Becoming a Nurse

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1. Introduction

As we know it today, the nursing profession is dedicated to both collaborative and autonomous care of individuals, families or groups, sick or healthy. Following clinical practice guidelines, nurses promote health, prevent illnesses and take care of sick, disabled or dying people (International Council of Nurses). Modern nursing is a complex, ever changing profession whose roots trace back to the mid-XIX century when Florence Nightingale, during the Crimean War, promoted increased sanitary and medical conditions to nurse injured soldiers. Her approach led to a dramatic decline in soldier death rates and eventually to a transformation of nursing from a domestic non-professional service to a profession (Stitchler 14-15).

From the days of Florence Nightingale, nursing has evolved to become a basic science with different schools of thought (Manhart 51), its own scientific journals and research. Education in nursing goes beyond career and technical programs, to include Bachelor in Science, Master in Science and Doctor in Nursing Practice programs. Education constitutes the first stage of the nursing career path and delimits the nurse professional opportunities. Consistent with the complexities of the profession, any individual who wants to become a nurse needs to do research to take informed career decisions that will influence the chances of obtaining a job, the working conditions, salary and promotion possibilities. Nurses can occupy different jobs that involve different activities and responsibilities, that require different knowledge, skills and expertise, and that involve different pay levels. Information on these different career dimensions is usually scattered across different web pages, scientific articles, professional publications, etc., each containing different aspects that are relevant to the prospective nurse. Gathering, analyzing and interpreting information is costly and time-consuming. As a result, nurses don’t know enough about the career’s various specializations and requirements to make the best and most informed
decision. To address this problem, this essay provides the necessary information on how to become a nurse. More specifically, the essay walks the reader through the nurse career ladder, the educational requirements of each step of the ladder and associated duties. An assessment of the current job market is presented, along with the future prospects for the profession. The possible barriers to entry into the nurse job market and recommendations on how to overcome these barriers are presented. The essay concludes with a summary of the most important concepts.

2. Career paths, licenses and required education

Nurses in the U.S. cannot practice without a license. The different licenses integrate the professional ladder and are associated to different education requirements, duties and responsibilities and licensing procedures. This section is divided into three subsections that target each of these important issues.

2.1. The nurse professional ladder and education requirements

The first step in becoming a nurse is to obtain a solid education, which is required in the U.S. in order to obtain a nurse license. Nurses cannot practice in the U.S. without a license and can work under four main licenses that integrate the nurse career ladder. This section presents the different licenses and their education requirements. At the bottom of the profession ladder are the Certified Nursing Assistants (CNAs), who can only develop a small range of tasks and are highly supervised. Consistent with their small range of tasks and reduced autonomy, CNAs are only required to complete their high school education plus an eight to sixteen-week state-approved course. Under these programs, CNAs learn the basic functions of nursing and complete supervised clinical work. “These programs are found in high schools, community colleges, vocational and technical schools, hospitals, and nursing homes” (Nursing Assistants and Orderlies). The second step of the professional ladder is integrated by the Licensed Practical
Nurses (LPNs) and Licensed Vocational Nurses (LVNs), who are required to complete approved educational programs. “These programs award a certificate or diploma and typically take about 1 year to complete but may take longer. They are commonly found in technical schools and community colleges, although some programs may be available in high schools or hospitals”.

Registered Nurses (RN) constitute the third level of the ladder and they are required to earn at least a two-year Associate Degree in Nursing (ADN) that usually takes 2 or 3 years to complete, although medical institutions are increasingly requiring a Bachelor’s of Science in Nursing (BSN), which usually takes 4 years to complete. Both programs include classroom teaching and supervised clinical experience. The BSN goes beyond professional specialization to cover general education courses in physical and social sciences, communication, or critical thinking. At the top of the ladder are the Advanced Practice Registered Nurses (APRNs) who hold a RN license and have earnt postgraduate education such as a Master of Science in Nursing (MSN), or a Doctor in Nursing Practice (DNP). APRNs must have a RN license before they pursue a MSN. “These programs include both classroom education and clinical experience. Courses in anatomy, physiology and pharmacology are common as well as coursework specific to the chosen APRN role” (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners).

