Alaska Re-licensure Survey for Registered Nurses (RNs)

1996, 1998, 2000, and 2002



A project supported by the Robert Wood Johnson Foundation, the Alaska State Board of Nursing, and contributions from the University of Alaska Anchorage School of Nursing.

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Consortium Members

The following agencies or organizations served as consortium members at some time between 1996 and 2002:

Alaska Board of Nursing Alaska Center for Rural Health Alaska Native Medical Center Alaska Nurse Practitioner Association Alaska Nurses Association Alaska Nurses Foundation Alaska Region Veterans Administration Alaska Regional Hospital Bartlett Regional Hospital Charter North Star Behavioral Health Systems Denali Center/Fairbanks Memorial Hospital Elmendorf Air Force Base Hospital HealthCorps Associates Inc.

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Steering Committee Members

The following individuals were members of the Steering Committee at some time between 1996 and 2002:

Lynn Towner, Co-Chair Alaska Nurses Foundation

Sheryl Washburn, Co-Chair Bartlett Regional Hospital

Janet Buness Wrangell General Hospital and LTC Facility

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Introduction

Efforts to describe the characteristics and work-related intentions of the Alaska Registered Nurse population began in 1996 with the formation of Alaska Colleagues in Caring (ACIC). ACIC was established as a statewide consortium of individuals, agencies, and organizations to facilitate the development of an adequately sized and appropriately prepared nursing workforce to meet the high quality health and nursing care services needs of Alaskans. Between 1996 and 2003, the Project was funded with two grants from the Robert Wood Johnson Foundation and contributions from consortium members.

Since 2001, the Alaska Board of Nursing has provided increasing financial support to the ACIC Project. In March 2003, when funding from the Robert Wood Johnson Foundation was exhausted, the Board assumed full financial responsibility for ongoing project activities.

In 1996, ACIC took the first steps to ensuring an adequately sized and appropriately qualified nursing workforce by working with the Alaska Board of Nursing and the National Council of State Boards in Nursing to survey Alaska RNs at their time of relicensure in 1996. Subsequent relicensure surveys have been conducted every two years, with the most recent survey occurring in Fall 2002. This reports presents a snapshot of the current Alaska RN workforce with regard to demographic characteristics, educational levels, future educational and workrelated intentions, and salaries. Although survey instruments have varied slightly over the four relicensure surveys, the instruments have been sufficiently similar to enable over-time comparisons to be made; those comparisons are also presented in this report along with comparisons with data from the National Sample Survey of Registered Nurses 2000 (Health Resources Services Administration).

All of the registered nurses who renewed their licenses in 1996, 1998, 2000, and 2002 were surveyed. However, for the years 1998 and later, the report excludes those RNs who were employed outside of Alaska at the time of the survey. It should also be noted that some of questions asked in the 2000 and 2002 surveys were not asked in the 1996 and 1998 surveys and thus do not contain data for these years.

In 2002, the method of returning surveys differed significantly from previous years, in which all surveys were returned via mail. In 2002, individuals had the option of returning the survey by mail or responding on-line as they renewed their license. Further information about the survey results can be obtained by calling 269-8402.

Key Findings

In 2002, the average age of respondents was 46 years, with a range of 23 to 80 years. Nearly 8% were male and close to 11% identified themselves as a member of an ethnic minority. Between 1996 and 2002, the percentage of Alaska Natives/ Native Americans increased from 1.6% to 2.4%.

Alaska nurses as a group are more highly educated than their colleagues nationally. Fully 57% of Alaska RNs hold a baccalaureate degree or higher in nursing, while only 43% of RNs nationally hold a baccalaureate degree or higher in nursing. The greatest barriers to further education identified were "need to work full-time" (23%) and "cost" (21%).

