INDIANA’S NURSING WORKFORCE
Fact Sheet

this graphic is based on the
69,685
Nurses
who hold an active license address in
Indiana and responded to survey in 2017

Indiana Nurses Demographics

Indiana Nurses Education

Indiana Nurses Practice Characteristics

School of Medicine Bowen Center for Health Workforce Research & Policy
DATA SOURCES

1. License: collected at time of initial license application and updated at renewal

Data points include:
- License status
- License address
- Demographic characteristics (selected, varies by profession)
- Initial license data
- License expiration date

2. Survey: collected during online license renewal

Data points include:
- Demographic characteristics
- Educational characteristics
- Practice characteristics

KEY INFORMATION

Until 2019, license renewal surveys are voluntary (meaning key information has not been/is not available for non-respondents).

Beginning in 2019, Senate Enrolled Act 223 (2018) will be implemented in Indiana and licensees will be required to provide certain information on the online renewal survey (meaning Indiana will have more comprehensive, high-quality data on the licensed health workforce than was previously available).

HOT POLICY TOPIC

WHAT IS THE NURSE LICENSURE COMPACT (NLC)?

A licensure compact is a legal agreement between states regarding licensure of nurses. If a state participates in a licensure compact, an individual seeking licensure can practice in all states that participate in the compact, enhancing portability of licensure. However, participation in a compact may affect a state’s ability to quantify and report on nursing workforce characteristics within the state, as nurses may not provide information on their practice characteristics to the State Board of Nursing if they practice in Indiana but have a different state of principal licensure. The Interim Study Committee on Public Health, Behavioral Health, and Human Services studied the NLC in Summer 2018 and moved forward the recommendation to the legislature in their final report.

UPDATE ON INCLUSION CRITERIA FOR NURSING WORKFORCE REPORTS

In an effort to maximize the number of respondents included in reporting, the 2017 sample includes nurses with a verified license address in Indiana, as opposed to the 2015 sample that include nurses with a verified practice address in Indiana. This was determined after discussion with a nursing workforce advisory group and an analysis of concordance rates between county of practice address and county of license address that determined license address is an appropriate geographic indicator for registered nurses.
OUTLOOK & DEMOGRAPHICS

ANTICIPATED RETIREMENT

Data collected at time of license renewal provides a strategic opportunity to capture information directly from the workforce on prospective retirement plans. Data collection has varied over the years and resulted in variances in reported outlook. (In 2013 and previous years, retirement was asked as a stand-alone question; in 2017 it was asked in conjunction with all future employment plans.)

TRENDS IN RACIAL DEMOGRAPHICS

Data on Indiana’s nursing workforce suggest that racial diversity among Indiana nurses is increasing, with more than 8% of Indiana’s nursing workforce identifying as a minority race in 2017. Nationally, data find that minority nurses make up nearly 27% of the overall nursing workforce nationally.⁹

*Information on nurse employment was not collected in 2015. There was variation in survey question between surveys administered 2009-2013 and survey administered in 2017. Full surveys and data reports available in historical reports.⁸

Note: Due to reporting variations throughout the years, data for racial categories “Asian,” “Native American,” and “Pacific Islander” were combined into one category in the figure above. (In data reports from 1997-2011, only Asian and Pacific Islander are combined. In data reports from 2013-to-present, Asian is separated from Pacific Islander/Native Hawaiian. The “Other” category and multi-selection options were not available in all years. Full details can be found in all historical data reports.⁸
58.7% of Indiana nurses reported a BACCALAUREATE DEGREE in nursing or higher as their highest NURSING education.

Trends in Highest Degree In Nursing, 1997-2017

- Associate Degree: -7.0%
- Baccalaureate Degree: +16.0%
- Diploma: -17.3%
- Master's Degree: +7.2%
- Doctoral Degree: +0.7%

Source: Data compiled from Indiana Nursing Workforce Licensure Reports.

32.9% of Indiana nurses plan to obtain additional education in the next 2 years.

14.6% are planning to obtain a BACCALAUREATE DEGREE in nursing.

