



SOUTH DAKOTA

NURSING WORKFORCE SUPPLY AND EMPLOYMENT CHARACTERISTICS: 2015



South Dakota Board of Nursing
South Dakota Center for Nursing Workforce
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Introduction

This *2015 Report on South Dakota's Nursing Workforce* was prepared by the South Dakota Center for Nursing Workforce (SD CNW). The report provides information on South Dakota's current nursing workforce supply and compares it with historical data and with future projections regarding supply and demand for nurses. The report also includes findings from data gathered from each nurse license renewal application submitted to the South Dakota Board of Nursing (SD BON). Similar supply reports were published biannually from 1996 to 2013; copies are available from the SD CNW.

The SD CNW, initially funded by the Robert Wood Johnson Foundation, was established in 1996 as the SD Colleagues in Caring Project. At the completion of the grant in 2002, state legislation was enacted in the Nurse Practice Act. This legislation, SDCL 36-9-95 and 36-9-96, created the Nursing Workforce Center and a source for funding. The SD BON is the lead agency for the SD CNW. The mission of the Center is to *design a nursing workforce prepared to partner with South Dakota citizens to meet their changing health needs*. Members of the SD CNW Governance Council provide guidance and strategic direction to the CNW.

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The SD CNW is proactively preparing to meet the demands of citizens to ensure South Dakota continues to have a nursing workforce prepared to meet South Dakota citizens' changing health needs.

Overview and Methods

This report focuses on supply and characteristics of nursing workforce for: ***Licensed Practical Nurses (LPN), Registered Nurses (RN), Certified Nurse Midwives (CNM), Certified Nurse Practitioners (CNP), Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS), and Nursing Education Faculty***. Nursing supply is measured by the number of actively licensed nurses. Because supply can be overstated by assessing only the total number of actively licensed nurses, this report also measures the number of hours worked or volunteered in the profession, which demonstrates their level of participation in the nursing workforce and other employment characteristics of nurses.

Aggregate licensure data was retrieved from the SD BON licensure system for all actively licensed nurses on December 31, 2014. Aggregate employment data was also collected by the SD BON, from June 1, 2013 to December 31, 2014, upon biannual licensure renewal, reactivation, and/or reinstatement of a nursing license. The SD CNW analyzed the aggregate licensure data and employment data. For historical comparison, data from previous nursing workforce supply reports may be compared to 2015 data.

The response rate of completed employment data by nurses who renewed, reactivated, or reinstated their licenses during the data collection period from June 1, 2013 through December 31, 2014 is displayed in Table 1.

	Number of Nurses Who Renewed, Reactivated, Reinstated	Completed Data Received	Response Rate
<i>LPN</i>	1,685	1,584	94.0%
<i>RN</i>	11,476	11,035	96.2%
<i>CNM</i>	23	19	82.6%
<i>CNP</i>	425	415	97.6%
<i>CRNA</i>	321	311	96.9%
<i>CNS</i>	59	59	100%

Table 1. Employment Data Response Rate, June 1, 2013 to December 31, 2014

Trends in Supply of South Dakota Nurses

Active Supply. As of December 31, 2014 the SD BON reported 16,084 actively licensed registered nurses (RN), 2,483 actively licensed practical nurses (LPN), 32 actively licensed certified nurse midwives (CNM), 651 actively licensed certified nurse practitioners (CNP), 440 actively licensed certified registered nurse anesthetists (CRNA), and 71 actively licensed clinical nurse specialists (CNS). Data presented in the table demonstrates a positive growth in supply of the total number of actively licensed nurses in every category with the exception of CNSs.

ACTIVELY LICENSED NURSES	2014	%	2012	%	2010
<i>LPNs</i>	2,483	+2.4%	2,424	+3.3%	2,347
<i>RNs</i>	16,084	+9.0%	14,762	+8.6%	13,597
<i>CNMs</i>	32	+14.3%	28	+21.7%	23
<i>CNPs</i>	651	+19.7%	544	+28.0%	425
<i>CRNAs</i>	440	+5.3%	418	+9.4%	382
<i>CNSs</i>	71	-4.1%	74	-5.1%	78
TOTAL	19,761	+8.3%	18,250	+8.3%	16,852

Table 2. Actively Licensed Nurses, % Change for Selected Years 2010 – 2014

The percent change reflects a comparison from the indicated year to the previous year.

Nurses Licensed in Multiple States. Employment data collected from LPNs, RNs, and Advanced Practice Registered Nurses (APRN) regarding “States other than SD in which you are licensed” is presented in Table 3. The majority of RN and LPN respondents indicated that they hold licensure in only SD. The percent of RNs licensed in at least one other state has increased 7.9% since data collected in 2013. APRNs consistently reflect the highest percentages of nurses who hold multiple state licenses. One explanation may be that SD does not participate in an APRN multi-state licensure compact and, as a result, APRNs must license in each state in which they practice.

Licensed in:	LPN	RN	CNM	CNP	CRNA	CNS
SD only	1,371 (86.6%)	8,577 (77.7%)	7 (36.8%)	280 (66.8%)	206 (66.2%)	37 (63.8%)
1 other state	199 (12.5%)	1,724 (15.6%)	8 (42.1%)	94 (22.4%)	59 (19.0%)	16 (27.6%)
2 other states	12 (0.7%)	262 (2.4%)	1 (5.3%)	27 (6.4%)	21 (6.8%)	4 (6.9%)
3 other states	1 (0.1%)	80 (0.7%)	0	6 (1.4%)	11 (3.5%)	0
4 or more other states	1 (0.1%)	392 (3.6%)	3 (15.8%)	12 (2.9%)	14 (4.5%)	1 (1.7%)

Table 3. Percentage of Nurses Licensed in Multiple States

Licensed Practical Nurses

South Dakota Supply Trends

Licensure Status. As of December 31, 2014 the SDBON reported 2,483 actively licensed LPNs in South Dakota's supply, a gain of 59 nurses from 2012 to 2014 and a 2.4% increase since 2013.

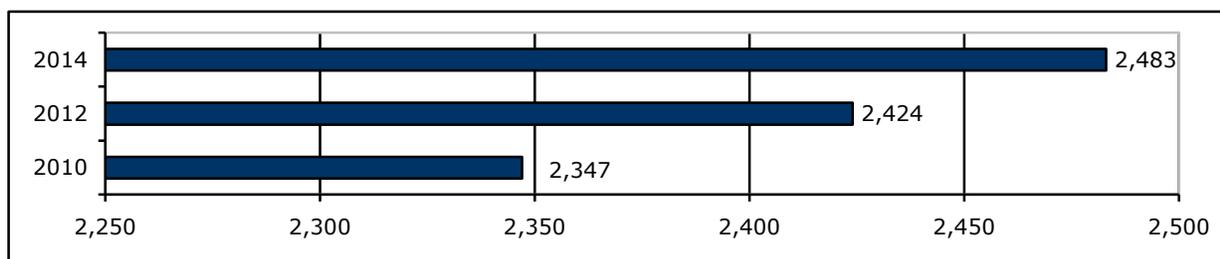


Figure 1. Actively Licensed LPN Supply Trend, 2010 to 2014

Workforce Gains and Losses. From January 1, 2013 to December 31, 2014 a total of 468 LPNs were added to South Dakota's active supply of LPNs; 360 were added as new graduates and 108 were added by endorsement from another state (Figure 2). Overall, South Dakota had an increase in supply during this time period of 59 nurses with a net loss of 409 LPNs. Licensure data during the time period of 2011 to 2013 revealed similar findings with a net loss of 379 nurses. Reasons for the loss of LPNs to the workforce were due to retirement, leaving the profession, moving out of South Dakota, or inactivation of the license. Many LPNs inactivate their LPN license after completion of an RN education program and obtaining an RN license.

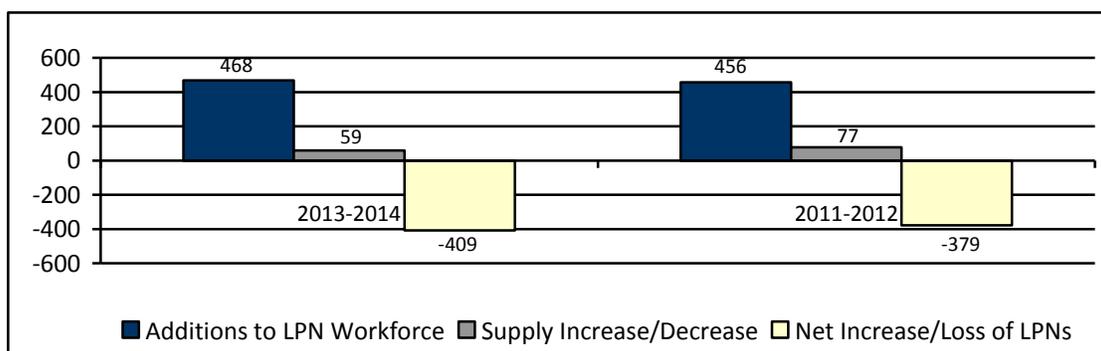


Figure 2. South Dakota's Nursing Workforce Gains and Losses

Demographics of LPN Supply

Gender. Consistent with previous reports the majority, 95.6%, of actively licensed LPNs in South Dakota were female; nationally female LPNs comprise 91.7% of the population¹.

	2014		2012		2010	
Male LPNs	109	4.4%	102	4.2%	81	3.6%
Female LPNs	2,374	95.6%	2,322	95.8%	2,266	96.4%
TOTAL	2,483	100%	2,424	100%	2,347	100%

Table 4. LPN Gender, 2010 – 2014

Race/Ethnicity. The majority of LPNs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 5 presents comparisons of ethnic distribution of all SD citizens and actively licensed LPNs.

	American Indian	Black/African American	White/Caucasian	Asian/Pacific Islander	Multiple/Other Race	Hispanic/Latino
U.S. Population ²	1.2%	13.2%	77.7%	5.5%	2.4%	17.1%
U.S. LPNs ¹	0.7%	25.0%	68.2%	4.2%	1.8%	8.2%
SD Population ²	8.9%	1.9%	83.3%	1.3%	2.1%	3.4%
SD LPNs	4.0%	1.2%	92.1%	0.5%	1.3%	0.8%

Table 5. LPN Race/Ethnicity

Age. Age distribution of actively licensed LPNs is shown in Table 6 and Figure 3 below. SD’s largest percentage of LPNs, 43.7%, was 51 years and older. The <26 and 26-30 age groups had positive growth and comprised 22.1% of the population. The average age of an LPN was 45.2; the national average³ was 43.6. Renewal data revealed that 216 LPN respondents, 13.6%, intend “to leave or retire from nursing within the next five years”, similarly the 2013 report reported 11.6% intended to retire or leave.

Age Range	2014		2012		2010	
<26	246	9.9%	217	9.0%	213	9.1%
26-30	303	12.2%	302	12.5%	265	11.3%
31-35	278	11.2%	248	10.2%	212	9.0%
36-40	221	8.9%	167	6.9%	165	7.0%
41-45	172	6.9%	135	5.6%	143	6.1%
46-50	178	7.2%	295	12.2%	299	12.7%
51-55	281	11.3%	300	12.4%	351	15.0%
56-60	359	14.5%	384	15.8%	399	17.0%
61-65	297	12.0%	255	10.5%	194	8.3%
>65	148	6.0%	121	5.0%	106	4.5%
Total	2,483	100%	2,424	100%	2,347	100%

Table 6. LPN Age, 2010 – 2014

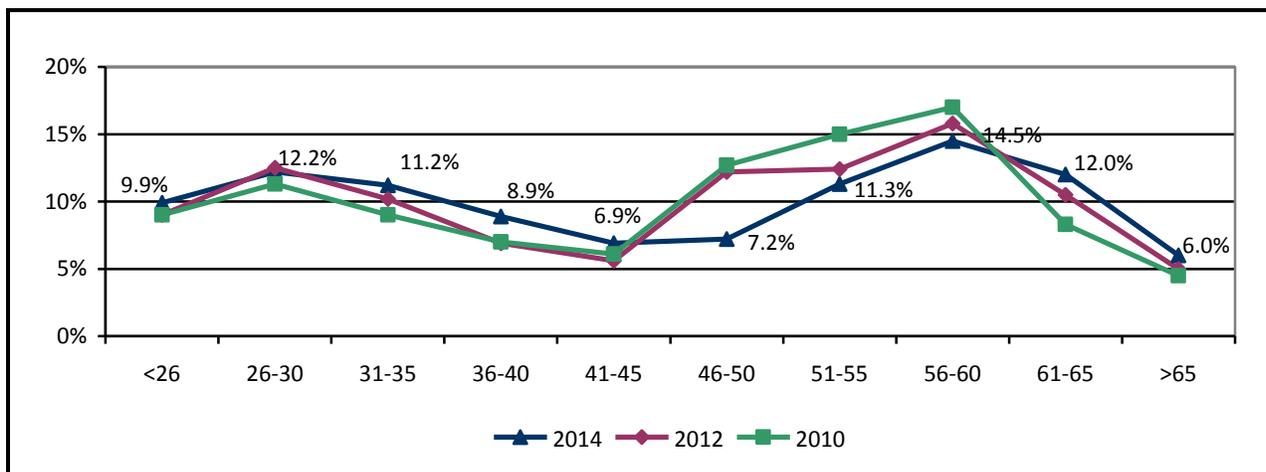


Figure 3. LPN Age, 2010 – 2014

Highest Academic Achievement. Consistent with previous SD nursing workforce reports the majority, 88%, of LPN respondents indicated their highest educational preparation at the PN diploma or associate degree level. LPNs prepared with baccalaureate or graduate degrees comprised 12% of the workforce (Figure 4). Some LPNs who have advanced degrees in nursing may be in the process of meeting the requirements for RN licensure, while others may not have met the requirements and instead opted to license as an LPN by RN equivalency.

Additionally a large number of LPNs are advancing their nursing education. Employment data revealed 11% of LPNs indicated they are “currently enrolled in education classes leading to an advanced nursing degree”. Of this group, 74% indicated they are seeking an associate degree and 26% are seeking a baccalaureate degree in nursing.

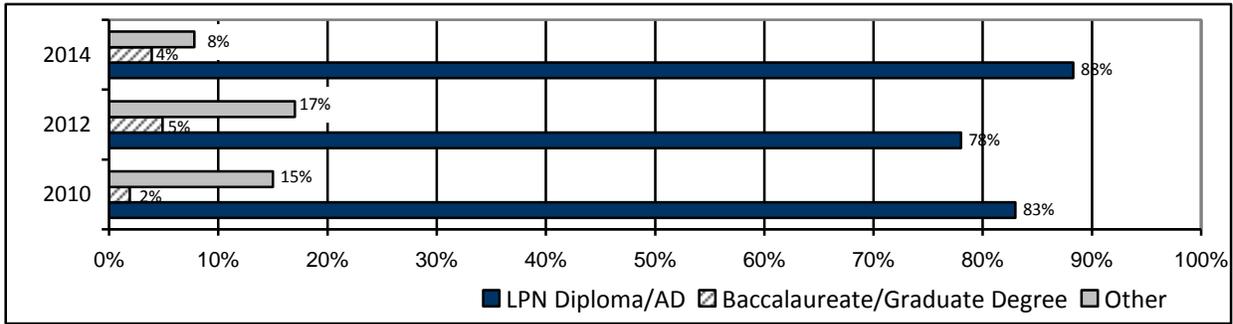


Figure 4. Highest Academic Achievement of LPNs, 2010 – 2014

Employment Characteristics

Employment Status. Employment data collected during this renewal period, June 1, 2013 to December 31, 2014, reflected a high percentage of LPNs employed in the nursing profession. This finding is consistent with previous South Dakota Nursing Workforce Supply reports published from 1999 to 2013 which revealed 82% – 91% actively licensed LPNs employed in the nursing profession. Data collected during this time period revealed 90.7% of LPNs were employed full-time (69.6%) or part-time (21.1%) in nursing positions (Figure 5). Most LPNs, 74.9%, indicated they worked for only one employer while 7.7% responded they were employed as an LPN by two or more employers.

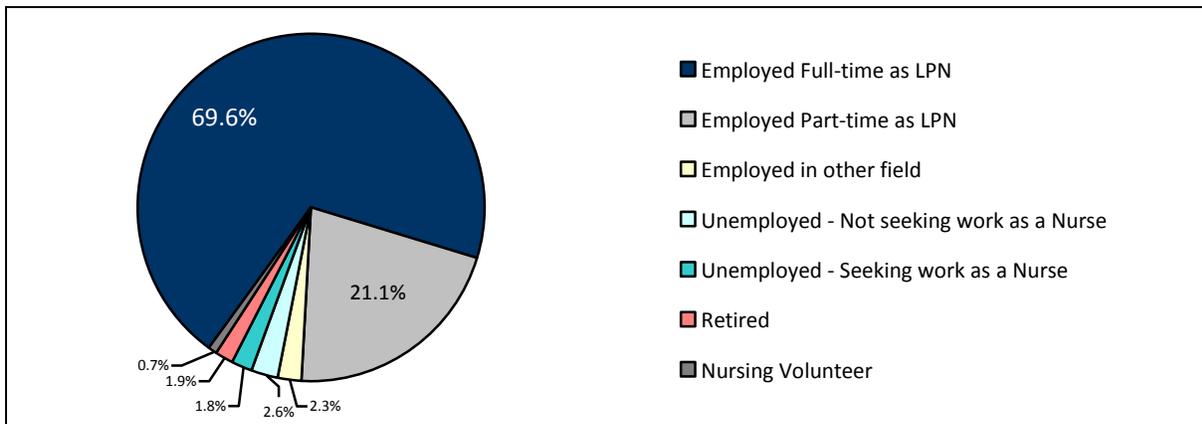


Figure 5. Employment Status of LPNs

Reasons for Unemployment. Only 106 LPNs responded they were unemployed, this group was asked to provide the reasons for unemployment (Figure 6). The majority, 50%, cited “other” as the reason, while 19.9% indicated they were “taking care of home/family”; 16% indicated school responsibilities were the reason for unemployment; and 10.4% responded they had difficulty finding a nursing position.

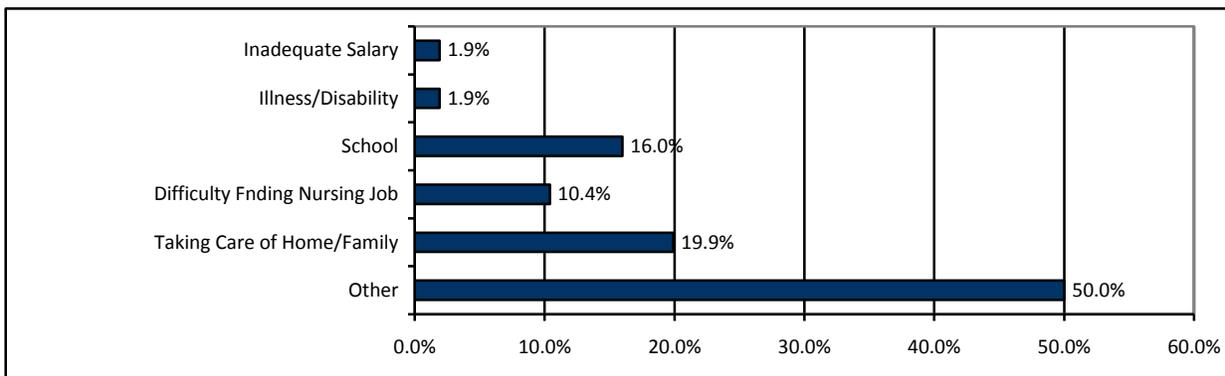


Figure 6. Reasons LPNs are Unemployed

Location of Primary Employers. As expected, most primary employers of LPNs are located in the state of South Dakota (Figure 7).

