

APRNs Intent to Leave Employment

Findings from the 2018 RN Renewal Survey

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Introduction

Attrition is the voluntary exit of workers from the workplace. Some forms of attrition are consequent to unavoidable life changes for individuals, like relocation or retirement. Attrition may be related to factors in the workplace itself that are potentially remediable by the employer, such as a negative work environment, inadequate support or poor leadership. For health care workers, there are additional factors that may have no immediate solution like workload or limited opportunities for advancement.

At the very least, attrition implicates vacancies that occur more quickly than they can be filled with individuals who are acclimated to the practice setting and role expectations. With highly skilled health care workers like nurses, goes knowledge, experience, and stability in the practice environment. Hiring and onboarding is a time-consuming and costly process for employers. When the demand for nurses is high and there are employment opportunities and locations more attractive than others, there simply may not be a qualified pool for hire—or, a potential hire at all.

If the nurse is an advanced practice registered nurse (APRN) in a small or solo practice, or highly relied upon in a health care team, the decision to leave the practice setting may result in significant gaps in services to patients. Attrition decisions are also disruptive to APRNs and their families: Advanced practice registered nurses have substantial investments in education/certification, time to orient and transition to practice, and for some, there are substantial costs associated with practice start-up.

Nurse practitioners are the largest group of APRNs and historically, the most frequently studied for retention secondary to statutory restrictions on autonomous practice (Choi, De Gagne, 2016). Nebraska is a full practice authority state for NPs and CRNAs which combined are 94% of the APRN workforce (Center for Nursing, 2018). Supervisory or collaborative relationships with physicians may be required by some hospital medical staff executive committees as part of the credentialing process. This may be apart from and in compliance with Centers for Medicare and Medicaid Services (CMS) that mandate how hospitals and some clinic systems conduct credentialing and privileging in order to receive funding (McMullen & Howie, 2020).

A 2017 study (Poghosyan, Liu, Shang & D'Annunzio) of NP primary care practice environments offers a glimpse of relevant employer factors for retention. Nurse practitioners

were more likely to be satisfied with their jobs and less likely to report intent to leave if their organizations supported their practice, they had favorable relationships with physicians and administration, and clear role visibility. The authors concluded that productive practice environments that can retain NPs is a potential strategy for increasing workforce capacity.

In a primer for nurses choosing an employer, Rhoades (2020) advises confirming organizational culture. While most new or experienced nurses may not know where they will end their career, or even what the next step will be, the single most important decision that they make at any point along the way is choosing an organization that they can trust with their future. Nursing meets the individual where they are in life as long as they partner with the right organization. Nurses are more likely to bring their best to work each day when they can choose from work options that meet their needs.

The 2018 Nebraska Center for Nursing (CFN) Registered Nurse (RN) Renewal Survey asked nurses to rank the likelihood (Very Unlikely, Somewhat Unlikely, Somewhat Likely, and Very Likely) that they would leave their employment in the next 12 months. A follow-up question for those who answered “Very Likely” asked the reason for leaving employment. It should be noted that APRNs are required to hold RN licensure in Nebraska, and are surveyed as RNs at the time of licensure renewal.

This study focuses on geographic locations, demographic variables, practice settings and practice foci of APRNs who reported intention to leave employment. Analysis included a correlation between those areas of the state where APRNs reported that they were very likely to leave and projected workforce demand for APRNs in the year 2018. Although it is unclear whether or not APRNs in this analysis who reported that they were very likely to leave their employment in the next 12 months effectively did so, *intent to leave* is a strong proxy of the nursing supply that may affect health outcomes for the population they serve (Xue et al., 2018).

Results

Advanced practice registered nurses represent 9.3% (n = 2,219) of the total RNs working in Nebraska based on the 2018 RN Renewal Survey (n = 23,972). Nurse practitioners are the largest group, representing 75% of all APRNs in the state.

Table 1: Type of APRN by Number and Percentage

APRN	Number (*)	Percentage
Clinical Nurse Specialist (APRN-CNS)	79	4%
Nurse Practitioner (APRN-NP)	1,480	75%
Nurse Anesthetist (APRN-CRNA)	366	19%
Nurse Midwife (APRN-CNM)	40	2%
Total	1,965	100%

(*) Only includes APRNs who selected type of license.

Table 2 shows the geographic location of APRNs by size of community in Nebraska with the largest percentage (65.5%) employed in urbanized areas.

