

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
AGENDA (SECOND MAILING)

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 2**
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

Tuesday, January 28, 2025 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Cynthia Swineford, RN, MSN, CNE; President

ESTABLISHMENT OF A QUORUM

9:05 A.M. - PUBLIC HEARING – Nursing Fee Increase

PUBLIC COMMENT

PRESENTATION – Substance Abuse Disorder by Jennifer Phelps, BS, LPN, QMHP-A, Certified Substance Abuse Counselor (CSAC), former Board President and Member.

ANNOUNCEMENT

REMINDER – The filing deadline for the Financial Disclosure Statement is **FEBRUARY 3, 2025**. The email was sent on January 7, 2025 from Ethics Council.

- **Board Member Update:**
 - **Robert A. Scott, RN** has informed Board Staff of his resignation as a Board Member effective January 29, 2025.
- **Staff Update:**
 - **Katrina Morgan** has accepted the Nurse Aide Education Program Inspector for the Tidewater region and started on December 16, 2024.

A. UPCOMING MEETINGS and HEARINGS:

- The Nurse Licensure Compact (NLC) Midyear Meeting is scheduled for March 10, 2025, in Pittsburg, PA. Ms. Morris will attend as Commissioner for Virginia Board of Nursing.

- The NCSBN Mid-Year Meeting is scheduled for March 11-13, 2025, in Pittsburg, PA. Please let Ms. Swineford or Ms. Morris know if you are interested in attending.
- The NCSBN 2025 Tri-Regulator Symposium & 2025 Opioid Regulatory Collaborative Summit is scheduled for March 6 & 7, 2025 in Tysons Corner, VA. Ms. Morris will attend to represent Virginia Board of Nursing.
- The Education Informal Conference Committee is scheduled for February 19, 2025, at 9 am in Board Room 4.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for February 26, 2025, at 9 am in Board Room 2.

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases in:

February 2025:

- SCC-A – Friday, February 7, 2025 → Swineford and Davis
- SCC-B – Monday, February 10, 2025 → Cartte and Kinchen
- SCC-C – Wednesday, February 12, 2025 → Acuna and Peake
- SCC-D – Tuesday, February 18, 2025 → Cox and Hogan

REMINDER of Additional Formal Hearings:

- Thursday, 2/27/2025 → Swineford, Cartte, Friedenber, Kitt and Parke
- Wednesday, 6/25/2025 → Swineford, Cartte, Friedenber, Kitt, Parke and Zehr

• **Nursing and Nurse Aide Education Program Training Sessions:**

- Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on **February 5, 2025** at DHP – Conference Center 201- Board Room 4, from 9 am to 12 pm.
- Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs is scheduled on **March 12, 2025** at George Washington University, from 9 am to 12 pm.
- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **March 12, 2025** at George Washington University, from 1 pm to 4 pm.

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

*B1	November 18, 2024	Formal Hearings
*B2	November 19, 2024	Business Meeting
*B3	November 20, 2024	Board of Nursing Officer Meeting
*B4	November 20, 2024	Panel A - Formal Hearings

- *B5 November 20, 2024 Panel B – Formal Hearings
- *B6 November 21, 2024 Formal Hearings
- *B7 December 5, 2024 Telephone Conference Call
- *B8 December 26, 2024 Telephone Conference Call
- **B9 January 7, 2025 Telephone Conference Call

- **C1 - Board of Nursing Monthly Tracking Log
- C2 - Agency Subordinate Recommendation Tracking Log
- C3 - Executive Director Report

*C4 – HPMP Quarterly Report – October – December 2024

*C5 – NCSBN Model Acts and Rules Committee meeting on November 19-20, 2024 in Chicago – **Ms. Wilmoth**

*C6 –The Virginia Hospital & Healthcare Association (VHHA) Nurse Leaders Legislative Forum on December 3, 2024 in Glen Allen – **Ms. Wilmoth**

DIALOGUE WITH DHP DIRECTOR – Mr. Owens

B. DISPOSITION OF MINUTES – None

C. REPORTS - None

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)

E. EDUCATION:

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth (verbal report)**

F. REGULATIONS/LEGISLATION– Ms. Barrett/Mr. Novak

- *F1 – Chart of Regulatory Actions
- F2 – Report of the 2025 General Assembly

10:00 A.M. – POLICY FORUM - Healthcare Workforce Data Center (HWDC) Reports – Yetty Shobo, PhD, Executive Director and Barbara Hodgdon, PhD, Deputy Director

- *Virginia’s Certified Nurse Aide Workforce: 2024
- *Virginia’s Licensed Practical Nurse Workforce: 2024
- *Virginia’s Registered Nurse Workforce: 2024
- *Virginia’s Licensed Advanced Practice Registered Nurse Workforce: 2024
- *Virginia’s Licensed Advanced Practice Registered Nurse Workforce: Comparison by Specialty

CONSIDERATION OF CONSENT ORDERS

- *G1 – Lori Hodges, LPN Reinstatement Applicant
- *G2 – Wesley Bryan Killen, RN Reinstatement Applicant
- *G3 – Shauntae Riva Knight, LPN
- *G4 – Shu Juan Sun, LMT

12:00 P.M. – 12:45 P.M – LUNCH - Recognition for the service of Robert Scott, RN

12:45 P.M. – Possible Summary Suspension Considerations

➤ **TBD**

1:30 P.M.

***E1 – December 4, 2024 Education Special Conference Committee DRAFT Minutes**

December 4, 2024 Education Special Conference Committee Recommendations regarding:

➤ ***E1a – Clinical Exception regarding Liberty University, BSN Program, Lynchburg, US28500000**

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS – Full Board

1	*Melissa Voliva, RN	2	*Claire Hines Porter, LPN
3	*Constance Anne Bailey, LPN	4	*Agnes Bertheline Simb, LPN
5	*Kathie Arella Adams, LPN	6	*Jaeniah Eggleston, CNA Applicant
7	*Menete Simeus, LPN	8	*Joyce Patricia Middleton, RN
9	*Kemisola Olabisi Omotayo-Imade, CNA Applicant	10	*Jennifer Nicole Crockett, RN
11	*Sally Ann Evans, RN	12	*Tommie Elaine Wiles, RN
13	*Courtney Michelle Abbott, RN	14	*Sheli Jean Shearer Hale, LPN
15	*Clarice S. Barrington, RN	16	*Ebony Nicole Lynch-Thomas, Applicant
17	*Patricia Matthews, CNA	18	*Shemica Mo'shae Scott, CNA
19	*Samantha Gallatin, RMA	20	*Tonya Renee Brandon, RMA
21	*Angela Emerson, CNA	22	*Beverly Ann Casper, RMA
23	*Chazzy Hunter, CNA	24	*James Edward Giridy, CNA
25	*Quiana Horton, CNA	26	*Nathan Ray Painter, RMA
27	*Travis Thornton, CNA	28	*Brianna Harris, CNA
29	*John Solomon Chavez, RMA	30	*John Solomon Chavez, CNA
31	*Hannah Robertson, RMA	32	**Mary Jane Ramsey, LPN
33	**Chelsea Marie Charette, LPN	34	**Pamela N. Ambe, RN Applicant
35	**Myrna A. Carlson, LPN	36	**Elise Lim Tran, RN
37	**MaryCatherine Harman, CNA		

BOARD MEMBER DEVELOPMENT

*Board Member decorum and Roberts Rules

Request to Board Members from Media and External Stakeholders

- ❖ *DHP Policy 76-20-01 – *Communication with the media*
- ❖ *2014 General Guidelines from Conduct of DHP Board Member

**Virginia Board of Nursing – Expectations of Board Members

MEETING DEBRIEF:

- What went well
- What needs improvement

ADJOURNMENT OF BUSINESS AGENDA

(*1st mailing – 1/9) (**2nd mailing – 1/15) (**3rd mailing – 1/22)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 18, 2024

B1

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:05 A.M., on November 18, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Cynthia M. Swineford, MSN, RN, CNE; **President**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Margaret Friedenberg, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Robert Scott, RN
Shelly Smith, PhD, DNP, ANP-BC

STAFF PRESENT:

Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT:

M. Brent Saunders, Assistant Attorney General
RN students from Paul D Camp Community College

**ESTABLISHMENT
OF A PANEL:**

With eight members of the Board present, a panel was established.

FORMAL HEARINGS:

Hawanatu Kalokoh, CNA **1401-218574**

Ms. Kalokoh appeared, was accompanied by Samuel Kalokoh, her father, and was represented by Jonathan Phillips, her legal counsel.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters, recorded the proceedings.

Melissa Pope, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:02 A.M., for

the purpose of deliberation to reach a decision in the matter of **Hawanatu Kalokoh**. Additionally, Dr. Smith moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:28 A.M.

Ms. Friedenbergh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Cartte and carried unanimously.

ACTION:

Dr. Cox moved that the Board revoke the certificate of **Hawanatu Kalokoh** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against Ms. Kalokoh in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Scott and passed with 7 votes in favor. Ms. Kinchen opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS:

The Board recessed at 11:29 A.M.

RECONVENTION:

The Board reconvened at 1:01P.M.

FORMAL HEARINGS:

Martina Chizitere Adeboyega, RN

0001-306575

Ms. Adeboyega did not appear.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Joshua Delauter, court reporter with County Court Reporters, recorded the proceedings.

Sarah Rogers, Executive Director, DHP Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:15 P.M., for the purpose of deliberation to reach a decision in the matter of **Martina Chizitere Adegboyega**. Additionally, Dr. Smith moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:23 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Cartte and carried unanimously.

ACTION: Mr. Scott moved that the Board of Nursing revoke and invalidate the license of **Martina Chizitere Adegboyega** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 1:24 P.M.

Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
November 19, 2024**

B2

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on November 19, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Cynthia M. Swineford, RN, MSN, CNE; President

BOARD MEMBERS PRESENT: Delia Acuna, FNP-C
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret J. Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN – **joined at 9:15 A.M.**
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Robert Scott, RN
Shelly Smith, PhD, DNP, ANP-BC
Jodi Zehr, RN

MEMBERS ABSENT: None

STAFF PRESENT: Claire Morris, RN, LNHA; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Stephanie Willinger, Deputy Executive Director
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager
Patricia Dewy, RN, BSN; Discipline Case Manager
Ka Yu-Cheng, RD, RN, SMQT ; Compliance & Case Adjudication Manager
Huong Vu, Operations Manager

OTHERS PRESENT: M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Arne Owens, DHP Director
James Jenkins, Jr., RN; DHP Chief Deputy Director
Erin Barrett, JD; DHP Director of Legislative and Regulatory Affairs
Matthew Novak, DHP Policy Analyst

IN THE AUDIENCE: Ben Traynham, Hancock Daniel & Johnson, P.C.

ESTABLISHMENT OF A QUORUM: With 13 members present, Ms. Swineford indicated that a quorum was established.

ANNOUNCEMENTS: Ms. Swineford announced the following:

Board Member Update:

- **Candice Merrick, BCTMB, LMT, from** Richmond, has been appointed to the Massage Therapy Advisory Board by Governor Youngkin on October 4, 2024, to serve the first term from July 1, 2024 to June 30, 2028. Ms. Merrick replaces Maria Mercedes Olivieri, LMT.

Staff Update:

- **Theressa Manley** has accepted the P-14 Discipline position and started on November 18, 2024.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- Virginia Nurses Association (VNA) Board of Directors virtual meeting is scheduled for December 2, 2024. Ms. Morris will participate and provide Board Updates.
- The Nursing Leaders Legislative Forum is scheduled for December 3, 2024, in Glen Allen. Ms. Wilmoth will attend. The Forum is co-sponsored by Virginia Hospital & Healthcare Association (VHHA), Virginia Nurses Association (VNA) and Virginia Organization for Nurse Leaders (VONL).
- The NCSBN Executive Officer Leadership Council Virtual Meeting is scheduled for December 3, 2024. Ms. Morris will participate.
- The NCSBN Executive Officer Orientation is scheduled for January 15-16, 2025, in Chicago. Mr. Morris will attend.
- The Nurse Licensure Compact (NLC) Commissioner Virtual Meeting is scheduled for January 21, 2025. Ms. Morris will participate as Commissioner representing Virginia Board of Nursing.
- The Nurse Licensure Compact (NLC) Commissioner Virtual Meeting is scheduled for January 21, 2025. Ms. Morris will participate as Commissioner representing Virginia Board of Nursing.
- The Education Informal Conference Committee is scheduled for December 4, 2024, at 9 am in Training Room 1.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for December 11, 2024, at 9 am in Board Room 2 →

this meeting has been **CANCELLED**

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases:

December 2024:

- SCC-C – Tuesday, December 3, 2024 → Swineford and LMT Advisory Board Member
- SCC-D – Wednesday, December 11, 2024 → Cartte and Hogan
- SCC-B – Monday, December 16, 2024 → Cartte and Friedenber
- SCC-A – Monday, December 16, 2024 → Parke and Scott

• **Nursing and Nurse Aide Education Program Training Sessions:**

- Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on **February 5, 2025** at DHP – Conference Center 201- Board Room 4, from 9 am to 12 pm.
- Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs is scheduled on **March 12, 2025** at George Washington University, from 9 am to 12 pm.
- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **March 12, 2025** at George Washington University, from 1 pm to 4 pm.

ORDERING OF AGENDA:

Ms. Swineford asked staff if there are modifications to the agenda.

Ms. Morris stated that Thursday, November 21, 2024, formal hearing at 9 am has been continued, so the first case will start at 10 am.

CONSENT AGENDA:

Ms. Morris removed C3 from the consent agenda.

Dr. Cox moved to accept the non-pulled items on the consent agenda listed below as presented. The motion was seconded by Dr. Kitt and carried unanimously.

Consent Agenda

B1 September 9, 2024

Formal Hearings

B2 September 10, 2024

Business Meeting

B4 September 11, 2024

Board of Nursing Officer Meeting

B5 September 11, 2024

Possible Summary Suspension Consideration Meeting

B6 September 11, 2024 Formal Hearings
B7 September 11, 2024 Telephone Conference Call
B8 September 12, 2024 Formal Hearings
B9 September 24, 2024 Telephone Conference Call

B11 October 29, 2024 Formal Hearings
B12 November 13, 2024 Telephone Conference Call

C1 - Board of Nursing Monthly Tracking Log
C2 - Agency Subordinate Recommendation Tracking Log

C4 – HPMP Quarterly Report – July to September 2024

C5 – The National League for Nursing (NLN) 2024 Education Summit on September 18-20, 2024 in San Antonio, TX – **Dr. Mangrum**

C6 - The FSMTB Annual Meeting is scheduled for October 3-5, 2024 in Washington, DC (**revised version**) – **Ms. Stoll**

C7 – The Committee of the Joint Boards of Nursing and Medicine October 23, 2024 Discipline Meeting DRAFT minutes – **Dr. Parke/Dr. Hills**

C8 – The Massage Therapy Advisory Board October 30, 2024 Meeting DRAFT minutes – **Ms. Bargdill**

Discussion of items pulled from the Consent Agenda:

C3 - Executive Director Report

Ms. Morris stated that board staff have been working with APD staff revising the pre-hearing consent order (PHCO) to offer to licensees who have pending Operation Nightingale cases. Ms. Morris added that the new offer is for permanent voluntary surrender which will take place of a hearing, eliminate administrative burden and provide public safety. Ms. Morris noted that many licensees have signed the revised version of the PHCO.

Mr. Scott moved to accept the **C3** as amended. The motion was seconded by Ms. Cartte and carried unanimously.

**DIALOGUE WITH DHP
DIRECTOR OFFICE:**

Mr. Owens welcomed back Board Members and thanked Board Members and Staff who attended the Governor’s Proclamation of Nurse Practitioner week. Mr. Owens then provided the following information:

- 2025 General Assembly (GA) – Mr. Jenkins and Ms. Barrett have been working on legislations with the Secretary.

- Study of salaries for Pay Band 5 staff is still in process
- Internal budgeting is ongoing process

Ms. Kinchen joined the meeting at 9:15 A.M.

Mr. Hogan asked if there is difficulty of attracting and retaining staff at DHP.
Mr. Owens replied no.

Ms. Swineford thanked Mr. Owens for his report.

DISPOSITION OF
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

Board Counsel Update:

Mr. Saunders stated that the Board has one appeal case pending which will be heard at the Virginia Beach Circuit Court next Tuesday.

Mr. Saunders added that The Office of the Attorney General is actively looking to fill Board Counsel for Board of Nursing.

Ms. Morris thanked Mr. Saunders and his colleagues for their help with Board staff during this time.

**The First Half of 2025 Informal Conference/Special Conference
Committee Schedule:**

Ms. Swineford stated that this is provided to Board Members for reference and please keep your copy. Ms. Swineford added that Ms. Vu has already sent the calendar invite if you are schedule.

Agency Subordinate Consideration of Applicant Cases:

D1 – Memo from Executive Director, Ms. Morris

D2 – DHP Policy “Conduct of an Informal Conference by an Agency Subordinate of Health Regulatory Board at the DHP

Ms. Morris stated that if the Board wishes to delegate to Agency Subordinates to approve initial licensure applications in which the Agency Subordinate has recommended approval of the application without restriction or sanction. Ms. Morris added that these cases are not reinstatement applications.

Dr. Kitt asked for the qualification of the Agency Subordinates. Ms. Morris responded that current Agency Subordinates are former Board Presidents who are RNs or APRNs.

Dr. Kitt moved to delegate to Agency Subordinates to approve initial licensure applications in which the Agency Subordinate has recommended approval of the application without restriction or sanction. The motion was seconded by Dr. Cox and carried unanimously.

Election of Officer for 2025:

Ms. Swineford thanked Dr. Parke, Ms. Kinchen and Mr. Scott for serving on the Nominating Committee.

Ms. Swineford directed Board members to consider following documents, including the Slate of Candidates for Officers who will begin their terms on January 1, 2025, that were provided in advance of this election:

- **B3** - September 10, 2024 Nominating Committee Meeting Minutes
- **B10** – October 24, 2024 Nominating Committee Meeting Minutes
- Memo - Slate of Candidates for 2025 Officers

Ms. Swineford asked if Board Members have any questions regarding B3 and B10, which are the minutes on September 9, 2024 and October 24, 2024. None was received.

Dr. Cox moved to accept B3 and B10 as presented. The motion was seconded by Dr. Kitt and carried unanimously.

Ms. Swineford stated that the Board will now proceed pursuant to the Bylaws (GD 90-57). The Nominating Committee presents the following Slate of Candidates:

President: Cynthia Swineford, RN, MSN, CNE
(1st term expires 2025)

First Vice-President: Carol Cartte, RN BSN
(1st term expires 2026)
Helen Parke, DNP, FNP-BC
(1st term expires 2026)

Second Vice-President: Carol Cartte, RN BSN
(1st term expires 2026)
Victoria Cox, DNP, RN
(1st term expires 2027)
Helen Parke, DNP, FNP-BC
(1st term expires 2026)

Ms. Swineford asked for additional nominations from the floor for the Office of President to be added to the Slate. None was received.

Mr. Scott moved to elect Ms. Swineford for the Office of President. The motion was seconded by Dr. Parke and carried unanimously.

Ms. Swineford asked for additional nominations from the floor for the Office of First Vice-President to be added to the Slate. None was received.

Dr. Cox moved to accept the nominations of Ms. Cartte and Dr. Parke for the Office of First Vice-President. The motion was seconded by Ms. Acuna and carried unanimously.

By raise of hands, seven (7) Board Members were in favor of Ms. Cartte and seven (7) Board Members were in favor of Dr. Parke.

Ms. Cartte and Dr. Parke addressed the Board why they are best candidate for the position.

RECESS:

The Board recesses at 9:40 A.M.

RECONVENTION:

The Board reconvened at 9:46 A.M.

Second voting for the Office of First Vice-President:

By raise of hands, eight (8) Board Members were in favor of Ms. Cartte and six (6) Board Members were in favor of Dr. Parke. Ms. Cartte is elected as the First Vice-President.

Dr. Cox stated that she wished to withdraw her nomination for the Office of Second Vice-President.

With no additional nominations from the floor, Dr. Parke is elected by acclamation for the Office of Second Vice-President.

EDUCATION:

Education Update:

Dr. Randall Mangrum reported the following on behalf of Ms. Wilmoth:

Nurse Aide Education Program Updates

- Active Applications: 20
- New programs in 2024: 9
- Total Number of programs: 246 with 3 of those inactive (24 programs have been closed in 2024)
- Instructional Personnel Exceptions this year: 1

Medication Aide Program Updates

- The stakeholder workgroup continues to meet and create new test items to supplement the current question bank, which will consist of SME and AI-created questions. PSI statistician continues to monitor the pass rates for each test form; no adjustments are needed at this time. Board staff have noted there are a couple of programs, with the bulk of testers, who have low pass rates in the 3RD quarter.
 - Active Applications: 7
 - New programs in 2024: 2
 - Total # of programs: 215

Nursing Education Programs Updates

- Third quarter NCLEX Pass rates: RN = 7 <80%; PN= 5 <80%.
- 13 RN nursing education programs are Earn to Learn grant recipients and have been notified by VDH. VDH has hosted at least one meeting with recipients to review data collection requirements.
 - Active Applications: There are no new applications under review
 - New Programs in 2024:
 - Bryant & Stratton College PN program – January 19, 2024
 - Saint Micheal College of Allied Health PN program – June 4, 2024
 - Riverside College of Health Sciences BSN program – July 17, 2024
 - American National University BSN Program – August, 2024
 - American National University PN program – August, 2024
- 143 Total Number of programs
- Faculty Exceptions continue to be requested, mostly for clinical faculty positions.
 - YTD there have been 43 requests for initial exception.

PUBLIC COMMENT: No comments received

LEGISLATION/
REGULATION: Ms. Barrett reported the following:

F1 - Chart of Regulatory Actions

Ms. Barrett reviewed the regulatory actions found in the chart noting the following:

- 18VAC90-30 (changes to practice agreement requirements for clinical nurse specialist made by Chapter 197 of the 2022 acts of Assembly) –

has been approved by the Governor for publishing for public comment and will be effective on January 16, 2025.

- 18VAC90-27 (Period review of Chapter 27) – has been sent to Governor Office for review.

F2 – Consider Amendments to Guidance Document 90-62 - Medication Administration Training Curriculum Approved by the Board of Nursing for Various Settings

Ms. Barrett noted that one change to Guidance Document 90-62 was inadvertently missed during the last revision voted on by the Board in July.

Mr. Scott moved to revise Guidance Document 90-62 as presented. The motion was seconded by Ms. Cartte and carried unanimously.

F3 – Consideration of Recommendation of the Massage Therapy Advisory Board to Amend Guidance Document 90-47: Guidance on Massage Therapy Practice

Ms. Barrett stated that this revision was recommended by Massage Therapy Advisory Board which met on October 30, 2024.

Mr. Scott moved to accept recommendation of the Massage Therapy Advisory Board to amend Guidance Document 90-47 as presented. The motion was seconded by Ms. Cartte and carried unanimously.

CONSIDERATION OF CONSENT ORDERS:

G1 – Karah R. Taylor, RN

0001-244400

Ms. Davis moved that the Board of Nursing accept the consent order of **Karah R. Taylor** for voluntary surrender for indefinite suspension of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

G2 – Michele Kollmar, RN

0001-267231

Ms. Davis moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Michele Kollmar** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon M.s Kollmar's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Dr. Cox and carried unanimously.

G3 – Rachel Elizabeth Moran, RN

0001-259724

Ms. Davis moved that the Board of Nursing accept the consent order to reprimand **Rachel Elizabeth Moran** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Moran's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Cox and carried unanimously.

G4 – Robin Oyster Serro, RN Reinstatement Applicant

0001-239426

Ms. Davis moved that the Board of Nursing accept the consent order to grant the application of **Robin Oyster Serro** for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia contingent upon successful completion of nursing refresher course and to suspend her license with suspension stayed contingent upon Ms. Serros continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Dr. Cox and carried unanimously.

G5 – Shu Juan Sun, LMT

0019-012265

Ms. Morris noted that Shu Juan Sun's license to practice massage therapy has been expired on June 30, 2024, the Board may consider modifying the consent order to accept the voluntary surrender for indefinite suspension of Ms. Sun's right to renew her license to practice massage therapy in the Commonwealth of Virginia.

Mr. Scott moved that the Board of Nursing reject the consent order of **Shu Juan Sun** for voluntary surrender for indefinite suspension of her license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

RECESS:

The Board recessed at 10:25 A.M.

RECONVENTION:

The Board reconvened at 10:35 A.M.

BOARD MEMBER
DEVELOPMENT:

Ms. Morris noted that due to inoperability of the DHP Network, staff is unable to show the SRP Training Video as planned.

Ms. Morris proceeded with reviewing Guidance Document 90-7: Sanctioning Reference Points Instruction Manual for Board of Nursing,

Ms. Morris then reviewed the Summary Suspension Process.

RECESS: The Board recessed at 11:48 A.M.

RECONVENTION: The Board reconvened at 1:30 P.M.

E1 – October 16, 2024 Education Special Conference Committee DRAFT minutes:

Ms. Davis moved that the Board of Nursing accept the October 16, 2024 Education Special Conference Committee minutes as presented. The motion was seconded by Dr. Cox and carried unanimously.

CONSIDERATION OF October 16, 2024 EDUCATION SPECIAL CONFERENCE COMMITTEE RECOMMENDATIONS:

E1a – Marymount University Baccalaureate Nursing Education Program, US28505500 and US28501600

Mr. Scott moved that the Board of Nursing accept the recommendation of the Education Special Conference Committee to approve the request of **Marymount University Baccalaureate Nursing Education Program** for clinical exception to allow students in the Abruzzese Bridge Scholars Program to complete greater than 20% clinical out of state with terms. The motion was seconded by Dr. Kitt and carried unanimously.

Dr. Mangrum left the meeting at 1:33 P.M.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#15 – Sopheia Manns, CNA 1401-196717

Ms. Manns appeared and addressed the Board. She was accompanied by Vonitta Stuart, her aunt.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:36 P.M. for the purpose of considering the agency subordinate recommendations regarding **Sopheia Manns, CNA**. Additionally, Dr. Kitt moved that Ms. Morris, Dr. Hills, Ms.

