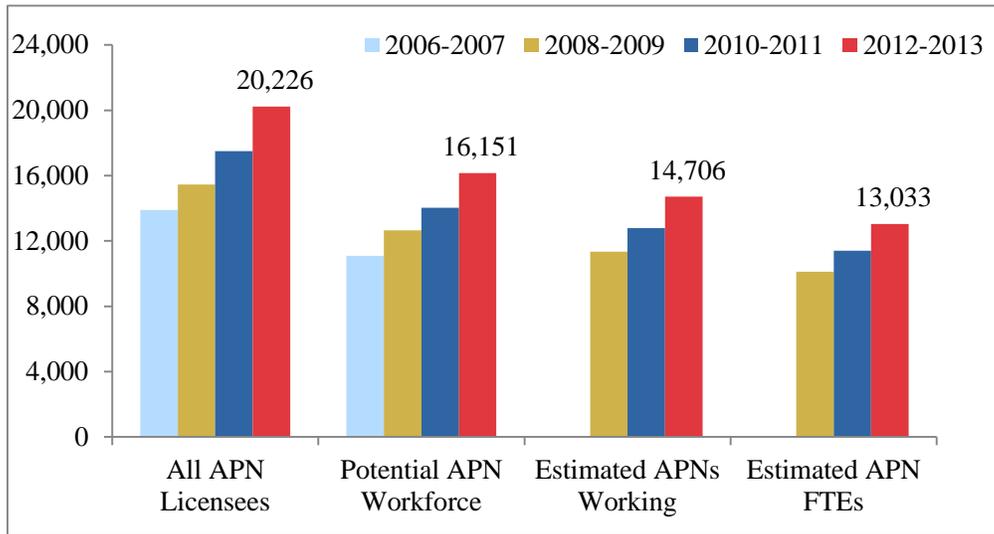


The information below represents the **key findings** on Advanced Practice Nurse supply and workforce in Florida. Trend analysis is provided for 2007 through 2013 when available.

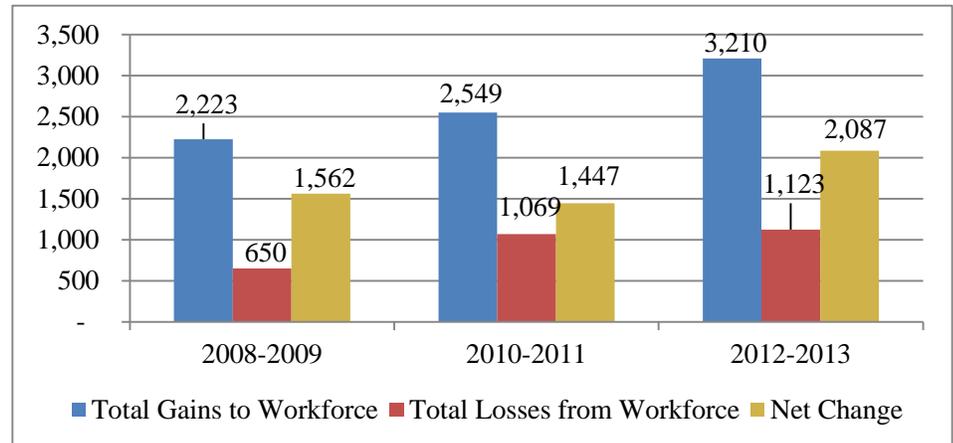
Florida's APN Supply Trend



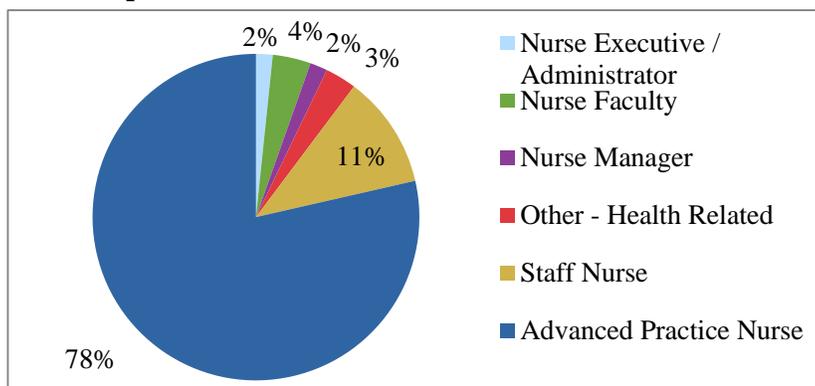
- 43% of APNs work in primary care settings.
- The Advanced Practice Nurse workforce increased by about 2,000 people from 2010-11 to 2012-13.
- 91% of APNs are working in nursing in Florida. When APNs are not working, it is commonly due to school or home/family obligations.
- The most common employment settings for APNs are hospitals and health provider offices.

- 4% of APNs have a formal title of manager or administrator/executive.
- 44% of APNs are age 51 or older, these people will be retiring within 10-15 years.
- Retirement of FL's aging nurse workforce will result in loss of highly skilled mentors with years of organizational and experiential knowledge.

APN Workforce Gains and Losses



APN Occupational Titles



Recommendations

1. Evaluate and project growth in academic programs to meet demand of consumers and to replace retiring APNs.
2. Increase activities to improve retention of Florida's existing APN workforce.
3. Support the Center's research effort to assure adequacy of supply yet maximize use of resources.

Florida's Advanced Practice Nurse Supply: 2012-2013 Demographics, Workforce Characteristics and Trends

Background

This report provides information on Florida's advanced practice nurse (APN) population using data collected during the license renewal cycle from January 2012 – December 2013. Advanced Practice Nurses comprise Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists. Characteristics of the nurse population and workforce, such as size, demographics, and employment information, are described herein. Current information is also compared to data from previous license renewal cycles, and trends of the changing APN workforce are discussed.

Data on the state's supply of nurses provides valuable information to nurse employers, nursing schools, nurse faculty, workforce planners, and policy makers. The Florida Center for Nursing (Center), in partnership with the Florida Board of Nursing and Florida Department of Health, Division of Medical Quality Assurance, has collected nurse workforce data since January 2008 via a voluntary Workforce Survey integrated into the online license renewal process for all nurse licensees. More information about the nursing license renewal process and the Workforce survey can be found in the Center's 2010 technical report.¹ Separate reports provide results and analysis for Licensed Practical Nurses and Registered Nurses.^{2,3}

Florida's APN Supply as of December, 2013

The nurse license renewal cycle is completed every two years, with the most recent renewal cycle from January 2012 through December 2013. The Center used a data extract in late December 2013 to represent the current population of licensees.

When Florida's nurses renew their licenses online, they have the option to participate in the Center's Workforce Survey. APNs newly licensed in Florida during this same period are given the option to participate in the survey, although to do so requires extra effort as it is not incorporated in the application process. The overall Workforce Survey response rate among all APNs was 94.7 percent during the 2012-2013 renewal cycle; 97 percent of those renewing and 20 percent of the new licensees participated in the survey.

The Center uses responses to the workforce survey to estimate the number of nurses working in Florida. Because response rates were lower than 100 percent, this estimate was calculated by extrapolating survey results for certain questions to nurses who did not respond to the Workforce Survey. More information about the data processes can be found in the Center's technical report from 2010.¹

The number of APNs has increased since 2006-2007 (Figure 1, Table 1). Although Florida had over 20,000 licensed APNs, slightly over 16,000 met the criteria for being counted as part of the *potential* APN workforce: an active license, Florida address, and no disciplinary restrictions. This group of APNs is capable of providing nursing labor in Florida, however some are working

in other fields or not working at all. 15,289 nurses in the potential APN workforce completed the survey. The estimated percentage of currently working APNs is 91 percent, about 5 percentage points higher than the estimated working RNs. 14,706 APNs are estimated to be working in nursing in 2012-2013, an increase of almost 2,000 APNs from 2010-2011.

