Past Event: 2023 NCSBN Annual Meeting - The 2022 National Workforce Study Video Transcript

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Presenters
Richard Smiley, MS, MA, Senior Statistician, Research, NCSBN;
Brendan Martin, PhD, Director, Research, NCSBN

- [Richard] Okay. So, greetings. Hello. I'm here to present the results from the 2022 National Nursing Workforce Survey. And in this presentation, I will go through the background and methods of the survey and present the response rates.

I will then review the results from the RN and LPN/LVN surveys and present a quick look at the future. I will answer questions after the presentation has ended. And just a quick note, I will be referring to LPN/LVNs as just LPNs for the sake of brevity.

So, as a background, this survey is the result of a collaborative partnership with the National Forum of State Nursing Workforce Centers. Since the 1970s, nursing supply data had been collected every four years by HRSA, the Health Resources and Services Administration, via their National Sample Survey of Registered Nurses. But after the 2008 survey was conducted, it was announced that a 2012 survey would not be conducted due to the lack of funding.

NCSBN stepped up in 2013 to fill the void in the RN supply data by conducting the National Nursing Workforce Survey. The survey was conducted again in 2015 with LPNs included and was subsequently conducted in 2017, 2020, and now 2022.

And I will note here that the 2022 survey serves as the largest, most rigorous, and comprehensive study of the U.S. nursing workforce since the onset of COVID-19 pandemic. And the report that follows will focus on the pandemic's impact on the nursing workforce.

For the 2022 survey, a mixed modes approach was used to collect the data. The data for 43 jurisdictions were captured through a direct mail survey administered by a third-party vendor.

For four jurisdictions, an email survey using Qualtrics was employed. For five jurisdictions, data were collected internally from our e-Notify system. In summary, data were collected for all 50 states, the District of Columbia, and the Northern Mariana Islands.

In collecting the mailout sample, all active RN and LPN licensees were eligible for survey participation. The sample was stratified by state, and the survey was mailed to over 150,000 RNs and 150,000 LPNs. Likewise, in collecting the email sample, all active RN and LPN licensees were eligible for survey participation.

That sample was stratified by state, and over 25,000 RNs and 18,000 LPNs were selected to be sent the survey. All of the RNs and LPNs captured by the e-Notify system were included in the study. The data collected via this method had undergone an extensive review, and a determination was made that the data were sufficiently comparable to the workforce data previously collected in the selected jurisdictions so that a separate workforce survey was unnecessary.

In composing the survey, the form's minimum data supply set was used to form the bulk of the questions. Additional questions on the survey were asked about telehealth, the National Licensure Compact, future retirement, travel nursing, and direct patient care.

Also, the 2022 survey added questions about the COVID-19 pandemic. Please note that the e-Notify jurisdictions only collected the MDS data set questions. After all the responses were in, a nonresponse bias analysis was conducted to evaluate survey response patterns by age and gender.

Weights were created, which adjusted for nonresponse by age and gender and adjusted for the stratification by state in the original survey design. So those weights were applied to the subsequent descriptive analysis that is being presented here. Nearly 27,000 RNs and nearly 23,000 LPNs responded to the mailout survey.

Response rates were 18% for RNs and 15% for LPNs. The RN and LPN email surveys each received between 2,000 and 2,500 responses. The response rates were 9% for the RNs and 12% for the LPNs. From the e-Notify jurisdictions, 250,000 RN records and 30,000 LPN records were used.

And we now will proceed to the results for the registered nurse's portion of the survey. The RN nursing workforce underwent a dramatic shift in the wake of the COVID-19 pandemic. Many nurses who are in the older age ranges in 2020 left the nursing workforce, and that resulted in a decline in the median RN age of the workforce by six years.

And just as a side note, this is a dramatic shift. All the time I've been doing the survey, I'm used to seeing the median age either stay the same or shift up by a year or shift down by a year. For it to change by six years in two years is unprecedented. Almost a quarter of the RN workforce is now aged 34 or younger.

