.0

*reflect cells too small to report

Summary

The majority of nurses practicing in this setting are prepared at the ty of associate degree nurses employed in this setting and high numbers planning to leave direct patient care in nine or fewer years. Given that an aging population will require increasing amounts of home care in the same period that will see large numbers of nurses leaving direct patient care in the home setting, planning must be done to assure an adequate workforce. Because home health agencies typically require hospital experience as a requirement for home health positions, it may be that RNs leave hospitals to work in home health, further deepening a future shortage of RNs in hospitals.

Recommendation:

1. Employers will to support nurses in attaining additional education to meet the Institute of Medicine recommendations of 80% of Registered Nurses prepared at the baccalaureate level by 2020.
2. Establish a statewide planning committee to address the supply RNs in home health care.

A.5 Primary Work Setting: Public Health

(N = 1,460)

These data include RNs who self-identified their primary work setting as public health (governmental: federal, state, local); community health centers, agencies and departments. For this analysis, all of the nurses who reported working in public health were selected at the state level and then placed them into Department of Health Services regions according to their residence.

Table A.16 reveals the very small number of nurses in public health practice, only 1,460 spread across the entire state. The registered nurses employed in public health are slightly older (49 years) than the same mean age of all RNs in the state (46.9 years), and 62.5% hold a baccalaureate degree in nursing.

Table A.16.
Demographic Information for Registered Nurses employed in Public Health in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%										
Resides in WI	1428	97.8	274		528		266		165		195	
Resides out WI	32	2.2										
Works in WI	1,435	98.3	271	98.9	516	97.7	264	99.2	162	98.2	190	97.4
Works out WI	25	1.7	*	*	12	2.3	*	*	*	*	*	*
Male	73	5.0	16	5.8	26	4.9	13	4.9	7	4.2	9	4.6
Female	1,387	95	258	94.2	502	95.1	253	95.1	258	95.8	186	95.4
Mean Age	49.01 (SD = 11.29)		49.14 (SD = 12.32)		49.00 (SD = 12.71)		50.41 (SD = 12.86)		46.79 (SD = 11.81)		48.97 (SD = 10.77)	
Diversity	<i>n</i>	%										
Diverse	113	7.7	10	3.6	78	14.8	12	4.5	8	4.8	*	*
Not diverse	1,347	92.3	264	96.4	450	85.2	254	95.5	157	95.2	190	2.6
Certification (Five most frequently reported)	<i>n</i>	%										
Occupational Health	70	3.1	8	1.8	29	3.5	23	4.7	*	8	*	*
Family health	44	1.9	*	*	14	1.7	15	3.0	7	2.9	*	*
Public/Community Health	43	1.9	*	*	12	1.5	15	3.0	*	*	7	2.4
OB/GYN/Women's Health	37	1.6	*	*	21	2.6	*	*	*	*	*	*
Pediatric	28	1.2	15	3.6	9	1.1	*	*	*	*	*	*
Highest Degree in Nursing	<i>n</i>	%										
Diploma	78	5.3	17	6.2	33	6.3	15	5.6	5	3.0	7	3.6
Associate Degree	309	21.2	57	20.8	106	20.1	47	17.7	46	27.9	47	24.1
Bachelor degree	913	62.5	165	60.2	321	60.8	184	69.2	102	61.8	123	63.1
Master Degree	153	10.5	34	12.4	62	11.7	20	7.5	12	7.3	18	9.2
Doctorate	7	0.5	*	*	6	1.1	0	0	0	0	0	0

*reflect cells too small to report

Table A.17 reveals that 60% of Public Health nurses report providing direct patient care, working an average of 36 hours per week, and 4.4 days per week.

Table A.17.

Employment Status of Registered Nurses Employed in Public Health in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	1,349	94.5	255	93.1	496	93.9	253	95.1	157	95.2	188	96.4
Work in health care not nursing	37	2.6	*	*	17	3.2	*	*	7	4.2	*	*
Primary Role is to Provide Direct Patient Care												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	866	59.3	174	63.5	329	62.3	164	61.7	75	45.5	105	53.8
No, I provide limited DCP	218	14.9	22	8.0	83	15.7	45	16.9	40	24.2	26	13.3
No, I supervise DCP	107	7.3	21	7.7	34	6.4	18	6.8	13	7.9	16	8.2
No, but have in past	216	14.8	44	16.1	66	12.5	31	11.7	31	18.8	40	20.5
No, but have provided limited DCP in past	29	2.0	11	4.0	*	*	7	2.6	*	*	6	3.1
Have never provided DCP	24	1.6	*	*	13	2.5	*	*	*	*	*	*
Hours/ week	36		35.53		36.38		35.15		35.87		37.26	
Days/ week	4.42		4.38		4.40		4.39		4.46		4.56	
Weeks worked per year with paid vacation	47.55		47.89		46.89		47.35		48.10		48.51	

*reflect cells too small to report

Table A.18 shows that 60% of these nurses plan to leave their present employment in nine or fewer years and 51 % of direct care providers will leave in the same period. While a majority of these nurses hold a baccalaureate degree, only 23% plan to continue their education in the next 2 years.

Table A.18.
Future Plans of Registered Nurses employed in Public Health in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Plan to Work in Present Type of Employment												
<2 years	188	13.2	33	12.3	79	15.5	27	10.4	14	8.6	26	13.5
2-4 years	310	21.7	59	22.0	116	22.7	56	21.5	34	20.9	38	19.7
5-9 years	358	25.1	70	26.1	136	26.6	68	26.2	35	21.5	41	21.2
10-19 years	323	22.6	61	22.8	96	18.8	67	25.8	47	28.8	47	24.4
20-29 years	145	10.2	29	10.8	51	10.0	22	8.5	18	11.0	25	13.0
30 years or >	103	7.2	16	6.0	33	6.5	20	7.7	15	9.2	16	8.3
Plan to Provide Direct Patient Care												
<2 years	106	9.9	14	6.9	49	12.0	19	9.8	8	7.4	16	12.1
2-4 years	175	16.4	35	17.3	64	15.6	37	19.1	15	13.9	19	14.4
5-9 years	269	25.2	50	24.8	110	26.9	51	26.3	21	19.4	29	22.0
10-19 years	263	24.6	52	25.7	79	19.3	55	28.4	33	30.6	40	30.3
20-29 years	154	14.4	34	16.8	63	15.4	17	8.8	21	19.4	17	12.9
30 or > years	100	9.4	17	8.4	44	10.8	15	7.7	10	9.3	11	8.3
Future Education Plans												
No plans	1,045	71.6	211	77.0	361	68.4	199	74.8	113	68.5	142	72.8
Enrolled BSN	32	2.2	*	*	10	1.9	8	3.0	*	*	7	3.6
Enrolled MSN	34	2.3	*	*	17	3.2	*	*	*	*	*	2.6
Enrolled DNP	*	*	*	*	*	*	*	*	*	*	*	*
Enrolled Nursing PhD	*	*	*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	10	0.7	*	*	*	*	*	*	*	*	*	*
Plan to pursue education in next 2 years	335	22.9	53	19.3	136	25.8	53	19.9	42	25.5	39	20.0

*reflect cells too small to report

Summary

These data reveal the very low number of nurses engaged in providing public health services in the state. The majority hold a baccalaureate degree though only a small number (22.9%) plan to continue their education in the next 2 years.

Recommendations

1. Research must be conducted to determine an optimal number of registered nurses practicing in public health settings. These data will serve to inform policy makers at the state budget level.

A.6 Primary Work Setting: School Health Nursing

(N = 674)

These data include RNs who self-identified their primary work setting as school health services: K-12, colleges and universities. For this analysis, all of the registered nurses who reported working in school health were selected at the state level and then placed them into Department of Health Services regions according to the location of their residence. Because the aggregate number is so small (674), in the detailed regional analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

Table A.19 presents the small group of registered nurses (674) charged with providing in school health services. This group of registered nurses is significantly older than the state average of all nurses (49.95 years compared to 46.9 years) and 69% are prepared at the baccalaureate level.

Table A.19.

Demographic Information for Registered Nurses Employed in School Settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Resides in WI	654	97.0	163		242		124		42		83	
Resides out WI	20	3.0										
Works in WI	20	100.0	160	98.2	238	98.3	123	99.2	39	92.9	80	96.4
Works out WI	14	2.1	*	*	*	*	*	*	*	*	*	*
Resides WI, not working												
Male	7	1.0	*	*	*	*	*	*	*	*	*	*
Female	667	99	160	98.2	240	99.2	124	100.0	41	97.6	82	98.8
Mean Age	49.95 (SD = 10.12)		50.70 (SD = 10.17)		49.09 (SD = 10.01)		49.31 (SD = 10.07)		50.00 (SD = 9.72)		51.08 (SD = 10.56)	
Diversity												
Diverse	40	5.9	6	3.7	30	12.4	*	*	*	*	0	0
Not diverse	634	94.1	157	96.3	212	87.6	121	97.6	41	97.6	83	100.0
Certification (Most frequently reported)												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
School nursing	36	5.3	*reflect cells too small to report									
School Nursing (NCSN)	28	4.2										
College health nursing	6	0.9										
Highest Nursing Degree												
Diploma	40	5.9	13	8.0	7	2.9	8	6.5	*	*	*	*
Associate	75	11.1	22	13.5	15	6.2	12	9.7	7	16.7	13	15.7
Bachelor degree	465	69.0	83	50.9	191	78.9	93	75.0	28	66.7	61	73.5
Master degree	91	13.5	44	27.0	27	11.2	11	8.9	*	*	*	*
Doctorate	*	*	*	*	*	*	*	*	*	*	*	*

*reflect cells too small to report

Table A.20 presents data showing that almost 80% of these registered nurses report providing direct patient

care. They report working an average of 33.32 hours per week and 4.33 days per week.

Table A.20.

Employment Status of Registered Nurses Employed in School Settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	659	97.8	159	97.5	239	98.8	120	98.8	40	95.2	81	97.6
Working health care not nursing	9	1.3	*	*	*	*	*	*	*	*	*	*
Primary Role is to provide Direct Patient Care	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	537	79.7	141	86.5	191	78.9	89	71.8	35	83.3	62	74.7
No, I provide limited DCP	67	9.9	13	8.0	18	7.4	21	16.9	3	7.1	11	13.3
No, I supervise DCP	36	5.3	8	4.9	16	6.6	*	*	*	*	6	7.2
No, but have in past	26	3.9	*	*	11	4.5	9	7.3	*	*	*	*
No, but have provided limited DCP in past	*	*	0	0	*	*	*	*	0	0	0	0
Have never provided DCP	6	0.9	0	0	*	*	0	0	0	0	*	*
Hours / week	33.32		33.21		32.87		33.60		33.83		33.80	
Days / week	4.33		4.24		4.30		4.47		4.33		4.35	
Weeks worked per year with paid vacation	39.86		41.17		40.11		40.35		36.64		37.27	

*reflect cells too small to report

Table A.21 shows that 64.9% of these nurses plan to leave their present employment in nine or fewer years and 54.5% of direct care providers will leave in the same period. While a majority (69%) of these nurses holds a baccalaureate degree, only 21.5% plan to continue their education in the next 2 years.

