



Florida's LPN Supply: Growth, Demographics, and Employment Characteristics

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Addressing Nurse Workforce Issues for the Health of Florida

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Executive Summary

This report details the size and characteristics of Florida's LPN supply as of January 2010, using data from the Florida Board of Nursing's licensure database and responses from the Florida Center for Nursing's workforce survey collected during license renewals in 2008 and 2009. It is the first comprehensive look at Florida's LPN workforce using quality data collected from the vast majority of the state's nurses. There is no source of comparative data on LPNs at the national or regional level, but data from the 2008 National Sample Survey of Registered Nurses found that the nation's RN supply has grown substantially and has the highest rate of employment in nursing since the survey began in 1977. Results from our study of LPNs echo these national findings for RNs and are undoubtedly influenced by the economic decline affecting the state and nation:

- The number of LPNs in with an active license, Florida address, and eligibility to practice (the *potential* nurse workforce) increased by 2,919 from 2008-2010 – a growth rate of 2.7 percent annually. This rate of growth exceeds the 1-2 percent annual increase in LPN supply that we projected for Florida before the recession started.
- The net gain of 2,919 LPNs masks much larger gains and losses from the nurse supply. The state actually gained more than 10,500 LPNs over the two years, but it also lost 7,615 LPNs. Even during a recession, retention in the state and profession remains a problem.
- We estimate that about 83.3 percent of LPNs (or 48,185) are actually working in the field of nursing in Florida. They provide approximately 42,747 full-time equivalents (FTEs) of nursing labor, a large number of which are in long term care (15,718 FTEs).
- The majority of LPNs working in nursing are working full-time (80%) in a single position (79%) and providing direct care (90%) to patients and their families. They are also working large numbers of hours: about 80 percent are working at least 36-40 hours per week, and about one-third are working more than 40 hours per week.
- Though the increase in workforce participation is welcome news for Florida, which has been struggling with a nursing shortage, the aging of the workforce is a serious concern for the future. In 2010, nearly 40 percent of the LPN workforce is over the age of 50 years and can be expected to retire during the next 15 years. In addition, the number of hours worked declines dramatically among those in the workforce aged 61 and older.
- Florida's geographic and demographic diversity mean that growth and adequacy of the nurse supply vary substantially across regions of the state. The southern regions of the state experienced much higher rates of growth in LPN supply over the past two years. Even still, all three regions are below the statewide average in number of employed LPNs per 100,000 population.

Nurse employers, workforce planners, legislators, and other stakeholders should take advantage of the “breather” this recession has given us, but we should not become complacent about the nursing shortage in Florida. The Center offers the following recommendations to guide the state's continuing efforts:

- 1) *Continue to develop Florida's LPN workforce database and encourage national efforts.* This report presents the first study of Florida's LPN workforce using quality data collected from the vast majority of our LPNs. Only through consistent data collection and trend analysis can we stay abreast of emerging issues affecting LPNs and make workforce planning decisions accordingly. Unfortunately, we will not be able to compare Florida with the nation's LPN workforce until a national effort to collect workforce information from LPNs is established. Although the National Sample Survey of Registered Nurses is fielded to a large, representative sample of U.S. RNs every four years, no comparable study exists for LPNs. Florida stakeholders should encourage development of a national repository of LPN workforce information because it will assist us in benchmarking at the state-level and is a prerequisite for development of sound federal policies affecting the LPN workforce.
- 2) *Keep long-term trends in view when planning for nursing workforce needs.* The economic recession has eased the nursing shortage temporarily, but it has also led some to conclude that efforts to retain nurses or expand nursing education are no longer needed. It is critical that we stay the course in our efforts to avoid a severe nursing shortage in the future, because nursing education and work environment improvements are long-term investments that often take many years to bear fruit. If we neglect them now, we will lack those resources when we need them most.
- 3) *Prioritize nurse retention efforts.* One surprising finding in this study was that retention in Florida's nurse supply remained low despite the recession. The increased rate of growth in Florida's potential nurse workforce from 2008-2010 was entirely a result of increased new additions to the supply – not decreased attrition. To prevent attrition from increasing dramatically as the economy improves, retention efforts must be prioritized. Key areas for improvement include the retention of new graduate nurses in the profession and extending the work-life of older nurses through workplace and role redesign.
- 4) *Nursing education expansion should be strategic and evidence-based.* A data-driven approach to sustaining or expanding our nursing education system is needed to maximize our use of scarce fiscal, human, and clinical resources. Decisions about expanding existing programs or approving new programs should be based on an area's demand – both current and projected – for the type of nurse the program produces. In addition, the area's ability to support expansion must be scrutinized. Nursing programs often compete for the limited supply of nurse faculty and clinical space available in the area.

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Background

Since 2007, the Florida Center for Nursing (Center) has been monitoring the state's nurse supply through analysis of nurse licensure data. While extremely valuable, the licensure database does not contain information on the employment situation of licensees. As a result, we knew how many nursing *licenses* were held but not how much nursing *labor* was being provided in the state. As a partner state entity, the Center worked with the Florida Board of Nursing and Medical Quality Assurance to integrate a voluntary Workforce Survey into the online license renewal process for nurses beginning in January 2008.

Nurses renew their licenses every two years, with two-thirds of Registered Nurses (RNs) and Advanced Registered Nurse Practitioners (ARNPs) renewing in even years and the remaining one-third of RNs and ARNPs renewing with all Licensed Practical Nurses (LPNs) in odd years. Thus, it takes two years of renewals to generate a complete update to licensure data and two years for all renewing nurses to have the opportunity to complete our Workforce Survey. The Center published interim results from the first year of the Workforce Survey¹ separately from analysis of licensure data² last year. Unfortunately, LPNs did not renew during the 2008 cycles and thus could not be included in analysis of the interim Workforce Survey data.