In 2020, nurses aged 55 and older accounted for 43% of the RN workforce. Now, in 2022, the same age cohort accounted for 31% of the RN workforce. This decline was associated with estimated losses to the workforce of at least 200,000 experienced RNs. The women continue to account for a very large majority of nurses.

The proportion of men licensed as RNs in the country has increased steadily since at least 2015. Currently, men account for 11% of the RN workforce, which is up from 8% in 2015. RNs are more likely to report identifying as an underrepresented racial minority than they were before. Overall, 24% of RNs reported being in a racial or ethnic minority in 2022, which is a slight increase over the 23% reported in 2020.

In contrast, the Census Bureau reports that 41% of the U.S. population in 2021 were in racial or ethnic minority groups. RNs who reported being of Hispanic or Latino origin composed 7% of the workforce in 2022, as opposed to 4% in 2015.

Levels of educational accomplishment among RNs continue to increase. In the 2022 survey, 47% of the RNs held a baccalaureate degree as their initial nursing education, while over 70% of the workforce reported holding a baccalaureate degree or higher as their highest degree of education.

This sharp increase in educational attainment is partially due to the loss of the workforce of many older RNs who had not earned a baccalaureate as their initial education. The COVID-19 pandemic had a notable impact on RN workforce employment.

Eighty-nine percent of the RN licensees were actively employed in nursing. This is an increase from 84% in 2020. And 70% of RN licensees were working full-time, which represented an increase from 65% in 2020. Post-pandemic inflation is reflected in RN salaries.

Median pre-tax earnings rose from 70,000 in 2020 to 80,000 in 2022. Nurses were asked to indicate the percentage of time they provided nursing services or communicated with a patient or client located somewhere different from where they were located, via phone or electronically.

About half of the RN workforce reported being engaged in such activities. This proportion is similar to numbers reported in previous years. Of those RNs providing services remotely, proportions reported providing services over state and national borders remain constant in comparison to previous years.

Of those RNs providing nursing services remotely, usage of video calls tripled from 2020 to 2022. The usage of electronic messaging also increased. Nurses were asked if they hold a multi-state license.

Among RNs who hold a multi-state license, over two-thirds have not used it, but another way of looking at this is about one-third have. So that's good. Now, as I mentioned, additional questions were asked in this year's survey, which specifically focused on the impact of COVID-19 on the workforce and on the respondents themselves.

Sixty-two percent of RNs reported that their workload increased, 16% reported that they changed their practice setting as a result of the pandemic, and 9% reported that they left or retired nursing as a result of the pandemic.

In addition, 46% reported that they felt burnt out at least a few times a week as a result of the pandemic. And now I'm going to move on to the LPN results. The LPN nursing workforce also underwent a dramatic shift in the wake of the COVID-19 pandemic. Many nurses who were in the older age range in 2020 left the workforce, resulting, once again, in a decline in the median LPN age of six years.

In 2020, nurses aged 55 and older accounted for 42% of the LPN workforce. In 2022, this same age cohort accounted for 30% of the LPNs. This decline was associated with estimated losses to the workforce of at least 60,000 experienced LPNs. And though women continue to account for a very large majority of nurses, the proportion of men licensed as LPNs in the country has increased steadily since at least 2015.

Currently, men account for 10% of the LPN workforce, up from 8% in 2015. LPNs are also more likely to report identifying as an underrepresented racial minority, in comparison to previous years.

Overall, 40% of LPNs reported being in a racial/ethnic minority in 2022, an increase over the 36% reported in 2020 and almost matching the 41% that the Census Bureau reports being in the U.S. population. So for the LPN workforce, that aspect of diversity almost matches what's in the workforce, although the distribution across various minorities is a little different than what's in the U.S. census.

LPNs also who reported being of Hispanic or Latino origin composed 12% of the workforce in 2022, as opposed to 6% in 2015. Levels of educational accomplishment among LPNs have increased in the 2022 survey. Sixteen percent of the LPN workforce reported holding an associate degree or higher as their highest degree of education, which is an increase over the 2020 number.

The COVID-19 pandemic had a notable impact on the LPN workforce employment. Seventy-one percent of LPN licensees were working full-time. That's an increase, up from 66% in 2020. Post-pandemic inflation is reflected in LPN salaries.