Table A.21.

Future plans of Registered Nurses Employed in School Settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	100	15.0	23	14.4	37	15.4	18	14.5	9	22.0	10	12.2
2-4 years	149	22.4	31	19.4	60	25.0	24	19.4	*	*	*	*
5-9 years	183	27.5	59	36.9	55	22.9	33	26.6	11	26.8	19	23.2
10-19 years	169	25.4	33	20.6	64	26.7	34	27.4	15	36.6	17	20.7
20-29 years	52	7.8	11	6.9	19	7.9	11	8.9	*	*	8	9.8
30 years or more	13	2.0	*	*	*	*	*	*	*	*	*	*

Future Plans of Registered Nurses Employed in School Settings in WI (continued)													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plan to Continue to Provide Direct Patient Care													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	63	10.7		18	12.3	16	7.9	12	11.3	7	19.4	8	10.4
2-4 years	101	17.2		22	15.1	36	17.7	18	17.0	*	*	20	26.0
5-9 years	156	26.6		46	31.5	51	25.1	26	24.5	10	27.8	20	26.0
10-19 years	173	29.5		40	27.4	63	31.0	31	29.2	13	36.1	17	22.1
20-29 years	73	12.4		14	9.6	29	14.3	15	14.2	*	*	9	11.7
30 or > years	21	3.6		6	4.1	8	3.9	*	*	0	0	*	*
Future Education Plans													
No plans	483	71.1		110	67.5	173	71.5	92	74.2	32	76.2	65	78.3
Enrolled BSN	7	1.0		3	1.8	1	0.4	1	0.8	1	2.4	1	1.2
Enrolled MSN	24	3.6		*	*	12	5.0	5	4.0	0	0	*	*
Enrolled DNP	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled Nursing PhD	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled in certificate	12	1.8		*	*	*	*	*	*	*	*	*	*
Plan to pursue education in next 2 years	145	21.5		44	27.0	52	21.5	24	19.4	8	19.0	12	14.5

*reflect cells too small to report

Summary

Nurses employed in school settings are older than the state average of registered nurses, perhaps reflecting the less physically demanding work environment. They are largely (69%) prepared at the baccalaureate level, only 4.6% are currently enrolled in degree programs, and 21.5% plan to continue their education in the next two years.

Recommendations

1. Nursing research must provide evidence of the clinical and fiscal outcomes of the clinical practice of nurses in school settings.
2. Research must be conducted to determine an optimal number of registered nurses practicing in school settings. These data will serve to inform policy makers at the state budget level.

**A.7. Primary Work Setting:
Inpatient Mental Health and Outpatient Mental Health and Substance Abuse**

(N = 278)

These data include RNs who self-identified their primary work setting as inpatient mental health and/or substance abuse, outpatient mental health and substance abuse. For this analysis, all of the nurses who reported working in school health were selected for the state level and then placed them into Department of Health Services regions according to the location of their residence. Because the aggregate number is so small (278), there are many regional cells that are too small to report. In the detailed regional analysis the cells sometimes become so small that assuring confidentiality is impossible. As a result of suppressing small cells, rows or columns will not total to 100%.

In Table A.22 it is noted that this is a very small group of registered nurses (278) working to provide mental health and substance abuse services in the state. This group of registered nurses is significantly older than the state average of all nurses (51.78 years compared to 46.9 years) and 35.6% are prepared at the baccalaureate level. Especially concerning is the very low number of practitioners prepared at the advanced practice level.

**Table A.22
Demographic Information for Registered Nurses Employed in Mental Health & Substance Abuse in WI**

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Demographics	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Resides in WI	263	94.6	71	100.0	74	100.0	40	100.0	31	100.0	47	100.0
Resides out WI	15	5.4										
Works in WI	273	98.2	71	100.0	73	98.6	39	97.5	30	96.8	45	95.7
Male	32	11.5	9	12.7	8	10.8	7	17.5	*	*	*	*
Female	246	88.5	62	87.3	66	89.2	33	82.5	28	90.3	45	95.7
Mean Age	51.78 (SD = 11.15)		53.72 (SD = 10.81)		51.26 (SD = 11.34)		50.28 (SD = 11.70)		51.00 (SD = 9.01)		48.66 (SD = 12.02)	
Diversity	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Diverse	15	5.4	2	2.8	7	9.5	3	7.5	1	3.2	2	4.3
Not diverse	263	94.6	69	97.2	67	90.5	37	92.5	30	96.8	45	95.7
Certification (Most frequently reported)	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Psychiatric & Mental Health Nursing-Advanced	45	16.2	*reflect cells too small to report									
Psychiatric & Mental Health Nursing	20	7.2										
Highest Degree in Nursing	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Diploma	23	8.3	8	11.3	*	*	*	*	*	*	*	*
Associate degree	85	30.6	19	26.8	18	24.3	10	25.0	10	32.3	23	48.9
Bachelor degree	99	35.6	27	38.0	27	36.5	14	35.0	11	35.5	15	31.9
Master degree	67	24.1	15	21.1	24	32.4	12	30.0	7	22.6	6	12.8
Doctorate	*	*	*	*	*	*	0	0	0	0	0	0

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In Table A.23 data show that 94.6% (263) of these registered nurses are employed in nursing positions. They

report a work week that averages 35 hours and four days per week. Almost 85% of these nurses report providing direct patient care.

Table A.23.

Employment Status of Registered Nurses Employed in Mental health & Substance Abuse settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Employment Status												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Work as nurse	248	97.3	67	94.4	70	94.6	37	92.5	27	87.1	47	100.0
Work in health care not nursing	10	3.8	*	*	*	*	*	*	*	*	0	0
Primary Role is to Provide Direct Patient Care												
Yes	236	84.9	60	84.5	64	86.5	29	72.5	26	83.9	43	91.5
No, I provide limited DCP	20	7.2	6	8.5	5	6.8	6	15.0	*	*	*	*
Hours per week worked	35.17		35.45		36.36		35.75		35.00		33.64	
Days per week worked	4.19		4.27		4.23		4.33		4.06		4.13	
Weeks worked per year with paid vacation	48.45		48.77		48.77		48.87		46.71		48.30	

*reflect cells too small to report

Table A.24 shows that 54.29% of these nurses plan to leave their present employment in nine or fewer years and 48% of direct care providers will leave in the same period. While 35.6 (99) of these nurses hold a baccalaureate degree, only 19.4% plan to continue their education in the next 2 years.

Table A.24.

Future plans of Registered Nurses Employed in Mental Health & Substance Abuse Settings in WI

	State Level		Southern		Southeastern		Northeastern		Western		Northern	
Plan to Work in Present Type of Employment												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2 years	33	12.1	9	12.9	6	8.2	5	13.2	5	16.7	*	*
2-4 years	49	17.9	14	20.0	15	20.5	7	18.4	4	13.3	6	12.8
5-9 years	66	24.2	18	25.7	18	24.7	5	13.2	8	26.7	13	27.7
10-19 years	83	30.4	18	25.7	22	30.1	15	39.5	9	30.0	15	31.9
20-29 years	27	9.9	5	7.1	8	11.0	6	15.8	*	*	*	*
30 years or more	15	5.5	6	8.6	*	*	0	0	0	0	5	10.6
Plan to Continue to Provide Direct patient Care (DPC)												
<2 years	20	8.1	6	8.5	*	*	*	*	*		*	*
2-4 years	41	16.5	13	18.3	10	15.4	*	*	5	20.0	6	14.3
5-9 years	58	23.4	18	25.4	14	21.5	7	21.2	5	20.0	10	23.8
10-19 years	86	34.7	20	28.2	25	38.5	12	36.4	10	40.0	15	35.7
20-29 years	28	11.3	6	8.5	8	12.3	8	24.2	*	*	*	*
30 or > years	15	6.0	5	7.0	5	7.7	0	0	*	*	*	*

Future plans of Registered Nurses Employed in Mental Health & Substance Abuse Settings in WI Continued													
	State Level			Southern		Southeastern		Northeastern		Western		Northern	
Plans for Future Education in Nursing													
	<i>n</i>	%		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No plans	207	74.5		54	76.1	56	75.7	28	70.0	24	77.4	32	68.1
Enrolled BSN	*	*		*	*	*	*	*	*	*	*	*	*
Enrolled MSN	6	2.2		0	0	*	*	0	0	*	*	*	*
Enrolled DNP	*	*	*	*	*	*	*	0	0	0	0	0	0
Enrolled PhD	0	0		0	0	0	0	0	0	0	0	0	0
Enrolled in certificate	*	*		*	*	0	0	*	*	*	*	0	0
Plan to pursue education in next 2 years	54	19.4		14	19.7	13	17.6	10	25.0	*	*	12	25.5

*reflect cells too small to report

Summary

Nurses employed in mental health and substance abuse settings are older than the state average (51.78 years compared to 46.9 years) and only 35.6% are prepared at the baccalaureate level than the state average of registered nurses. 54.29% of these nurses plan to leave their present employment in nine or fewer years and 48% of direct care providers will leave in the same period. Given the expanded access to mental health care and substance abuse treatment under the Patient Protection and Affordable Care Act, it is reasonable to assume that this is an insufficient workforce.

Recommendations

1. Research must be conducted to project an optimal number of registered nurses providing substance abuse and mental health care, especially at an advanced practice level. These data will serve to inform policy makers at the state budget level.