Most RNs who were living in Alaska during the time of the survey were working in the nursing field (98%); only 2% were not working/retired. Around 71% of those RNs working in Alaska were employed full-time in nursing; the other 29% were employed part-time. About 46% worked in an acute care setting, and most (51%) worked primarily as a staff nurse. The biggest influence given for deciding to stay in nursing was "salary/financial security" (54%).

In 2002, the average hourly salary of respondents was \$28.55, with a minimum of \$10.00 and a maximum of \$125.00. When broken out by age category, the mean hourly salaries in 2002 increased incrementally with each group, but decreased slightly in the over seventy age group. Hourly salaries also increased incrementally with each level of nursing degree, except for RNs with a doctorate degree. These RNs earned \$2.61/hr less than RNs with a master's degree.

Comparing RN hourly salaries from 2000 with hourly salaries from 2002 showed an average increase of \$2.93/hr. Between 2000 and 2002, the lowest increase in hourly salaries by age category occurred in the 20-29 age group (\$1.83/hr), and the highest increase occurred in the over seventy age group (3.95/hr). When broken out by region, the Anchorage region experienced the lowest hourly salary increase (\$2.75/hr), while the Southeast region experienced the highest (\$3.69/hr). On average, RNs working in school settings experienced the lowest hourly salary increase (\$1.80/hr), while RNs working in community and home health settings experienced the highest (\$3.62/hr). Hourly salaries by nursing positions showed that clinical nurse specialists and nurse educators had the lowest hourly salary increase (~\$2.40/hr), while nurse researchers and nurse consultants had the greatest increase (\sim \$6.20/hr). In general, hourly salaries increased by approximately \$3.00/hr with each nursing degree attained, with the exception of RNs holding doctorate degrees. These RNs earned \$1.72/hr less than RNs in 2000 who held doctorate degrees.

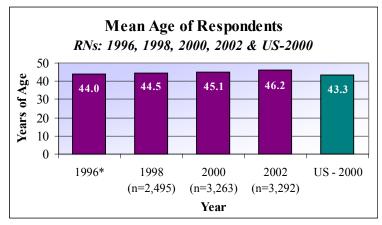
A project supported by the Robert Wood Johnson Foundation, the Alaska State Board of Nursing, and contributions from the University of Alaska Anchorage School of Nursing.

Survey Return Rate

Year	Renewed Licenses	Returned Surveys	Return Rate
1996	5,013	2,181	43.5%
1998	5,477	4,392	80.2%
2000	5,600	4,239	75.7%
2002	6,500	4,251	65.4%

Demographics

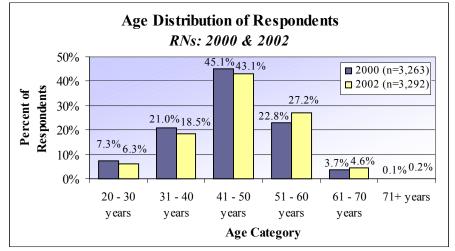
■ Age



The registered nurse population is aging. Between 1996 and 2002, the mean age of registered nurses surveyed in Alaska increased by 2.2 years. In 2002, the average age of respondents was around 46 years, with a range of 23 to 80 years.

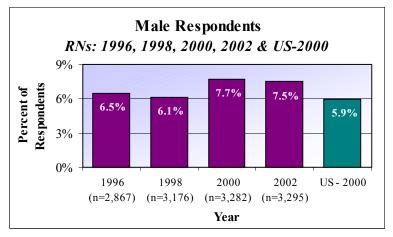
In 2002, 32% of RNs were over the age of 50, compared with 27% in 2000, and 24% in 1996.

<u>US Source</u>: National Sample Survey of Registered Nurses, Health Resources & Services Administration, Bureau of Health Professions, Division of Nursing, 2000. *Note: 1996 "N" not available.



Note: 1996 & 1998 data not available.