This 2010 report is the first to present workforce characteristics reported by the vast majority of the state's LPN workforce. A previous attempt to survey LPNs in 2007 resulted in a very low response rate (5%), and results could not be safely generalized to all LPNs in the state.³ This is also the first analysis to integrate LPN licensure and survey data using a full set of Workforce Survey data collected during renewals and an extract of the licensure database from January 2010. We provide January 2010 estimates of the LPN workforce in terms of size, demographics, and employment characteristics. We also show changes in the number of LPN licensees with an active license and Florida address – the *potential* LPN workforce – from 2008 to 2010. As Workforce Survey data collection continues, it will be possible to track growth or decline in the number of nurses employed in the field of nursing – the *actual* LPN workforce – over time.

The 2009 Workforce Survey obtained a response rate of 93.0 percent for renewing LPNs. This is an extraordinary response rate for a voluntary survey, producing nearly complete data for those LPNs who renewed their nursing license. To accurately estimate the size of the workforce as of January 2010, statistical methods were used to extrapolate survey results to two groups of LPNs missing employment information: 1) survey non-respondents, and 2) LPNs newly licensed in Florida who have not yet been exposed to the Workforce Survey during license renewal. The Technical Documentation for this project contains information on the cleaning and analysis of nurse licensure data, Workforce Survey study design and response rates, and statistical methods used to estimate workforce size.⁴

As reported last year, Florida's LPN supply grew during 2007 and 2008.² However, the net growth masked much larger gains and losses from the supply of LPNs. If retention of nurses within the state and profession improved, our nurse supply would grow much more rapidly. High

rates of attrition combined with an aging workforce suggest that the current rate of growth in the LPN supply may not be sustainable. As demand increases in response to an aging population – particularly in LPN-dominated elder care settings – stunted growth in the LPN supply may lead to a worsening nursing shortage for Florida.

Analysis of Workforce Survey data from RNs found that they have a high rate of workforce participation (about 85.5 percent) and work many hours per week (averaging about 0.9 full-time equivalents).⁵ These findings are likely related to the economic recession affecting the country (including Florida) since December 2007, which caused nurses to delay retirement, return to the workforce, or work more hours in response to family financial insecurity or concern.⁶ This report provides a profile of LPN work behavior during Florida’s economic recession.

Florida’s LPN Supply as of January, 2010

Almost 68,500 LPN licenses populated the nurse licensure database as of January 2010, but far fewer are actually in Florida’s LPN workforce (Figure 1). Only 57,861 met the criteria for being counted as part of the *potential* LPN workforce: an active license, Florida address, and no disciplinary restrictions. This group of nurses is capable of providing nursing labor in Florida, but some are working in other fields or not working at all. We estimate that about 83.3 percent of the group, or 48,185, are *actually* working in nursing in Florida. Finally, since some nurses work part-time, the number of full-time equivalent (FTE) LPNs is lower still at 42,747.

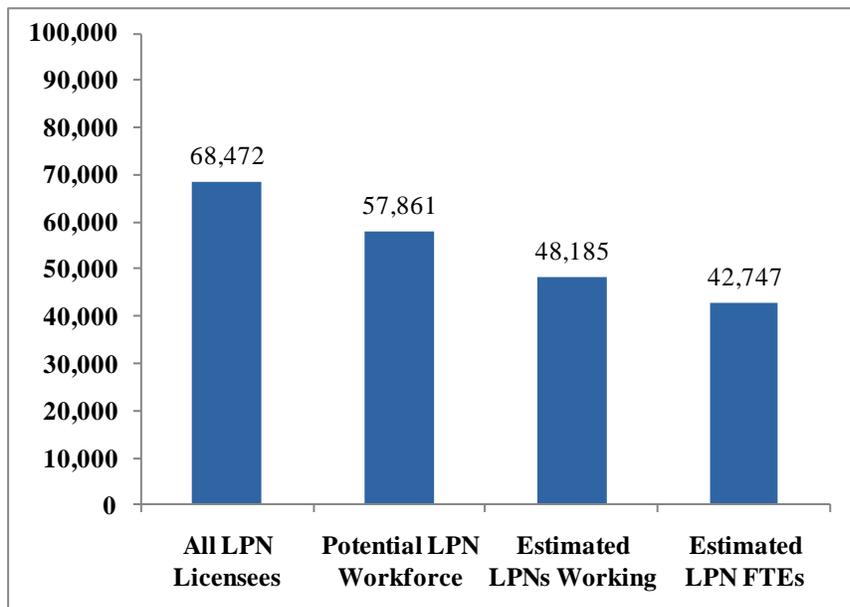


Figure 1. Florida’s LPN Supply as of January, 2010

In the next section of this report, 2008-2010 trends in the potential LPN workforce are explored. We use licensure files from prior years to examine change over time in this group’s size and

demographic characteristics. As of January 2010, we have employment information – used to estimate the workforce and number of FTEs – for only one point in time.

Trends in Florida’s Potential LPN Workforce

Florida’s potential LPN workforce gained 2,919 nurses between January 2008 and January 2010, a 5.3 percent increase over two years and an average annual increase of 2.7 percent (Table 1). This rate of growth exceeds the 1-2 percent annual increase in LPN supply that we forecast for Florida in 2008.⁷ Additionally, the annual rate of growth incorporating 2009 data is larger than when based on data from 2007 and 2008 (2.2%).²

Table 1. Growth in the Potential LPN Workforce, 2008-2010

Growth in the Potential LPN Workforce	
2008 Potential Workforce	54,942
2010 Potential Workforce	57,861
# Change Over 2 Years	2,919
% Change Over 2 Years	5.31%
Average Annual % Change	2.66%

To investigate the sources of this growth, we tracked individual licensees into and out of the workforce over the two-year period. We found that the potential nurse workforce actually gained more than 10,500 LPNs, but during the same time more than 7,600 – 72 percent of total gains – were lost from the potential LPN workforce to create the net change we found (Table 2). When compared with our analysis one year ago, we gained more nurses but also lost more nurses. Thus, the increased rate of growth in 2009 is accounted for by an increase in additions to the potential workforce rather than a decrease in attrition. Compared with RNs, a greater proportion of total gains are eaten away by losses in the potential LPN workforce. Hence, they have a slower pace of growth (2.7% vs 3.3% for RNs⁵ during the same time period).