Wisconsin

Registered Nurse Survey

2012 Appendix B: Department of Workforce Development Regional Profiles



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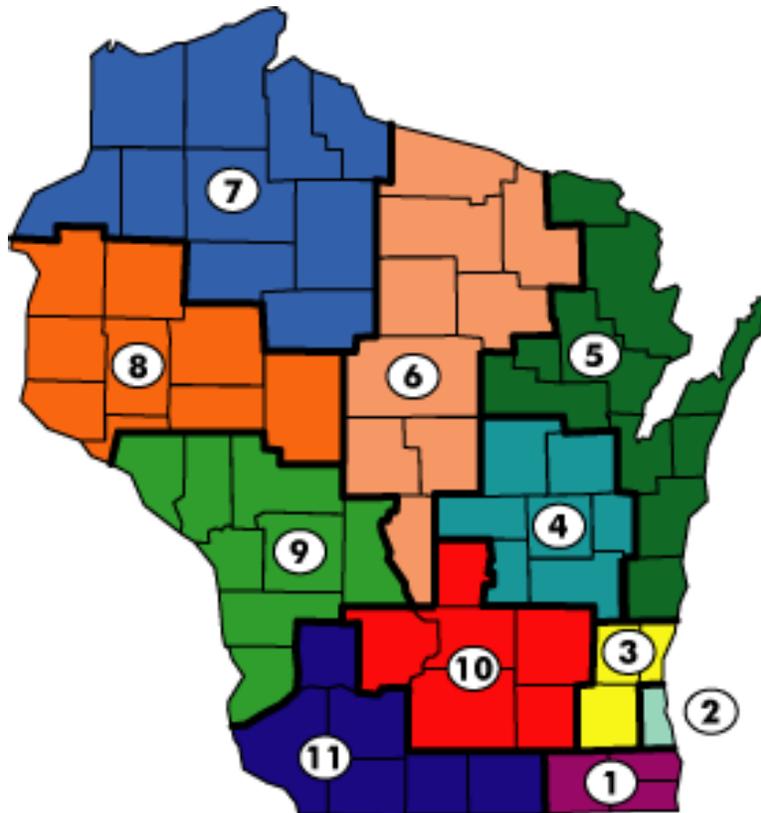
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Appendix B: Department of Workforce Development Regional Profiles

Appendix B presents data that describe the regional Registered Nurse (RN) workforce. The following analyses include RNs residing in the state and then sorted into Department of Workforce Development (DWD) regions by the location of the primary position. This results in a description of the potential workforce in the regions. Comparisons were made between the 2010 and 2012 Registered Nurses surveys when possible. Note that the surveys were not identical in each year, making comparisons difficult. When evaluating the data from the two surveys, the percentages offer the most useful comparison due to reduction in numbers in the data cleaning process. Especially interesting are data related to the highest nursing degree earned and the future plans of direct care providers.

Wisconsin Workforce Development Regions



- | | | |
|--------------------------------|------------------|-------------------|
| 1. Southeast | 5. Bay Area | 9. Western |
| 2. Milwaukee County | 6. North Central | 10. South Central |
| 3. Washington-Ozaukee-Waukesha | 7. Northwest | 11. Southwest |
| 4. Fox Valley | 8. West Central | |

(Retrieved 5/1/13: http://dwd.wisconsin.gov/dislocatedworker/wda/wda_map.htm)

Department of Workforce Development Region 1: Southeast

Population: 464,062

2010 2012

RNs with primary position in the Region: 3,141 3,384

RNs who work in the Region per 1,000 residents 6.77 7.29

DWD Region 1: Southeast				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	2,954	94.0	3,191	94.3
Male	187	6.0	193	5.7
Race				
White	2,913	92.8	3,119	92.2
Black	85	2.7	90	2.7
Asian	21	0.7	73	2.2
Southeast Asian/Pacific Islander	54	1.7	*	*
American Indian/Alaska Native	*	*	*	*
Multiracial	27	0.9	44	1.3
Of Hispanic Origin				
Yes	81	2.6	87	2.6
No	3,057	97.4	3,297	97.4
Age (median)				
	46.00		47.00	
Language other than English				
No	2,954	94.0	2,972	87.8
Yes – one other	162	5.3	373	11.0
Yes – two other	22	0.7	34	1.0
Residency				
Wisconsin	3,011	95.9	3,182	94.0
Out of state	130	4.1	202	6.0
Highest Nursing Degree Earned				
Diploma in Nursing	330	10.5	297	8.8
Associate Degree in Nursing	1,411	45.0	1,622	47.9
BS in Nursing	1,020	32.5	1,204	35.6
Masters in Nursing	157	5.0	248	7.3
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	*	*	10	0.3
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.77		36.17	
Working as an RN	3,092	98.4	3,300	97.5
Working in health care, not nursing	-	-	55	1.6
Working in another field	-	-	8	0.2
Unemployed, seeking work in nursing	-	-	10	0.3
Retired	-	-	7	0.2

* reflects cells too small to report

- reflects data not collected this year

DWD Region 1: Southeast				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	455	14.5	599	17.7
Nursing Home/Extended Care	416	13.3	397	11.7
Academic Education	47	1.5	75	2.2
Public/Community Health	181	5.8	160	4.7
Home Health	147	4.7	203	6.0
Hospital	1,556	49.6	1,801	53.2
Other	337	10.7	149	4.4
Job Title				
Administrator	66	2.1	62	1.8
Advanced Practice Nurse	107	3.4	146	4.3
Case Manager	-	-	237	7.0
Consultant/Contract	35	1.1	28	0.8
Nurse Executive	21	0.7	27	0.8
Nurse Faculty	51	1.6	70	2.1
Nurse Manager	296	9.4	272	8.0
Nurse Researcher	*	*	*	*
Staff Nurse	2,173	69.3	2,277	67.3
Staff, non-medical industry	-	-	8	2
Change in Employment Status in Past Year				
No change	-	-	2,324	68.7
Change in n of hours worked	-	-	311	9.2
New position with same employer	-	-	322	9.5
New position with different employer	-	-	283	8.4
Was not working as RN but am now	-	-	108	3.2
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	185	16.8
Seeking more convenient hours	-	-	147	13.4
Dissatisfaction with previous position	-	-	142	12.9
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	1,123	34.2
Pay	-	-	523	15.9
Medical Benefits	-	-	496	15.1
Retirement benefits	-	-	147	4.5
Hours/shift availability	-	-	79	2.4
Potential for advancement	-	-	549	16.7

* reflects cells too small to report

- reflects data not collected this year

DWD Region 1: Southeast				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	122	3.7
Worksite location	-	-	21	0.6
Physical work requirements	-	-	180	5.5
Physical disability	-	-	42	1.2
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	122	4.5	169	5.8
2-4 years	396	15.3	399	11.8
5-9 years	513	19.8	654	19.3
10-19 years	847	32.7	880	26.0
Over 20 years	833	32.2	802	23.7
Plans for Future Education in Nursing				
No	1,739	55.4	2,014	59.5
Currently enrolled in nursing	124	4.0	263	7.8
Yes in nursing	497	15.8	1,065	31.5

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- reflects data not collected this year

Department of Workforce Development Region 2: Milwaukee

Population: 947,735

2010 2012

RNs with primary position in the Region: 13,215 13,623

RNs who work in the Region per 1,000 residents 13.94 14.37

DWD Region 2: Milwaukee				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	12,319	93.2	12,705	93.3
Male	896	6.8	918	6.7
Race				
White	11,809	89.4	12,107	90.6
Black	790	6.0	761	5.7
Asian	57	0.4	274	2.0
Southeast Asian/Pacific Islander	125	0.9	20	0.1
American Indian/Alaska Native	39	0.3	46	0.3
Multiracial	140	1.1	159	1.2
Of Hispanic Origin				
Yes	330	2.5	389	2.9
No	12,880	97.5	13,234	97.1
Age (median)				
	45.00		46.00	
Language other than English				
No	12,193	92.3	11,654	85.5
Yes – one other	922	7.0	1,801	13.2
Yes – two other	100	0.8	147	1.1
Residency				
Wisconsin	13,158	99.6	13,393	98.3
Out of state	59	0.4	230	1.7
Highest Nursing Degree Earned				
Diploma in Nursing	957	7.2	972	7.1
Associate Degree in Nursing	3,412	25.8	3,882	28.5
BS in Nursing	6,694	50.7	7,237	53.1
Masters in Nursing	1,025	7.8	1,376	10.1
Doctorate in Nursing Practice	-	-	45	.3
PhD in Nursing	83	0.6	138	1.0
Workforce Patterns Primary Position				
Hours worked/week (mean)	37.58		37.76	
Working as an RN	12,959	98.1	13,328	97.2
Working in health care, not nursing	-	-	295	2.2
Working in another field	-	-	39	0.3
Unemployed, seeking work in nursing	-	-	32	0.2
Retired	-	-	14	0.1

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- reflects data not captured

DWD Region 2: Milwaukee				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	1,556	11.8	1,664	12.2
Nursing Home/Extended Care	865	6.5	917	6.7
Academic Education	316	2.4	298	2.2
Public/Community Health	451	3.4	469	3.4
Home Health	538	4.1	795	5.8
Hospital	7,861	59.5	8,647	63.5
Other	1,624	12.3	833	6.1
Job Title				
Administrator	246	1.9	208	1.5
Advanced Practice Nurse	602	4.6	810	5.9
Case Manager	-	-	946	6.9
Consultant/Contract	176	1.3	143	1.0
Nurse Executive	119	0.9	143	1.0
Nurse Faculty	260	2.0	280	2.1
Nurse Manager	953	7.2	819	6.0
Nurse Researcher	116	0.9	123	0.9
Staff Nurse	9,054	68.6	8,983	65.9
Staff, non-medical industry	-	-	34	0.2
Change in Employment Status in Past Year				
No change	-	-	9,547	70.1
Change in n of hours worked	-	-	1,319	9.7
New position with same employer	-	-	1,059	7.8
New position with different employer	-	-	1,235	9.1
Was not working as RN but am now	-	-	356	2.6
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	724	17.4
Seeking more convenient hours	-	-	493	11.9
Dissatisfaction with previous position	-	-	650	15.7
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.1
Family/personal issues	-	-	4,865	36.8
Pay	-	-	2,016	15.2
Medical Benefits	-	-	2,169	16.4
Retirement benefits	-	-	492	3.7
Hours/shift availability	-	-	329	2.5
Potential for advancement	-	-	2,182	16.5

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DWD Region 2: Milwaukee				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	581	4.4
Worksite Location	-	-	143	1.1
Physical work requirements	-	-	257	1.9
Physical disability	-	-	189	1.4
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	568	5.1	700	6.2
2-4 years	1,554	14.8	1,565	13.9
5-9 years	2,115	20.2	2,611	23.2
10-19 years	3,214	30.7	3,239	28.7
Over 20 years	3,584	34.2	3,162	28.1
Plans for Future Education in Nursing				
No	7,001	53.0	8,491	62.3
Currently enrolled in nursing	809	6.1	1,243	9.1
Yes in nursing	2,195	16.6	3,717	27.3

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**Department of Workforce Development Region 3: WOW
(Washington, Ozaukee, Waukesha Counties)**

Population: 608,173

	<u>2010</u>	<u>2012</u>
RNs with primary position in the Region:	5,181	5,220
RNs who work in the Region per 1,000 residents:	8.47	8.58