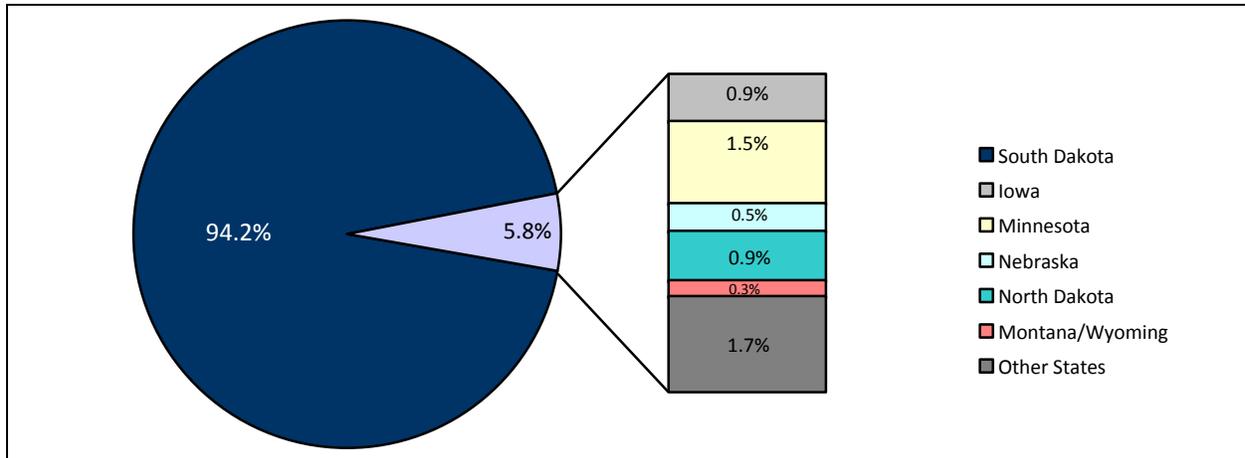


Figure 7. State of Primary Employers of LPNs

Employment Hours. An important aspect of measuring nursing supply is assessing how many licensed nurses are working or available to the nursing workforce. Most LPNs, 69.6%, reported working full-time, 36 or more hours a week (Figure 8), while another 21.1% reported working part-time, between 20-35 hours a week.

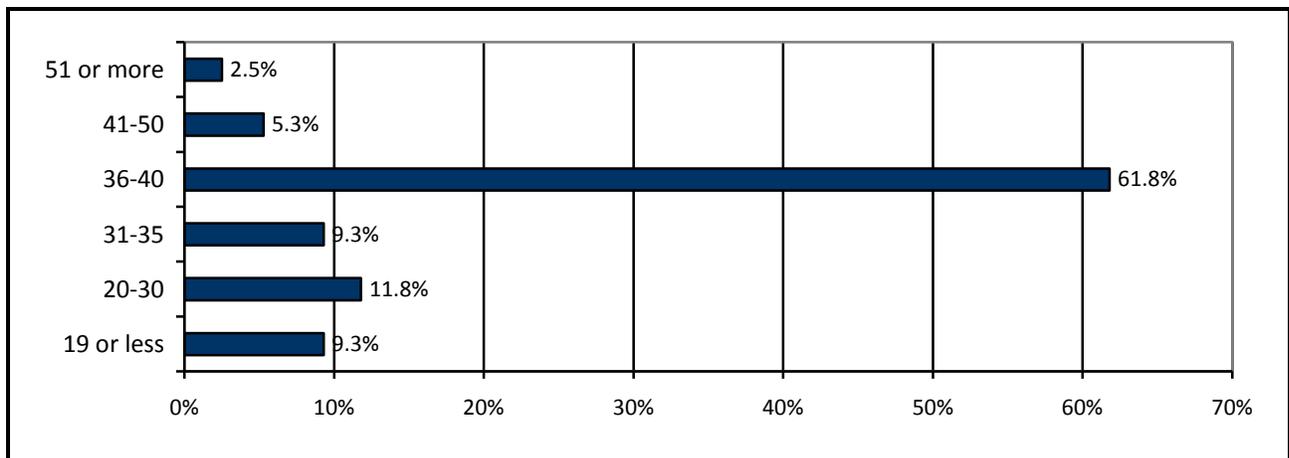


Figure 8. LPN Employment Hours

Data collected on nursing employment hours was used to formulate a LPN full-time and part-time equivalency (FTE) status. As shown in Table 7, an estimated 2,044.2 LPN FTEs are available to the workforce; an increase of 133.3 FTEs since 2013.

Percentage Full-time Responses	Percentage Part-time Responses	Estimated Actively Licensed LPN FTEs Available
2,483 LPNs x 69.6% FT = 1728.2 FTEs	2,483 LPNs x 21.1% PT / 0.5 = 262.0 FTEs	1728.2 + 262.0 = 2,044.2 Total FTEs

Table 7. Estimated LPN FTEs

Places of Employment. During the data collection period of January 1, 2013 to December 31, 2014 the majority of LPNs were employed in long term care (31.5%), ambulatory (15.2%), and hospital (14.4%) settings (Figure 9). Previous workforce reports provided the option to select office/clinic settings and in 2010 and 2012 33-35% of LPNs selected that option. Analysis of data for this report suggests that LPNs who previously selected the clinic/office option may instead have selected ambulatory or the “other” category. In addition, insurance claims, occupational health, correctional facility, and ambulatory setting categories were added to this year’s report.

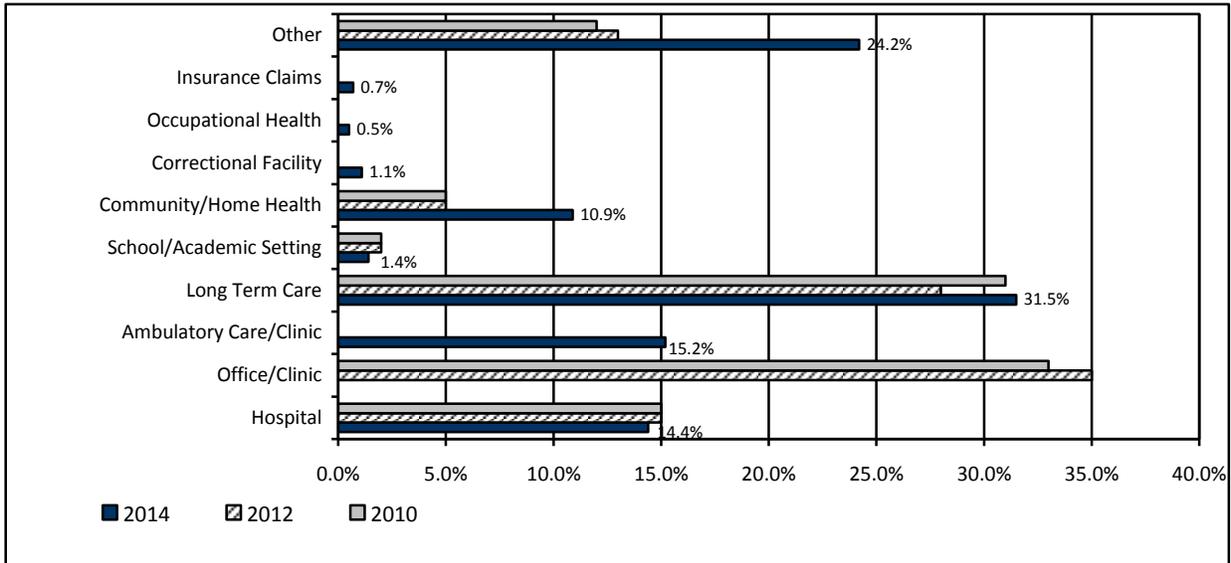


Figure 9. LPN Places of Employment

Clinical Areas of Practice. The most common clinical area of practice for LPNs was geriatrics (25%) followed by adult/family health (15.8%) as shown in Figure 10. The majority, 75%, had the position title of staff nurse, and 2.9% had the title of nurse manager.

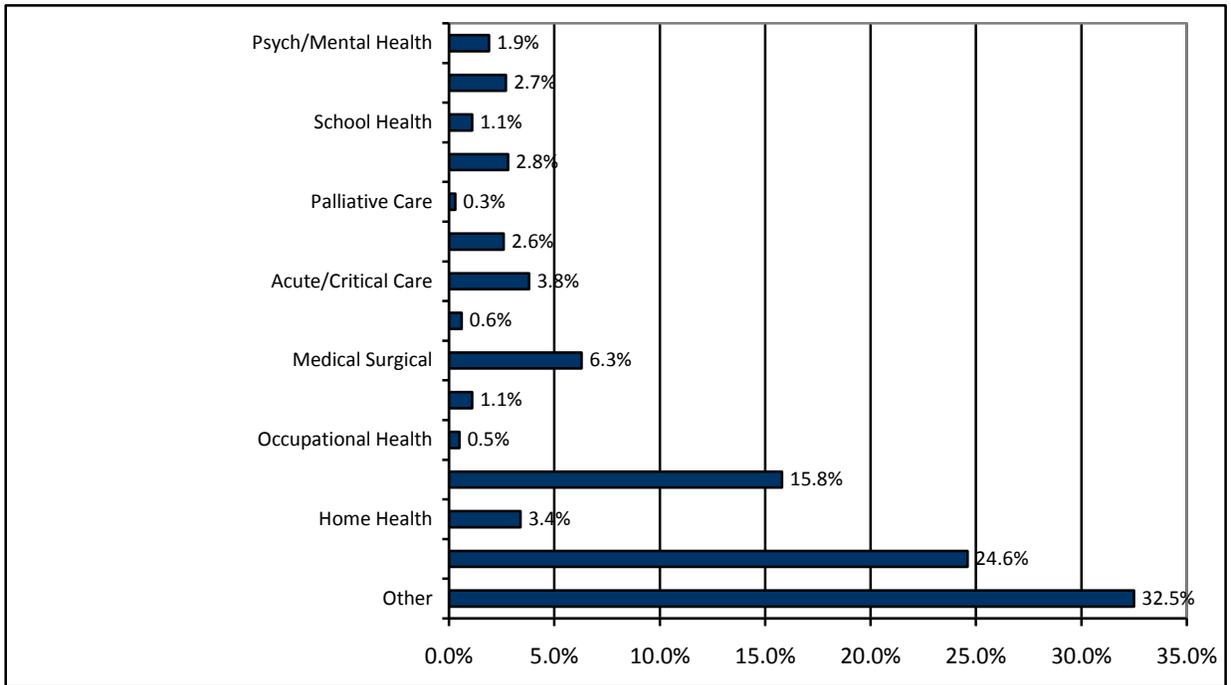


Figure 10. LPN Clinical Areas of Practice

Time Involved in Direct Patient Care. Similar to previous workforce reports, a large number of LPNs reported that in their current LPN positions a significant percentage of their time is involved in direct patient care.

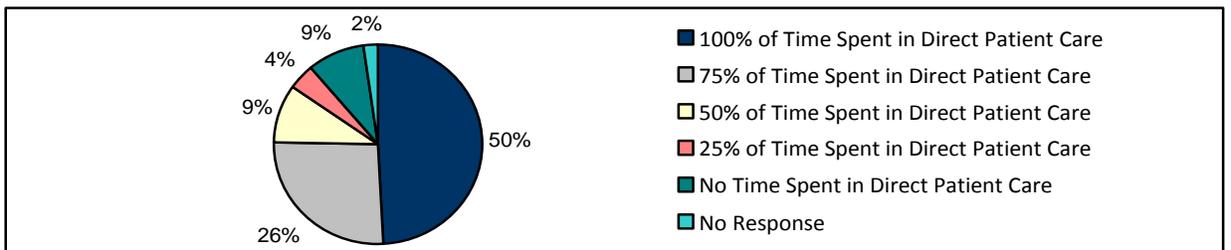


Figure 11. LPN Time Spent in Direct Patient Care

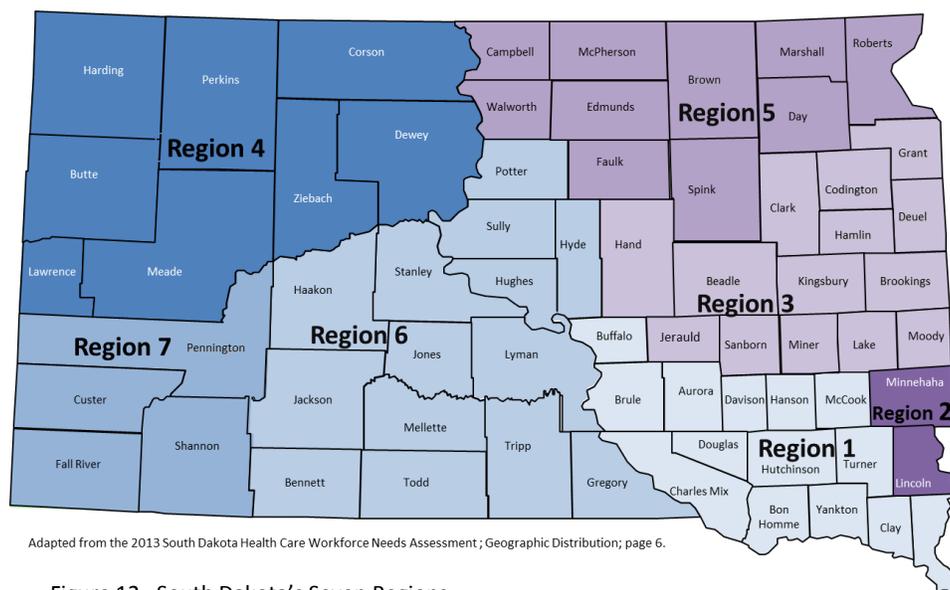
LPN Distribution in South Dakota

Regional nursing workforce data is presented for SD's seven regions on the state map in Figure 12. The number and percentage of LPNs that resided in each region are shown in Table 8 and was based on licensure data retrieved on December 31, 2014. State and county populations were based on the U.S. Census Bureau's Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013⁴. (The 155 LPNs that resided outside of South Dakota were not included.)

The estimated ratio of employed LPNs residing in SD per 100,000 residents of South Dakota's population is also presented in Table 8. The ratio provides a basis to compare the decrease or growth of LPNs to the population growth of the state and nation. The state population ratio of LPNs was 216.2, the national average³ was 225. The limitations with comparing ratios are the assumptions that citizens will receive nursing services in the region where they reside and that the same types of health care services are available in all regions. Distributions of nurses in a region may vary depending on the needs of that region.

Region	Counties	Population	Region's % of State Population	Number of LPNs in Region	Region's % of State LPN Population	LPN Population Ratio
Region 1	14 counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	125,268	14.8%	293	12.6%	183.5
Region 2	2 counties: Lincoln and Minnehaha	229,498	27.2%	733	31.5%	250.6
Region 3	14 counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	133,711	15.8%	381	16.4%	223.5
Region 4	8 counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	79,376	9.4%	189	8.1%	186.8
Region 5	10 counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	80,869	9.6%	244	10.5%	236.7
Region 6	14 counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,969	7.2%	124	5.3%	159.6
Region 7	4 counties: Custer, Fall River, Pennington, and Shannon	135,186	16.0%	364	15.6%	211.2
State Total	66 counties	844,877	100%	2,328	100%	216.2

Table 8. Regional Distribution of LPNs and Population Ratios



Adapted from the 2013 South Dakota Health Care Workforce Needs Assessment ; Geographic Distribution; page 6.

Figure 12. South Dakota's Seven Regions

Registered Nurses

South Dakota Supply Trends

Licensure Status. As of December 31, 2014 the SDBON reported 16,084 actively licensed RNs in South Dakota's supply; a gain of 1,322 nurses from 2012 to 2014, and a 9.0% increase since 2010.

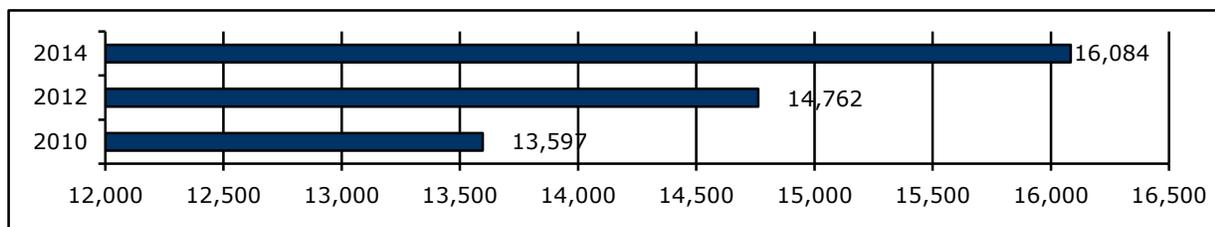


Figure 13. Actively Licensed RN Supply Trend, 2010 to 2014

Workforce Gains and Losses. From January 1, 2013 to December 31, 2014 a total of 2,252 RNs were added to South Dakota's active supply of RNs; 1,120 RNs were added as new graduate nurses and 1,132 RNs were added by endorsement from another state (Figure 14). Overall, South Dakota had an increase in supply during this time period of 1,322 nurses with a net loss of 930 RNs. Licensure data during the time period of 2011 to 2013 revealed similar findings with a net loss of 1,057 nurses. Reasons for the loss of RNs to the workforce include retirement, leaving the profession, or moving out of South Dakota.

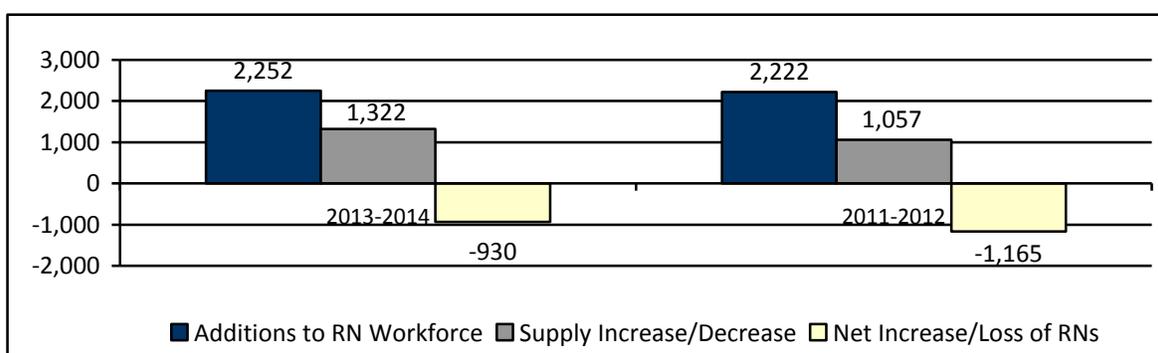


Figure 14. South Dakota's Nursing Workforce Gains and Losses

Demographics of RN Supply

Gender. Consistent with previous reports the majority, 95.6%, of actively licensed RNs in South Dakota were female; nationally females comprise 90.8% of the population¹.