13.7% are planning to obtain a MASTER'S DEGREE in nursing.
PRACTICE CHARACTERISTICS

THE POWER OF PARTNERSHIPS TO ENHANCE DATA COLLECTION

In the 2015 renewal period, nurses were asked to identify their “primary work position.” In this survey, “nurse faculty” was an option. Experts in workforce data collection and nursing field partnered to find opportunities to enhance nurse workforce data collection. As a result of this collaboration, it was determined that nurses that work in education roles (such as patient education or staff education) may find the term “nurse faculty” ambiguous if there were no additional education-related response options. Therefore, the 2017 survey was amended to separate this response option into three categories and enhance confidence in reporting of nurse faculty information.

NURSING LOAN REPAYMENT INITIATIVES

In the 2018 legislative session, Senate Bill 28 was introduced to establish a nursing faculty loan repayment grant program, with the intention to increase the number of nursing faculty in Indiana.10 This bill passed the Senate but failed in the House Ways and Means Committee.

In addition to this initiative, the Governor’s Health Workforce Council has established a State Loan Repayment Program (SLRP) Workgroup11 in late 2017 to explore the establishment of a broader initiative that would include repayment for health professions including, but not limited to, nursing. The workgroup will likely make recommendations for the 2019 legislative session.

RNs in Education Roles

<table>
<thead>
<tr>
<th>Nurse Faculty</th>
<th>Nurse Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2017</td>
</tr>
<tr>
<td>1.9% Faculty</td>
<td>1.2% Patient Educator</td>
</tr>
</tbody>
</table>

Source: Data derived from 2015 and 2017 nurse re-licensure survey data, primary work position.

RN Employment Specialty

- 19.2% Acute Care/Critical Care
- 11.8% Other
- 11.4% Medical Surgical
- 5.1% Pediatrics/Neonatal
- 5% Geriatric/Gerontology

Source: Data derived from Data Report: 2017 Nurse Re-Licensure Survey.

Primary Practice Setting

- 58.8% work in hospitals
- 13.2% work in outpatient clinics
- 6.8% work in a nursing home, extended care facility, or assisted living facility
- 6% work in home health
ADVANCED PRACTICE REGISTERED NURSES

How Are They Identified and Counted in Indiana?

Prior to this year’s report, Advanced Practice Registered Nurses (APRNs) were identified by dually holding an APN Prescriptive Authority license administered by the Indiana State Board of Nursing. While this is an objective method to identify APRNs, it is not comprehensive, as Indiana Code defines APRNs to include certified registered nurse anesthetists (per IC 25-23-1-1), who are not authorized to obtain a prescriptive authority license (per IC 25-23-1-19.5). Therefore, in the 2017 Data Report, APRNs were identified by two methods: 1) holding an APN Prescriptive Authority license and/or 2) those who self-identified as an APRN in the survey response. As such, a change in data management has resulted in variation in the counts of APRNs overall, and CRNA is newly included as an APRN type.

Indiana Code

“Advanced practice registered nurse” means:
- a nurse practitioner;
- a certified nurse midwife;
- a clinical nurse specialist; or
- a certified registered nurse anesthetist;
who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations (per IC 25-23-1-1).

DID YOU KNOW?

SEA 410-2018

SEA 410 was signed into law to replace the term “advanced practice nurse” with “advanced practice registered nurse” (APRN). 12

APRN Supply Trend, 1997-2017

4,345
- Nurse Practitioner

310
- Certified Registered Nurse Anesthetist

287
- Clinical Nurse Specialist

98
- Certified Nurse Midwife
SOURCES
1 According to the Indiana Professional Licensing Agency, 101,651 nurses renewed their license in 2017.
2 See Data Report: 2017 Nurse Re-Licensure Survey for full inclusion/exclusion criteria and survey methodology. Available at: https://scholarworks.iupui.edu/bitstream/handle/1805/17195/2017%20Nursing%20Data%20Report%20Final.pdf?sequence=4&isAllowed=y
4 What does this mean for this report? The information contained in this fact sheet is representative of the sample of nurses that renewed their Indiana nursing license in 2017 and responded to the voluntary survey that they were actively working in nursing. Future reports will contain a more complete picture of the Indiana nursing workforce.
11 State Loan Repayment Program Workgroup. Additional information available at: https://www.in.gov/dwd/3201.htm

QUESTIONS?
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