DWD Region 3: WOW				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	4,904	95.2	4,978	95.4
Male	247	4.8	242	4.6
Race				
White	5,005	97.2	5,025	97.3
Black	40	0.8	54	1.0
Asian	12	0.2	35	0.7
Southeast Asian/Pacific Islander	24	0.5	7	0.1
American Indian/Alaska Native	8	0.2	11	0.2
Multiracial	31	0.6	31	0.6
Of Hispanic Origin				
Yes	51	1.0	54	1.0
No	5,096	99.0	5,166	99.0
Age (median)				
	47.00		48.00	
Language other than English				
No	4,957	96.3	4,648	89.6
Yes – one other	181	3.5	497	9.5
Yes – two other	12	0.2	44	0.8
Residency				
Wisconsin	5,115	99.3	5,150	98.7
Out of state	36	0.7	70	1.3
Highest Nursing Degree Earned				
Diploma in Nursing	517	10.1	437	8.4
Associate Degree in Nursing	1,620	31.5	1,815	34.8
BS in Nursing	2,269	44.1	2,536	48.6
Masters in Nursing	313	6.1	410	7.9
Doctorate in Nursing Practice	-	-	11	0.2
PhD in Nursing	*	*	17	0.3
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.04		34.76	
Working as an RN	5,001	96.5	5,026	96.3
Working in health care, not nursing	-	-	128	2.5
Working in another field	-	-	27	0.5
Unemployed, seeking work in nursing	-	-	15	0.3
Retired	-	-	17	0.3

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DWD Region 3: WOW				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	846	16.4	1,024	19.6
Nursing Home/Extended Care	545	10.6	628	12.0
Academic Education	101	2.0	115	2.2
Public/Community Health	201	3.9	170	3.3
Home Health	209	4.1	246	4.7
Hospital	2,400	46.6	2,643	50.6
Other	849	16.5	394	7.5
Job Title				
Administrator	103	2.0	89	1.7
Advanced Practice Nurse	172	3.3	215	4.1
Case Manager	-	-	319	6.1
Consultant/Contract	108	2.1	73	1.4
Nurse Executive	66	1.3	74	1.4
Nurse Faculty	99	1.9	108	2.1
Nurse Manager	468	9.1	396	7.6
Nurse Researcher	16	0.3	16	0.3
Staff Nurse	3,404	66.2	3,421	65.5
Staff, non-medical industry	-	-	20	0.4
Change in Employment Status in Past Year				
No change	-	-	3,621	69.4
Change in n of hours worked	-	-	536	10.3
New position with same employer	-	-	402	7.7
New position with different employer	-	-	472	9.0
Was not working as RN but am now	-	-	133	2.5
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	270	16.4
Seeking more convenient hours	-	-	232	14.1
Dissatisfaction with previous position	-	-	236	14.3
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.2
Family/personal issues	-	-	1,723	34.1
Pay	-	-	938	18.6
Medical Benefits	-	-	745	14.7
Retirement benefits	-	-	204	4.0
Hours/shift availability	-	-	54	1.1
Potential for advancement	-	-	854	16.9

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- reflects data not captured

DWD Region 3: WOW				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	185	3.7
Worksite location	-	-	42	0.8
Physical work requirements	-	-	218	4.3
Physical disability	-	-	76	1.5
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	161	3.8	241	5.6
2-4 years	539	13.1	570	13.2
5-9 years	851	20.8	1,039	24.1
10-19 years	1,349	32.9	1,281	29.8
Over 20 years	1,361	33.2	1,173	27.3
Plan for Future Education in Nursing				
No	3,174	61.7	3,524	67.5
Currently enrolled in nursing	183	3.6	372	7.1
Yes in nursing	583	11.3	1,235	23.7

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- reflects data not captured

Department of Workforce Development Region 4: Fox Valley

	<u>2010</u>	<u>2012</u>
Population:	590,250	413,355
RNs with primary position in the Region:	5,390	3,535
RNs who work in the Region per 1,000 residents	9.13	8.55

DWD Region 4: Fox Valley				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	5,048	93.7	3,320	93.9
Male	342	6.3	215	6.1
Race				
White	5,275	97.9	3,455	98.4
Black	9	0.2	7	0.2
Asian	9	0.2	20	0.6
Southeast Asian/Pacific Islander	18	0.3	*	*
American Indian/Alaska Native	14	0.3	7	0.2
Multiracial	26	0.5	20	0.6
Of Hispanic Origin				
Yes	33	0.6	31	0.9
No	5,354	99.4	3,504	99.1
Age (median)				
	45.00		47.00	
Language other than English				
No	5,210	96.7	3,226	91.3
Yes – one other	162	3.0	275	7.8
Yes – two other	18	0.3	29	0.8
Residency				
Wisconsin	5,334	99.0	3,490	98.7
Out of state	56	1.0	45	1.3
Highest Nursing Degree Earned				
Diploma in Nursing	471	8.7	237	6.7
Associate Degree in Nursing	1,361	32.1	1,228	34.7
BS in Nursing	2,475	45.9	1,703	48.2
Masters in Nursing	365	6.8	344	9.7
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	13	0.2	19	0.5
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.99		35.24	
Working as an RN	5,244	97.3	3,452	97.7
Working in health care, not nursing	-	-	54	1.5
Working in another field	-	-	11	0.3
Unemployed, seeking work in nursing	-	-	6	0.2
Retired	-	-	8	0.2

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DWD Region 4: Fox Valley				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	803	14.9	635	18.0
Nursing Home/Extended Care	786	14.6	577	16.3
Academic Education	94	1.7	77	2.2
Public/Community Health	338	6.3	169	4.8
Home Health	253	4.7	225	6.4
Hospital	2,335	43.3	1,619	45.8
Other	778	14.4	233	6.6
Job Title				
Administrator	102	1.9	52	1.5
Advanced Practice Nurse	249	4.6	227	6.4
Case Manager	-	-	233	6.6
Consultant/Contract	64	1.2	33	0.9
Nurse Executive	63	1.2	41	1.2
Nurse Faculty	89	1.7	90	2.5
Nurse Manager	509	9.5	335	9.5
Nurse Researcher	16	0.3	11	0.3
Staff Nurse	3,647	67.7	2,249	63.6
Staff, non-medical industry	-	-	14	0.4
Change in Employment Status in Past Year				
No change	-	-	2,384	67.4
Change in n of hours worked	-	-	345	9.8
New position with same employer	-	-	353	10.0
New position with different employer	-	-	342	9.7
Was not working as RN but am now	-	-	84	2.4
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	218	18.5
Seeking more convenient hours	-	-	160	13.6
Dissatisfaction with previous position	-	-	167	14.2
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	1,285	37.4
Pay	-	-	549	16.0
Medical Benefits	-	-	475	13.8
Retirement benefits	-	-	137	4.0
Hours/shift availability	-	-	68	2.0
Potential for advancement	-	-	580	16.9

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DWD Region 4: Fox Valley				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	121	3.5
Worksite Location	-	-	23	0.7
Physical work requirements	-	-	142	4.1
Physical disability	-	-	48	1.4
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	208	4.6	174	5.9
2-4 years	507	11.8	352	11.8
5-9 years	783	18.2	645	21.7
10-19 years	1,351	31.3	838	28.2
Over 20 years	1,671	38.7	963	32.4
Plan for Future Education in Nursing				
No	3,288	61.0	2,419	68.4
Currently enrolled in nursing	220	4.1	238	6.8
Yes in nursing	606	11.2	821	23.2

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Department of Workforce Development Region 5: Bay Area

	<u>2010</u>	<u>2012</u>
Population:	623,328	800,023
RNs with primary position in the Region:	5,706	7,782
RNs who work in the Region per 1,000 residents	9.15	9.28

DWD Region 5: Bay Area				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	5,347	93.7	7,318	94.0
Male	359	6.3	464	6.0
Race				
White	5,570	97.6	7,555	97.8
Black	9	0.2	15	0.2
Asian	6	0.1	55	0.7
Southeast Asian/Pacific Islander	7	0.1	*	*
American Indian/Alaska Native	37	0.6	54	0.7
Multiracial	35	0.6	40	0.5
Of Hispanic Origin				
Yes	29	0.5	57	0.7
No	5,676	99.5	7,725	99.3
Age (median)				
	46.00		46.00	
Language other than English				
No	5,549	97.2	7,148	91.9
Yes – one other	149	2.6	581	7.5
Yes – two other	9	0.2	41	0.5
Residency				
Wisconsin	5,538	97.0	7,550	97.0
Out of state	169	3.0	232	3.0
Highest Nursing Degree Earned				
Diploma in Nursing	581	10.2	626	8.0
Associate Degree in Nursing	2,224	39.0	3,085	39.6
BS in Nursing	2,144	37.6	3,340	42.9
Masters in Nursing	325	5.7	692	8.9
Doctorate in Nursing Practice	-	-	16	0.2
PhD in Nursing	16	0.2	31	0.4
Workforce Patterns Primary Position				
Hours worked/week (mean)	36.23			35.02
Working as an RN	5,574	97.7	7,524	96.7
Working in health care, not nursing	-	-	186	2.4
Working in another field	-	-	26	0.3
Unemployed, seeking work in nursing	-	-	14	0.2
Retired	-	-	24	0.3

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DWD Region 5: Bay Area				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	848	14.9	1,560	20.0
Nursing Home/Extended Care	814	14.3	907	11.7
Academic Education	102	1.8	169	2.2
Public/Community Health	296	5.2	319	4.1
Home Health	255	4.5	495	6.4
Hospital	2,677	46.9	3,789	48.7
Other	714	12.5	543	7.0
Job Title				
Administrator	113	2.0	116	1.5
Advanced Practice Nurse	285	5.0	501	6.4
Case Manager	-	-	490	6.3
Consultant/Contract	86	1.5	84	1.1
Nurse Executive	59	1.0	79	1.0
Nurse Faculty	103	1.8	161	2.1
Nurse Manager	566	9.9	625	8.0
Nurse Researcher	16	0.3	19	0.2
Staff Nurse	3,790	66.4	4,954	63.7
Staff, non-medical industry	-	-	41	0.5
Change in Employment Status in Past Year				
No change	-	-	5,310	68.2
Change in n of hours worked	-	-	808	10.4
New position with same employer	-	-	674	8.7
New position with different employer	-	-	725	9.3
Was not working as RN but am now	-	-	181	2.3
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	468	18.6
Seeking more convenient hours	-	-	377	15.0
Dissatisfaction with previous position	-	-	354	14.1
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.2
Family/personal issues	-	-	2,704	35.7
Pay	-	-	1,437	19.0
Medical Benefits	-	-	958	12.6
Retirement benefits	-	-	268	3.5
Hours/shift availability	-	-	102	1.3
Potential for advancement	-	-	1,349	17.8