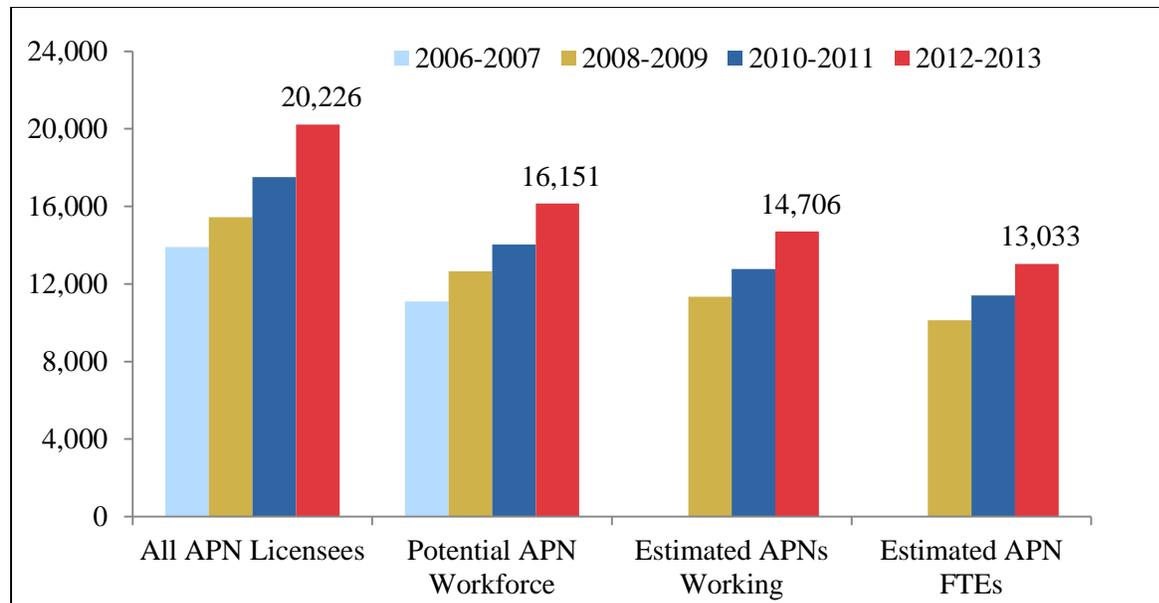


Figure 1. Florida's APN Supply Trend, 2006-07 to 2012-13

Estimated number of working APNs and APN FTEs was not available for 2006-2007 data.

Table 1 details the trends in the size of the APN workforce during licensure cycles from 2006-07, 2008-09, 2010-11, and 2012-13. From 2008-09 to 2010-11, the APN potential workforce increased by 11.3 percent. The increase from 2010-11 to 2012-13 was 14 percent, over 2,000 nurses. Clinical Nurse Specialist (CNS) is a new license designation as of 2008, and continues to increase.

Table 1. Trend in APN Workforce Size, 2006-07 to 2012-13

APN	2006-07	2008-09	2010-11	2012-13
All APN Licensees	13,894	15,451	17,508	20,226
Potential APN Workforce	11,094	12,656	14,103	16,151
Estimated # of APNs Working	N/A	11,335	12,776	14,706
Estimated APN FTEs Working	N/A	10,123	11,402	13,033
CNS	0	53	76	116

To investigate net change in the potential nurse workforce, the Center tracked individual licensees into and out of the workforce over the two-year period. During the past two years, the potential nurse workforce actually gained over 3,000 APNs, but during the same time over 1,100 APNs were lost from the potential nurse workforce (Figure 2). This resulted in a net increase of 2,087 APNs over the past two years. A similar number of APNs left the workforce during the past two license cycles, but about 700 more nurses entered the workforce during 2012-13.

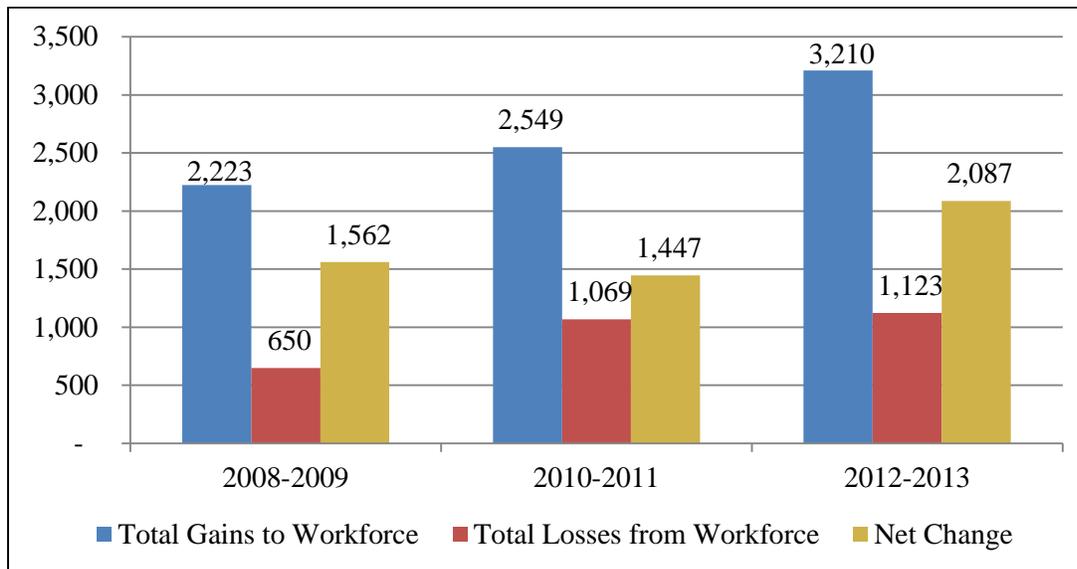


Figure 2. Florida’s APN Workforce Gains and Losses, 2008-09 to 2012-13

Table 2 shows the sources of additional nurses to the potential nurse workforce in 2012-13. The majority of APNs enter the nurse supply by upgrading their license from RN to ARNP, almost 500 more than during the last renewal cycle. 96 APNs endorsed into Florida, 207 moved into the potential workforce via address change, and 207 changed to an eligible status. Most of the new CNS additions to the nurse supply also occurred through license upgrading.

Table 2. New Additions to the Potential Nurse Workforce, 2012-13

	ARNP	CNS
New Licensee by Exam	36 ^a	-
New Licensee by Endorsement	96	8
New Florida Address	207	2
Changed to eligible status	207	1
Changed to active status	1	-
Unknown New Licensee	7	1
Upgrade to ARNP/CNS	2,611	33
Total Additions	3,165	45

^a APNs who are new licensee by exam may be graduates of direct-entry MSN programs.

Forty percent of APNs lost from the potential workforce (441 APNs) failed to renew their nursing license as scheduled in 2012 or 2013 (Table 3). Unfortunately, when nurses drop their nursing license, we do not learn whether they did so in order to move out of state, work outside the field of nursing, or retire. Thus, the numbers falling into many of the other categories may be much higher than reported. Over 500 APNs were dropped from analysis because their address indicates they are no longer living and/or working in Florida. The workforce losses were similar in number to the last renewal cycle.

Table 3. Losses from the Potential Nurse Workforce, 2012-2013

	APNs
Failed to Renew	441
No longer living and/or working in FL	536
License Went Null and Void	66
Changed to Inactive Status	19
Changed to Retired Status	46
Disciplinary Action	7
Obligations/Probation	8
Total Attrition	1,123

Most of the potential APN workforce are Nurse Practitioners. 18.6% are Certified Registered Nurse Anesthetists (CRNA), and 3.4% are Certified Nurse Midwives (CNM) (Table 4). The percentage distribution among the categories has remained about the same over the past 2 cycles, with the nurse practitioners increasing by about 5% and the non-responders decreasing about 5%.

