

Survey of LPNs renewing their nursing license 2008

Results

During the renewal of LPN licenses, 583 usable surveys were collected LPNs. Of these, 90.1% were female. The vast majority of respondents (82.0%) indicated they were white, as seen in Figure 12, while less than 3% indicated they were Native American or Alaska Native. (Respondents could report more than one ethnicity.) Respondent ages ranged from 22 to 82, with an average of 48.4 years. This distribution is further represented in Figure 13, which demonstrates that there are nearly twice as many LPNs rapidly approaching retirement (age 60 or above) than there are young LPNs (30 and younger).

Figure 12: Reported ethnicity, LPN sample.

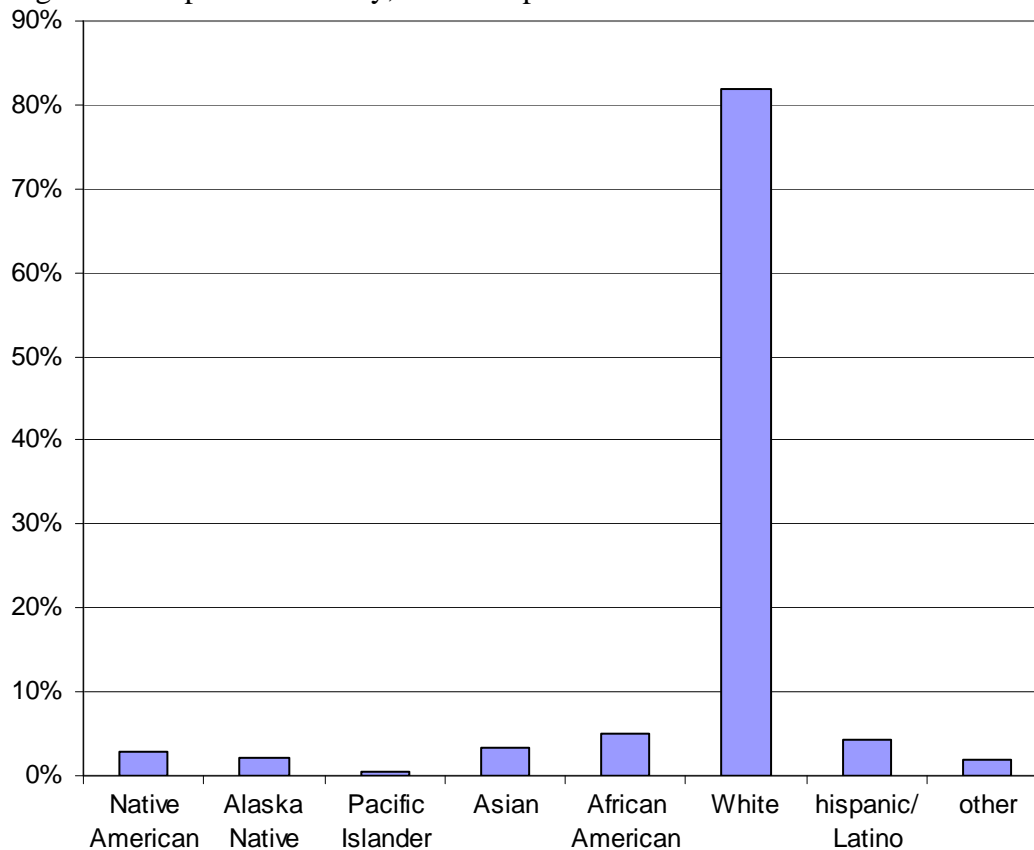
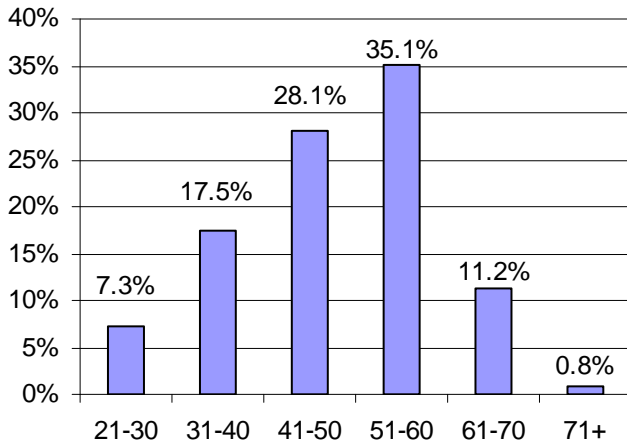
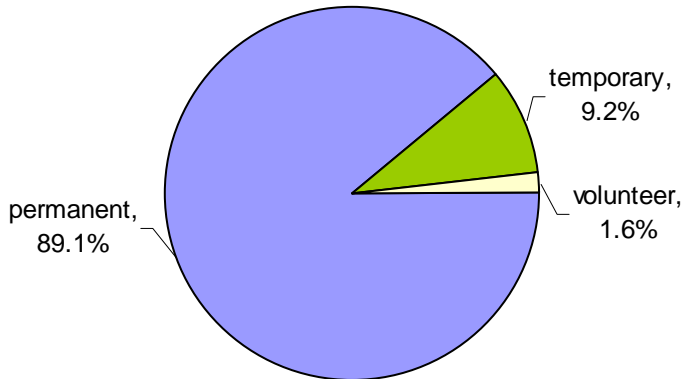


