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**What Happens to Registered
Nurses Whose Licenses Expire?
An Exploratory Study in
Washington State**

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by

Susan M. Skillman, MS

Lorella Palazzo, PhC

L. Gary Hart, PhD

David Keepnews, RN, JD, PhD

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Denise Lishner, MSW, Center Research Coordinator
Rowena de Saram, Program Coordinator
Martha Reeves, Working Paper Layout and Production
University of Washington
Department of Family Medicine
Box 354982
Seattle, WA 98195-4982
Phone: (206) 685-6679
Fax: (206) 616-4768
E-mail: chws@fammed.washington.edu
Web site: <http://depts.washington.edu/uwchws/>

ABOUT THE AUTHORS

SUSAN M. SKILLMAN, MS, is the Deputy Director of the WWAMI Center for Health Workforce Studies, Department of Family Medicine, University of Washington School of Medicine.

LORELLA PALAZZO, PhC, is a candidate for a doctorate in sociology and was a Graduate Research Assistant in the Department of Family Medicine, University of Washington School of Medicine, at the time of this study.

L. GARY HART, PhD, is Director of the WWAMI Center for Health Workforce Studies and Professor in the Department of Family Medicine, University of Washington School of Medicine.

DAVID KEEPNEWS, RN, JD, PhD, is an Associate Professor at Adelphi University School of Nursing.

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L. GARY HART, PhD

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ABSTRACT

PURPOSE

We surveyed RNs with expired Washington State licenses to add to our understanding of why many RNs leave nursing and whether some non-practicing RNs might return to the nursing workforce.

METHODS

We surveyed a 50% sample of Washington RNs who did not renew their licenses in 2002 and 2003, and conducted extensive follow-up of a sample of non-respondents.

RESULTS

We found that many of the RNs had moved out of state, which contributed to the initial low survey response rate. Of the respondents (64% final adjusted response rate), 71% were not working as nurses and 44% of these had retired. Among non-practicing, non-retired RNs, 46% were satisfied and 42% were dissatisfied with their last nursing position, and 24% left nursing because of a disability or illness. A minority (41%) was employed in another occupation, and only 3% were searching for RN work. Nearly two-thirds agreed that they “will never practice nursing again.” Among possible factors that might induce them to reenter nursing, 31% said “none.” Since the start of their nursing careers, most respondents reported that some conditions have improved (e.g., RN pay), while others have worsened (e.g., dangers and physical demands of the job). A majority of non-practicing, non-retired RNs said they still considered themselves to be nurses, but more than half would not advise young people to enter the profession.

CONCLUSIONS

This study suggests that most RNs who leave active practice do so because of retirement or for personal reasons, and while they may still view themselves as nurses, they show little likelihood of rejoining the nursing workforce. This study adds to our understanding of why RNs leave nursing: important information for increasing retention of RNs who are currently practicing.

INTRODUCTION

Washington State, like the U.S. as a whole, continues to experience a significant shortage of registered nurses (RNs) (National Center for Health Workforce Analysis, 2006). These shortages are fueled by growing demand for nurses coupled with slow growth in RN supply. Seventy percent of the current RN population is age 40 or older, and age-related retirement will take a major toll on RN supply as the baby-boom generation leaves the workforce (Health Resources and Services Administration, 2006). Other factors affecting projected supply are the rates and ages of new RNs completing nursing school, and the numbers and ages of RNs who leave nursing practice before retirement. In discussions of how to solve the nursing shortage there is often speculation about this latter group, and how many of the RNs who have left practice might be encouraged to return.

There has been some previous research on nurses' intent to leave active practice and characteristics of those who plan to exit the workforce (Brewer & Nauenberg, 2003; Rambur et al., 2003). Detailed national data are available that characterize actively licensed RNs who are not working in nursing (Spratley et al., 2000). One study of RNs whose licenses had lapsed or were inactive in Vermont focused on whether or not they would be willing to volunteer in a disaster situation (Fothergill et al., 2005). But very little is known about the RNs who drop their active licenses and whether or not any could be considered potential re-entrants to the active nursing workforce.

The decision to allow a license to expire, when not due to age-related retirement, could indicate more compelling and definitive reasons for leaving the state's nursing workforce than does the decision to not practice nursing by RNs who maintain active

licensure.* The act of allowing his or her license to expire suggests that the RN has little intention of returning to nursing, at least in the near future.

This study surveyed RNs in Washington State with expired licenses to determine their reasons for leaving nursing, their attitudes toward the profession, and the circumstances (if any) under which they might return to practice. The purpose was to add to our understanding of why many RNs leave nursing, inform discussions of how to encourage non-practicing RNs to return to the nursing workforce, and to contribute to strategies to increase retention of currently practicing RNs.