	2014		2012		2010	
Male RNs	1,385	8.6%	1,221	8.3%	1,077	7.9%
Female RNs	14,699	91.4%	13,541	91.7%	12,520	92.1%
TOTAL	16,084	100%	14,762	100%	13,597	100%

Table 9. RN Gender, 2010 – 2014

Race/Ethnicity. The majority of RNs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 10 presents comparisons of ethnic distribution of all SD citizens and actively licensed RNs.

	American Indian	Black/African American	White/Caucasian	Asian/Pacific Islander	Multiple/Other Race	Hispanic/Latino
US Population ²	1.2%	13.2%	77.7%	5.5%	2.4%	17.1%
U.S. RNs ¹	0.4%	10.7%	78.6%	8.9%	1.4%	5.4%
SD Population ²	8.9%	1.9%	83.3%	1.3%	2.1%	3.4%
SD RNs	2.1%	1.7%	93.4%	0.9%	1.4%	0.5%

Table 10. RN Race/Ethnicity

Age. Age distribution of actively licensed RNs is shown in Table 11 and Figure 15. A large percentage of RNs, 43.6%, were 40 years and younger, a positive growth of 6.3% since 2012. The average age of an RN was 44.4, the national average³ is 44.6. Renewal data revealed that 1,400 RN respondents, 12.7%, intend “to leave or retire from nursing within the next five years”; similarly the 2013 report indicated 11.1% intended to retire or leave.

Age Range	2014		2012		2010	
<26	1,029	6.4%	637	4.3%	963	7.1%
26-30	2,220	13.8%	1,093	7.4%	1,670	12.3%
31-35	2,091	13.0%	1,845	12.5%	1,508	11.1%
36-40	1,673	10.4%	1,932	13.1%	1,345	9.9%
41-45	1,517	9.4%	1,606	10.9%	1,295	9.5%
46-50	1,447	9.0%	1,362	9.2%	1,787	13.1%
51-55	1,927	12.0%	1,464	9.9%	1,927	14.2%
56-60	1,950	12.1%	1,724	11.7%	1,659	12.2%
61-65	1,448	9.0%	1,940	13.1%	875	6.4%
>65	782	4.9%	1,159	7.9%	568	4.2%
Total	16,084	100%	14,762	100.0%	13,597	100%

Table 11. RN Age, 2010 – 2014

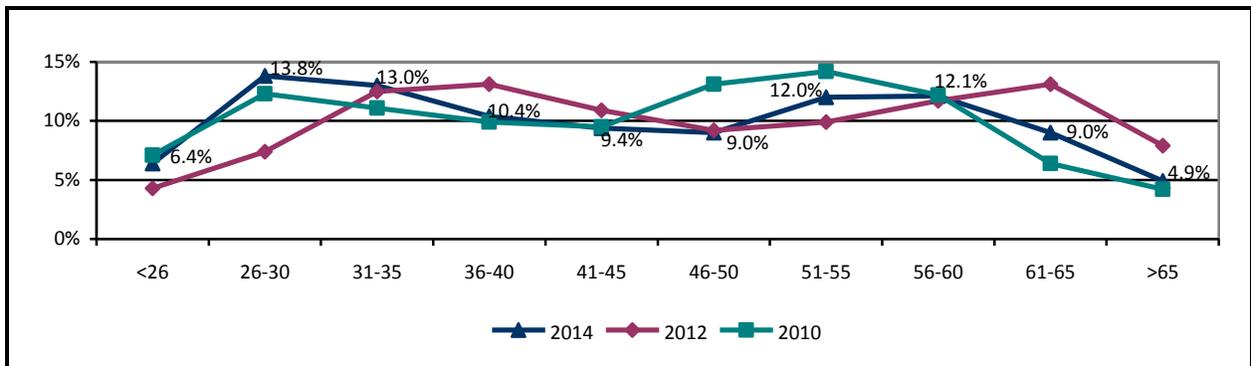


Figure 15. RN Age, 2010 – 2014

Highest Academic Achievement. For the first time since collecting data on education level, the majority of RNs in South Dakota, 37.8%, reported their highest educational preparation as a baccalaureate degree in nursing. While RNs prepared with an associate degree as their highest educational preparation decreased to 34.5%. Diploma prepared RNs continue to decline and comprise only 6.1% of all RNs. RNs prepared with a master’s in nursing also increased slightly to 7.9%; of this group 0.2% held a DNP, 0.3% held a PhD, and 0.2% held another type of doctorate degree.

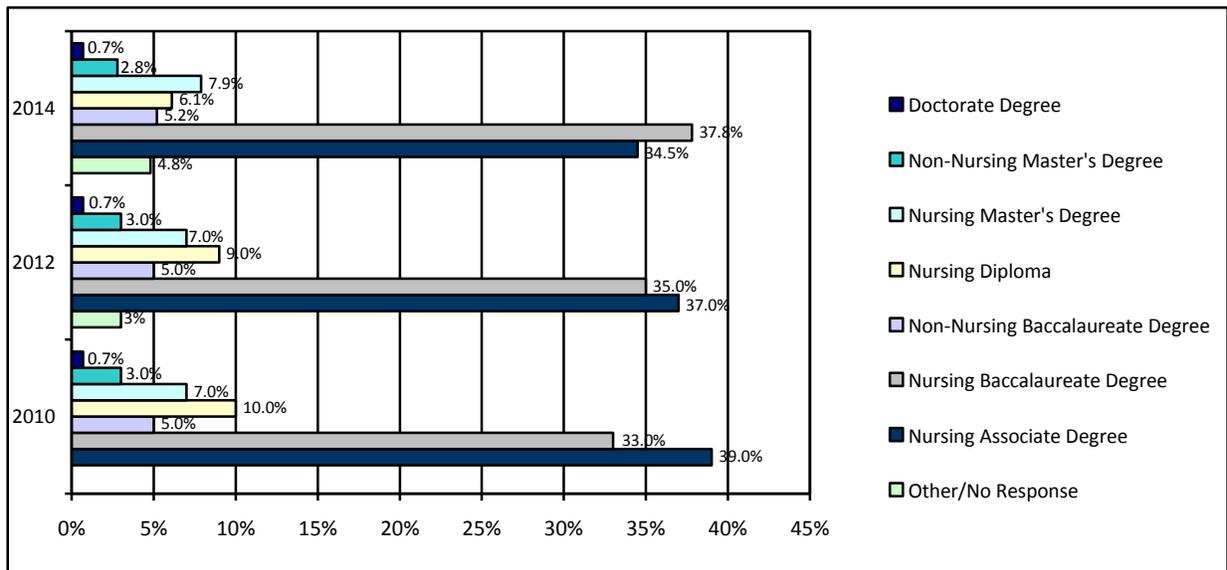


Figure 16. Highest Academic Achievement of RNs, 2010 – 2014

The Institute of Medicine’s (IOM) report, The Future of Nursing Leading Change, Advancing Health⁶, recommends increasing the proportion of nurses with a baccalaureate degree to 80% and doubling the number of nurses prepared with a doctorate degree by 2020. Baseline data in 2009 revealed South Dakota had approximately 39% of RNs prepared with a baccalaureate or higher degree and 65 RNs prepared with a doctorate degree. Data collected during this time period revealed that 54.4% of RNs are prepared with a baccalaureate or higher degree, compared to 55.0% of RNs nationally³; and 93 RNs are prepared with a doctorate degree. To double the number, South Dakota needs 130 nurses prepared with a doctorate degree by 2020.

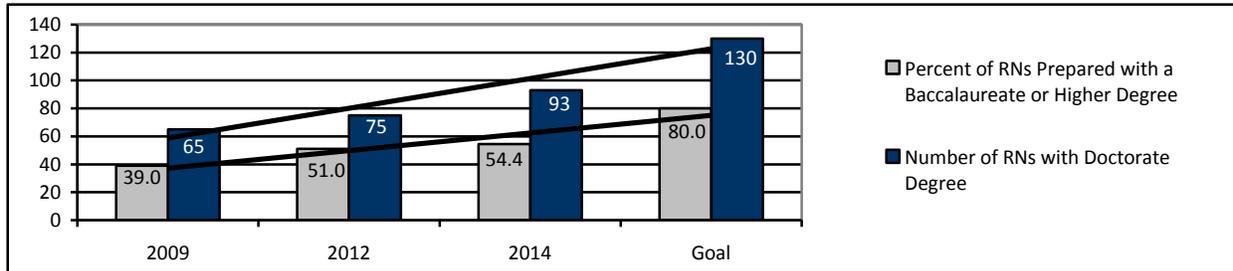


Figure 17. Percent of RNs Prepared with Baccalaureate or Higher Degree and Number with Doctorate Degrees, 2010 – 2014

Additionally 935 (8.5%) RNs responded they were advancing their nursing education and are “currently enrolled in education classes leading to an advanced nursing degree”. Table 12 provides the number of nurses enrolled in various advanced nursing degree programs.

Degree in Nursing Sought	Number of RNs	%
Baccalaureate in Nursing	400	42.8%
Master’s in Nursing	375	40.1%
Doctorate of Nursing Practice (DNP)	112	12.0%
PhD	22	2.4%
Other	26	2.7%
Total	935	100%

Table 12. Nursing Degrees Sought by RNs

Employment Characteristics

Employment Status. Employment data collected during this renewal period, June 1, 2013 to December 31, 2014, reflected a high percentage of RNs employed full-time or part-time in the nursing profession. This finding is consistent with previous South Dakota Nursing Workforce Supply reports published from 1999 to 2013 which revealed 88% – 93% of actively licensed RNs employed in the nursing profession. Data collected during this time period revealed 93.4% of RNs were employed full-time (74.6%) or part-time (18.8%) in nursing positions (Figure 18). Most RNs, 77.8%, indicated they worked for only one employer while 11.2% responded they were employed as an RN by two or more employers.

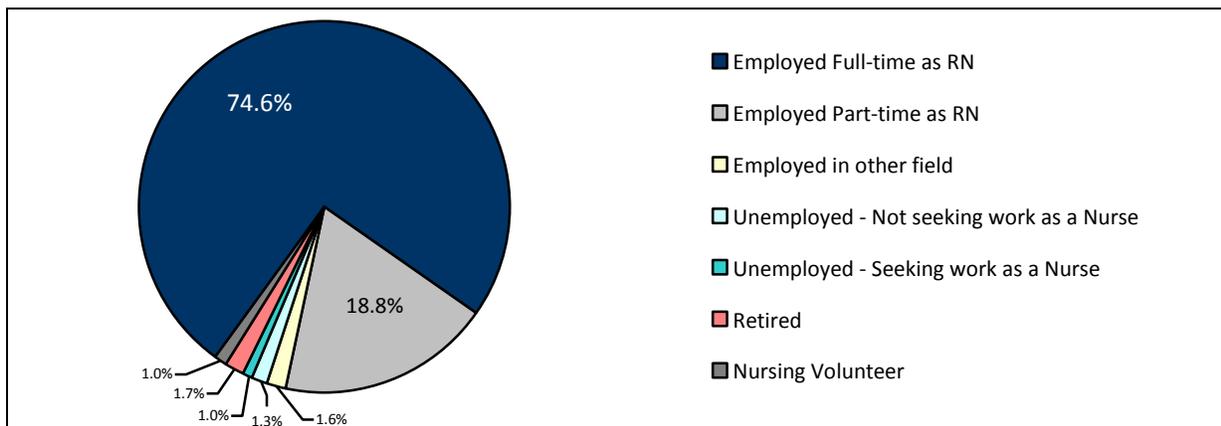


Figure 18. Employment Status of RNs

Reasons for Unemployment. Only 388 RNs responded they were unemployed, this group was asked to provide the reasons for unemployment (Figure 19). The majority, 49.2%, cited “other” as the reason, while 24.5% indicated they were “taking care of home/family”; 12.6% indicated school responsibilities were the reason for unemployment; and 7% responded they had difficulty finding a nursing position.

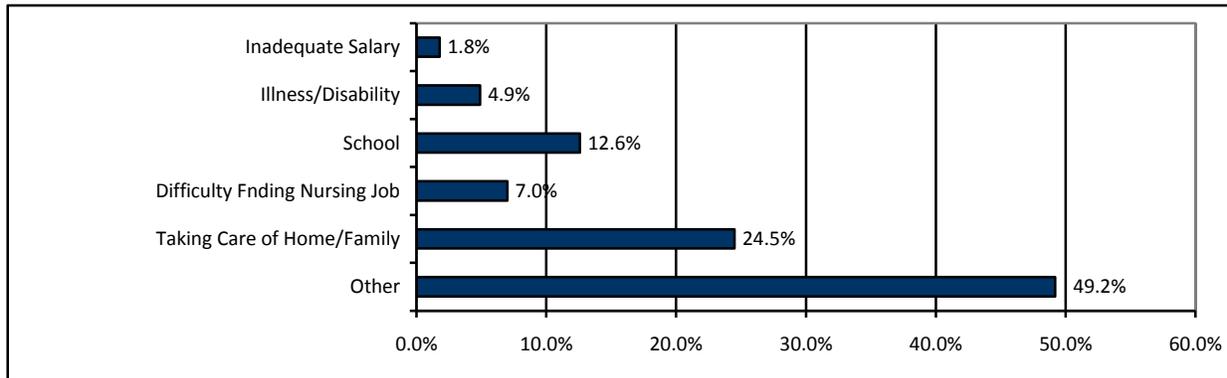


Figure 19. Reasons RNs are Unemployed

Location of Primary Employers. As expected most RNs primary employers are located in the state of South Dakota.

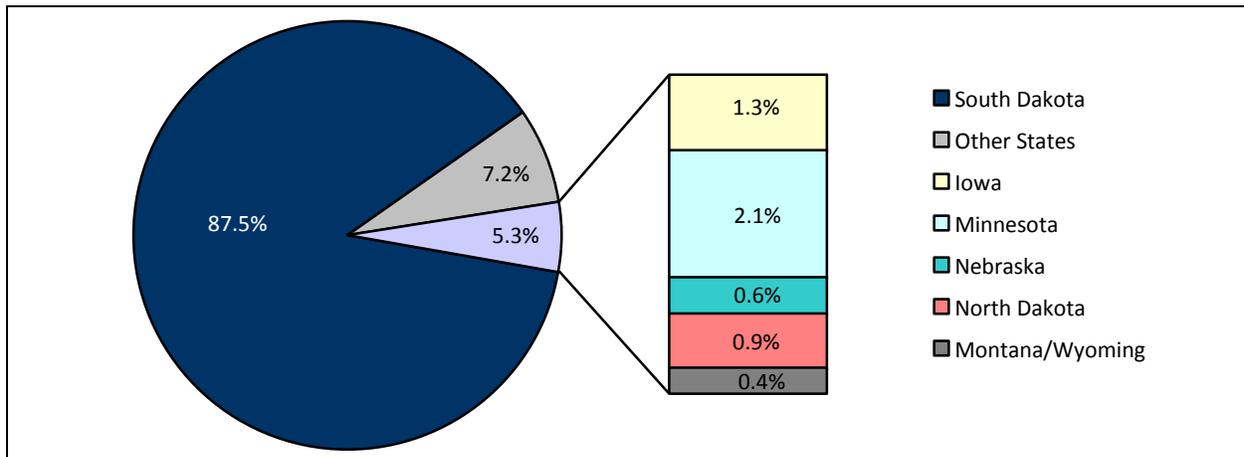


Figure 20. State of Primary Employers of RNs

Employment Hours. An important aspect of measuring nursing supply is assessing how many licensed nurses are working or available to the nursing workforce. Most RNs, 74.6%, reported working full-time as a nurse, 36 or more hours a week (Figure 21). While another 18.8% reported working part-time, between 20-35 hours a week.

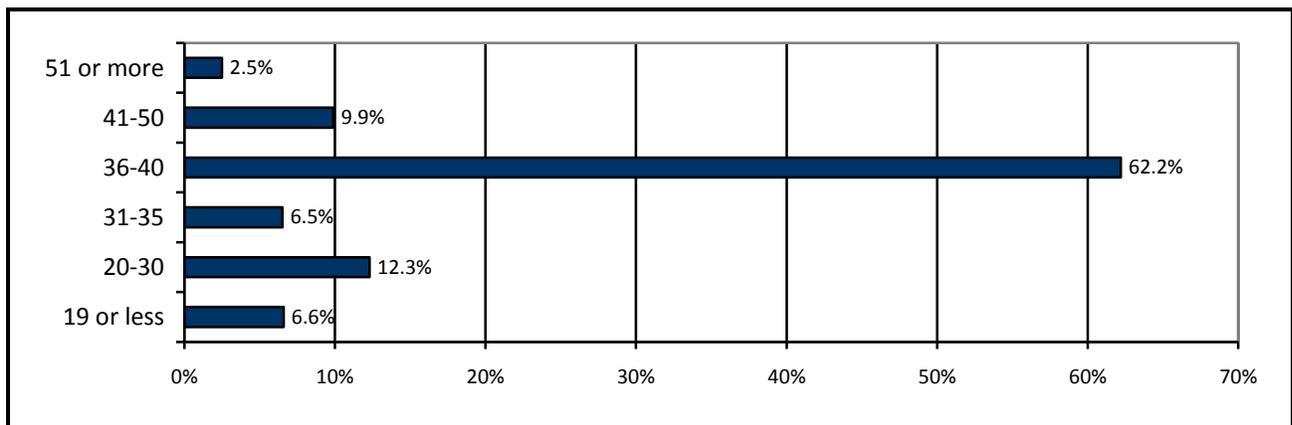


Figure 21. RN Employment Hours

Data collected on nursing employment hours was used to formulate a RN full-time equivalency (FTE) and part-time equivalency status. As shown in Table 13, an estimated 13,510.6 RN FTEs are available to the workforce; an increase of 1,412.6 FTEs since 2013.

Percentage Full-time Responses	Percentage Part-time Responses	Estimated Actively Licensed RN FTEs Available
16,084 RNs x 74.6% FT = 11,998.7 FTEs	16,084 RNs x 18.8% PT / 0.5 = 1,511.9 FTEs	11,998.7 + 1,511.9 = 13,510.6 Total FTEs

Table 13. Estimated RN FTEs

Places of Employment. During the data collection period of January 1, 2013 to December 31, 2014 the majority of RNs were employed in hospital (51.4%), ambulatory (12%), and long term care (9.9%) settings (Figure 22). RNs employed in hospitals increased slightly by 1.4% since 2012. Additionally this report included insurance claims, occupational health, correctional facility, policy/regulatory, and ambulatory settings; the office/clinic setting was not included.