Figure 13: Age groupings of LPN sample.



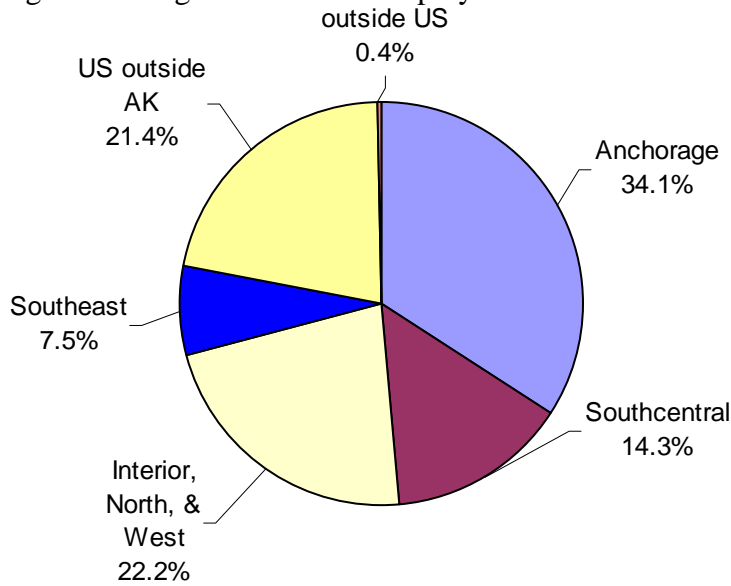
The employment status of 487 working LPNs who completed the relevant item is presented in Figure 14, which shows that the vast majority (89.1%) were permanent employees. The average number of hours (the modified version of this variable, as described) reported per week ranged from 2 to 80, with a mean of 38.2 hours. A small number (1.9%) reported less than 10 hours, mostly as volunteers. Another 1.3% reported working 80 or more hours per week. The modal response was 40 hours, with 47.1% reporting. Just over three-fourths of the sample (77.1%) was working full time (35 hours or more).

Figure 14: Employment status among working LPNs.



As seen in Figure 15, 34.1% of the LPNs responding worked in the Anchorage area and another 14.3% in the Southcentral region outside of Anchorage (e.g., Kodiak, Palmer, Seward, etc.). A large number worked for employers located outside of Alaska, including 21.4% in other states and 0.4% (2 LPNs) in other countries.

Figure 15: Regions of LPNs' employers.



The surveys asked working LPNs to select their primary work setting and role, displayed in Figures 16 and 17. Among the LPNs responding, one-quarter (26.0%) reported working in a hospital setting, with another 11.9% reporting that they worked in an ambulatory care setting. Long-term care settings were also relatively common, with 15.1% of LPNs indicating such a work setting. A large number of LPNs (28.4%) did not feel that their work setting fit into one of the given categories. Similarly, 18.7% of LPNs responding did not feel their primary role fit into one of the given categories, while nearly half (49.0%) felt their role fit one given category, that of staff or general duty nurse, team leader, or charge nurse. Another 17.0% labeled themselves as office nurses.

Figure 16: Primary work setting, LPNs.