Table 2. Components of Net Change in the Potential LPN Workforce, 2008-2010

	# of LPNs
Total Gains to Potential Workforce	10,530
Total Losses from Potential Workforce	7,615
Net Change in the Potential Workforce	2,919

Note: The difference between gains and losses does not precisely equal net change due to the complexity of tracking individual nurses.

Table 3 shows the reasons nurses were gained or lost from the potential LPN workforce from 2008-2010. The most common reason a nurse joined the potential LPN workforce was licensure by examination (6,851 nurses), followed by endorsement into Florida with a nursing license from another state (2,014). Fewer nurses moved into Florida with an existing Florida nursing license or made a license status change rendering them eligible to practice nursing in the state.

Table 3. Additions to and Subtractions from the Potential LPN Workforce, 2008-2010

New Additions by Reason	# of LPNs	Losses by Reason	# of LPNs
New Licensee by Exam	6,851	Failed to Renew	4,181
New Licensee by Endorsement	2,014	Upgrade to RN licensure	2,255
New Florida Address	980	No longer working in FL	565
Changed to eligible status	592	License Went Null and Void	325
Changed to active status	83	Changed to Inactive Status	134
Unknown New Licensee	10	Retired	99
		Disciplinary Action	56
Total New Licensees	10,530	Total Attrition	7,615

The most common reason for attrition from the potential LPN workforce was failure to renew a nursing license as scheduled in 2009 (4,181). Unfortunately, when nurses drop their nursing license, we do not learn whether they did so in order to move out of the state, work outside the field of nursing, or retire. Thus, the numbers falling into many of the other categories may be much higher in reality. Interestingly, 2,255 LPNs (almost 30 percent of total attrition) were lost to the potential LPN workforce due to license upgrading. Although these nurses have likely not left the nursing workforce, their recent RN licensure suggests that they are probably performing in an RN (rather than LPN) nursing role. Appendix Tables A1 and A2 show the demographic characteristics of new additions to and losses from the potential LPN workforce.

Characteristics of LPNs Working in Nursing, January 2010

Of the 57,861 LPNs in the *potential* nurse workforce, we estimate that 83.3 percent (or 48,185) are *actually* working as LPNs in Florida (Figure 2). In addition, 6.6 percent are seeking nursing employment. Only 4.4 percent are employed outside of nursing, and only 5.8 percent are not working at all. Demographic characteristics of nurses who are not working in the field of nursing are provided in Appendix Table A3.

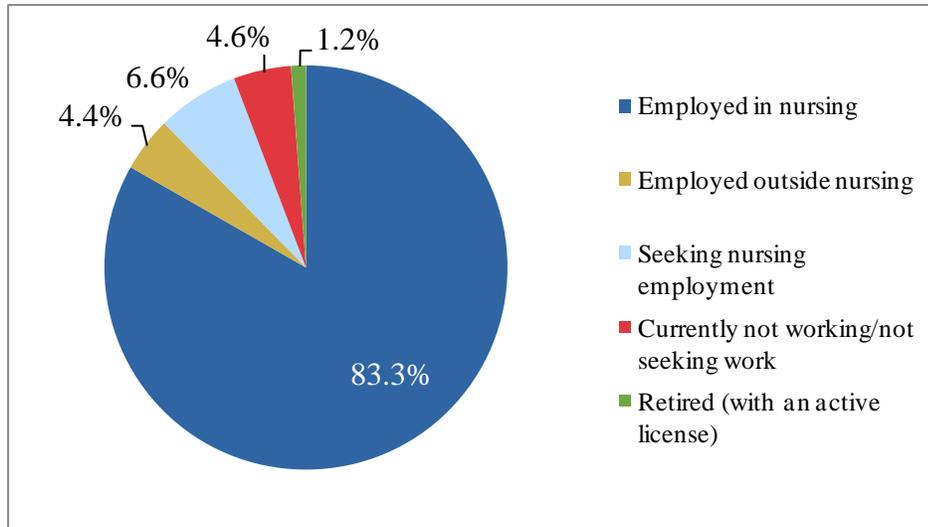


Figure 2. Work Status of LPNs in 2010

Unfortunately, there is no national comparison for LPNs similar to the National Sample Survey of Registered Nurses (NSSRN). It is interesting to note, however, that LPNs are working in the field at a similar rate as are Florida RNs (85.5%)⁵ and RNs nationally (84.8%)⁸. The workforce participation rate for U.S. RNs in 2008 was the highest since the NSSRN began in 1977. It is likely that our high LPN workforce participation rate is also unusual for Florida and related to the economic decline, though we have no historical comparison.