Median pre-tax earnings rose from $44,000 in 2020 to $50,000 in 2022. Over 55% of the LPN workforce reported being engaged in telehealth activities. The proportion actually is an increase over the numbers reported in previous years.

Of those LPNs providing nursing services remotely, usage of video calls nearly tripled from 2020 to 2022. The use of electronic messaging also increased. Among LPNs who hold a multi-state license, three-quarters have not used it, and once again, about one-quarter have.

And then, as with the RN survey, we asked questions about the impact of COVID on the LPN workforce. And 63% of the LPNs reported that their workload increased, 11% reported that they changed their practice setting, 10% reported they retired or left nursing, and 45% reported that they felt burnt out at least a few times a week as a result of the pandemic.

To finish up, we will take a quick look at what the future may portend. In the survey, we do ask the question to nurses, do they plan to retire or leave nursing in the next five years?

And so, in response to that question, what we found out is that a projected 800,000 RNs and 184,000 LPNs indicated that, yes, they are likely to leave nursing by 2027. This is equivalent to roughly 20% of the total licensed RN and LPN workforces in the U.S. And the obvious question is, while we always have attrition, you know, throughout a year, what would it typically be?

And so we did look at, like, what it would have been before the pandemic. And in that time, we typically would have expected about half that number, and I think the rough estimate we came up with was 375,000 RNs. So just as a contrast, you know, like, this is a big deal. And what's really also of concern is that, of those people who said they plan on retiring or leaving, 24% of the RN total was in the younger career nurses range.

So it's also of a concern that a good proportion of the ones who say they're going to leave are younger. So, in summary, in the wake of the COVID-19 pandemic, the nursing workforce has undergone a dramatic shift with the loss of hundreds of thousands of experienced RNs and LPNs.

The workforce today is distinctly younger, more educated, and slightly more diverse. About half the RNs and LPNs engage in telehealth. Twenty percent of the total workforce may leave nursing by 2027. And I will mention, the results of the survey were published in a supplement to the April "Journal of Nursing Regulation."

And as we indicated in our method section, we couldn't have done any of this data without your support and help, and we thank you for that. And going forward, we will, once again, be conducting a survey in 2024, and we are looking for your help again. And we are especially asking the executive officers to come over to our booth and consider giving us their consent so that we can use the Nursys data and proceed forward with the next survey.

Our booth is in the corner over there. We've got candy. We have Skittles. Our people are friendly. Brandon's friendly. I think he is. I try to be friendly.

So, please, come over, visit, and sign your life away. You're just signing some data away. And otherwise, that's all I've got, and I guess I will take your questions. Okay, microphone three. I'm seeing number three. Hello.

- [Carrie] Hi, my name is Carrie Oliveira. I'm from the state of Hawaii. I'm also a member of the forum's research committee.

- Yes.

- My question about your exits for the younger portion of the workforce. Do you know that that's attributable to stress related to work? Is it COVID, or is it some other reason for the departures? Did you crosstab that?

- Well, our researcher, Charlie O'Hara, one of our researchers, really has been digging into that. And certainly, the stress is one of the issues that he found. That's a big issue that it's related to. That is one of the reasons they're considering leaving. So, yes.

The answer is yes, you're right on. Microphone six.

- [Lynn] Thank you. Lynn Power, Canada. And I'm going to build on that same type of question. I know this is a national survey, and it's anonymous, and we're looking at larger numbers. But that intent to leave is like a big bubble that multiple groups are really scared of. Is there any way, are you planning any type of qualitative work to dig deeper to really maybe track individuals and see if they do leave?

Is there more plans? Because right now, there's an awful lot of fatigue. So there's a lot of leaving versus will they really leave? And so, to do proper workforce modeling, we're kind of in a dicey spot.

- Well, I will say, in our methods, it's a survey. And by IRB protocol, we deliberately do not know who answered to us. So, at any given time, we can't...it's not a cohort study. We can't individually track nurses who said they plan to leave.