When taking a decision on which degree to obtain, prospective nurses should consider not only the minimum requirements associated to each nurse type, but also future possibilities to advance into more desirable workplaces and roles. For example, while an ADN is cheaper than a BSN and both are currently accepted to become a RN, most MSN programs will not accept applicants with an ADN. It is also important to note that some states are increasingly requiring BSNs for new RNs. In New York, for example, the “BSN in 10” law (Senate Bill S6768)
requires new nurses to complete a BSN degree in 10 years after getting their RN license. Other States (New Jersey or Rhode Island) are also considering implementing similar laws. This is not surprising in light of the recommendation by the Institute of Medicine of the National Academies (3), which serves as an advisor to the country to improve health, to have 80% of the RN nurses to earn a BNS degree by 2020. The current shortage of nurses is however keeping states from passing laws in accordance to the Institute of Medicine recommendations. Incentives to require the BSN to nurses also come from hospitals that want to obtain a Magnet award.\textsuperscript{1} Magnet is an award given by the American Nurses Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that excel for their quality nursing. Currently, 100\% of nurses in management positions in a Magnet hospital must have a BSN degree (“Will a BSN Degree be Mandatory for RNs?”).

\textbf{2.2. Nurse duties}

Essential to choosing a specific nursing career path is to be informed on the main duties that are associated to each type of license, which are consistent with their position in the professional ladder and education levels. Table 1, at the end of the document, presents a systematic and extensive list of duties by license according to the Bureau of Labor Statistics.

CNAs duties (Nursing Assistants and Orderlies) consist of providing basic care and help to patients. More specifically, they assist patients with their daily activities such as eating, using the toilet and bathing. Listening to patients’ concerns and reporting these concerns to nurses is also part of their daily duties. CNAs also turn and transfer patients between beds and wheelchairs or chairs and may also measure patients’ vital signs. LPNs and LVNs develop basic nursing functions (Licensed Practical and Licensed Vocational Nurses) such as monitoring patients’

\textsuperscript{1} Carle Hospital in our community is an example of a Magnet institution.
health by checking their vitals and administering very basic patient care such as changing bandages. They also help patients with their daily activities such as dressing or bathing. Their tasks include some administrative responsibilities such as keeping records on patients’ health and escalate patients’ concerns to RNs and doctors, their supervisors. RNs (Registered Nurses) usually work as part of a team with doctors. They assess patients’ health conditions and keep records of the patient medical history and current conditions. They define plans for patients’ care or tailor existing plans to patients’ needs. They further teach patients and families how to manage illnesses or injuries both before, during and after treatment. RNs (Registered Nurses) also administer patients’ medications and treatments, help in diagnostic tests and analyze test results. APRNs (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners) can work rather independently in coordinating patient care and can provide primary, preventive and specialty healthcare. In most states, these nurses can diagnose health problems, prescribe medications, or perform or order medical tests. This group (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners) also prepares care plans or tailors existing ones. APRNs also teach patients how to manage illnesses or injuries. Patient record keeping is also part of their duties.

2.3. Licensing process

The licensing process is part of the requirements of becoming a nurse. State Nursing Boards define their own rules to grant licenses to nurses. They define their approved schools and educational programs, but they generally recognize other States’ approved programs and licenses. There are also educational programs that have national-level accreditation through the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN). While the former only accredits BSN and MSN programs, the latter accredits all levels of nursing programs. Considering a nationally accredited education
program may be relevant for those wanting to transfer credits to out-of-state schools or obtain licenses in other states.

While details on the licensure process in each state can be found at www.NursingLicensure.org, a few aspects regarding examinations are required to obtain the different licenses. CNAs are directly regulated by states that set the different standards for training and competency evaluation (Nursing Assistants and Orderlies). In order to obtain the license, these nurses usually take a practical test that requires them to develop some basic duties such as taking blood pressure, or giving a bath. In contrast to the upper levels of the professional ladder, the CNA examination is not standardized at the national level. LPN or LVN (Licensed Practical and Licensed Vocational Nurses), and RN (Registered Nurses), have to pass a national examination once they have completed their education, the National Council Licensure Examination for Registered Nurse (NCLEX-RN exam for RNs), and the National Council Licensure Examination for Licensed Practical and Licensed Vocational Nurses (NCLEX-PN for LPNs and LVNs). These examinations (National Council of State Boards of Nursing 3) test the knowledge, skills and abilities that are basic for a safe and effective nursing practice at the entry level. The test scores examines based on their critical reasoning in aspects relative to safe and effective care environment, health promotion and maintenance, physiological integrity and psychosocial integrity. After exploring the nurse professional ladder, education and certification requirements, the next section is devoted to describing the current job market situation.