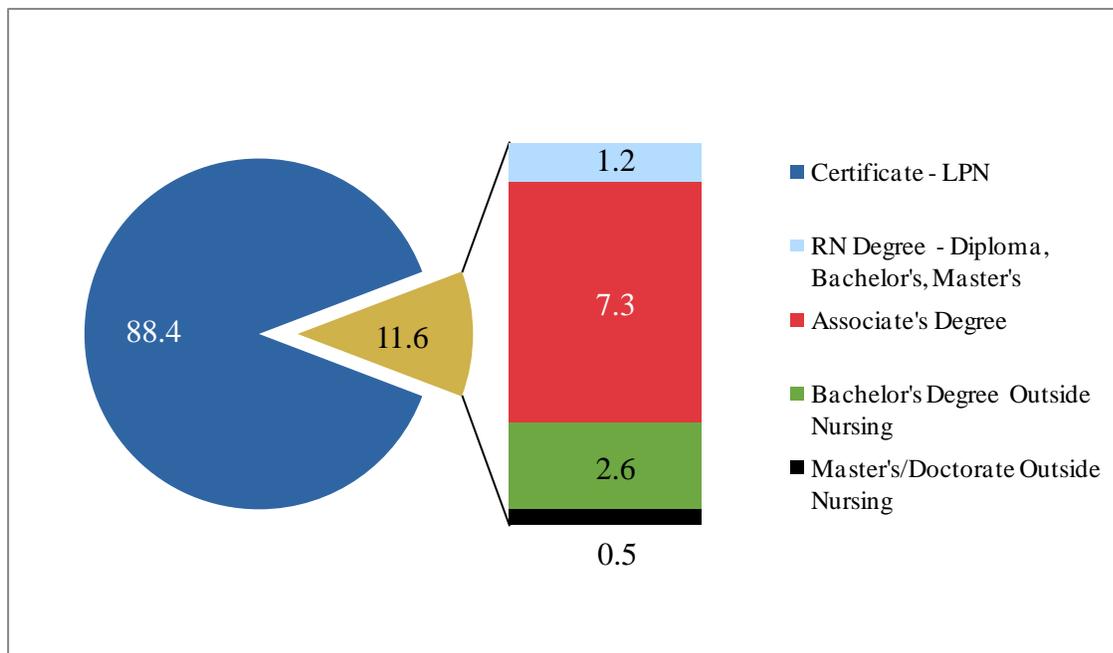


Figure 3. Highest Degree Held by LPNs Employed in Nursing

The educational preparation of LPNs employed in nursing is shown in Figure 3. As expected, the vast majority of LPNs hold the LPN Certificate as their highest degree. Of the remaining nurses

holding a higher degree, 7.3 percent reported holding an associate’s degree (in any field), 2.6 percent reported holding a bachelor’s degree outside of nursing, and half a percent held a master’s or doctorate outside of nursing.

More than one percent reported holding an RN degree at the diploma, bachelor’s, or master’s level. It is unclear whether these nurses had trouble passing the NCLEX-RN licensing examination or whether they have not yet taken the RN exam. Since a number of LPNs upgrade their licenses to RN each year, it is likely that some LPNs were in the process of (but had not yet completed) upgrading their licenses during the 2009 LPN renewal cycle when survey data were provided.

Table 4. Employment Setting for LPNs Working in Nursing

	%	Estimated #
Long Term Care	36.5	17,607
Home Health Care	15.1	7,281
Hospital	14.8	7,127
Physician/Provider Office	9.9	4,765
Corrections Facility	4.4	2,120
Ambulatory Care	2.7	1,282
Public/Community Health	2.5	1,200
School Health	1.9	901
Temporary Agency	1.3	631
Insurance Company	1.3	602
Occupational Health	0.4	173
Consulting/Product Sales	0.2	111
Nursing Education (Academic)	0.2	92
Other	8.9	4,293
Total Working LPNs	100.0	48,185

The largest employment setting for LPNs is long term care, where 36.5 percent or an estimated 17,607 LPNs work (Table 4). LPNs are also commonly employed by home health agencies (15.1%) and hospitals (14.8%). Compared with RNs, who are strongly clustered in hospitals, LPNs are more evenly distributed across employment settings.

Demographic characteristics of working LPNs are shown in Table 5. Less than 60 percent of LPNs are white, in contrast to about 70 percent of RNs. About 91 percent of LPNs are female, compared with about 85 percent of RNs. Thus, while LPNs are more diverse in terms of race and ethnicity, they are less diverse in terms of gender when compared with RNs. Appendix Table A4 shows trends in demographic characteristics for the *potential* LPN workforce based on licensure data, demonstrating that Florida LPNs are slowly becoming more diverse over time.

Table 5. Demographic Characteristics of LPNs Employed in Nursing

Race/Ethnicity	%	Age	%
White	58.76	20 or younger	0.04
Black	28.96	21-30	10.17
Hispanic	8.17	31-40	23.09
Asian	2.24	41-50	26.74
Native American	0.28	51-60	26.49
Other	1.6	61 or older	13.46
Gender	%	Average Age	46.7
Female	91.02		
Male	8.98		

The average age of our LPN workforce is 46.7 years (Table 5). Aging of the workforce is a serious concern for Florida, as nurses over the age of 50 can be expected to retire within the next 15 years. In addition to reducing the size of the workforce, the exodus of older, experienced nurses is also feared to result in a “brain drain” whereby years of organizational and experiential knowledge are lost. Figure 4 graphically depicts the age distribution of employed LPNs and contrasts it with the age distribution of employed RNs. LPNs are more evenly distributed across the age categories when compared with RNs, who are strongly clustered in the 51-60 age category. Still, nearly 40 percent of the LPN workforce is over the age of 50 years as of January 2010. Appendix Table A4 shows that the average age of LPNs in the *potential* workforce has increased by about a year since 2008.