METHODS

This study focused on RNs who 1) were previously licensed in Washington, but whose licenses expired in 2002 or 2003; 2) had a Washington address; and 3) were between the ages of 18 and 69 (inclusive). Advanced practice RNs were excluded. We chose the 18-69 year age range because of our interest in understanding working age nurses with the potential to rejoin active nursing in the future: RNs who left the workforce after the age of 69 almost certainly did so due to age-related retirement. By removing those who made age-related retirement decisions we reduced the risk of conflating the issue of retirement with issues more specifically related to nursing and the nature of nursing work.

This study identified 2002 and 2003 RN license expirations from a 2004 snapshot of the entire Washington state nursing licensing data file obtained from the health professional licensing division of Washington's Department of Health. Beside names and addresses, other relevant information on the licensing file included age, gender, licensing status, and license expiration dates.

We surveyed a 50% random sample of the 2,354 RNs (approximately 2% of total RN licenses) fitting our study population criteria. The 1,177 RNs in our sample were mailed a four-page questionnaire (Appendix A) comprised of 27 items, including questions on the respondents' current license and employment status, employment history, education, demographics, reasons for leaving nursing, and perceptions and attitudes about nursing practice. We mailed as many as two additional questionnaires to non-respondents. When possible, we used the post office's mail forwarding service to obtain the new address of subjects who were not found at the address reported in the licensing database.

Surveying RNs with expired licenses is difficult because the reasons for allowing a license to expire may include moving out of state, death, and retirement—all of which increase the likelihood that the contact information from the licensing file is out of date. For this reason we anticipated a low initial survey response rate and incorporated survey methods that would allow us to efficiently follow-up non-respondents so we could estimate characteristics of the RNs who did not respond to our survey. We identified two non-response types. The first group were those RNs who were sent the questionnaire but for whom we received verification that their mailing addresses were not valid and whose questionnaires could not be delivered. These RNs are hereafter called "non-deliverables." The second group were "non-respondents": RNs who we presumed had received our questionnaire (because we did not receive any information indicating otherwise) and did not reply. We differentiated these two groups because the non-deliverables, having not received the questionnaire, had no chance of responding whereas the non-respondents presumably received the questionnaire but chose to not respond.

To examine the possibility of non-response bias, we attempted to follow-up by telephone 50 randomly selected cases from each of the non-respondents and non-deliverables (100 cases in total). We pursued telephone contact with each of these subjects starting with the last address and telephone numbers on record and, when that failed, we searched the World Wide Web (beginning with a Google search engine inquiry) for any publicly available information. We called potentially valid phone numbers as many as four times: three times during the week (morning, afternoon, and evening by the relevant time zone) and once during the weekend. The non-respondents and non-deliverables we reached by phone were asked two questions regarding their RN licensing and employment status: 1) Do you currently hold an active RN license in any state other than Washington 2) Are you currently working for pay as an RN or in any position that requires an RN license? Those who answered 'yes' to the latter question were also asked whether they worked in or out of Washington state. Their answers were incorporated in the population estimates for RNs with expired licenses in Washington that we present, but they are not included in subsequent analyses. We developed compensatory weights from our survey responses and non-respondent/non-deliverable follow-up findings in order to estimate the statewide population of RNs with expired licenses.

Finally, we tested for non-response bias by conducting statistical comparisons (chi squares and t-tests) of age, gender, licensing, and employment characteristics between survey respondents and the combined group of non-respondents and non-deliverables.

* 14.9% of licensed RNs in Washington and 16.8% of licensed RNs nationally are not working in nursing (Health Resources and Services Administration, 2006; Skillman et al., 2002).

RESULTS

SURVEY RESPONSE RATES

Of the 1,177 sampled RNs, we received 229 responses to our mailing of the questionnaire. We made contact with 28 of the 50 sampled non-respondents and 17 of the 50 sampled non-deliverables. As a consequence of our mailings, we learned that 11 of our sample were deceased, as were 7 of the sampled non-respondents. After removing from the denominator the known deceased and an estimate of the number of deceased among all non-respondents, our initial survey response rate was 21.5%. Because we followed up a sample of non-respondents and non-deliverables, we were able to estimate the proportion of sampled RNs who were eligible for our survey and remove from the denominator the proportion estimated to be ineligible because they were unreachable. The final adjusted survey response rate was 64.0%.

RESPONDENT VS. NON-RESPONDENT CHARACTERISTICS

Table 1 displays the information available for sampled non-respondents/non-deliverables (both groups combined), along with comparable data for survey respondents. Among the four characteristics examined, only age was found to be significantly different, but this difference disappeared after controlling for retirement status. Therefore, we concluded that non-response bias was not a factor in our survey results.