Bargdill, Ms. Hardy, Ms. Vu and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 1:52 P.M.

Ms. Davis moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Cox and carried unanimously.

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Sopheia Manns** and to indefinitely suspend her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried with 11 votes in favor of the motion. Mr. Hogan, Ms. Kinchen and Mr. Scott opposed the motion.

The following Agency Subordinate Recommendations were accepted by the Board as presented:

#2 – Bambi L. Tederick, RN

0001-093940

Ms. Tederick did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Bambi L. Tederick**, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of 1) professional accountability and legal liability for nurses and 2) proper medication administration. The motion was seconded by Ms. Acuna and carried unanimously.

#3 – April Michelle Gagliano, RN

0001-268943

Ms. Gagliano did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **April Michelle Gagliano** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Gagliano's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Acuna and carried unanimously.

#5 – Kimberly Ann Milam, LPN

0002-083624

Ms. Milam did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Kimberly Ann Milam** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#8 – Tiffany Louise White, RN

0001-224230

Ms. White did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tiffany Louise White**. The motion was seconded by Ms. Acuna and carried unanimously.

#9 – Adewumi Solomon Adesina, RN

0001-249841

Ms. Adesina did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Adewumi Solomon Adesina** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#10 – Arianne Osorio Sprenkle, RN

0001-192399

Mr. Sprenkle did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Arianne Osorio Sprenkle** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#12 – Julie A. Minor, LPN

0002-080735

Ms. Minor did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Julie A. Minor** to renew her license to practice practical nursing in the Commonwealth of Virginia until such time Ms. Minor pays to the Board the \$3,000.00 monetary penalty. The motion was seconded by Ms. Acuna and carried unanimously.

#13 – Lavon Cash, LPN

0002-0871116

Ms. Cash did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lavon Cash** and to indefinitely suspend her right to renew her license to practice practical nursing in the

Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Ms. Acuna and carried unanimously.

#16 – Melinda Darlene Evans, RMA

0031-014314

Ms. Evans did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate reprimand **Melinda Darlene Evans** and to require Ms. Evan, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the following subjects: (1) ethics and professionalism for medication aides, (2) righting a wrong in medication aide practice, and (3) disciplinary actions: what every RMA should know. The motion was seconded by Ms. Acuna and carried unanimously.

#17 – Ashley M. Longoria, CNA

1401-219125

Ms. Longoria did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Ashley M. Longoria** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Acuna and carried unanimously.

#18 – Melissa A. Hooker, CNA

1401-221203

Ms. Hooker did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Melissa A. Hooker** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Acuna and carried unanimously.

#19 – Crystal Gail Wise Young, RMA

0031-001753

Ms. Young did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Crystal Gail Wise Young** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#20 – Crystal Gail Wise Young, CNA

1401-117146

Ms. Young did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Crystal Gail Wise Young** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Acuna and carried unanimously.

#21 – Leslie A. Goad, CNA

1401-223398

Ms. Goad did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Leslie A. Goad**. The motion was seconded by Ms. Acuna and carried unanimously.

#22 – Casandra Latrice Nelson, CNA

1401-221225

Ms. Nelson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Casandra Latrice Nelson** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Acuna and carried unanimously.

#23 – Nancy L. Betts, CNA, aka Nancy L. Hazelwood

1401-083349

Ms. Betts did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Nancy L. Betts** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Acuna and carried unanimously.

#24 – Laken N. Wilhelm, CNA

1401-221301

Ms. Wilhelm did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Laken N. Wilhelm**, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours each in the subjects of (i) ethics and professionalism in nursing and (ii) righting a wrong. The motion was seconded by Ms. Acuna and carried unanimously.

#26 – Regina Louise Wilson-Houdersheldt, RMA **0031-011948**

Ms. Wilson-Houdersheldt did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Regina Louise Wilson-Houdersheldt** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#27 - Regina Louise Wilson-Houdersheldt, CNA **0014-130402**

Ms. Washington did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Regina Louise Wilson-Houdersheldt** to practice as a nurse aide in the Commonwealth of Virginia and enter one Finding of Abuse and one Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Acuna and carried unanimously.

#29 – Jerry Lewis Miller, CNA Applicant **Case # 234859**

Mr. Miller did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Jerry Lewis Miller** for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#30 – Jennifer Lynn Mann, CNA Applicant **Case # 238705**

Ms. Mann did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Jennifer Lynn Mann** for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#31 – Lisa Michelle Mason, CNA **1401-139393**

Ms. Mason did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lisa Michelle Mason** and to require Ms. Mason, within 60 days from the date of entry of the Order, to provide written proof satisfactory to Board of successful completion of Board-approved course of at least three (3) contact hours in the subject of righting a wrong. The motion was seconded by Ms. Acuna and carried unanimously.

#32 – Chrystall Virginia Collins, RN

0001-163862

Ms. Collins did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Chrystall Virginia Collins** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Collins' continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Ms. Acuna and carried unanimously.

#33 – Renee Arlene True, LPN

0002-084022

Ms. True did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Renee Arlene True** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#35 – Godofredo Nucos Mamaril, RMA

0031-008059

Mr. Mamaril did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of **Godofredo Nucos Mamaril** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#37 – Jennifer Louise Sparks, LPN

0002-088339

Ms. Sparks did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Jennifer Louise Sparks** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Acuna and carried unanimously.

#39 – Jessica Carrie Cassell, RN

0001-238350

Ms. Cassell did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Jessica Carrie Cassell** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Cassell's entry into a Contract with the Virginia Health Practitioners' Monitoring Program

(HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Acuna and carried unanimously.

#41 – Beverly Ann Lipscomb, LPN

0002-088761

Ms. Lipscomb did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to required **Beverly Ann Lipscomb** undergo a psychiatric, physical health, and substance abuse evaluation conducted by Board-approved specialists who hold an unrestricted license and are not a current or past treatment provider to Ms. Lipscomb, and shall have a written report of each evaluation, including any diagnoses, recommended course of therapy, prognosis, and any other recommendations sent to the Board, within 90 days of entry of the Order. The motion was seconded by Ms. Acuna and carried unanimously.

#42 – Kimberly Sanchez, LPN

0002-100559

Ms. Sanchez did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Kimberly Sanchez** on probation for a period of 12 months with terms and conditions. The motion was seconded by Ms. Acuna and carried unanimously.

#44 – Sylvester Luther Maith, Jr., LPN

0002-097783

Mr. Maith did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Sylvester Luther Maith**, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved course of three (3) contact hours in ethics and professionalism. The motion was seconded by Ms. Acuna and carried unanimously.

The Board went into closed session to consider the remaining agency subordinate recommendations.

CLOSED MEETING:

Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:06 P.M. for the purpose of considering the remaining agency subordinate recommendations regarding **#1, #6, #7, #11, #14, #25, #28, #34, #36, #38, #40 and #43**. Additionally, Dr. Kitt moved that Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Hardy, Ms. Vu and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Cox and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:12 P.M.

Ms. Davis moved that the Board of Nursing certify that it heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Cox and carried unanimously.

#1 – Melanie Latisha Wright, RN

0001-155212

Ms. Wright did not appear.

Dr. Cox moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Melanie Latisha Wright**, and within 90 days from the date of entry of the Order, require Ms. Wright to provide written proof satisfactory to the Board of successful completion of six (6) hours of training in de-escalation techniques that specifically address behavioral management of patients with mental health conditions and/or aggressive behavior in clinical settings. The motion was seconded by Ms. Davis and carried unanimously.

#6 – Tracy Lynn Brown, LPN

0002-081639

Ms. Brown did not appear.

Dr. Cox moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Tracy Lynn Brown**, and require Ms. Brown, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved course of three (3) contact hours in ethics in nursing. The motion was seconded by Ms. Ms. Davis and carried unanimously.

#7 – Shannon Griffiths, RN

0001-253709

Ms. Griffiths did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Shannon Griffiths**, and within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of three (3) contact hours in each of the subjects of (i) professional accountability and legal liability for nurses; (ii) ethics and professionalism in nursing; and (iii) proper handling and documentation of medication for nurses. The motion was seconded by Dr. Cox and carried unanimously.

#11 – Mittle Essie Caines, CNA

1401-120726

Ms. Caines did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Mittle Essie Caines** to renew her certificate to practice as nurse aide in the Commonwealth of Virginia until such time Ms. Caines submits written proof satisfactory to the Board that she has successfully completed Board-approved courses of at least four (4) contact hours in each of the subjects of (i) professional accountability, (ii) ethics and professionalism, and (iii) disciplinary actions: what every CNA should know. The motion was seconded by Dr. Cox and carried unanimously.

#14 – Yaneth Cardoso, LPN

0002-091119

Ms. Cardoso did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Yaneth Cardoso** to practice practical nursing in the Commonwealth of Virginia from the date of entry of the Order until such time as Ms. Cardoso presents to the Board satisfactory proof of her compliance with continued competency requirements for the 2021-2023 renewal cycle. The motion was seconded by Dr. Cox and carried unanimously.

#25 – Belkis Morejon Diaz, RMA

0031-006602

Ms. Diaz did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Belkis Morejon Diaz**, and to require Ms. Diaz, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours each in the subjects of (i) ethics and professionalism, (ii) critical thinking skills, and (iii) professional accountability and legal liability as it relates to RMA practice. The motion was seconded by Dr. Cox and carried unanimously.

#28 – Jennifer L. Adkins, RMA

0031-014892

Ms. Adkins did not appear.

Dr. Cox moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Jennifer L. Adkins**, and to require Ms. Adkins, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours each in the subjects of (i) critical thinking and communication, (ii) ethics and professionalism for medication aide, and (iii) professional accountability and legal liability for

medication aide. The motion was seconded by Ms. Davis and carried unanimously.

#34 – Ronnie Hylton Dangerfield, RN

0001-288561

Ms. Dangerfield did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Ronnie Hylton Dangerfield**, and to require Ms. Dangerfield, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours each in the subjects of (i) proper documentation, and (ii) ethics and professionalism in nursing. The motion was seconded by Dr. Cox and carried unanimously.

#36 – Donesha Marie Parker, LPN

0002-000205

Ms. Parker did not appear.

Dr. Cox moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Donesha Marie Parker**, and to require Ms. Parker, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of (i) eight contact hours of continued competency in care of the older adult, to include medication administration and management of dementia behavior and (ii) three contact hours of professional accountability and legal liability for nurses. The motion was seconded by Ms. Davis and carried unanimously.

#38 – Marcy Lynn Wissinger Bultman, RN

0001-197897

Ms. Bultman did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Marcy Lynn Wissinger Bultman**, within 90 days from the date of entry of the Order, to provide written proof of satisfactory to the Board of successful completion of Board-approved courses of at least three (3) credit hours each in the subjects of (i) proper documentation, (ii) professional accountability and legal liability for nurses and (iii) ethics and professionalism in nursing. The motion was seconded by Dr. Cox and carried unanimously.

#40 – Barbara Ann Stokley, RN

0001-090392

Ms. Stokley did not appear but provided a written response.

Dr. Cox moved that the Board of Nursing modify the recommended decision of the agency subordinate to place **Barbara Ann Stokley** on probation with terms and conditions. The motion was seconded by Ms. Davis and carried unanimously.

#43 – Melissa Sue Dent, LPN

0002-076257

Ms. Dent did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time against **Melissa Sue Dent**. The motion was seconded by Dr. Cox and carried unanimously.

RECESS: The Board recessed at 3:13 P.M.

RECONVENTION: The Board reconvened at 3:22 P.M.

Ms. Morris announced that on Thursday, November 21, 2024, the Board now only has one formal hearing which is on schedule to start at 2 pm. The 10 am hearing has been continued.

Ms. Morris added that the December 2, 2024 formal hearings have been cancelled.

MEETING DEBRIEF: Ms. Swineford reminded Board Members to be mindful of decorum when the Board is back from closed meeting. Ms. Swineford added that Board Members should be recognized by the Chair before speaking.

What went well:

- Board Member Development was very helpful
- Dialogue regarding cases was great discussion even if we don't all agree

What needs improvement:

- Rearrangement of agenda items to improve efficiency

ADJOURNMENT: The Board adjourned at 3:41 P.M.

Cynthia M. Swineford, RN, MSN, CNE
President

**Virginia Board of Nursing
OFFICER MEETING**

November 20, 2024

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on November 20, 2024 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 201 – Hearing Room 4, Henrico, Virginia.

Board Members Present: Cynthia Swineford, RN, MSN, SNE; President
Carol Cartte, RN, BSN First Vice-President
Helen Parke, DNP, FNP-BC

Staff Members Present: Claire Morris, RN, LNHA

1. Meeting Debrief:

- Revisit Board Member decorum and Roberts Rules
- Board Member development to take place each business meeting if possible
- Review board room seating arrangement
- Agency Subordinate recommendation consideration efficiencies

2. Review of Officer Duties:

- Information provided to officers included the Duties and Functions of BON Officers, Bylaws Guidance Document 90-57, formal hearing script templates and tip sheet on chairing formal hearings

The meeting was adjourned at 8:52am

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
November 20, 2024**

B4

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 1:04 P.M., on November 21, 2024, in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Carol Cartte, RN BSN; First Vice-President
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Cleopatra Kitt, PhD, Citizen Member
Lila Peake, RN
Jodi Zehr, RN

STAFF PRESENT:

Lelia Claire Morris, RN, LNHA; Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist
Sylvia Tamayo-Suijk, Senior Discipline Specialist- **Joined at 6:31 P.M.**

OTHERS PRESENT:

James Rutkowski, Senior Assistant Attorney General

**ESTABLISHMENT
OF A PANEL:**

With six members of the Board present, a panel was established.

FORMAL HEARINGS:

Lori Christell Burnett, RN

0001-196503

Ms. Burnett appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Faye LaVoy, court reporter with County Court Reporters, recorded the proceedings.

Sarah Rogers, Senior Investigator, Enforcement Division, James Allen, Linda Miller, Occupational Therapist, Kable Pluger, RN, Danine Stoner, RN, and Witney Snipe, RN were present and testified.

RECESS:

The Board recessed at 1:20 P.M.

RECONVENTION:

The Board reconvened at 1:23P.M.

RECESS: The Board recessed at 1:24 P.M.

RECONVENTION: The Board reconvened at 1:30 P.M.

RECESS: The Board recessed at 2:26 P.M.

RECONVENTION: The Board reconvened at 2:34 P.M.

RECESS: The Board recessed at 3:33 P.M.

RECONVENTION: The Board reconvened at 3:43 P.M.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:48 P.M., for the purpose of deliberation to reach a decision in the matter of **Lori Christell Burnett**. Additionally, Dr. Kitt moved that Ms. Morris, Ms. Hardy, Ms. Wilkins and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:03 P.M.

Dr. Kitt moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Kinchen and carried unanimously.

ACTION: Ms. Peake moved that the Board revoke the license of **Lori Christell Burnett** to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 5:04 P.M.

RECONVENTION: The Board reconvened at 5:25 P.M.

FORMAL HEARINGS: **Begahacha Folebe, RN** **0001-298725**

Ms. Folebe appeared, accompanied by Awunganyi Atabongankeng, her husband.

Meliss “Lisa” Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Faye LaVoy, court reporter with County Court Reporters, recorded the proceedings.

Lisa Hyler, Senior Investigator, Enforcement Division, and Awunganyi Atabongankeng, respondents husband, were present and testified.

Ms. Wilkins left the meeting at 6:31 P.M.

Ms. Tamayo-Suijk joined the meeting at 6:31 P.M.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 6:54 P.M., for the purpose of deliberation to reach a decision in the matter of **Begahacha Folebe**. Additionally, Dr. Kitt moved that Ms. Morris, Ms. Hardy, Ms. Tamayo-Suijk and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 7:29 P.M.

Dr. Kitt moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Kinchen and carried unanimously.

ACTION: Ms. Kinchen moved that the Board of Nursing revoke and invalidate the license of **Begahacha Folebe** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Zehr and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 7:30 P.M.

Ann Hardy, MSN, RN
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
November 20, 2024**

B5

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:06 A.M., on November 20, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Cynthia Swineford, MSN, RN, CNE; **President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Helen Parke, DNP, FNP-BC
Dawn Hogue, LMT

STAFF PRESENT:

Robin Hills, DNP, RN, WHNP; Deputy Executive Director for
Advanced Practice
Ann Hardy, MSN, RN; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director- **Joined
at 10:16 A.M.**
Sylvia Tamayo-Suijk, Senior Discipline Specialist
Tamika Claiborne, Senior Licensing Discipline Specialist- **Joined at
12:30 P.M.**

OTHERS PRESENT:

M. Brent Saunders, Senior Assistant Attorney General
RN Students from Riverside Nursing Program

**ESTABLISHMENT
OF A PANEL:**

With six members of the Board present, a panel was established.

FORMAL HEARING:

Jeffrey Scott Baker, LMT

Mr. Baker appeared.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:45 A.M., for the purpose of deliberation to reach a decision in the matter of **Jeffrey Scott Baker**. Additionally, Dr. Cox moved that Dr. Hills, Ms. Hardy, Ms. Tamayo-Suijk and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Davis and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:06 A.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

ACTION: Ms. Hogue moved that the Board approve the application of **Jeffrey Scott Baker** and issue an unrestricted license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

Ms. Hardy left the meeting at 10:07 A.M.

RECESS: The Board recessed at 10:07 A.M.

RECONVENTION: The Board reconvened at 10:16 A.M.

Ms. Bargdill joined the meeting at 10:16 A.M.

FORMAL HEARING: **Brenden Stuart Schnabel, LMT** **0019-016014**

Mr. Schnabel appeared.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Sherita Jones, Grace Humberger, Christine Feducia, LMT, and Jennifer Challis, Senior Investigator, Enforcement Division, were present and testified.

Ms. Tamayo-Suijk left the meeting at 12:30 P.M.

Ms. Claiborne joined the meeting at 12:30 P.M.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:16 P.M., for the purpose of deliberation to reach a decision in the matter of **Brendan Schnabel**. Additionally, Dr. Cox moved that Dr. Hills, Ms. Bargdill, and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Davis and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:21 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

ACTION: Ms. Hogue moved that the Board of Nursing indefinitely suspend the license of **Brendan Schnabel** to practice as a massage therapist in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Dr. Cox and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARINGS: **Micha Johnathan Todd, LMT** **0019-018518**
Mr. Todd appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders

was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Client "A" and Client "B" were present and testified.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:02 P.M., for the purpose of deliberation to reach a decision in the matter of **Micha Johnathan Todd**. Additionally, Dr. Cox moved that Dr. Hills, Ms. Bargdill, Ms. Claiborne and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Davis and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:42 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

ACTION: Dr. Cox moved that the Board dismiss the case against **Micha Johnathan Todd**. The motion was seconded by Ms. Davis and passed with 4 votes in favor. Ms. Hogue and Ms. Friedenberg opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 3:44 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 21, 2024

B6

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 2:04 P.M., on November 21, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS
PRESENT:

Cynthia M. Swineford, MSN, RN, CNE; **President**
Delia Acuna, FNP-C
Pamela Davis, LPN
Cleopatra Kitt, PhD, Citizen Member
Lila Peak, RN
Jodi Zehr, RN

STAFF PRESENT:

Lelia Claire Morris, RN, LNHA; Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT:

James Rutkowski, Assistant Attorney General

ESTABLISHMENT
OF A PANEL:

With six members of the Board present, a panel was established.

FORMAL HEARINGS:

Olachi Doris Ekeocha, RN

0001-309435

Ms. Ekeocha appeared, accompanied by Nwanneka Amadi, her sister in-law.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Faye LaVoy, court reporter with County Court Reporters, recorded the proceedings.

Dr. Sarah Rogers, Enforcement Director, was present and testified.

CLOSED MEETING:

Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:13 P.M., for the purpose of deliberation to reach a decision in the matter of **Olachi Doris Ekeocha**. Additionally, Ms. Zehr moved that Ms. Morris, Ms. Hardy, Ms. Tamayo-Suijk and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is

deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Davis and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:46 P.M.

Ms. Peake moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Davis and carried unanimously.

ACTION: Ms. Acuna moved that the Board revoke and invalidate the license of **Olachi Doris Ekeocha** to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 3:47 P.M.

Ann Hardy, MSN, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 5, 2024

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 5, 2024, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Cleopatra Kitt, PhD
Helen Parke, DNP, FNP-BC
Robert Scott, RN
Shelly Smith, PhD, DNP, ANP-BC
Jodi Zehr, RN

Others participating in the meeting were:

Brent Saunders, Assistant Attorney General, Board Counsel
Amanda Padula-Wilson, Assistant Attorney General
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Claire Morris, RN, LNHA; Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist
Ka Ning Yu-Cheng, Compliance Manager

The meeting was called to order by Cynthia Swineford. With ten members of the Board of Nursing participating, a quorum was established.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Lucas Allen Fussell, RN (0001-244505)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Lucas Allen Fussell**. Additionally, Dr. Parke moved that, Ms. Morris, Ms. Hardy, Ms. Wilkins and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Padula-Wilson, Ms. Stewart, and Ms. Yu-Cheng left the meeting at 4:38 P.M.

RECONVENTION: The Board reconvened in open session at 4:43 P.M.

Ms. Padula-Wilson and Ms. Stewart re-joined the meeting at 4:43 P.M.

Dr. Parke moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Davis moved to summarily suspend the license of **Lucas Allen Fussell** to practice professional nursing in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Mr. Scott and carried unanimously.

The meeting was adjourned at 4:44 P.M.

Claire Morris, RN, LNHA;
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 26, 2024

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 26, 2024, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Delia Acuna, FNP-C
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Cleopatra Kitt, PhD
Jodi Zehr, RN

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
Amanda Padula-Wilson, Assistant Attorney General
David Robinson, Assistant Attorney General
Sean Murphy, Assistant Attorney General
Jovonni Armstead, Adjudication Specialist, Administrative Proceeding Division
Tammie Jones, Adjudication Specialist, Administrative Proceedings Division
Piero Mannino, Adjudication Specialist, Administrative Proceedings Division
Christinia Bargdill, BSN, MHS, RN; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Ann Hardy, MSN, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist

The meeting was called to order by Cynthia Swineford. With ten members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice as a nurse aide by **DeShawnda Levoone Allen, CNA (1401-170983)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:39 P.M., for the purpose of deliberation to reach a decision in the matter of **DeShawnda Levoone Allen**. Additionally, Ms. Cartte moved that, Ms. Bargdill, Dr. Hills, Ms. Hardy, Ms. Wilkins and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
December 26, 2024

Ms. Padula-Wilson, Ms. Jones, Mr. Mannino, Mr. Murphy, Mr. Robinson and Mr. Armstead left the meeting at 4:39 P.M.

RECONVENTION: The Board reconvened in open session at 4:52 P.M.

Ms. Padula-Wilson, Ms. Jones, Mr. Mannino, Mr. Murphy, Mr. Robinson and Mr. Armstead re-joined the meeting at 4:53 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

Dr. Cox moved to summarily suspend the certificate of **DeShawnda Levoone Allen** to practice as a nurse aide in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for indefinite suspension of her certificate in lieu of a formal hearing for a period of not less than two years. The motion was seconded by Ms. Kinchen and carried unanimously.

Mr. Murphy and Ms. Jones left the meeting at 5:00 P.M.

David Robinson, Assistant Attorney General, presented evidence that the continued practice as a nurse aide by **Vernelle Hall, CNA (1401-231839)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:10 P.M., for the purpose of deliberation to reach a decision in the matter of **Vernelle Hall**. Additionally, Ms. Cartte moved that, Ms. Bargdill, Dr. Hills, Ms. Hardy, Ms. Wilkins and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Padula-Wilson, Mr. Robinson, Jovonni Armstead and Piero Mannino left the meeting at 5:10 P.M.

RECONVENTION: The Board reconvened in open session at 5:22 P.M.

Ms. Padula-Wilson, Mr. Robinson, Jovonni Armstead and Piero Mannino re-joined the meeting at 5:22 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Kinchen moved to summarily suspend the certificate of **Vernelle Hall** to practice as a nurse aide in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his certificate in lieu of a formal hearing with a finding of abuse. The motion was seconded by Ms. Davis and carried unanimously.

Davis Robinson and Jovonni Armstead left the meeting at 5:22 P.M.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Li Li, LMT (0019-016727)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:30 P.M., for the purpose of deliberation to reach a decision in the matter of **Li Li**. Additionally, Ms. Cartte moved that, Ms. Bargdill, Dr. Hills, Ms. Hardy, Ms. Wilkins and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Padula-Wilson and Mr. Mannino left the meeting at 5:30 P.M.

RECONVENTION: The Board reconvened in open session at 5:36 P.M.

Ms. Padula-Wilson and Mr. Mannino re-joined the meeting at 5:36 P.M.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Zehr moved to summarily suspend the license of **Li Li** to practice massage therapy in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Kitt and carried unanimously.

The meeting was adjourned at 5:38 P.M.

Christinia Bargdill, BSN, MHS, RN
Deputy Executive Director

B9

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
January 7, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 7, 2024, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Cleopatra Kitt, PhD
Helen Parke, DNP, FNP-BC
Shelly Smith, PhD, DNP, ANP-BC
Jodi Zehr, RN

Others participating in the meeting were:

Brent Saunders, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Francesca Iyengar, MSN, RN; Discipline Case Manager
Huong Vu, Operations Manager

The meeting was called to order by Cynthia Swineford. With ten members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Ismail Hakki Demirtas, LMT (0019-010698)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:39 P.M., for the purpose of deliberation to reach a decision in the matter of **Ismail Hakki Demirtas**. Additionally, Dr. Parke moved that, Ms. Bargdill, Dr. Hills, Ms. Iyengar, Ms. Vu and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

Mr. Murphy and Ms. Stewart left the meeting at 4:39 P.M.

