

# Introduction

## Background

Two years ago, the Center for Health Economics and Policy (CHEP), in partnership with the Texas Nurses Association (TNA) and the Texas Hospital Association (THA), conducted the first statewide comprehensive survey of Texas registered nurses and their employers. Concurrently, the Texas Nurse Workforce Data System (TNWDS) was created to build a permanent information resource that could be used to guide policy decisions affecting the nursing profession in the state. The most urgent need at that time was for reliable estimates of the size, quality and severity of the nursing shortage and for an assessment of the educational system's capacity to graduate more nurses.

Several TNWDS reports released between the fall of 2000 and the winter of 2001 addressed those needs and formed the basis for TNA and THA requests to the 2001 Legislative Session. The Legislature responded by allocating funds to nursing education. Preliminary evaluations of the impact of that initiative indicate a more than 20 percent increase in the combined enrollment of two-year community college nursing programs and four-year academic schools of nursing in health science centers.

After the legislative session closed, the Texas Nurse Workforce Data System evolved into a key component of the Regional Center for Health Workforce Studies (RCHWS) at CHEP. The RCHWS was created in the Fall of 2001, through a collaborative agreement between the University of Texas Health Science Center at San Antonio and the Health Resources and Services Administration (U.S. Department of Health and Human Services). The RCHWS is a larger program -- one of only five in the country supported by the federal agency -- aimed at building a research infrastructure for monitoring status and change in the careers of all key health professionals practicing in the South Central United States and the U.S./Mexico border. When fully integrated into a comprehensive health workforce scenario, the Nurse Workforce Data System will acquire even greater significance and value.

Several nursing studies were considered for inclusion into the RCHWS research plan. When state offices began preparing for the 2003 Legislative Session, an update of the 2000 career fulfillment survey of Texas Registered Nurses seemed an appropriate first step for several reasons. The national debate on nursing shortages has shifted from recognizing and quantifying the shortage to monitoring and evaluating interventions, and from describing the consequences to examining barriers and facilitators to long-term and short-term solutions, such

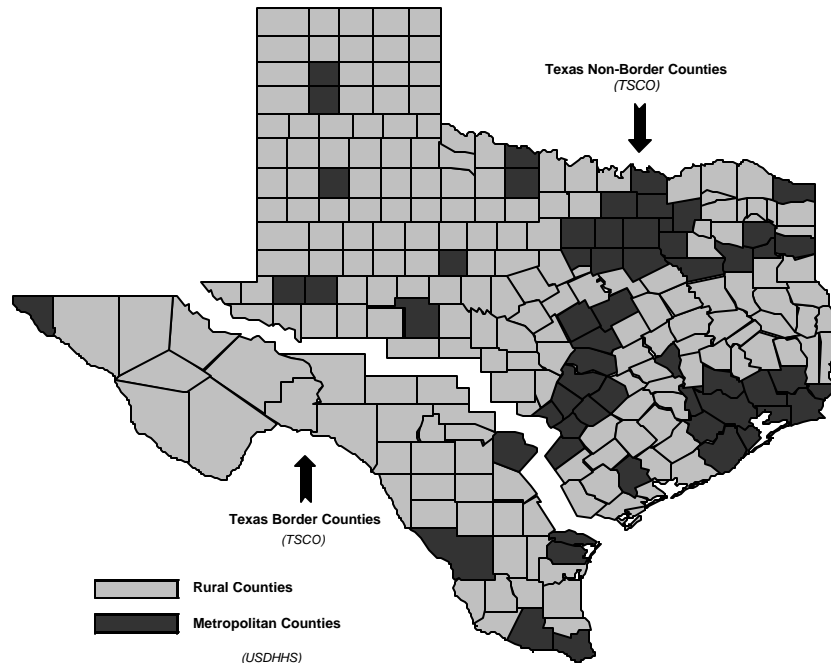
as recruitment and retention. Second, several key factors playing into a nurse's decision to stay in the profession—including work environment, the impact of technology, and the inter-personal relationships of registered nurses with colleagues and supervisors—have not been sufficiently investigated. Finally, the perception of how fulfilling a nursing career can be has an impact on potential nurses' decision to pursue it and, ultimately, on whether there are enough nurses to fulfill the needs of the people of Texas. Changes in perceptions can measurably affect the size of the workforce. For example, TNWDS surveys have found that many nurses begin thinking about retirement at age 55. Retiring early or postponing the decision ten years can have a large and immediate effect on the size of the work force, and the magnitude of the effect rests on the ability of the health care system to retain RNs. The survey reported here was designed to assess registered nurses' perceptions about their job, career fulfillment, and retirement plans.