Table 4. Potential APN Workforce – License and Certificate Categories

APN	2010-11		2012-13	
	14,027	%	16,035	%
Nurse Practitioner	9,447	67.0%	11,597	71.8%
Certified Nurse Midwife	513	3.6%	542	3.4%
Certified Registered Nurse Anesthetist	2,542	18.0%	3,009	18.6%
Both (Midwife and CRNA)	2	0.0%	4	0.0%
No Response	1,523	10.8%	883	5.5%
CNS	76	0.5%	116	0.7%
Total	14,103	100%	16,151	100%

Employment Characteristics of APNs

Of the 15,289 APNs responding to the nurse workforce survey, 92 percent indicated they are *actually* working as nurses in Florida (Figure 3). Florida’s workforce participation rate of APNs has increased by about one percent from our 2011-12 supply report. About three percent of APNs are not seeking work at this time, two percent are retired but still have an active license, and two percent are seeking work as a nurse. A negligible number are looking for work in a field other than nursing. The “Not applicable” category is an artifact of the questionnaire and may indicate that someone is employed outside of nursing.

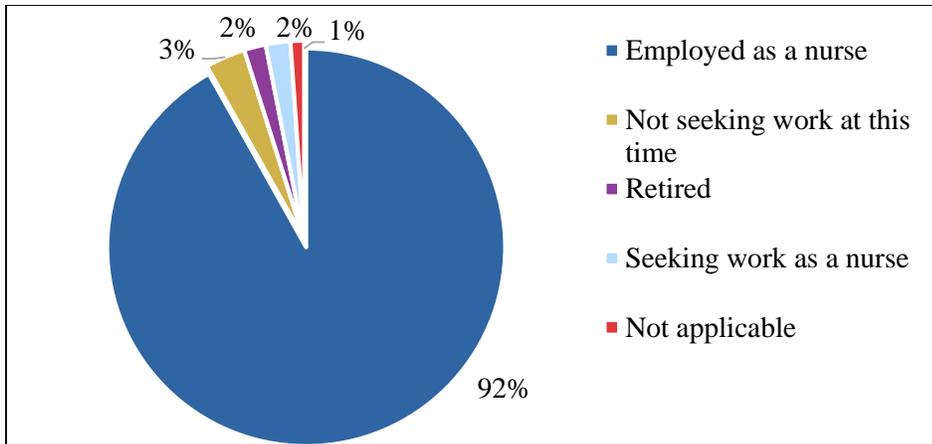


Figure 3. Work Status of APNs in 2012-13

We took a closer look at those APNs who were not currently employed (i.e., they responded to the employment status question as not seeking work at this time, seeking work as a nurse, seeking work in a field other than nursing), with a survey question that asked them to indicate their reasons (more than one response was possible). This group consisted of 882 APNs. Within this group, the reasons for unemployment were varied (Figure 4). The most common reasons APNs were not employed was taking care of home and family (34%) and currently in school (37%). These percentages are all similar to the 2010-11 survey, except that more APNs reported not working because of school responsibilities. Appendix Table A1 compares demographics of APNs working and not working in nursing. Those not working in nursing tend to be age 61 or older, white, and female.

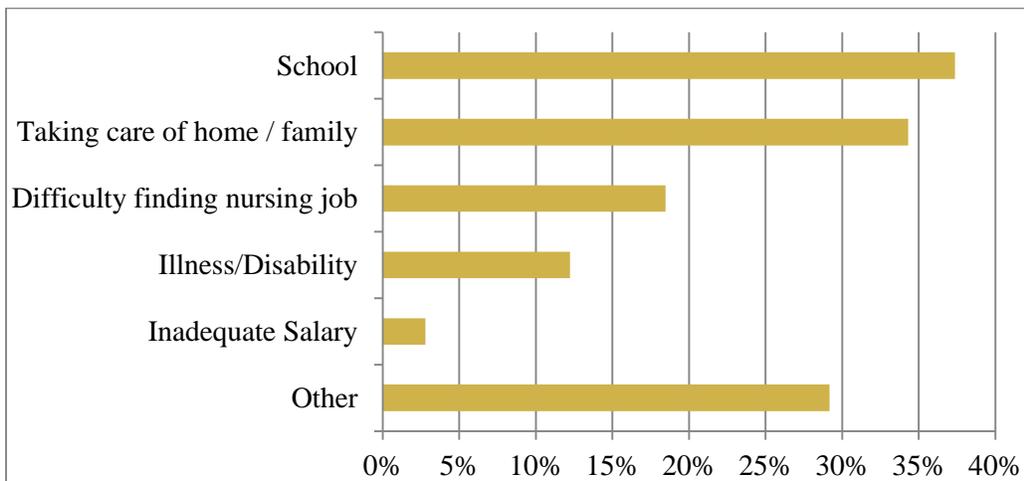


Figure 4. Reasons APNs are Not Working

Table 5 shows the percentage of APNs employed by setting from the past three Nurse Workforce Survey cycles; and Table 6 shows the estimated number of APNs working in each setting. The majority of APNs (44.4%, over 6,500 APNs) are working in hospitals. The second largest employment setting for APNs is Offices of Physician or Health Providers, employing an estimated 3,347 APNs (22.8 %). Other prominent employment settings are ambulatory care (9.0%), nursing education (4.9%), and public or community health (4.7%). The percentages of

APNs employed by industry remained almost the same over the past two surveys. However the number of APNs employed in hospitals increased by almost 1,000 people.

Currently, 43 percent of APNs (an estimated 6,300 APNs) work in primary care settings (school health, public health, community health, corrections, home health, long term care, ambulatory care, or physician/health provider offices). Although this is the same percentage working in primary care as the last renewal cycle, about 760 more APNs reported working in primary care settings.

Table 5. Percentage of APNs Employed by Setting, 2008-09 to 2012-13

	2008-09	2010-11	2012-13
Hospital	37.9	43.5	44.4
Physician or Health Provider Office	26.4	23.5	22.8
Ambulatory Care	10.4	8.9	9.0
Nursing Education - Academic Setting	5.0	5.1	4.9
Public/Community Health	4.7	4.7	4.7
Long Term Care	2.0	2.8	2.8
Home Health Care	1.3	1.5	1.9
School Health	0.8	0.9	0.8
Occupational Health	0.7	0.7	0.7
Insurance Company	0.3	0.2	0.2
Temporary Agency	0.3	0.1	0.1
Healthcare Consulting / Product Sales	0.2	0.2	0.2
Corrections Facility	1.0	1.0	0.9
Other	9.0	6.9	6.6

Table 6. Estimated Number APNs Working in Nursing by Employment Setting, 2008-09 to 2012-13

	2008-09	2010-11	2012-13	Difference
Hospital	4,296	5,568	6,527	959
Physician or Health Provider Office	2,988	3,010	3,347	337
Ambulatory Care	1,179	1,141	1,326	185
Nursing Education - Academic Setting	561	649	716	67
Public/Community Health	537	605	693	88
Long Term Care	230	362	409	47
Home Health Care	143	188	281	93
School Health	94	110	118	8
Occupational Health	80	95	106	11
Insurance Company	32	20	31	11
Temporary Agency	37	15	18	3
Healthcare Consulting / Product Sales	27	31	34	3
Corrections Facility	114	127	129	2
Other	1,016	888	972	84

The Workforce Survey also inquired about a number of employment details: occupational titles, occupational specialty, hours worked per week, and full-time/part-time status. Seventy-eight percent of APNs had the title of Advanced Practice Nurse, and 11 percent had the title of Staff Nurse (Figure 5). Fewer than two percent of APNs were Nurse Administrators or Executives.

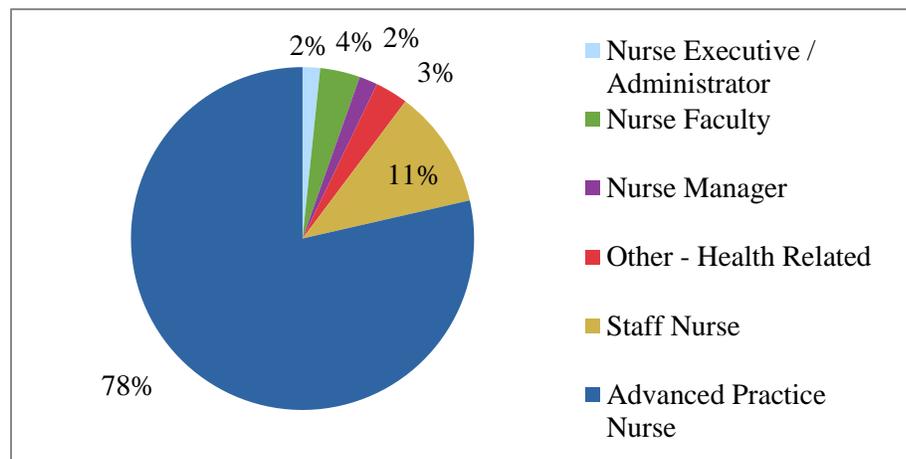


Figure 5. Occupational Titles of APNs

About 21 percent of APNs specialized in anesthesia, 21 percent specialized in adult/family health, 12 percent in acute/critical care, and 9 percent in pediatrics/neonatal (Figure 6).