RECONVENTION: The Board reconvened in open session at 4:46 P.M.

Mr. Murphy and Ms. Stewart re-joined the meeting at 4:46 P.M.

Dr. Parke moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Kinchen moved to summarily suspend the license of **Ismail Hakki Demirtas** to practice massage therapy in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

The meeting was adjourned at 4:48 P.M.

Christina Bargdill, BSN, MHS, RN;
Deputy Executive Director

BOARD OF NURSING MONTHLY STATS - PAGE 1

<i>License Count</i>	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	24-Sep	24-Oct	24-Nov	24-Dec
Nursing												
Practical Nurse	27,053	27,009	27,009	26,950	26,966	26,913	26,904	26,915	26,930	26,909	26,828	26,878
Registered Nurse	120,991	121,291	121,448	121,224	121,317	122,203	122,873	123,102	123,295	123,411	123,225	123,200
Licensed Certified Midwife (new regulated profession - effective 2/1/2024)			3	5	5	6	6	6	6	6	5	5
Massage Therapy	8,168	8,184	8,190	8,186	8,202	8,207	8,204	8,223	8,224	8,220	8,189	8,224
Medication Aide	7,045	7,134	7,245	7,214	7,249	7,285	7,279	7,323	7,327	7,345	7,331	7,380
Advanced Practice Registered Nurse (APRN) Total (effective 7/1/2023 --> NPs are now APRNs)	20,118	20,256	20,432	20,593	20,766	20,980	21,123	21,304	21,488	21,715	21,837	22,107
Autonomous Practice	3,254	3,287	3,332	3,382	3,420	3,451	3,493	3,590	3,681	3,773	3,833	3,948
Clinical Nurse Specialist	377	375	371	375	374	373	373	374	374	372	368	370
Certified Nurse Midwife	473	480	481	488	491	495	497	501	507	508	511	518
Certified Registered Nurse Anesthetist	2,544	2,554	2,568	2,573	2,591	2,620	2,631	2,629	2,628	2,640	2,640	2,651
Other APRNs	13470	13560	13680	13775	13890	14041	14129	14210	14298	14422	14485	14620
Total for Nursing	183375	183874	184327	184172	184505	185594	186389	186873	187270	187606	192127	187794
Nurse Aide	50,465	50,506	50,511	50,630	50,665	50,448	50,416	50,460	50,557	50,604	50,432	50,658
Advanced Nurse Aide	51	50	50	50	50	49	49	48	47	46	46	46
Total for Nurse Aide	50516	50556	50561	50680	50715	50497	50465	50508	50604	50650	50478	50704
License Count Grand Total	233891	234430	234888	234852	235220	236091	236854	237381	237874	238256	242605	238498

BOARD OF NURSING MONTHLY STATS - PAGE 2

<i>Open Cases Count</i>													
Nursing	1752	1832	1831	1821	1917	1941	2024	1992	2087	1924		1,830	
Nurse Aide	495	485	528	486	495	517	518	475	491	530		565	
Open Cases Total	2247	2317	2359	2307	2412	2458	2542	2467	2578	2454	0	2395	
<i>Case Count by Occupation</i>													
Rec'd RN	74	78	91	75	75	74	72	82	64	79		71	835
Rec'd PN	27	43	44	21	54	43	46	33	38	35		48	432
Rec'd APRN, AP, CNS	42	36	54	35	43	39	33	46	36	40		37	441
Rec'd LMT	8	5	3	4	4	11	5	11	7	12		4	74
Rec'd RMA	14	10	11	18	10	10	30	18	12	13		10	156
Rec'd Edu Program	2	2	2	1	0	2	1	3	3	4		0	20
Total Received Nursing	167	174	205	154	186	179	187	193	160	183	0	170	1,958
Closed RN	53	67	94	76	72	60	39	93	34	135		77	800
Closed PN	22	30	38	61	55	27	17	46	26	96		72	490
Closed APRN, AP, CNS	40	25	44	17	17	17	46	44	11	95		56	412
Closed LMT	8	3	13	10	1	6	4	17	5	0		7	74
Closed RMA	8	18	4	14	11	17	11	10	9	3		8	113
Closed Edu Program	2	0	0	0	7	0	0	6	0	2		1	18
Total Closed Nursing	133	143	193	178	163	127	117	216	85	331	0	221	1,907
<i>Case Count - Nurse Aides</i>													
Received	60	45	56	50	49	48	49	55	45	51		48	Total 556
Rec'd Edu Program	0	0	1	1	0	0	1	2	1	1		1	8
Total Received CNA	60	45	57	51	49	48	50	57	46	52		49	564
Closed	41	65	26	70	63	34	56	84	36	16		34	525
Closed Edu Program	1	0	0	0	1	0	0	3	0	0			5
Total Closed CNA	42	65	26	70	64	34	56	87	36	17		34	530
All Cases Closed	175	208	219	248	227	161	173	303	121	348	0	255	2,437
All Cases Received	227	219	262	205	235	227	237	250	206	235	0	219	2,522

HPMP Quarterly Report - October 1, 2024 - December 31, 2024														
Board	License Type	Intake Interviews	Enrollments			Discharges						Stays Processed	Participant Census as of 12/31/2024	Percent Census Represents of
			Board Order	Voluntary w/ Invest	Voluntary	Resignation	Ineligible	Dismissal	Urgent Dismissal	Completion	Successful Completion			
Counseling	LPC	1	1			1							2	0.670%
Counseling	QMHP													
Counseling	Resident in Counseling												1	0.340%
Counseling	Trainee for QMHP												1	0.340%
Dentistry	RDH												2	0.670%
Dentistry	DDS	1											1	0.340%
Dentistry	DMD												1	0.340%
Medicine	Intern/Resident	1			1								9	3.030%
Medicine	LRT (Licensed Rad Tech)												5	1.680%
Medicine	OT												1	0.340%
Medicine	PA												11	3.700%
Medicine	DPM												1	0.340%
Medicine	DO	1			1							1	12	4.040%
Medicine	MD	4		1	1	3					3	1	67	22.560%
Medicine	RT (Resp Therapist)	2	1										3	1.010%
Medicine	LSA			1									1	0.340%
Medicine	SurgTech												1	0.340%
Nursing	APRN					1			1		1		12	4.040%
Nursing	LPN	3	2			1		1	1				18	6.060%
Nursing	RN	16	2	6	4	3		3	3	1	2		111	37.370%
Veterinary Medicine	DVM					1							5	1.680%
Veterinary Medicine	Vet Tech												1	0.340%
Pharmacy	PharmTech							1					1	0.340%
Pharmacy	RPh	2	1	1				1					19	6.400%
Long Term Care	NHA										1		2	0.670%
Optometry	OD												1	0.340%
Audiology/Speech Pathology	SLP	1		1							1		3	1.010%
Physical Therapy	PTA												1	0.340%
Physical Therapy	PT												3	1.010%
Funeral/Emblamers	FSL													
Social Work	LCSW	2	1										1	0.340%
TOTAL		34	8	10	7	10	0	6	5	1	8	2	297	

**there were 3 intake interviews begun, but not completed during this time. An RT, Resident in Counseling, and LPN



C5

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
PHONE (804) 367-4400

Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
www.dhp.virginia.gov/Boards/Nursing

MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: December 12, 2024

Subject: NCSBN Model Acts and Rules Committee

I have been appointed to the NCSBN Model Acts and Rules Committee. The committees charge is to review and revise NCSBNs Model Acts and Rules and present the suggested revisions to the Board of Directors and the membership.

At the summary meeting, November 19-20, 2024, each subcommittee reviewed the suggested changes with rationale with the entire committee. I had the honor of leading the Education subcommittee in their review during this meeting. The proposed changes to the Model Act and Rules Committee will be presented to the Board of Directors at a future meeting and then to all NCSBN members for comment.

I appreciate the agencies support of this important mission.



C6

COMMONWEALTH of VIRGINIA

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MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: December 12, 2024

Subject: VHHA Nurse Leaders Legislative Forum

I had the honor of attending the first annual VHHA Nurse Leaders Legislative Forum on December 3, 2024. The Forum provided an opportunity for leaders in education, practice and regulation across the state to come together for networking and discussion. Discussions included workforce issues and workplace safety in healthcare. At the conclusion of the meeting there was a presentation of legislative agendas for the 2025 General Assembly Session.

Board of Nursing
Current Regulatory Actions
As of January 8, 2025

Regulations at the Governor’s office

None.

Regulations at the Secretary’s office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-19	NOIRA	Implementation of 2022 periodic review	3/22/2023	645 days	Implementation of amendments of Chapter 19 resulting from the 2022 periodic review of regulations.
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	645 days	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations.
18VAC90-27	Fast-track	Amendment to clinical hours pursuant to 2024 legislation	7/25/2024	113 days	Amends clinical hours requirements pursuant to legislation from the 2024 General Assembly Session.

Regulations at the Department of Planning and Budget

None.

Regulations at the OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-27	Exempt	Changes to nursing education faculty requirements pursuant to 2024 legislation	9/12/2024	118 days	Implements changes to nursing faculty requirements as directed by the General Assembly.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	12/2/2024	Effective 1/16/2025
18VAC90-19 18VAC90-25 18VAC90-27 18VAC90-30 18VAC90-50 18VAC90-60 18VAC90-70	Proposed	Fee increase	12/16/2024	Comment period is underway and will end on 2/14/2025. The Board will vote on a final action at its March 2025 meeting.
18VAC90-27	NOIRA	Periodic review changes	12/30/2024	Comment period is underway and will end on 1/29/2025. The Board will vote on the proposed action changes at its March 2025 meeting.

DRAFT

Virginia's Certified Nurse Aide Workforce: 2024

Healthcare Workforce Data Center

October 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 33,000 Certified Nurse Aides voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Nursing

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Concord

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Lynchburg

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Hanover

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Jodi Zehr, RN
Rustburg

Executive Director

Claire Morris, RN, LNHA

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The Certified Nurse Aide Workforce At a Glance:

The Workforce

Certified:	59,265
Virginia's Workforce:	54,116
FTEs:	49,189

Background

Rural Childhood:	49%
HS Degree in VA:	69%
Prof. Degree in VA:	84%

Current Employment

Employed in Prof.:	85%
Hold 1 Full-Time Job:	57%
Satisfied?:	94%

Survey Response Rate

All Certified:	55%
Renewing Practitioners:	96%

Education

RMA Certification:	8%
Advanced CNA Cert.:	1%

Job Turnover

New Location:	41%
Employed Over 2 Yrs.:	43%

Demographics

Female:	94%
Diversity Index:	60%
Median Age:	38

Finances

Med. Income:	> \$18/hr.
Health Benefits:	49%
Retirement Benefits:	43%

Establishment Type

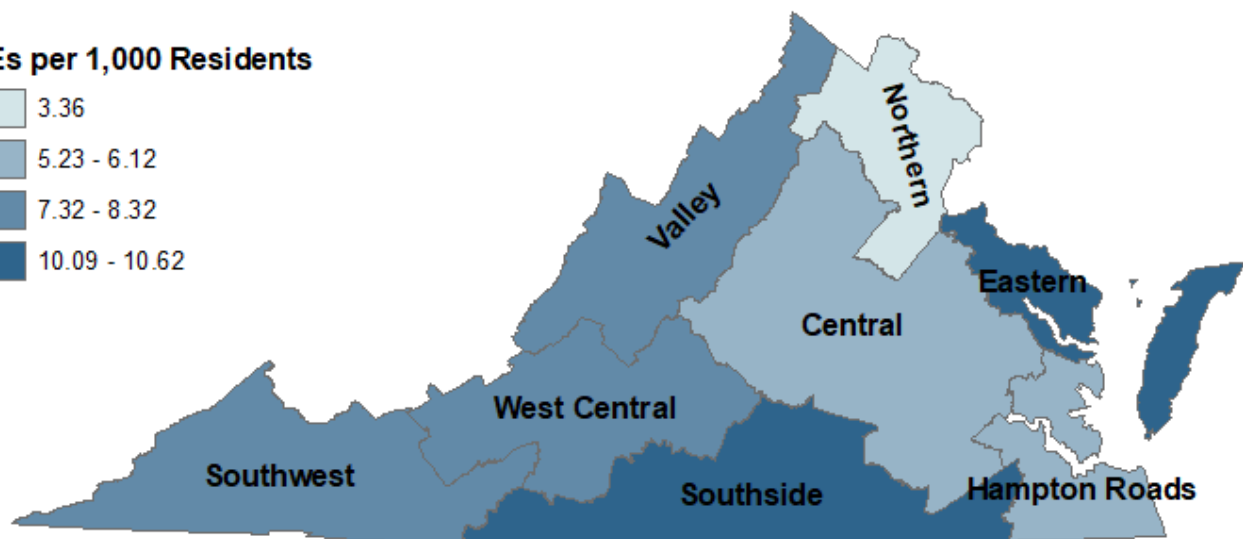
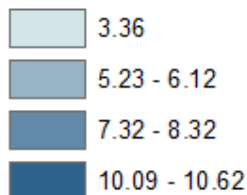
Nursing Home:	33%
Assisted Living:	15%
Home Health Care:	13%

Source: Va. Healthcare Workforce Data Center

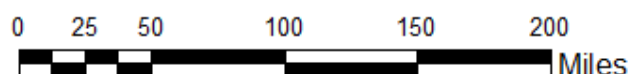
Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Certified Nurse Aide (CNA) workforce survey. Among all CNAs, 32,730 voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the certificate issuance month of each respondent. These survey respondents represent 55% of the 59,265 CNAs who are certified in the state and 96% of renewing practitioners.

The HWDC estimates that 54,116 CNAs participated in Virginia's workforce during the survey period, which is defined as those CNAs who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 49,189 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks).

More than nine out of every ten CNAs are female, and the median age of the CNA workforce is 38. In a random encounter between two CNAs, there is a 60% chance that they would be of different races or ethnicities, a measure known as the diversity index. For CNAs who are under the age of 40, this diversity index increases to 62%. The comparable diversity index for Virginia's overall population is 60%. Nearly half of all CNAs grew up in a rural area, and 30% of CNAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 19% of all CNAs work in a non-metro area of the state.

Among all CNAs, 85% are currently employed in the profession, 57% hold one full-time job, and 39% work between 40 and 49 hours per week. One-third of all CNAs are employed at a nursing home as their primary work location, while another 28% are employed at either an assisted living facility or a home health care establishment. The median wage for Virginia's CNA workforce is \$18.00 or more per hour. In addition, 74% of all CNAs receive at least one employer-sponsored benefit, including 49% who have access to health insurance. Among all CNAs, 94% indicated that they are satisfied with their current work situation, including 62% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 CNA workforce. The number of nurse aide certifications in Virginia has decreased by 4% (59,265 vs. 61,574). However, the size of Virginia's CNA workforce has increased by 1% (54,116 vs. 53,395), and the number of FTEs provided by this workforce has increased by 9% (49,189 vs. 45,077). Virginia's renewing CNAs are more likely to respond to this survey (96% vs 83%). Furthermore, the response rate among all practitioners has increased (55% vs. 52%).

While there has been no change in the percentage of CNAs who are female (94%), the median age of this workforce has fallen slightly (38 vs. 39). The diversity index of Virginia's CNA workforce has increased (60% vs. 58%), a trend that has also occurred among CNAs who are under the age of 40 (62% vs. 59%). The percentage of CNAs who grew up in a rural area has increased (49% vs. 48%), and CNAs who grew up in a rural area are more likely to work in a non-metro area (30% vs. 29%). CNAs are also more likely to be currently enrolled in either an RN program (7% vs. 6%) or an LPN program (5% vs. 4%).

Virginia's CNAs are more likely to be employed in the profession (85% vs. 84%), hold one full-time job (57% vs. 56%), and work between 40 and 49 hours per week (39% vs. 34%). CNAs are relatively more likely to work in either an assisted living facility (15% vs. 13%) or the inpatient department of a hospital (12% vs. 10%) than in a home health care establishment (13% vs. 19%). At their primary work location, CNAs are relatively more likely to perform non-clinical activities (8% vs. 6%) instead of clinical/patient care activities (92% vs. 94%).

The median hourly wage of Virginia's CNA workforce has increased (\$18 or more vs. \$11-\$12). In addition, CNAs are more likely to receive at least one employer-sponsored benefit (74% vs. 70%), including those CNAs who have access to health insurance (49% vs. 47%). CNAs are more likely to indicate that they are satisfied with their current employment situation (94% vs. 91%), although a slightly smaller percentage indicated that they are "very satisfied" (62% vs. 63%).

A Closer Look:

Certified		
Certificate Status	#	%
Renewing Practitioners	35,898	61%
New Certificate	7,149	12%
Non-Renewals	8,825	15%
Renewal Date Not in Survey Period	7,393	12%
All Certified	59,265	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing CNAs, 96% voluntarily submitted a survey. This represents 55% of the 59,265 CNAs who held a certificate at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2023 and September 2024 on the month of initial certification of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia certificate at some point during the survey period.
- 3. Survey Population:** The survey was available to CNAs who renewed their certificate online. It was not available to those who did not renew, including CNAs newly certified in the past two years.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	10,640	4,911	32%
30 to 34	4,588	3,755	45%
35 to 39	2,891	4,026	58%
40 to 44	2,201	3,673	63%
45 to 49	1,724	3,529	67%
50 to 54	1,449	3,402	70%
55 to 59	1,048	3,463	77%
60 and Over	1,994	5,971	75%
Total	26,535	32,730	55%
New Certificates			
Issued in Past Year	7,149	0	0%
Metro Status			
Non-Metro	4,226	6,685	61%
Metro	14,208	23,555	62%
Not in Virginia	8,101	2,490	24%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	32,730
Response Rate, All Practitioners	55%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Certified Nurse Aides

Number: 59,265
 New: 12%
 Not Renewed: 15%

Response Rates

All Certified: 55%
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's CNA Workforce: 54,116
FTEs: 49,189

Utilization Ratios

CNAs in VA Workforce: 91%
CNAs per FTE: 1.20
Workers per FTE: 1.10

Source: Va. Healthcare Workforce Data Center

Virginia's CNA Workforce

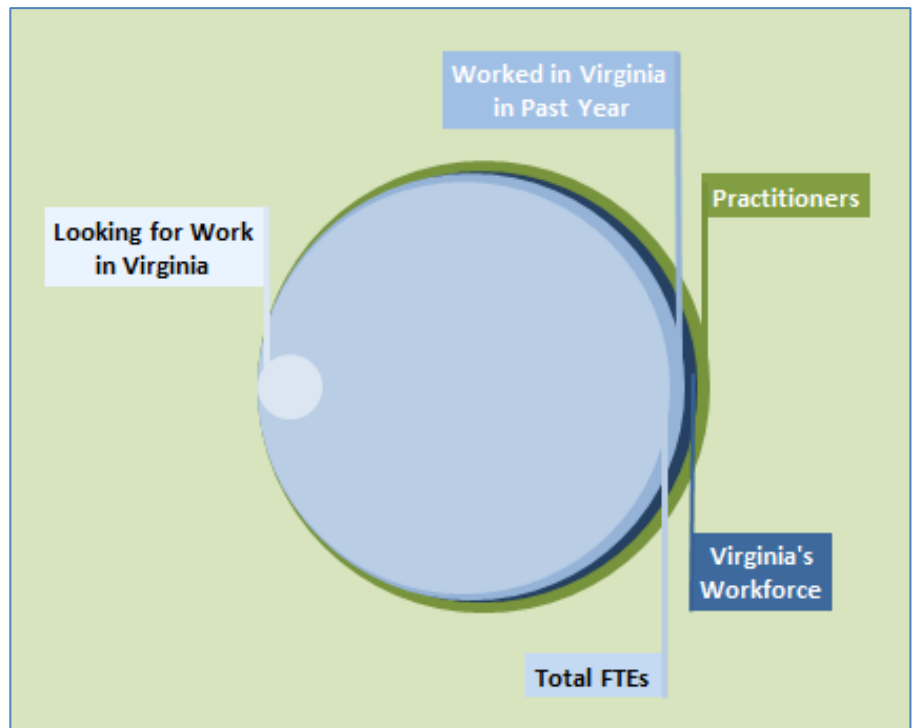
Status	#	%
Worked in Virginia in Past Year	52,922	98%
Looking for Work in Virginia	1,194	2%
Virginia's Workforce	54,116	100%
Total FTEs	49,189	
Certified CNAs	59,265	

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A practitioner with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Practitioners in VA Workforce:** The proportion of practitioners in Virginia's Workforce.
- 4. Practitioners per FTE:** An indication of the number of CNAs needed to create 1 FTE. Higher numbers indicate lower CNA participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	787	6%	12,730	94%	13,517	28%
30 to 34	455	6%	6,749	94%	7,203	15%
35 to 39	314	5%	5,470	95%	5,784	12%
40 to 44	273	6%	4,637	94%	4,910	10%
45 to 49	250	6%	4,063	94%	4,313	9%
50 to 54	239	6%	3,719	94%	3,958	8%
55 to 59	214	6%	3,294	94%	3,508	7%
60 and Over	326	6%	5,631	95%	5,957	12%
Total	2,858	6%	46,293	94%	49,151	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	59%	18,685	37%	12,049	44%
Black	18%	25,789	51%	11,350	42%
Asian	7%	1,398	3%	580	2%
Other Race	1%	504	1%	245	1%
Two or More Races	5%	1,461	3%	1,138	4%
Hispanic	10%	2,897	6%	1,871	7%
Total	100%	50,734	100%	27,233	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 94%
 % Under 40 Female: 94%

Age

Median Age: 38
 % Under 40: 54%
 % 55 and Over: 19%

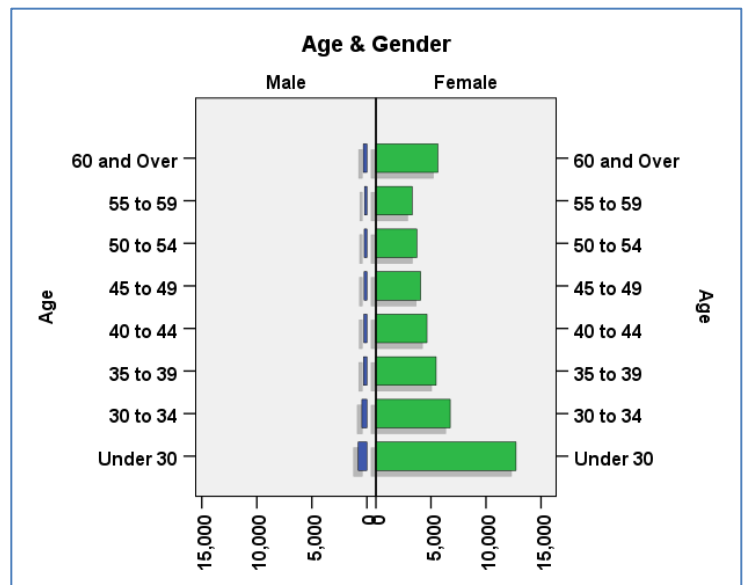
Diversity

Diversity Index: 60%
 Under 40 Div. Index: 62%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two CNAs, there is a 60% chance that they would be of different races or ethnicities (a measure known as the diversity index). This is equivalent to the diversity index for Virginia's population as a whole.

Among all CNAs, 54% are under the age of 40. Among CNAs who are under the age of 40, 94% are female. In addition, the diversity index among CNAs who are under the age of 40 is 62%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 28%
 Rural Childhood: 49%

Virginia Background

HS in Virginia: 69%
 Prof. Training in VA: 84%
 HS or Prof. Train. in VA: 87%

Location Choice

% Rural to Non-Metro: 30%
 % Urban/Suburban to Non-Metro: 9%

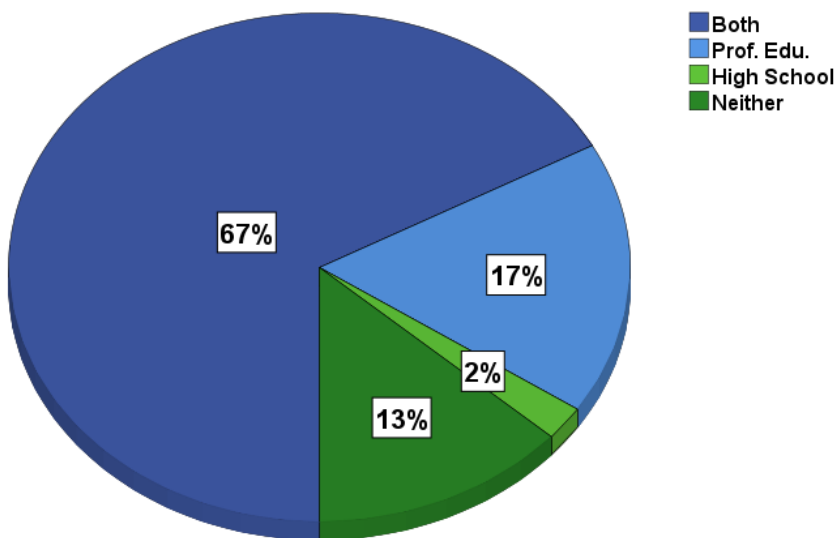
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	33%	29%	38%
2	Metro, 250,000 to 1 Million	56%	20%	24%
3	Metro, 250,000 or Less	65%	20%	15%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	63%	15%	21%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	78%	10%	12%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	83%	9%	9%
8	Rural, Metro Adjacent	80%	9%	11%
9	Rural, Non-Adjacent	74%	13%	13%
Overall		49%	23%	28%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all CNAs grew up in a self-described rural area, and 30% of CNAs who grew up in a rural area currently work in a non-metro county. In total, 19% of all CNAs currently work in a non-metro county.

Top Ten States for Certified Nurse Aide Recruitment

Rank	All Certified Nurse Aides			
	High School	#	Init. Prof. Degree	#
1	Virginia	34,818	Virginia	42,299
2	Outside U.S./Canada	5,912	North Carolina	1,229
3	North Carolina	1,192	West Virginia	834
4	New York	1,107	New York	700
5	West Virginia	1,008	Maryland	614
6	Maryland	773	Pennsylvania	408
7	Pennsylvania	714	California	315
8	New Jersey	432	Georgia	268
9	Florida	411	New Jersey	233
10	California	332	Tennessee	209

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 69% received their high school degree in Virginia, while 84% received their initial CNA training in the state.