Table 2: Number and Percentage of APRNs by Geographic Location

Size of Population	Geographic Location	Number (*)	Percentage
<2,500	Rural	121	5.5%
2,500 - 50,000	Urban Cluster	571	25.7%
>50,000	Urbanized Area	1,453	65.5%
	Unknown	74	3.3%
	Total	2,219	100%

(*) Number of APRNs include both, those who selected an APRN license, and those who selected "Certifications" or "Role" as an APRN but did not select an APRN license.

APRNs who are "Very Likely" to leave their employment in the next 12 months

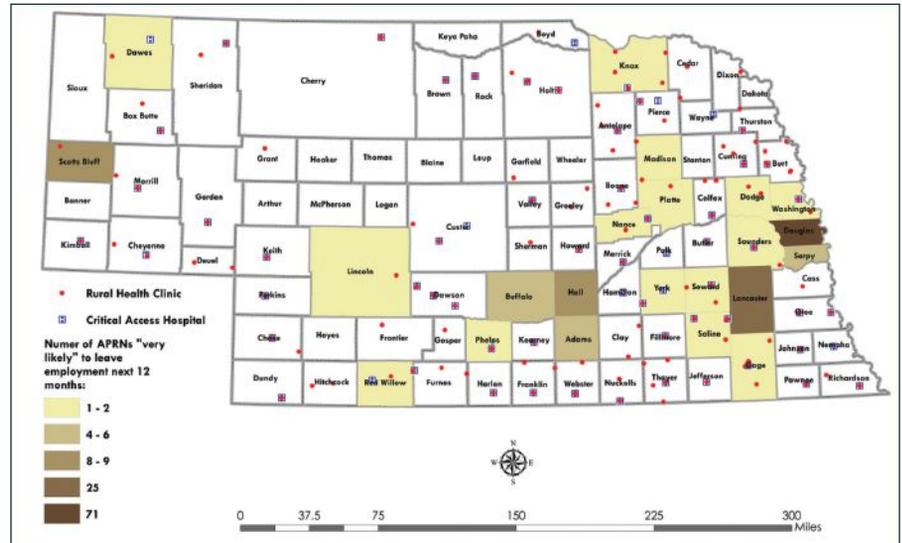
A total of 148 APRNs, which represents 7% of the total APRN workforce in Nebraska, mentioned it was "Very Likely" that they were going to leave their employment in the next 12 months. Table 3 summarizes these results by geographic location. APRNs working in Urban Cluster communities (2,500 – 25,000 population) are planning to leave their employment at a higher proportion when compared to rural and urbanized areas (8.4% vs. 4.1% and 6.5%, respectively).

Table 3: APRNs leaving employment in the next 12 months ("very likely")

Geographic Location	Total number of APRNs	Number of APRNs leaving their employment in the next 12 months ("Very Likely")	Percentage
Rural	121	5	4.1%
Urban Cluster	571	48	8.4%
Urbanized Area	1,453	95	6.5%

There are twenty-two counties affected by APRNs who mentioned leaving their employment in the next 12 months. Figure 1 shows all counties where APRNs were "Very Likely" to leave their employment.

Figure 1: Counties where APRNs are planning to leave employment in the next 12 months



Demographics of APRNs "Very Likely" to leave employment in the next 12 months compared to those "Very Unlikely" and to the total APRN population

Table 4 summarizes key demographics from APRNs who are "Very Likely" to leave their employment in the next 12 months compared to those who are "Very Unlikely" to leave the employment and to the total APRN population. Contrary to expectations, the average age of those who are very likely to leave their employment in the next 12 months have the lowest average age compared to those who are very unlikely to leave their employment and when compared to the total APRN population. Also, APRNs "Very Likely" to leave the employment in the next 12 months showed a higher percentage who are female when compared to the rest of the APRN population. The percentage of APRNs "Very Likely" to leave their employment and who are White/Caucasian is nearly three percent lower when compared to all APRNs.

Table 4: Key demographics of APRNs by likelihood of leaving employment

	"Very Likely"	"Very Unlikely"	All APRNs
n =	148	1,416	2,219
Average Age	43.5	45.3	45.0
% Female	94.6%	86.7%*	88.0%*
% White/Caucasian	92.5%	95.8%	95.2%

*Differences statistically different at the 0.05 level

Main reasons for leaving employment

The main reasons mentioned by APRNs who are "Very Likely" to leave their employment in the next 12 months, besides "Other" (30.3%), was "Dissatisfaction with manager/people I work with" (18.9%), followed by "Retirement" (13.1%), and then by "Family/personal" (11.5%). Table 5 shows all reasons mentioned by APRNs to leave their employment. Reasons were also grouped by geographic location. Rural area is not displayed as only five APRNs reported that they were "Very Likely" to leave employment in this geographic location.