Gender

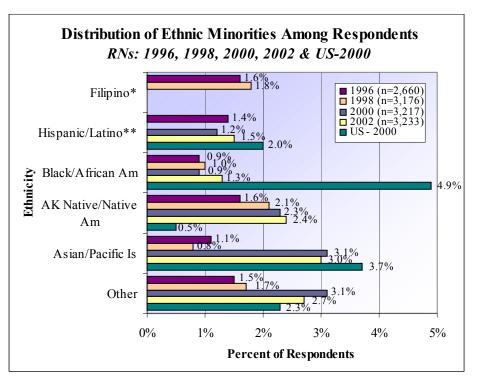


Since 1996, the percentage of male registered nurses in Alaska has increased, and is above the national average for all surveyed years.

<u>US Source</u>: National Sample Survey of Registered Nurses, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, 2000.

Ethnic Diversity

Ethnic diversity has increased in the registered nurse population in Alaska. Between 1996 and 2002, the percentage of White nurses decreased while the total percentage of individuals who identified themselves as a member of an ethnic minority increased (from 7% to 11%). Since 1996, the percentage of Alaska Natives/Native Americans has increased (from 1.6% to 2.4%).



Respondents			
Year	Percent		
1996	93.1%		
1998	86.9%		

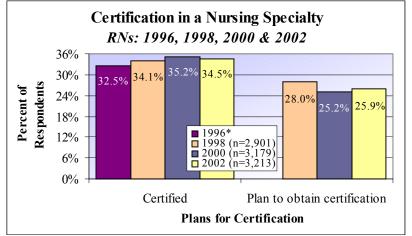
2000	89.5%
2002	89.3%
US-2000	86.6%

* Filipino was not listed as a separate category in 2000 & 2002.

** Hispanic/Latino was not listed as a separate category in 1998.

Educational Background

Certification

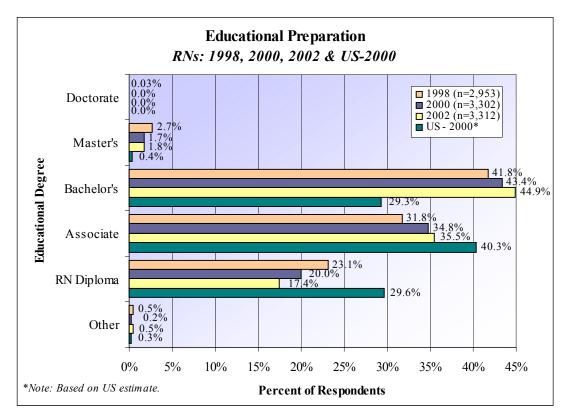


During all surveyed years, about one third of Alaska's registered nurses were certified in a nursing specialty. Another quarter planned to become certified in the future.

*Note: 1996 "N" not available.

Educational Preparation

In 1998, 2000, and 2002, around 43% of registered nurses were initially prepared as RNs at the baccalaureate level. This percentage is higher than the 2000 national average of 29%. Initial preparation at the associate degree level remained at about one-third in 1998, 2000, and 2002.

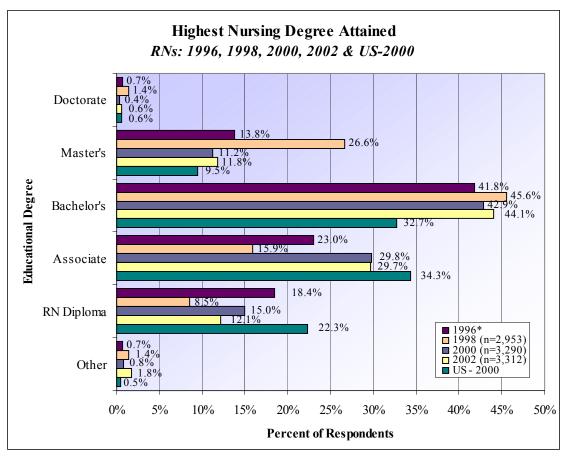


Alaska Colleagues in Caring

Highest Nursing Degree

Between 1996 and 2002, the percentage of nurses with associate degrees as their highest nursing degree increased, while the percentage of individuals with a nursing diploma declined. This likely reflects the decline in the number of diploma programs nationally, as well as the fact that nursing education in Alaska must occur in a postsecondary education institution (i.e., college or university).