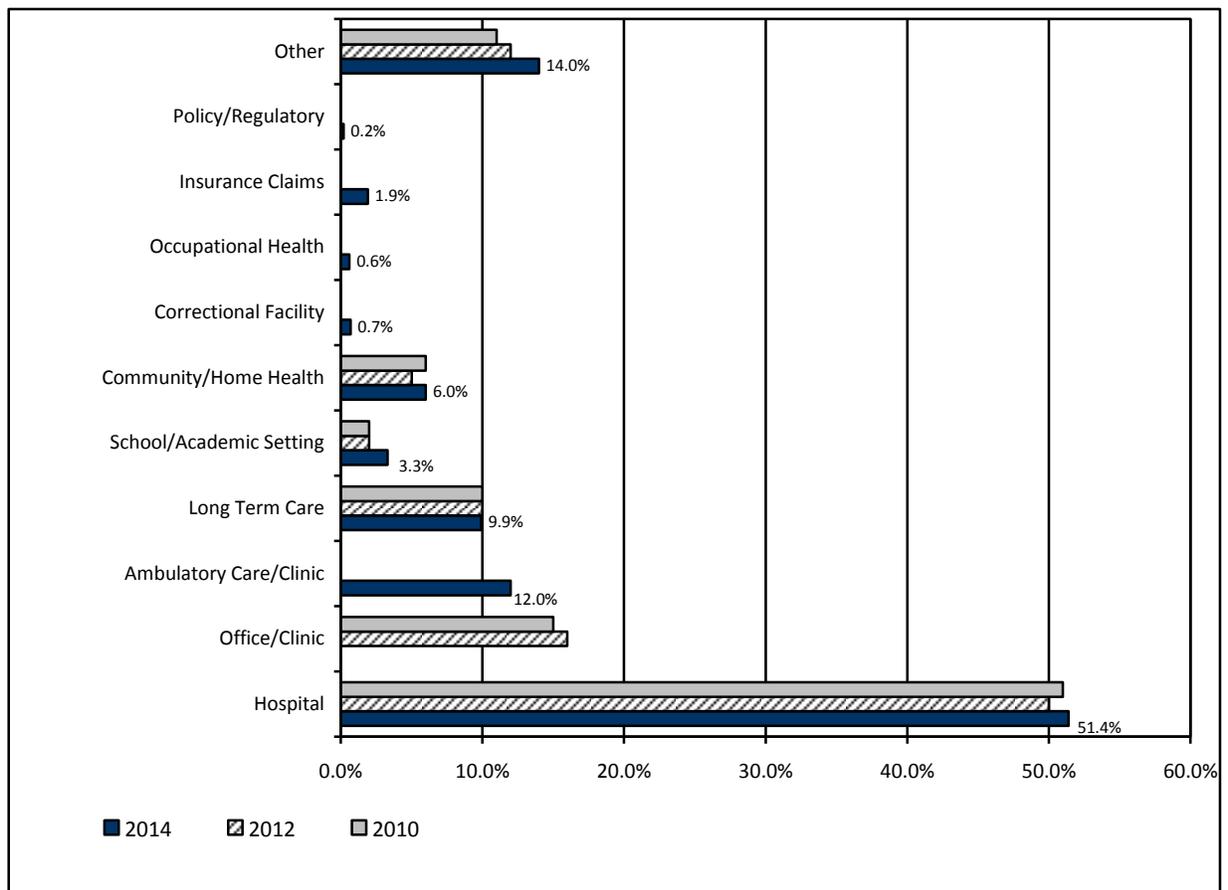


Figure 22. RN Places of Employment

Clinical Areas of Practice. The most common clinical area of practice for RNs was medical surgical (15.7%) followed by acute/critical care (14.1%) as shown in Figure 23.

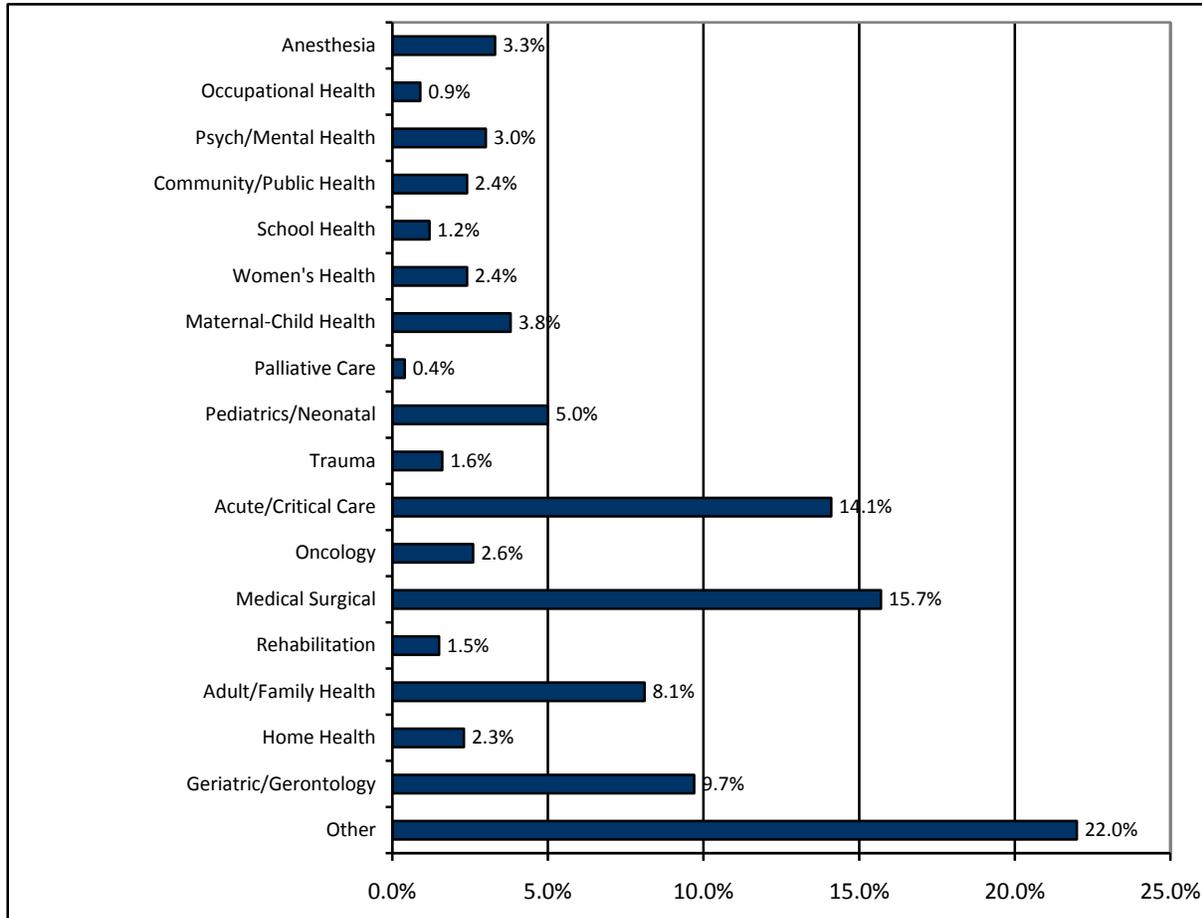


Figure 23. RN Clinical Areas of Practice

Time Involved in Direct Patient Care. Similar to previous workforce reports, a large number of RNs reported that in their current RN positions a significant percentage of their time is involved in direct patient care.

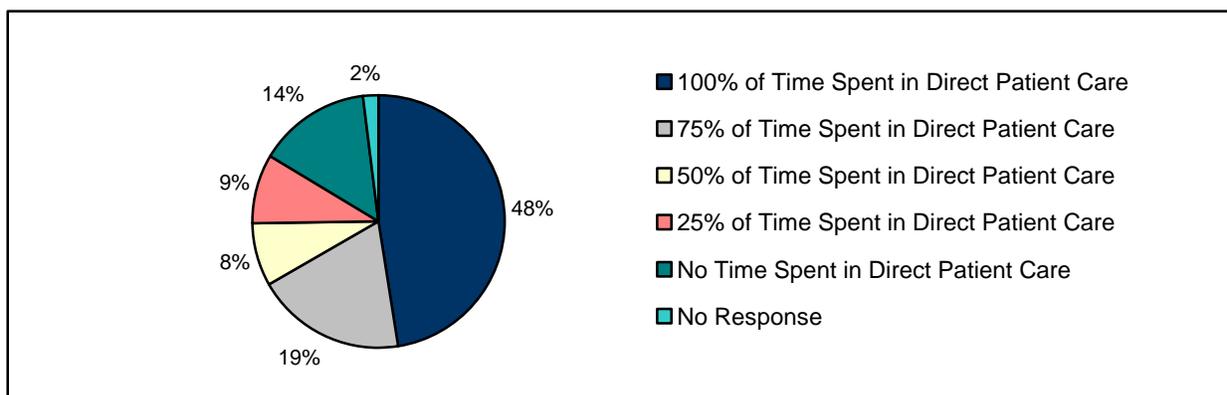


Figure 24. RN Time Spent in Direct Patient Care

Nursing Position. The majority of RNs, 68.1%, held the position title of staff nurse, 9.6% nurse manager, 7% advanced practice registered nurse (APRN), and 2.0% nurse faculty, Figure 25.

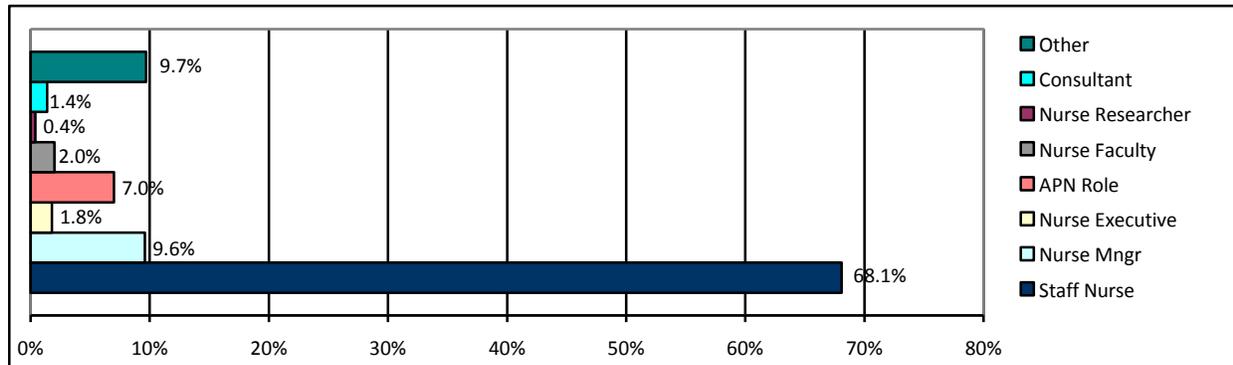


Figure 25. Primary RN Nursing Positions

Secondary Employment Setting. RNs who held more than one nursing position comprised 11.2% of respondents. Of those RNs, most of them were employed in the following settings: hospitals, 40.3%, long term care, 14.9%, and ambulatory. The majority of them held the following nursing positions: staff nurse, 68.8%, nurse manager, 6.3%, nurse faculty, 5.2%, APRN, 4.8%, and consultant, 2.4%.

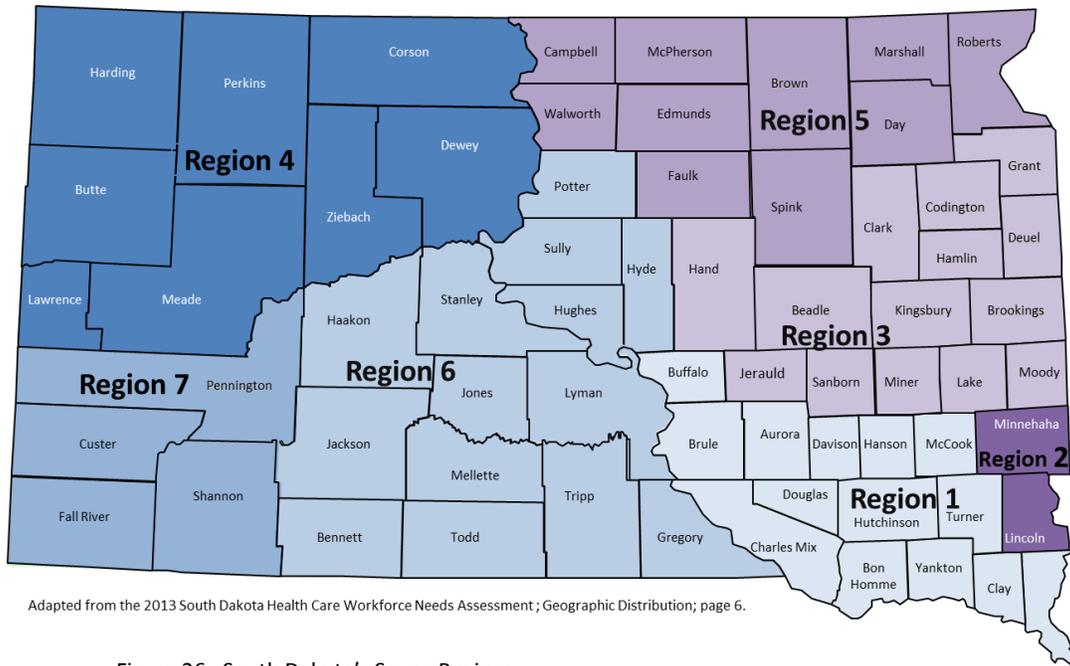
RN Distribution in South Dakota

The number and percentage of RNs who resided in South Dakota’s seven regions are shown in Table 14 and was based on licensure data retrieved December 31, 2014. The map of South Dakota’s regions is shown in Figure 26. State and county populations were based on the U.S. Census Bureau’s Annual Estimates of the Resident Population⁴ for 2013. (The 2,120 RNs who resided outside of South Dakota were not included.)

The estimated ratio of employed RNs residing in SD per 100,000 population is also presented in Table 14. The ratio provides a basis to compare the decrease or growth of RNs to the population growth of the state and nation. The state ratio of RNs was 1,252.3, the national average³ was 921. The limitations with comparing ratios are the assumptions that citizens will receive nursing services in the region where they reside and that the same types of health care services are available in all regions. Distributions of nurses in a region may vary depending on the needs of that region.

Region	Counties	Population	Region’s % of State Population	Number of RNs in Region	Region’s % of State RN Population	RN Population Ratio
Region 1	14 counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	125,268	14.8%	2,147	15.4%	1,439.7
Region 2	2 counties: Lincoln and Minnehaha	229,498	27.2%	5,321	38.1%	1,947.6
Region 3	14 counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	133,711	15.8%	1,612	11.5%	1,012.7
Region 4	8 counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	79,376	9.4%	913	6.5%	966.2
Region 5	10 counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	80,869	9.6%	1,089	7.8%	1,131.2
Region 6	14 counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,969	7.2%	632	4.5%	870.7
Region 7	4 counties: Custer, Fall River, Pennington, and Shannon	135,186	16.0%	2,250	16.1%	1,398.1
State Total	66 counties	844,877	100%	13,964	100%	1,252.3

Table 14. Regional Distribution of RNs Residing in South Dakota and Population Ratios



Adapted from the 2013 South Dakota Health Care Workforce Needs Assessment ; Geographic Distribution; page 6.

Figure 26. South Dakota's Seven Regions

Advanced Practice Registered Nurses:

Certified Nurse Midwives

South Dakota Supply Trends

Licensure Status. As of December 31, 2014 the SDBON reported 32 actively licensed CNMs in South Dakota's supply; a gain of 4 nurse midwives from 2012 to 2014 and a 14.3% increase since 2013.

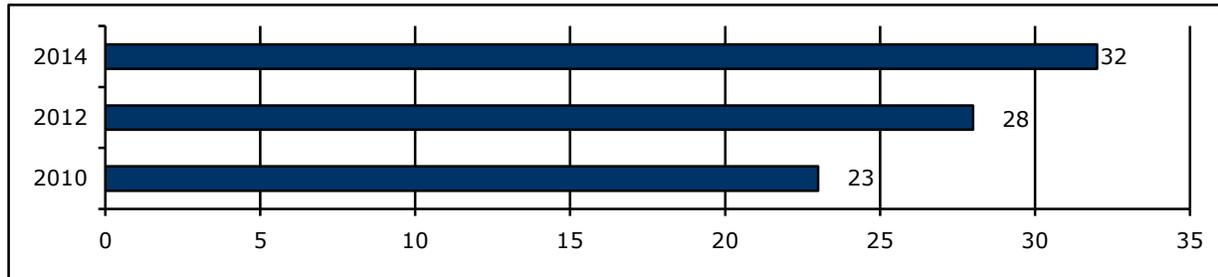


Figure 27. Actively Licensed CNM Supply Trend, 2010 to 2014

Certification/Practice Foci. All actively licensed CNMs held certification through the American Midwifery Certification Board (AMCB).

Demographics of CNM Supply

Gender. Consistent with previous reports the majority of CNMs, 96.9%, were female.

Race/Ethnicity. The majority of CNMs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 15 presents comparisons of ethnic distribution of all SD citizens and actively licensed CNMs.

	American Indian	Black/African American	White/Caucasian	Asian/Pacific Islander	Multiple/Other Race	Hispanic/Latino
US Population ²	1.2%	13.2%	77.7%	5.5%	2.4%	17.1%
U.S. APRNs ¹	0.2%	5.2%	89.5%	4.0%	1.1%	4.4%
SD Population ²	8.9%	1.9%	83.3%	1.3%	2.1%	3.4%
SD CNMs	0	0	96.9%	0	0	3.1%

Table 15. CNM Race/Ethnicity

Age. Age distribution of actively licensed CNMs is shown in Table 16 and Figure 28. Fifty percent of CNMs were 51 years or older; the average age of a CNM was 52. Renewal data revealed 4 CNMs intend "to leave or retire from nursing within the next five years".

Age Range	2014		2012		2010	
<26	0	0	0	0	0	0
26-30	0	0	1	3.6%	0	0
31-35	4	12.5%	3	10.7%	2	8.7%
36-40	3	9.4%	4	14.3%	3	13%
41-45	4	12.5%	2	7.1%	2	8.7%
46-50	3	9.4%	4	14.3%	3	13%
51-55	2	6.3%	5	17.9%	7	30.4%
56-60	8	25.0%	4	14.3%	1	4.3%
61-65	5	15.6%	3	10.7%	3	13%
>65	3	9.4%	2	7.1%	2	8.7%
Total	32	100%	28	100%	23	99.8%

Table 16. CNM Age, 2010 – 2014

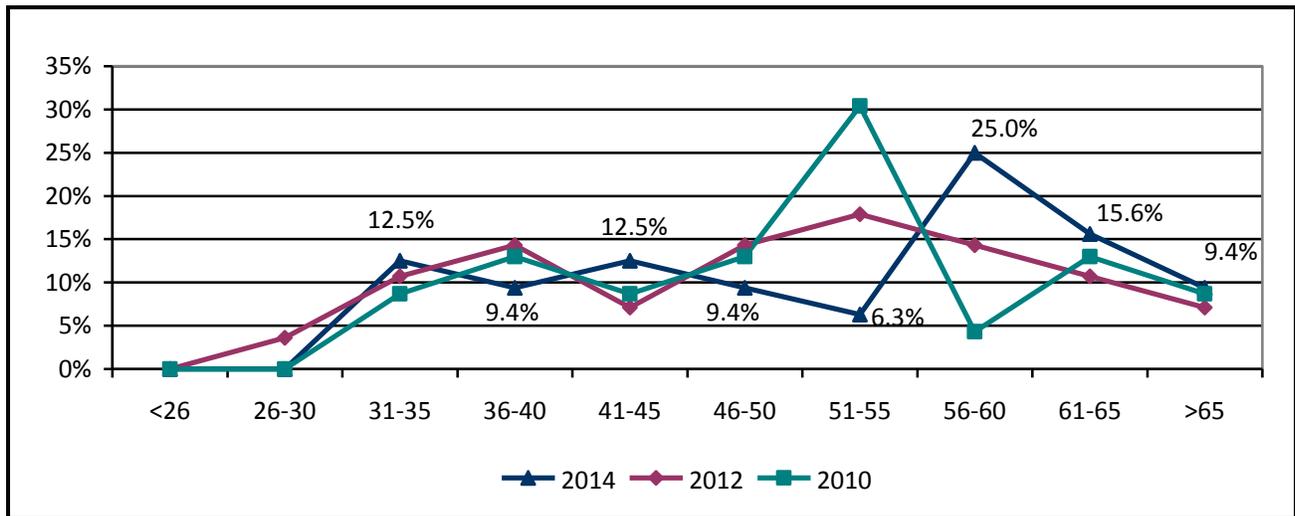


Figure 28. CNM Age, 2010 – 2014

Highest Academic Achievement. Consistent with previous SD nursing workforce reports, most CNMs hold a master’s degree in nursing (86.8%) as the highest degree held. Only one CNM indicated current enrollment in a program leading to an advanced nursing degree. All CNMs held certification through the American Midwifery Certification Board.