POPULATION ESTIMATES

Using data from the source licensing files, and from both survey respondents and non-respondents

(based on the follow-up of non-respondents and non-deliverables), we estimated the composition of the population of Washington RNs with expired licenses with respect to their licensing and work status in order to identify the characteristics and relative size of the segments in the population. In 2004, approximately 2% of Washington RNs dropped their licenses. Thirty-eight percent of those held licenses outside of Washington (22% had out-of-state licenses and were working in nursing and 16% had out-of-state licenses and were not practicing). Approximately 10% of RNs with expired licenses were deceased (although this may be an underestimate because we were not able to confirm and therefore estimate any deceased among the non-deliverables). Some survey respondents indicated they had RN licenses in Washington, either because their license status was in error or because they renewed after we obtained the survey list. Based on this response we estimated that 3% of the RNs with expired licenses were actually licensed in-state. Finally, we estimated that the remaining approximately half (49%) of the RNs with expired licenses were living, did not maintain licensure in another state, and were not working in nursing, and about half of these (24% overall based on survey results) had retired because of age.

SURVEY RESULTS

Characteristics of All Respondents: The majority of the 229 survey respondents were neither working in nursing (71.1%), nor held an active RN license in any state (55.1%). Nearly half (44.2%) of non-working RNs were retired and had dropped their Washington license at the average age of 65.1 years. The remaining 72 respondents (31.4% of all respondents) were not working in nursing and not retired at survey time.

Non-Practicing, Non-Retired RNs: The subgroup of RNs with expired licenses that were not practicing nursing and who had not yet retired were of particular interest because these were the RNs with the greatest potential to be brought back into the active nursing workforce. Non-practicing, non-retired survey respondents were 52.9 years old, on average, and 6.9%

Table 1: RNs with Expired Washington Licenses 2002 and 2003: Comparison of Survey Respondents and Non-Respondents/Non-Deliverables

	Survey Respondents (n=229)*	Found† Survey Non-Respondents/Non-Deliverables (n=38)‡	P Value
Mean age§ of RNs with expired licenses (including retired RNs)	52.7	46.7	$P < 0.05$
Male RNs	4.1%	5.7%	Not significant
RNs currently licensed out of Washington	44.5%	42.1%	Not significant
RNs currently employed in nursing, not maintaining a Washington license	28.8%	23.7%	Not significant

* Missing data for survey respondents: mean age 1, percent male 10, percent currently licensed out of Washington 0, percent currently employed in nursing 0.

† Presumed living (7 non-respondents selected for follow up were found to be deceased and not included among these 38).

‡ Missing data for found non-respondents/non-deliverables: mean age 0, percent male 3, percent currently licensed out of Washington 0, percent currently employed in nursing 0.

§ Age at license expiration, excluding those age <18 and >69 years.

male (in comparison, from analysis of the licensing file we know that RNs with active licenses were, on average, 47.9 years old and 7.9% male).

The average number of years that non-practicing, non-retired RNs worked in nursing was 16.7 years. More than a third (39.6%) were last employed in nursing five or fewer years before their license expired. Equal proportions (22.1%) left nursing 6 to 10 years prior and 11 to 15 years prior to allowing their licenses to expire. Among the non-practicing, non-retired RNs, 80.0% last practiced in Washington State and 10.8% were last employed in two other Western states—Oregon (6.2%) and California (4.6%).

About half (52.8%) of non-practicing, non-retired RNs were last employed as staff nurses (Table 2). A distant second were RNs who last worked as head nurses/nurse managers (12.5%). Remaining respondents were fairly evenly divided among other types of RN employment in education (5.6%), management (other than nurse manager—4.2%), clinical specialists (4.2%), in jobs that required them to occupy multiple positions at once (6.9%), or in a variety of other positions (13.9%), none of which was named by more than one respondent (e.g., school nurse).

Table 3 shows that more than half (51.4%) of non-practicing, non-retired Washington RNs last held hospital jobs. These were either in inpatient settings (43.1% alone, 1.4% in combination with ambulatory care) or outpatient settings (6.9%). The second largest group worked in a ambulatory care (9.7%), followed by those in nursing home/long-term care facilities (8.3%). Respondents also worked in home health (5.6%), public or community health (4.2%), and nursing education (2.8%). Some RNs indicated multiple employment settings, such as inpatient hospital and ambulatory care (6.9%), and a variety of “other” settings (12.5%), none of which was identified by more than one respondent.