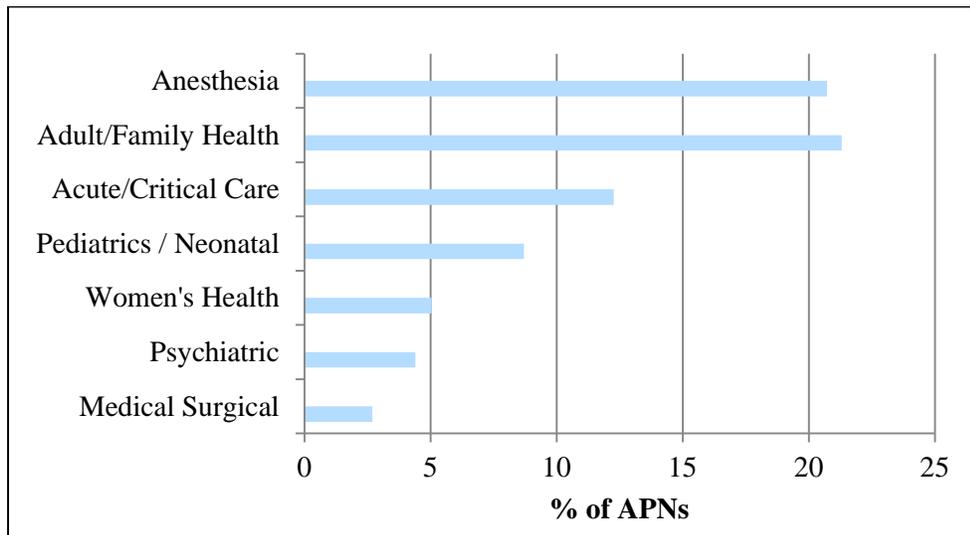


Figure 6. Clinical Practice Areas of APNs

Areas of specialization and employment setting vary by type of APN. Appendix B has detailed tables of employment settings and area of clinical practice for NPs, CRNAs, and CNMs. Nurse practitioners are most commonly employed in hospitals (32%) and physician’s offices (25%), and the most common areas of practice are adult care or family health (25%), acute care or critical care (14%), and pediatrics or neonatal (10%). Nurse midwives are also most commonly employed in physician’s offices (34%) and hospitals (22%), and their most common areas of practice are women’s health (47%) and maternal-child health (29%). Certified Registered Nurse Anesthetists are most commonly employed in hospitals (74%) and ambulatory care (19%), and their area of practice is anesthesia. Clinical Nurse Specialist is a new license designation and very few people fall into this category, but they are most commonly employed in hospitals (70%) with practice areas of acute or critical care (41%).

The percentage of APNs reporting working full-time has remained about the same since the previous license renewal cycle (Table 7). Eighty-one percent of Florida’s APNs work full-time, still much higher than the 74.6 percent national estimate.⁴ The distribution of hours worked and percentage working multiple jobs also remains unchanged from the previous survey. Appendix Table A2 shows the employment detail for CRNAs, Midwives, CNS, and ARNPs. Although the sample size is small, CNS were more likely to work more hours and multiple jobs.

Table 7. Employment Detail for APNs Working in Nursing

	2008-09	2010-11	2012-13
Employment Status (%)			
FT	79.8	81.9	81.4
PT	14.5	13.5	13.7
Per Diem/Agency	5.6	4.6	4.8
Multiple Jobs? (%)			
Yes	21.0	17.0	16.9
No	79.0	83.0	83.1
Hours Per Week (%)			
20 or fewer	6.7	7.8	7.7
21-30	7.9	7.8	8.4
31-35	5.0	5.9	5.3
36-40	32.4	45.4	46.6
41-50	39.5	25.8	24.9
51 or more	8.7	7.4	7.1
Average FTE*	0.89	0.88	0.89

*FTE = Full-time equivalent position

Demographics of APNs

Demographic characteristics of working APNs are shown in Table 8. About 74 percent of APNs are white and 86 percent are women. APNs have an average age of 48 years. Forty-four percent are age 51 and older and this group of Baby Boomers can be expected to begin retirement within 5-10 years. The 21-30 age group comprises only 6.7 percent of the APN population, and consequently this small population is not nearly enough to refill the coming exodus of APNs.

Table 8. Demographic Characteristics of APNs Working in Nursing

Race/Ethnicity	%	Age	%
White	73.5	21-30	6.7
Black	9.8	31-40	22.6
Hispanic	9.7	41-50	26.2
Asian	4.2	51-60	28.9
Native American	0.2	61 or older	15.6
Other	2.6	Average Age	48.1
Gender	%		
Women	85.7		
Men	14.3		

Greater demographic detail is found in the Appendix tables. Appendix Table A3 illustrates race/ethnicity by age group, indicating that younger nurses are more diverse than their older peers. CRNAs had the largest percentage of men (38%), while CNMs were almost 100% women. Sixty-five percent of CNMs are age 51 and over, and CNMs and CRNAs had the smallest percentages of the workforce under age 30 (Table A4). This is likely because people enter these fields after working for several years to gain experience, and do not finish their graduate degrees until they are in their 30s. Appendix Table A5 shows trends from 2009 in demographic characteristics for the nurse workforce, and shows the APN workforce is becoming more racially and ethnically diverse, and the percentage of APNs age 40 and younger is increasing.

Educational Attainment of APNs

Educational attainment of nurses has become a national topic of discussion since the 2010 Institute of Medicine’s report, “The Future of Nursing: Leading Change, Advancing Health”.⁵ Recommendation 5 of the report is to double the number of nurses with a doctorate degree by 2020. The vast majority of APNs (78.5%) hold a master’s degree in nursing, and 4.8% have a Doctorate Degree in Nursing (1.6% have a PhD in Nursing, 2.7% have a DNP, 0.6% Doctorate in Nursing - Other). Almost two percent have a Bachelor’s, Master’s, or Doctorate outside of nursing as their highest degree. According to the National Sample Survey of Nurse Practitioners, five percent of NPs have a doctoral degree in nursing. Six percent of NPs nationally do not have a graduate degree (compared to 16% in FL), and they are grandfathered in to the profession.⁶