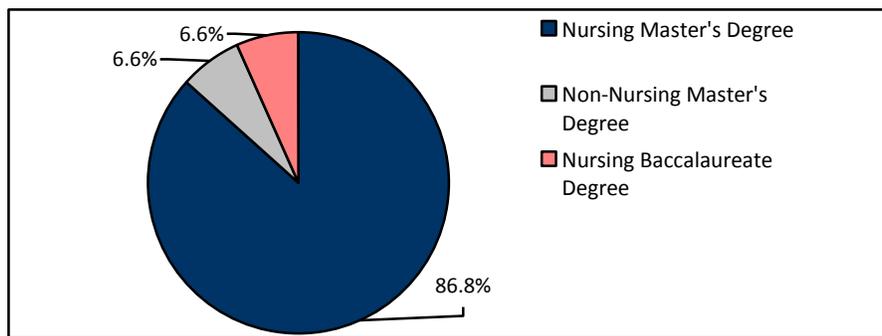


Figure 29. Highest Academic Achievement of CNMs

Employment Characteristics

Employment Status. Consistent with previous South Dakota Nursing Workforce Supply reports, employment data collected during this renewal period, June 1, 2013 to December 31, 2014, reflected a high percentage of CNMs employed full-time or part-time in the nursing profession. Data revealed most (94.7%) of CNMs were employed either full-time (68.4%) or part-time (26.3%). The majority, 81.3%, indicated they worked for only one employer while 18.7% responded they were employed as a CNM by two or more employers.

Location of Primary Employers. As expected, most primary employers (68.4%) of CNMs are located in the state of South Dakota.

Employment Hours. An important aspect of measuring nursing supply is assessing how many licensed CNMs are working or available to the nursing workforce. Data collected on nursing employment hours was used to formulate a CNM full-time equivalency (FTE) and part-time equivalency status. As shown in Table 17 an estimated 26.1 CNM FTEs are available to the workforce.

Percentage Full-time Responses	Percentage Part-time Responses	Estimated Actively Licensed RN FTEs Available
32 CNMs x 68.4 FT = 21.9 FTEs	32 CNMs x 26.3% PT / 0.5 = 4.2 FTEs	21.9 + 4.2 = 26.1 Total FTEs

Table 17. Estimated CNM FTEs

Places of Employment. During the data collection period of January 1, 2013 to December 31, 2014 the majority of CNMs were employed in ambulatory (44.4%) and hospital settings (22.2%).

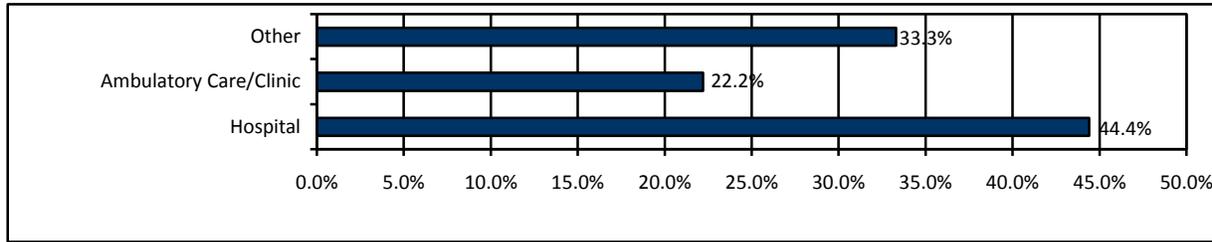


Figure 30. CNM Places of Employment

Clinical Areas of Practice. As expected, the most common clinical area of practice for CNMs was maternal-child/women’s health (77.7%).

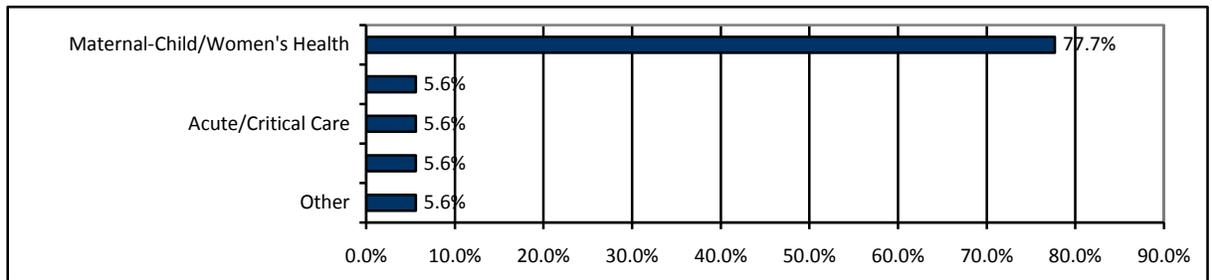


Figure 31. CNM Clinical Areas of Practice

Time Involved in Direct Patient Care. Similar to previous workforce reports, a large number of CNMs reported that in their current positions a significant percentage of time is involved in direct patient care.

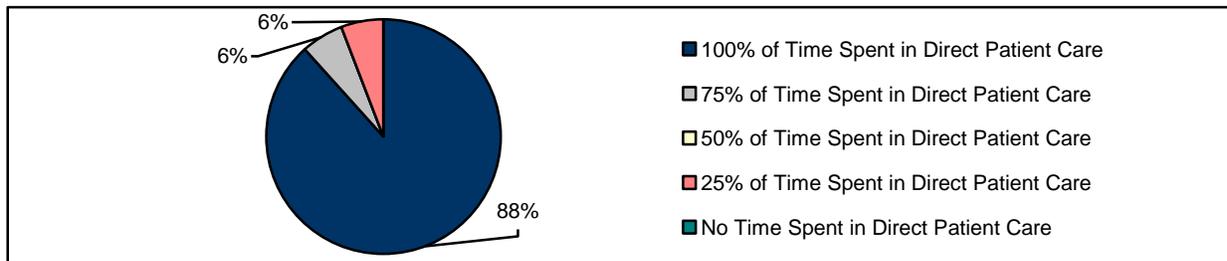


Figure 32. CNM Time Spent in Direct Patient Care

Practice Arrangement. Most CNMs, 18 (56.3%), practiced overlapping scope of medical practice and were required to have a collaborative agreement on file with the Joint Board of Nursing and Medical and Osteopathic Examiners, or were employed by the federal government and were exempted. Seven (21.9%) CNMs were granted a waiver of the collaborative agreement to attend out-of-hospital births. The other 7 (21.9%) CNMs either practiced using advanced practice nursing functions only, and a collaborative agreement was not required, or they did not practice in the state of South Dakota and did not submit a collaborative agreement.

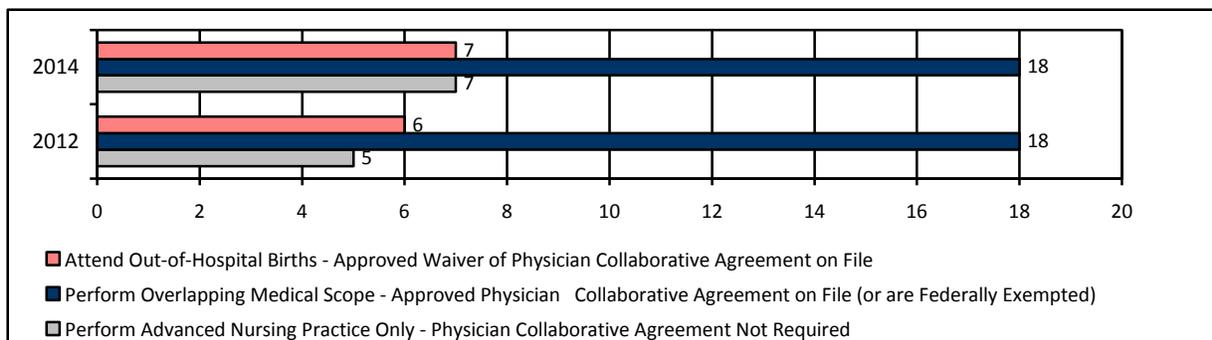


Figure 33. CNM Practice Arrangement

CNM Distribution in South Dakota

The number and percentage of CNMs who resided in South Dakota's seven regions are shown in Table 18 and was based on licensure data retrieved December 31, 2014. The map of South Dakota's regions is shown in Figure 34. Distributions of nurses in a region may vary depending on the needs of that region. State and county populations were based on the U.S. Census Bureau's Annual Estimates of the Resident Population⁴ for 2013. (The 8 CNMs who resided outside of South Dakota were not included.)

Region	Counties	Population	Region's % of State Population	Number of CNMs in Region	Region's % of State CNM Supply
Region 1	14 counties: Aurora, Bon Homme, Buffalo, Brule, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Yankton, and Union	125,268	14.8%	1	4.2%
Region 2	2 counties: Lincoln and Minnehaha	229,498	27.2%	11	45.8%
Region 3	14 counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Kingsbury, Jerauld, Lake, Miner, Moody, and Sanborn	133,711	15.8%	0	0
Region 4	8 counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	79,376	9.4%	2	8.3%
Region 5	10 counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	80,869	9.6%	2	8.3%
Region 6	14 counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,969	7.2%	0	0
Region 7	4 counties: Custer, Fall River, Pennington, and Shannon	135,186	16.0%	8	33.3%
State Total	66 counties	844,877	100%	24	100%

Table 18. Regional Distribution of CNMs

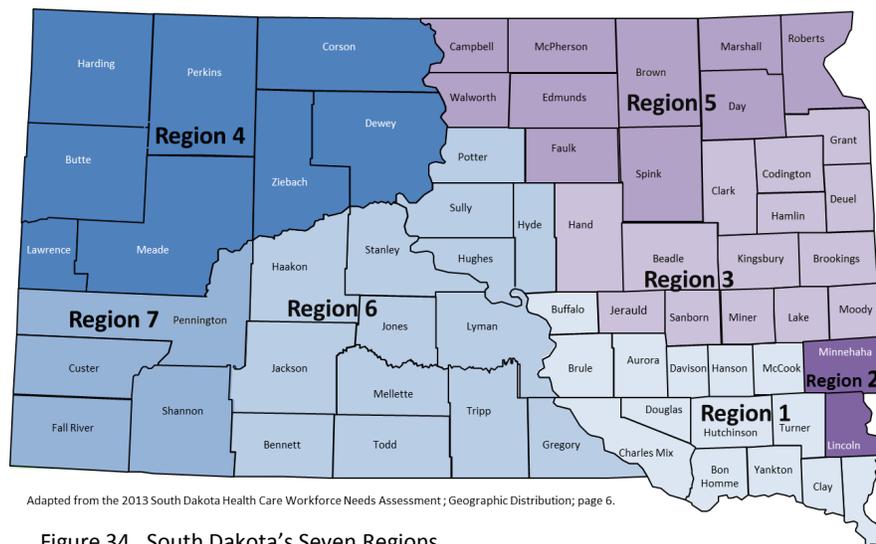


Figure 34. South Dakota's Seven Regions

Advanced Practice Registered Nurses: Certified Nurse Practitioners

South Dakota Supply Trends

Licensure Status. As of December 31, 2014 the SDBON reported 651 actively licensed CNPs in South Dakota’s supply; a gain of 107 nurses from 2012 to 2014, and a 19.7% increase since 2013.

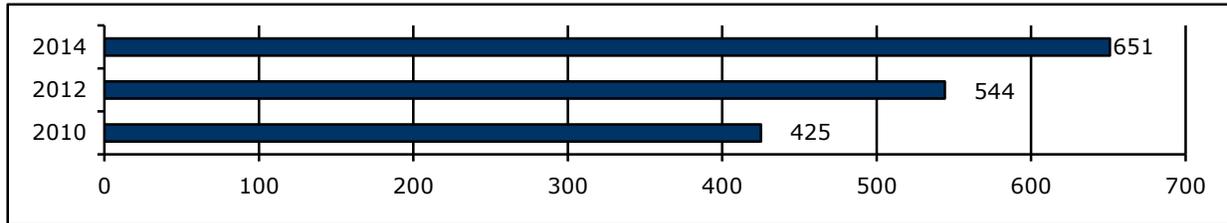


Figure 35. Actively Licensed CNP Supply Trend, 2010 to 2014

Workforce Gains and Losses. From January 1, 2013 to December 31, 2014 a total of 130 CNPs were added to South Dakota’s active supply of CNPs; 77 CNPs were added as new graduates and 53 were added by endorsement from another state. Overall, South Dakota had an increase in supply during this time period of 107 nurses with a net loss of 23 CNPs. Reasons for the loss of CNPs to the workforce were due to retirement, leaving the profession, or moving out of South Dakota.

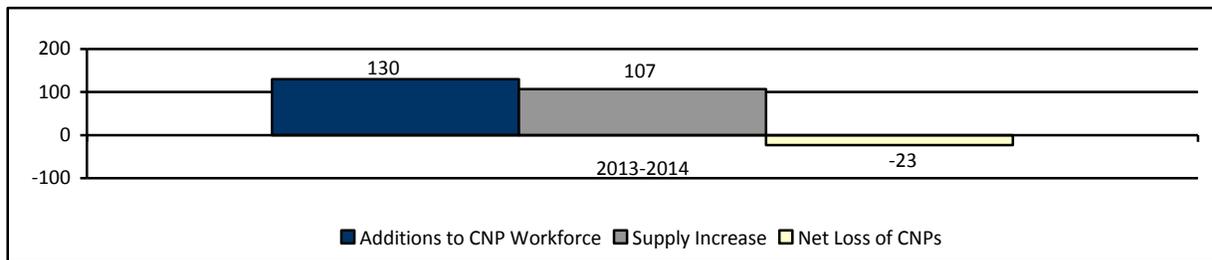


Figure 36. South Dakota’s Nursing Workforce Gains and Losses

Certification/Practice Foci. SD recognized and licensed CNPs in the following focus areas of practice: acute care, adult/gerontology (acute care and primary care), family across the lifespan, neonatal, pediatric (acute care and primary care), psychiatric/mental health, and women’s health (Figure 37). As shown in Figure 35, the majority, 71%, were prepared and licensed as family nurse practitioners; this is consistent with national data⁶ that reflected almost half of the NP workforce certified as family NPs. To obtain and maintain active licensure, all CNPs held one or more certifications in their area of practice. All CNPs held active certification from one or more of the following nationally approved certification organizations: American Academy of Nurse Practitioners Certification Program (AANP-CP), American Nurses Credentialing Center (ANCC), National Certification Corporation (NCC), and/or Pediatric Nursing Certification Board (PNCB).

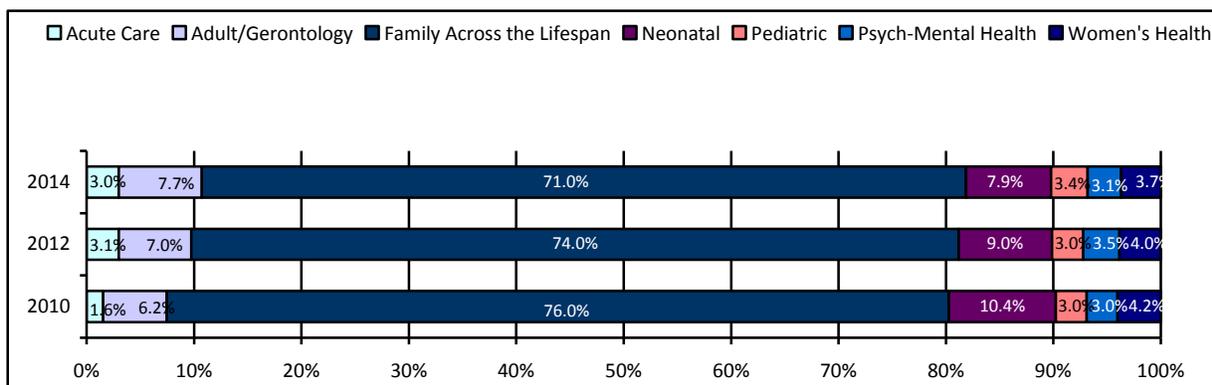


Figure 37. CNP Practice Areas, 2010 to 2014

Demographics of CNP Supply

Gender. Consistent with previous reports the majority of CNPs, 93.4%, were female.

Race/Ethnicity. The majority of CNPs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 19 presents comparisons of ethnic distribution of all SD citizens and actively licensed CNPs.

	American Indian	Black/African American	White/Caucasian	Asian/Pacific Islander	Multiple/Other Race	Hispanic/Latino
US Population ²	1.2%	13.2%	77.7%	5.5%	2.4%	17.1%
U.S. APRNs ¹	0.2%	5.2%	89.5%	4.0%	1.1%	4.4%
SD Population ²	8.9%	1.9%	83.3%	1.3%	2.1%	3.4%
SD CNPs	1.2%	0.3%	97.1%	0.3%	0.9%	0.2%

Table 19. CNP Race/Ethnicity

Age. Age distribution of actively licensed CNPs is shown in Table 20 and Figure 38. A large percentage of CNPs, 40.4%, was 40 years and younger; 24.6% was 56 or older. The average age of a CNP was 45.7 and the national average⁶ was 48. Renewal data revealed that 7.5% of CNP respondents intend “to leave or retire from nursing within the next five years”; the 2013 report revealed that 6.5% intended to retire or leave.