The issue of nurses’ satisfaction with their work is much discussed in relation to possible causes of and solutions to the nursing shortage. When asked about their degree of satisfaction with their last nursing position, the 70 non-practicing, non-retired RN respondents were almost evenly split between those who claimed to be extremely or moderately satisfied (45.7%), and those who declared moderate or extreme dissatisfaction (41.5%). In fact, exactly as many of these respondents were moderately satisfied as they were moderately dissatisfied (28.6% in each case). Only 12.9% were neither satisfied nor dissatisfied.

We asked non-practicing, non-retired respondents to select from a list their three most important reasons for leaving nursing and then to rank those in order of importance. For the majority of nurses (59.7%), job stress or fatigue was one of the three decisive factors,

Table 2: Type of RN Position Last Held Among Non-Practicing, Non-Retired RNs with Expired Washington State Licenses

Type of RN Position Last Held	(n=72)*
Staff nurse	52.8%
Head nurse/nurse manager	12.5%
Educator	5.6%
Other management	4.2%
Clinical specialist	4.2%
Multiple positions	6.9%
Other	13.9%

* No missing data.

followed by disability or illness (34.7%), and by a variety of personal and professional motivations, captured by the “other” category (29.1%) (Table 4). Approximately a quarter of RNs said that home and family obligations (27.8%), along with health and safety concerns (27.8%), and concerns about patient safety (23.6%) were among their top reasons for leaving the nursing workforce. A similar percentage (26.4%) said that they had found a better-suited job. When asked about their single most important reason for leaving practice, more RNs (23.6%) cited disability or illness than they did any other factor, followed by job-related stress or fatigue (18.1%) and home and family obligations (12.5%).

Additional analyses showed that RNs who were moderately or extremely dissatisfied with their last nursing position (n=29) left nursing for reasons similar to those reported for all respondents. Among

Table 3: Setting of RN Position Last Held Among Non-Practicing, Non-Retired RNs with Expired Washington State Licenses

Setting of RN Position Last Held	(n=72)*
Hospital, inpatient	43.1%
Ambulatory care	9.7%
Nursing home/long-term care	8.3%
Hospital, outpatient	6.9%
Home health	5.6%
Public or community health	4.2%
Nursing education	2.8%
Multiple settings	6.9%
Other	12.5%

* No missing data.

Table 4: Reasons for Not Working as an RN Among Non-Practicing, Non-Retired RNs with Expired Washington State Licenses

Reasons for Not Working as RN	Ranking of Reasons	
	Most Influential (n=72)*	Among Three Most Influential (n=72)†
Had disability/illness	23.6%	34.7%
Job too stressful and/or exhausting	18.1%	59.7%
Needed to take care of home/family	12.5%	27.8%
Concerned about patient safety	8.3%	23.6%
More convenient hours outside of nursing	5.6%	22.2%
Found better suited job	5.6%	26.4%
Better salary outside of nursing	4.2%	14.0%
Concerned about health/safety	4.2%	27.8%
Unable to practice nursing at a professional level	4.2%	18.0%
Nursing skills out of date	2.8%	9.8%
Difficult to find RN position that suits skills/experience	1.4%	5.6%
Job was eliminated	0.0%	1.4%
Other	9.7%	29.1%

* No missing data.

† Total exceeds 100% because each respondent could choose three options.

the dissatisfied RNs, 34.5% cited job-related stress and fatigue as the principal reason for not working in nursing, followed by disability/illness (20.7%).

Among the non-practicing, non-retired respondents, 41.4% were employed outside of nursing. A smaller number, 2.9% (or two individuals), were actively looking for a job in nursing at the time of the survey. The other 97.1% of respondents (those not searching for nursing jobs and including those who were employed outside of nursing) were asked what factors, if any, might cause them to take active steps to apply for a job in nursing practice, and to rank the top three factors. Table 5 shows that 30.9% of the non-practicing, non-retired RNs say they would not be induced back to nursing by any in a series of factors listed in the questionnaire. The most cited “single

most important” factors were “change in personal situation” (20.6%), and “greater availability of flexible hours” (11.7%). When asked to rank the top three factors that might lead the respondent to seek a nursing job, 30.9% responded that none of the factors could induce them to return to nursing. Another 29.4% ranked the “availability of more flexible hours” among the top three factors, 29.4% included “responsibility for fewer patients,” 26.5% included “change in personal situation,” and 26.5% cited “higher pay.”