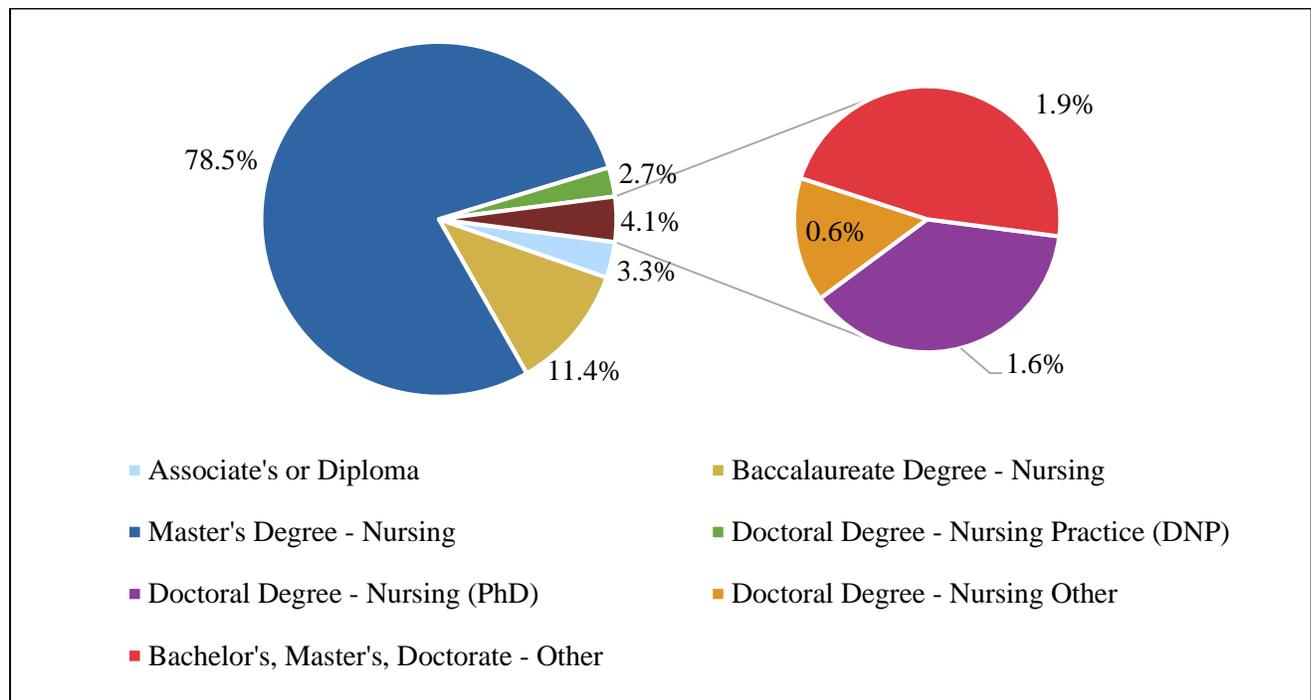


Figure 10. Highest Educational Degree of APNs Working in Nursing

FTEs by Age and Employment Setting

Among all working APNs, the average proportion of a full-time equivalent (FTE) position was 0.88. The average FTE by age group is shown in Figure 11. The average FTE ranges from 0.87 to 0.92 among nurses age 26-60 years. As nurses get older, they often work fewer hours, and this is noticeably apparent in the 61 and older age groups. Average FTE begins to drop off sharply at age 66. Nurses aged 51-60 are the largest age cohort of APNs with the highest average FTE, and this is the group that can be expected to reduce their number of hours worked or leave the workforce entirely over the next decade.

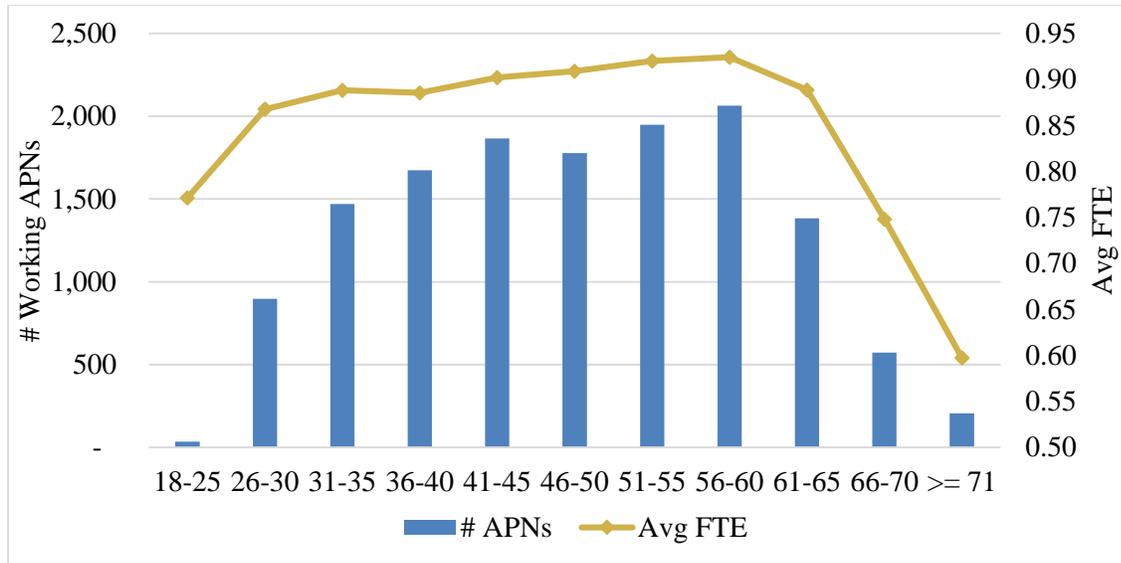


Figure 11. Number of APNs working and Average FTE by Age Category

Table 9 shows the estimated number of FTEs as well as the average proportion of an FTE worked by nurses in each healthcare setting. Hospitals contain the largest proportion of FTEs at 5,952, followed by Physician’s Offices and Ambulatory Care. APNs working for hospitals, correctional facilities, and long-term care worked the most hours per week as evidenced by their higher average FTE, while those working in policy and healthcare consulting worked the fewest hours per week.

Table 9. Estimated and Average FTEs* by Setting,

	Estimated Number of FTEs	Average FTE
Hospital	5,952	0.92
Physician's Office	2,968	0.89
Ambulatory Care Setting	1,104	0.84
Other	794	0.83
Academic Setting	618	0.87
Community Health	385	0.89
Long-term Care	374	0.91
Home Health	235	0.84
Public Health	223	0.87
Correctional Facility	118	0.91
School Health Service	97	0.83
Occupational Health	91	0.88
Insurance Claims / Benefits	27	0.88
Healthcare Consulting / Sales	25	0.73
Temporary Agency	15	0.84
Policy	8	0.74
Total	13,033	

*A full-time position is 1.0 FTE. Higher average FTEs indicate more full-time positions, and lower average FTEs indicate more part-time positions.

Regional APN Supply and Growth

Both statewide and within each region, the potential nurse workforce has grown since 2010-11 (Figure 12, Appendix Table A7). Statewide, the potential nurse workforce grew an average of 14.5 percent for APNs from 2011 to 2013. The percentage growth in APNs was highest in the East Central region at 20.5 percent, and lowest in the North Central region at 3.2 percent. The North Central region's smaller growth rate may be an artifact of the data. Tallahassee, in Leon County where Medical Quality Assurance is housed, appears to be a default address code for nurses who are not working in Florida. Many records had a Leon County zip code but also had an address indicator that they were not working in Florida. These records were therefore removed from the data if they had no other county placement information, or were re-distributed to another county if additional county placement information was available. Appendix Table A8 shows the distribution of NPs, CNMs, and CRNAs by region of the state.

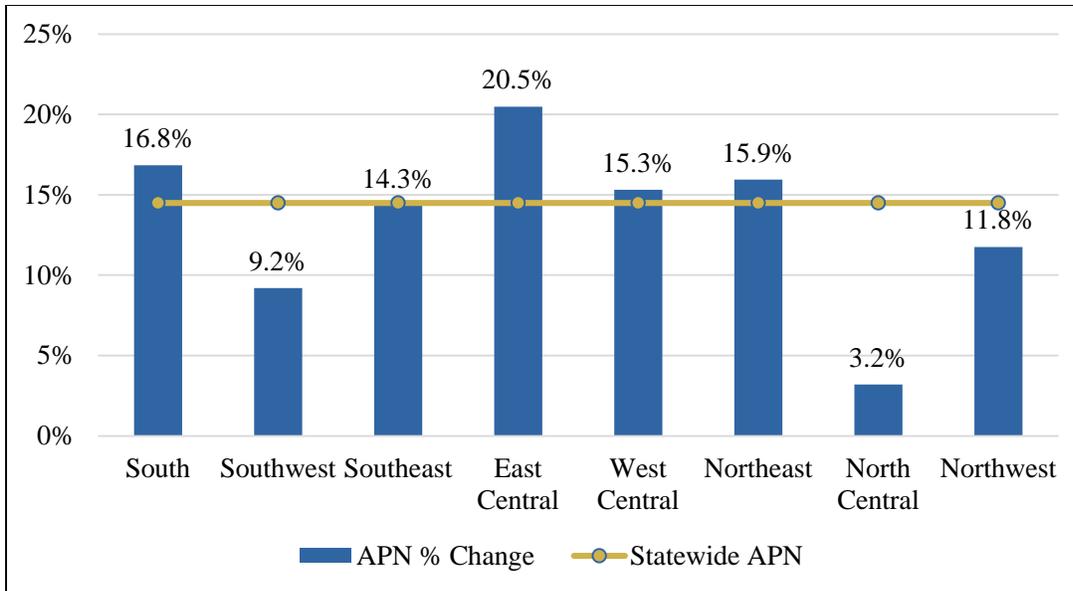


Figure 12. Percentage Growth in APN Supply, 2010-11 to 2012-13, by Region

To better understand the nurse supply in relation to the state’s population, we compared the number of working APNs to the size of the state’s population⁷ and to the number of hospital beds.⁸ Statewide, we estimated 77 working APNs per 100,000 population, an increase from 68 working APNs per 100,000 population in 2010-11.⁹ This increase was consistent in all regions of Florida (Figure 13). Nationwide, there are an estimated 58 nurse practitioners per 100,000 population.¹⁰ Furthermore, the estimated number of employed APNs per 100 hospital beds in Florida was 24.5, up from an estimated 20.1 employed APNs per 100 hospital beds in 2010-11.

