

Characteristics of Rural RNs Who Live and Work in Different Communities

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Background

Many registered nurses (RNs) living in rural areas of the United States leave their communities to work in other rural and urban communities.¹ This trend increased substantially between 1980 and 2004: in 1980, 14% of RNs living in rural areas worked in a different type of rural area or in an urban area compared with 37% in 2004. The majority of these RNs worked in areas that were “less rural” (larger rural or urban areas) than the rural area types in which they lived.² The increase in the percentage of rural RNs who travelled to another geographic area type for work occurred despite the finding that the percentage of all RNs who lived in rural areas of the United States changed only slightly between 1980 and 2004 (15% and 18%, respectively).

Design

We examined rural RN demographic, education, employment, and salary characteristics, and compared rural RNs who work in different area types than those in which they live (commuters) to non-commuters by the economic profiles of their residence and work counties, types of rural areas (large rural, small rural, and isolated small rural), and regions of the country. Data sources included the 2004 National Sample Survey of RNs (a representative sample of RNs in the U.S.), the Economic Research Service (ERS) County Typology Codes, and Claritas population data. Using the Rural-Urban Commuting Area (RUCA) taxonomy of rural area types, we classified ZIP codes as being in urban or one of three subcategories of rural areas. We assessed significant statistical differences among results and produced point estimates with 95% confidence intervals.

Findings

- Among rural-residing RNs, commuting to a job in another rural or urban area was associated with younger age (41.2% of RNs younger than 45 commuted compared with 34.1% of RNs age 45 and older) and employment in hospitals (40.6% of RNs employed in hospitals commuted compared with 33.4% of other rural-residing RNs).

Characteristics of Rural RN “Commuters”

Rural RN “commuters” (rural RNs working in urban areas or in different types of rural areas than the type in which they live) were more likely to:

- be younger,
- work in hospitals,
- hold staff nurse, nurse clinician, or consulting positions,
- have changed employers in the prior year, and
- have higher salaries

than “non-commuters” (rural RNs living and working in the same rural area types).

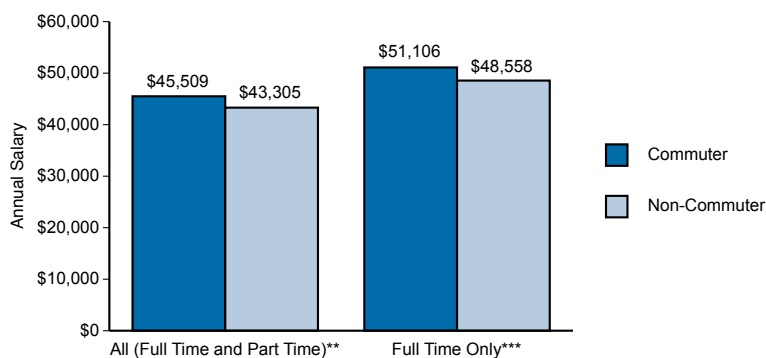
- Fewer rural RNs in the West commuted compared with RNs in other regions (West = 26.8%, Midwest = 37.7%, Northeast = 38.8%, South = 40.3%).
- A higher percentage of rural RNs who had changed employers in the prior year commuted to other area types (43.7%) than RNs who kept the same employer and position (36.4%).
- A higher percentage of rural RNs who held staff nurse, nurse clinician, or consultant positions commuted to urban or other rural area types than did RNs holding other positions (i.e., administration, supervision, home health, teaching, or research).
- The mean salaries of rural RNs who commuted to work in urban or other rural areas were higher than those of non-commuting RNs (among full-time workers the difference was greater than 5%).
- Factors that did not appear to be associated with rural RNs’ commuting included sex, race/ethnicity, highest nursing degree obtained, and job satisfaction.
- A larger percentage of rural RNs who lived in ERS-designated low-education counties³ commuted to work in area types different from their residence than did RNs in non-metro recreation or retirement destination counties.
- These findings consistently were strongest in smaller and more isolated rural area types.