All we can do is check overall numbers and see, you know, how does this compare to what we were projecting? I know that we also ask the question in 2020, and there was a figure given there. And actually, if we came up with numbers there that, at that time, were projecting how many intend to leave compared to how many actually left, that actually undershot it.

Like, in other words, if we tried to do this projection in 2020, we would have undershot the actual amount that left. And, Brendan.

- [Brendan] Yeah. And I would just add. So, I mean, Richard is exactly right. So we added in 2020 for the first time ever that intent to leave question, and so we do track what is the attrition in between, like,

our survey cycle years. And what we would have anticipated, obviously, two years out is about 40% of the way to that number. To Richard's exact point, we've seen more. We attribute that largely to the pandemic, which obviously was not on the radar in 2020, but we have eclipsed that, where we would be in terms of the pace of that.

The other thing I just wanted to mention is, in our COVID question set, which, you know, we have limited time today for this presentation, which is why we would encourage you to download the results, we did ask, actually, a qualitative free text question where we said, you know, "Using your own voice, your organic rationale, tell us, like, behind the scenes, what is it that was ultimately very, very problematic."

And that's where Charlie O'Hara really came in and was able to basically apply supervised machine learning, natural language processing techniques to really delineate the objective trends from those qualitative responses. And to your point, we were able to distill some more tangible things that, essentially, the pandemic was accelerating or exacerbating but not necessarily was the primary cause. So it was things like safe staffing, you know, salary, etc.

- And those results actually were also published not in the supplement but in the actual April JNR issue. I think it's the lead article in the April JNR issue, and it's beyond the firewall. So anybody can just download it because it's COVID. So Elsevier just said, "Yes, you know, we will put this out there to the public."

So thank you. And I'm getting number seven. Everybody's telling me number seven.

- [Hank] Good morning. Hank Chaudhry, CEO of the Federation of State Medical Boards. Thank you very much for sharing your research and your findings. I find it fascinating and more than a little worrying, of course, as well, in terms of the workforce. In medicine, we too saw a number of physicians and physician assistants who left practice as a result of COVID, not as dramatic as in nursing.

But we also saw a number of state medical boards telling us that a lot of those physicians and PAs are returning to practice, so much so that my organization, the Federation of State Medical Boards, has put together a workgroup to look at the issue of physician reentry. In other words, if you've been gone a certain number of time, what criteria should state boards use to enable them to come back into practice?

Do they need an assessment? Do they need some other means of demonstrating that they've kept up with the medicine? Have you seen something similar happening in nursing yet where nurses want to come back?

- We haven't specifically seen that, but on our research agenda, we're going to be doing...we're planning going forward a lot more research out of this database. And one of the projects we will be studying are, specifically, as we said, 90% of the workforce is working in nursing.

And so we do have questions about, okay, what about the other 10%? What are the prospects there? But as for your specific thing about reentry, we haven't specifically been asking questions about that. I mean, I think that could be an interesting study topic in terms of an approach to it. But we don't have data on that at the moment.

- I was furiously trying to press the push button on my microphone up here too. So I was just going to follow up to that. You know, that's one of the reasons behind the logic of going to field every two years

rather than every four, which was historically done by HRSA. We really feel as though, in particular, with flash points and inflection points, like the pandemic, it's going to change rapidly.

So that's one of the reasons why we'll be back in field for 2024. So we'll do that plug again for the executive officers. But it is one of those issues where we're trying to understand, you know, really what are all the inputs on this. And so it's one of the reasons why, in April, we really tried to heighten the publication, like, the results of this study, to bring together inter-professional stakeholders to really kind of have an all-hands-on-deck approach to policy solutions.

Because I think what you're speaking to there is there could be a natural kind of boomerang effect. There could be other instances in which, through intentional policy, we could encourage folks to come back too.

- And thank you. I'll just mention briefly that two of the drivers we're seeing in medicine for physicians and PAs wanting to come back, one is, of course, the pandemic has largely gone away, even though COVID is still around. But the other is the economy and a desire to sort of, "Let me go back into practice and see if I can earn some money." Thank you.

- Thank you very much. And number two.