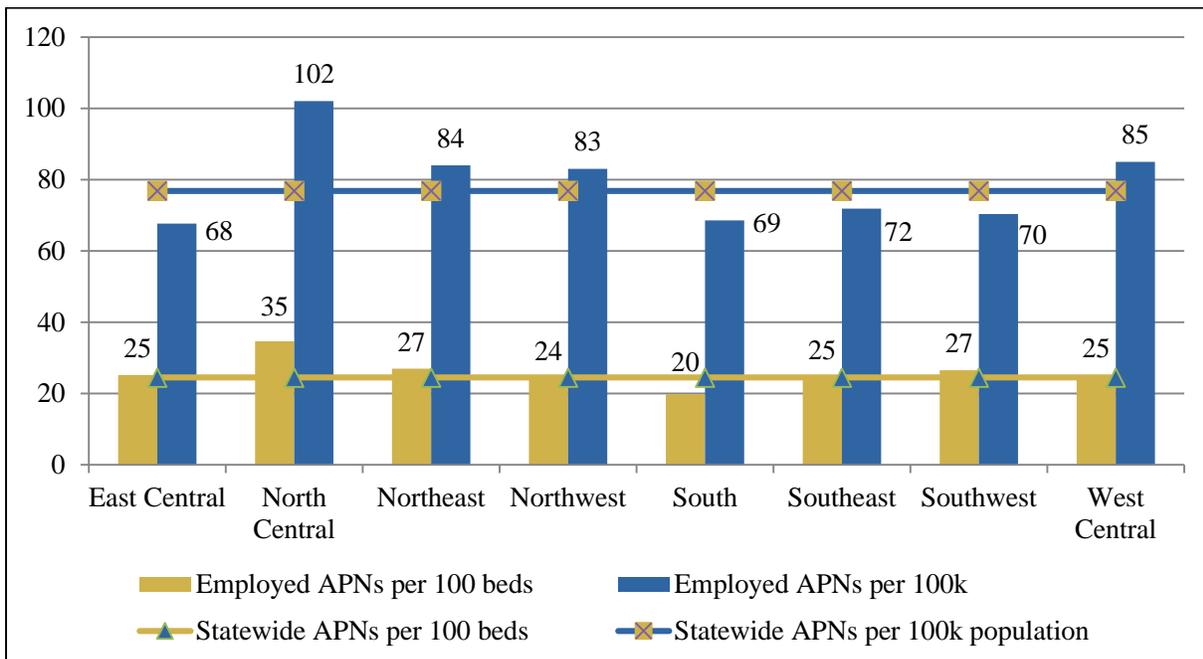


Figure 13. Employed APNs per 100k population and per 100 hospital beds

Conclusions and Recommendations

Florida's Advanced Practice Nurse Workforce has grown by about 2,000 nurses since 2010-11, and most of this growth is due to RNs advancing their education to that of an ARNP or CNS. The APN population remains similarly distributed among employment settings, though the number of employed APNs per 100,000 population has increased since the last survey to 77 per 100,000 population.

This increase in the number of employed APNs per 100,000 population points to several intertwining population and economic factors. As Florida's population ages and growth in the number of hospitals continues, the demand for nurses in the state likewise rises. Additionally, APNs can provide primary care and augment the state's supply of primary care providers, thus creating more employment opportunities for APNs and aiding in meeting the primary care provider demand associated with the Affordable Care Act.

Although we are pleased to see the APN population growing, it is important to keep in mind that 44 percent of APNs are 51 years or older, and this group of Baby Boomers is expected to begin retirement within 5-10 years. The youngest age group (21-30 year olds) comprises only 6.7 percent of the APN population, which is not nearly enough to refill the older APNs leaving the workforce. The coming retirement tsunami of Florida's APNs will result in a loss of highly skilled mentors with years of organizational and experiential knowledge, and a reduction in the size of the APN workforce. At the same time, the societal factors of an aging population needing more care and increased access to healthcare for the general population will continue to increase Floridians' demand for healthcare. Consequently, the APNs' role as primary healthcare providers will continue to grow as their workforce size diminishes.

Recommendation 1. Evaluate and project growth in academic programs to determine the ability to meet demand of consumers and to replace retiring APNs.

Currently 43% of APNs work in primary care settings, but this may change as the combined effects of the implementation of the Affordable Care Act and Florida's aging population will result in an increased need for primary care providers. Concurrently, the APN workforce is projected to decline within 5-10 years as the 44% of APNs age 51 and older begin retirement and phase out of the workforce. Therefore we must determine if the current and future supply of primary care providers can meet the increasing demand for care in Florida. Student enrollment in MSN and DNP programs has remained steady, but analysis should be done to project the long-term need for APNs and determine whether the current academic programs can meet that need.

Recommendation 2. Increase activities to improve retention and extend the work life for Florida's existing APN workforce, including accommodating the effects of aging on nurses' ability to continue to practice.

The aging nurse workforce continues to point toward a future critical occurrence of a large group of experienced APNs leaving the workforce at the same time as an aging population needs more nursing care. Forty-four percent of working APNs are over age 51, and this

group will presumably be reducing their hours of work and/or retiring within the next 5 to 10 years. It is critical that employers actively address the work environment challenges faced by older nurses in an effort to extend their work life. Several ideas have been presented to increase nurse retention: economic approaches such as offering increased retirement benefits to those who choose to remain in the workforce, use of tax incentives to retain older workers, and health promotion activities to target strength and improve general workforce health.¹¹

Recommendation 3. Support the Center’s research effort and analysis of workforce trends to assure adequacy of supply of all types of nurses while maximizing use of limited fiscal resources.

As this report demonstrates, the value of information is increased when there is evidence of repeated demonstration of outcomes and the ability to identify trends. The Center’s data collection, analysis, and reporting provides an extremely valuable source of information for use by legislators, academics, industry representatives, nurse executives, workforce policy efforts and other stakeholders. However, fiscal support of the ongoing program is critical to sustain this rich resource for Florida. The Center’s status as a state entity brings with it access to state data collected by other agencies and increased credibility that may not be available to an independent entity or one supported by a proprietary organization.

Acknowledgements:

The Florida Center for Nursing wishes to thank all of the nurses who took the time to complete the Center’s survey. We also wish to thank our partner state entities, the Florida Board of Nursing and Medical Quality Assurance, for their assistance with the data collection. The Center also wishes to thank Florida Blue for their continued support. This research would not be possible without their valuable contributions.