Several very clear views emerged among non-practicing, non-retired RNs when asked about changes in nursing practice since the start of their careers. A majority of respondents reported worsened conditions regarding the dangers associated with nursing practice (77.1%), the physical demands of nursing jobs (72.5%), and professional satisfaction

Table 5: Factors that Would Lead to Seeking Employment in Nursing Practice Among Non-Practicing, Non-Retired RNs with Expired Washington State Licenses

Factor that Might Lead to Seeking Nursing Employment	Ranking of Reasons	
	Most Important (n=72)*	Among Three Most Important (n=72)†
None of the factors	30.9%	30.9%
Change in personal situation	20.6%	26.5%
Greater availability of flexible hours	11.7%	29.4%
Less physical work	7.3%	17.6%
Responsibility for fewer patients	7.4%	29.4%
Higher pay	7.4%	26.5%
More time spent directly with patients	5.9%	19.1%
Greater opportunity to update skills	4.4%	17.6%
More participation in patient care decision-making	0.0%	7.4%
Better benefits	1.5%	14.7%
Other	2.9%	5.9%

* Missing data for 2 respondents.

† Total exceeds 100% because each respondent could choose three options.

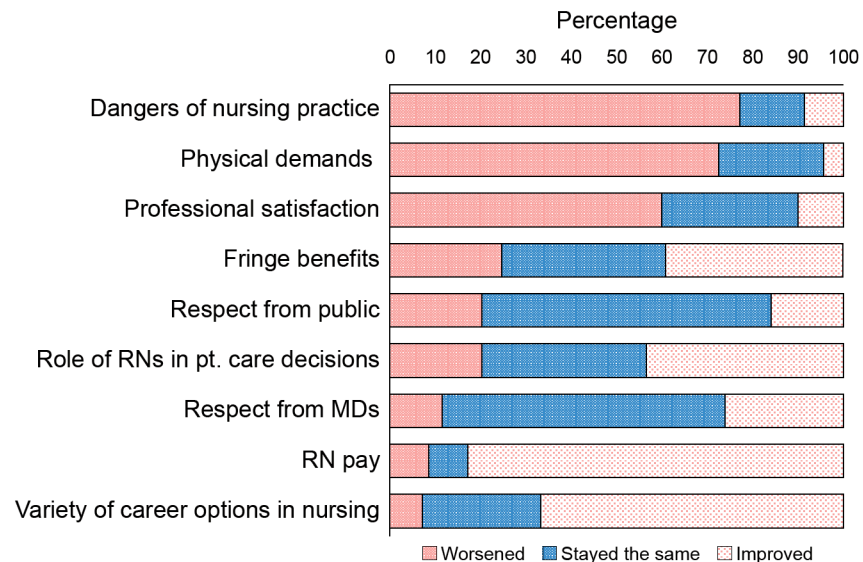
(60.0%) (Figure 1). But most of these RNs also acknowledged improvements in some areas of nursing work, such as the pay nurses receive (82.9%) and the variety of career options available in nursing (66.7%). There was less agreement around fringe benefits (39.1% of these RNs reported improvement, while 24.6% reported decline), and the role of RNs in patient care decision-making (43.5% reported improvement and 20.3% reported a worse situation than when they began their nursing career). Most respondents reported that the amount of respect that nurses receive from MDs had stayed the same or increased (88.4%), and a large majority said respect from the general public had stayed the same or improved (79.7%).

The survey respondents maintain a strong identification with their profession, even if they were not working as nurses. As shown in Figure 2, 86.1% agreed with the statement “I consider myself to be a nurse.” Yet despite their personal feelings, many of them appear to no longer consider nursing as a viable career choice for themselves or for others. About half (52.9%) of non-practicing, non-retired RNs would not advise young people to go into nursing, and an even greater percentage, 62.1%, say that they will never work in nursing again.

STUDY LIMITATIONS

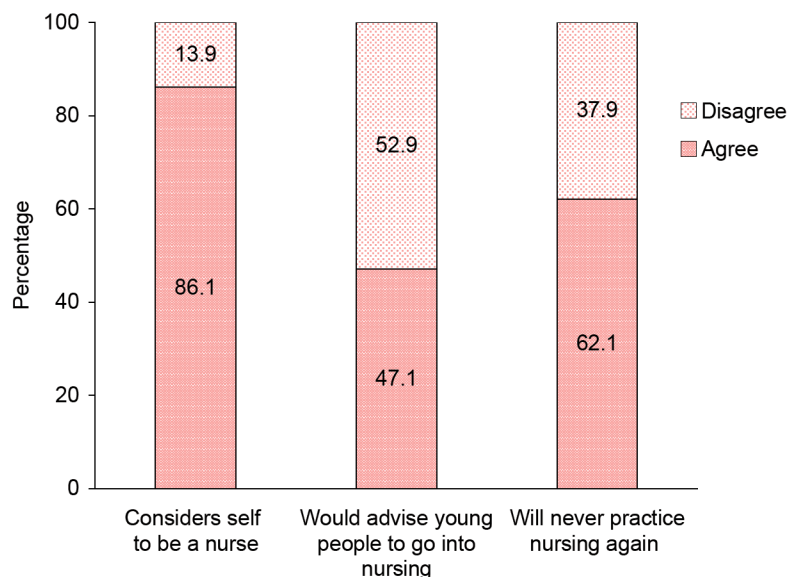
This study’s low survey response rate was expected, and we mitigated this limitation, in part, by selective non-respondent follow-up and by testing for non-respondent bias. Another limitation of this study is that it captures only one state and covers only a two-year time frame for license expiration. Additional