Discussion

Higher salaries appear to have been one of the factors drawing rural RNs to commute to other geographic areas for work. Because there were higher percentages of commuters among RNs who had changed jobs in the prior year and commuting was associated with younger RNs, commuting appears to be a somewhat opportunistic practice more readily embraced by RNs in the earlier stages of their careers. Living in a destination retirement community or recreation-oriented community appears to help keep rural RNs working in the types of rural areas in which they reside. RNs may commute less in the West because of lower population density and greater commuting distances.

The attractiveness of a higher salary may be sufficient to offset the disincentives of commuting among younger RNs, causing them to shop among jobs outside of their residence communities in order to find the best pay available. Older RNs, however, may remain in their residence area because they are in positions (such as those with on-call requirements) for which they need to be close to respond, because they are less willing to work in the physically demanding staff nurse positions that are attractive to younger commuting RNs, because they are less willing to travel, and/or because they want to maximize retirement or other benefits by working for the same employer longer.

Annual Mean Salaries of Rural RNs Who Do and Who Do Not Commute†



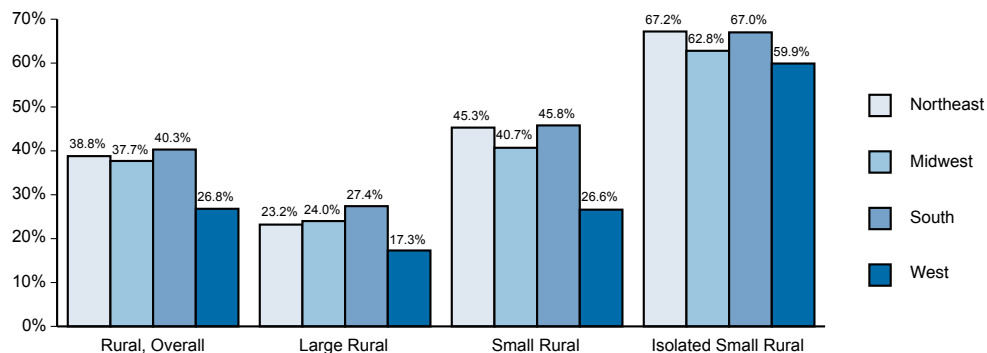
* $P \leq .05$. ** $P \leq .01$. *** $P \leq .001$.

† Work in a different area type (isolated small rural, small rural, large rural, or urban) than the type in which they reside.

Implications for Policy, Delivery, or Practice

It is likely that policies that yield more competitive rural RN salaries could encourage more rural-residing RNs to work in the rural communities in which they live. Further study, for example to examine the association of RN commuting with rural RN vacancy rates, would help our understanding of the impact of RN commuting behavior on the health workforce in rural communities.

Percent of Rural RNs Who Commute* to an Area Type Different from Where They Reside, by U.S. Census Region



* Work in a different area type (isolated small rural, small rural, large rural, or urban) than the type in which they reside.

Notes

1. Skillman SM, Palazzo L, Hart LG, Butterfield P. *Changes in the Rural Registered Nurse Workforce from 1980 to 2004*. Final Report #115. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; 2007.
2. Skillman SM, Palazzo L, Keepnews D, Hart LG. Characteristics of registered nurses in rural versus urban areas: implications for strategies to alleviate nursing shortages in the United States. *J Rural Health*. Spring 2006;22(2):151-157.
3. ERS County Typology Codes classify all U.S. counties according to indicators of economic dependence and policy-relevant themes.

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Findings are more fully described in WWAMI RHRC Final Report #133: Skillman SM, Palazzo L, Doescher MP, Butterfield P. Characteristics of Rural RNs Who Live and Work in Different Communities. September 2012. http://depts.washington.edu/uwrhrc/uploads/RHRC_FR133_Skillman.pdf.