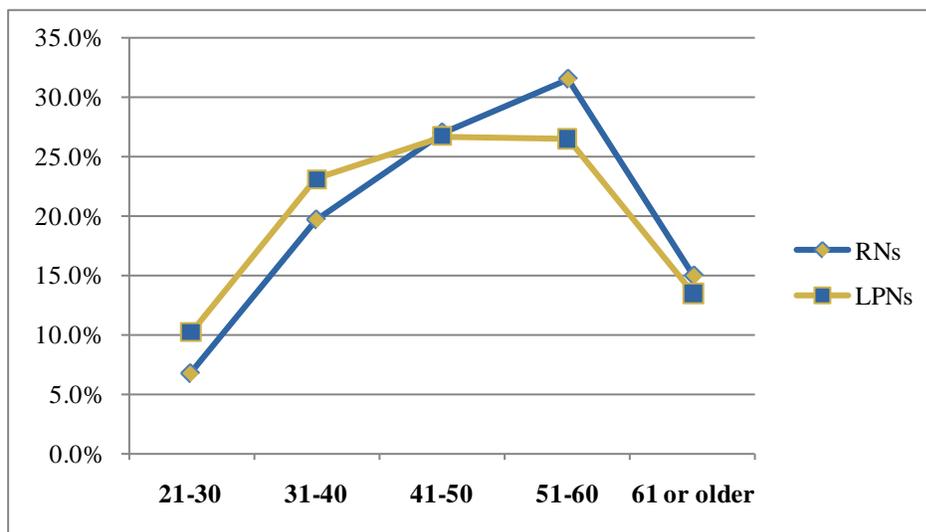


Figure 4. Age Distribution for LPNs and RNs Working in Nursing

The majority of LPNs are working full-time (80%) in a single position (79%) and providing direct care (92%) to patients and their families (Table 6). About 10 percent of LPNs reported working for a temp agency or in a per diem position. LPNs in Florida are working a large number of hours: about 80 percent are working *at least* 36-40 hours per week. Surprisingly, about one-third of LPNs reported working more than 40 hours per week. When hours per week are used to assign the proportion of a full-time equivalent (FTE) position for each LPN, the average FTE is quite high at 0.89.

Table 6. Employment Detail for LPNs Working in Nursing

Hours Per Week	%	Employment Status	%
less than 10	1.4	FT	79.7
15-Oct	1.4	PT	10.1
16-20	3.0	Per Diem/Agency	10.2
21-25	3.7	Provide Direct Care?	%
26-30	3.2	Yes	91.7
31-35	7.7	No	8.3
36-40	46.0	Multiple Jobs?	%
41-45	19.3	Yes	21.1
46-50	9.0	No	78.9
more than 50	5.4		
Average FTE*	0.89		

*FTE = Full-time Equivalent

Although we have no historical or national comparison for LPNs in Florida, it is likely that both hours worked per week and the proportion working full-time have increased in response to economic changes. Findings from the 2008 national RN survey show that the proportion of RNs working full-time is at its highest level since 1980⁸.

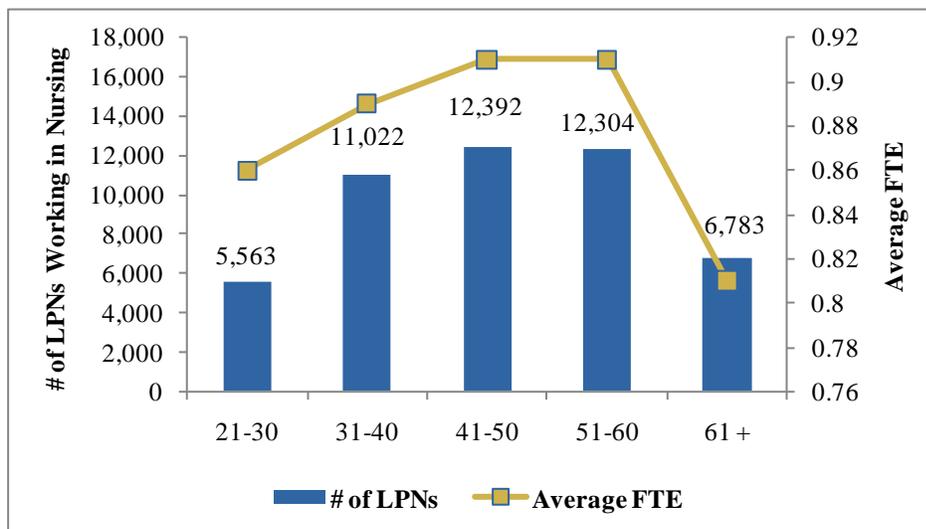


Figure 5. Number of LPNs Working and Average FTE by Age Category

Average FTE varies substantially by age, as shown in Figure 5. As LPNs age, the average FTE worked increases until nurses reach age 41-50 years, but average FTE drops dramatically when nurses reach age 61. A large number of LPNs are age 41-60, when hours worked are at their highest. However, nurses age 51-60 will age out of this category over the next decade, which will mean reduced hours and reduced workforce participation for this large group.

Table 7. Estimated and Average LPN FTEs by Setting

	Estimated FTEs	Average FTE
Long Term Care	15,718	0.90
Hospital	6,535	0.92
Home Health Care	6,095	0.84
Physician/Provider Office	4,387	0.92
Corrections Facility	1,954	0.92
Ambulatory Care	1,157	0.91
Public/Community Health	1,103	0.92
School Health	727	0.80
Insurance Company	576	0.96
Temporary Agency	406	0.65
Occupational Health	154	0.91
Consulting / Product Sales	98	0.89
Nursing Education (Academic)	75	0.83
Other	3,762	0.88
Total FTEs	42,747	

Table 7 shows the estimated number of FTEs as well as the average proportion of an FTE worked by LPNs in each healthcare setting. The largest proportion of LPN FTEs can be found in long term care (an estimated 15,718 FTEs). However, LPNs working for insurance companies worked the most hours per week as evidenced by their larger average FTE (.96). LPNs working for temporary agencies (.65) and school health (.80) worked the fewest hours per week. Appendix Table A5 shows the age distribution of LPNs by setting.

Regional Growth and Supply Adequacy

Florida’s LPN supply varies in size across the eight regions of the state used for Center analysis. Appendix B shows the county composition of each region. All regions of the state gained LPNs in the potential nurse workforce between 2008 and 2010 (Table 8), but the rate of growth varies substantially across regions (Figure 6).

Table 8. Net Change in Potential LPN Workforce, 2008-2010

Region	2008 Potential LPN Workforce	2010 Potential LPN Workforce	Net Change in LPN Workforce
Northwest	4,056	4,193	137
North Central	4,847	5,194	347
Northeast	3,386	3,485	99
West Central	15,831	16,254	423
East Central	8,971	9,203	232
Southwest	3,215	3,424	209
Southeast	5,016	5,497	481
South	9,600	10,604	1,004

Statewide, the potential LPN workforce grew by 5.3 percent over the two-year period. However, the central regions of the state (both east and west) grew only 2.6 percent during the same time. In contrast, the southern regions of the state exceeded the statewide growth rate. The south region grew by 10.5 percent – about double the rate of growth seen statewide – and the southeast region grew by 9.6 percent. In general, there was more variability in growth rates by region for LPNs when compared with RNs.