## **The 2002 Survey**

The 2002 update had four objectives: (1) comparability with the 2000 survey; (2) detection of differences due to practice location in four main regions of Texas (metro, rural, U.S./Mexico Border, non-Border); (3) surveying a statistically valid sample of direct nurse supervisors, which was not done in the previous survey; and (4) inclusion of additional specific questions on job environment, technology, and interpersonal relationships with coworkers, supervisors, physicians and patients.

The geographic regions of Texas used in the survey are depicted in Figure 1. They are characterized by different demographic patterns, socioeconomic conditions and ethnicity. Population growth has been 9.6% greater between 1990 and 2000 than in the rest of the country. It was even higher in the prevalently Hispanic, younger, and poorer Border regions (21.5%). The current number of 21,500,997 Texans, will total 31,389,565 by 2030—of those, 47.5% will be Hispanic—placing further pressure on the health care delivery system, which, in 2002, is operating with a ratio of 609 employed RNs per 100,000 population, much below the national average of 782 employed RNs per 100,000 population. While the comparison is somewhat simplistic, it provides a rough indication of the magnitude of the challenge for the state: Texas would have needed, in 2002, 37,295 more nurses to match the national average. In concurrent and complicating trends, both the patient population and the health professionals practicing in Texas are aging at a rapid rate, catching up with the rest of the country. In this context, nurses' perceptions about their jobs matter greatly as they affect career patterns and the supply of registered nurses.

**Figure 1**  
**Texas Regions in the 2002 Survey**



— HINET Special Graphic —  
 Sources: TSCO — Texas State Comptroller's Office, March, 2001.  
 USDHHS — Division of Shortage Designation, Bureau of Primary Health Care, U.S. Department of Health and Human Services, August, 1999.

The factors affecting entry, retention and exit of RNs in and out of the workforce are charted in Figure 2. Corresponding questionnaire items from the 2002 survey are shown in the companion Table 1. Special emphasis has been placed on the concepts of utilization and tenure. Utilization deals with the actual work assignments within a nursing position. Tenure refers to how long a nurse stays within an organization. Both the 2000 and 2002 surveys hypothesized that the primary factors that influence retention are: workload, the work environment, one's economic need to work, level of job satisfaction, pay and benefits, and physical/psychological well-being. In 2002, the specific sub-concepts of workplace harassment/violence, concerns about patient safety, and ergonomic factors for an aging RN workforce are added as specific dimensions of the work environment influencing retention.

As in the earlier study, the 2002 survey starts by describing the RNs in the workforce. Then, it documents the factors they see as most important to keeping them in the workforce. A sample of nurses who maintain a valid license but have opted out of the profession was included in the survey but is not described in this report. Unfortunately, it appears that, once someone decides to leave nursing, the chance that he or she will return is extremely low except in cases where they have left temporarily to address specific short-term family needs or to further their nursing education.

## **The Survey in Perspective**

The findings have been organized by major survey topics. The left-hand pages feature charts comparing 2000 and 2002 responses to major survey questions and bullets highlighting the tables on the opposite right-hand pages. The bullets are followed by quotes taken from the 437 write-in comments from survey respondents. Under each table, a reference to a similar table from the earlier survey is provided for comparative analyses.

Of the 3,296 questionnaires distributed in 2002, 33% (1,090) were returned. Major findings are summarized below.

*Economic need and employment.* The majority of Texas RNs have a strong economic need to work--51% are primary wage earners in households. Eighty percent of RNs are employed full-time, and 68% expect to work the same number of hours per week in the coming year. These figures represent slightly less economic need to work and slightly fewer projected hours of work as compared to 2000.