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DWD Region 5: Bay Area				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	314	4.1
Worksite location	-	-	59	0.8
Physical work requirements	-	-	274	3.6
Physical disability	-	-	104	1.4
Plan to Work Providing Direct Patient Care				
Less than 2 years	220	4.5	389	6.0
2-4 years	576	12.4	754	11.6
5-9 years	838	18.0	1,370	21.1
10-19 years	1,453	31.3	1,834	28.2
Over 20 years	1,783	38.3	2,154	33.1
Plans for Future Education in Nursing				
No	3,417	59.9	5,144	66.1
Currently enrolled in nursing	264	4.6	593	7.1
Yes in nursing	692	12.1	1,920	24.7

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Department of Workforce Development Region 6: North Central

Population: 415,158

	<u>2010</u>	<u>2012</u>
RNs with primary position in the Region:	4,636	4,794
RNs who work in the Region per 1,000 residents	11.17	11.55

DWD Region 6: North Central				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	4,250	91.7	4,440	91.8
Male	386	8.3	394	8.2
Race				
White	4,562	98.4	4,683	98.3
Black	7	0.2	*	*
Asian	*	*	35	0.7
Southeast Asian/Pacific Islander	19	0.4	6	0.1
American Indian/Alaska Native	7	0.2	12	.03
Multiracial	18	0.4	24	0.5
Of Hispanic Origin				
Yes	32	0.7	33	0.7
No	4,599	99.3	4,761	99.3
Age (median)				
	46.00		47.00	
Language other than English				
No	4,508	97.2	4,437	92.6
Yes – one other	115	2.5	311	6.5
Yes – two other	13	0.3	41	0.9
Residency				
Wisconsin	4,586	98.9	4,697	98.0
Out of state	50	1.1	97	2.0
Highest Nursing Degree Earned				
Diploma in Nursing	458	9.9	387	8.1
Associate Degree in Nursing	2,009	43.4	2,232	46.6
BS in Nursing	1,536	33.2	1,723	35.9
Masters in Nursing	293	6.3	433	9.0
Doctorate in Nursing Practice	-	-	7	0.1
PhD in Nursing	*	*	14	0.3
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.87		36.60	
Working as an RN	4,537	97.9	4,627	96.5
Working in health care, not nursing	-	-	120	2.5
Working in another field	-	-	19	0.4
Unemployed, seeking work in nursing	-	-	10	.02
Retired	-	-	15	0.3

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DWD Region 6: North Central				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	721	15.6	1,010	21.1
Nursing Home/Extended Care	516	11.1	459	9.6
Academic Education	82	1.8	90	1.9
Public/Community Health	201	4.3	189	3.9
Home Health	133	2.9	223	4.7
Hospital	2,247	48.5	2,395	50.0
Other	733	15.8	428	8.9
Job Title				
Administrator	96	2.1	100	2.1
Advanced Practice Nurse	220	4.7	306	6.4
Case Manager	-	-	363	7.6
Consultant/Contract	59	1.3	36	0.8
Nurse Executive	46	1.0	45	0.9
Nurse Faculty	91	2.0	91	1.9
Nurse Manager	406	8.8	362	7.6
Nurse Researcher	18	0.4	11	0.2
Staff Nurse	3,094	66.8	3,082	64.3
Staff, non-medical industry	-	-	20	0.4
Change in Employment Status in Past Year				
No change	-	-	3,360	70.1
Change in n of hours worked	-	-	402	8.4
New position with same employer	-	-	382	8.0
New position with different employer	-	-	482	10.3
Was not working as RN but am now	-	-	110	2.3
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	264	17.8
Seeking more convenient hours	-	-	186	12.6
Dissatisfaction with previous position	-	-	239	16.2
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	12	0.3
Family/personal issues	-	-	1,712	36.7
Pay	-	-	736	15.8
Medical Benefits	-	-	671	14.4
Retirement benefits	-	-	202	4.3
Hours/shift availability	-	-	89	1.9
Potential for advancement	-	-	724	15.5

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DWD Region 6: North Central				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today				
Employer supported education options	-	-	166	3.6
Worksite location	-	-	38	0.8
Physical work requirements	-	-	256	5.5
Physical disability	-	-	58	1.2
Plan to Work Providing Direct Patient Care				
Less than 2 years	187	4.9	240	6.1
2-4 years	450	12.3	482	12.2
5-9 years	678	18.5	844	21.4
10-19 years	1,143	31.3	1,126	28.5
Over 20 years	1,388	37.9	1,255	32.8
Plans for Future Education in Nursing				
No	2,767	59.7	3,183	66.4
Currently enrolled in nursing	212	4.6	365	7.6
Yes in nursing	594	12.8	1,188	24.8

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Department of Workforce Development Region 7: Northwest

Population: 178,774

	<u>2010</u>	<u>2012</u>
RNs with primary position in the Region:	1,127	1,241
RNs who work in the Region per 1,000 residents	6.30	6.94

DWD Region 7: Northwest				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	1,034	91.7	1,142	92.0
Male	93	8.3	99	8.0
Race				
White	1,088	96.6	1,197	97.2
Black	*	*	*	*
Asian	*	*	*	*
Southeast Asian/Pacific Islander	*	*	0	0
American Indian/Alaska Native	14	1.2	16	1.3
Multiracial	15	1.3	12	1.0
Of Hispanic Origin				
Yes	7	0.6	9	0.7
No	1,119	99.4	1,232	99.3
Age (median)				
	50.00		50.00	
Language other than English				
No	1,085	96.3	1,133	91.3
Yes – one other	37	3.3	95	7.7
Yes – two other	*	*	8	0.6
Residency				
Wisconsin	1,024	90.9	1,038	83.6
Out of state	103	9.1	203	16.4
Highest Nursing Degree Earned				
Diploma in Nursing	129	141.5	121	9.8
Associate Degree in Nursing	560	49.8	654	52.7
BS in Nursing	269	23.9	341	27.5
Masters in Nursing	64	6.0	119	9.6
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	0	0	*	*
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.07		34.55	
Working as an RN	1,105	98.0	1,212	97.7
Working in health care, not nursing	-	-	20	1.6
Working in another field	-	-	*	*
Unemployed, seeking work in nursing	-	-	*	*
Retired	-	-	*	*

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DWD Region 7: Northwest				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	129	11.5	178	14.3
Nursing Home/Extended Care	278	24.7	236	19.0
Academic Education	16	1.4	25	2.0
Public/Community Health	73	6.5	81	6.5
Home Health	83	7.4	145	11.7
Hospital	437	38.8	507	40.9
Other	110	9.8	69	5.6
Job Title				
Administrator	26	2.3	30	2.4
Advanced Practice Nurse	60	5.3	105	8.5
Case Manager	-	-	112	9.0
Consultant/Contract	12	1.1	9	0.7
Nurse Executive	23	2.0	25	2.0
Nurse Faculty	16	1.4	20	1.6
Nurse Manager	163	14.5	147	11.8
Nurse Researcher	*	*	*	*
Staff Nurse	713	63.4	700	56.4
Staff, non-medical industry	-	-	7	0.6
Change in Employment Status in Past Year				
No change	-	-	865	69.7
Change in n of hours worked	-	-	121	9.8
New position with same employer	-	-	93	7.5
New position with different employer	-	-	123	9.9
Was not working as RN but am now	-	-	32	2.6
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	65	17.4
Seeking more convenient hours	-	-	64	17.1
Dissatisfaction with previous position	-	-	42	15.0
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	445	37.0
Pay	-	-	165	13.7
Medical Benefits	-	-	158	13.1
Retirement benefits	-	-	87	7.2
Hours/shift availability	-	-	18	1.5
Potential for advancement	-	-	154	12.8

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DWD Region 7: Northwest				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Employer supported education options	-	-	41	3.4
Worksite location	-	-	11	0.9
Physical work requirements	-	-	104	8.6
Physical disability	-	-	18	1.5
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	53	5.4	154	12.5
2-4 years	160	17.2	203	16.5
5-9 years	185	19.9	289	23.4
10-19 years	314	33.8	324	26.3
Over 20 years	269	29.0	263	21.4
Plans for Future Education in Nursing				
No	695	61.8	828	66.7
Currently enrolled in nursing	36	3.2	74	6.0
Yes in nursing	143	12.7	310	25.0

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Department of Workforce Development Region 8: West Central

Population: 462,606

	<u>2010</u>	<u>2012</u>
RNs with primary position in the Region:	3,856	4,160
RNs who work in the Region per 1,000 residents	8.34	8.99

DWD Region 8: West Central				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	3,601	93.4	3,888	93.5
Male	255	6.6	272	6.5
Race				
White	3,796	98.4	4,078	98.6
Black	*	*	6	0.1
Asian	*	*	20	0.5
Southeast Asian/Pacific Islander	7	0.2	0	0
American Indian/Alaska Native	10	0.3	9	0.2
Multiracial	20	0.5	21	0.5
Of Hispanic Origin				
Yes	16	0.4	21	0.5
No	3,838	99.6	4,139	99.5
Age (median)				
	46.00		47.00	
Language other than English				
No	3,731	96.8	3,862	92.8
Yes – one other	116	3.0	264	6.3
Yes – two other	8	0.2	28	0.7
Residency				
Wisconsin	3,764	97.6	3,981	95.7
Out of state	92	2.4	179	4.3
Highest Nursing Degree Earned				
Diploma in Nursing	301	7.8	259	6.2
Associate Degree in Nursing	1,760	45.7	2,122	51.0
BS in Nursing	1,220	31.7	1,383	33.2
Masters in Nursing	238	6.2	360	8.7
Doctorate in Nursing Practice	-	-	8	0.2
PhD in Nursing	7	0.2	24	0.6
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.79		35.13	
Working as an RN	3,843	99.7	4,059	97.6
Working in health care, not nursing	-	-	66	1.6
Working in another field	-	-	12	0.3
Unemployed, seeking work in nursing	-	-	*	*
Retired	-	-	14	0.3