3. The job market

To describe the job market, this essay first turns to the number of professionals working under each of the four licenses and their salaries (subsection 3.1.). Section 3.2. presents the main employers by license. Section 3.3. discusses future prospects for the different licenses
3.1. Number of employees and their salaries

According to the Occupational Outlook Handbook by the Bureau of Labor Statistics whose latest statistics correspond to 2016, RN is the largest group, with around 2,955 thousand professionals (Registered Nurses), followed by the CNA group, integrated by 1,564 thousand practitioners (Nursing Assistants and Orderlies), the LPN and VPN, with 724 thousand (Licensed Practical and Licensed Vocational Nurses), and the ARNP, with 204 thousand (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners). Figure 1 below illustrates the distribution of nurse employees through a pie chart.

Figure 1. Distribution of nurse employees by license in the U.S. in 2016

![Pie chart showing distribution of nurse employees by license in the U.S. in 2016](image)

Source: Own elaboration based on Nursing Assistants and Orderlies, Licensed Practical and Licensed Vocational Nurses, Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners.

The median pay shows how salaries increase with responsibilities (see figure 2 below). The CNA annual median salary is $27,510 (Nursing Assistants and Orderlies), with LPN and LVN earning $45,030 per year (Licensed Practical and Licensed Vocational Nurses), RN going up to $70,000 per year (Registered Nurse), and ARNP reaching around $110,930 per year (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners). While medians are representative of the center of the salary distribution, they do not capture the differences across specialties, workplaces and geography. For example, while among the ARNP, Nurse Anesthetists are getting paid around $164,790 per year, Nurse Midwives only make $85,970 per year. The states where Nurse
Anesthetists receive the highest salaries include Montana ($252,460) and Wyoming ($250,610), being Arizona ($139,500) and Georgia ($145,210) the lowest paying states. Figure 3 at the end of this document shows the state-level distribution of salaries by license, with West Coast and North East Coast states consistently offering the highest salaries, while southern states usually offer less salaries. Salaries also vary by industry with outpatient care centers offering the highest salaries to Nurse Anesthetists ($194,440). The previous example illustrates how salaries vary by specialization, location and industry.

Figure 2. Median salary of nurse employees by license in the U.S. in 2016

Source: Own elaboration based on Nursing Assistants and Orderlies, Licensed Practical and Licensed Vocational Nurses, Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners.

Median pays show relevant payoffs to education. According to a study of the United States (U.S.) job market by Carnevale et al. (16), among the U.S. workers with an Associate’s (in Science) Degree, Registered Nurse (RN) is the most common occupation. Further, RN salary levels are substantially above the median salary of workers with an Associate’s Degree. According to the same study, a nurse with an Associate’s Degree, Bachelor’s Degree, and Master’s Degree earns, respectively, 2.2, 2.45, and 2.95 times the salary of nurses with no degree (Carnevale et al. 15-18). Given the optimistic forecasts on future demand for nurses and current
increased payoffs of education, earning a nursing degree is an attractive educational investment that should increase the supply of nurses in the near future.