Among CNAs who have obtained their certificate in the past five years, 67% received their high school degree in Virginia, and 77% received their initial CNA training in the state.

Rank	Certified in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	8,425	Virginia	9,629
2	Outside U.S./Canada	939	North Carolina	441
3	North Carolina	414	West Virginia	326
4	West Virginia	353	Maryland	207
5	New York	286	New York	198
6	Maryland	266	Pennsylvania	131
7	Pennsylvania	192	Florida	111
8	Florida	131	Texas	109
9	California	119	California	108
10	Texas	110	Georgia	88

Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten of Virginia's CNAs did not participate in the state's workforce during the past year. Among these CNAs, 92% worked at some point in the past year, including 80% who currently work in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total: 5,113
 % of Certified: 9%
 VA Border State/DC: 25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Medication Aide (RMA)	4,079	8%
Advanced Practice CNA	521	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

RMA: 8%

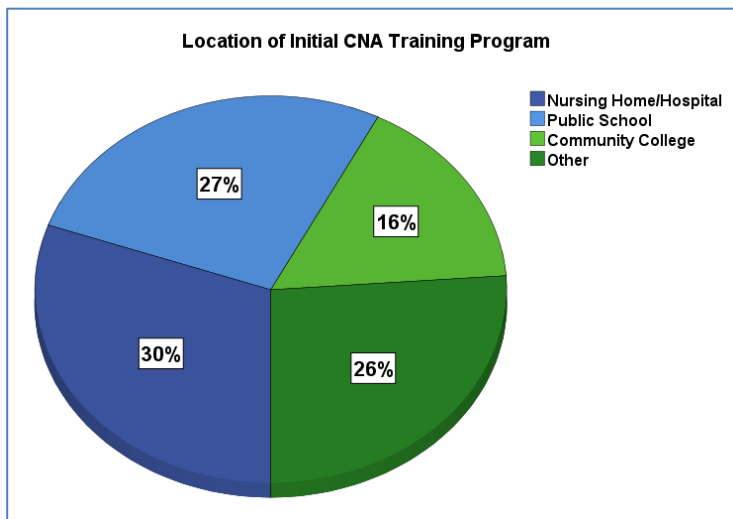
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 7%

LPN Program: 5%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	15,097	30%
Public School (High School/Vocational School)	13,448	27%
Community College	8,109	16%
Other (Private School/Proprietary Program)	12,984	26%
Total	49,637	100%

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	41,960	88%
RN Program	3,522	7%
LPN Program	2,287	5%
Total	47,769	100%

Source: Va. Healthcare Workforce Data Center

More than one out of every ten CNAs are currently enrolled in a nursing program, including 7% who are enrolled in an RN program.

At a Glance:

Employment

Employed in Profession: 85%
Involuntarily Unemployed: 3%

Positions Held

1 Full-Time: 57%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 39%
60 or More: 7%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	32	< 1%
Employed in a CNA-Related Capacity	42,848	85%
Employed, NOT in a CNA-Related Capacity	5,799	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1,651	3%
Voluntarily Unemployed	129	< 1%
Retired	24	< 1%
Total	50,483	100%

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 85% are currently employed in the profession, 57% hold one full-time job, and 39% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	1,804	4%
1 to 9 Hours	1,345	3%
10 to 19 Hours	2,575	5%
20 to 29 Hours	5,505	12%
30 to 39 Hours	12,567	26%
40 to 49 Hours	18,535	39%
50 to 59 Hours	2,138	4%
60 to 69 Hours	1,025	2%
70 to 79 Hours	737	2%
80 or More Hours	1,537	3%
Total	47,768	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,804	4%
One Part-Time Position	9,695	20%
Two Part-Time Positions	2,180	4%
One Full-Time Position	28,216	57%
One Full-Time Position & One Part-Time Position	6,517	13%
Two Full-Time Positions	744	1%
More than Two Positions	482	1%
Total	49,638	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Less than \$10.00 Per Hour	204	1%
\$10.00 to \$10.99 Per Hour	196	1%
\$11.00 to \$11.99 Per Hour	197	1%
\$12.00 to \$12.99 Per Hour	1,111	3%
\$13.00 to \$13.99 Per Hour	1,123	3%
\$14.00 to \$14.99 Per Hour	1,113	3%
\$15.00 to \$15.99 Per Hour	2,414	6%
\$16.00 to \$16.99 Per Hour	2,959	7%
\$17.00 to \$17.99 Per Hour	4,446	11%
\$18.00 or More Per Hour	28,298	67%
Total	42,062	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
 Median Income: > \$18/hr.

Benefits
 Health Insurance: 49%
 Retirement: 43%

Satisfaction
 Satisfied: 94%
 Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	30,741	62%
Somewhat Satisfied	16,024	32%
Somewhat Dissatisfied	2,089	4%
Very Dissatisfied	806	2%
Total	49,661	100%

Source: Va. Healthcare Workforce Data Center

The typical CNA earns \$18 or more per hour. In addition, 74% of all CNAs receive at least one employer-sponsored benefit, including 49% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	25,647	60%
Paid Sick Leave	21,118	49%
Health Insurance	21,048	49%
Dental Insurance	20,071	47%
Retirement	18,256	43%
Group Life Insurance	12,444	29%
At Least One Benefit	31,513	74%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,433	12%	3,010	22%
6 Months to 1 Year	7,202	16%	2,684	19%
1 to 2 Years	12,742	28%	3,715	27%
3 to 5 Years	9,470	21%	2,471	18%
6 to 10 Years	4,843	11%	1,120	8%
More than 10 Years	5,223	12%	874	6%
Subtotal	44,913	100%	13,875	100%
Did Not Have Location	2,746		37,433	
Item Missing	6,456		2,808	
Total	54,116		54,116	

Source: Va. Healthcare Workforce Data Center

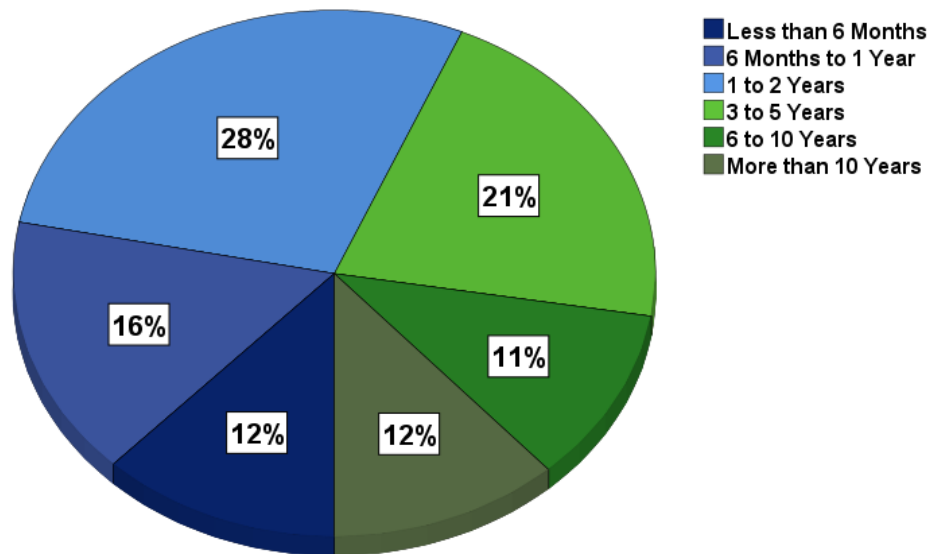
At a Glance:

Turnover & Tenure

New Location: 41%
 Over 2 Years: 43%
 Over 2 Yrs., 2nd Location: 32%

Source: Va. Healthcare Workforce Data Center

Work Duration, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Among all CNAs, 43% have worked at their primary work location for more than two years.

At a Glance:

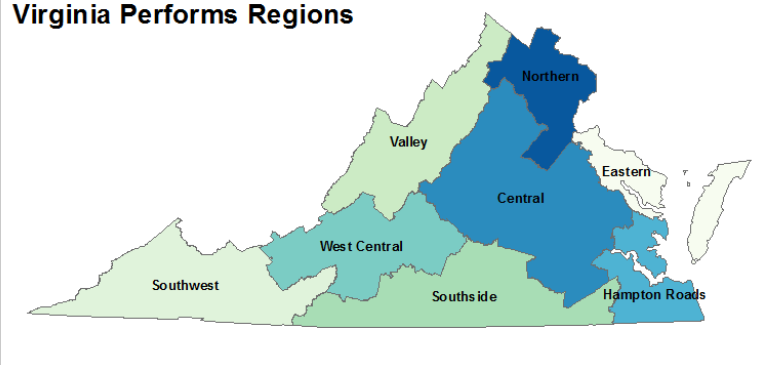
Concentration

Top Region:	22%
Top 3 Regions:	60%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

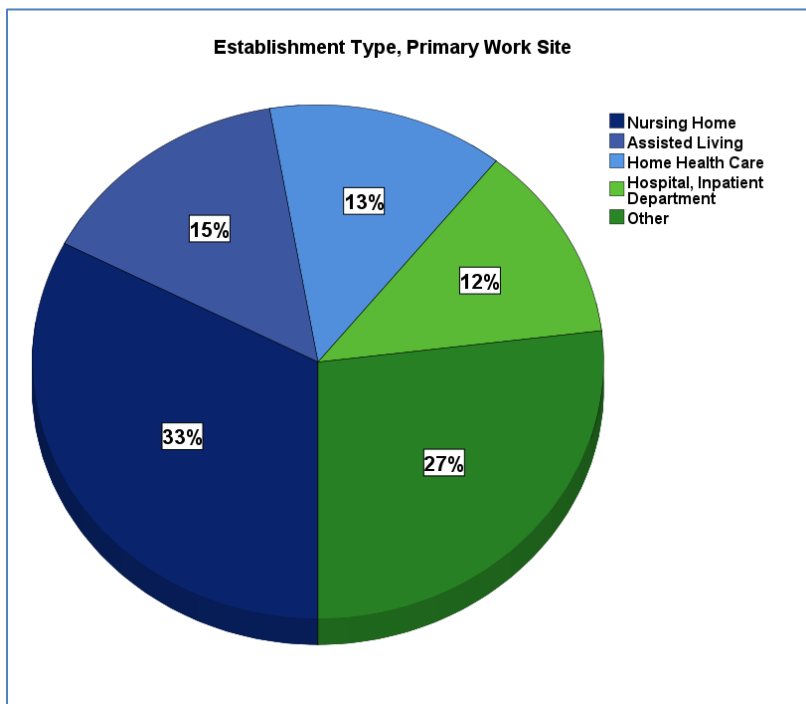
Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	9,398	22%	3,237	22%
Eastern	1,265	3%	492	3%
Hampton Roads	7,641	18%	2,964	20%
Northern	8,045	19%	3,244	22%
Southside	3,244	8%	1,071	7%
Southwest	2,697	6%	648	4%
Valley	3,721	9%	933	6%
West Central	5,770	14%	1,918	13%
Virginia Border State/D.C.	84	0%	101	1%
Other U.S. State	134	0%	147	1%
Outside of the U.S.	5	0%	9	0%
Total	42,004	100%	14,764	100%
Item Missing	9,365		1,919	

Source: Va. Healthcare Workforce Data Center

Three out of every five CNAs work in Central Virginia, Northern Virginia, or Hampton Roads.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Activity

Clinical/Patient Care: 92%

Non-Clinical: 8%

Top Establishments

Nursing Home: 33%

Assisted Living: 15%

Home Health Care: 13%

Source: Va. Healthcare Workforce Data Center

More than three out of every five CNAs work in nursing homes, assisted living facilities, or home health care establishments.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	15,255	33%	3,563	23%
Assisted Living	6,855	15%	2,346	15%
Home Health Care	6,282	13%	3,091	20%
Hospital, Inpatient Department	5,769	12%	819	5%
Personal Care: Companion/Sitter/Private Duty	1,694	4%	912	6%
Physician's Office	1,308	3%	105	1%
Hospice	1,242	3%	209	1%
Hospital, Ambulatory Care	1,166	2%	205	1%
Mental Health Facility	948	2%	203	1%
Group Home	830	2%	394	3%
Health Clinic	703	2%	135	1%
Other Practice Setting	4,709	10%	3,241	21%
Total	46,761	100%	15,223	100%
Did Not Have a Location	2,746		37,433	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	10%
French:	4%
Tagalog/Filipino:	3%

Means of Communication

Respondent:	42%
Virtual Translation:	32%
Other Staff Member:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	5,437	10%
French	2,072	4%
Tagalog/Filipino	1,810	3%
Amharic, Somali, or Other Afro-Asiatic Languages	1,656	3%
Chinese	1,638	3%
Arabic	1,635	3%
Korean	1,564	3%
Vietnamese	1,468	3%
Hindi	1,463	3%
Urdu	1,207	2%
Persian	1,205	2%
Pashto	1,107	2%
Others	1,731	3%
At Least One Language	8,507	16%

Source: Va. Healthcare Workforce Data Center

Among all CNAs, 10% are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Respondent is Proficient	3,561	42%
Virtual Translation Service	2,697	32%
Other Staff Member is Proficient	2,125	25%
Onsite Translation Service	1,784	21%
Other	502	6%

Source: Va. Healthcare Workforce Data Center

Among CNAs who are employed at a primary work location that offers language services for patients, 42% are proficient and are the ones providing the service.

At a Glance:

FTEs

Total: 49,189
 FTEs/1,000 Residents¹: 5.66
 Average: 0.96

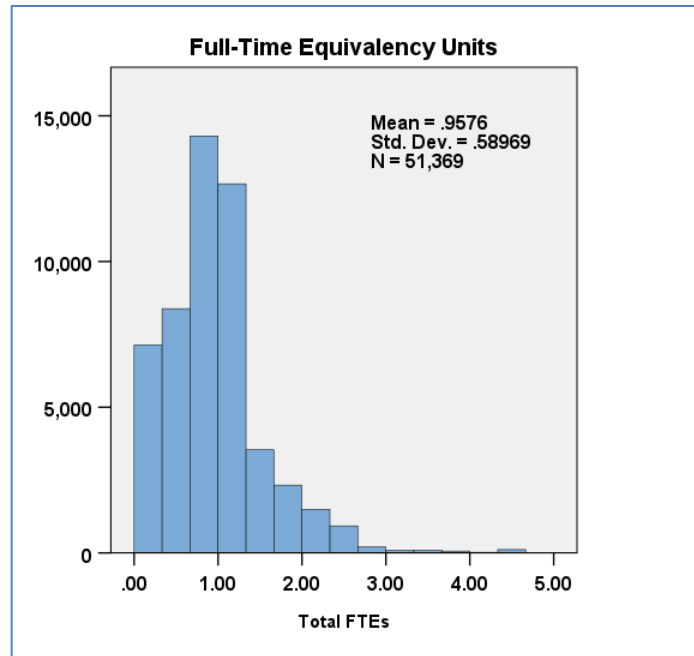
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

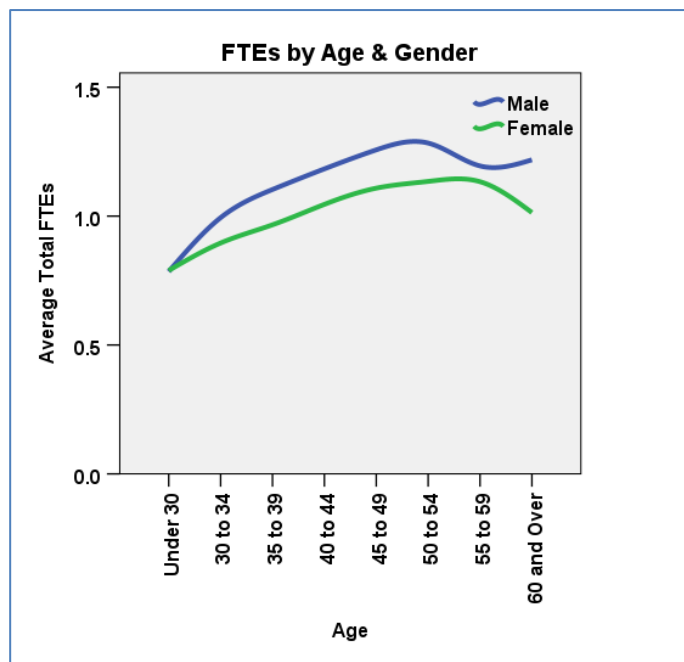


Source: Va. Healthcare Workforce Data Center

The typical (median) CNA provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.²

Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.78	0.72
30 to 34	0.90	0.88
35 to 39	0.97	0.91
40 to 44	1.04	0.92
45 to 49	1.10	1.06
50 to 54	1.13	1.08
55 to 59	1.12	1.08
60 and Over	0.99	0.91
Gender		
Male	1.06	1.03
Female	0.96	0.91

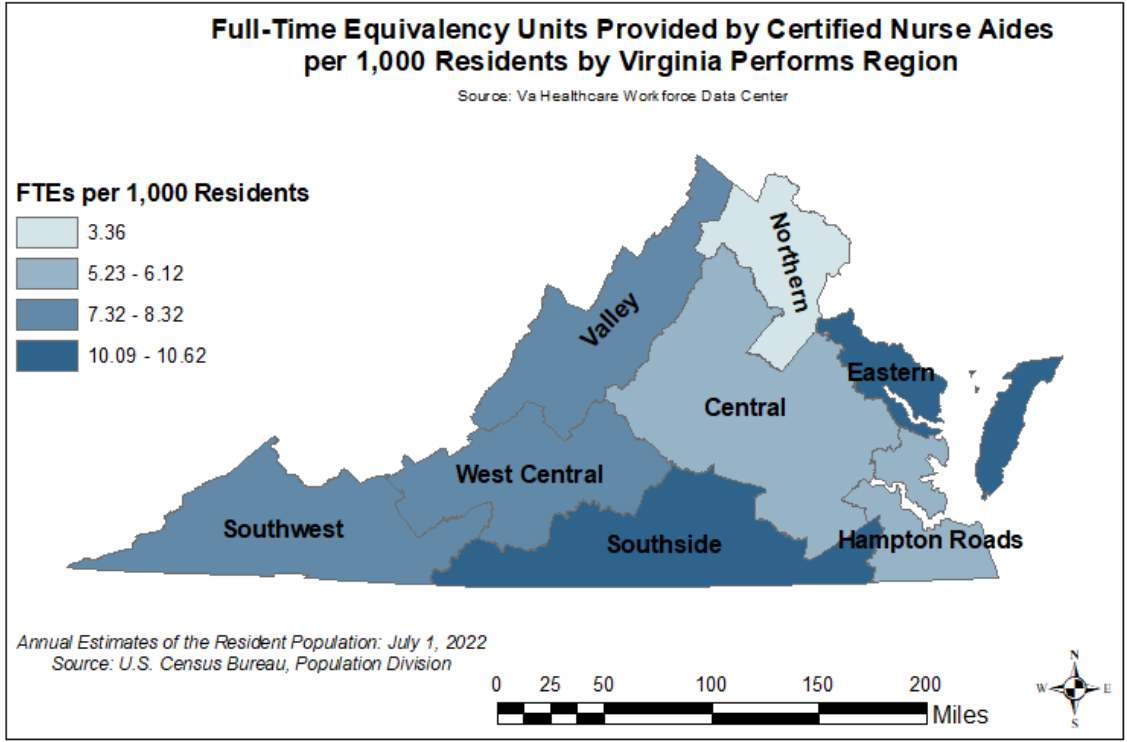
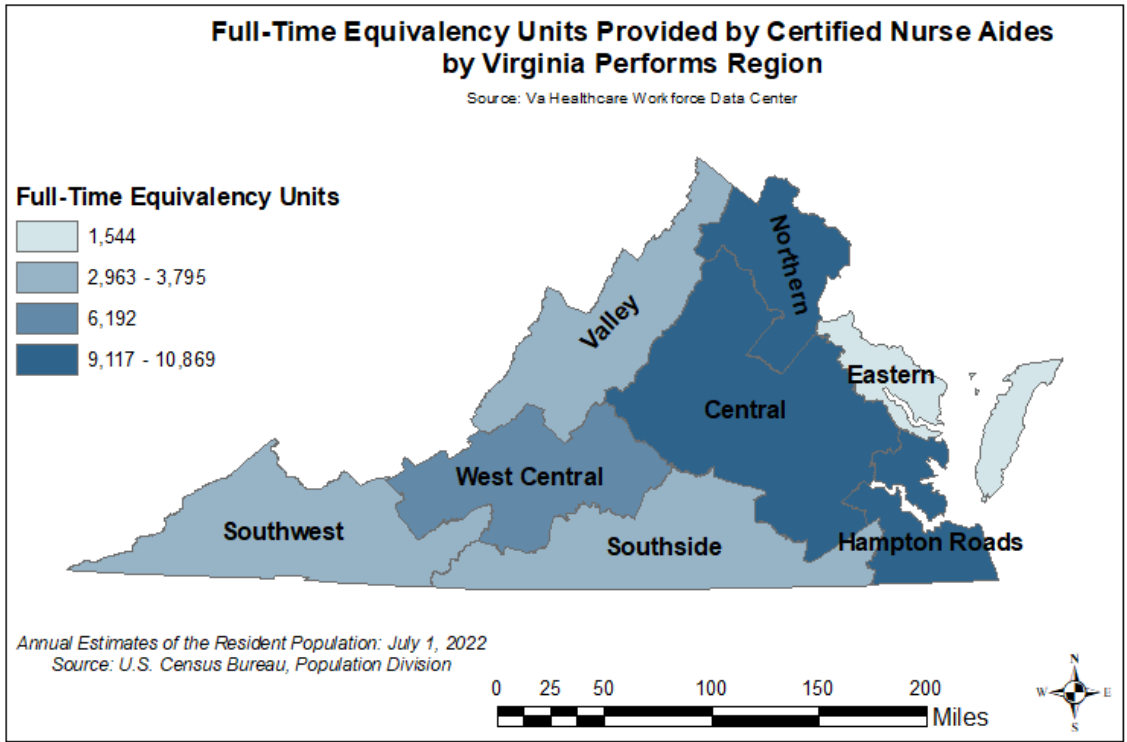
Source: Va. Healthcare Workforce Data Center

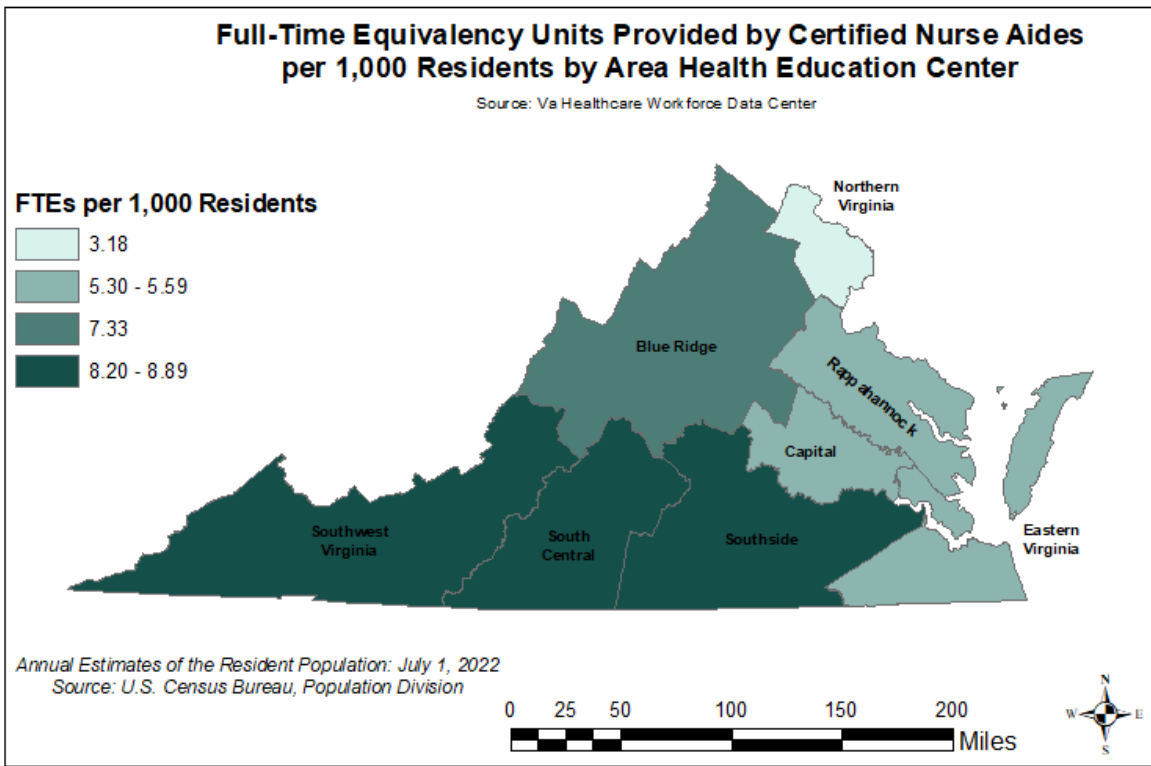
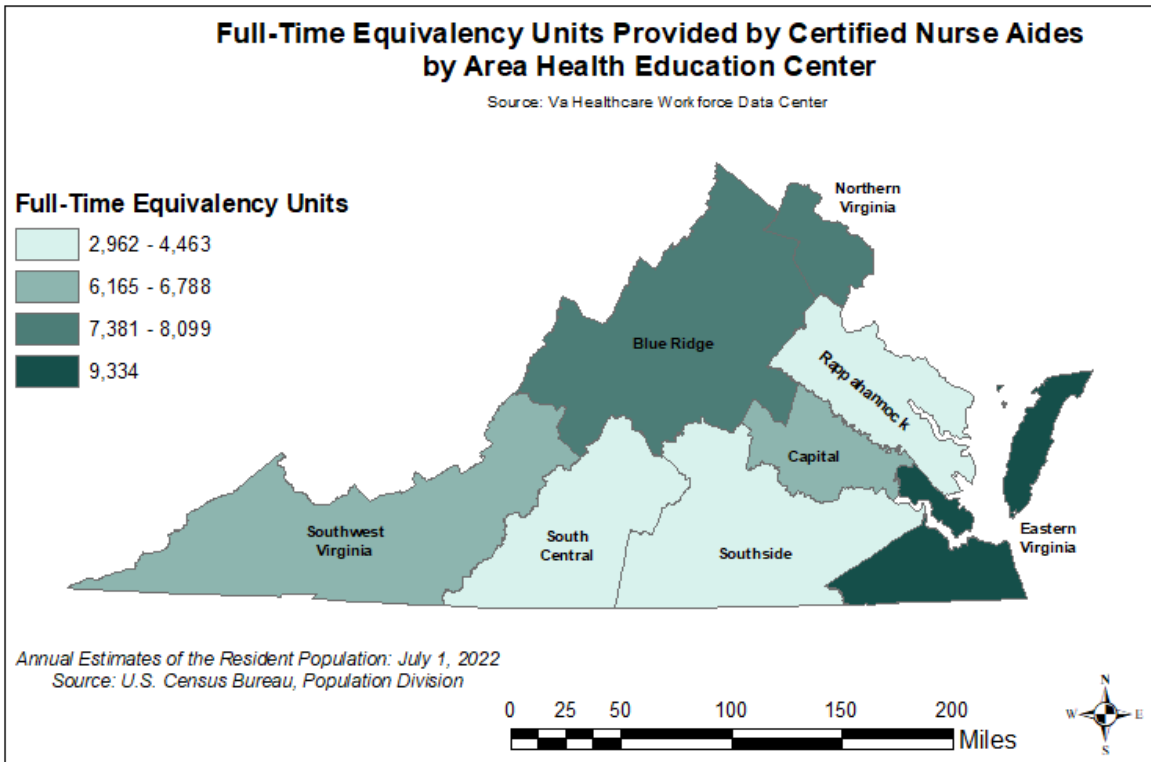