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DWD Region 8: West Central				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	442	11.5	641	15.4
Nursing Home/Extended Care	557	14.4	580	13.9
Academic Education	76	2.0	94	2.3
Public/Community Health	184	4.8	162	3.9
Home Health	174	4.5	222	5.3
Hospital	1,940	50.3	2,217	53.3
Other	483	12.5	244	5.9
Job Title				
Administrator	71	1.8	62	1.5
Advanced Practice Nurse	186	4.8	242	5.8
Case Manager	-	-	296	7.1
Consultant/Contract	73	1.9	40	1.0
Nurse Executive	52	1.3	58	1.4
Nurse Faculty	68	1.8	99	2.4
Nurse Manager	436	11.3	388	9.3
Nurse Researcher	9	0.2	7	0.2
Staff Nurse	2,564	66.5	2,676	64.3
Staff, non-medical industry	-	-	11	0.3
Change in Employment Status in Past Year				
No change	-	-	2,808	67.5
Change in n of hours worked	-	-	399	9.6
New position with same employer	-	-	341	8.2
New position with different employer	-	-	468	11.3
Was not working as RN but am now	-	-	110	2.6
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	264	19.1
Seeking more convenient hours	-	-	193	14.0
Dissatisfaction with previous position	-	-	191	13.6
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	6	0.1
Family/personal issues	-	-	1,502	36.9
Pay	-	-	632	15.5
Medical Benefits	-	-	540	13.3
Retirement benefits	-	-	213	5.2
Hours/shift availability	-	-	63	1.5
Potential for advancement	-	-	670	16.5

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DWD Region 8: West Central				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	131	3.2
Worksite location	-	-	40	1.0
Physical work requirements	-	-	212	5.2
Physical disability	-	-	63	1.5
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	165	4.9	465	11.2
2-4 years	424	13.3	713	17.2
5-9 years	620	19.5	921	22.3
10-19 years	1,000	31.4	1,053	25.5
Over 20 years	1,139	35.8	982	23.8
Plans for Future Education in Nursing				
No	2,395	62.1	2,275	65.5
Currently enrolled in nursing	152	3.9	304	7.3
Yes in nursing	483	12.5	1,061	25.5

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Department of Workforce Development Region 9: Western

Population: 295,244

	<u>2010</u>	<u>2012</u>
RNs with primary position in the Region:	3,349	3,479
RNs who work in the Region per 1,000 residents	11.34	11.78

DWD Region 9: Western				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	3,094	92.4	3,223	92.6
Male	255	7.6	256	7.4
Race				
White	3,300	98.5	3,414	98.7
Black	6	0.2	*	*
Asian	6	0.2	24	0.7
Southeast Asian/Pacific Islander	9	0.3	0	0
American Indian/Alaska Native	9	0.3	7	0.2
Multiracial	10	0.3	13	0.4
Of Hispanic Origin				
Yes	18	0.5	26	0.7
No	3,328	99.5	3,453	99.3
Age (median)				
	47.00		47.00	
Language other than English				
No	3,251	97.0	3,226	92.7
Yes – one other	94	2.8	221	6.4
Yes – two other	*	*	28	0.8
Residency				
Wisconsin	2,959	88.3	3,037	87.3
Out of state	391	11.7	442	12.7
Highest Nursing Degree Earned				
Diploma in Nursing	222	6.6	179	5.1
Associate Degree in Nursing	1,352	40.4	1,516	43.6
BS in Nursing	1,286	38.4	1,402	40.3
Masters in Nursing	231	6.9	353	10.1
Doctorate in Nursing Practice	-	-	8	0.2
PhD in Nursing	9	0.3	22	0.6
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.20		36.32	
Working as an RN	3,292	98.3	3,388	97.4
Working in health care, not nursing	-	-	59	1.7
Working in another field	-	-	9	0.3
Unemployed, seeking work in nursing	-	-	*	*
Retired	-	-	14	0.4

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DWD Region 9: Western				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	559	16.7	712	20.5
Nursing Home/Extended Care	441	13.2	481	13.8
Academic Education	70	2.1	67	1.9
Public/Community Health	169	5.0	135	3.9
Home Health	76	2.3	124	3.6
Hospital	1,651	49.3	1,680	48.3
Other	384	11.5	280	8.0
Job Title				
Administrator	59	1.8	52	1.5
Advanced Practice Nurse	163	4.9	236	6.8
Case Manager	-	-	227	6.5
Consultant/Contract	27	0.8	36	1.0
Nurse Executive	28	0.8	29	0.8
Nurse Faculty	72	2.2	75	2.2
Nurse Manager	327	9.8	309	8.9
Nurse Researcher	14	0.4	13	0.4
Staff Nurse	2,268	67.8	2,236	64.3
Staff, non-medical industry	-	-	13	0.4
Change in Employment Status in Past Year				
No change	-	-	2,485	71.4
Change in n of hours worked	-	-	323	9.3
New position with same employer	-	-	310	83.9
New position with different employer	-	-	263	7.6
Was not working as RN but am now	-	-	70	2.0
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	193	18.9
Seeking more convenient hours	-	-	141	13.8
Dissatisfaction with previous position	-	-	157	12.5
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	11	0.3
Family/personal issues	-	-	1,315	38.9
Pay	-	-	474	14.0
Medical Benefits	-	-	486	14.4
Retirement benefits	-	-	170	5.0
Hours/shift availability	-	-	95	2.8
Potential for advancement	-	-	461	13.6

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DWD Region 9: Western				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	137	4.1
Worksite location	-	-	26	0.8
Physical work requirements	-	-	159	4.7
Physical disability	-	-	46	1.4
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	110	3.9	154	5.3
2-4 years	369	13.5	393	13.5
5-9 years	511	18.8	653	22.4
10-19 years	836	30.7	800	27.5
Over 20 years	1,008	37.0	913	31.3
Plans for Future Education in Nursing				
No	1,984	59.2	2,262	65.0
Currently enrolled in nursing	157	4.7	304	8.7
Yes in nursing	450	13.4	878	25.2

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Department of Workforce Development Region 10: South Central

Population: 794,731

	<u>2010</u>	<u>2012</u>
RNs with primary position in the Region:	9,096	9,469
RNs who work in the Region per 1,000 residents	11.45	11.91

DWD Region 10: South Central				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	8,395	92.3	8,774	92.7
Male	701	7.7	695	7.3
Race				
White	8,743	96.1	9,049	96.4
Black	83	0.9	94	1.0
Asian	40	0.4	154	1.6
Southeast Asian/Pacific Islander	68	0.7	6	0.1
American Indian/Alaska Native	12	0.1	14	0.1
Multiracial	59	0.6	67	0.7
Of Hispanic Origin				
Yes	85	0.9	94	1.0
No	9,007	99.1	9,375	99.0
Age (median)				
	46.00		46.00	
Language other than English				
No	8,550	94.0	8,294	87.6
Yes – one other	487	5.4	1,060	11.2
Yes – two other	59	0.6	96	1.0
Residency				
Wisconsin	9,060	99.6	9,356	98.8
Out of state	37	0.4	113	1.2
Highest Nursing Degree Earned				
Diploma in Nursing	754	8.3	704	7.4
Associate Degree in Nursing	2,650	29.2	3,100	32.7
BS in Nursing	4,032	44.4	4,497	47.5
Masters in Nursing	784	8.6	1,089	11.5
Doctorate in Nursing Practice	-	-	18	0.2
PhD in Nursing	30	0.3	59	0.6
Workforce Patterns Primary Position				
Hours worked/week (mean)	35.39		35.62	
Working as an RN	8,907	97.9	9,165	96.8
Working in health care, not nursing	-	-	212	2.2
Working in another field	-	-	30	0.3
Unemployed, seeking work in nursing	-	-	14	0.1
Retired	-	-	41	0.4

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DWD Region 10: South Central				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	559	16.7	1,804	19.1
Nursing Home/Extended Care	441	13.2	815	8.6
Academic Education	70	2.1	189	2.0
Public/Community Health	169	5.0	294	3.1
Home Health	76	2.3	496	5.2
Hospital	1,651	49.3	5,215	55.1
Other	384	11.5	656	6.9
Job Title				
Administrator	59	1.8	110	1.2
Advanced Practice Nurse	163	4.9	592	6.3
Case Manager	-	-	596	6.3
Consultant/Contract	27	0.8	138	1.5
Nurse Executive	28	0.8	98	1.0
Nurse Faculty	72	2.2	168	1.8
Nurse Manager	327	9.8	675	7.1
Nurse Researcher	14	0.4	92	1.0
Staff Nurse	2,268	67.8	6,335	66.9
Staff, non-medical industry	-	-	32	0.3
Change in Employment Status in Past Year				
No change	-	-	6,576	69.4
Change in n of hours worked	-	-	925	9.8
New position with same employer	-	-	708	7.5
New position with different employer	-	-	925	9.8
Was not working as RN but am now	-	-	258	2.7
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	481	16.2
Seeking more convenient hours	-	-	388	13.1
Dissatisfaction with previous position	-	-	442	14.9
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	23	0.3
Family/personal issues	-	-	3,493	38.0
Pay	-	-	1,368	14.9
Medical Benefits	-	-	1,505	16.4
Retirement benefits	-	-	454	4.9
Hours/shift availability	-	-	266	2.9
Potential for advancement	-	-	1,357	14.8

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DWD Region 10: South Central				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	260	2.8
Worksite location	-	-	97	1.1
Physical work requirements	-	-	260	2.8
Physical disability	-	-	106	1.2
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	371	4.8	1,014	10.8
2-4 years	1,041	14.1	1,814	19.3
5-9 years	1,440	19.4	2,147	22.9
10-19 years	2,288	30.9	2,306	24.6
Over 20 years	2,635	35.6	2,109	22.4
Plans for Future Education in Nursing				
No	5,410	59.5	6,212	65.6
Currently enrolled in nursing	380	4.2	658	6.9
Yes in nursing	1,205	13.3	2,461	26.0

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Department of Workforce Development Region 11: Southwest

Population: 306,925

	2010	2012
RNs with primary position in the Region:	2,159	2,341
RNs who work in the Region per 1,000 residents	7.03	7.63

DWD Region 11: Southwest				
Year of Data Collection	2010		2012	
Demographics	<i>n</i>	%	<i>n</i>	%
Gender				
Female	2,051	95.0	2,233	95.4
Male	108	5.0	108	4.6
Race				
White	2,102	97.4	2,273	98.0
Black	18	0.8	16	0.7
Asian	*	*	12	0.5
Southeast Asian/Pacific Islander	9	0.4	*	*
American Indian/Alaska Native	*	*	*	*
Multiracial	15	0.7	13	0.6
Of Hispanic Origin				
Yes	18	0.8	27	1.2
No	2,140	99.2	2,314	98.8
Age (median)				
	47.00		47.00	
Language other than English				
No	2,085	96.6	2,119	90.5
Yes – one other	68	3.2	200	8.5
Yes – two other	*	*	19	0.8
Residency				
Wisconsin	1,983	91.8	2,088	89.2
Out of state	176	8.2	253	10.8
Highest Nursing Degree Earned				
Diploma in Nursing	231	10.7	194	8.3
Associate Degree in Nursing	1,096	50.8	1,247	53.3
BS in Nursing	576	26.7	724	30.9
Masters in Nursing	103	4.8	167	7.1
Doctorate in Nursing Practice	-	-	*	*
PhD in Nursing	*	*	*	*
Workforce Patterns Primary Position				
Hours worked/week (mean)	34.81		36.17	
Working as an RN	2,119	98.1	2,273	97.1
Working in health care, not nursing	-	-	45	1.9
Working in another field	-	-	*	*
Unemployed, seeking work in nursing	-	-	6	0.3
Retired	-	-	8	0.3