3.2. Main employers by license

Differences in education and training across the different nurse licensures leads to differences in their work places. This paragraph discusses the largest employers of the different nurse types, based on 2016 employment data from the Bureau of Labor Statistics. The type of employer changes as we move from the bottom to the top of the professional ladder. While nursing and residential care facilities (nursing homes, skilled nursing facilities such as physical care or occupational care facilities and hospices) are predominant at the bottom of the ladder, hospitals, ambulatory healthcare services and physician’s offices gain relevance as one moves to the top. Nursing and residential care facilities employ around 51% of the CNAs (Nursing Assistants and Orderlies), 38% of LPNs and LVNs (Licensed Practical and Licensed Vocational Nurses), but only 7% of RNs (Registered Nurses), and no significant quantity of APRNs (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners). Hospitals are the biggest employer of RNs (61%), the second employer of APRNs (28%), CNAs (26%) and LPNs and LVNs (16%). Ambulatory services employ 18% of RNs and 8% of APRNs. Offices on physicians employ almost half of the APRNs (46%) and 13% of the LPNs and LVNs. After explaining the main employers by license, it is also relevant to go through the future prospects by license.

3.3. Future prospects by license

Salaries and workplaces are undeniably important, but prospects of finding a job matter as much. The healthcare sector became the largest employer in the U.S. economy in 2016, surpassing the retail and manufacturing industries (Thompson). According to the Occupational Outlook Handbook of the Bureau of Labor Statistics, the healthcare industry is expected to create
four million additional jobs through 2026 (a 18% increase), driving the creation of employment in the country (which will experience an overall increase of 7%). Several are the drivers of an increase in the demand for health services and the subsequent growth of the demand for nurses; the aging of the baby-boomers, the increased prevalence of chronic diseases such as obesity or diabetes, the Affordable Care Act that has given more people access to healthcare, the relevant growth in outpatient care such as rehabilitation, surgery, as well as the increase in home healthcare needs, as hospitals discharge patients soon to cut costs. The increase in demand for nurses, however, will not be homogeneous across different nursing licenses, with the prospects of finding employment growing as one moves from the bottom to the top of the professional ladder. CNA demand will grow by 11% (Nursing Assistants and Orderlies), below LPN and LVN with an increase by 12% (Licensed Practical and Licensed Vocational Nurses) and RNs who will experience a growth of 15%, the latter representing more than double the overall national increase for employment (Registered Nurse). More striking is the forecast for employed ARNPs who will grow by 31%, more than four times the overall national increase (Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners). So, not only the salaries improve as one escalates the professional ladder, but also the chances of finding an employment, which confirms, once more, the payoffs to education.

Not all prospects, however, are so encouraging, with some analyses casting some shadows on future prospects to find employment. The 2014 report by the National Center for Health Workforce Analysis (2-3) estimates the future evolution of supply of nurses given the current nurse education and retirement patterns and compares it with nurse demand projections. Its key findings suggest that the current nurse training and retirement path will increase the supply of RNs from 2012 to 2025 by 33%, an increase expected to outpace the increase in
nationwide RN demand (National Center for Health Workforce Analysis 2). The excess supply is also expected to affect LPNs and LVNs, with increases in supply during the same period on the order of 36%, above projections of increases in demand. Table 2 at the end of this document offers the National Center for Health Workforce Analysis (8-9) forecasts by State for RNs, the most common license among nurses. It is interesting to see that the excess supply is expected to affect all states, with some exceptions, especially in the West. As the supply surpasses demand, one should expect regulations and requirements to become tighter for future nurses, which prospect nurses may want to consider when taking their education decisions.

4. Barriers to entry in the job market

While prospects are positive, after school nurses face entry barriers to the job market and clinical experience is the most relevant. Clinical experience helps develop advanced competencies, cultivate expertise and promote clinical judgement and the lack of it can have serious consequences on patient safety and hospital costs, productivity and efficiency. Lack of clinical experience also increases nurse stress and nurse turnover, with 35%-69% of newly graduated nurses leaving their jobs within the first year of employment (Persaud 1173), which leads to an unstable workforce and hospital expenses. The Institute of Medicine of the National Academies (3) has addressed the issue of newly graduate nurses’ inability to properly transition to the practice site by recommending the launching of nurse residency programs. Several health institutions have adopted Formal Transition to Practice (TTP) programs with improved patient outcomes and nurse retention (Spector 37). Carle Nurse Residency Program

2 Readers interested in the prospects for other licenses by state are referred to the National Center for Health Workforce Analysis report available from bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingprojections.pdf
(carle.org/careers/employment/nursing/residency) is an example of a transition-to-practice program in our community, which guides nurses in their final semester of nursing school and newly graduate nurses into the hospital setting.