Age Range	2014		2012		2010	
<26	0	0	8	1.5%	0	0
26-30	46	7.1%	67	12.3%	26	6.0%
31-35	110	16.9%	87	16.0%	62	15.0%
36-40	107	16.4%	63	11.6%	49	11.5%
41-45	69	10.6%	60	11.0%	41	10.0%
46-50	62	9.5%	79	14.5%	70	16.5%
51-55	97	14.9%	93	17.1%	91	21.0%
56-60	90	13.8%	64	11.8%	61	14.0%
61-65	59	9.1%	15	2.8%	18	4.0%
>65	11	1.7%	8	1.5%	7	2.0%
Total	651	100%	544	100%	425	100%

Table 20. CNP Age, 2010 – 2014

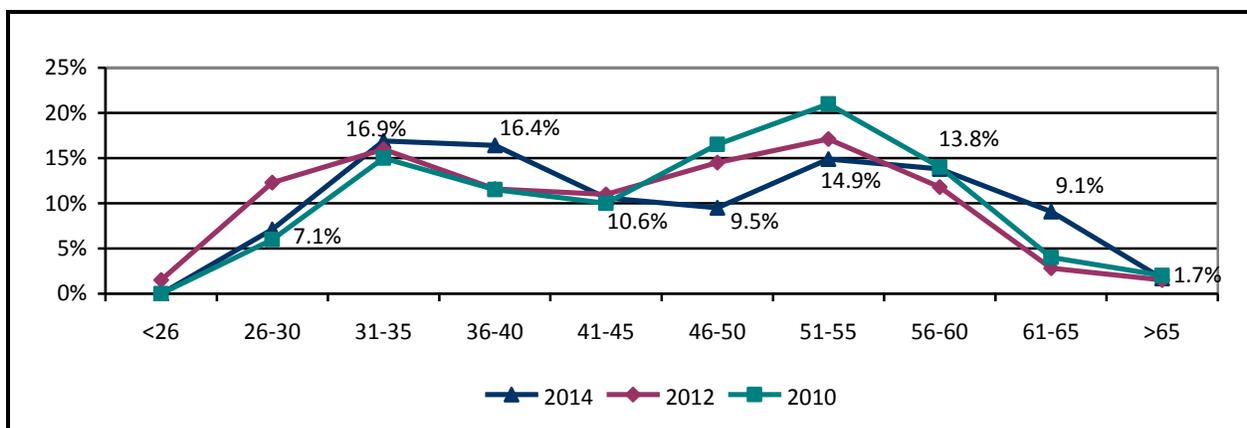


Figure 38. CNP Age, 2010 – 2014

Highest Academic Achievement. Consistent with national data, the majority of CNPs in South Dakota, 79.8%, reported their highest educational preparation as a master’s degree (Figure 39); national data⁵ reflected 86%. CNPs prepared with a nursing doctorate degree comprised 5.0% which was the same as national data. Those without a graduate degree, who graduated and obtained a license prior to the graduate nursing degree requirement, comprised 4.1%; nationally 6% did not hold a graduate degree. In addition, 5.4% of CNPs reported that they are currently enrolled in a program leading to an advanced degree.

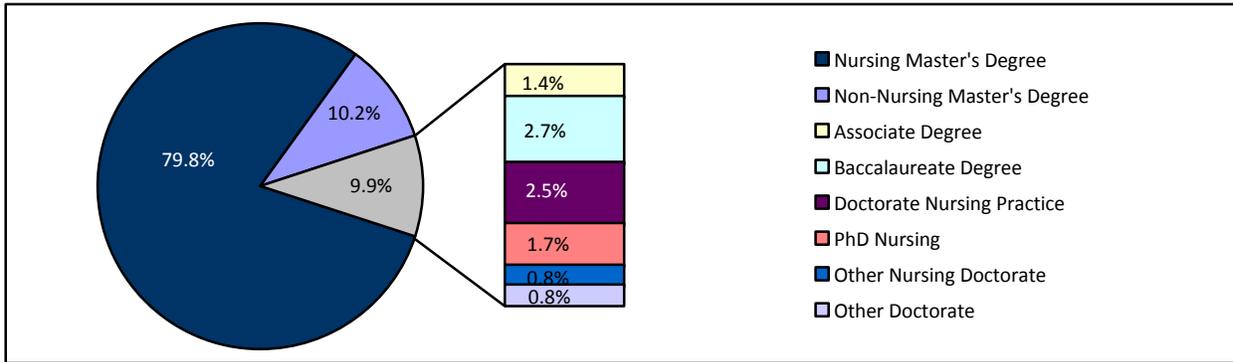


Figure 39. Highest Academic Achievement of CNPs, 2010 – 2014

Employment Characteristics

Employment Status. Employment data collected during this renewal period, June 1, 2013 to December 31, 2014, reflected a high percentage of CNPs employed full-time or part-time in the nursing profession. Data revealed 83.5% of CNPs were employed full-time as a nurse practitioner and 12.8% were employed part-time (Figure 40). Most, 79.4%, indicated they worked for only one employer, 16.5% for two employers, and 4.1% reported working for 3 or more employers.

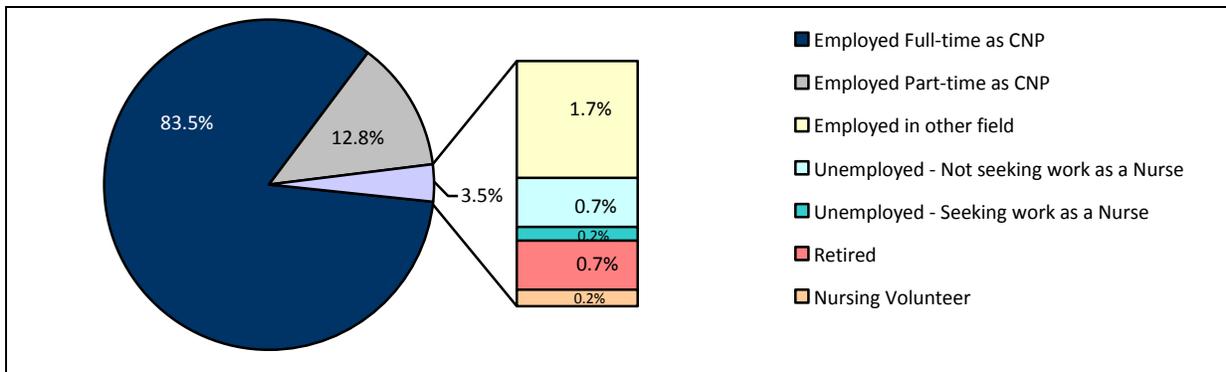


Figure 40. Employment Status of CNPs

Location of Primary Employers. As expected, most (89.5%) primary employers of CNPs are located in the state of South Dakota.

Employment Hours. An important aspect of measuring nursing supply is assessing how many licensed CNPs are working or available to the nursing workforce. Data collected on nursing employment hours was used to formulate a CNP full-time and part-time equivalency (FTE) status. As shown in Table 21 an estimated 585.3 CNP FTEs are available to the workforce.

Percentage Full-time Responses	Percentage Part-time Responses	Estimated Actively Licensed CNP FTEs Available
651 CNPs x 83.5 FT = 543.6 FTEs	651 CNPs x 12.8% PT / 0.5 = 41.7 FTEs	543.6 + 41.7 = 585.3 Total FTEs

Table 21. Estimated CNP FTEs

Places of Employment. The majority of CNPs were employed in ambulatory (34.4%) and hospital settings (35.5%).

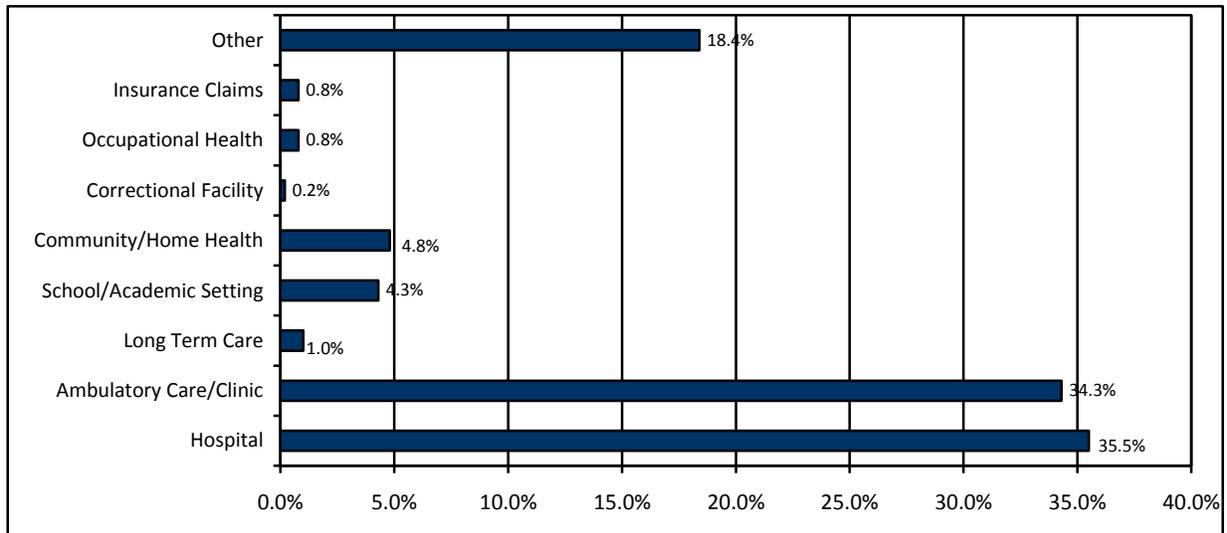


Figure 41. CNP Places of Employment

Clinical Areas of Practice. Clinical areas of practice for CNPs are shown in Figure 42. The most common areas of practice were Adult/Family Health (40.3%), Acute/Critical Care (11.5%), and Pediatrics/Neonatal (10.5%).

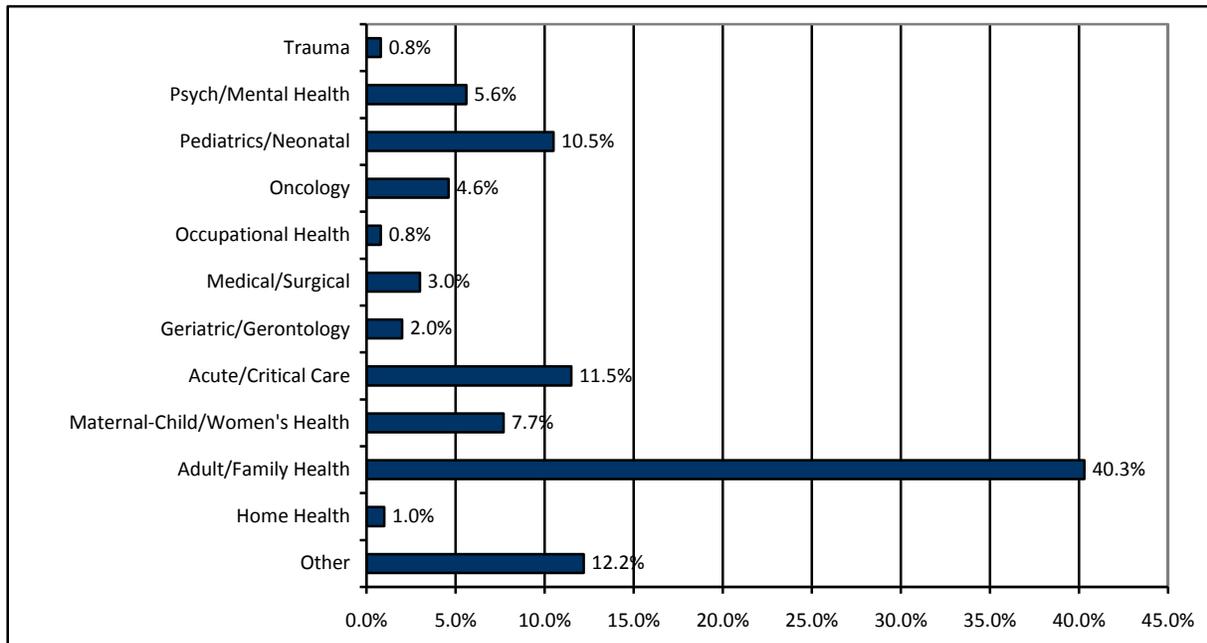


Figure 42. CNP Clinical Areas of Practice

Time Involved in Direct Patient Care. Similar to previous workforce reports, a large number of CNPs reported that in their current positions a significant percentage of time is involved in direct patient care.

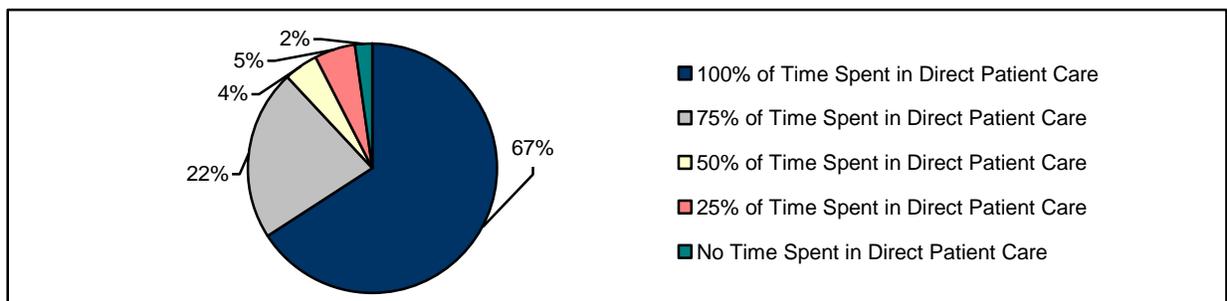


Figure 43. CNP Time Spent in Direct Patient Care

Practice Arrangement. Most CNPs, 619 (95.1%), practiced overlapping scope of medical practice and were required to have a collaborative agreement on file with the Joint Board of Nursing and Medical and Osteopathic Examiners, or were employed by the federal government and were exempted. The other 32 (4.9%) CNPs either practiced using advanced practice nursing functions only, and a collaborative agreement was not required, or they did not practice in the state of South Dakota and did not submit a collaborative agreement.

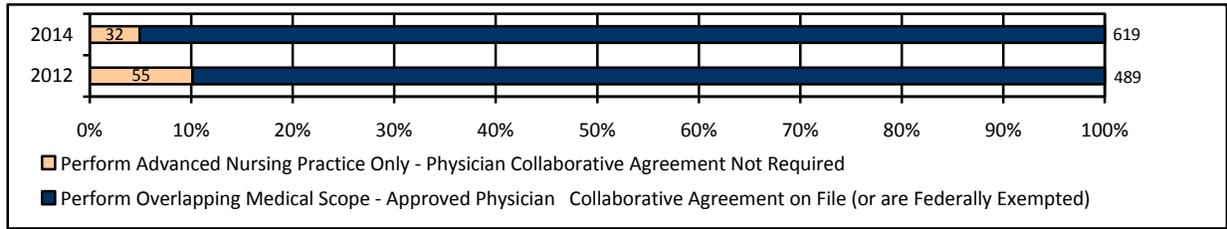


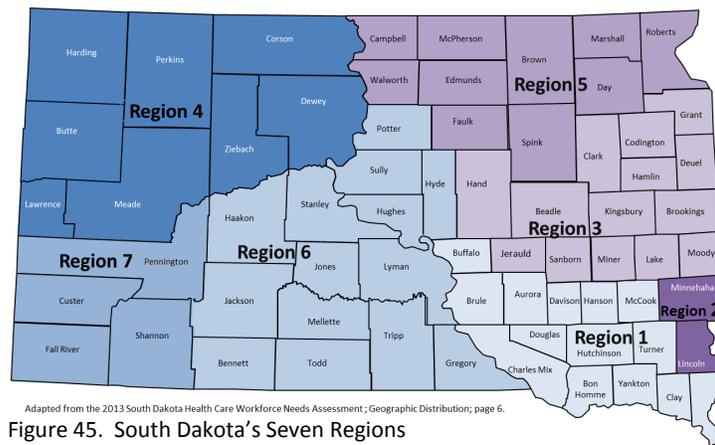
Figure 44. CNP Practice Arrangement

CNP Distribution in South Dakota

The number and percentage of CNPs who resided in South Dakota’s seven regions are shown in Table 22 and was based on licensure data retrieved December 31, 2014. The map of South Dakota’s regions is shown in Figure 45. State and county populations were based on the U.S. Census Bureau’s Annual Estimates of the Resident Population⁴ for 2013. (The 103 CNPs who resided outside of South Dakota were not included.)

Region	Counties	Population	Region’s % of State Population	Number of CNPs in Region	Region’s % of State CNP Population
Region 1	14 counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	125,268	14.8%	64	11.7%
Region 2	2 counties: Lincoln and Minnehaha	229,498	27.2%	225	41.1%
Region 3	14 counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	133,711	15.8%	56	10.2%
Region 4	8 counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	79,376	9.4%	44	8.0%
Region 5	10 counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	80,869	9.6%	30	5.5%
Region 6	14 counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,969	7.2%	28	5.1%
Region 7	4 counties: Custer, Fall River, Pennington, and Shannon	135,186	16.0%	101	18.4%
State Total	66 counties	844,877	100%	548	100%

Table 22. Regional Distribution of CNPs Residing in South Dakota and Population Ratios



Adapted from the 2013 South Dakota Health Care Workforce Needs Assessment ; Geographic Distribution; page 6.

Figure 45. South Dakota’s Seven Regions

Advanced Practice Registered Nurses: Certified Registered Nurse Anesthetists

South Dakota Supply Trends

Licensure Status. As of December 31, 2014 the SDBON reported 440 actively licensed CRNAs in South Dakota’s supply; a gain of 22 nurses from 2012 to 2014, and a 5.3% increase since 2013.

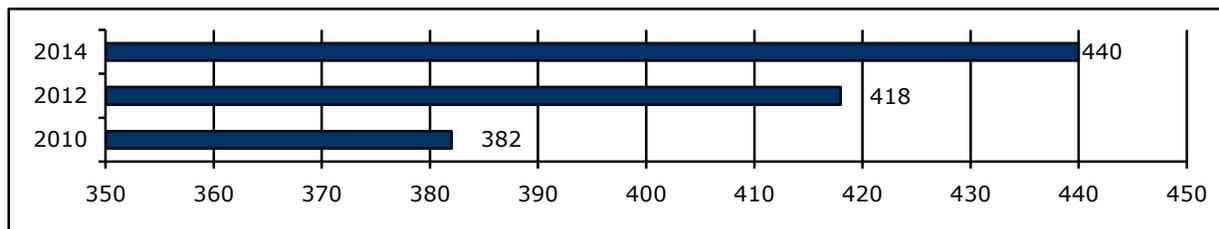


Figure 46. Actively Licensed CRNA Supply Trend, 2010 to 2014

Workforce Gains and Losses. From January 1, 2013 to December 31, 2014 a total of 52 CRNAs were added to South Dakota’s active supply of CRNAs; 12 CRNAs were added as new graduates and 40 were added by endorsement from another state. Overall, South Dakota had an increase in supply during this time period of 22 nurses with a net loss of 30 CRNAs. Reasons for the loss of CRNAs to the workforce were due to retirement, leaving the profession, or moving out of South Dakota.

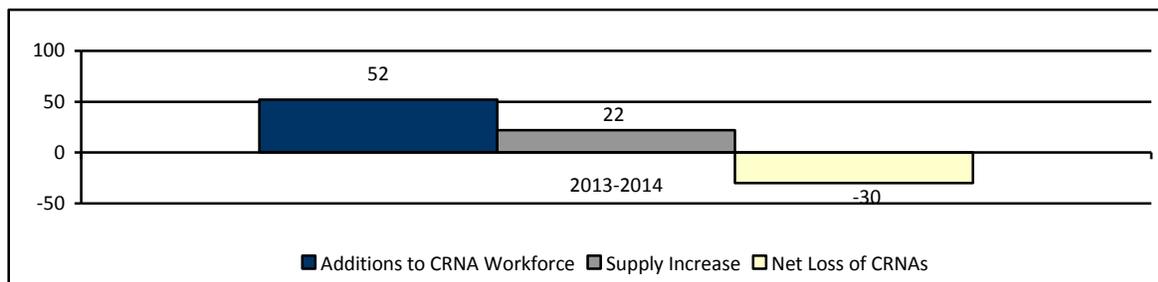


Figure 47. South Dakota’s Nursing Workforce Gains and Losses

Certification/Practice Foci. All actively licensed CRNAs held certification through the National Board of Certification and Recertification for Nurse Anesthetists.

