

Welcome to the second issue of *Nursing Counts*!

We appreciate the letters and e-mails readers sent about the first issue. Nursing Counts will keep you informed and up to date with issues pertaining to the nursing workforce, particularly as it effects the elderly.

This issue focuses on the nurses who work in home health care and ambulatory care. Data about nurses working in these settings are difficult to find. Home health agencies include those that are hospital and non-hospital-based, while ambulatory care includes physician-based practices, health maintenance organizations, nurse-run practices and dialysis units. Many of the ambulatory care settings employ only a few nurses. Where do we categorize the nurses who work in outpatient departments of hospitals? They are usually counted as hospital nurses. Confusing? You bet!

If you missed the first issue of Nursing Counts, you can [click here to view it now](#). You can also obtain a copy by contacting us at (212) 998-9018 or by e-mailing us at hartford.ign@nyu.edu.

We plan to make Nursing Counts a regular part of your life through the generous support of The John A Hartford Foundation Institute for Geriatric Nursing. Please feel free to copy this newsletter and pass it on; if you do, we ask that you copy the issue in its entirety. Enjoy!

Christine Kovner, Editor

Charlene Harrington, Associate Editor

FAST FACTS	
STAFF	AT HOME
<ul style="list-style-type: none">▶ An estimated 278,141 RNs worked in a community or public health setting. (March 1996)▶ An estimated 178,930 RNs worked in an ambulatory care setting. (March 1996)▶ 94,246 RNs worked in homecare (non-hospital based). (March 1996)▶ 85,380 RNs work in a physician based practice. (March 1996)▶ There are 10,403 home health agencies in the United States. (1998)	<ul style="list-style-type: none">▶ 85% of all home and community based care is provided by family caregivers.▶ 7 Million family members provide unpaid help to disabled older adults in the community.▶ Family caregivers are primarily wives who are aged themselves, or daughters between the ages of 45 and 67. 5% of whom work outside the home.▶ On average, family members provide care 4 hours a day, seven days a week (28 hours/week).

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Forthcoming...

**Winter 1999:
Hospitals**

Counting Nurses

Counting nurses can be very confusing. Some sources report only those nurses working in the health sector, yet almost 16% of health professionals work in non-health settings (such as insurance companies). Some sources count individual nurses - an



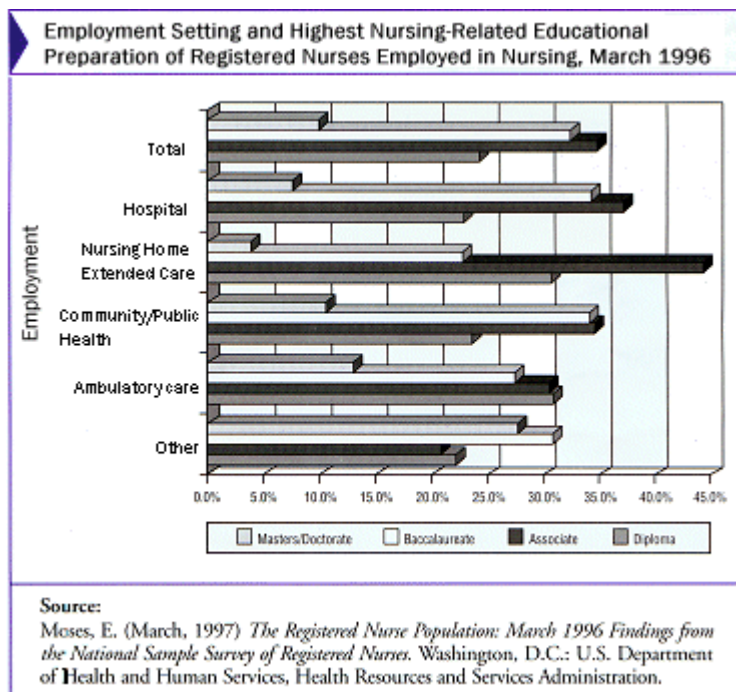
Christine T. Kovner
PhD, RN, FAAN

example is the New York State Education Department, which counts individuals who are registered nurses. But not all of these nurses are working. Some are in school; others have retired and still keep their licenses. Check the NYSED web page to see the number of nurses in NY State

(<http://www.nysed.gov/prof/98reg.htm>).

Other sources count a sample of nurses and estimate the number of nurses from the sample. The Department of Health and Human Services, March 1996 National Sample Survey of Registered Nurses is an example of estimation the number of nurses from a sample. Another approach is counting fulltime equivalent nurses (FTE's). Using that method two individuals each of whom works part-time counts as ONE FTE. The U.S. Department of Labor uses still another method. They count paychecks. A nurse who works part-time at two places is counted twice. If home care agencies substitute part-time nurses for full-time nurses the Department of Labor would show an increase in the number of nurses, while the actual number of FTE nurses would stay the same. In this example, the Department of Labor would report twice as many nurses, while the elderly would not experience any

COMMUNITY HEALTH/ AMBULATORY CARE SETTINGS		
EMPLOYMENT SETTING OF PRIMARY POSITIONS OF REGISTERED NURSES EMPLOYED IN NURSING, MARCH 1996		
Employment Setting	Estimated	
	Number	Percent
Community/Public Health	278,141	13.1
State health/mental health departments	25,948	1.2
City/county mental health departments	34,328	1.6
Combination/visiting nursing services	62,878	3.0
Other home health agency (non-hospital-based)	94,246	4.5
Community/Neighborhood health/mental health centers	24,717	1.2
Hospice	17,429	0.8
Other	18,597	1.0
Ambulatory Care	178,930	8.5
Physician-based practices	85,380	4.1
Nurse-based practices	8,342	0.4
Ambulatory surgical center (non-hospital based)/freestanding clinic	28,878	1.4
Mixed professional group	19,003	0.9
Health maintenance organization	21,219	1.0
Other	16,109	0.7
All Other Settings	1,658,744	78.4
Grand Total	2,115,815	100.0



increase in available nursing time. There is no "right" way to count nurses. This brief bit of information may help you understand why the numbers do not always add up.