Those prospective nurses still far from graduation can still gain practical experience through alternative programs such as hospital’s volunteering programs that allow interaction with patients in different clinical settings. While these programs are not paid, they are likely to be less competitive and will look good on the nurse’s resume. Other alternatives (The Nurse Journal) are job-shadowing, which allows the student to accompany a professional during part of his work day, or scholastic and non-scholastic internships, which are usually appropriate for junior or senior students. These alternatives will not only provide experience but may increase the chances to find a job in the institution providing the experience.

5. Conclusion

Nursing has gone a long way since the days of Florence Nightingale, from a domestic non-professional service, to a highly respected and complex profession. The incorporation of scientific principles into the nursing practice has led to the nursing science, a highly regulated and standardized education system and licensing process. Individuals who want to become a nurse should carefully plan their career path in order to make important decisions, some of them irreversible. It is thus important to invest the time to obtain key information to understand the complex system of licenses, education programs and job market.

In planning their future, prospect nurses first need to choose a career path. To do so, they should consider the different steps in the ladder of the professional career (licenses) from a Certified Nurse Assistant (CNA) to an Advanced Practice Registered Nurse (APRN), the duties associated to each license, types of employers, current job market and future prospects. This will help the future nurse to choose at which step of the ladder she/he wants to enter the profession.
As one advances the professional ladder, the duties move from primarily helping the patient with daily activities, to defining and implementing care plans or even prescribe medications. The essay also offers useful information on the most common employers. While nursing and residential care facilities are predominant employers at the bottom of the professional ladder, hospitals, ambulatory healthcare services and physician’s offices gain relevance as one moves to the top. Not surprisingly, salaries increase as one moves up the ladder from $27,000 to $111,000 per year. Becoming a nurse is a process that takes time, from a few months to several years. Future prospects for the profession are thus key in the decision process. Overall nurse employment will grow, but relative growth is expected to be bigger at higher levels of the professional ladder.

Once the prospective nurse has chosen at which step of the ladder she/he wants to enter the profession, the second step is to choose an educational program. In doing so, it is important to choose a program and school approved by the state nurse board, and possibly with a national accreditation. Further, this decision needs to consider the duration of the program and the cost of the program. However, other issues should be considered such as the opportunities that the different degrees offer to advance into more desirable positions, as well as the possibilities to enter an advanced degree.

Once prospective nurses enter an educational program, they should consider obtaining clinical experience during the education process. While the different nursing degrees combine classroom education and clinical experience, one of the most relevant barriers to entry to the job market is the lack of sufficient clinical experience. Volunteer programs, internships, or nurse residency programs are alternatives to gain this experience. The third step in becoming a nurse is
to obtain a state license. After getting their license, nurses are ready to go to the job market, obtain a job and perform professionally. A solid start will ensure a successful future.
Figure 3. State-level annual mean wage of nurses by license, May 2017 (continued).
Figure 3. State-level annual mean wage of nurses by license, May 2017.