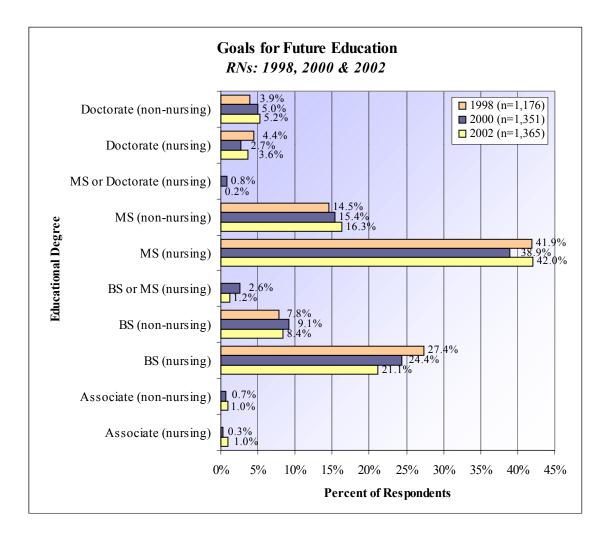
Overall, the Alaska RN population is more highly educated than the national population of RNs. In Alaska, 57% of RNs hold a baccalaureate degree or higher in nursing, while 43% hold a baccalaureate degree or higher in nursing nationally.



* Note: 1996 "N" not available.

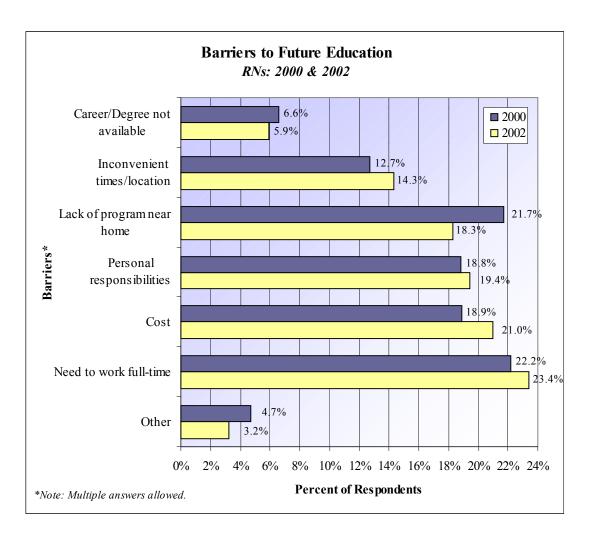
Educational Goals

In 1998, 2000, and 2002, more than half (~56%) of all registered nurses surveyed did not plan to pursue further education. However, it should be noted that 57% of the Alaska RNs surveyed in 2002 already held at least a baccalaureate degree in nursing. Of those who did intend to pursue further education, most said they planned to obtain a master of science degree in nursing (42%) or a bachelor of science degree in nursing (21%).

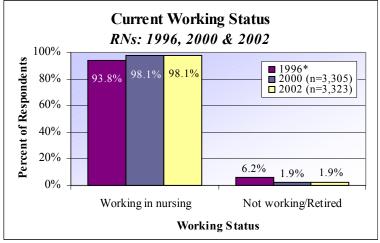


Barriers to Future Education

In 2000 and 2002, the top listed barrier to obtaining further education for registered nurses was the "need to work full time," followed closely by "cost," "personal responsibilities," and "lack of program near home."