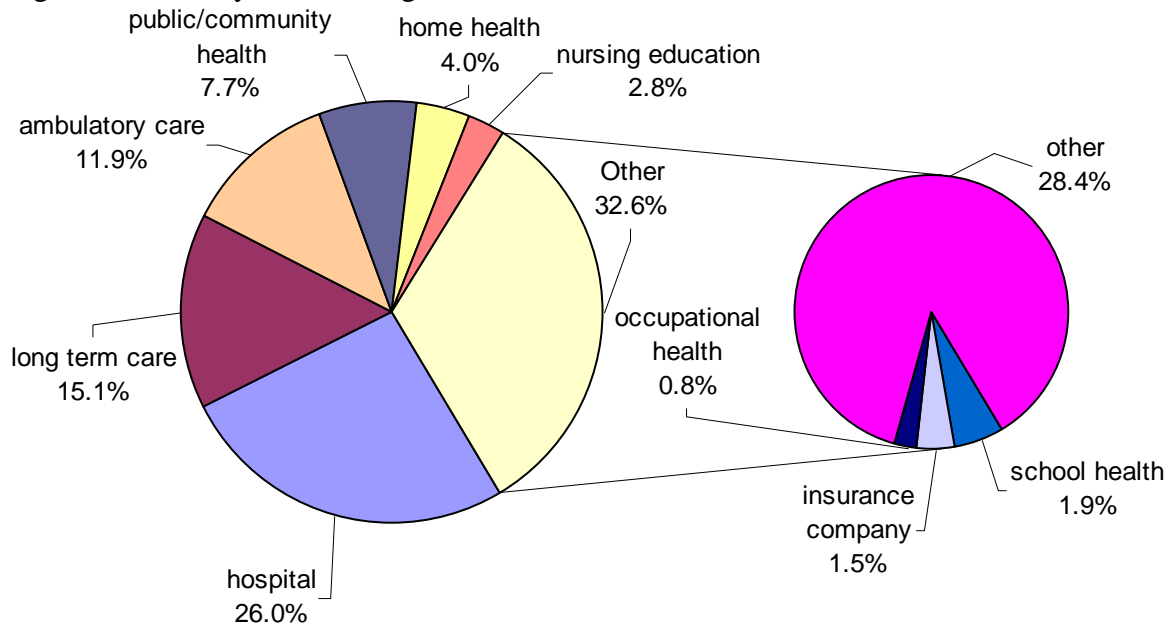
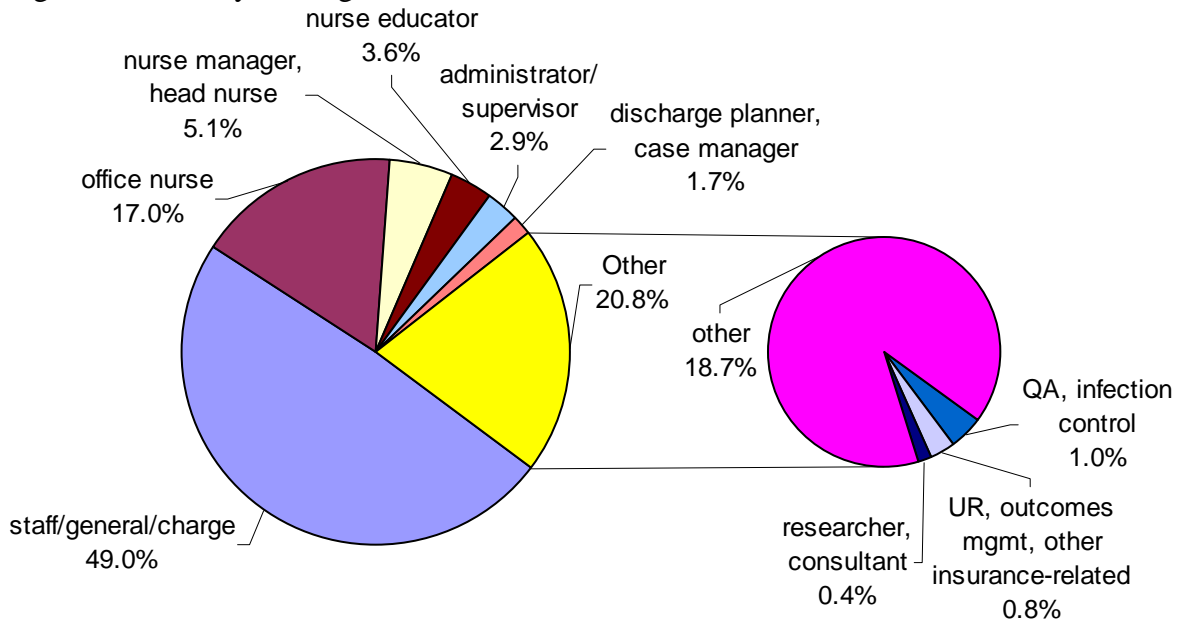


Figure 17: Primary nursing role, LPNs.