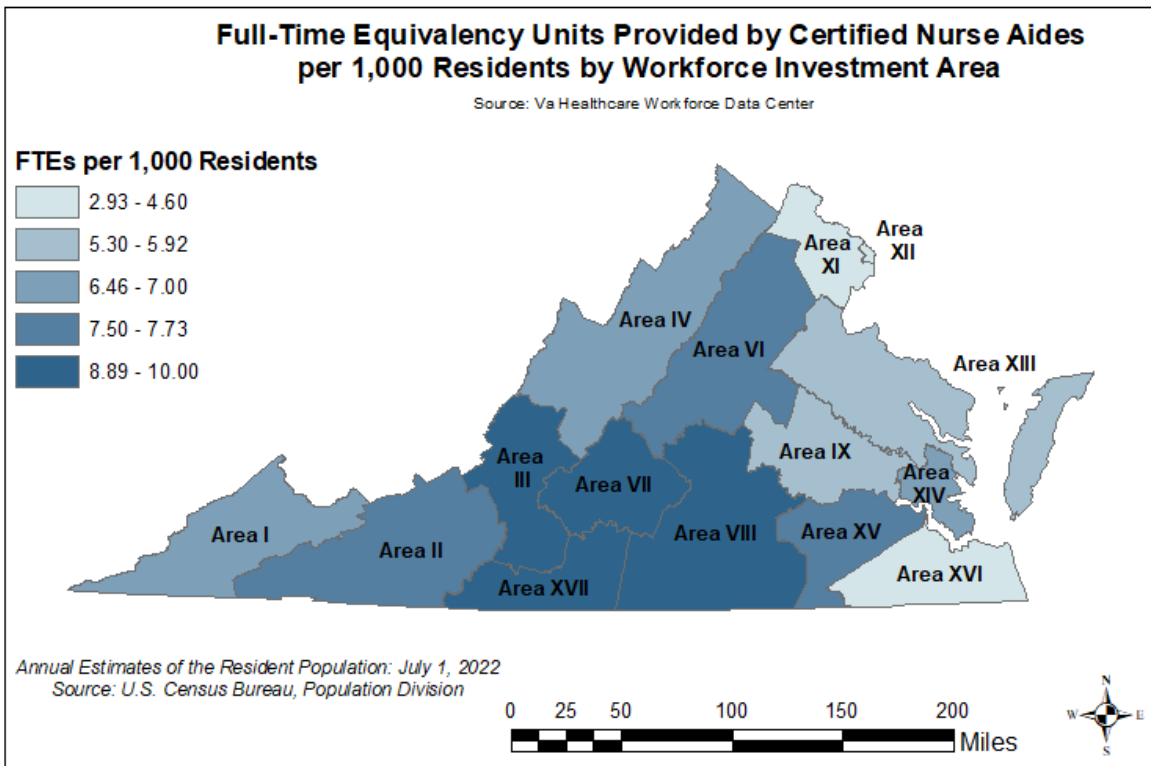
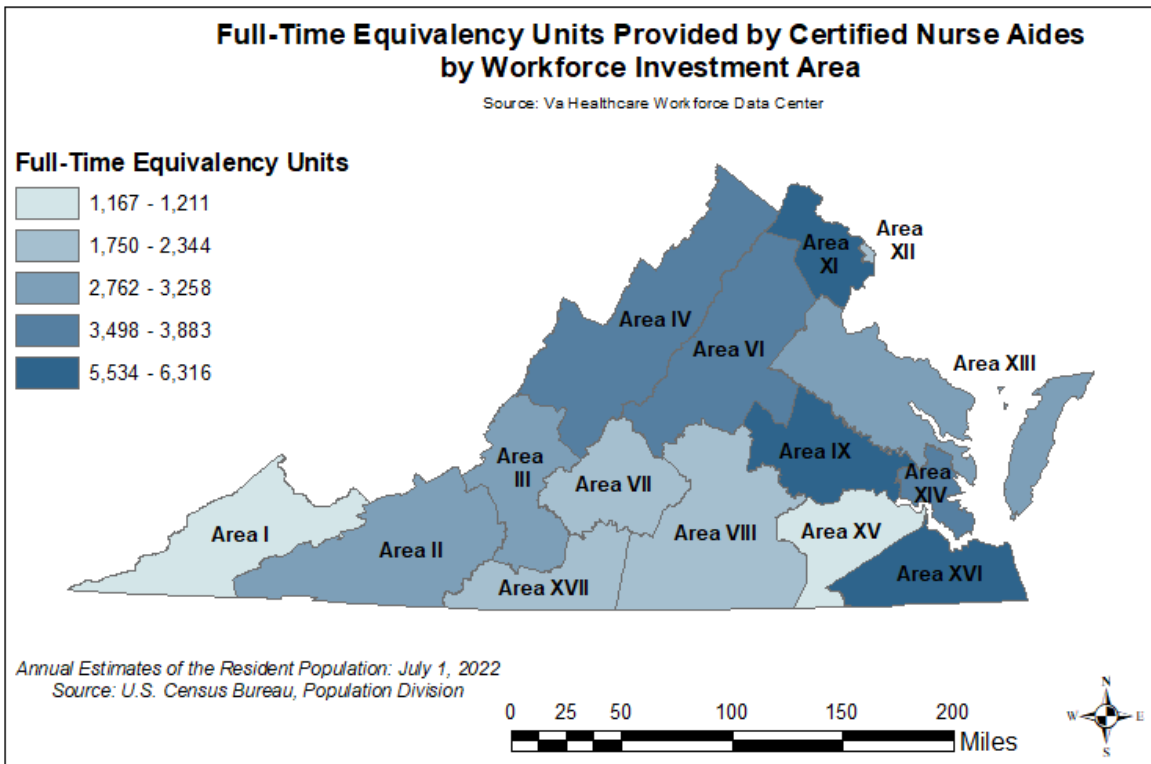
Source: Va. Healthcare Workforce Data Center

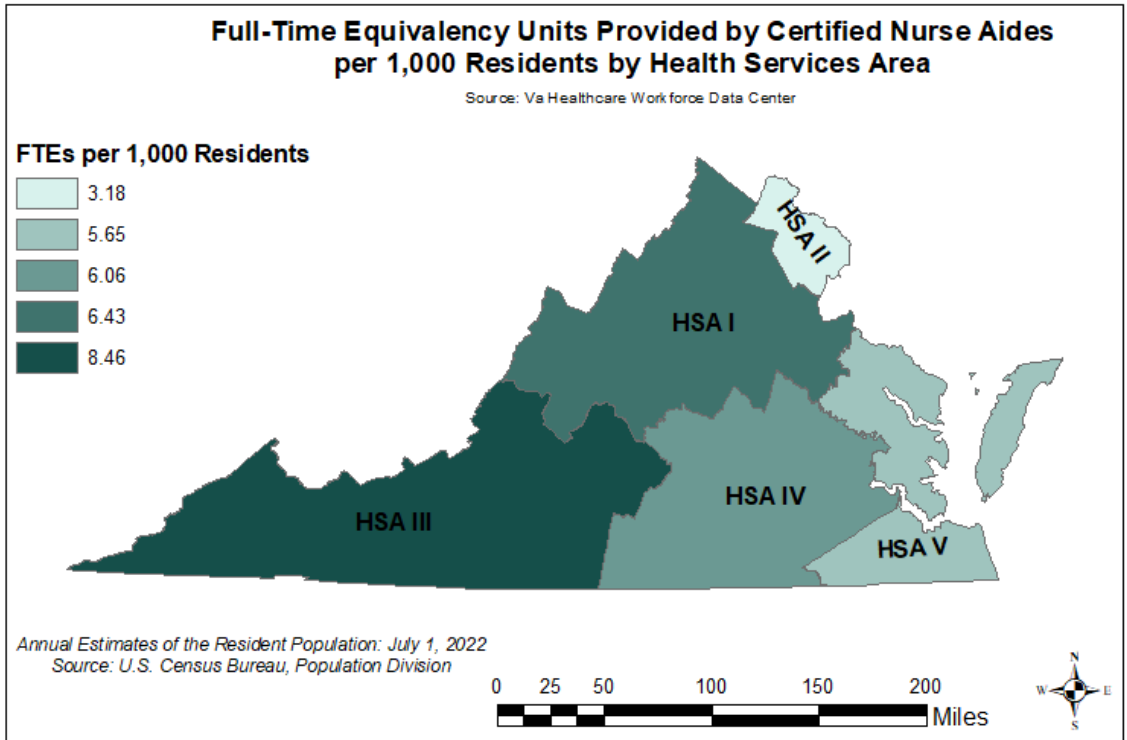
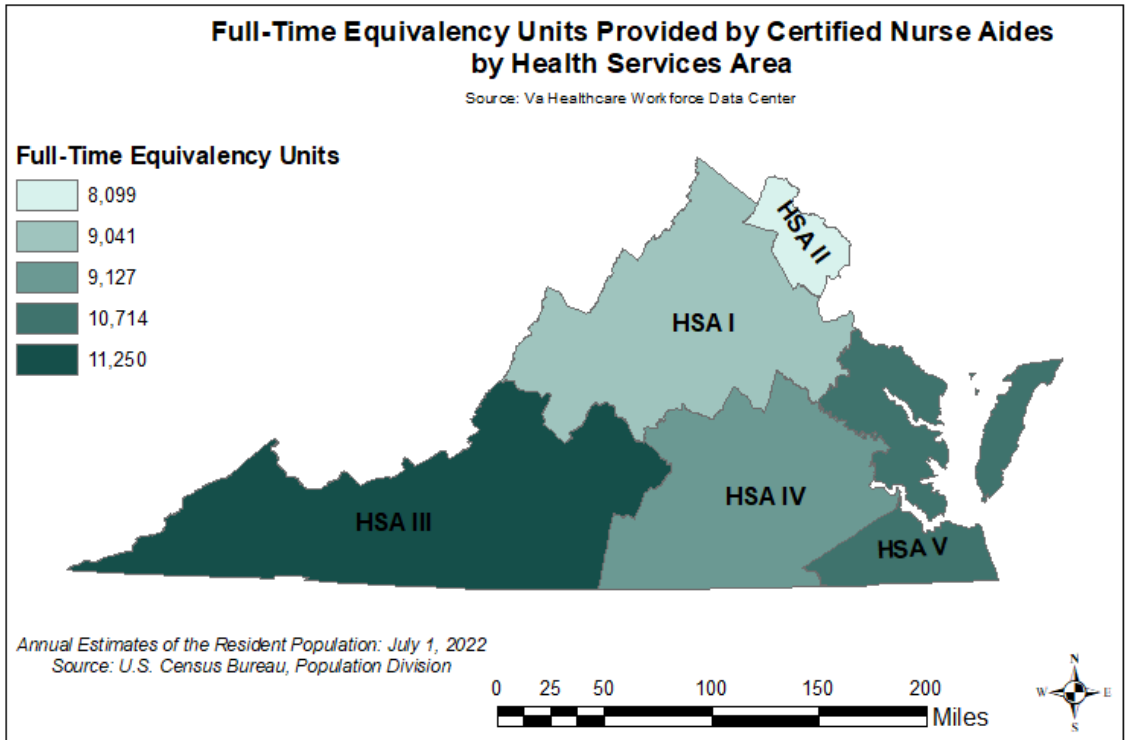
¹ Number of residents in 2022 was used as the denominator.

² Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	26,891	62.97%	1.588	1.142	2.777
Metro, 250,000 to 1 Million	5,398	61.80%	1.618	1.164	2.830
Metro, 250,000 or Less	5,474	60.03%	1.666	1.198	2.913
Urban, Pop. 20,000+, Metro Adj.	1,843	58.49%	1.710	1.230	2.990
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	3,924	66.28%	1.509	1.085	2.638
Urban, Pop. 2,500-19,999, Non-Adj.	1,923	55.90%	1.789	1.287	3.128
Rural, Metro Adj.	2,133	60.57%	1.651	1.188	2.887
Rural, Non-Adj.	1,088	58.73%	1.703	1.225	2.978
Virginia Border State/D.C.	4,956	31.01%	3.224	2.320	5.639
Other U.S. State	5,635	16.91%	5.913	4.254	10.340

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	15,551	31.58%	3.167	2.638	10.340
30 to 34	8,343	45.01%	2.222	1.851	7.255
35 to 39	6,917	58.20%	1.718	1.431	5.610
40 to 44	5,874	62.53%	1.599	1.332	5.222
45 to 49	5,253	67.18%	1.489	1.240	4.861
50 to 54	4,851	70.13%	1.426	1.188	4.656
55 to 59	4,511	76.77%	1.303	1.085	4.254
60 and Over	7,965	74.97%	1.334	1.111	4.356

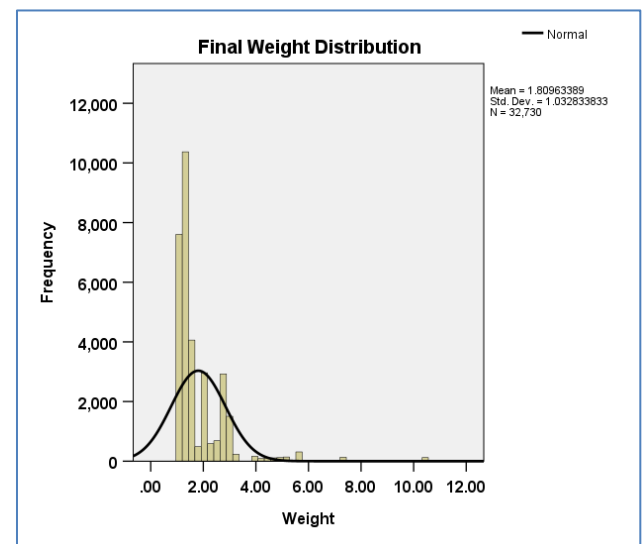
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.552265



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Practical Nurse Workforce: 2024

Healthcare Workforce Data Center

October 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 11,000 Licensed Practical Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS

Director

James L. Jenkins, Jr., RN

Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Nursing

President

Cynthia M. Swineford, MSN, RN, CNE
Disputanta

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Richmond

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Roanoke

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Lynchburg

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Hanover

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Rustburg

Executive Director

Claire Morris, RN, LNHA

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The Licensed Practical Nurse Workforce At a Glance:

The Workforce

Licensees:	28,970
Virginia's Workforce:	26,326
FTEs:	23,632

Background

Rural Childhood:	49%
HS Degree in VA:	72%
Prof. Degree in VA:	88%

Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	69%
Satisfied?:	94%

Survey Response Rate

All Licensees:	40%
Renewing Practitioners:	95%

Education

LPN Diploma/Cert.:	94%
Associate:	5%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	53%

Demographics

Female:	95%
Diversity Index:	57%
Median Age:	46

Finances

Median Income:	\$50k-\$60k
Health Insurance:	57%
Under 40 w/ Ed. Debt:	58%

Time Allocation

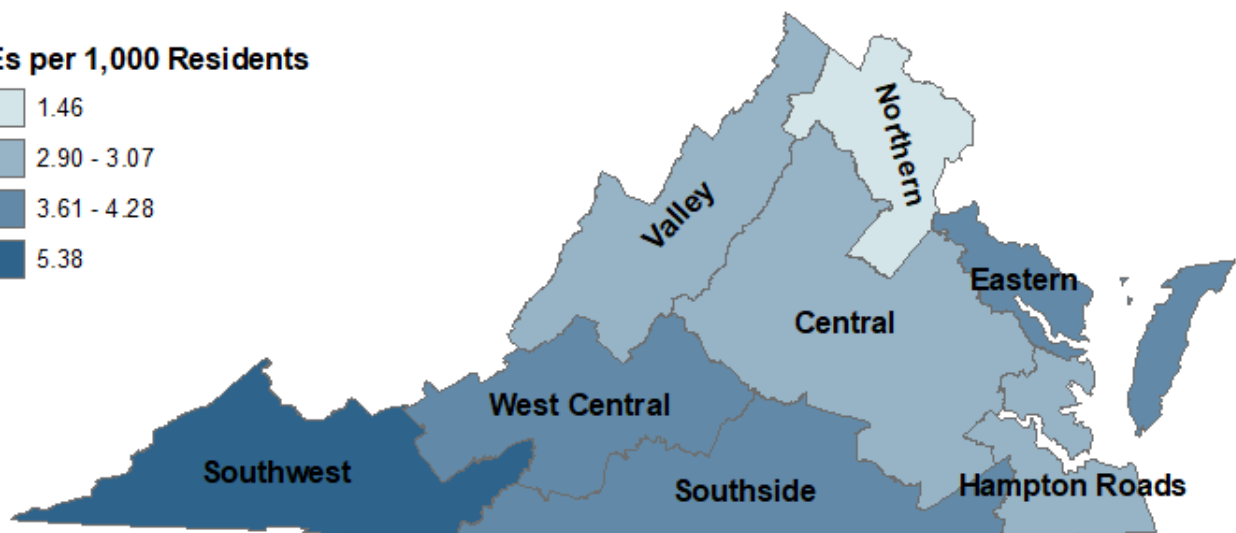
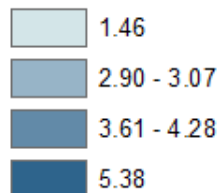
Patient Care:	80%-89%
Patient Care Role:	66%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

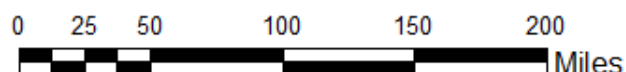
Full-Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Licensed Practical Nurse (LPN) survey. In total, 11,454 LPNs participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of LPNs have access to the survey in a given year. These survey respondents represent 40% of the 28,970 LPNs who are licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 26,326 LPNs participated in Virginia's workforce during the survey period, which is defined as those LPNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 23,632 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

The percentage of LPNs who are female is 95%, and the median age of this workforce is 46. In a random encounter between two LPNs, there is a 57% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 60% for those LPNs who are under the age of 40. The comparable diversity index for Virginia's overall population is also 60%. Nearly half of all LPNs grew up in a rural area, and 32% of LPNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 19% of all LPNs work in a non-metro area of the state. In addition, 5% of Virginia's LPN workforce has served in the military. Among LPNs who have served in the military, 50% served in the Army and 36% served in either the Navy or the Marines.

Among all LPNs, 89% are currently employed in the profession, 69% hold one full-time job, and 53% work between 40 and 49 hours per week. Three out of every five LPNs work in the for-profit sector, while another 22% work in the non-profit sector. The median annual income for Virginia's LPN workforce is between \$50,000 and \$60,000, and 81% of LPNs receive this income in the form of an hourly wage. In addition, three out of every four LPNs receive at least one employer-sponsored benefit, including 57% who have access to health insurance. Among all LPNs, 94% indicated that they are satisfied with their current employment situation, including 63% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 LPN workforce. The number of licensed LPNs in Virginia has fallen by 7% (28,970 vs. 31,055). At the same time, the size of Virginia's LPN workforce has declined by 6% (26,326 vs. 27,915), and the number of FTEs provided by this workforce has fallen by 5% (23,632 vs. 24,967). Virginia's renewing LPNs are more likely to respond to this survey (95% vs. 80%).

While there has been no change in the percentage of Virginia's LPN workforce that is female (95%), the median age of this workforce has increased (46 vs. 45). The diversity index of Virginia's LPNs has increased (57% vs. 52%), and this is also the case among those LPNs who are under the age of 40 (60% vs. 56%). LPNs are slightly more likely to have grown up in a rural area (49% vs. 48%), but LPNs who grew up in a rural area are no more likely to work in a non-metro area (32%). In addition, there has been no change in the percentage of all LPNs who work in a non-metro area of the state (19%). LPNs are relatively more likely to hold an associate degree in nursing as their highest professional degree (5% vs. 3%) instead of an LPN/LVN diploma or certificate (94% vs. 97%). LPNs are more likely to carry education debt (44% vs. 38%), and the median outstanding balance among LPNs with education debt has increased (\$20k-\$30k vs. \$10k-\$20k).

LPNs are more likely to be employed in the profession (89% vs. 84%), hold one full-time job (69% vs. 66%), and work between 40 and 49 hours per week (53% vs. 51%). At the same time, LPNs are less likely to be either underemployed (4% vs. 6%) or involuntarily unemployed (1% vs. 3%). LPNs are relatively more likely to work in the non-profit sector (22% vs. 19%) than in the for-profit sector (60% vs. 63%). The median annual income of LPNs has increased (\$50k-\$60k vs. \$30k-\$40k), and LPNs are relatively more likely to earn this income as a salary (15% vs. 13%) than as an hourly wage (81% vs. 84%). In addition, wage and salaried LPNs are more likely to receive at least one employer-sponsored benefit (75% vs. 71%), including health insurance (57% vs. 53%). LPNs are more likely to indicate that they are satisfied with their current work situation (94% vs. 93%), including those who indicated that they are "very satisfied" (63% vs. 61%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	11,963	41%
New Licensees	1,399	5%
Non-Renewals	2,097	7%
Renewal Date Not in Survey Period	13,284	46%
All Licensees	28,970	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LPNs, 95% voluntarily submitted a survey. This represents 40% of the 28,970 LPNs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	1,987	735	27%
30 to 34	1,778	1,180	40%
35 to 39	2,263	1,277	36%
40 to 44	2,053	1,587	44%
45 to 49	2,095	1,335	39%
50 to 54	1,757	1,595	48%
55 to 59	1,860	1,166	39%
60 and Over	3,723	2,579	41%
Total	17,516	11,454	40%
New Licenses			
Issued in Past Year	1,398	1	0%
Metro Status			
Non-Metro	3,563	2,536	42%
Metro	12,908	8,387	39%
Not in Virginia	1,045	530	34%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted between October 2023 and September 2024 on the birth month of each renewing practitioner.
- Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
- Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	11,454
Response Rate, All Licensees	40%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Practical Nurses

Number: 28,970
 New: 5%
 Not Renewed: 7%

Response Rates

All Licensees: 40%
 Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPN Workforce: 26,326
 FTEs: 23,632

Utilization Ratios

Licensees in VA Workforce: 91%
 Licensees per FTE: 1.23
 Workers per FTE: 1.11

Source: Va. Healthcare Workforce Data Center

Definitions

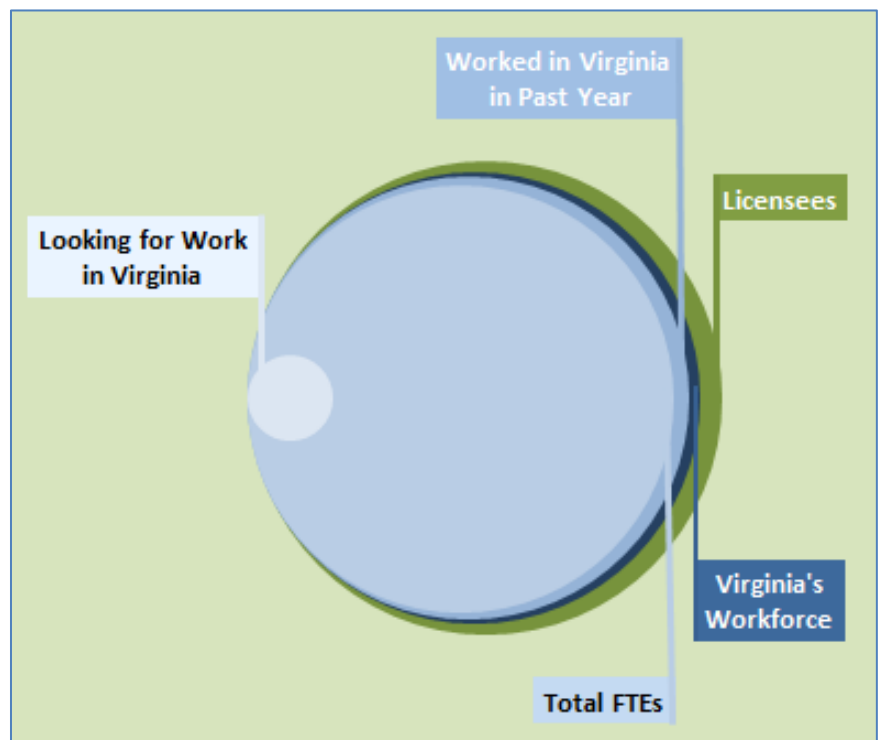
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LPN Workforce

Status	#	%
Worked in Virginia in Past Year	25,365	96%
Looking for Work in Virginia	961	4%
Virginia's Workforce	26,326	100%
Total FTEs	23,632	
Licensees	28,970	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	90	4%	2,306	96%	2,396	11%
30 to 34	134	5%	2,372	95%	2,506	11%
35 to 39	141	5%	2,852	95%	2,993	13%
40 to 44	99	3%	2,821	97%	2,920	13%
45 to 49	152	6%	2,508	94%	2,660	12%
50 to 54	138	5%	2,423	95%	2,561	11%
55 to 59	150	7%	2,054	93%	2,204	10%
60 and Over	222	5%	3,898	95%	4,120	18%
Total	1,126	5%	21,235	95%	22,361	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 95%
 % Under 40 Female: 95%

Age

Median Age: 46
 % Under 40: 35%
 % 55 and Over: 28%

Diversity

Diversity Index: 57%
 Under 40 Div. Index: 60%

Source: Va. Healthcare Workforce Data Center

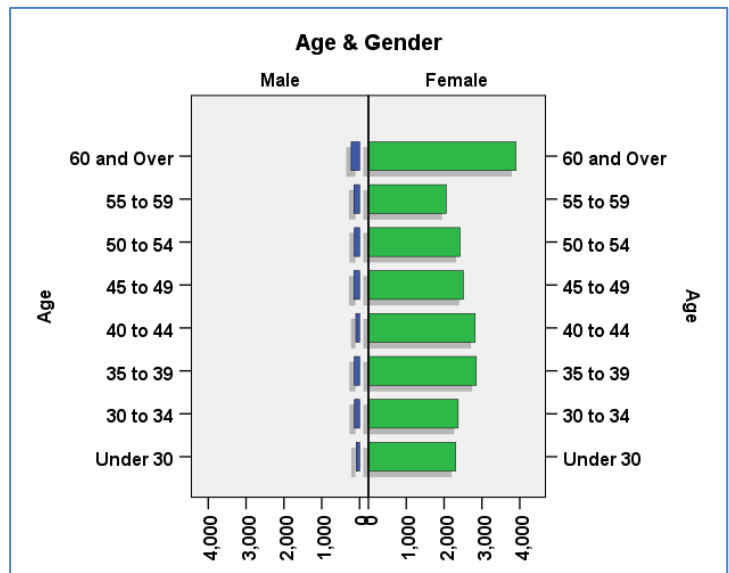
Race & Ethnicity					
Race/Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	59%	12,826	56%	4,480	56%
Black	18%	7,447	33%	2,282	28%
Asian	7%	521	2%	175	2%
Other Race	1%	211	1%	53	1%
Two or More Races	5%	749	3%	406	5%
Hispanic	10%	1,072	5%	638	8%
Total	100%	22,826	100%	8,034	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 57% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 60% chance for Virginia's population as a whole.