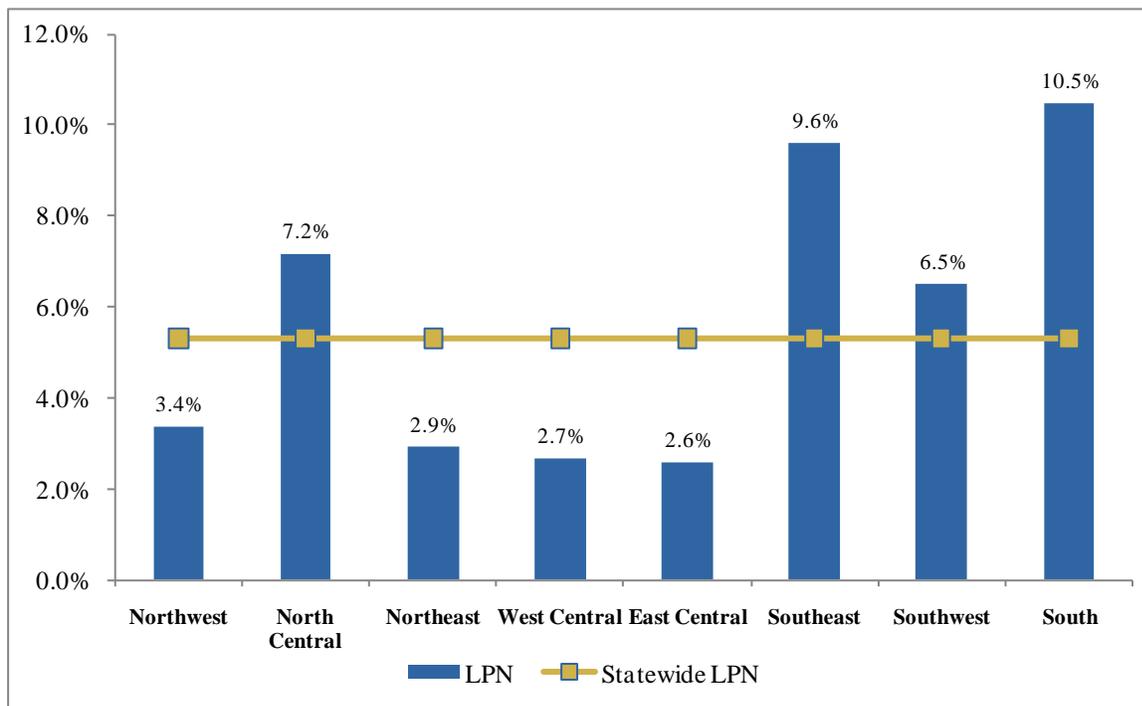


Figure 6. Growth in LPN Supply, 2008-2010, by Region

Growth in the number of nurses does not take into account the changing patient population driving the demand for healthcare. To better understand the nurse supply in relation to the population, we compared the number of working nurses (as of January 2010) to the size of the general population⁹ and the number of skilled nursing facility beds¹⁰ statewide and in each region.