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DWD Region 11: Southwest				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Setting				
Ambulatory care	286	13.3	392	16.7
Nursing Home/Extended Care	386	17.9	322	13.8
Academic Education	35	1.6	53	2.3
Public/Community Health	127	5.9	118	5.0
Home Health	120	5.6	187	8.0
Hospital	938	43.5	1,154	49.3
Other	265	12.3	115	4.9
Job Title				
Administrator	39	1.8	34	1.5
Advanced Practice Nurse	69	3.2	89	3.8
Case Manager	-	-	131	5.6
Consultant/Contract	19	0.9	9	0.4
Nurse Executive	28	1.3	30	1.3
Nurse Faculty	39	1.8	45	1.9
Nurse Manager	270	12.5	244	10.4
Nurse Researcher	*	*	*	*
Staff Nurse	1,485	68.8	1,588	67.8
Staff, non-medical industry	-	-	9	0.4
Change in Employment Status in Past Year				
No change	-	-	1,516	64.8
Change in n of hours worked	-	-	212	9.1
New position with same employer	-	-	193	8.2
New position with different employer	-	-	336	14.4
Was not working as RN but am now	-	-	68	2.9
Single Most Important Factor in Employment Change				
Promotion/career advancement	-	-	143	16.9
Seeking more convenient hours	-	-	114	13.5
Dissatisfaction with previous position	-	-	138	16.3
Single Most Important Factor in Career Decisions Today				
Level of personal satisfaction/collegial relationships	-	-	*	*
Family/personal issues	-	-	805	35.5
Pay	-	-	330	14.6
Medical Benefits	-	-	322	14.2
Retirement benefits	-	-	107	4.7
Hours/shift availability	-	-	40	1.8
Potential for advancement	-	-	382	16.8

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DWD Region 11: Southwest				
Year of Data Collection	2010		2012	
	<i>n</i>	%	<i>n</i>	%
Single Most Important Factor in Career Decisions Today (continued)				
Employer supported education options	-	-	82	3.6
Worksite location	-	-	29	1.3
Physical work requirements	-	-	144	6.3
Physical disability	-	-	25	1.1
Plan to Work Providing Direct Patient Care (DPC)				
Less than 2 years	74	3.9	194	8.4
2-4 years	245	13.3	402	17.4
5-9 years	323	17.5	481	20.8
10-19 years	606	32.9	628	27.1
Over 20 years	669	36.3	610	26.4
Plans for Future Education in Nursing				
No	1,315	60.9	1,372	58.6
Currently enrolled in nursing	63	2.9	181	7.8
Yes in nursing	278	12.9	753	32.2

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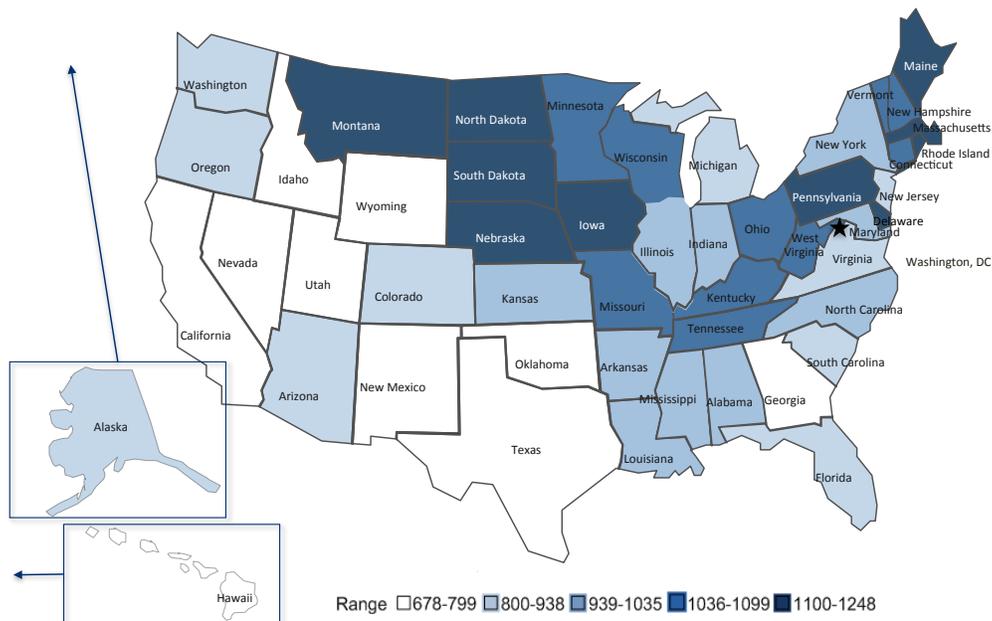
The U.S. Nursing Workforce: Trends in Supply and Education – Results in Brief

Understanding the supply, distribution, and educational pipeline of nurses is an important tool to inform the programs and policies that will ensure access to care and an effective health care system. This brief analyzes data from a variety of sources to present recent trends and the current status of the registered nurse (RN) and licensed practical nurse (LPN) workforces.

The Current Supply of Nurses and Trends Over Time

There were 2.8 million RNs (including advanced practice RNs) and 690,000 LPNs working in the field of nursing or seeking nursing employment in 2008 to 2010. About 445,000 RNs (16 percent) and 166,000 LPNs (24 percent) lived in rural areas. The per capita distribution of RNs varied substantially across states (see Figure 1).

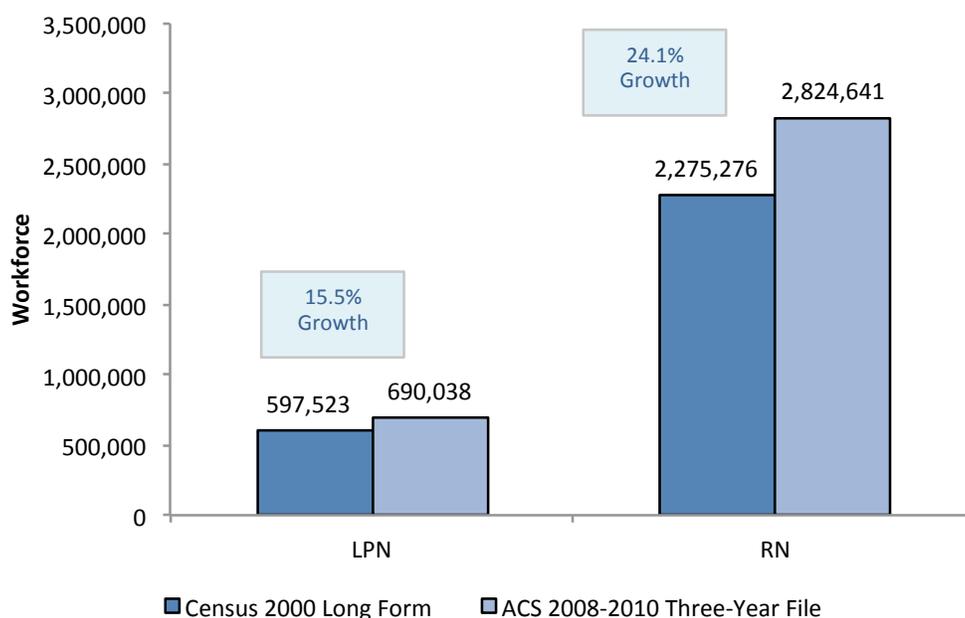
Figure 1. The RN Workforce per 100,000 Population, by State



Data Source: HRSA analysis of the American Community Survey (ACS) 2008-2010 three-year file

The nursing workforce grew substantially in the past decade, with RNs growing by more than 500,000 (24 percent) and LPNs by more than 90,000 (16 percent), as shown in Figure 2.

Figure 2. Growth in the U.S. Nurse Workforce



Data Sources: HRSA analysis of the Census 2000 Long Form 5% sample and the ACS 2008-2010 three-year file

Growth in the nursing workforce outpaced growth in the U.S. population. The number of RNs per 100,000 population (per capita) increased by nearly 14 percent, and the number of LPNs per capita increased by about 6 percent.

Other key findings about changes in the nurse supply over the past decade include:

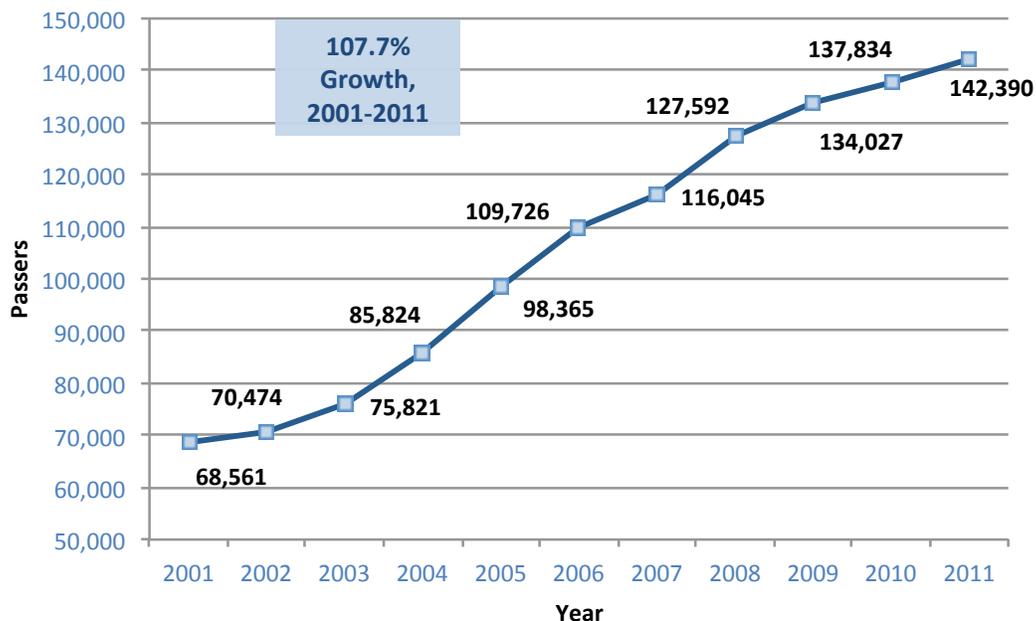
- **Education:** Currently, about 55 percent of the RN workforce holds a bachelor's or higher degree. An associate's degree in nursing was the first nursing degree for many of these nurses. The percentage of the RN workforce holding a bachelor's or higher degree increased from 50 to 55 over the past decade.
- **Diversity:** RNs and LPNs are slowly becoming more diverse over time. The proportion of non-white RNs increased from 20 to 25 percent during the past decade. The proportion of men in the RN workforce increased from 8 to 9 percent.
- **Age:** Owing to strong growth in new entrants, the absolute number of RNs younger than 30 has increased. Nevertheless, the average age of nurses has also increased slightly, and about one-third of the nursing workforce is older than 50.
- **Workplace:** The majority of RNs (63 percent) are providing inpatient and outpatient care in hospitals. The distribution of RNs across settings held relatively steady over the past decade. However, while the *proportion* of RNs in hospitals held steady,

the number of RNs working in hospitals increased by more than 350,000 (about 25 percent). In contrast, fewer than one-third of LPNs (29 percent) work in hospitals, and that proportion has declined slightly over the past decade. A higher percentage of LPNs now work in skilled nursing facilities (31 percent) than in hospitals.