Staff Contributors: Michelle M. Yore, MSPH and Mary Lou Brunell, MSN, RN

References

1. Florida Center for Nursing. (2010). *Technical Documentation for Licensure and Workforce Survey Data Analysis*. Retrieved October 9, 2012 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=384 .
2. Florida Center for Nursing. (2014). Florida's LPN Supply: 2012-2013 Workforce Characteristics and Trends. Retrieved July 21, 2014 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=783 .
3. Florida Center for Nursing. (2014). *Florida's RN Supply: 2012-2013 Workforce Characteristics and Trends*. Retrieved July 21, 2014 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=785.
4. 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*. Retrieved July 13, 2012 from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf> .
5. IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
6. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. *Highlights From the 2012 National Sample Survey of Nurse Practitioners*. Rockville, Maryland: U.S. Department of Health and Human Services, 2014. Retrieved June 24, 2014 from <http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursepractitionersurvey/npsurveyhighlights.pdf> .
7. Population data from the Florida Office of Economic and Demographic Research were retrieved May 27, 2014 from <http://edr.state.fl.us/Content/population-demographics/2010-census/data/index.cfm> .
8. Data on hospital and nursing home beds from the Agency for Health Care Administration were retrieved June 2013 from <http://www.floridahealthfinder.gov/FacilityLocator/facloc.aspx>.
9. Florida Center for Nursing. *Florida's RN and ARNP Supply*. (2012). Retrieved June 24, 2014 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=450 .

10. Total Nurse Practitioners per 100,000 Population. Keiser Family Foundation, State Health Facts. (2011). Retrieved June 24, 2014 from <http://kff.org/other/state-indicator/nurse-practitioners-per-100000-pop/>.

11. Norman L.D., Donelan K., Buerhaus P.I., Willis G., Williams M., Ulrich B., Dittus R. (2005). *The Older Nurse in the Workplace: Does Age Matter?* Nursing Economic\$, 23(6), 282-289.

Appendix A: Data Tables

Table A1. Comparison of Working and Not Working APNs

	APNs	
	Working	Not Working
Race/Ethnicity	%	%
White	73.5%	80.9%
Black	9.8%	7.4%
Hispanic	9.7%	6.3%
Asian	4.2%	2.7%
Native American	0.2%	0.3%
Other	2.6%	2.4%
Gender	%	%
Female	85.7%	90.4%
Male	14.3%	9.6%
Age	%	%
21-30	6.7%	7.5%
31-40	22.6%	17.1%
41-50	26.2%	17.7%
51-60	28.9%	22.5%
61 or older	15.6%	35.2%

Table A2. General Employment Characteristics of Working APNs (%)

Employment Status	NP (n=10,357)	CNS (n=99)	CNM (n=469)	CRNA (n=2,896)
Full-time	80.5	88.9	78.7	84.8
Part-time	14.9	7.1	16.8	9.2
Per diem	4.6	4.0	4.5	6.0
Number of Jobs	NP	CNS	CNM	CRNA
1	82.2	78.8	84.9	85.9
2	15.1	19.2	13.8	10.4
3 or more	2.7	2.0	1.3	3.7
Hours per Week	NP	CNS	CNM	CRNA
< 20	8.2	3.0	8.3	5.9
21-30	8.8	5.1	9.4	6.9
31-35	5.1	3.0	3.2	6.0
36-40	46.2	51.5	42.0	48.4
41-45	10.4	10.1	7.5	15.5
46-50	13.7	20.2	14.5	12.7
more than 50	7.5	7.1	15.1	4.5

Table A3. Race/Ethnicity of APNs by Age Group

Race/Ethnicity	Age 18-30	Age 31-40	Age 41-50	Age 51-60	Age 61+
White	67.4%	65.3%	68.6%	79.2%	85.7%
Black	10.4%	11.9%	11.5%	8.1%	6.5%
Hispanic	16.1%	14.7%	12.2%	5.7%	3.1%
Asian/Pacific Islander	4.2%	5.1%	5.1%	3.8%	2.2%
Native American	0.1%	0.2%	0.1%	0.5%	0.2%
Not Reported	0.3%	0.8%	0.8%	1.8%	1.5%
Other	1.5%	2.1%	1.6%	0.9%	0.8%

Table A4. Demographic Characteristics of Employed APNs (%)

	NP (n=10,372)	CNS (n=99)	CNM (n=469)	CRNA (n=2,899)	Total (n=13,839)
Gender					
Women	91.4	98.1	99.3	62.6	85.8
Men	8.6	1.9	0.7	37.4	14.1
Age	NP	CNS	CNM	CRNA	Total
Age 18-30	7.9	4.8	2.4	3.2	6.8
Age 31-40	21.8	14.3	13.3	25.8	22.2
Age 41-50	25.2	22.9	19.6	28.1	25.5
Age 51-60	28.8	36.2	36.7	24.3	28.3
Age 61+	16.3	21.9	28.0	18.6	17.2
Race/Ethnicity	NP	CNS	CNM	CRNA	Total
White	71.8	76.8	79.3	78.1	73.5
Black	11.0	8.1	10.0	5.2	9.7
Hispanic	10.1	6.1	6.4	9.1	9.8
Asian/Pacific Islander	4.2	7.1	1.3	4.7	4.2
Other/Not Reported	2.8	2.0	3.0	2.9	2.8

Table A5. Trends in APN Workforce Demographics, 2009-2013

	APN Workforce		
	2009	2011	2013
Age Categories	%	%	%
21-30	3.7	4.2	6.7
31-40	20.0	21.3	22.6
41-50	26.9	26.4	26.2
51-60	35.0	31.8	28.9
61 or older	14.4	16.2	15.6
Average Age	49.4	49.2	48.1
Gender	%	%	%
Female	85.2	85.6	85.7
Male	14.8	14.4	14.3
Race/Ethnicity	%	%	%
White	79.5	75.5	73.5
Black	8.1	8.7	9.8
Hispanic	7.1	8.3	9.7
Asian	3.6	3.9	4.2
Native American	0.3	0.2	0.2
Others	1.4	3.4	2.6

Table A6. APN Age Distribution of Each Healthcare Setting

Employment Setting	21-30	31-40	41-50	51-60	61 or older
Academic Setting	1.9%	13.5%	20.8%	36.5%	27.3%
Ambulatory Care Setting	1.9%	13.4%	24.2%	35.0%	25.5%
Community Health	5.9%	21.5%	22.0%	30.8%	19.8%
Correctional Facility	1.6%	8.2%	32.8%	30.3%	27.0%
Healthcare Consulting / Product Sales	0.0%	18.8%	15.6%	46.9%	18.8%
Home Health	3.8%	17.4%	25.4%	32.6%	20.8%
Hospital	9.4%	27.1%	28.2%	24.9%	10.4%
Insurance Claims / Benefits	0.0%	17.2%	27.6%	34.5%	20.7%
Nursing Home / Extended Care / Assisted Living Facility	2.1%	13.2%	27.5%	33.0%	24.2%
Occupational Health	3.0%	11.1%	32.3%	32.3%	21.2%
Other	3.5%	17.4%	20.6%	33.0%	25.6%
Physician's Office	6.7%	24.5%	27.1%	29.4%	12.3%
Policy / Planning / Regulatory / Licensing Agency	0.0%	0.0%	10.0%	70.0%	20.0%
Public Health	4.5%	14.9%	14.0%	34.7%	31.8%
School Health Service	3.6%	16.4%	26.4%	35.5%	18.2%
Temporary Agency	12.5%	12.5%	25.0%	25.0%	25.0%

Table A7. Trends in Potential APN Workforce Distribution by Region, 2006-07 to 2012-13

Region	2006-2007 Potential APN Workforce	2008-2009 Potential APN Workforce	2010-2011 Potential APN Workforce	2012-2013 Potential APN Workforce
South	2,183	2,467	2,822	3,398
Southwest	720	809	858	954
Southeast	1,085	1,222	1,345	1,525
East Central	1,600	1,865	2,143	2,594
West Central	2,797	3,201	3,506	4,071
Northeast	841	992	1,148	1,357
North Central	1,193	1,338	1,473	1,538
Northwest	670	761	808	932

Table A8. Employed APN Workforce Distribution by Region 2012-13

Region	Nurse Practitioner	Certified Nurse Midwife	Certified Registered Nurse Anesthetist	Total
East Central	1,676	67	451	2,194
North Central	1,079	62	170	1,311
Northeast	853	54	220	1,127
Northwest	510	19	235	764
South	2,298	82	523	2,903
Southeast	983	52	284	1,319
Southwest	515	33	234	782
West Central	2,558	100	782	3,440