- [Jacqueline] Jacqueline Wilmot, from Virginia. From the data, are you able to tell the shelf life of a nurse? In other words, how long from licensure to departure are they staying?

- We ask questions. I mean, we actually, in raw form, do have that because we know how long nurses have been licensed, and we can see that over time. And we know that's... I was giving median age, but one of the other things we could look at is just studies of numbers of years licensed, which we do have and which also does change over time.

That can be studied. I mean, we haven't focused on that, but we can tell. I think we have an idea of what that is.

- Yeah. And you know, I would just reiterate what Richard said at kind of the front of the presentation in that the core of our surveys really constituted the minimum data set, and then layered on top of that are custom elements regarding, like, specialized topics that we want to track over time. That is not one of the specific variables that we've ever dug into. But to Richard's point, because so many jurisdictions are Nursys-participating, we are able to look at, for instance, number of years licensed.

Now, I will say that, typically, even in retirement, nurses do not give up their licenses. So there is some caution in terms of interpreting that data point because it necessarily isn't a full one-to-one with years in practice. But it's a great question.

- Thank you.

- And microphone number eight.

- [Jennifer] Hi. Jennifer Manning, Louisiana. My question pertains to the intent to leave and, specifically, even those who have left. Is there a way to capture those who have gone back to get advanced education? I'm specifically thinking about how many more nurse practitioners we have trained in the last few years. Are they counted as nurses who left, or is there a way to tease out that they have gone on to get advanced education?

- Actually, if I'm understanding your question, if they go to education, we track that. We know how many that is. They would not be considered, like...that's not considered full-time. Like, we're asking, are people working part-time or full-time?

And then a follow-up question we ask, and this is, you know, as part of the data, just directly, like, "Okay, you know, why are you not working?" And education is one of the reasons there, and we do track that. Like, if they're just going back for education, we can identify the numbers in that and break that down.

- Yeah. I would just completely echo Richard's comments. So we are able to delineate between, you know, Lynn had the question, there are other questions regarding the motivation of folks, in particular, the younger cohort, in terms of their intent to leave. What we were very careful to do is to delineate between something like the pandemic causing burnout and stress and something like just kind of a natural transition where one individual might want to return to school to advance their degree.

So we are able to tease that out in the data, and we did. And so what Richard focused on I think really well is that when we say a quarter of that 800,000 RNs intend to leave, that is specifically due to the pandemic. So these folks are essentially, at least point in time, telling us that they have no intention to return. Now, to Hank's point, you know, whether or not that that remains firm, right, this is an intent to leave.

This is a self-report data point at a particular point in time. There are many, many factors that come to bear on that decision long-term, but at least right now, it's about a quarter saying, you know, in that kind of younger than 36, fewer than 10 years' work experience. And that's what was really causing significant concern when we reviewed the results.

- Thank you.

- Okay. And I'll go to microphone seven.

- [Peggy] Hi, Richard. This is Peggy Benson, from Alabama. We ran our demographics study too, and we saw, in the next 5 years, we had 38,000 who had an intent to retire. So we looked at the supply and demand, and then we started looking at, well, how many exams do we get every year, how many endorsements that come into Alabama. And we saw, in the 5-year period, that 38,000 were going to leave.

We were going to get 37,000 back in, but they're going to be a new workforce. So we've started concentrating our efforts on working with the employers to get a mentoring system so that they can pull the older nurses back in. So, with that said, are you guys looking at, if we're going to lose a million in next five, how many are coming in, in the next five?

And it looks like we need to have a strategy for all of these new people who are going to lack that mentorship.

- Yeah. I mean, to the first point, like, if you're losing 38,000 and you're gaining 37,000, that's okay, unless your need is increasing. And if your need, you know, if the demand is increasing, then actually, even that is not sufficient.

But assume the demand is static and you're okay there, I applaud you for doing what you're doing, which is looking at that younger group and saying, "What can we do to maintain them?" Because to look at the future here, it doesn't have to be. Like, we're just saying... They're saying, they anticipate that they're going to leave, but circumstances can change. Our research is showing this could be stress, this could be burnout, this could be environment.