Among employed RNs, 63% work in acute care hospitals and devote about 76% of their time to direct patient care. This represents a 21% decrease in the percent of RNs working in acute care hospitals since 2000—probably due to the proliferation of alternative care settings. Also, in 2002, the percent of RNs employed in for-profit organizations increased slightly (from 42% to 45%). On average, RNs have been employed in the same facility 7.5 years and the reported retirement age is 62 years.

Among those who plan to leave their position, 37% intend to take a different position in nursing, but not necessarily with their current employer. There is a three-year trend upward in the percent of nurses working part-time, now at 15% of the RN workforce. Results showed that 15.2% of RNs expect to work fewer hours per week next year.

*Work environment.* A major issue for RNs is the sheer nursing workload involved in tending an increasingly aged, severely ill, and obese patient population, coupled with increasing paperwork and physical and interpersonal stressors.

Ergonomics have become an issue as well. The most frequently reported work environment issues in order of the percent of RNs who reported an increase are as follows: paperwork (82%), severity of patient illness (70%), government regulations (64%), RN turnover (61%), need for second language skills (58%), voluntary overtime (53%), and pressure to reduce time “on the clock” (51%). Workplace violence and harassment remain concerns. In addition, 55% of Texas RNs report an increase in the number of patients assigned, which has been linked to adverse outcomes for both nurses and patients.

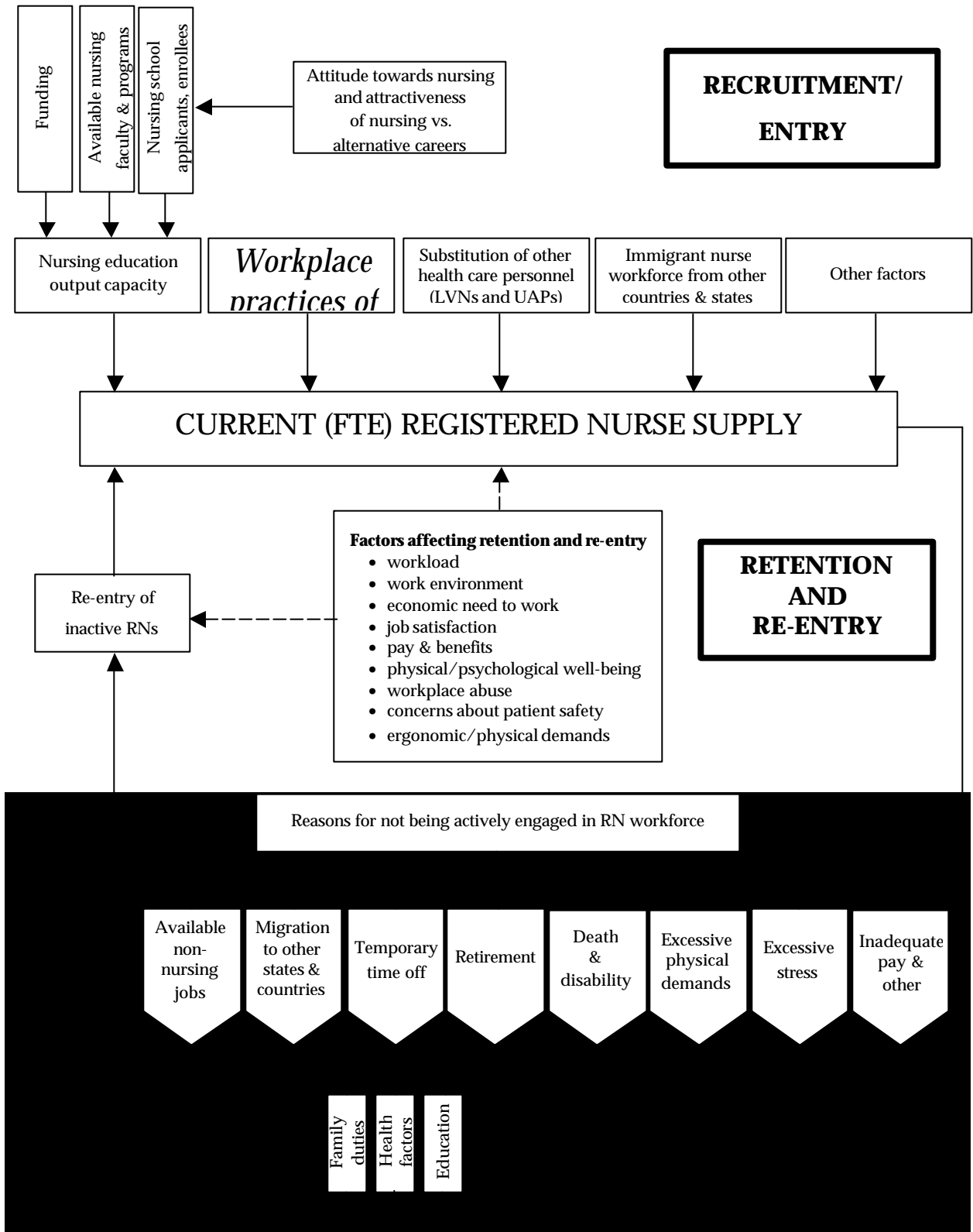
*Some factors did not change since 2000.* Among employed RNs, 66% rated their general health as very good to excellent. However, 44% also reported chronic health conditions.