More than one-third of all LPNs are under the age of 40. Among LPNs who are under the age of 40, 95% are female. In addition, the diversity index among LPNs who are under the age of 40 is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 20%
 Rural Childhood: 49%

Virginia Background

HS in Virginia: 72%
 Prof. Edu. in VA: 88%
 HS or Prof. Edu. in VA: 90%

Location Choice

% Rural to Non-Metro: 32%
 % Urban/Suburban to Non-Metro: 6%

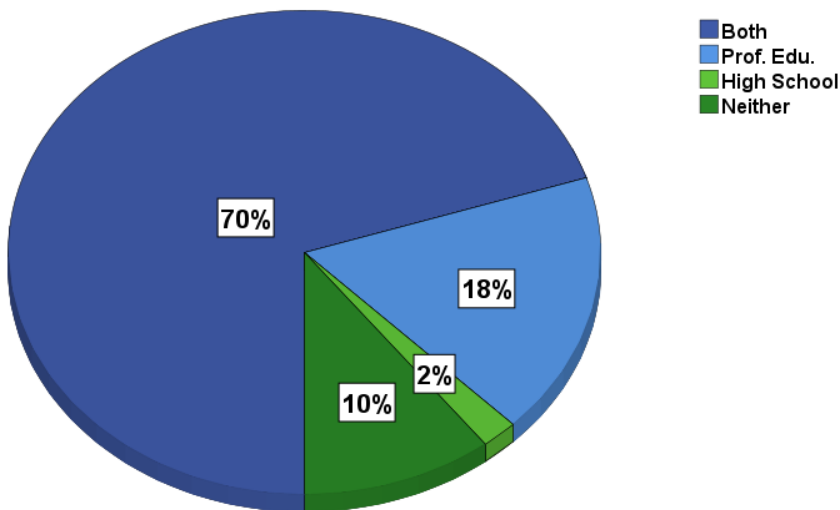
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	29%	42%	29%
2	Metro, 250,000 to 1 Million	65%	22%	13%
3	Metro, 250,000 or Less	75%	17%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	77%	13%	11%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	81%	13%	7%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	91%	6%	3%
8	Rural, Metro Adjacent	82%	13%	5%
9	Rural, Non-Adjacent	75%	17%	9%
Overall		49%	31%	20%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all LPNs grew up in a self-described rural area, and 32% of LPNs who grew up in a rural area currently work in a non-metro county. In total, 19% of all LPNs currently work in a non-metro county.

Top Ten States for Licensed Practical Nurse Recruitment

Rank	All Licenced Practical Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,248	Virginia	19,633
2	Outside U.S./Canada	1,743	New York	366
3	New York	740	Pennsylvania	259
4	Pennsylvania	453	West Virginia	243
5	North Carolina	341	New Jersey	172
6	West Virginia	331	Texas	161
7	New Jersey	308	North Carolina	160
8	Florida	252	California	155
9	Maryland	202	Florida	154
10	Ohio	192	Washington, D.C.	148

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 72% received their high school degree in Virginia, and 88% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,862	Virginia	3,614
2	Outside U.S./Canada	482	New York	62
3	New York	113	California	58
4	Pennsylvania	99	Pennsylvania	57
5	North Carolina	68	Texas	52
6	California	64	West Virginia	37
7	New Jersey	54	North Carolina	36
8	Maryland	45	New Jersey	35
9	Florida	37	Florida	29
10	Ohio	32	Outside U.S./Canada	27

Source: Va. Healthcare Workforce Data Center

Among LPNs who have obtained their license in the past five years, 68% received their high school degree in Virginia, and 86% received their initial professional degree in the state.

Among all licensees, 9% did not participate in Virginia's LPN workforce during the past year. Among these licensees, 62% worked at some point in the past year, including 53% who currently work in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,641
% of Licensees:	9%
Federal/Military:	5%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	21,100	94%
Hospital RN Diploma	16	0%
Associate Degree	1,074	5%
Baccalaureate Degree	171	1%
Master's Degree	20	0%
Doctorate Degree	3	0%
Total	22,384	100%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 94% have an LPN/LVN diploma or certificate as their highest professional degree. More than two out of every five LPNs carry education debt, including 58% of those LPNs who are under the age of 40. The median outstanding balance among those LPNs with education debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	2,836	13%
No	19,419	87%
Total	22,255	100%
Degree Pursued	#	%
Associate	1,901	69%
Baccalaureate	692	25%
Masters	118	4%
Doctorate	39	1%
Total	2,750	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 LPN Diploma/Cert.: 94%
 Associate: 5%

Education Debt
 Carry Debt: 44%
 Under Age 40 w/ Debt: 58%
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LPNs		LPNs Under 40	
	#	%	#	%
None	10,200	56%	2,717	42%
Less than \$10,000	1,399	8%	669	10%
\$10,000-\$19,999	1,478	8%	702	11%
\$20,000-\$29,999	1,452	8%	748	12%
\$30,000-\$39,999	1,177	6%	545	8%
\$40,000-\$49,999	701	4%	355	5%
\$50,000-\$59,999	588	3%	269	4%
\$60,000-\$69,999	482	3%	191	3%
\$70,000-\$79,999	297	2%	107	2%
\$80,000-\$89,999	197	1%	71	1%
\$90,000-\$99,999	96	1%	34	1%
\$100,000-\$109,999	106	1%	44	1%
\$110,000-\$119,999	48	0%	9	0%
\$120,000 or More	122	1%	23	0%
Total	18,343	100%	6,484	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

LTC/Assisted Living:	15%
Geriatrics/Gerontology:	12%
Pediatrics:	6%

Secondary Specialty

LTC/Assisted Living:	13%
Geriatrics/Gerontology:	10%
Pediatrics:	5%

Licenses

Registered Nurse:	2%
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Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,215	15%	2,263	13%
Geriatrics/Gerontology	2,635	12%	1,780	10%
Pediatrics	1,347	6%	838	5%
Family Health	1,158	5%	589	3%
Psychiatric/Mental Health	681	3%	415	2%
Acute/Critical Care/Emergency/Trauma	619	3%	568	3%
Adult Health	474	2%	548	3%
Community Health/Public Health	307	1%	252	1%
Rehabilitation	294	1%	446	3%
Cardiology	280	1%	189	1%
Surgery/OR/Pre-, Peri- or Post-Operative	280	1%	153	1%
Women's Health/Gynecology	269	1%	193	1%
Administration/Management	267	1%	558	3%
Hospital/Float	258	1%	223	1%
Case Management	219	1%	173	1%
General Nursing/No Specialty	6,333	29%	5,460	32%
Other Specialty Area	2,881	13%	2,265	13%
Medical Specialties (Not Listed)	270	1%	183	1%
Total	21,787	100%	17,097	100%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 15% have a primary specialty in long-term care/assisted living/nursing homes. Another 12% of LPNs have a primary specialty in geriatrics/gerontology.

Other Licenses

License	#	% of Workforce
Registered Nurse	446	2%
Licensed Nurse Practitioner	29	<1%
Respiratory Therapist	25	<1%
Certified Massage Therapist	22	<1%
Clinical Nurse Specialist	13	<1%
Certified Nurse Midwife	5	<1%

Source: Va. Healthcare Workforce Data Center

In addition to being licensed as an LPN, 2% of LPNs also hold a license as a Registered Nurse.

A Closer Look:

Military Service		
Service?	#	%
Yes	1,119	5%
No	20,287	95%
Total	21,406	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	540	50%
Navy/Marine	390	36%
Air Force	133	12%
Other	19	2%
Total	1,083	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 5%

Branch of Service

Army: 50%

Navy/Marines: 36%

Air Force: 12%

Occupation

Army Health Care Spec.: 15%

Navy Basic Med. Tech.: 8%

Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

In total, 5% of Virginia's LPN workforce has served in the military. Half of these LPNs served in the Army, including 15% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	152	15%
Navy Basic Medical Technician (Navy HM0000)	85	8%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	32	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	7	1%
Other	771	74%
Total	1,047	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 89%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 69%
2 or More Positions: 12%

Weekly Hours

40 to 49: 53%
60 or More: 6%
Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	34	< 1%
Employed in a Nursing-Related Capacity	19,715	89%
Employed, NOT in a Nursing-Related Capacity	926	4%
Not Working, Reason Unknown	8	< 1%
Involuntarily Unemployed	107	1%
Voluntarily Unemployed	975	4%
Retired	404	2%
Total	22,169	100%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 89% are currently employed in the profession, 69% hold one full-time job, and 53% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	1,494	7%
1 to 9 Hours	295	1%
10 to 19 Hours	543	3%
20 to 29 Hours	1,246	6%
30 to 39 Hours	4,045	19%
40 to 49 Hours	11,249	53%
50 to 59 Hours	1,256	6%
60 to 69 Hours	520	2%
70 to 79 Hours	188	1%
80 or More Hours	525	2%
Total	21,361	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,494	7%
One Part-Time Position	2,630	12%
Two Part-Time Positions	490	2%
One Full-Time Position	14,960	69%
One Full-Time Position & One Part-Time Position	1,897	9%
Two Full-Time Positions	143	1%
More than Two Positions	158	1%
Total	21,772	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	245	2%
Less than \$20,000	585	4%
\$20,000-\$29,999	596	4%
\$30,000-\$39,999	1,428	9%
\$40,000-\$49,999	2,811	17%
\$50,000-\$59,999	3,555	22%
\$60,000-\$69,999	3,113	19%
\$70,000-\$79,999	1,888	12%
\$80,000-\$89,999	1,131	7%
\$90,000-\$99,999	407	3%
\$100,000 or More	579	4%
Total	16,338	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$50k-\$60k

Benefits
Health Insurance: 57%
Retirement: 53%

Satisfaction
Satisfied: 94%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	13,445	63%
Somewhat Satisfied	6,669	31%
Somewhat Dissatisfied	873	4%
Very Dissatisfied	339	2%
Total	21,326	100%

Source: Va. Healthcare Workforce Data Center

The typical LPN earns between \$50,000 and \$60,000 per year. In addition, three out of every four LPNs receive at least one employer-sponsored benefit, including 57% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	11,817	60%	61%
Health Insurance	11,195	57%	57%
Dental Insurance	10,981	56%	56%
Retirement	10,387	53%	53%
Group Life Insurance	7,604	39%	39%
Signing/Retention Bonus	2,397	12%	13%
At Least One Benefit	14,723	75%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	213	1%
Experience Voluntary Unemployment?	1,508	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	955	4%
Work Two or More Positions at the Same Time?	3,873	15%
Switch Employers or Practices?	2,014	8%
Experience at Least One?	7,370	28%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	679	3%	374	8%
Less than 6 Months	1,742	9%	682	15%
6 Months to 1 Year	2,487	12%	855	18%
1 to 2 Years	4,682	23%	1,044	22%
3 to 5 Years	4,334	21%	840	18%
6 to 10 Years	2,912	14%	383	8%
More than 10 Years	3,624	18%	512	11%
Subtotal	20,460	100%	4,689	100%
Did Not Have Location	1,192		21,333	
Item Missing	4,674		304	
Total	26,326		26,326	

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs receive an hourly wage at their primary work location, while 15% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 8%
New Location: 28%
Over 2 Years: 53%
Over 2 Yrs., 2nd Location: 37%

Employment Type

Hourly Wage: 81%
Salary: 15%

Source: Va. Healthcare Workforce Data Center

More than half of all LPNs have worked at their primary work location for more than two years.

Employment Type

Primary Work Site	#	%
Salary	1,962	15%
Hourly Wage	10,597	81%
By Contract/Per Diem	395	3%
Business/Contractor Income	65	0%
Unpaid	108	1%
Subtotal	13,126	100%
Did Not Have Location	1,192	
Item Missing	12,008	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate for August 2024 was still preliminary, and the unemployment rate for September 2024 had not yet been released.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	61%
Lowest Region:	2%

Locations

2 or More (Past Year):	23%
2 or More (Now*):	20%

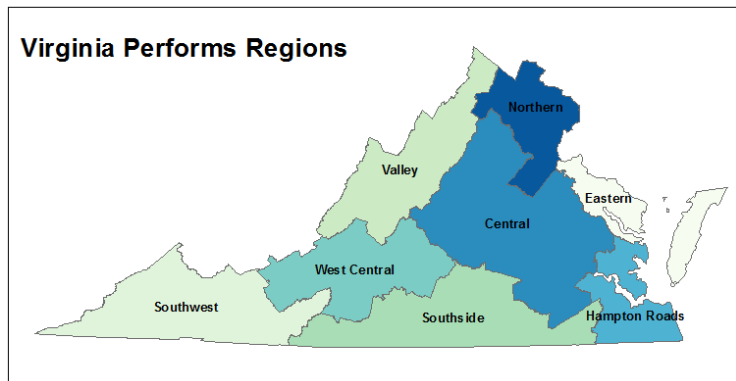
Source: Va. Healthcare Workforce Data Center

More than three out of every five LPNs work in Hampton Roads, Central Virginia, or Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	4,369	22%	1,012	21%
Eastern	500	2%	110	2%
Hampton Roads	4,583	23%	1,126	24%
Northern	3,281	16%	878	19%
Southside	1,338	7%	298	6%
Southwest	1,857	9%	304	6%
Valley	1,529	8%	278	6%
West Central	2,578	13%	565	12%
Virginia Border State/D.C.	51	0%	27	1%
Other U.S. State	72	0%	131	3%
Outside of the U.S.	0	0%	5	0%
Total	20,158	100%	4,734	100%
Item Missing	4,976		261	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all LPNs, 20% currently have multiple work locations, while 23% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	953	5%	1,479	7%
1	15,447	72%	15,531	73%
2	2,972	14%	2,816	13%
3	1,685	8%	1,419	7%
4	117	1%	36	0%
5	49	0%	14	0%
6 or More	134	1%	61	0%
Total	21,357	100%	21,357	100%

*At the time of survey completion (Oct. 2023-Sept. 2024, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	11,477	60%	2,831	67%
Non-Profit	4,235	22%	826	19%
State/Local Government	2,357	12%	481	11%
Veteran's Administration	449	2%	45	1%
U.S. Military	222	1%	27	1%
Other Federal Government	279	1%	38	1%
Total	19,019	100%	4,248	100%
Did Not Have Location	1,192		21,333	
Item Missing	6,115		745	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

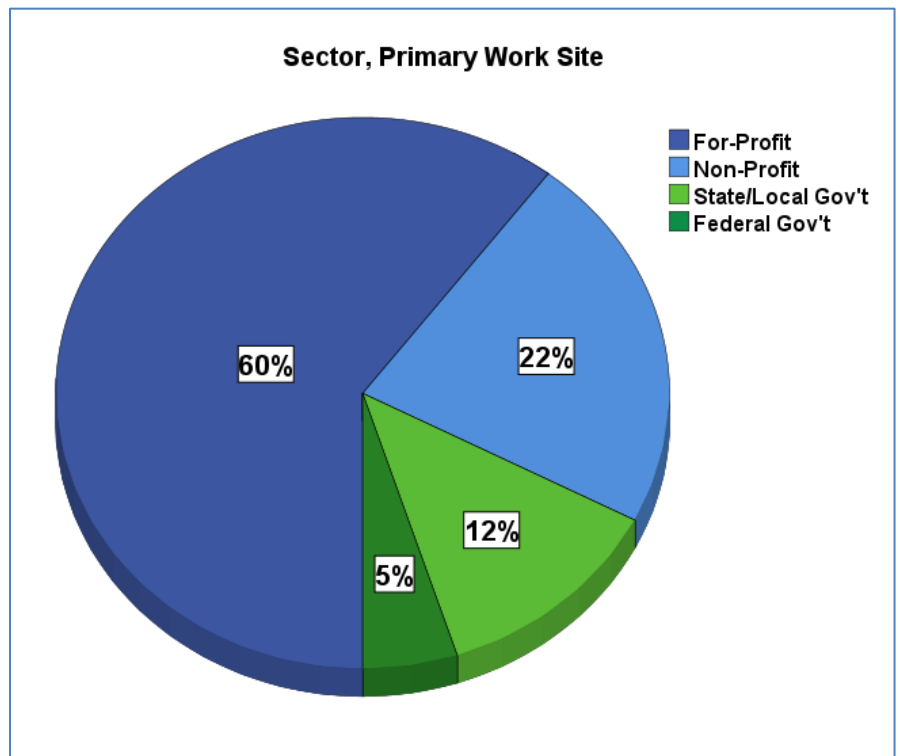
For-Profit:	60%
Federal:	5%

Top Establishments

LTC/Nursing Home:	28%
Clinic, Primary Care:	13%
Home Health Care:	11%

Source: Va. Healthcare Workforce Data Center

Three out of every five LPNs work in the for-profit sector, while another 22% work in the non-profit sector.



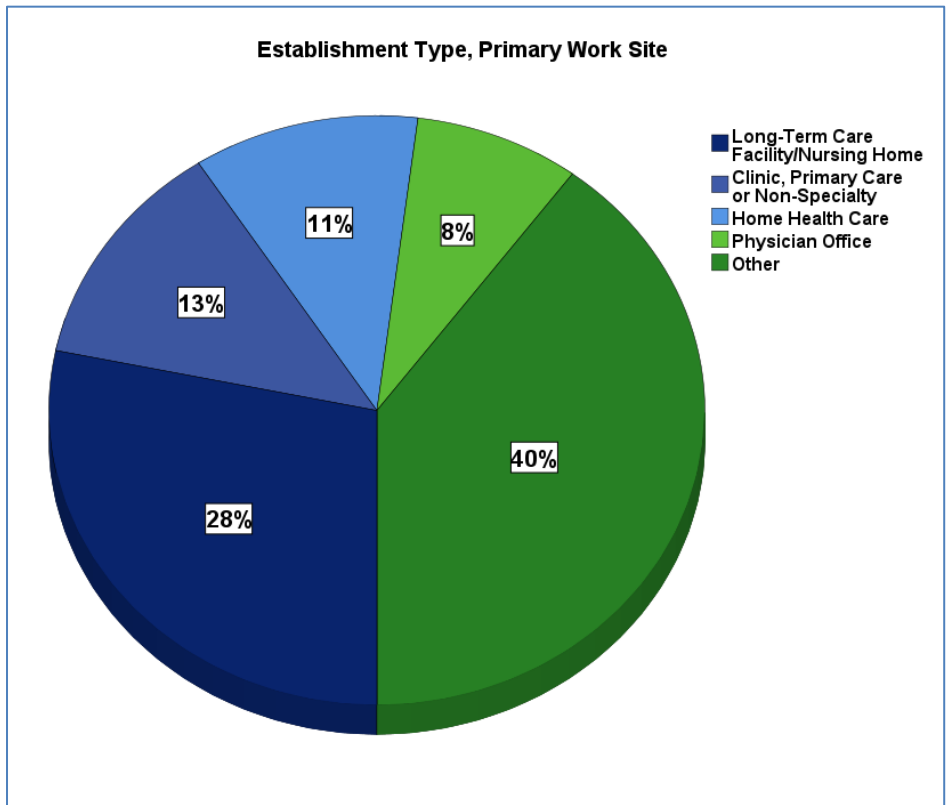
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Long-Term Care Facility/Nursing Home	5,305	28%	1,412	35%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	2,361	13%	351	9%
Home Health Care	2,095	11%	645	16%
Physician Office	1,533	8%	170	4%
Hospital, Inpatient Department	1,056	6%	196	5%
Corrections/Jail	736	4%	196	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	675	4%	119	3%
Rehabilitation Facility	633	3%	128	3%
School (Providing Care to Students)	506	3%	76	2%
Other Practice Setting	3,871	21%	791	19%
Total	18,771	100%	4,084	100%
Did Not Have a Location	1,192		21,333	

More than one-quarter of all LPNs work at a long-term care facility or nursing home, while another 13% work at either a primary care or non-specialty clinic.

Source: Va. Healthcare Workforce Data Center

Among those LPNs who also have a secondary work location, 35% work at a long-term care facility or nursing home, while 16% work at a home health care establishment.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	21%
French:	10%
Chinese:	9%

Means of Communication

Virtual Translation:	61%
Other Staff Member:	27%
Onsite Translation:	25%

Source: Va. Healthcare Workforce Data Center

Among all LPNs, 21% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	5,608	21%
French	2,510	10%
Chinese	2,449	9%
Arabic	2,350	9%
Korean	2,279	9%
Vietnamese	2,201	8%
Tagalog/Filipino	2,104	8%
Hindi	2,035	8%
Persian	1,855	7%
Pashto	1,712	7%
Amharic, Somali, or Other Afro-Asiatic Languages	1,705	6%
Urdu	1,687	6%
Others	1,129	4%
At Least One Language	6,599	25%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	4,032	61%
Other Staff Member is Proficient	1,806	27%
Onsite Translation Service	1,626	25%
Respondent is Proficient	972	15%
Other	399	6%

Source: Va. Healthcare Workforce Data Center

Among LPNs who are employed at a primary work location that offers language services for patients, 61% offer these services by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

Patient Care: 66%

Administrative: 7%

Supervisory: 3%

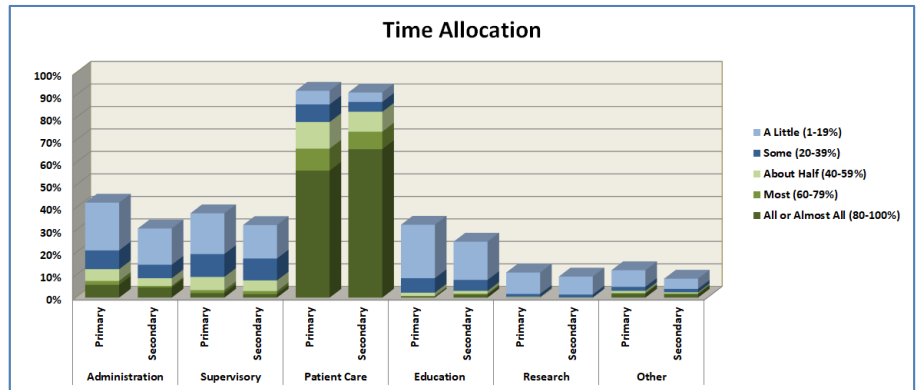
Patient Care LPNs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



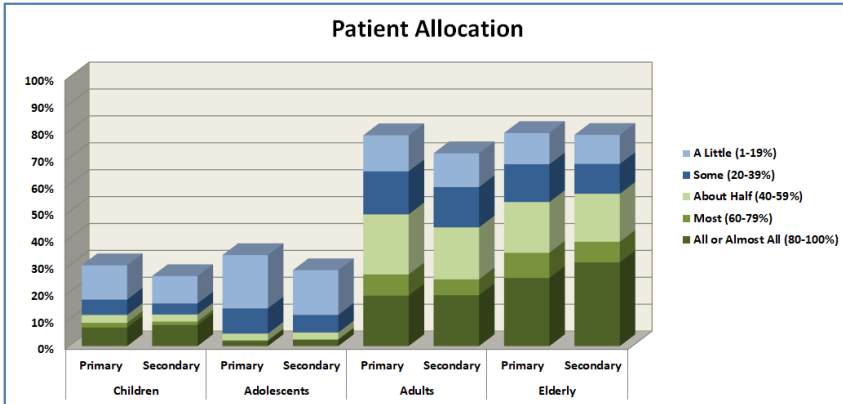
Source: Va. Healthcare Workforce Data Center

LPNs typically spend most of their time on patient care activities. In fact, 66% of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	6%	5%	2%	2%	56%	66%	0%	1%	0%	0%	2%	1%
Most (60-79%)	2%	1%	1%	1%	10%	8%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	5%	3%	6%	5%	12%	9%	1%	1%	0%	0%	1%	1%
Some (20-39%)	8%	6%	10%	10%	8%	4%	6%	5%	1%	1%	2%	2%
A Little (1-19%)	21%	16%	18%	15%	6%	4%	24%	17%	10%	8%	7%	5%
None (0%)	58%	69%	62%	68%	8%	9%	68%	75%	89%	91%	88%	92%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LPNs typically devote most of their time to treating adults and the elderly. More than one-third of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly.