Figure 1: Perceived Changes in Nursing Practice Conditions Compared to When They First Chose Nursing as a Career Among Non-Practicing, Non-Retired RNs with Expired Washington State Licenses*



* n=72. Number of missing responses for each question, top to bottom, was 2, 3, 2, 3, 3, 3, 3, 2, 3.

Figure 2: Attitudes Toward Nursing Among Non-Practicing, Non-Retired RNs with Expired Washington State Licenses*



* n=72. Number of missing responses for “considers self to be a nurse” was 0, “would advise young people to go into nursing” was 2, and “will never practice nursing again” was 6.

insights could be gained by surveying RNs with expired licenses in other states and therefore include different economic, political, and cultural contexts. Selecting multiple license expiration years would add to the challenge of administering the survey, but could also elicit data from a variety of nursing cohorts and enable a better understanding of trends in the nursing workforce to see if the characteristics of those leaving practice before age-related retirement have changed over time.

Because RNs may be licensed in more than one state, it is difficult to track unique individuals through the RN license records. We used mailing address information to identify RNs who we presumed were living out of state (and possibly practicing there) but had been maintaining a license in Washington. To the extent these individuals returned our questionnaire, we could verify that assumption. In the future the pending multi-state RN licensure compact may help in identifying and tracking the licensed RN workforce in the U.S., and it may be possible to more directly determine if an RN with an expired license in fact is licensed in another state.

DISCUSSION

If they did not allow their licenses to expire because they reached retirement age or moved to another state to work, a large proportion of these RNs with expired Washington state licenses appear to have left the nursing field because of dissatisfaction or because they were unable to continue the work for personal reasons. Among those not employed in nursing and not retired, 46% indicated they were satisfied (17% extremely and 29% moderately satisfied) with their last RN position. This is much lower than the 78% of working RNs who said they were satisfied (27% extremely and 50% moderately satisfied) with their principal nursing position in response to the 2004 National Sample Survey of RNs (Health Resources and Services Administration, 2006) and the 83% of RNs who indicated they were either very, moderately, or somewhat satisfied with their jobs in another national survey of RNs in 2004 (Buerhaus et al., 2006).

Half of our survey respondents said that they would not advise young people to go into nursing. This sentiment toward the profession is echoed in their responses to questions about changes in nursing practice. While most indicated that they had witnessed some improvements in nursing practice since the start of their careers, especially in nurses' pay and degree of participation in making patient care decisions, more than 70% said that conditions had worsened with regard to the dangers associated with nursing and the amount of professional satisfaction that RNs experience.

The non-practicing, working age RNs with expired licenses in our survey report that their own disability and illness as well as their need to take care of home and/or family are among the most common reasons RNs leave nursing. Moreover, working conditions affect why RNs leave (e.g., job-related stress, concerns about their health and safety) and influence whether they would consider re-entering the workforce (e.g., availability of more flexible hours, less physical work). The fact that the majority (58.6%) of non-retired, not practicing RNs is not otherwise employed might be related to the disability/illness or need to care for family that forced many to leave nursing in the first place. Those same conditions could also be keeping them out of the general workforce.

But even if a large proportion are dissatisfied with nursing, our data suggest that these RNs continue to identify with their profession after leaving practice, sometimes for many years. The great majority of non-practicing and not retired Washington RNs said that they consider themselves to be nurses (86%). This is comparable to Fothergill et al.'s (2005) findings in Vermont, where 79% of inactive RNs said the extent to which they considered themselves to be nurses was "a great deal" or "somewhat." In many cases, the Washington state RNs in our sample kept their license active for years (sometimes decades) after leaving the nursing workforce. Regardless of their identification with the profession, it does not appear likely that many of the RNs in our Washington sample are likely to re-join the active workforce.