Source: Bureau of Labor Statistics
Table 1. List of duties by license

<table>
<thead>
<tr>
<th></th>
<th>CNA</th>
<th>LPN and VPN</th>
<th>RN</th>
<th>APRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall description of the job</td>
<td>Nursing assistants, sometimes called <em>nursing aides</em>, help provide basic care for patients in hospitals and residents of long-term care facilities, such as nursing homes.</td>
<td>Licensed practical nurses (LPNs) and licensed vocational nurses (LVNs) provide basic medical care. They work under the direction of registered nurses and doctors.</td>
<td>Registered nurses (RNs) provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members.</td>
<td>Nurse anesthetists, nurse midwives, and nurse practitioners, also referred to as <em>advanced practice registered nurses</em> (APRNs), coordinate patient care and may provide primary and specialty healthcare. The scope of practice varies from state to state.</td>
</tr>
<tr>
<td>List of duties</td>
<td>Clean and bathe patients or residents. Help patients use the toilet and dress. Turn, reposition, and transfer patients between beds and wheelchairs. Listen to and record patients’ health concerns and report that information to nurses. Measure patients’ vital signs, such as blood pressure and temperature. Serve meals and help patients eat.</td>
<td>Monitor patients’ health—for example, by checking their blood pressure. Administer basic patient care, including changing bandages and inserting catheters. Provide for the basic comfort of patients, such as helping them bathe or dress. Discuss the care they are providing with patients and listen to their concerns. Report patients’ status and concerns to registered nurses and doctors. Keep records on patients’ health.</td>
<td>Assess patients’ conditions. Record patients’ medical histories and symptoms. Observe patients and record the observations. Administer patients’ medicines and treatments. Set up plans for patients’ care or contribute information to existing plans. Consult and collaborate with doctors and other healthcare professionals. Operate and monitor medical equipment. Help perform diagnostic tests and analyze the results. Teach patients and their families how to manage illnesses or injuries. Explain what to do at home after treatment.</td>
<td>Take and record patients’ medical histories and symptoms. Perform physical exams and observe patients. Create patient care plans or contribute to existing plans. Perform and order diagnostic tests. Operate and monitor medical equipment. Diagnose various health problems. Analyze test results or changes in a patient’s condition, and alter treatment plans, as needed. Give patients medicines and treatments. Evaluate a patient’s response to medicines and treatments. Consult with doctors and other healthcare professionals, as needed. Counsel and teach patients and their families how to stay healthy or manage their illnesses or injuries. Conduct research.</td>
</tr>
</tbody>
</table>

Source: Bureau of Labor Statistics
Table 2. Supply and demand balance for RNs

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Demand</th>
<th>Supply</th>
<th>Difference</th>
<th>Region/State</th>
<th>Demand</th>
<th>Supply</th>
<th>Difference</th>
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<td>Virginia</td>
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<td>California</td>
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<td>Colorado</td>
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<td>Hawaii</td>
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<td>Nebraska</td>
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<td>+200</td>
<td>Idaho</td>
<td>15,400</td>
<td>16,100</td>
<td>+700</td>
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<tr>
<td>North Dakota</td>
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<td>10,400</td>
<td>+2,800</td>
<td>Montana</td>
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<td>Ohio</td>
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<td>Nevada</td>
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<tr>
<td>South Dakota</td>
<td>10,600</td>
<td>14,500</td>
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<td>22,100</td>
<td>18,700</td>
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<tr>
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<td><strong>Midwest subtotal</strong></td>
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<td>Utah</td>
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<td>31,200</td>
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<td>South</td>
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<td></td>
<td></td>
<td>Washington</td>
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<td>-7,000</td>
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<td>Alabama</td>
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<td>4,900</td>
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<td><strong>West subtotal</strong></td>
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</table>

Source: National Center for Health Workforce Analysis (8-9)
Annotated Bibliography


The Bureau Labor of Statistics of the U.S. Department of Labor is an independent federal statistical agency that provides information on labor market activity, working conditions, as well as price changes (including salaries) in the U.S. economy. Among the Bureau of Labor Statistics publications is the “Occupational Outlook Handbook” that contains comprehensive data on different job market career paths.

The outlook is used in the essay to provide key statistics on the different nursing career paths, including number or employees, their duties, salaries, education required, as well as future prospects.


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Carnevale and coauthors examine the payoff of education in the U.S. They assign a value to college degrees by considering the potential earnings by different degree types. Other variables influencing salaries such as age, race, or gender are also considered.

This report is used to show that among the U.S. workers with an Associate’s (in Science) Degree, Registered Nurse (RN) is the most common occupation. Further, RN salary levels are substantially above the median salary of workers with an Associate’s Degree. According to the same study, there are important payoffs to education, as a nurse with an Associate’s Degree, Bachelor’s Degree, and Master’s Degree earns, respectively, 2.2, 2.45, and 2.95 times the salary of nurses with no degree.

This publication identifies the key barriers that prevent nurses in the U.S. from doing their job effectively and efficiently and makes a series of recommendations on how to overcome these barriers. The main recommendations revolve around education, leadership, and better workforce planning.

This publication is used in the essay to emphasize the increasing role of education in the nursing profession. It is also used to explain that hospitals are handling the lack of clinical training of newly graduated nurses, following the Institute of Medicine recommendation to create nursing residency programs.