It could be things that possibly could be changed so that that doesn't have to come to fruition. So that's the right focus there.

- You know, I was just going to say, I too applaud you. I think you're doing exactly the right thing, and I think you are touching upon something that we thought about constantly when we were reviewing these results. It's not just the fact that we have this intent to leave, but even the folks coming into the workforce now, because of that generational shift that Richard was able to document, there are fewer and fewer mentors with significant practice experience in many of these settings.

And those who would theoretically step into those walls we are seeing burned with high levels of stress and burnout. So it's really kind of, you know, battered from all sides, so to speak. And so when we see these data points, we try to think about it kind of in the constellation of everything else going on.

So, yes, you know, I just wanted to stand up and say, we applaud Alabama too. I think it really is critical that you think about all these things in concert. The one thing that I would, like, refer back to that Richard I think nicely stated, is that when we say 800,000 in the next 5 years, we did do an analysis looking at exam passes, we did do an analysis looking at annual retirements, you know, maybe somebody transitions out into, like, a graduate nursing program, etc.

And that's where Richard noted that what we would anticipate when we take into account the inflow and the potential outflow on an annual basis, what we would anticipate is about 375,000 nurses leaving in the next 5 years just due to natural progression. That 800,000 number, doubling that, is obviously deeply concerning because, whether or not we can account for that and backfill that with just, you know, new entrance, with all the other challenges going on, shortages in nursing faculty.

You know, one of the things that's going to be in my presentation, AACN has reported drop-off in enrollment to baccalaureate programs, even applications, so prospective student interest in nursing programs. It's kind of at both ends of the funnel.

- Yeah.

- Thank you.

- And number eight.

- [Phyllis] Hi. Phyllis Johnson, EO, Mississippi. Great presentation. Very disturbing results. I've reviewed the study even prior to this. I guess my question is, we've seen a resurgence of LPNs being utilized and brought back into the hospital setting, and in your study, did you look at nurses...are these nurses leaving the bedside because there's still a great need for that?

And also, why are they leaving the bedside even though they are leaving the profession? Some of them are not leaving the profession, but they're going into their own private business with other opportunities

for nursing, such as aesthetics and things of that nature. Will there be any opportunity in your future research to look at where the nurses are that have left the profession?

Because that's what we're seeing a lot in our region, especially, in Mississippi, I notice that a lot. So thank you.

- Yeah. I think that is one of our future studies. Sort of exactly that.

- You know, I'll just refer back to that all-hands-on-deck approach. Phyllis, again, like spot on observation, one of the targeted sub-analyses that we have planned for this cycle, really kind of taking us through the end of the calendar year 2023, is to look at the nurses who are actively employed but in non-nursing positions, kind of representing the lowest hanging fruit, right? These folks are vetted, we know their skills, we know their competency, right, they're already licensed, etc.

How can we bring them off of the sidelines? And then, from there, kind of start to layer on top of that conversation for increasing enrollment, etc., etc. But I think the first step, and I think Hank actually spoke to it a little bit with other health professions, is, how do we get, essentially, as close to as humanly possible full employment in nursing of qualified nurses?

- Yeah. Okay, thank you. And then microphone two.

- [Silvie] Hi. Silvie Crawford, Ontario, Canada. So just building on the opportunities here if they don't have enough research, but I think there would also be an interest in considering, with the shift, the novice to the seasoned and having more novice, it'd be interesting to know any impact to the public safety mandate, conduct issues. So it's kind of just really weaving that in.

I think that would be an interesting area to explore. Thank you.

- Okay. Thank you. And then microphone nine, which is...okay.

- [Jim] Thank you. Jim Campbell, WHO. Thank you, Richard, Brendan. Great work here in terms of adding to the evidence space. Just a couple of remarks, if I may. On the intention to leave/retirement, it'd be really useful if we could sort of disaggregate between what is retirement against early departure from the service.

We have, globally, the suggestion of a great resignation in the clinical workforce, which is largely fueled by some of the data coming out of the United States. But given that most of that is not on actual departure but intention to depart, we really have a bit of a sort of scientific responsibility to disaggregate some of those issues.