Working Status

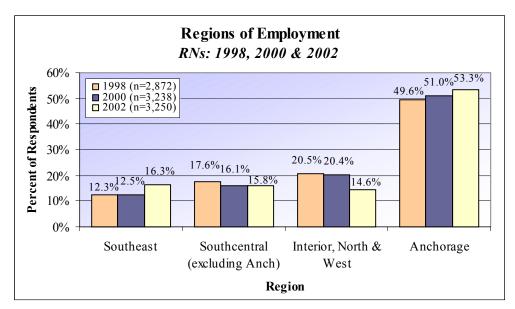


In 2000 and 2002, most of the registered nurses surveyed (98%) reported that they were currently working in nursing. In 1996, data included Alaska-registered RNs who were living outside of Alaska during the survey. Since individuals might have left the state to retire or look for a job, this might explain the higher percent of nurses in the "not working/retired" category during this year.

* Note: 1996 "N" not available.

Regions of Employment

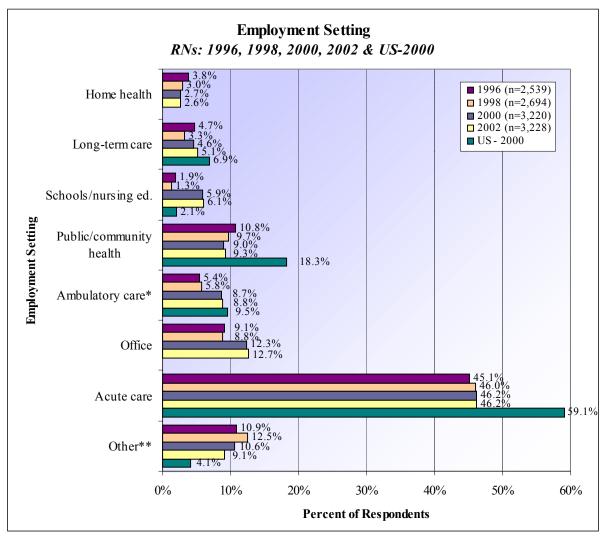
In 1998, 2000, and 2002, approximately half of the registered nurses in Alaska were employed in Anchorage, the region with the highest concentration of people. The other half were relatively evenly distributed across the other three regions.



Note: examples of communities in the regions are: "interior, north & west" – Fairbanks, Bethel, Barrow, Dillingham; "southcentral" – Palmer, Soldotna, Kodiak, Cordova; and "southeast" – Juneau, Sitka, Ketchikan, Petersburg, Wrangell.

Employment Setting

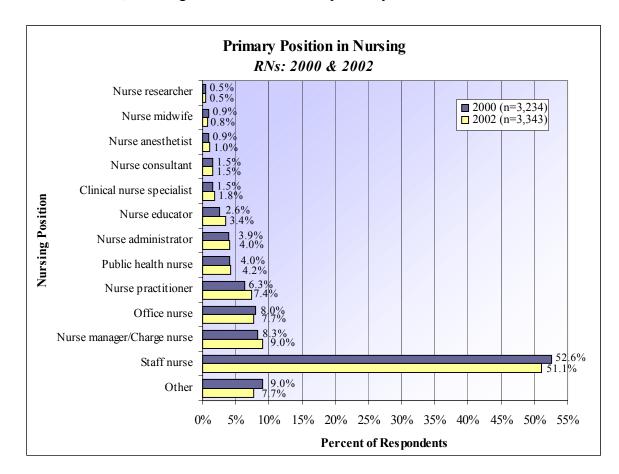
During all surveyed years, the largest percentage of Alaska registered nurses reported working in acute care settings (~46%). When nurses who work in acute and long-term care settings are combined, it is apparent that approximately half of Alaska RNs work in structured/inpatient care settings, with the other half working in community-based or unstructured settings. This percentage is higher than the national RN population in 2000, where only 34% of RNs reported working in settings other than acute care or long-term care. In 2000 and 2002, "other" consisted mainly of RNs working in correctional settings, mental health settings, and drug/alcohol rehabilitation settings.



*US ambulatory care also includes physicians' offices.