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Table 5: Reasons to leave employment

Reason:	ALL APRN		URBAN CLUSTER		URBANIZED AREA	
	Number	%	Number	%	Number	%
Other	37	30.3%	15	37.5%	22	28.2%
Dissatisfaction with manager/people I work with	23	18.9%	9	22.5%	13	16.7%
Retirement	16	13.1%	5	12.5%	10	12.8%
Family/personal	14	11.5%	4	10.0%	10	12.8%
Lack of opportunity for advancement	11	9.0%	3	7.5%	7	9.0%
Dissatisfaction with job	10	8.2%	2	5.0%	8	10.3%
Returning to school	5	4.1%	1	2.5%	4	5.1%
Dissatisfaction with salary	4	3.3%	1	2.5%	2	2.6%
Lack of autonomy	1	0.8%	-	-	1	1.3%
Relocation	1	0.8%	-	-	1	1.3%
Total	122	100%	40	100%	78	100%

Practice settings and practice foci most affected by those “Very Likely” to leave their employment in the next 12 months.

Nearly half of APRNs who are “Very Likely” to leave their employment in the next 12 months work in hospitals (49%), followed by Clinics (20%). **Table 6.** For those APRNs planning to leave their employment in hospitals, nearly two-thirds worked in urbanized areas (64%), followed by urban clusters (35%), and then rural areas (1%). **Table 7.** Hospital Academic Medical Centers were the most common type of hospital where APRNs are “Very Likely” to leave their employment (28%), followed by Critical Access Hospitals (19%), and Specialty Hospitals (e.g., cardiac, orthopedic) (19%). **Table 8.**

Table 6: APRNs “Very Likely” to leave employment in the next 12 months by practice setting

Setting	Number of APRNs	Percentage
Hospital	72	49%
Clinic	30	20%
Emergency Department	6	4%
Nursing Home (SNF/NF)	6	4%
Other	6	4%
University/Academic	6	4%
Urgent Care	4	3%
Ambulatory Surgical	3	2%
Federally Qualified Health Center (FQHC)	2	1%
Hospice/Palliative Care	2	1%
Unknown	2	1%
School Health Service	2	1%
VA Facility	2	1%
Birthing Center	1	1%
Dialysis Center	1	1%
Home Health	1	1%
Psych-Mental Health	1	1%
Rural Health Clinic	1	1%
Total	148	100%

Table 7: Geographic location of APRNs “Very Likely” to leave hospital employment in the next 12 months

Geographic Area:	Number	Percentage
Rural	1	1%
Urban Cluster	25	35%
Urbanized Area	46	64%
Total	72	100%

Table 8: Type of hospital where APRNs were “Very Likely” to leave employment in the next 12 months

Type of hospital	Number	Percentage
Hospital: Academic Medical Center	20	28%
Hospital: Critical Access	14	19%
Hospital: Specialty (e.g. cardiac orthopedic spine)	14	19%
Hospital: Other	11	15%
Hospital: Regional Referral	5	7%
Hospital: Long-Term Acute Care (LTAC)	3	4%
Unknown	2	3%
Hospital: Rehabilitation	1	1%
Mental Health/Substance Use: Inpatient Psychiatric	1	1%
Rehabilitation	1	1%
Total	72	100%

Acute Care is the most common practice foci affected by APRNs “Very Likely” to leave employment in the next 12 months (12%), followed by Family Practice (11%), and then by Anesthesia and Pediatrics (9% each). **Table 9.** Ten out of sixteen (63%) APRNs working in family practice are planning to leave their employment in the next 12 months are located in urban clusters (communities between 2,500 and less than 50,000 people)

According to the 2018 nursing supply and demand of APRNs (Nebraska Center for Nursing Supply and Demand Models, 2017), there was an expected demand of 1,900 FTE APRNs and a supply of 1,490 FTE APRNs, resulting in a shortage of 410 APRNs.