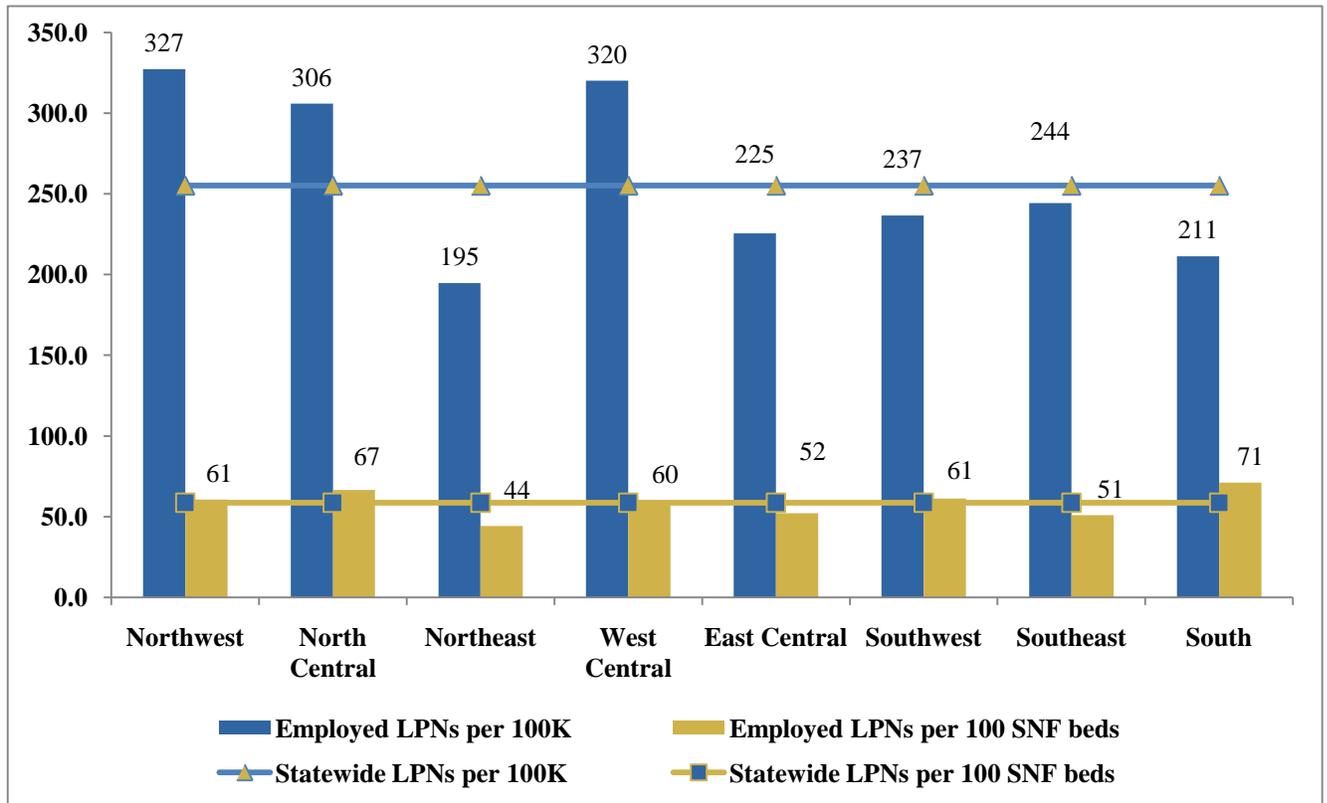


Figure 7. Employed LPNs per 100K Population and 100 SNF Beds

We estimate that Florida has 255 LPNs employed in the field of nursing for every 100,000 members of the general population as of January 2010. As Figure 7 shows, again there is substantial regional variation. The northwest, north central, and west central regions had a larger number of employed LPNs per 100K, while the northeast, east central, and southern regions of the state had a lower number. Interestingly, the growth in potential LPN workforce since 2008 in the southern regions of the state appears to have been needed, as these regions are still below the statewide average in 2010.

When the number of LPNs is viewed in relation to the number of skilled nursing facility (SNF) beds, there is much less variation. Statewide, there were 58.6 employed LPNs for every 100 SNF beds. This number varied from a low of 44 in the northeast to a high of 71 in the south region. Note that the “LPNs per 100 SNF beds” metric does not account for the acuity of patients or the settings in which LPNs work in each region.

Conclusions

Many of the results displayed in this report – the higher rate of growth in the LPN supply, the high workforce participation rate, and the high numbers of hours worked by LPNs – are undoubtedly influenced by the economic recession affecting Florida over the past two years. Though counterintuitive to the idea of “recession,” RN employment has increased nationally during the present recession. Buerhaus⁶ points to two drivers of this trend: 1) the healthcare sector has actually gained jobs during the recession, though most other sectors have lost jobs, and 2) nurses are largely married women who make employment decisions in light of their husband’s employment status and outlook. It is likely that LPN employment follows the same pattern.

Buerhaus found that most of the RN employment increase in recent years is from nurses over age 50.⁶ Many of these nurses will leave the workforce as the economy improves and spousal employment is more secure. Others will retire as they become more comfortable with the savings they have accumulated. While the economic recession has temporarily eased concerns about the RN shortage, the long-term trends driving the shortage – an aging population requiring more healthcare and an aging nurse workforce nearing retirement – are still in play.

Our 2008 forecast for Florida’s LPN supply and demand showed the state could face a shortage of 7,000 LPNs by 2020 – much less severe than the shortage projected for RNs⁷. Still, it is likely that the recession has eased concerns about the adequacy of the current LPN supply. The state should be prepared for increased LPN workforce separations – and a decrease in hours worked by LPNs – as the economy recovers.

Florida’s LPN supply has grown robustly since 2008, but the age of the workforce remains a serious concern for the state. As of January 2010, the average age of our LPN workforce is 46.7 years, and average age in the LPN supply has been slowly increasing over the past two years. Nurses over the age of 50 can be expected to retire within the next 10-15 years, yet they constitute nearly 40 percent of our current LPN workforce. In addition to reducing the size of the workforce, the exodus of older, experienced nurses is also feared to result in a “brain drain” whereby years of organizational and experiential knowledge are lost.

The loss of older LPNs due to retirement at typical ages will be felt more acutely if the recovering economy results in the additional attrition of those who rejoined the workforce or increased their working hours during the recession. The most recent report from the Florida Economic Conference¹¹ projects unemployment to peak in the last quarter of the 2009-2010 fiscal year, and Florida should begin a slow recovery in fiscal year 2011-2012. Economists estimate that employment in all industries will return to pre-recession levels in 2013-2014. As of February 2010, Florida’s unemployment rate was 12.2 percent.¹²

Nurse employers, workforce planners, legislators, and other stakeholders should take advantage of the “breather” this recession has given us, but we should not become complacent about the nursing shortage in Florida. The Center offers the following recommendations to guide the state’s continuing efforts:

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Appendix A: Data Tables

Table A1. Gender, Race/Ethnicity, and Average Age of New Additions in 2008 and 2009

	LPNs		
	% male	% non-white	Average Age
Newly Licensed by Exam	12.4%	61.0%	34.3
Endorsed into Florida	11.7%	39.2%	43.5
Moved into Analysis Subset	8.3%	30.6%	50.2

Table A2. Gender, Race/Ethnicity, and Average Age of Drop-Outs in 2008 and 2009

	LPNs		
	% male	% non-white	Average Age
Failed to Renew License	9.3%	26.8%	54.2
Moved Out of Florida	9.5%	28.6%	48.1
Retired	2.8%	23.2%	66.3

Table A3. Characteristics of LPNs Not Working in Nursing

	LPNs		LPNs
Race/Ethnicity	%	Highest Degree	%
White	62.6	Certificate - LPN	83.4
Black	24.5	Diploma - RN	0.5
Hispanic	8.6	Associate Degree	8.6
Asian	2.2	Bachelor's in Nursing	0.6
Native American	0.3	Other Bachelor's	4.9
Other	1.9	Master's in Nursing	0.0
Age	%	Other Master's	1.6
20 or younger	0.7	Doctorate in Nursing	0.0
21-30	12.4	Other Doctorate	0.4
31-40	17.1	Gender	%
41-50	19.5	Female	91.3
51-60	24.7	Male	8.7
61 or older	25.6		
Average Age	49.3		