** "Other" includes respondents who indicated multiple employment settings (N2000=149, 4.6% / N2002=117, 3.6%).

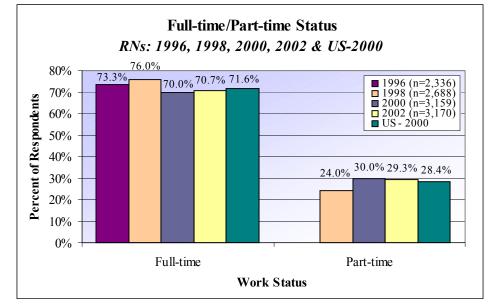
Primary Position of Employment



In 2000 and 2002, most registered nurses worked primarily as staff nurses.

Of the 8-9% of respondents who selected the "other" category in 2000 and 2002, many reported primarily working as a "case manager/care coordinator." Other responses included: "infection control nurse," "correctional nurse," and "occupational health nurse."

Full-time/Part-time Working Status



In 2000 and 2002, approximately 29% of the surveyed RNs worked in part-time positions.

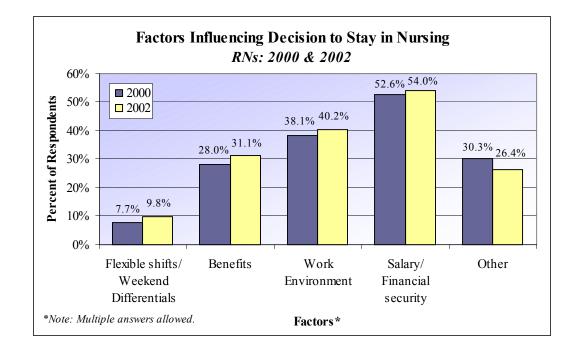
Years Planning to Work in Nursing

Registered nurses who responded to the 2002 survey were planning to work in nursing for approximately 13.3 more years, a nearly one-half year decrease from the 2000 survey.

Year	Mean Years RNs Planning to Work in Nursing	Range (years)	Ν
2000	13.8	.1 to 50	3,005
2002	13.3	.1 to 50	3,069

<u>US Source</u>: National Sample Survey of Registered Nurses, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, 2000. Note: 1996 part-time data not available.

Influences to Staying in Nursing



In 2000 and 2002, "salary/financial security" was the factor most influencing registered nurses to remain in nursing.

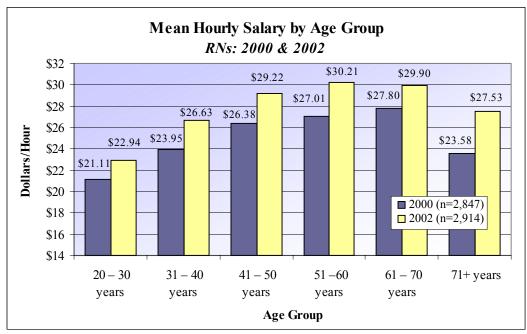
Over one quarter of the respondents selected the "other" category in 2000 (N=979) and 2002 (N=857). Top reasons given for other factors that influenced their decision to stay in nursing were: "love the job"/ "personal satisfaction," "enjoy helping people," and "flexibility."

Hourly Salaries

In 2002, the mean hourly salary for all registered nurses surveyed in Alaska was \$28.55 (n=2,942), with a minimum of \$10.00 and a maximum of \$125.00. This is a nearly \$3.00/hr increase from the mean hourly salary of \$25.62 (n=2,885) in 2000.

1. Hourly Salaries by Age Group

In each surveyed year, the mean hourly salaries of registered nurses increased incrementally with each age category, but decreased in the over seventy age group. Between 2000 and 2002, hourly salaries by age category increased by an average of \$2.77/hour. The 20-30 age group experienced the lowest increase, at \$1.83/hr, and the over seventy age group experienced the greatest increase, at \$3.95/hr.