CONCLUSIONS AND POLICY IMPLICATIONS

We found that among the approximately 2% of RNs who allow their licenses to expire in Washington state in 2002 and 2003, about half moved out of state to other jobs, or retired (age related) and were therefore eliminated from the state's nursing workforce, or had died. The remaining half (48.4%) of the RNs with expired licenses had some potential to return to the state's nursing workforce. Nearly two thirds of these (62.1%), however, said that they would never practice nursing again. Among the 38% who did not agree with this statement, a third (12% overall) said none of the factors listed in our survey would cause them to seek employment as an RN. That leaves as many as 13% of RNs in Washington (about 300) with expired licenses who could potentially return to nursing in the state. Given that we found formidable barriers preventing many of these RNs from being employed in nursing (having an illness or disability, needing to care for family, or because nursing work was seen as being too stressful or exhausting) it is unlikely that all of these RNs would return to the workforce. But even if they

did, the number is significantly fewer than needed to fill RN vacancies across the state. Approximately 1,900 RNs are needed annually to fill vacancies in the state's hospitals alone (Skillman et al., 2005).

The characteristics of Washington's RNs with expired licenses are probably not dissimilar to those in other states. Fothergill et al. (2005) surveyed RNs with inactive licenses in Vermont to see if they would be willing to volunteer their skills for homeland security/disaster preparedness, and found 64% not interested. The Vermont sample was older than our Washington sample (they did not have an upper age limit), and they found older inactive nurses to be less likely to be interested in volunteering than younger inactive nurses. But with that difference in mind, the leading reasons the inactive Vermont RNs gave for not wanting to volunteer were age, personal health issues and disabilities, and caregiving responsibilities to other family members.

Almost a third of the Washington RNs with expired licenses who were not retired, and not working in nursing in our survey said that greater availability of flexible hours and having fewer patients would be two of the three most important factors that might lead them to seek RN employment. More than a quarter said higher pay was among the top three factors that might lead them back to the workplace. These are factors that, to some extent, are under the control of the health care environment, and their importance should be heeded by employers considering strategies to keep RNs from leaving the workforce as well as ways to entice some back. Further study of the types of disability and illness found among these nurses could also be helpful to employers seeking ways to retain their RN workforce. It may be possible to retain more nurses if physical limitations were better accommodated.

The results of this study provide insight into reasons why nurses leave their careers, the barriers to their returning to the workforce, and an assessment of the current professional climate for nursing. While representing only one state, our findings suggest that RNs who allow their licenses to expire do so because they have reached retirement age or, among those who do not cite age as a factor, because many are unable or unwilling to work in the field. The latter group may not be easily encouraged to practice nursing again unless there are significant changes in their personal circumstances or in the health care work environment.

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APPENDIX A: QUESTIONNAIRE

2004 Survey of Registered Nurses Previously Licensed in Washington State

We would like your input to better understand why some RNs drop their Washington licenses, why some leave the state, and why some RNs leave nursing. Thank you for taking the time to answer the following questions.

1. Do you currently hold an active RN license in any state?

☐ Yes → In which state(s)? _____
☐ No

2. Since the date when you received your first RN license, how many years have you worked in nursing (in a position that required an RN license) at least half time for six months or more?

_____ years

3. Are you currently working for pay as an RN (or in any position that requires an RN license)?

☐ Yes → In what state? _____ → **GO TO QUESTION 18**
☐ No → When was the last year you worked for pay as an RN? ____ (year)
In what state was your last nursing position? _____ (state)

4. Listed below are some factors that may have influenced why you are not currently working for pay as an RN. Which of these factors has had the most influence? (*Please put the number in the appropriate box on the left.*)

	Rank	Factors
Most Influential	<input type="checkbox"/>	1 It is difficult to find a nursing position that suits my skills/experience
	<input type="checkbox"/>	2 The hours were more convenient in a position outside of nursing
Second Most Influential	<input type="checkbox"/>	3 Better salary was available in a position outside of nursing
	<input type="checkbox"/>	4 I had concerns about my health and safety
Third Most Influential	<input type="checkbox"/>	5 I had concerns about patient safety
		6 I felt I was unable to practice nursing on a professional level
		7 I found another job that suited me better
		8 My nursing skills were out of date
		9 The job was too stressful and/or exhausting
		10 I needed to take care of home and family
		11 I reached retirement age
		12 I had a disability or illness
		13 My job was eliminated
		14 Other (specify: _____)

5. Are you currently working for pay in a non-nursing position?

☐ Yes → Is the work in health care? ☐ Yes ☐ No
How many hours per week do you work, on average? _____ hours/week
☐ No

The following questions are about your last nursing position. If you held more than one position at the same time, please respond for your last **principal** nursing position.