While 72% of RNs report general satisfaction with their work, 72% report exhaustion and 59% report frustration. Commitment to employers remains high, but RNs want more help from them to effectively manage workload, minimize harassment by physicians, improve patient care support, and provide training for new technologies. Generally, the RNs perceive that employers are making efforts toward increasing patient safety. Pay remained an issue in 2002. Eleven percent more RNs are dissatisfied with pay than in 2000 (55% are dissatisfied, 44% are satisfied, 1% had no opinion).

*Comparability of the sample demographics to the population of Texas licensed RNs and to the U.S.* The average age of the Texas working RN in the sample is 45, which is slightly higher than the national average of 43.3 (2000 National Sample Survey). The current Texas RN workforce, as represented by this sample, is on par with the national workforce with respect to gender (91% female, 9% male), and education (predominantly Associate Degree RNs). Texas, like the nation, must contend with an aging RN workforce—31% are in their 40s and 34% are 50 and up—that could translate into long-term nursing shortages in the next decade as those born in the 1950s begin to retire. It should also be noted that 93% of nurse managers indicated that their employers have not made changes to accommodate nurses over age 55.

*Workplace perceptions.* Overwhelmingly, the registered nurses who responded to this survey want to safely take care of patients, work they find both satisfying and exhausting. The physical nature of tending an increasingly obese patient population, paired with extended shifts and limited assistive personnel, all take a toll over time. Nurses in the survey are asking to earn what they are worth. Also, they are asking for assistance with and support for their work, for due respect, and for input into decisions made at the unit and organization levels.

**Figure 2**  
**A Conceptual Model of Aggregate FTE-RN Workforce Supply**



**Notes:** LVN: Licensed Vocational Nurse; UAP: Unlicensed Assistive Personnel; FTE: Full-Time Equivalent.

**Table 1**  
**The Conceptual Model and the Questionnaire Items**

Conceptual Model Categories	Questionnaire Items
Workplace practices of health care employers	27, 29, 37A-37X
Substitution of other health care personnel	37B, 38AW, 38BB
Immigrant nurses	37I, 38BQ
<b>Factors Affecting Retention</b>	<b>37, 38</b>
Workload	37T, 37M
Environment	37, 38
Job satisfaction	2B, 3
Pay and benefits	30, 38AA, 38BD, 38BL, 38BQ, 71
Well-being	2A, 2B, 2C
Workplace abuse	37C, 37D
Concerns about patient safety	37L, 38BG
Ergonomic/Physical demands	31, 32, 33, 36
<b>Reasons for Not Being Engaged in RN Workforce</b>	<b>41, 42</b>
Non-nursing jobs	16, 17, 18, 19
Temporary time off	
Family	66, 67, 68, 69, 70
Health	46, 47, 48, 49
Non-nursing education	54, 56
Nursing education	39, 54, 55, 56, 57, 58
Migration	20, 38BP
Retirement	22, 23
Death/Disability	49
Excessive physical demands	31, 32, 33, 36
Excessive stress	38BH, 38BR