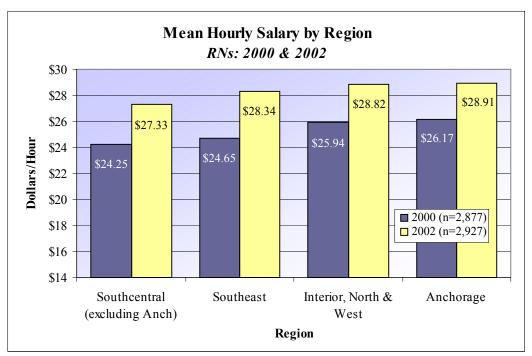


Note: Data for hourly salaries include advanced Nurse Practitioners.

Age Group	Mean Hourly Pay	Minimum Hourly Pay	Maximum Hourly Pay
20-30	\$22.94	\$10.00	\$45.00
31-40	\$26.63	\$16.00	\$60.00
41 - 50	\$29.22	\$11.00	\$125.00
51 60	\$30.21	\$13.00	\$102.41
61 – 70	\$29.90	\$15.00	\$90.00
70 and higher	\$27.53	\$11.36	\$44.00

2. Hourly Salaries by Region

In 2002, the mean hourly salaries for registered nurses were comparable across the four regions of Alaska, with the lowest hourly salaries being in the southcentral region (excluding Anchorage) and the highest hourly salaries being in the Anchorage region. Between 2000 and 2002, the lowest hourly salary increase occurred in the Anchorage region (\$2.75/hr) and the highest in the Southeast region (\$3.69/hr), with an average increase of \$3/hr across all four regions.

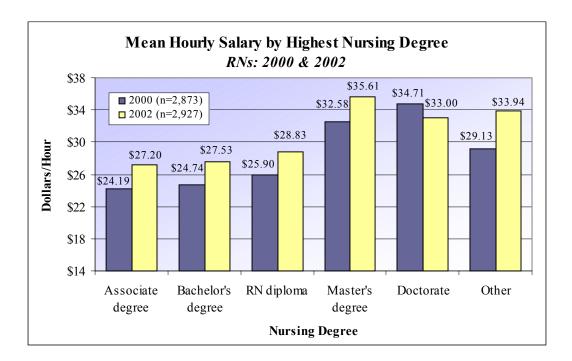


Note: Data for hourly salaries include advanced Nurse Practitioners.

Region of Employment	Mean Hourly Pay	Minimum Hourly Pay	Maximum Hourly Pay
Southcentral (excluding Anch)	\$27.33	\$11.36	\$102.41
Southeast	\$28.34	\$12.50	\$90.00
Interior, North & West	\$28.82	\$10.00	\$124.00
Anchorage	\$28.91	\$11.00	\$125.00

3. Hourly Salaries by Highest Nursing Degree

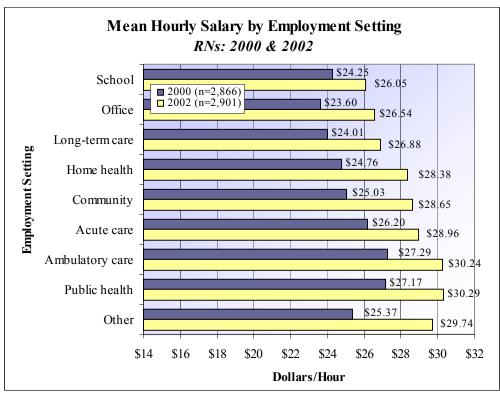
In 2000 and 2002, the mean hourly salaries for registered nurses increased with each level of nursing degree attained, with the exception of RNs with doctorate degrees in 2002. These RNs earned \$2.61/hr less than RNs with master's degrees in 2002, and \$1.72/hr less than RNs with doctorate degrees in 2000.