Appendix B – Employment Settings and Areas of Specialization

Nurse Practitioner – Employment Settings

Place of Employment	N	%
Hospital	3,710	32.0%
Physician's Office	2,945	25.4%
Other	824	7.1%
Ambulatory Care Setting	660	5.7%
Academic Setting	601	5.2%
Nursing Home / Extended Care / Assisted Living Facility	385	3.3%
Community Health	381	3.3%
Home Health	257	2.2%
Public Health	203	1.8%
Correctional Facility	121	1.0%
School Health Service	104	0.9%
Occupational Health	98	0.8%
Healthcare Consulting / Product Sales	32	0.3%
Insurance Claims / Benefits	26	0.2%
Temporary Agency	15	0.1%
Policy / Planning / Regulatory / Licensing Agency	9	0.1%
No Response	1,226	10.6%
Total	11,597	

Nurse Practitioner – Area of Practice

Specialization	N	%
Adult Health / Family Health	2,920	25.2%
Acute care / Critical Care	1,614	13.9%
Other	1,465	12.6%
Pediatrics / Neonatal	1,188	10.2%
Psychiatric / Mental Health / Substance Abuse	597	5.1%
Women's Health	445	3.8%
Geriatric / Gerontology	444	3.8%
Oncology	361	3.1%
Medical Surgical	354	3.1%
Maternal - Child Health	151	1.3%
Palliative Care	125	1.1%
Occupational Health	121	1.0%
Home Health	109	0.9%
Community	98	0.8%
Rehabilitation	85	0.7%

Trauma	82	0.7%
School Health	65	0.6%
Public Health	63	0.5%
Anesthesia	62	0.5%
No Response	1,248	10.8%
Total	11,597	

Certified Nurse Midwife – Employment Settings

Place of Employment	N	%
Physician's Office	184	33.9%
Hospital	132	22.4%
Public Health	36	6.4%
Other	308	7.0%
Academic Setting	29	3.5%
Community Health	24	1.0%
Ambulatory Care Setting	21	1.0%
Home Health	5	0.8%
No Response	73	7.0%
Total	542	

Certified Nurse Midwife – Area of Practice

Specialization	N	%
Women's Health	254	46.9%
Maternal - Child Health	159	29.3%
Other	21	3.9%
Adult Health / Family Health	14	2.6%
Home Health	5	0.9%
No Response	89	16.4%
Total	542	

Certified Registered Nurse Anesthetist – Employment Settings

Employment	N	%
Hospital	2,224	73.9%
Ambulatory Care Setting	567	18.8%
Other	53	1.8%
Academic Setting	36	1.2%
Physician's Office	24	0.8%
No Response	105	3.5%
Total	3,009	

Certified Registered Nurse Anesthetist – Area of Practice

Specialization	N	%
Anesthesia	2,802	93.1%
Acute care / Critical Care	41	1.4%
Other	39	1.4%
Medical Surgical	10	0.3%
Trauma	5	0.2%
Pediatrics / Neonatal	5	0.2%
No Response	107	3.6%
Total	3,009	

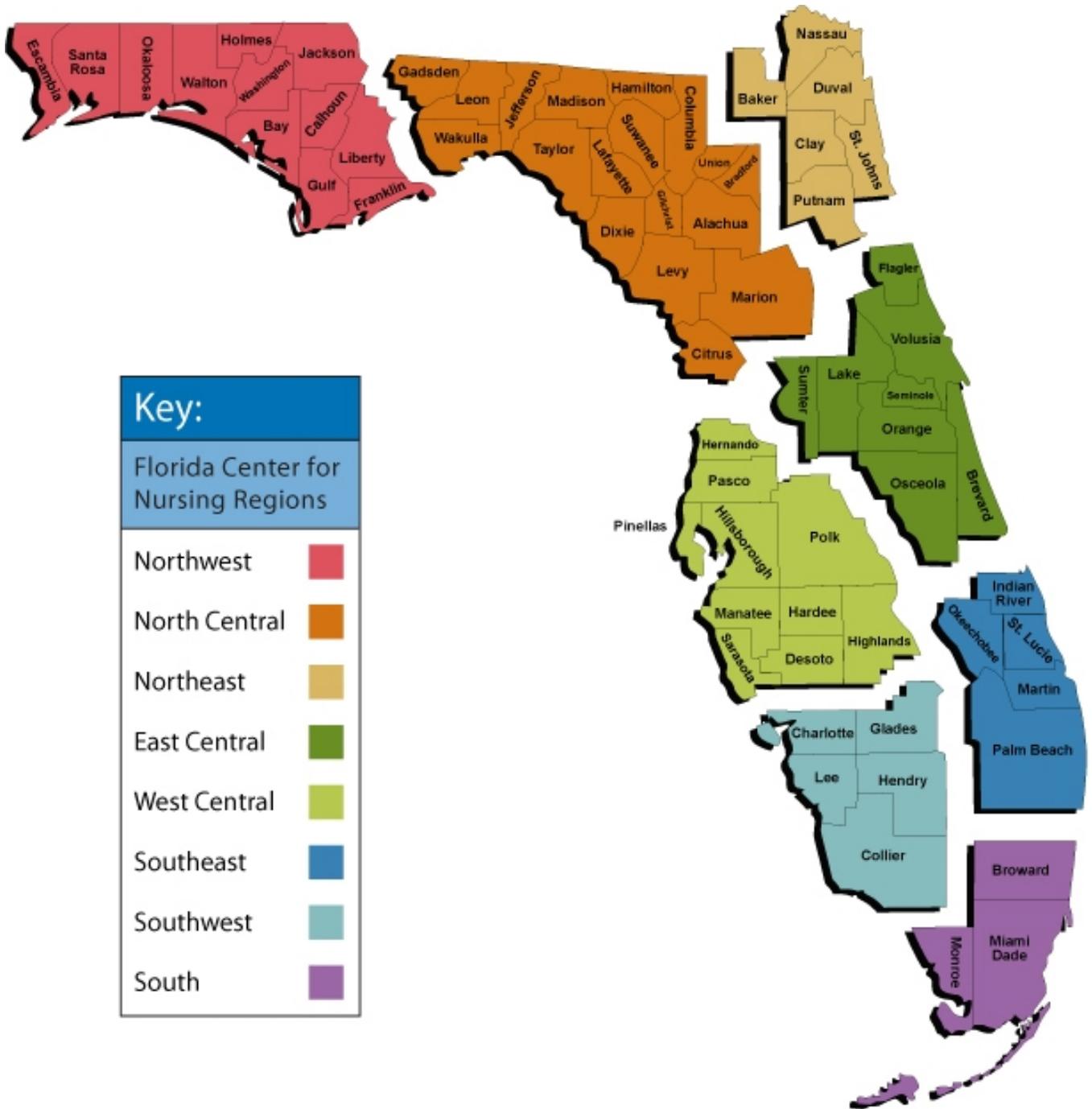
Clinical Nurse Specialist – Employment Settings

Place of Employment	N	%
Hospital	73	69.5%
Academic Setting	10	9.5%
Physician's Office	2	1.9%
Other	5	4.8%
Ambulatory Care Setting	3	2.9%
Nursing Home / Extended Care / Assisted Living Facility	3	2.9%
Home Health	2	1.9%
Public Health	1	1.0%
No Response	6	5.7%
Total	105	

Clinical Nurse Specialist – Area of Practice

Specialization	N	%
Acute care / Critical Care	43	41.0%
Oncology	9	8.6%
Psychiatric / Mental Health / Substance Abuse	8	7.6%
Other	8	7.6%
Adult Health / Family Health	7	6.7%
Medical Surgical	6	5.7%
Pediatrics / Neonatal	4	3.8%
Geriatric / Gerontology	4	3.8%
Maternal - Child Health	3	2.9%
Trauma	2	1.9%
Women's Health	1	1.0%
Home Health	1	1.0%
Public Health	1	1.0%
Palliative Care	1	1.0%
No Response	7	6.7%
Total	105	

Appendix C: County Composition of FCN Regions



Key:	
Florida Center for Nursing Regions	
Northwest	■
North Central	■
Northeast	■
East Central	■
West Central	■
Southeast	■
Southwest	■
South	■