The International Council of Nurses advances nursing, nurses and health through policies, partnerships, leadership development, networks, projects, congresses, etc. Its website offers an array of information on the Council tasks, nursing policy, events, news, etc.

The Council website was used to provide a definition of nursing in the essay.

In this article, the author concludes that nursing is a science and discusses different views of nursing as a discipline. The author takes the position that nursing is a basic science that has different schools of thought. She further offers a wide definition of the nursing science.

This article is used to explain that nursing has evolved over time from the days of Florence Nightingale, when nursing was considered a simple domestic non-professional service, to a basic science with its own scientific methods, research and journals.

The 2014 report by the National Center for Health Workforce Analysis (2014) estimates the future evolution of supply of nurses given the current nurse education and retirement patterns, and compares it with nurse demand projections. Its key findings suggest that the current nurse training and retirement path will increase the supply of Registered Nurses above the increase in nationwide demand. The excess supply is also expected to affect Licensed Practice Nurses and Licensed Vocational Nurses.

This report findings are used to cast doubts on the promising prospects offered by the Bureau of Labor Statistics for the nursing profession. As the supply surpasses demand, one should expect regulations and requirements to become tighter for future nurses, which future nurses may want to consider when taking their education decisions.


The document contains guide on what to expect and how to prepare for the National Council Licensure Examination for Registered Nurses.


The Nightingale College website offers detailed information on the nurses qualifications, laws and requirements by U.S. State. It also discusses whether educational requirements for nurses will increase in the future.

The information contained in the website is used to discuss that, while a Bachelor of Science in Nursing (BSN) is not currently required to work as a Registered Nurse, 100% of nurses in management positions in a hospital awarded with the ‘Magnet’ recognition, must have a BSN degree.

“10 Ways How to Get in and Gain Experience in Nursing.” Nurse Journal. 2019,

Lack of clinical experience constitutes on of the most relevant barrier to entry in the job market faced by nurses. This article proposes several strategies for graduates in nursing
and for nursing students to acquire this critical clinical experience.

The content of this article is used in the essay to propose alternatives to gain clinical experience. Specifically, citation to the article is made to emphasize that volunteering or internships may increase chances to find a job in the institution providing the experience.


Persaud discusses the causes that lead to nurse job failure. These causes include lack of experience, confidence, commitment, or not being able to cope with a stressful situation. Persaud also explains how an important proportion of the new nurses without experience leave their jobs in the first months of employment. The author proposes a mentoring program as a relevant retention strategy for nurses working in the operating room.

This article is used to discuss that lack of clinical experience increases nurse stress and nurse turnover, with 35%-69% of newly graduated nurses leaving their jobs within the first year of employment, which leads to an unstable workforce and hospital expenses.


www.ncsbn.org/Spector_Transition_to_Practice_Study_in_Hospital_Settings.pdf.


This article studies the impacts of the Transition to Practice programs in nurse job performance and retention. It is an empirical analysis that uses volunteer hospitals that are randomly assigned to either a study group that implements the Transition to Practice programs and a control group. Results suggest that Transition to Practice programs lead to higher retention rates, fewer patient care errors and general job satisfaction in hospitals with these programs.

The Institute of Medicine of the National Academies (2010) has addressed the issue of newly graduate nurses’ inability to properly transition to the practice site by recommending the launching of nurse residency programs. The article by Spector and coauthors is cited in the essay to discuss that several health institutions have adopted Formal Transition to Practice (TTP) programs with improved patient outcomes and nurse retention.

This article discusses how nursing has evolved since the days of Florence Nightingale, from a domestic non-professional service, to a highly respected and complex profession.

This article is used to explain that Florence Nightingale, during the Crimean War, promoted increased sanitary and medical conditions to nurse injured soldiers. Her approach led to a dramatic decline in soldier death rates and eventually to a transformation of nursing from a domestic non-professional service to a profession.


This article explains the recent growth of the health care sector, to become the largest employer in the economy of the United States and discusses some of the causes of this growth.

This article is cited in the essay to emphasize the relevance of the health care sector within the U.S. economy.