- Christine T. Kovner

The Employment of Registered Nurses: March 1996

According to the Division of Nursing Health Resources and Services Administration's (HRSA) latest findings from a March 1996 national survey of registered nurses, the majority of registered nurses (59%) worked in hospitals. Thirteen percent of nurses worked in a community of public health setting, 8.5% worked in an ambulatory care setting, 8.1% worked in a nursing home or extended care facility and 10.2% worked in another employment setting. Of the 278,141 registered nurses who worked in community or public health, the majority either worked in

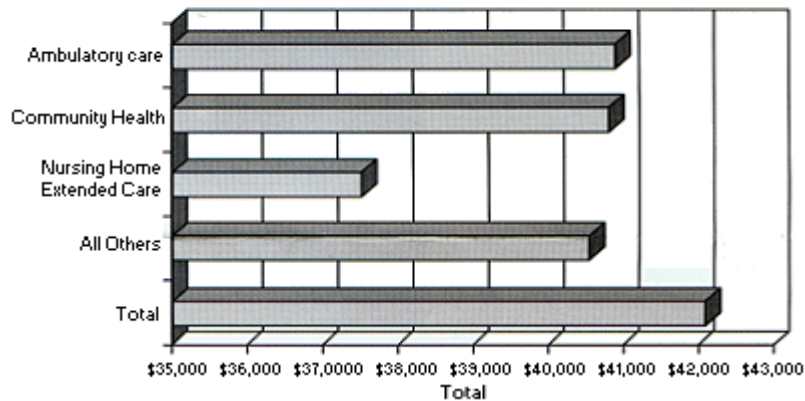
non-hospital-based home health agencies (4.5% of nurses overall). Of the 178,930 registered nurses who worked in ambulatory care, the majority of these nurses worked in physician-based practices (4.1% of nurses overall).

The educational background for registered nurses varied across employment settings. The majority of registered nurses had either an associate (35%) or a baccalaureate (32%) degree. Nurses in nursing homes and ambulatory care settings, community or public health and other settings had the highest percentages of registered nurses working with either a master's or doctoral degree.

The earnings figure for registered nurses showed a total average annual income of \$42,071 in 1996. The average earnings for nurses in ambulatory care, community or public health, and other nursing settings was three percent below their national average. Registered nurses who worked in a nursing home or extended care facility received 11% less than their counterparts in other employment settings.

- Charlene Harrington Source: Moses E. (March 1997) The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses. Washington, D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration

AVERAGE ANNUAL EARNINGS OF REGISTERED NURSES EMPLOYED FULL TIME IN THEIR PRINCIPAL NURSING POSITION BY EMPLOYMENT SETTING, MARCH 1996



RESEARCH BRIEFS

Outpatient, home care, and variety of less expensive treatment modalities are being substituted for or used to supplement inpatient care. The volume and variety of health care services that fall under the ambulatory care umbrella today are vastly more complex and diverse. Identifying the resource use and needs of patient groups are important parts of matching patient needs with appropriate personnel. Care managers need tools and methods to assist in planning for cost-effective staffing levels and staff mix for diverse clinics and outpatient services. Tools and approaches to measure patient needs for care in ambulatory settings and a new measure of nursing intensity for use in ambulatory care are presented.

Prescott, Patricia A. & Soeken, Karen L. (1996). Measuring intensity in ambulatory care, Part I: approaches to and uses of patient classification systems. *Nursing Economics*, Vol. 14 (1), 14-33

Most proposals to increase access to primary care in the United States emphasize increasing the proportion of generalist physicians. Another approach is to increase the number of practitioners - specifically, physician assistants, nurse practitioners and certified nurse-midwives. These practitioners may be especially valuable in areas where there are shortages of primary care physicians. Yet state legislation and regulation may discourage or prevent them from seeking employment, even when jobs would otherwise be available. To understand the relationship between the states' practice environments and the supply of these practitioners, an analysis was conducted on the variation in the regulation of nurse practitioners, physician assistants, and certified nurse-midwives in all 50 states and the District of Columbia. The authors found that state regulation of physician assistants, nurse practitioners and certified nurse-midwives varies widely. Favorable practice environments are strongly associated with a larger supply of these practitioners.

Sekscenski, Edward S. & Sansom, Stephanie, et al. (1994) State practice environments and the supply of physician assistants, nurse practitioners, and certified nurse mid-wives. *New England Journal of Medicine*, 331, 1266-1271. - Karen F. Guzman

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The Hartford Institute's primary mission is to identify and develop best practices in nursing care for the elderly. The Institute is committed to disseminating the practices into the knowledge-base and work environment of every practicing professional nurse as well as every nursing student. We seek to inform the public to expect best practice and to assume national leadership in establishing best practice as the standard for geriatric nursing care.

To accomplish this, we are focusing on advancing the competence of nurses and the role that the nursing profession plays within the integrated delivery system of elder care initiatives of The Hartford Institute cluster in four areas: practice, education, research, and policy and consumer education. Additional information about specific initiatives is available on request.

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