Demographics of CRNA Supply

Gender. Consistent with previous reports, 58.4% of CRNAs were male and 41.6% were female.

Race/Ethnicity. The majority of CRNAs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 23 presents comparisons of ethnic distribution of all SD citizens and actively licensed CRNAs.

	American Indian	Black/African American	White/Caucasian	Asian/Pacific Islander	Multiple/Other Race	Hispanic/Latino
US Population ²	1.2%	13.2%	77.7%	5.5%	2.4%	17.1%
U.S. APRNs ¹	0.2%	5.2%	89.5%	4.0%	1.1%	4.4%
SD Population ²	8.9%	1.9%	83.3%	1.3%	2.1%	3.4%
SD CRNAs	0.2%	0.7%	98.2%	0.2%	0.7%	0

Table 23. CNP Race/Ethnicity

Age. Age distribution of actively licensed CRNAs is shown in Table 24 and Figure 48. A large percentage of CRNAs, 30.7%, was 40 years and younger; 34.3% was 56 or older. The average age of a CRNA was 48.7. Renewal data revealed 16.1% of CNRA respondents intend “to leave or retire from nursing within the next five years”; the 2013 report revealed that 17.4% intended to retire or leave.

Age Range	2014		2012		2010	
<26	0	0	0	0	0	0
26-30	10	2.3%	11	2.6%	14	3.7%
31-35	54	12.3%	44	10.5%	50	13.1%
36-40	71	16.1%	68	16.3%	55	14.4%
41-45	63	14.3%	56	13.4%	44	11.5%
46-50	43	9.8%	45	10.8%	36	9.4%
51-55	48	10.9%	58	13.9%	56	14.7%
56-60	60	13.6%	53	12.7%	64	16.8%
61-65	64	14.5%	55	13.2%	46	12%
>65	27	6.1%	28	6.7%	17	4.5%
Total	440	100%	418	100%	382	100.1%

Table 24. CRNA Age, 2010 – 2014

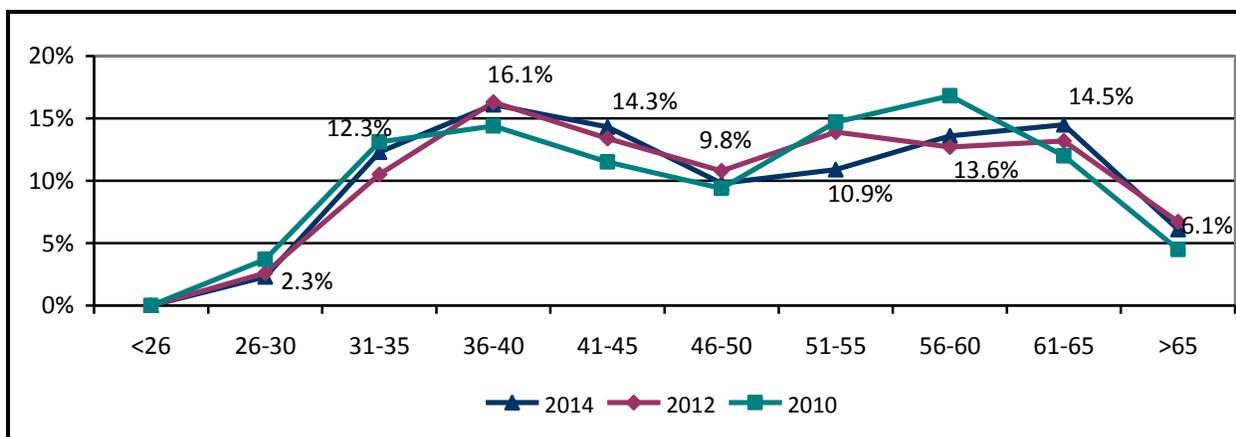


Figure 48. CRNA Age, 2010 – 2014

Highest Academic Achievement. The majority of CRNAs in South Dakota, 77.4%, reported their highest educational preparation as a master’s degree, compared to 62% in 2012. CRNAs prepared with a baccalaureate degree comprised 18.0% of the population, compared to 25% in 2015. CRNAs prepared with a doctorate degree comprised 1.6%. Those prepared with an associate degree or nursing diploma comprised 3.1%, compared to 8% in 2013. Additionally 2.9% of CRNAs reported they are currently enrolled in a program leading to an advanced degree in nursing. All actively licensed CRNAs held certification through the American Association of Nurse Anesthetists.

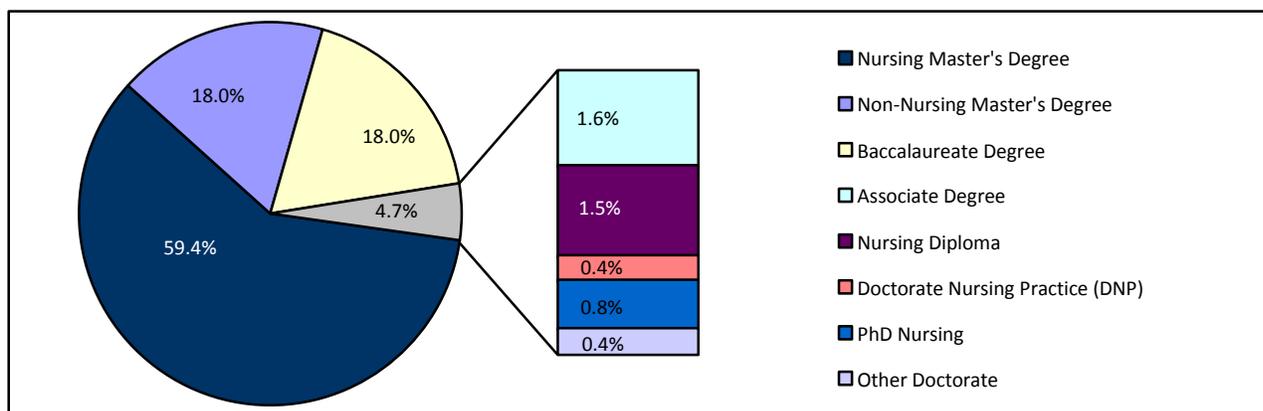


Figure 49. Highest Academic Achievement of CRNAs, 2010 – 2014

Employment Characteristics

Employment Status. Employment data collected during this renewal period, June 1, 2013 to December 31, 2014, reflected a high percentage of CRNAs employed full-time or part-time in the nursing profession. Data revealed 87.8% of employed full-time as a nurse anesthetist and 9.8% employed part-time (Figure 50). Most, 88.6%, indicated they worked for only one employer, 8.2% for two employers, and 3.2% reported working for 3 or more employers.

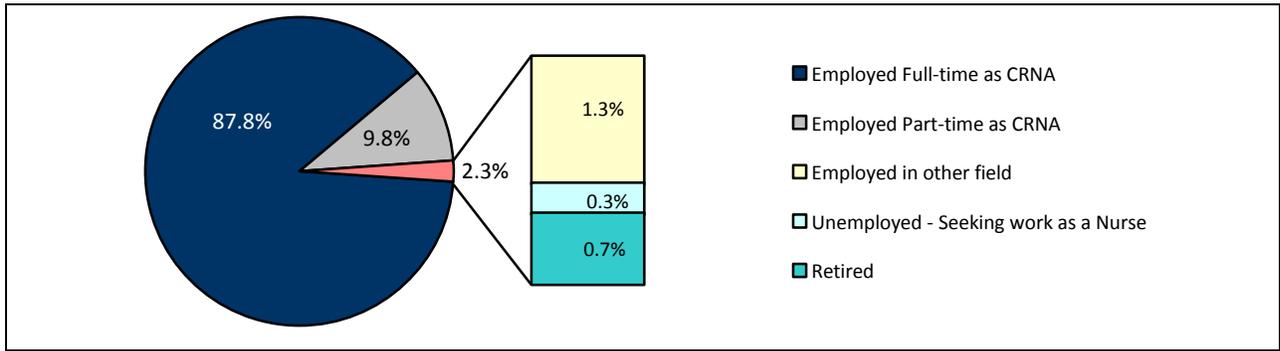


Figure 50. Employment Status of CRNAs

Location of Primary Employers. As expected most (83.2%) CRNAs primary employers are located in the state of South Dakota.

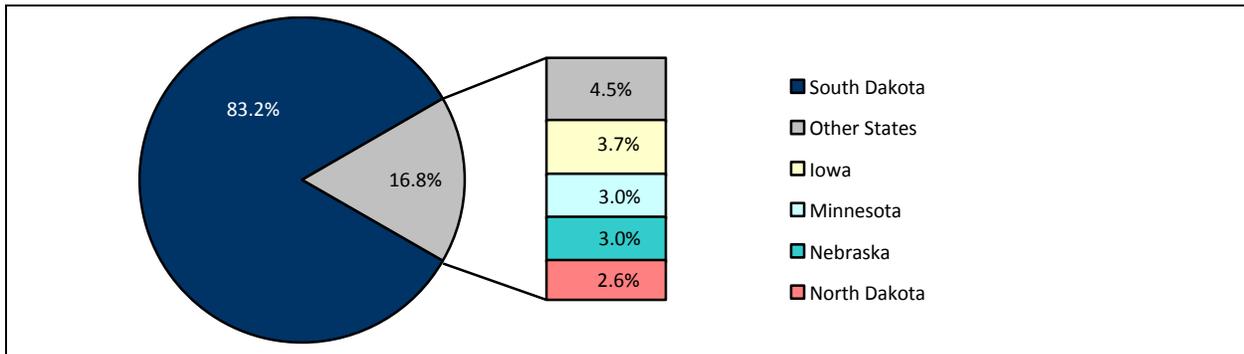


Figure 51. State of Primary Employers of CRNAs

Employment Hours. An important aspect of measuring nursing supply is assessing how many licensed CRNAs are working or available to the nursing workforce. Data collected on nursing employment hours was used to formulate a CRNA full-time and part-time equivalency (FTE) status. As shown in Table 25 an estimated 407.9 CRNA FTEs are available to the workforce.

Percentage Full-time Responses	Percentage Part-time Responses	Estimated Actively Licensed CRNA FTEs Available
440 CRNAs x 87.8% FT = 386.3FTEs	440 CRNAs x 9.8% PT / 0.5 = 21.6 FTEs	386.3 + 21.6 = 407.9 Total FTEs

Table 25. Estimated CRNA FTEs

Places of Employment. The majority of CRNAs were employed as nurse anesthetists in hospital settings (83.0%).

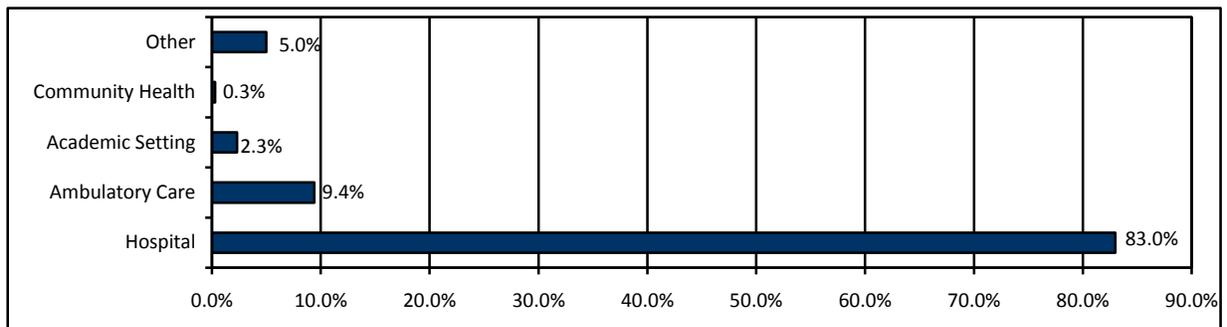


Figure 52. CRNA Places of Employment

Time Involved in Direct Patient Care. Similar to previous workforce reports, a large number of CRNAs reported that in their current positions a significant percentage of time is involved in direct patient care, Figure 53.

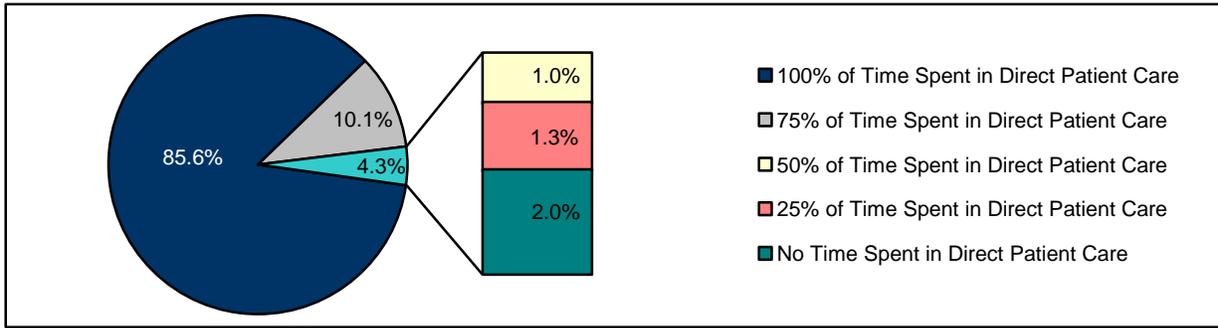


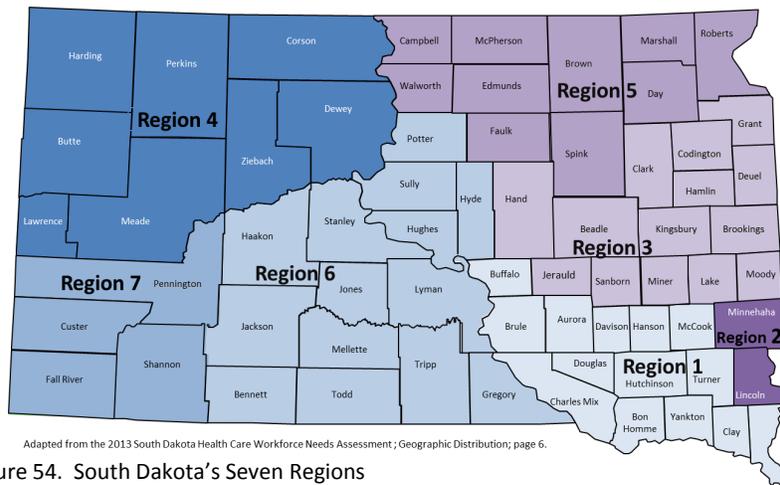
Figure 53. CRNA Time Spent in Direct Patient Care

CRNA Distribution in South Dakota

The number and percentage of CRNAs who resided in South Dakota’s seven regions are shown in Table 26 and was based on licensure data retrieved December 31, 2014. The map of South Dakota’s regions is shown in Figure 54. State and county populations were based on the U.S. Census Bureau’s Annual Estimates of the Resident Population⁴ for 2013. (The 100 CRNAs who resided outside of South Dakota were not included.)

Region	Counties	Population	Region’s % of State Population	Number of CRNAs in Region	Region’s % of State CRNA Population
Region 1	14 counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	125,268	14.8%	47	13.8%
Region 2	2 counties: Lincoln and Minnehaha	229,498	27.2%	163	47.9%
Region 3	14 counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	133,711	15.8%	20	5.9%
Region 4	8 counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	79,376	9.4%	23	6.8%
Region 5	10 counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	80,869	9.6%	17	5.0%
Region 6	14 counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,969	7.2%	10	2.9%
Region 7	4 counties: Custer, Fall River, Pennington, and Shannon	135,186	16.0%	60	17.6%
State Total	66 counties	844,877	100%	340	100%

Table 26. Regional Distribution of CRNAs Residing in South Dakota and Population Ratios



Adapted from the 2013 South Dakota Health Care Workforce Needs Assessment; Geographic Distribution; page 6.

Figure 54. South Dakota’s Seven Regions

Advanced Practice Registered Nurses:

Clinical Nurse Specialists

South Dakota Supply Trends

Licensure Status. As of December 31, 2014 the SDBON reported 71 actively licensed CNSs in South Dakota’s supply; a loss of 3 nurses from 2012 to 2014, and a 4.1% decrease since 2013.

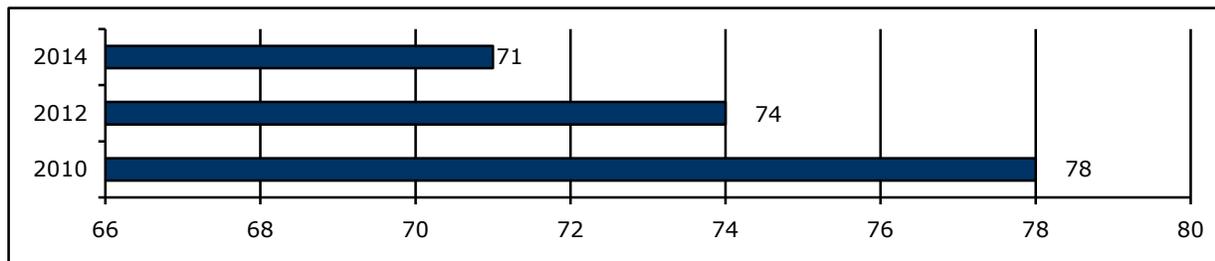


Figure 55. Actively Licensed CNS Supply Trend, 2010 to 2014

Workforce Gains and Losses. From January 1, 2013 to December 31, 2014 a total of 3 CNSs were added to South Dakota’s active supply of CNSs; 2 CNSs were added as new graduates and 1 was added by endorsement from another state. Overall, South Dakota had a decrease in supply during this time period of 3 nurses with a net loss of 6 CNSs. Reasons for the loss of CNSs to the workforce were due to retirement, leaving the profession, or moving out of South Dakota.

Certification/Practice Foci. Licensure for CNSs required national certification; however most, 54.9%, were licensed prior to July 1, 1996 and were waived from this requirement. The most common areas of certification for CNSs that held certification included adult/gerontology, community health, and psych-mental health.

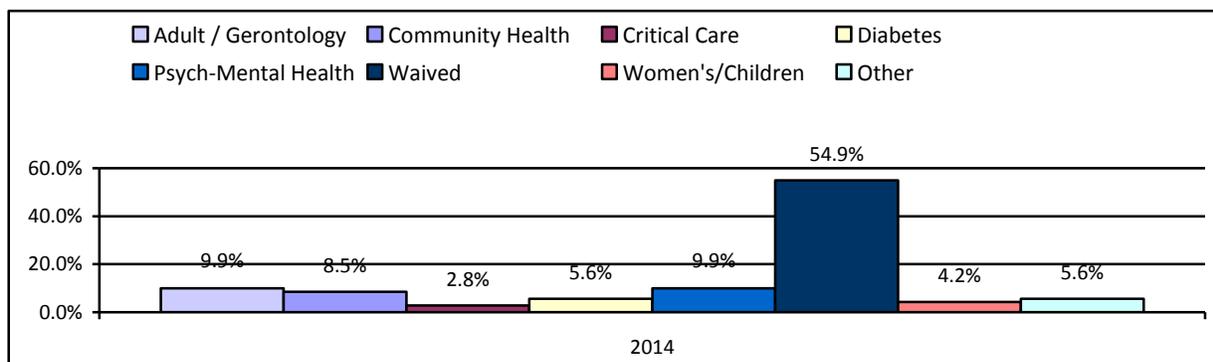


Figure 56. CNS Practice Areas, 2010 to 2014

Demographics of CNS Supply

Gender. Consistent with previous reports the majority of CNSs, 98.6%, were female.