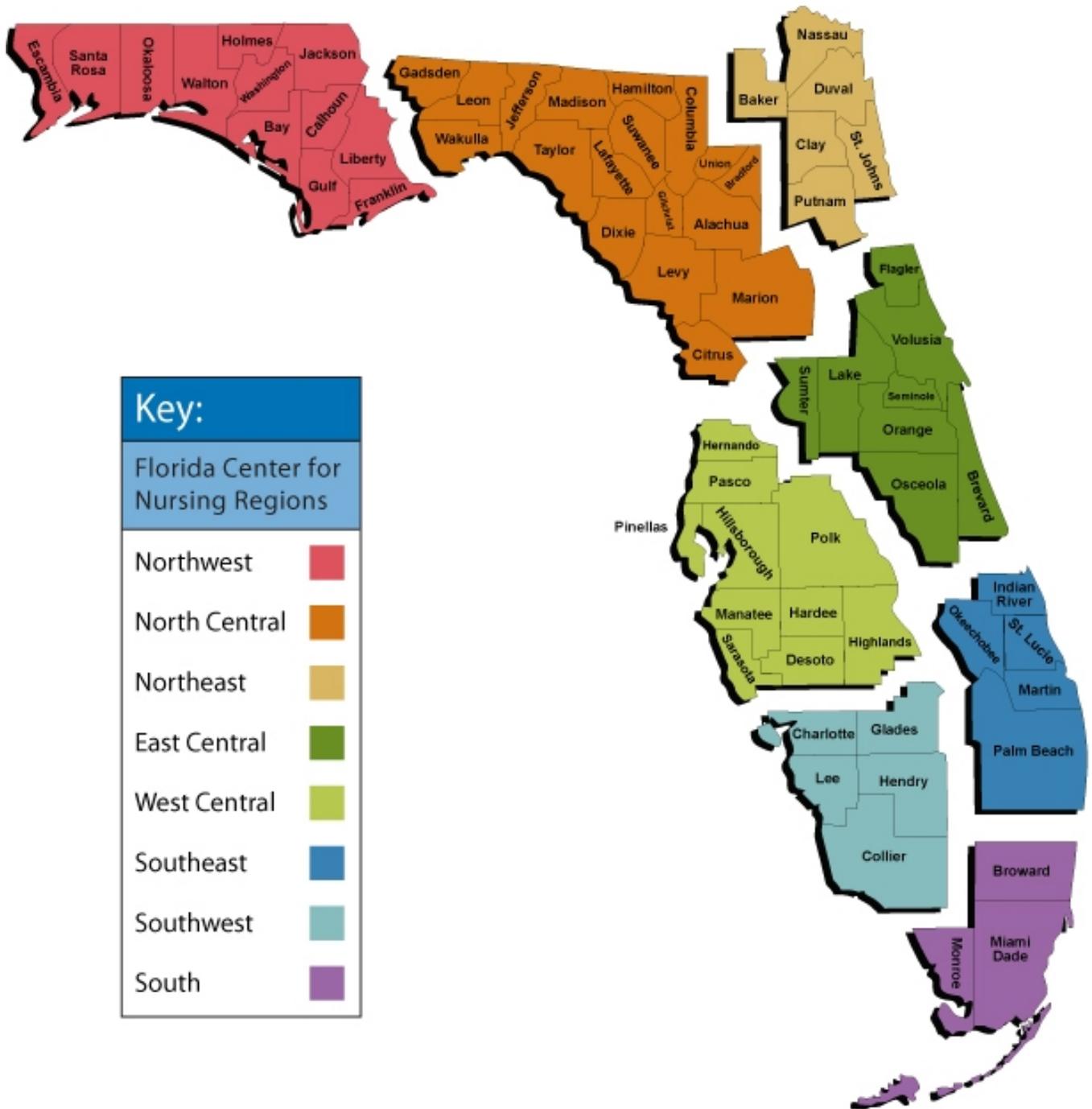
Table A4. Trends in Potential Workforce Demographics, 2008-2010

	Potential LPN Workforce	
	2008	2010
Age Categories	%	%
20 or younger	0.3	0.2
21-30	11.5	10.8
31-40	22.4	21.4
41-50	26.3	24.7
51-60	26.2	26.0
61 or older	13.3	16.8
Average Age	46.3	47.4
Avg. Years Licensed in FL	12.7	12.6
Gender	%	%
Female	91.2	91.1
Male	8.8	8.9
Race/Ethnicity	%	%
White	62.3	59.8
Black	26.5	27.8
Hispanic	7.0	8.3
Asian	2.21	2.24
Native American	0.3	0.3
Others	1.7	1.7

Table A5. LPN Age Distribution of Each Healthcare Setting

	21-30	31-40	41-50	51-60	61 or older	Total in Setting
Hospital	11.4	22.1	26.9	26.7	12.8	100.0
Ambulatory Care	5.9	20.4	28.1	31.7	13.9	100.0
Public/Community Health	9.3	24.1	25.9	29.3	11.4	100.0
Occupational Health	5.4	16.3	28.6	38.1	11.6	100.0
Long Term Care	11.4	24.8	26.9	24.2	12.7	100.0
Home Health Care	9.4	22.0	28.1	26.2	14.3	100.0
Insurance Company	5.2	22.6	29.0	30.2	13.0	100.0
Nursing Education (Academic)	5.1	16.5	35.4	24.1	19.0	100.0
School Health	5.3	20.1	26.2	31.6	16.9	100.0
Physician/Provider Office	9.8	23.3	25.4	29.6	12.0	100.0
Temporary Agency	11.8	24.8	26.8	21.4	15.0	100.0
Consulting/Product Sales	4.1	21.7	29.9	30.9	13.4	100.0
Corrections Facility	12.0	27.7	25.8	23.7	10.8	100.0
Other	7.6	19.0	24.8	29.9	18.7	100.0

Appendix B: County Composition of FCN Regions



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