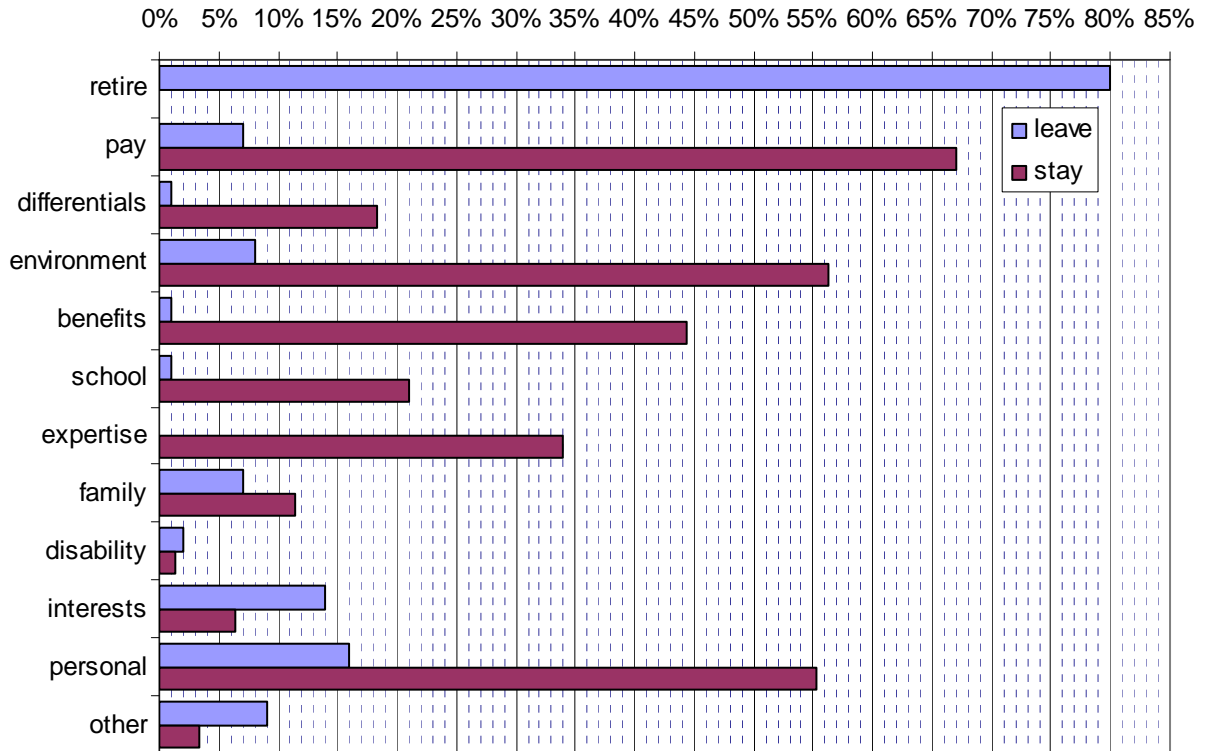


The modified version of the variable assessing how long the working LPNs planned to remain in the profession had a mean of 13.9 years and ranged from 17 (two months) to 40 years. One-third (33.7%) of the LPNs reported wishing to stay in the field for 20 years or more, but 18.3% indicated they would leave the field within 5 years.

Figure 18 compares the reasons for leaving the field soon with the reasons for staying in the field for the two groups of working LPNs. The LPNs leaving were on the average 57.3 years of age, and thus retirement was cited as the main reason for leaving the field soon (80.0%). Personal meaning (enjoyment, fulfillment, challenge, etc.) was the second most prominent reason for leaving soon (16.0%), followed by other interests (employment or activities outside of nursing; 14.0%).