One of the options is to look at things such as stability index, look at survival rates with that data to really try and nail down, disaggregate. So I'd welcome the opportunity to look at how we might be able to support some of that. The second point, which really, Richard, just if you could answer, what we see globally is that an increase in wages triggers an increase in employment of male nurses.

And I wonder if your data is able to distinguish between, you know, is it the horse before the cart, the chicken and the egg? And is some of that increase in wages and increase in percentage male linked to additional hours worked during the COVID-19 pandemic, or is it an actual uplift in nurse wages for RNs?

Because that benefits the entire workforce. So more men equals more money, which equals more money for women. I just wonder if you've got any better understanding about that.

- I think that's a difficult one to untangle, especially with the nature of the survey data. A long time ago, I looked into some of the gender stuff. I'm sure. One of the breakdowns we do, anybody who knows this, like, anytime I've tried to break down wages by male/female, breaking it down by practice level, by setting, by geography, the gap never goes away between men and women, you know, there's all this, oh, this is a different specialty, or this wage gap is coming because men are working here.

You always find something. And so, I mean, I don't know, specifically. I mean, we've been seeing an increase in number of men in the field, and I don't know. Is it because wages are going up? Chicken or the egg, like, in other words, what's driving what? I don't know if our survey has the capacity to actually make any distinction like that in terms of what's driving what.

- Yeah. You know, I would just add too because, you know, Richard did have that in his presentation. We've seen such a steady, although, certainly not a spike, in any capacity, but such a steady increase in the number of male nurses in the United States that I think we should be very careful or conservative in over-interpreting the impact of the pandemic, specifically. This is part of a long-term trend from where we picked up the survey in 2013 to now.

The other thing is, too, and I know you know this as well, salary is such a tricky thing, and particularly, United States, for nursing, because there was salary inflation with kind of the rise in travel nurses. There's also been significant inflation, which has, you know, kind of changed the game in terms of salary. So what it represents in terms of permanent salary increase, which I think would be intentional policy, what speaks to your comment, versus more kind of temporary spikes that are kind of driven or an artifact of the pandemic.

I think that's to be determined, and I think that that's why, you know, again, we come back into the field every two years. Because some of these issues are so time-based and are so sensitive to, like, kind of the current circumstances in that two-year cycle that we've tried to kind of get a fresh look at it on a fairly regular basis.

- Question eight. Yeah, microphone eight.

- [Jose] I can be question eight. I'm Jose Castillo, from the great sunshine state of Florida. Woo-hoo. It's raining outside. I got two comments and a question. I do have a fraction of the data just based on the member services survey from the American Association of Nurse Anesthetists, and 51% are male and 49% are female based on the most recent survey.

So I do think that that answers partly the question of the previous speaker or questioner/commenter. My second comment is on the Federation of Medical Board's comment from earlier. I do think that it is important to note that, as a regulatory body, we need to address the reentry component, especially if we don't know how many years they've been out and the competency and proficiency could be in question, especially in practice.

The third item that I have a question with is with the small increase in the diverse practitioners component of the survey. I am looking through the lens, again, of diversity, and I know that I brought this up at mid-year. With English as a second language for our NCLEX-RN entry, and this could be one

of the solutions for us to increase the workforce because we know that, with English, there's backward translation, forward translation, sideways translation, you name it.

So I'm wondering if the study on item, and I have to read this, item function differential for a non-native English speaker versus an English speaker would be done. I believe that Phil addressed it last mid-year, but I just want to put it at the forefront if we can push that agenda so that we can get that data and probably truly know the source of why we have a huge non-pass rate for our ESL soon-to-be practitioners.

Thank you.

- Okay. I'm actually going to give a chance here for my colleague to speak because I'm noticing, like, we're getting to the point where he actually has his half hour. So I thank you very much for the questions, and by all means, keep them coming. Once again, after this presentation, I'll be in the booth over there where you might want to come.

Just to reiterate, we've got candy. We've got Skittles. We have friendly people. So, thank you. Brendan.