Table 9: Practice foci for APRNs "Very Likely" to leave employment in the next 12 months

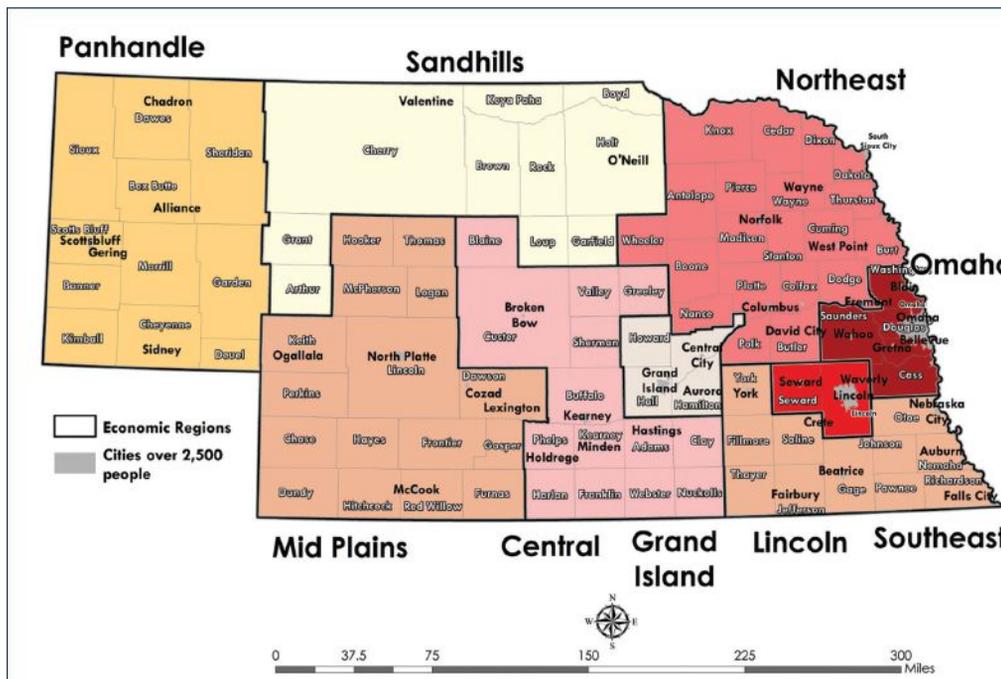
Practice Foci	Number	Percentage	Practice Foci	Number	Percentage
Acute Care	18	12%	Urology/Nephrology	3	2%
Family practice	16	11%	Womens Health	3	2%
Anesthesia	14	9%	Wound Care	3	2%
Pediatrics	14	9%	Oncology	2	1%
Emergency/Trauma	7	5%	Orthopedics	2	1%
Gerontology	7	5%	Urgent Care	2	1%
Obstetrics/Newborn	7	5%	Bariatric	1	1%
Internal Medicine	6	4%	Cosmetic/Esthetic	1	1%
Neurology	5	3%	Dialysis	1	1%
Other	5	3%	Health Promotion/Prevention/Wellness	1	1%
Psych-Mental Health	5	3%	Infectious Disease	1	1%
Surgery/Perioperative	5	3%	Primary Care	1	1%
Cardiology	4	3%	Rehabilitation	1	1%
Critical Care/Step-Down	4	3%	School/ Student Health	1	1%
Unknown	4	3%	Trauma	1	1%
Hospice/Palliative Care	3	2%	Total	148	100%

APRN demand projected in the year 2018 and intent of leaving employment

According to the 2018 nursing supply and demand of APRNs (Nebraska Center for Nursing Supply and Demand Models, 2017), there was an expected demand of 1,900 FTE APRNs and a supply of 1,490 FTE APRNs, resulting in a shortage of 410 APRNs. Over three-fourths of this shortage was found in the Omaha and Lincoln Regions. See Figure 2 with the location of Economic Regions in Nebraska.

The Grand Island, Panhandle, Southeast, and Central Economic Regions showed the highest percentage of APRNs (above the 8% average) with the intent to leave employment in relationship to the projected demand. Table 10.

Figure 2: Economic Regions and Cities over 2,500 people



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Table 10: Percentage of APRNs with the intent of leaving employment based on projected demand

Economic Region	Representative communities	Projected Regional Demand (APRN FTE)	Number of APRNs “Very Likely” to leave employment	APRN leave employment as % of demand
GRAND ISLAND	Grand Island, Aurora, St. Paul	46	8	18%
PANHANDLE	Scottsbluff, Alliance, Sydney	62	10	16%
SOUTHEAST	Beatrice, York, Nebraska City	37	4	11%
CENTRAL	Kearney, Hastings, Holdrege	144	13	9%
OMAHA	Omaha, Papillion, Bellevue	962	77	8%
LINCOLN	Lincoln, Seward, Firth	425	26	6%
NORTHEAST	Norfolk, Fremont, Columbus	136	7	5%
MID PLAINS	North Platte, McCook, Lexington	67	3	4%
SANDHILLS	O’Neill, Bassett, Valentine	21	0	0%
	Total	1,900	148	8%