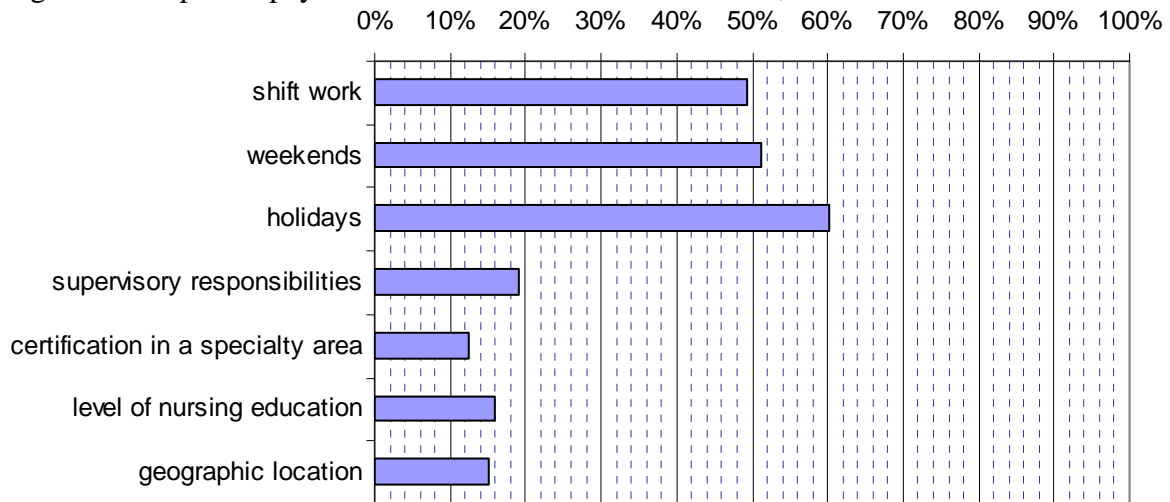
In contrast, the younger group not planning to leave the profession soon (average age 46.5 years) were more varied in their reasons and more likely to endorse more than one reason. Financial reasons were prominent, with salary cited by 67.1% of those LPNs planning to stay in the field with differentials cited by 18.3%, and benefits by 44.3%. Compare this to those leaving the work environment, of whom 7.0% (7 LPNs) cited salary issues as a factor driving them out of the field. The work environment (scheduling, flexibility, co-workers, etc.) was the second most common reason for staying (56.2%) and fifth most common reason for leaving (8.0%). Among those LPNs not leaving soon, 34.0% cited their expert status (experience, “what I know”, “what I do”). Personal meaning was a prominent reason for staying as well as leaving, with 55.3% of those continuing in the field noting their personal enjoyment of their work as a reason for staying in the profession.

Figure 18: Reasons for staying in the field versus leaving within 5 years, LPNs.



The analysis was able to generate an estimated salary, based on reported average hours in a week for hourly workers, for 422 working LPNs. This annual pay ranged from \$2,888 (low values were due to LPNs who work a small number of hours per week) to \$240,000, with a mean of \$48,925.79. Only 2.6% of LPNs reported earning \$100,000 or more, and all but one of these 11 reported earning between \$104,000 and \$125,000 (calling into question the veracity of the reported \$240,000 annual salary). In all, 76.8% of the working LPNs reported at least one of the seven differentials displayed in Figure 19, including a majority who reported additional pay for working holidays (60.3% of LPNs) and weekends (51.1%).

Figure 19: Reported pay differentials in addition to base rate, LPNs.



Working LPNs were asked about their initial education completed for nursing licensure and about their highest nursing degree. Results for these questions are presented in Table 2. As described above, some LPNs may have included non-nursing education, such as the 61 LPNs who indicated their initial education level upon first being licensed was a bachelor's degree in nursing.

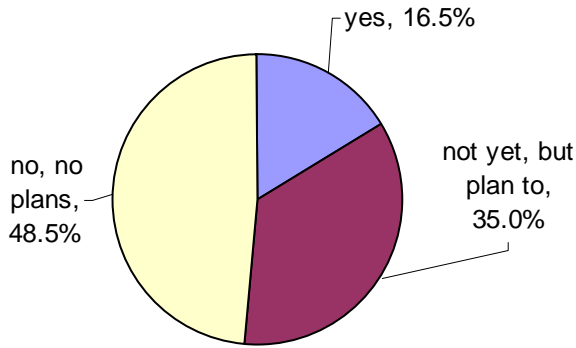
As seen in Table 2, 62.7% of the sample reported getting no more formal education beyond their LPN degree. The large increase in "other" nursing degrees (41 LPNs indicated they had advanced to some other degree, while only 12 LPNs indicated they started with some other degree) likely indicates ongoing confusion regarding formal nursing education and specializations (despite the question specifying that respondents not include specializations). Responses to the question regarding specialty certification are presented in Figure 20. One-sixth of the LPNs (16.5%) reported that they have a certification, while another third (35.0%) reported plans to obtain one.

Table 2: Levels of formal nursing-related education reported.

Degree	Initial education for nursing licensure	Highest nursing degree
LPN	68.8%	62.7%
RN diploma	5.5%	3.1%
AA	11.8%	14.0%
bachelor's	11.6%	11.7%
other	2.3%	8.5%

Note: Those with foreign degrees were asked to give their best estimate of the US equivalent.

Figure 20: Certification in a nursing specialty.



The survey also asked working LPNs about their education goals beyond certifications. The 55.5% who reported plans for further education had varied goals, as demonstrated in Figure 21. Consistent with plans to remain in the field, most education plans involved nursing education, including 23.6% seeking an associate's degree, 18.6% seeking a bachelor's degree and 10.2% aspiring to a master's degree. The plans of the 10.0% who reported non-nursing goals are also displayed in Figure 21. Many of these plans (42.0%) involved degrees in health fields related to nursing, such as public health, medicine, and biology.

Figure 21: Further education plans, LPNs.