6. What type of nursing position (requiring an RN license) did you last hold? (**Check one**)

Principal Position

- ☐ Staff nurse
☐ Head nurse/nurse manager
☐ Other management position
☐ Clinical specialist
☐ School nurse
☐ Educator
☐ Other (specify: _____)

7. What one of the following categories best describes the practice setting for the principal nursing position you last held? (**Check one**)

- ☐ Hospital, inpatient
☐ Hospital, outpatient
☐ Nursing home/long-term care
☐ Nursing education
☐ Public or community health
(not including home health)
☐ Home health
☐ School health
☐ Occupational/employee health
☐ Ambulatory care
☐ Insurance claims/benefits
☐ Regulatory or licensing agency
☐ Other (specify: _____)

8. What is the primary specialty of the principal nursing position you last held (e.g., medical/surgical, pediatrics, public/community health)?

_____ (specialty)

9. On average, how many hours per week were you **scheduled** to work in your last nursing position?

_____ hours/week

10. On average, how many hours per week did you **actually** work in your last nursing position?

_____ hours/week

11. If you worked in a setting or agency that provided care 24 hours a day, which shift did you primarily work in your last nursing position?

(**Check shift or "not applicable" box**)

If checked, how many hours was the average shift?

- ☐ Day shift _____ hours
☐ Evening shift _____ hours
☐ Night shift _____ hours
☐ Not applicable: setting or agency did not provide 24-hour care

12. In your last nursing position, were you represented by a labor union?

- ☐ Yes
☐ No

13. How satisfied were you with your last nursing position?

- ☐ Extremely satisfied
☐ Moderately satisfied
☐ Neither satisfied nor dissatisfied
☐ Moderately dissatisfied
☐ Extremely dissatisfied

14. Are you actively seeking employment as an RN?

- ☐ Yes → How long have you been actively seeking employment as an RN? _____ weeks → **GO TO QUESTION 16**
☐ No

15. Listed below are some factors that might cause you to take active steps to apply for a job in nursing practice. Which of these factors, if any, would influence you most? (*Please put the number in the appropriate box on the left or mark "None of the factors."*)

	Rank	Factors
Most Important	<input type="checkbox"/>	1 Greater availability of flexible hours
Second Most Important	<input type="checkbox"/>	2 Greater opportunity to update my skills
Third Most Important	<input type="checkbox"/>	3 Better benefits (vacation, sick leave, child care, etc.
		4 Less physical work
		5 More participation in patient care decision making
		6 More time spent directly with patients
		7 Responsibility for fewer patients
		8 Higher pay
		9 Change in my personal situation
		10 Other (specify: _____)

NONE OF THE FACTORS ☐

16. Compared to when you first chose nursing as a career, have the following conditions or attitudes improved, stayed the same, or become worse? (*Check only the box that best applies.*)

	Improved	Stayed the Same	Become Worse
The pay nurses receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The fringe benefits nurses receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The professional satisfaction nursing provides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The variety of career opportunities in nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dangers associated with nursing practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The physical demands of nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The respect physicians have for nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The respect the public has for nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The role of nurses in making decisions about patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please indicate whether or not you agree with the following statements:

	Agree	Disagree
I consider myself to be a nurse.	<input type="checkbox"/>	<input type="checkbox"/>
I would advise young people today to consider nursing as a career.	<input type="checkbox"/>	<input type="checkbox"/>
I will never practice nursing again.	<input type="checkbox"/>	<input type="checkbox"/>

18. Please indicate which nursing education program or programs you have completed, the state where you completed each program, and the year of completion:

Nursing Degree or Diploma	Obtained	State Received	Year Completed
RN diploma	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____	____ _
Associate degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____	____ _
Baccalaureate degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____	____ _
Master's degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____	____ _
Doctoral degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____	____ _

19. Have you earned any **non-nursing** degrees?

Non-Nursing Degree		If yes, in what major area(s)?
Associate degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____
Baccalaureate degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____
Master's degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____
Doctoral degree	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____

20. What is your gender?

- ☐ Male
☐ Female

21. What is your age? _____ years

22. Are you of Spanish/Hispanic/Latino origin?

- ☐ Yes
☐ No

23. The Spanish/Hispanic/Latino question is about ethnicity, not race. Please continue to answer the following question by marking **one or more** boxes to indicate what you consider your race to be:

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Some other race

We welcome your comments. Please add any you think would be helpful to this study:

Thank you for completing this questionnaire!

Please return it in the enclosed self-addressed, stamped envelope to:

Center for Health Workforce Studies
 University of Washington Box 354982
 Seattle, Washington 98195

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