**At a Glance:
(Primary Locations)**

Typical Patient Allocation

Children: 0%
 Adolescents: 0%
 Adults: 30%-39%
 Elderly: 40%-49%

Roles

Children: 9%
 Adolescents: 2%
 Adults: 27%
 Elderly: 35%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	7%	8%	2%	2%	19%	19%	25%	31%
Most (60-79%)	2%	1%	0%	0%	8%	6%	9%	8%
About Half (40-59%)	3%	3%	2%	3%	22%	19%	19%	18%
Some (20-39%)	6%	4%	9%	7%	16%	15%	14%	11%
A Little (1-19%)	13%	10%	20%	17%	13%	13%	12%	11%
None (0%)	70%	74%	66%	72%	22%	28%	21%	21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs 50 and Over	
	#	%	#	%
Under Age 50	470	3%	-	-
50 to 54	480	3%	27	0%
55 to 59	999	6%	199	3%
60 to 64	3,791	21%	1,333	19%
65 to 69	7,034	40%	3,110	45%
70 to 74	2,636	15%	1,373	20%
75 to 79	683	4%	332	5%
80 or Over	362	2%	138	2%
I Do Not Intend to Retire	1,314	7%	475	7%
Total	17,769	100%	6,987	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65: 32%
Under 60: 11%

LPNs 50 and Over

Under 65: 22%
Under 60: 3%

Time Until Retirement

Within 2 Years: 6%
Within 10 Years: 21%
Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

*Among all LPNs, 32% expect to retire by the age of 65.
Among LPNs who are age 50 and over, 22% expect to retire by the age of 65.*

Within the next two years, 26% of LPNs expect to pursue additional educational opportunities, and 9% expect to increase their patient care hours.

Future Plans

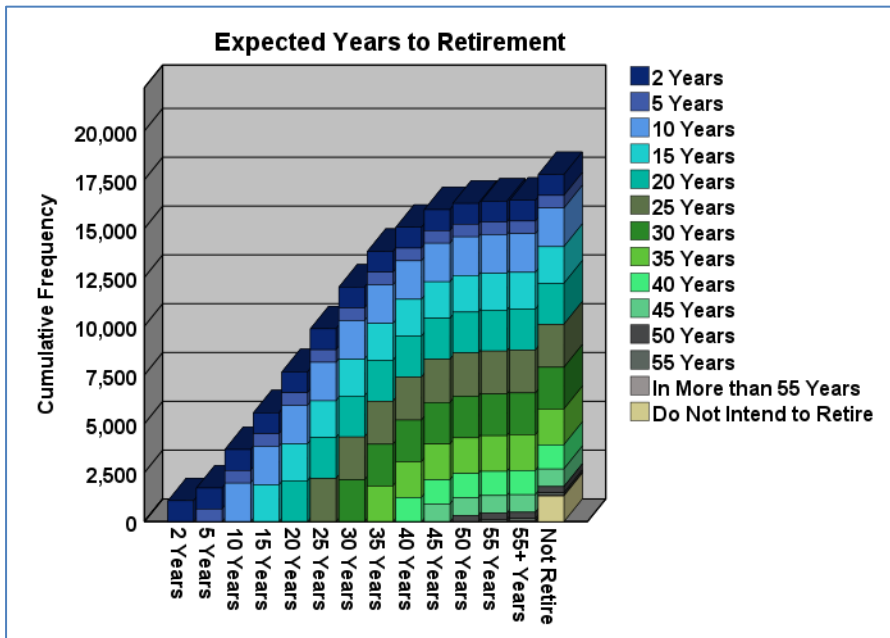
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	538	2%
Leave Virginia	690	3%
Decrease Patient Care Hours	1,551	6%
Decrease Teaching Hours	40	<1%
Increase Participation		
Increase Patient Care Hours	2,486	9%
Increase Teaching Hours	535	2%
Pursue Additional Education	6,748	26%
Return to the Workforce	483	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. While 6% of LPNs expect to retire in the next two years, 21% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	1,066	6%	6%
5 Years	649	4%	10%
10 Years	1,974	11%	21%
15 Years	1,880	11%	31%
20 Years	2,096	12%	43%
25 Years	2,205	12%	56%
30 Years	2,134	12%	68%
35 Years	1,829	10%	78%
40 Years	1,236	7%	85%
45 Years	906	5%	90%
50 Years	322	2%	92%
55 Years	107	1%	92%
In More than 55 Years	51	0%	93%
Do Not Intend to Retire	1,314	7%	100%
Total	17,769	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2034. Retirement will peak at 12% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2064.

At a Glance:

FTEs

Total: 23,632
 FTEs/1,000 Residents²: 2.72
 Average: 0.94

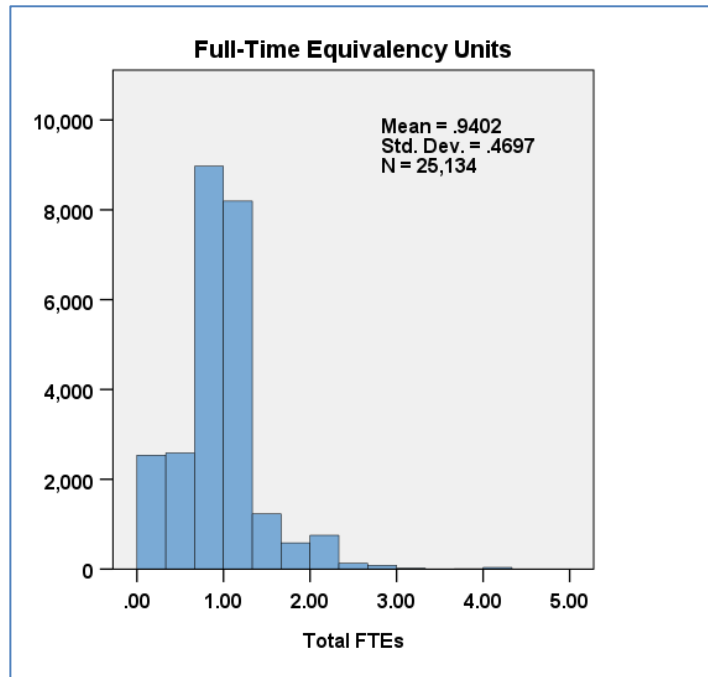
Age & Gender Effect

Age, *Partial Eta*²: Negligible
 Gender, *Partial Eta*²: None

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

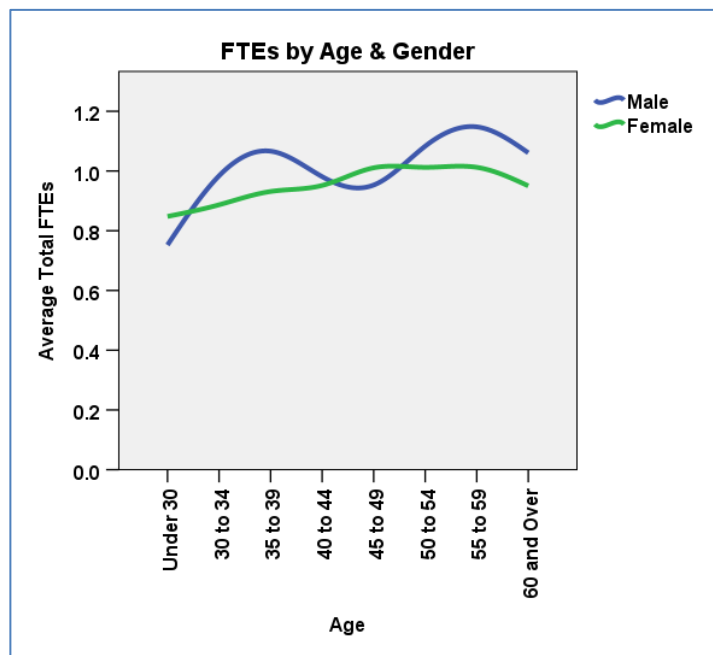


Source: Va. Healthcare Workforce Data Center

The typical (median) LPN provided 0.94 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.84	0.82
30 to 34	0.88	0.90
35 to 39	0.93	0.95
40 to 44	0.93	0.93
45 to 49	0.98	0.96
50 to 54	1.00	0.96
55 to 59	1.02	1.01
60 and Over	0.93	0.83
Gender		
Male	1.02	1.01
Female	0.95	0.96

Source: Va. Healthcare Workforce Data Center

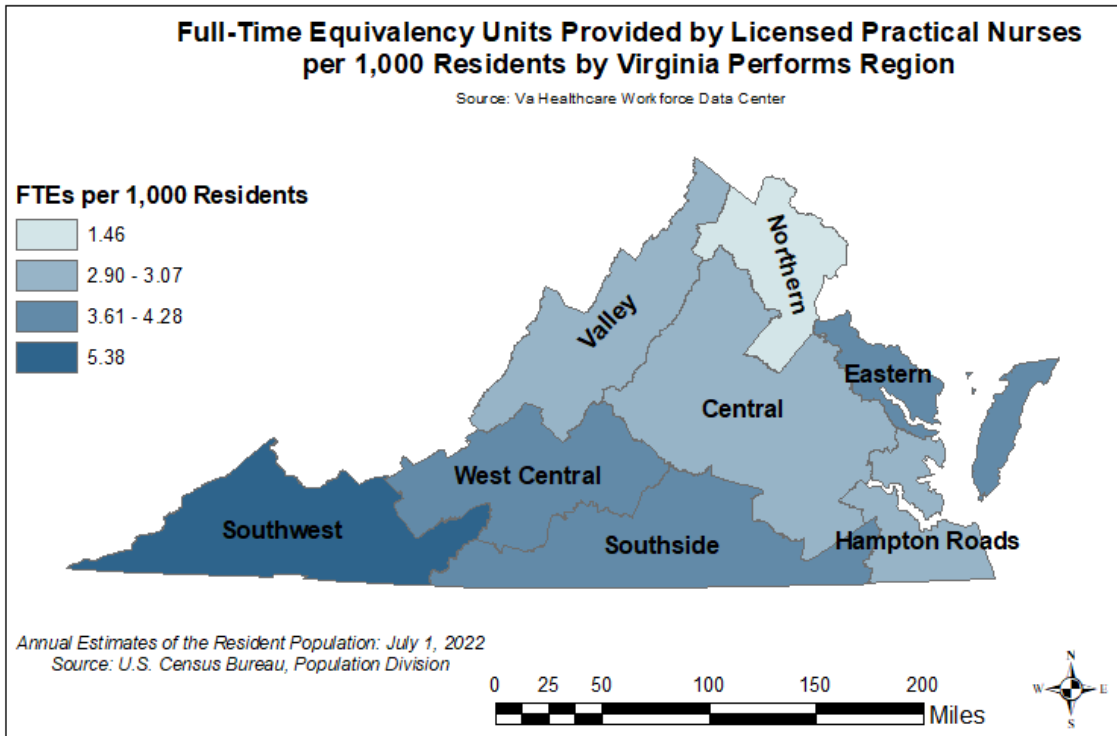
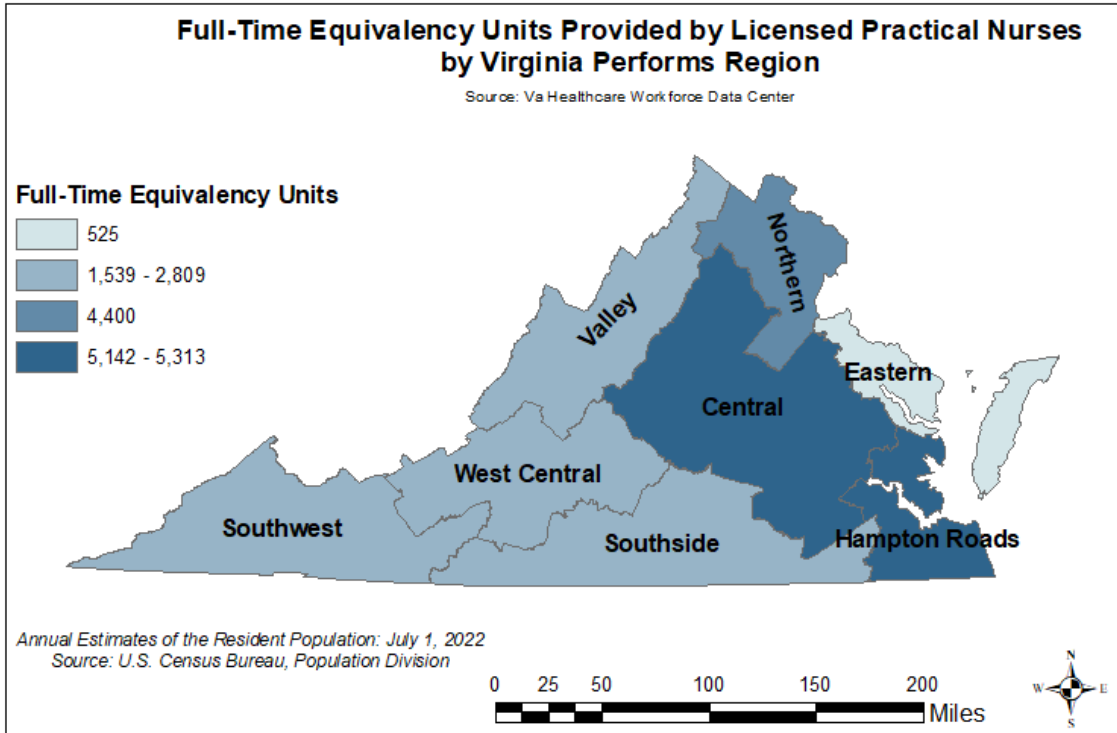


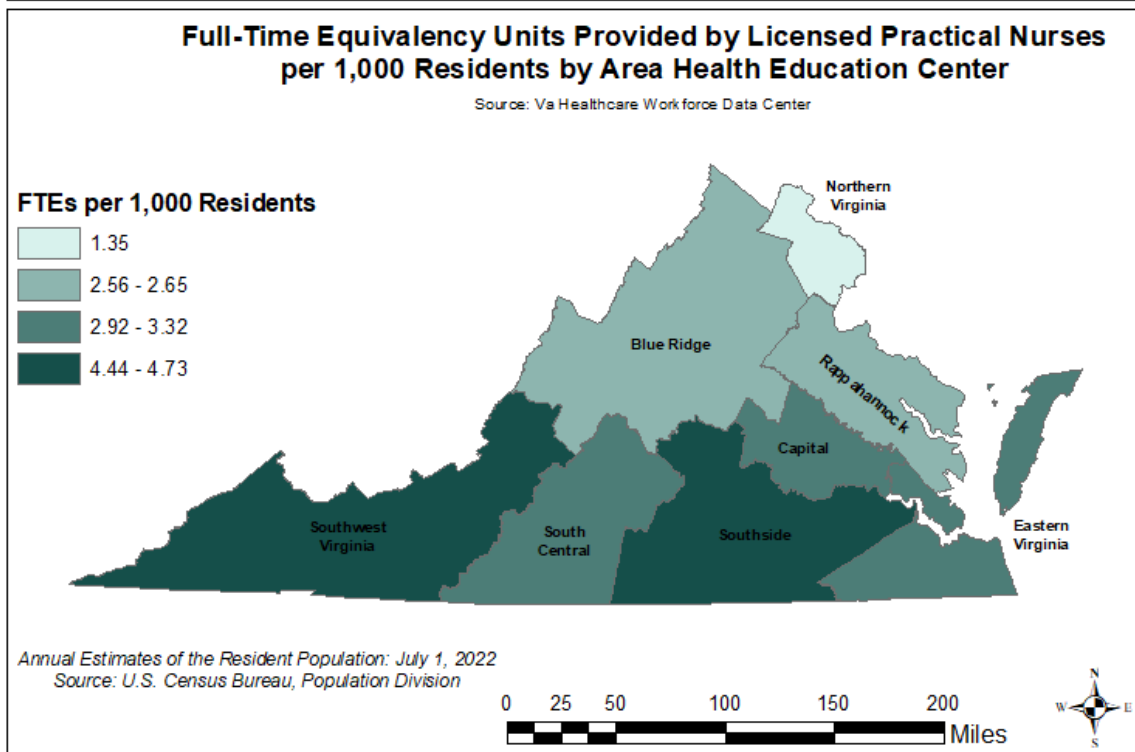
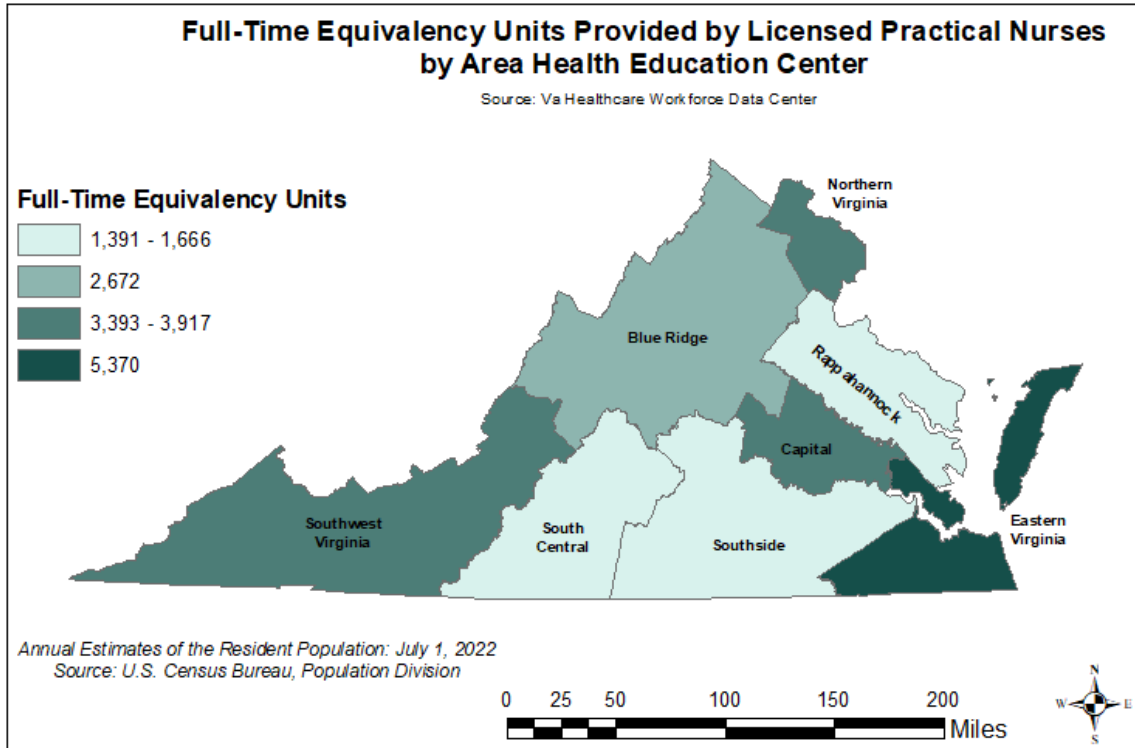
Source: Va. Healthcare Workforce Data Center

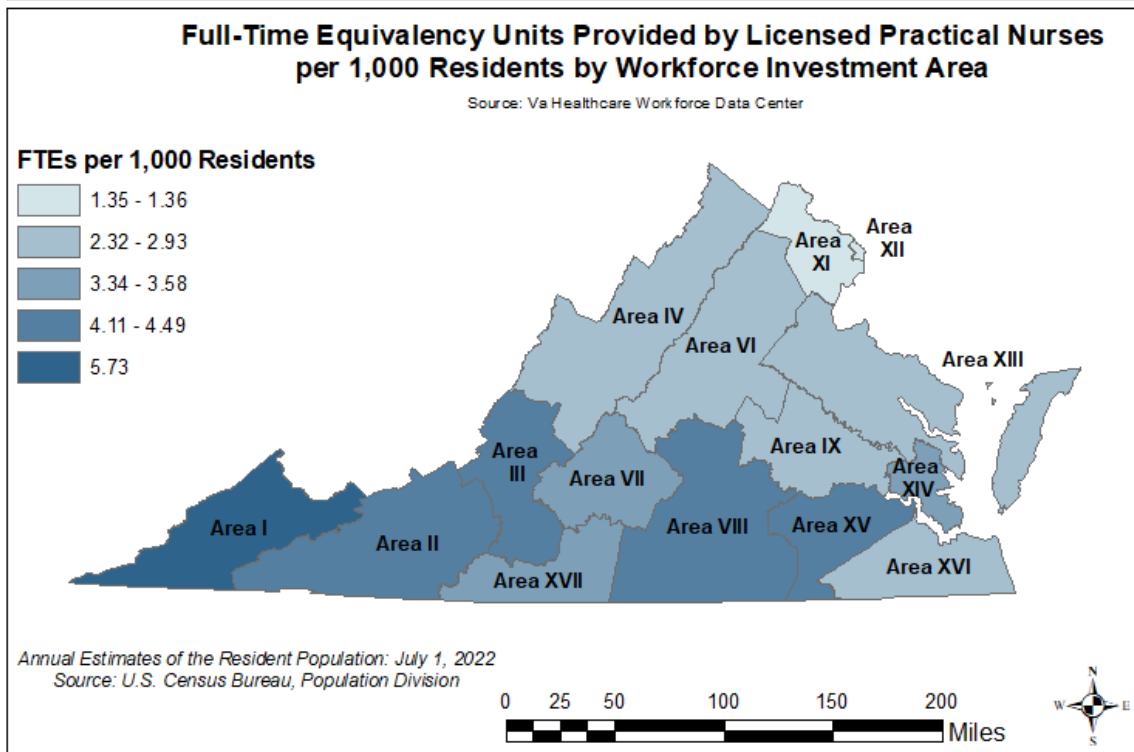
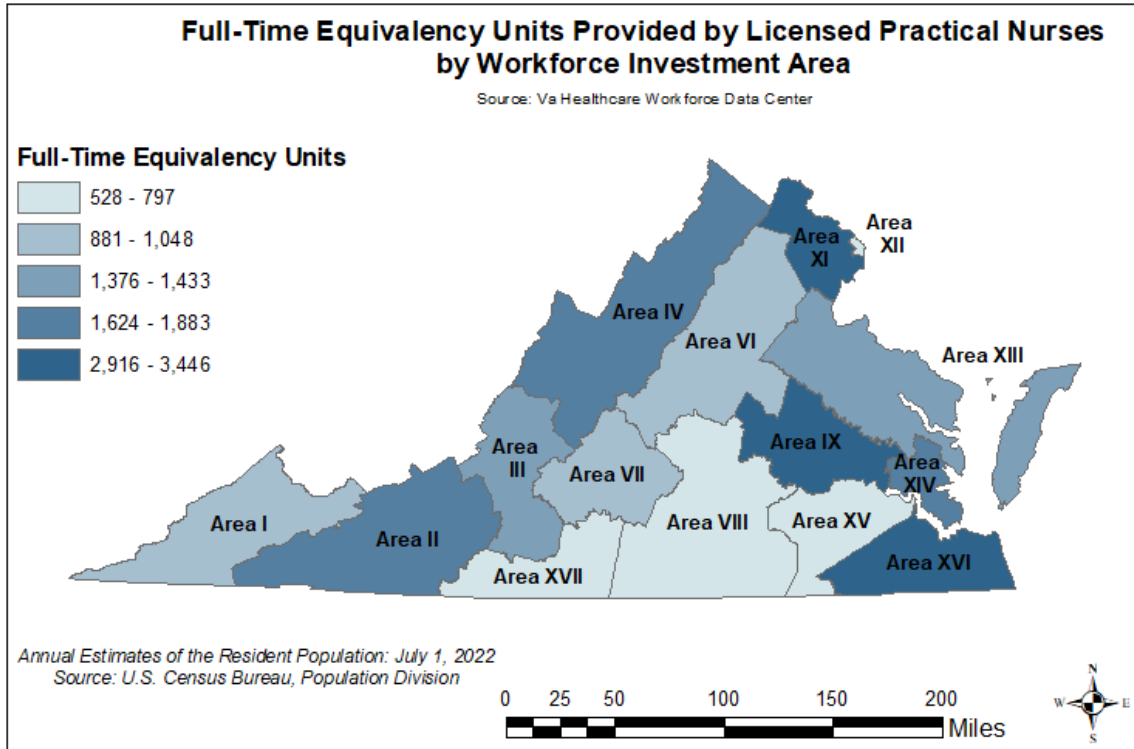
² Number of residents in 2022 was used as the denominator.