The RN and LPN Pipeline

The nursing pipeline, measured by the number of individuals who pass national nursing licensing exams, grew substantially from 2001 to 2011. In 2011, more than 142,000 new graduate RNs passed the NCLEX-RN®, compared with 68,561 in 2001 (see Figure 3). LPN passers grew by 80 percent over the same time period.

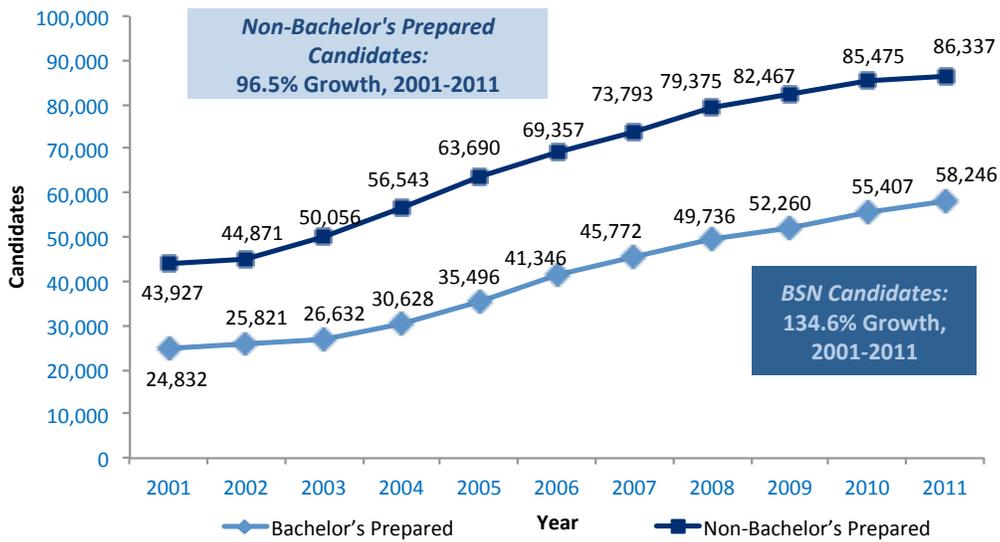
Figure 3. NCLEX-RN Passers, 2001 to 2011



Data Sources: HRSA compilation of data from the National Council of State Boards of Nursing, Nurse Licensure and NCLEX Examination Statistics Publications, 2002-2012, and from the National Council of State Boards of Nursing, "Number of Candidates Taking the NCLEX Examination and Percent Passing, by Type of Candidate," https://www.ncsbn.org/Table_of_Pass_Rates_2011.pdf

Among first-time test takers, the number of bachelor's prepared RN candidates taking the NCLEX-RN exam more than doubled, from 24,832 individuals in 2001 to 58,246 in 2011. Non-bachelor's prepared RN candidates taking the NCLEX-RN exam nearly doubled, increasing from 43,927 in 2001 to 86,337 in 2011. Non-bachelor's prepared RN candidates continue to constitute the majority of all RN candidates (60 percent in 2011). Figure 4 presents the annual number of candidates, by degree type.

Figure 4. Growth in NCLEX-RN First-Time Test Takers, by Bachelor's and Non-Bachelor's Degree Status, 2001 to 2011



Data Sources: HRSA compilation of the National Council of State Boards of Nursing, Nurse Licensure and NCLEX Examination Statistics Publications, 2002-2012, and from the National Council of State Boards of Nursing, "Number of Candidates Taking the NCLEX Examination and Percent Passing, by Type of Candidate," https://www.ncsbn.org/Table_of_Pass_Rates_2011.pdf

The number of internationally educated RNs passing the NCLEX fluctuated significantly from 2001 to 2011. While the number of passers increased steadily each year from 2001 to 2007, the annual number of internationally educated NCLEX passers has dropped since 2007 and was 6,100 in 2011.

Nearly 28,000 RNs were awarded a post-licensure bachelor's in nursing (RN-BSN) in 2011, and another 26,200 were awarded master's or doctoral degrees. There has been an estimated 86-percent increase in the annual number of RN-BSN graduates, and a 67-percent increase in graduate degree awards, over just the past four years. However, the annual number of post-licensure graduates is still too small, and the rapid growth too recent, to have generated large increases in the portion of the workforce prepared with bachelor's or graduate degrees.

Nurses will continue to play a critical, growing role in health care delivery. In the coming years, HRSA will monitor the key indicators tracked in this brief, including supply, distribution, and educational pipeline. It will be important to follow these trends closely as the nation's demographic and health systems evolve.

For more information about the data, methods, and findings in this brief, see the full report, "The U.S. Nursing Workforce: Trends in Supply and Education," at <http://bhpr.hrsa.gov/healthworkforce/index.html>.

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Cooper, Signe S.



July 20, 2013 2:45 pm

MADISON - On July 16, 2013, Signe Skott Cooper, wonderful friend and colleague to many, passed away peacefully at Agrace HospiceCare Center at the age of 92.

She was born January 29, 1921, on a farm in Clinton County, Iowa to the late Hans and Clara Steen Skott, “arriving before the doctor did.” Her immediate and late family included, sisters, Kathryn, Hilda, and brother, Frank.

In 1937 her family moved to Madison and Signe began her professional nursing career, receiving her Certificate of Graduate Nurse from the University of Wisconsin (UW) School of Nursing in 1943. Shortly after graduation she joined the Army Nurse Corp as a Staff Nurse in the 20th General Hospital, working in both medical and psychiatry wards within the China-Burma-India Theater during World War II until 1946. Returning stateside, she was appointed to Obstetrics Head Nurse at Wisconsin General Hospital while also obtaining her BSN ('48) from UW. She later joined the UW faculty, attended Teachers College at Columbia University, New York, and then received her Master of Education ('55) from the University of Minnesota, Minneapolis. She championed life-long learning and was a great role model, attending and teaching many nursing/education courses.

Her dedication to improving continuing nursing education (CNE) started in Wisconsin and later had far-reaching national and international influence. In 1955, she initiated the UW CNE program while working with UW-Extension. She was proud of her efforts to initiate the first UW Extension's Educational Telephone Network in 1965, a statewide dial access system for reaching Wisconsin nurses, with up-to-date health care information. This CNE telephone bridge network grew from 24 listening post with more than 600 RNs attending, to 170 listening posts serving all 72 counties. While she would often deny her ideas were innovative, her quite knowledgeable leadership produced outstanding achievements. Her confident determination in the value of CNE and leadership were instrumental in the formation of the American Nurses Association (ANA) Council on Continuing Education and the publication, *Journal of Continuing Education in Nursing*, serving as Associate Editor for over 25 years. Locally, she was past president of the Madison District Nurses' Association and the Wisconsin Nurses Association. She also served as consultant for the National Institutes of Health and the World Health Organization, as well as CNE grants/projects for nurses in many states including Alaska; frequently international visitors sought her counsel from Australia, Europe, Asia and South America.

For her distinguished innovative CNE efforts, she was an early inductee into the American Academy of Nursing (1977) and given Living Legend recognition(2003); other nursing awards included the National League for Nursing Linda Richards Award, ANA CNE Council Leadership Award, ANA Honorary Recognition Award, USA Adult Education Association Pioneer Award, ANA Hall of Fame, UW-Madison Nurses' Alumni Organization Lifetime Achievement Award, and the American Association for the History of Nursing President's Award.

She persistently encouraged other nurses to publish while a prolific writer herself, author of five books, over 100 peer-reviewed articles and book chapters, editor or on editorial boards of seven nursing magazines, and consultant to two major publishing companies. Her passion for preserving nursing history lead to additional writing of the UW School of Nursing 75th Anniversary Historical Perspectives and more than 100 short Wisconsin nurses biographies published in *NURSING MATTERS*; she pursued the inclusion of the permanent nursing history display within the UW School of Nursing.

She lived in Middleton for many years, was an avid cat-lover, enjoyed travel, especially train rides, took pride in her flowers and garden, valued frequent walks to the library, and guided many visitors through the Arboretum. In 2006, she moved to Oakwood Village Retirement Center.

For more than 10 years she campaigned diligently to establish a new UW School of Nursing building, becoming a major donor. When it finally came to fruition in 2012, she was present, proudly with her ground-breaking shovel and hard hat, as UW officials launched the \$52 million Signe Skott Cooper Hall.

She is survived by cousins and many loyal friends. In her own quiet, honest, humble, and delightful manner she mentored so many and will be sadly missed by friends and nursing colleagues throughout the state and nation. At one of her many recognitions, she said "I've loved

every job I've ever had. Part of it was being in the right place at the right time, and I know I've been lucky...guess that's pretty good for a little farm girl from Iowa.”

Memorial services will be held at OAKWOOD VILLAGE WEST-RESURRECTION CHAPEL, 6205 Mineral Point Road, Madison at 2 p.m. on Tuesday, July 23, 2013. Visitation will be held at the GUNDERSON WEST FUNERAL & CREMATION CARE, 7435 University Ave., Middleton, from 4 p.m. until 7 p.m. on Monday, July 22, 2013.

Memorials can be given to University of Wisconsin Foundation for the Signe Skott Cooper Hall or Cooper Continuing Nursing Education Fund, the Oakwood Foundation, or a charity of choice. For on-line condolences go to: www.gundersonfh.com

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