Summary

- The highest percentage (8.4%) of APRNs working in urban clusters (communities between 2,500 and 50,000 people) reported intent to leave employment when compared to those working in rural communities (<2,500 people) and urbanized areas (>50,000 people).
- A higher percentage (94.6%) of female APRNs reported intent to leave employment when compared to all APRNs in the state.
- APRNs who reported intent to leave employment were younger (43.5 years) when compared to all APRNs in the state.
- The main reasons stated by APRNs who reported intent to leave employment besides “Other” (30.3%), were “Dissatisfaction with manager/people I work with” (18.9%), followed by “Retirement” (13.1%).
- Nearly half of APRNs who reported intent to leave employment work in hospitals, and one out of five work in clinics.
- For those APRNs planning to leave their employment in hospitals, nearly two-thirds worked in urbanized areas (64%), followed by urban clusters (35%), and then rural

Findings suggest that the rate of APRN attrition may be highest for those employed in hospitals and acute care specialties based predominately in hospitals. Hospital practice foci are likely underrepresented in the separation of practice foci for APRNs as acute or various specialties. For example, Emergency/Trauma and Critical Care/Step-down are likely based in acute care/hospital settings.

- areas (1%). **Table 7.** Hospital Academic Medical Centers were the most common type of hospital where APRNs are “Very Likely” to leave their employment (28%),
- Acute Care (12%) and Family Practice (11%) were the two main practice foci identified by APRNs reporting intent to leave employment in the next 12 months.
 - The Grand Island, Panhandle, Southeast, and Central Economic Regions of the state showed the highest percentage of APRNs (above the 8% average) with the intent to leave employment in relationship to the projected demand.
 - Economic Regions with urban clusters (i.e., Scottsbluff, Grand Island, Beatrice, Kearney, Hastings) may experience the highest negative impact on APRN demand based on the higher rates of APRNs reporting intent to leave employment in those geographic locations.

Conclusions

Findings suggest that the rate of APRN attrition may be highest for those employed in hospitals and acute care specialties based predominately in hospitals. Hospital practice foci are likely underrepresented in the separation of practice foci for APRNs as acute or various specialties. For example, Emergency/Trauma and Critical Care/Step-down are likely based in acute care/hospital settings. No distinction was made between practice location for specialties e.g., Cardiology, which require APRNs to divide their time between acute care and clinic settings. Physician

oversight requirements for APRNs for hospital credentialing and privileging can impose more restrictions than other practice settings. Further exploration of reasons for leaving as potentially remedial factors by employers may be warranted since the largest percentage of APRNs reported their reason for intention to leave as “Other” followed by “Dissatisfaction with manager/people I work with.”

The relatively higher percentage of APRNs reporting intention to leave employment in urban cluster communities (2,500 to 50,000 people) may have implications for those interested in attracting and retaining APRNs as skilled health care workers providing essential services in their communities. For both rural and urban cluster communities, losing an APRN may require consumers and care givers longer travel with associated costs and lost time to obtain equivalent services with a provider in another community.

A comparison of the percentage of APRNs reporting intent to leave employment and projected workforce demand according to Dept of Labor workforce regions in the state shows four economic regions will be the most affected: Grand Island, Panhandle, Southeast and Central. Intent to leave coupled with demand may also have implications for economic regions with urban cluster communities, including Scottsbluff, Grand Island, Beatrice, Kearney, Hastings.

References

- Choi, M. & DeGagne, J.C. (2016). Autonomy of nurse practitioners in primary care: An integrative review. *J Am Assoc Nurse Pract* 28(3), 170-174.
- McMullen, P.C. & Howie, W. O. (2020). Credentialing and privileging: A primer for nurse practitioners. *Journal of Nurse Practitioners* 16, 91-95.
- Poghosyan, L., Liu, J., Shang, J. & D'Annunzio, T. (2017). Practice environments and job satisfaction and turnover intentions of nurse practitioners; implications for primary care workforce capacity. *Health Care Management Rev* 42(2), 162-171.
- Rhoades, J. (2020). Should you say “yes” to the job? *American Nurse*. 2020-2021 Education and Career Guide. American Nurses Association.
- Xue, Y., Greener, E., Kannan, V., Smith, J. A., Brewer, C., & Spetz, J. (2018). Federally qualified health centers reduce the primary care provider gap in health employment shortage counties. *Nursing Outlook*, 66(3), 263-272.



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