Nursing Degree	Mean Hourly Pay	Minimum Hourly Pay	Maximum Hourly Pay
Associate degree	\$27.20	\$14.00	\$102.41
Bachelor's degree	\$27.53	\$10.00	\$125.00
RN diploma	\$28.83	\$14.00	\$76.20
Master's degree	\$35.61	\$11.00	\$110.00
Doctorate	\$33.00	\$23.00	\$75.00
Other	\$33.94	\$20.00	\$90.00

4. Hourly Salaries by Employment Setting

In 2000 and 2002, registered nurses in schools and offices earned the lowest mean hourly salaries, while RNs in ambulatory care and public health earned the highest hourly salaries. Between 2000 and 2002, hourly salaries increased by an average of \$3/hr, with nurses working in schools increasing the least (\$1.80/hr), and nurses working in a home health or community setting increasing the most (\$3.62/hr).

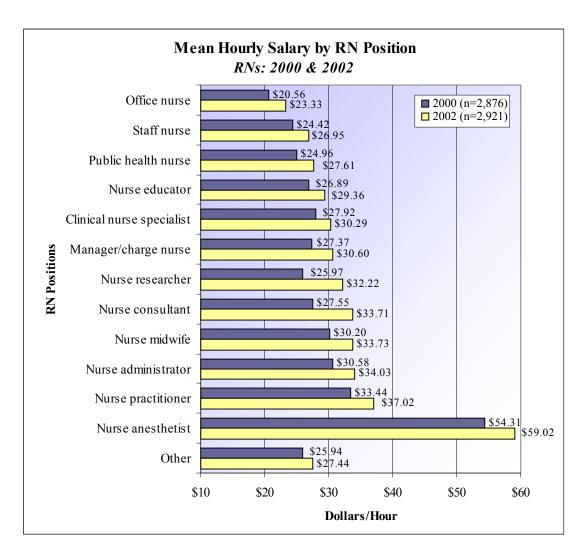


Note: Ambulatory care, acute care, office, and public health may include administrators, managers, advanced nurse practitioners, educators, researchers, consultants, and nurse anesthetists.

Employment Setting	Mean Hourly Pay	Minimum Hourly Pay	Maximum Hourly Pay
School	\$26.05	\$11.00	\$75.00
Office	\$26.54	\$13.00	\$124.00
Long-term care	\$26.88	\$15.70	\$50.00
Home health	\$28.38	\$20.00	\$55.00
Community	\$28.65	\$16.00	\$90.00
Acute care	\$28.96	\$10.00	\$102.41
Ambulatory care	\$30.24	\$17.00	\$60.00
Public health	\$30.29	\$20.00	\$50.00
Other	\$29.74	\$11.36	\$125.00

5. Hourly Salaries by RN Position

In 2000 and 2002, nurse anesthetists earned the highest mean hourly salaries, while office nurses earned the lowest hourly salaries. Between 2000 and 2002, the hourly salaries for nurse researchers and nurse consultants increased by \sim \$6.20/hr, while other positions increased by an average of \$3/hr.



RN Position	Mean Hourly Pay	Minimum Hourly Pay	Maximum Hourly Pay
Office nurse	\$23.33	\$14.00	\$124.00
Staff nurse	\$26.95	\$10.00	\$55.00
Public health nurse	\$27.61	\$18.00	\$50.00
Nurse educator	\$29.36	\$18.10	\$75.00
Clinical nurse specialist	\$30.29	\$19.57	\$90.00
Manager/charge nurse	\$30.60	\$13.00	\$46.20
Nurse researcher	\$32.22	\$20.00	\$45.00
Nurse consultant	\$33.71	\$17.92	\$125.00
Nurse midwife	\$33.73	\$25.00	\$45.50
Nurse administrator	\$34.03	\$18.45	\$65.00
Nurse practitioner	\$37.02	\$21.75	\$110.00
Nurse anesthetist	\$59.02	\$25.00	\$102.41
Other	\$27.44	\$11.36	\$40.05

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