Race/Ethnicity. The majority of CNSs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 27 presents comparisons of ethnic distribution of all SD citizens and actively licensed CNSs.

	American Indian	Black/African American	White/Caucasian	Asian/Pacific Islander	Multiple/Other Race	Hispanic/Latino
US Population ²	1.2%	13.2%	77.7%	5.5%	2.4%	17.1%
U.S. APRNs ¹	0.2%	5.2%	89.5%	4.0%	1.1%	4.4%
SD Population ²	8.9%	1.9%	83.3%	1.3%	2.1%	3.4%
SD CNSs	1.4%	0	97.2%	0	1.4%	0

Table 27. CNS Race/Ethnicity

Age. Age distribution of actively licensed CNSs is shown in Table 28 and Figure 57. A large percentage of CNSs, 62.0%, was 56 or older. The average age of a CNS was 56.3. Renewal data revealed that 20.4% of CNS respondents intend “to leave or retire from nursing within the next five years”; the 2013 report revealed that 11.0% intended to retire or leave.

Age Range	2014		2012		2010	
	Count	Percentage	Count	Percentage	Count	Percentage
<26	0	0	0	0	0	0
26-30	1	1.4%	0	0	0	0
31-35	0	0	0	0	2	2.6%
36-40	3	4.2%	3	4%	4	5.1%
41-45	4	5.6%	3	4%	2	2.6%
46-50	1	1.4%	7	9.5%	14	17.9%
51-55	18	25.4%	29	39.2%	29	37.2%
56-60	28	39.4%	19	25.7%	15	19.2%
61-65	9	12.7%	8	10.8%	5	6.4%
>65	7	9.9%	5	6.8%	7	9%
Total	71	100%	74	100%	78	100%

Table 28. CNS Age, 2010 – 2014

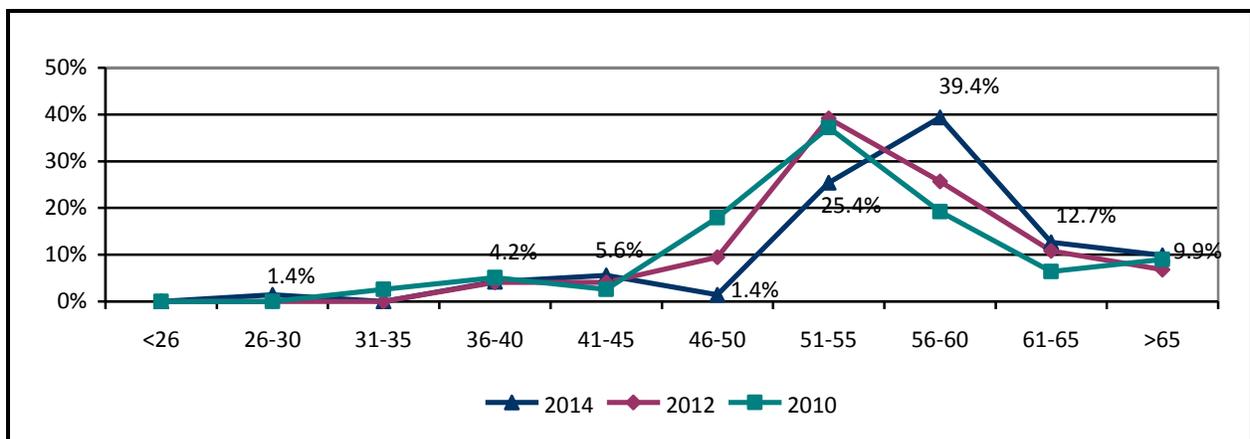


Figure 57. CNS Age, 2010 – 2014

Highest Academic Achievement. The majority of CNSs in South Dakota, 80.8%, reported their highest educational preparation as a master’s degree and CNSs prepared with a doctorate degree comprised 19.2%. No CNSs reported that they were currently enrolled in a program leading to an advanced nursing degree.

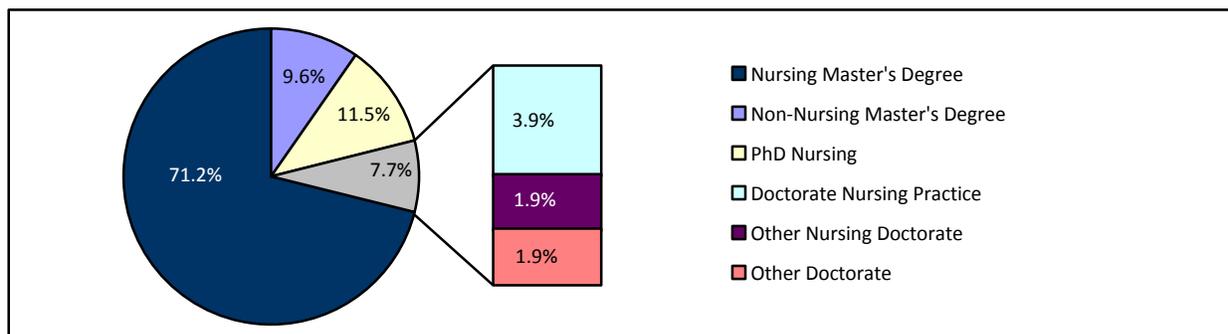


Figure 58. Highest Academic Achievement of CNSs, 2010 – 2014

Employment Characteristics

Employment Status. Employment data collected during this renewal period, June 1, 2013 to December 31, 2014, reflected a high percentage of CNSs employed full-time or part-time in the nursing profession. Data revealed 75.4% of CNSs employed full-time and 14.1% employed part-time (Figure 59). Most, 80.9%, indicated they worked for only one employer, 12.7% for two employers, and 6.4% reported working for 3 or more employers.



Figure 59. Employment Status of CNSs

Location of Primary Employers. As expected, most (87.5%) primary employers of CNSs are located in the state of South Dakota.

Employment Hours. An important aspect of measuring nursing supply is assessing how many licensed CNSs are working or available to the nursing workforce. Data collected on nursing employment hours was used to formulate a CNP full-time and part-time equivalency (FTE) status. As shown in Table 29 an estimated 58.5 CNS

Percentage Full-time Responses	Percentage Part-time Responses	Estimated Actively Licensed CNS FTEs Available
71 CNSs x 75.4 FT = 53.5 FTEs	71 CNSs x 14.1 PT / 0.5 = 5.0 FTEs	53.5 + 5.0 = 58.5 Total FTEs

Table 29. Estimated CNS FTEs

Places of Employment. The majority of CNSs were employed in hospital (45.3%), community (17.0%), and ambulatory (13.2%) settings.

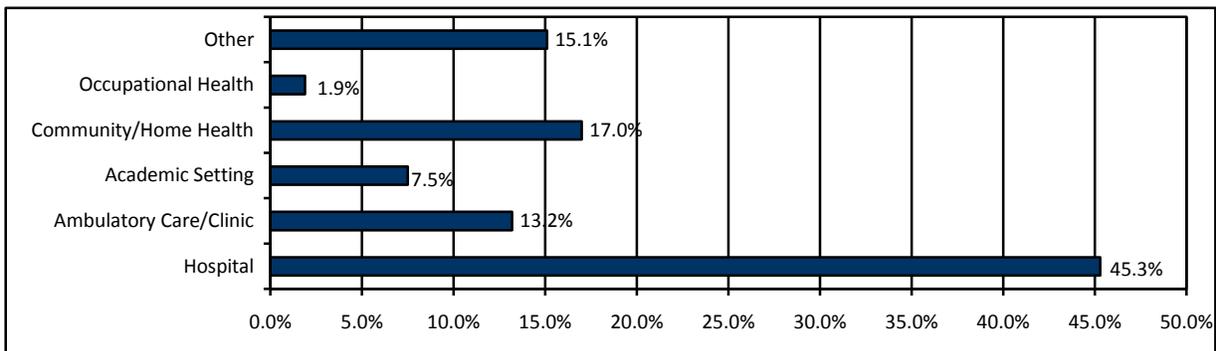


Figure 60. CNS Places of Employment

Clinical Areas of Practice. Clinical areas of practice for CNSs is shown in Figure 61, the most common areas of practice were Psych/Mental Health (17.3%), Acute/Critical Care (11.5%), and Adult/Family Health (11.5%).

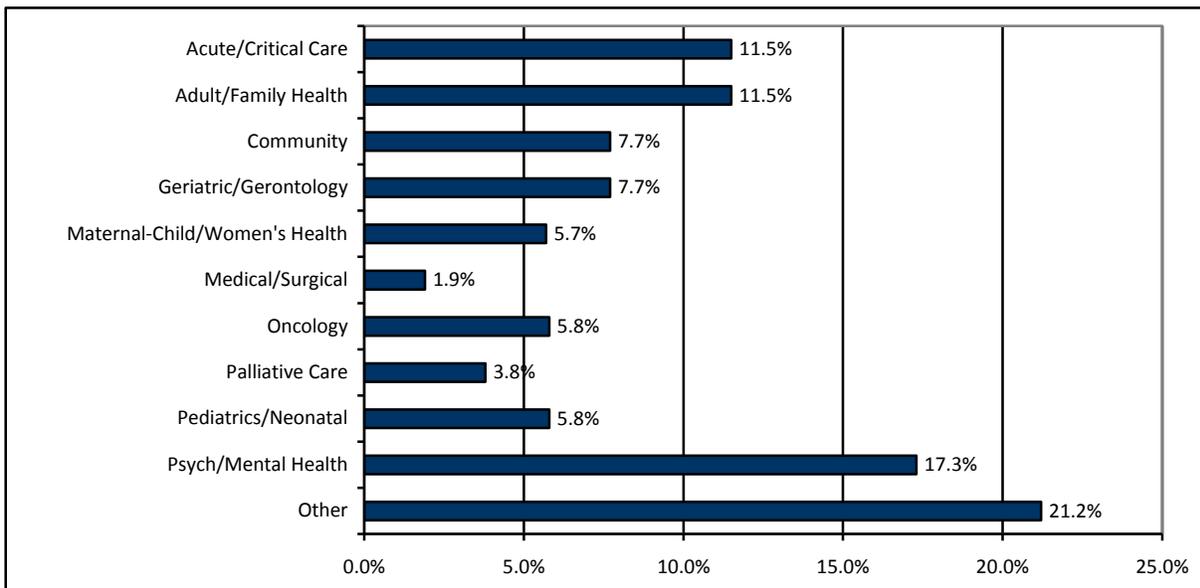


Figure 61. CNS Clinical Areas of Practice

Time Involved in Direct Patient Care. Similar to previous workforce reports, most CNSs spend over half of their time involved in direct patient care as shown in Figure 62.

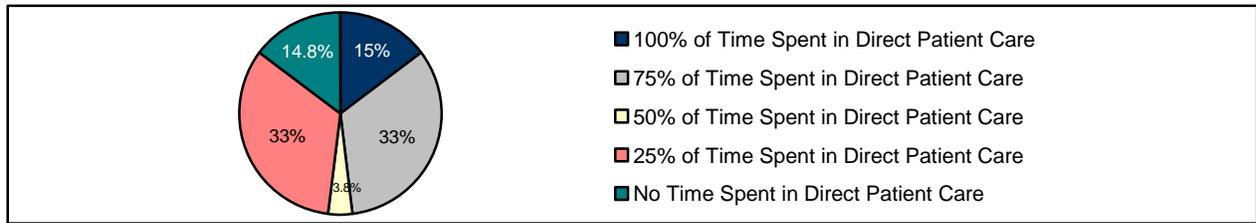


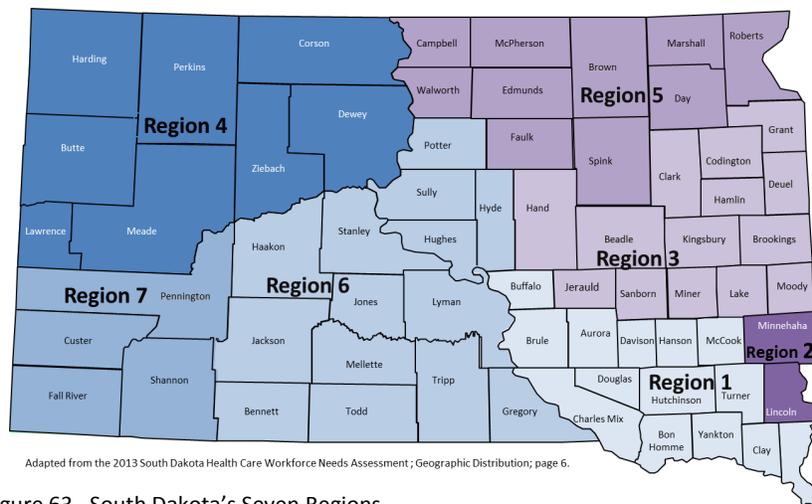
Figure 62. CNS Time Spent in Direct Patient Care

CNS Distribution in South Dakota

The number and percentage of CNSs who resided in South Dakota’s seven regions are shown in Table 30 and was based on licensure data retrieved December 31, 2014. The map of South Dakota’s regions is shown in Figure 63. State and county populations were based on the U.S. Census Bureau’s Annual Estimates of the Resident Population⁴ for 2013. (The 10 CNSs who resided outside of South Dakota were not included.)

Region	Counties	Population	Region’s % of State Population	Number of CNSs in Region	Region’s % of State CNS Population
Region 1	14 counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	125,268	14.8%	3	4.9%
Region 2	2 counties: Lincoln and Minnehaha	229,498	27.2%	40	65.6%
Region 3	14 counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	133,711	15.8%	4	6.6%
Region 4	8 counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	79,376	9.4%	2	3.3%
Region 5	10 counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	80,869	9.6%	1	1.6%
Region 6	14 counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,969	7.2%	2	3.3%
Region 7	4 counties: Custer, Fall River, Pennington, and Shannon	135,186	16.0%	9	14.8%
State Total	66 counties	844,877	100%	61	100%

Table 30. Regional Distribution of CNSs Residing in South Dakota and Population Ratios



Adapted from the 2013 South Dakota Health Care Workforce Needs Assessment; Geographic Distribution; page 6.

Figure 63. South Dakota’s Seven Regions

Employment and Education Data Form

1. **What type of nursing degree / credential qualified you for your first U.S. nursing license?**

- | | |
|---|---|
| <input type="checkbox"/> Vocational / Practical Certificate Nursing | <input type="checkbox"/> Baccalaureate Degree – Nursing |
| <input type="checkbox"/> Diploma – Nursing | <input type="checkbox"/> Master’s Degree – Nursing |
| <input type="checkbox"/> Associate Degree – Nursing | <input type="checkbox"/> Doctoral Degree – Nursing |

2. **What is your highest level of education?**

- | | |
|---|---|
| <input type="checkbox"/> Vocational / Practical Certificate Nursing | <input type="checkbox"/> Master’s Degree – Nursing |
| <input type="checkbox"/> Diploma – Nursing | <input type="checkbox"/> Master’s Degree – Non-Nursing |
| <input type="checkbox"/> Associate Degree – Nursing | <input type="checkbox"/> Doctoral Degree – Nursing (PhD) |
| <input type="checkbox"/> Associate Degree – Non-Nursing | <input type="checkbox"/> Doctoral Degree – Nursing Practice (DNP) |
| <input type="checkbox"/> Baccalaureate Degree – Nursing | <input type="checkbox"/> Doctoral Degree – Nursing Other |
| <input type="checkbox"/> Baccalaureate Degree – Non-Nursing | <input type="checkbox"/> Doctoral Degree |

3. **Year of initial U.S. Licensure:** _____

4. **Country of entry-level education:** _____

5. **What is your employment status?**

- | |
|---|
| <input type="checkbox"/> Actively employed in nursing or in a position that requires a nurse license (select one) |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per diem |
| <input type="checkbox"/> Actively employed in a field other than nursing (select one) |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per diem |
| <input type="checkbox"/> Working in nursing only as a volunteer |
| <input type="checkbox"/> Unemployed (select one) |
| <input type="checkbox"/> Seeking work as a nurse |
| <input type="checkbox"/> Not seeking work as a nurse |
| <input type="checkbox"/> Retired |

6. **In how many positions are you currently employed as a nurse?**

- | | | |
|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 or more |
|----------------------------|----------------------------|------------------------------------|

7. **How many hours do you work during a typical week in all your nursing positions?**

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> <10 hours | <input type="checkbox"/> 41-50 hours |
| <input type="checkbox"/> 11-20 hours | <input type="checkbox"/> 51-60 hours |
| <input type="checkbox"/> 21-30 hours | <input type="checkbox"/> >60 hours |
| <input type="checkbox"/> 31-40 hours | |

8. **Indicate the zip code, city, state and county of your primary employer.**

- Zip Code: _____
- City: _____
- State: _____
- County: _____

9. **Identify the type of setting that most closely corresponds to your nursing practice position.**

- | | |
|--|--|
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Nursing Home/Extended Care/Assisted Living Facility |
| <input type="checkbox"/> Ambulatory Care Setting | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Policy / Planning Regulatory / Licensing Agency |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health Services |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance Claims / Benefits | |

10. **Identify the position title that most closely corresponds to your nursing practice position.**

- | | |
|--|---|
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Nurse Researcher |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Nurse Executive | <input type="checkbox"/> Other – Health Related |
| <input type="checkbox"/> Nurse Faculty | <input type="checkbox"/> Other – Non Health Related |
| <input type="checkbox"/> Nurse Manager | |

11. **Identify the employment specialty that most closely corresponds to your nursing practice position.**

- | | |
|---|--|
| <input type="checkbox"/> Acute Care/ Critical Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Adult Health / Family Health | <input type="checkbox"/> Pediatrics / Neonatal |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Psychiatric / Mental Health / Substance Abuse |
| <input type="checkbox"/> Community | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Geriatric / Gerontology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Maternal-Child Health | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Medical / Surgical | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oncology | |

12. **What percent of your current position involves direct patient care?**

- 0%
- 25%
- 50%
- 75%
- 100%

13. **If unemployed, please indicate the reasons.**

- Difficulty in finding a nursing position
- Disabled
- Inadequate Salary
- School
- Taking care of home and family
- Other

14. **Formal Education**

- I am not taking courses toward an advanced degree in nursing
- I am currently taking courses toward an advanced degree in nursing

15. **Do you intend to leave / retire from nursing practice in the next 5 years?**

- Yes
- No

16. **Other states in which you have ever held a license:**

- Active License: _____
- Inactive License: _____

17. **List all states where currently practicing nursing, whether physically or electronically:** _____

References

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2010-2012), Rockville, Maryland: 2014.
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