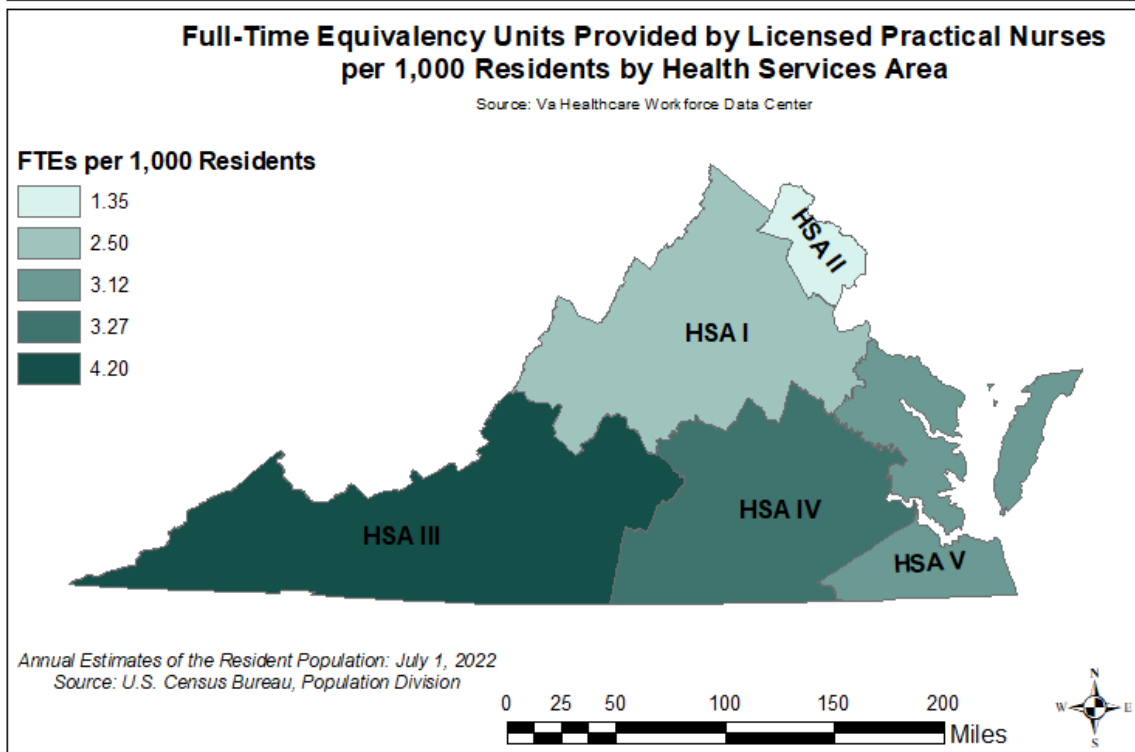
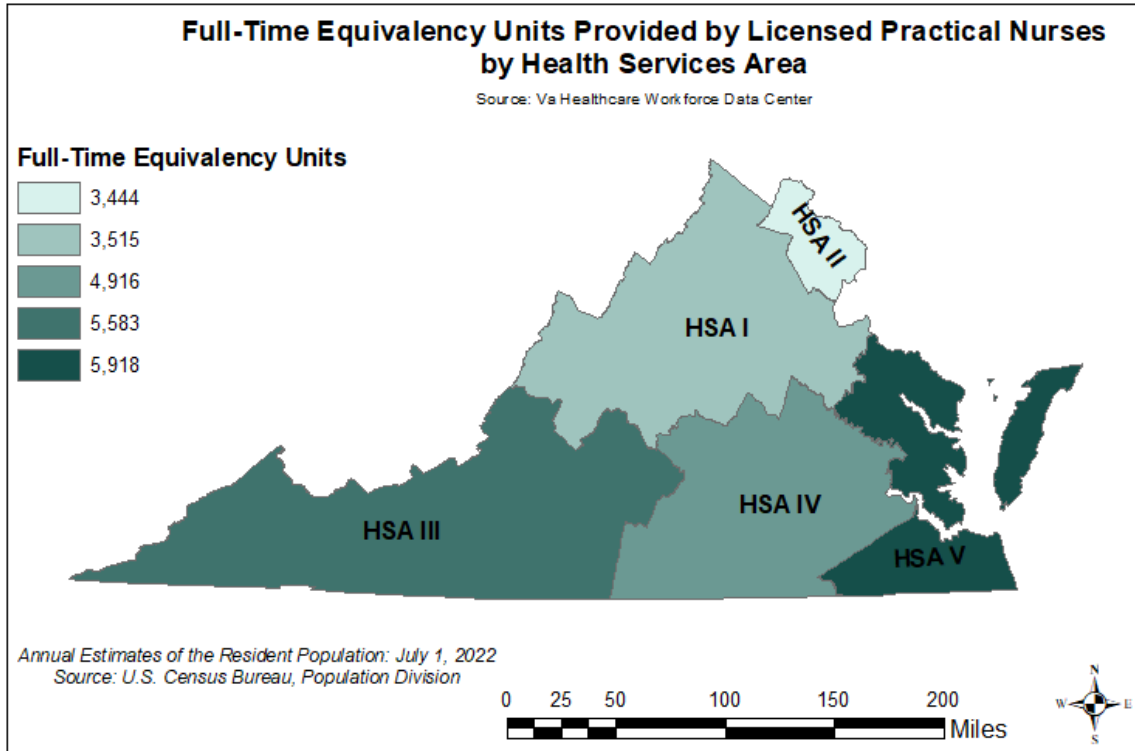
³ Due to assumption violations in Mixed between-within ANOVA (Interaction effect was significant).

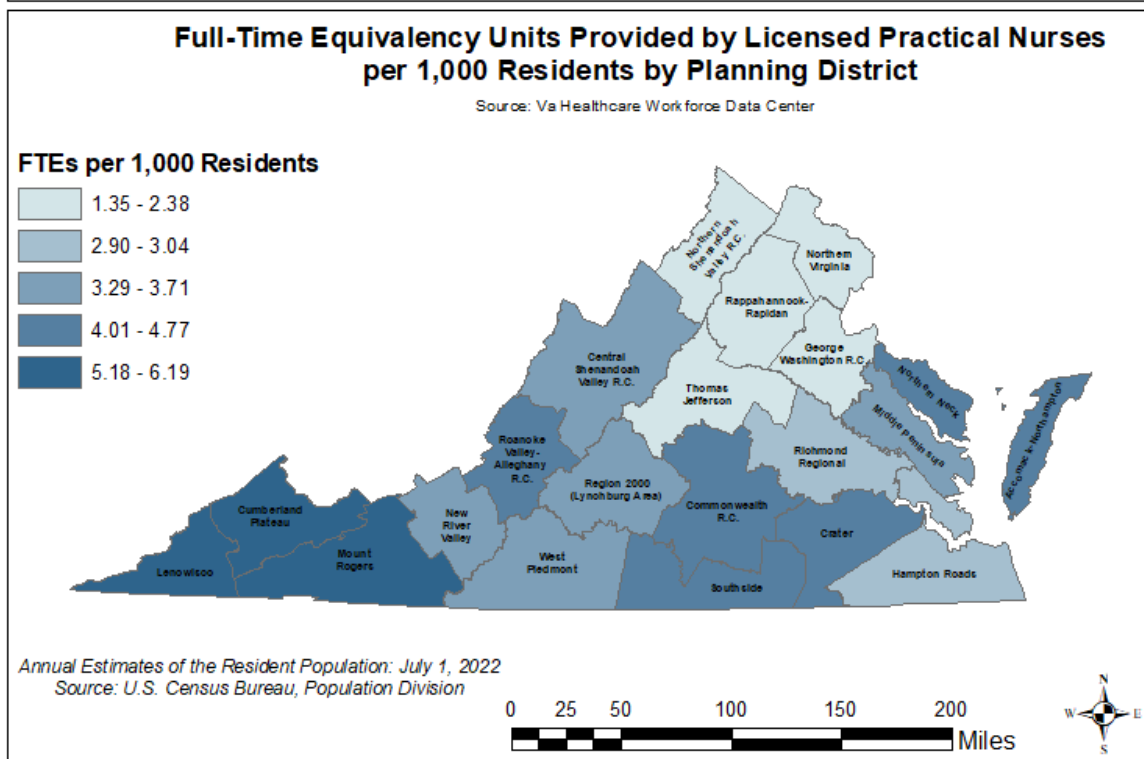
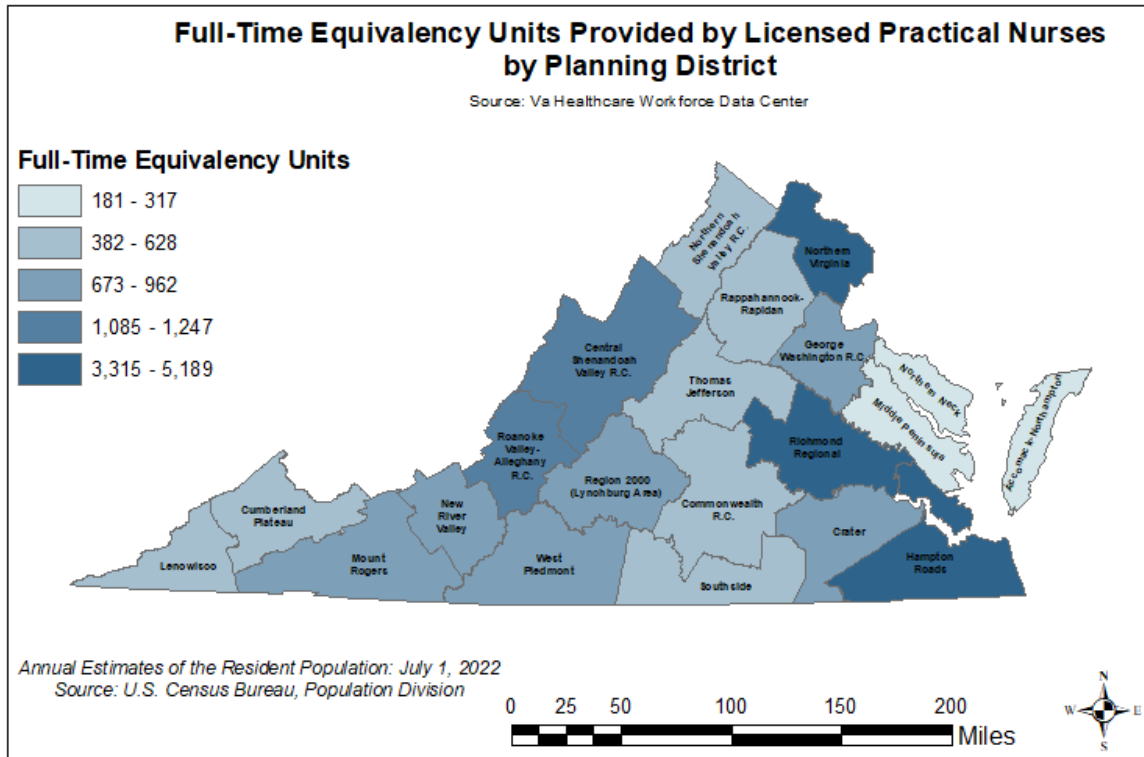
Virginia Performs Regions











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	16,154	39.06%	2.560	2.128	3.749
Metro, 250,000 to 1 Million	2,771	40.89%	2.446	2.032	3.581
Metro, 250,000 or Less	2,370	39.87%	2.508	2.084	3.672
Urban, Pop. 20,000+, Metro Adj.	794	41.31%	2.421	2.011	3.545
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	1,957	42.41%	2.358	1.959	3.452
Urban, Pop. 2,500-19,999, Non-Adj.	1,527	41.13%	2.432	2.020	3.560
Rural, Metro Adj.	1,151	42.05%	2.378	1.976	3.482
Rural, Non-Adj.	670	39.70%	2.519	2.093	3.688
Virginia Border State/D.C.	501	35.53%	2.815	2.339	4.121
Other U.S. State	1,074	32.77%	3.051	2.535	4.468

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	2,722	27.00%	3.703	3.452	4.468
30 to 34	2,958	39.89%	2.507	2.337	3.024
35 to 39	3,540	36.07%	2.772	2.584	3.344
40 to 44	3,640	43.60%	2.294	2.138	2.767
45 to 49	3,430	38.92%	2.569	2.395	3.099
50 to 54	3,352	47.58%	2.102	1.959	2.535
55 to 59	3,026	38.53%	2.595	2.419	3.131
60 and Over	6,302	40.92%	2.444	2.278	2.948

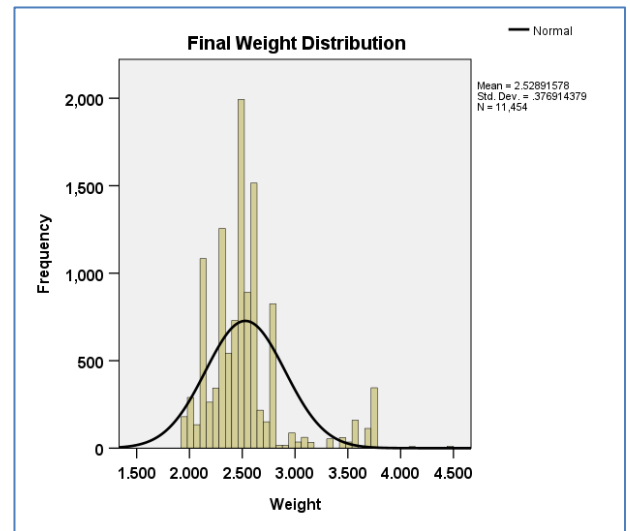
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HhealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.395375



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Registered Nurse Workforce: 2024

Healthcare Workforce Data Center

October 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 52,000 Registered Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Nursing

President

Cynthia M. Swineford, MSN, RN, CNE
Disputanta

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Reston

Shantell L. Kinchen, LPN
Richmond

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Roanoke

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Concord

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Lynchburg

Robert Scott, RN
Hanover

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Jodi Zehr, RN
Rustburg

Executive Director

Claire Morris, RN, LNHA

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The Registered Nurse Workforce At a Glance:

The Workforce

Licensees: 130,126
Virginia's Workforce: 109,670
FTEs: 91,394

Background

Rural Childhood: 36%
HS Degree in VA: 59%
Prof. Degree in VA: 70%

Current Employment

Employed in Prof.: 91%
Hold 1 Full-Time Job: 68%
Satisfied?: 94%

Survey Response Rate

All Licensees: 40%
Renewing Practitioners: 96%

Education

Baccalaureate: 51%
Associate: 24%

Job Turnover

Switched Jobs: 7%
Employed Over 2 Yrs.: 58%

Demographics

Female: 92%
Diversity Index: 46%
Median Age: 44

Finances

Median Income: \$80k-\$90k
Health Insurance: 65%
Under 40 w/ Ed. Debt: 57%

Time Allocation

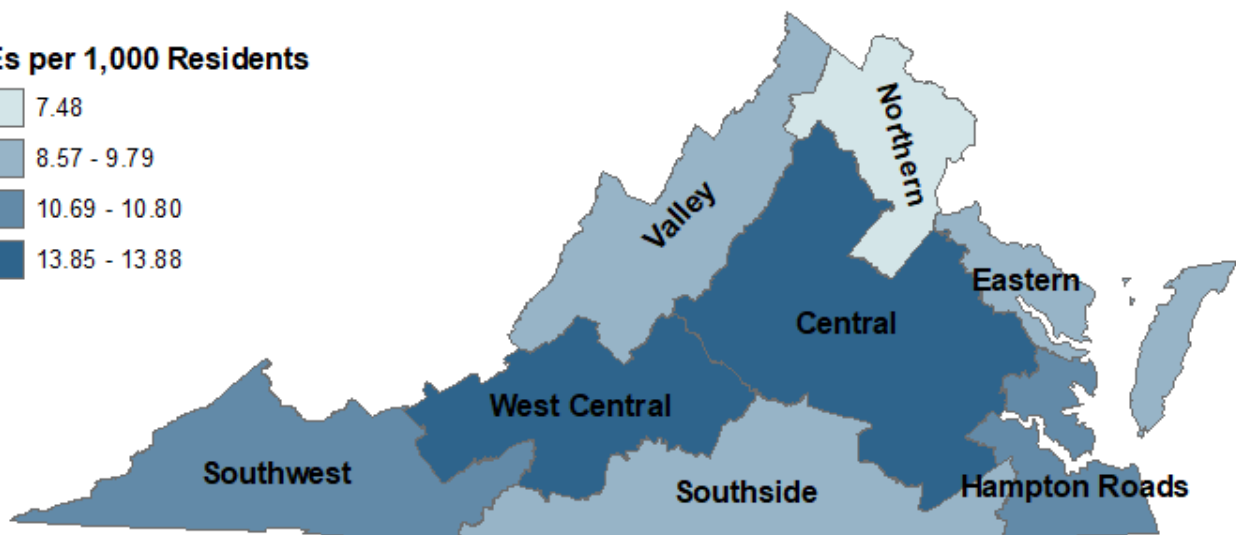
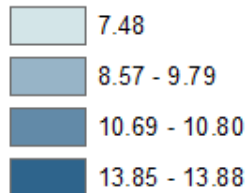
Patient Care: 80%-89%
Patient Care Role: 67%
Admin. Role: 7%

Source: Va. Healthcare Workforce Data Center

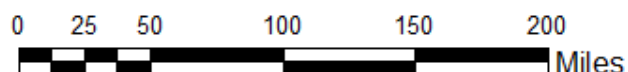
Full-Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Registered Nurse (RN) survey. Among all licensed RNs, 51,918 voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs have access to the survey in a given year. These survey respondents represent 40% of the 130,126 RNs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 109,670 RNs participated in Virginia's workforce during the survey period, which is defined as those RNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 91,394 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks).

More than nine out of every ten RNs are female, and the median age of this workforce is 44. In a random encounter between two RNs, there is a 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 50% for those RNs who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Among all RNs, 36% grew up in a rural area, and 20% of RNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all RNs work in a non-metro area of the state. In addition, 6% of Virginia's RNs served in the military. Among RNs who served in the military, 39% served in the Army and 38% served in either the Navy or the Marines.

Among all RNs, 91% are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week. Nearly half of all RNs are employed in the non-profit sector, while another 41% are employed in the for-profit sector. The median annual income for Virginia's RN workforce is between \$80,000 and \$90,000, and 63% of RNs receive this income as an hourly wage. Among wage or salaried RNs, 80% receive at least one employer-sponsored benefit, including 65% who have access to health insurance. More than 9 in 10 RNs indicated that they are satisfied with their current employment situation, including 57% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 RN workforce. The number of licensed RNs in Virginia has increased by 29% (130,126 vs. 100,766). In addition, the size of Virginia's RN workforce has increased by 32% (109,670 vs. 82,998), and the number of FTEs provided by this workforce has grown by 27% (91,394 vs. 72,089). A higher percentage of Virginia's renewing RNs responded to this survey (96% vs. 85%).

The percentage of the RN workforce that is female has fallen (92% vs. 94%), and the median age of this workforce has declined (44 vs. 48). The diversity index of Virginia's RN workforce has increased (46% vs. 35%), and this is also the case among RNs who are under the age of 40 (50% vs. 40%). RNs are less likely to have grown up in a rural area (36% vs. 38%), but RNs who grew up in a rural area are more likely to work in a non-metro area (20% vs. 19%). However, the percentage of all RNs who work in a non-metro area of the state has fallen slightly (9% vs. 10%).

RNs are more likely to hold a baccalaureate degree (51% vs. 40%) instead of an associate degree (24% vs. 34%) as their highest professional degree. At the same time, RNs are also more likely to carry education debt (43% vs. 34%), and the median outstanding balance among RNs with education debt has increased (\$30k-\$40k vs. \$20k-\$30k).

Virginia's RNs are more likely to be employed in the profession (91% vs. 88%), hold one full-time job (68% vs. 67%), and work between 40 and 49 hours per week (40% vs. 38%). At the same time, RNs are less likely to have been employed at their primary work location for more than two years (58% vs. 65%). The median annual income of Virginia's RN workforce has increased (\$80k-\$90k vs. \$50k-\$60k), and RNs are relatively more likely to receive this income as a salary (31% vs. 29%) than as an hourly wage (63% vs. 67%). The percentage of RNs who indicated that they are satisfied with their current work situation has increased (94% vs. 92%), although a slightly smaller percentage indicated that they are "very satisfied" (57% vs. 58%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	54,780	42%
New Licensees	8,630	7%
Non-Renewals	6,974	5%
Renewal Date Not in Survey Period	58,501	45%
All Licensees	130,126	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing RNs, 96% submitted a survey. This represents 40% of the 130,126 RNs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	11,943	4,640	28%
30 to 34	9,572	6,957	42%
35 to 39	11,141	6,194	36%
40 to 44	8,023	7,055	47%
45 to 49	7,839	4,713	38%
50 to 54	6,416	6,045	49%
55 to 59	6,731	4,374	39%
60 and Over	16,543	11,940	42%
Total	78,208	51,918	40%
New Licenses			
Issued in Past Year	8,614	16	0%
Metro Status			
Non-Metro	8,698	6,314	42%
Metro	58,778	41,203	41%
Not in Virginia	10,728	4,401	29%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2023 and September 2024 on the birth month of each renewing practitioner.
- 2. Target Population:** All RNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	51,918
Response Rate, All Licensees	40%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Nurses
 Number: 130,126
 New: 7%
 Not Renewed: 5%

Response Rates
 All Licensees: 40%
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's RN Workforce: 109,670
 FTEs: 91,394

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.42
 Workers per FTE: 1.20

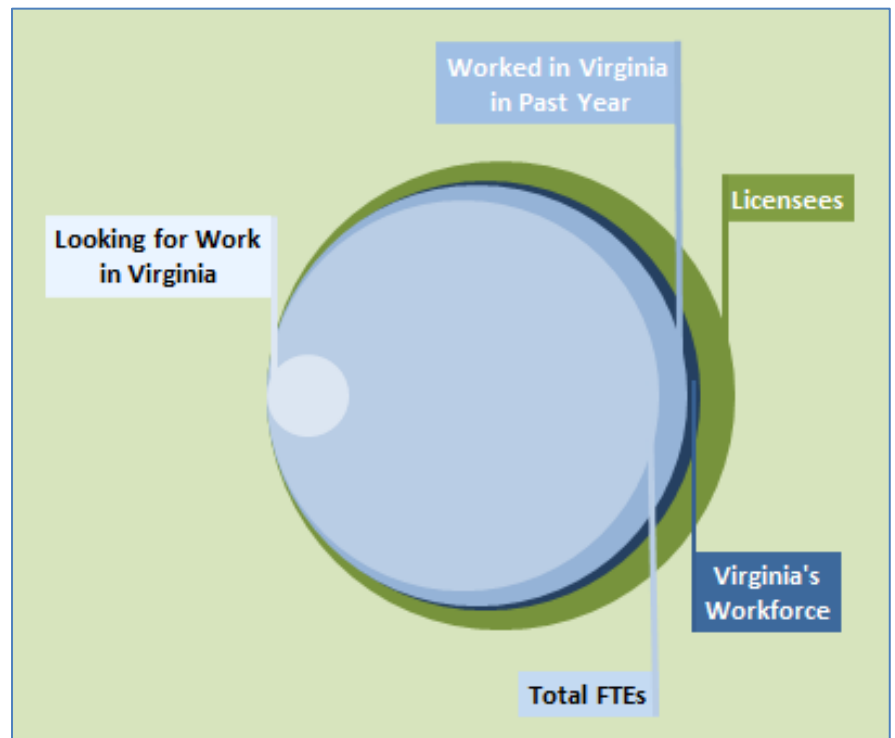
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey time frame or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RN Workforce		
Status	#	%
Worked in Virginia in Past Year	105,482	96%
Looking for Work in Virginia	4,188	4%
Virginia's Workforce	109,670	100%
Total FTEs	91,394	
Licensees	130,126	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	997	7%	12,888	93%	13,885	14%
30 to 34	1,168	9%	12,190	91%	13,358	14%
35 to 39	1,169	9%	12,374	91%	13,543	14%
40 to 44	1,053	9%	10,618	91%	11,671	12%
45 to 49	791	8%	8,633	92%	9,424	10%
50 to 54	842	9%	8,471	91%	9,313	10%
55 to 59	614	8%	7,464	92%	8,077	8%
60 and Over	1,105	6%	16,532	94%	17,638	18%
Total	7,739	8%	89,170	92%	96,909	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	59%	70,334	71%	28,487	69%
Black	18%	12,832	13%	4,683	11%
Asian	7%	7,153	7%	3,528	9%
Other Race	1%	888	1%	330	1%
Two or More Races	5%	2,783	3%	1,549	4%
Hispanic	10%	4,447	5%	2,675	6%
Total	100%	98,437	100%	41,252	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 92%
% Under 40 Female: 92%

Age

Median Age: 44
% Under 40: 42%
% 55 and Over: 27%

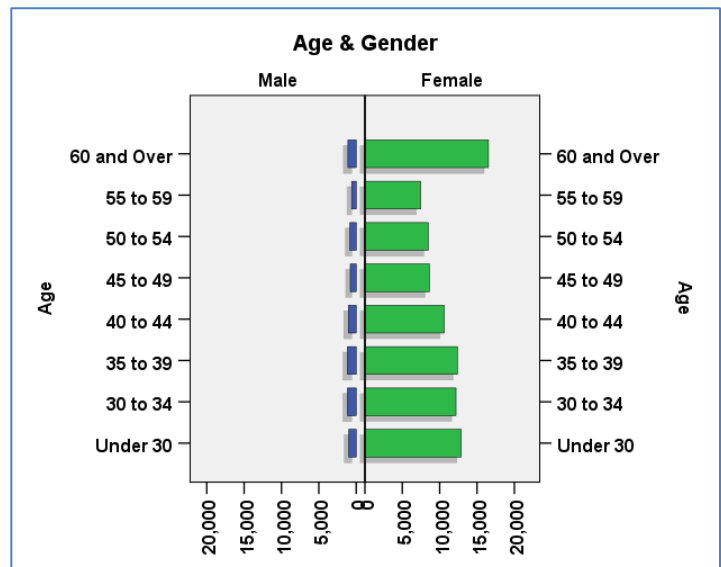
Diversity

Diversity Index: 46%
Under 40 Div. Index: 50%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RNs, there is a 46% chance that they would be of different races or ethnicities (a measure known as the diversity index), compared to a 60% chance for Virginia's population as a whole.

More than two out of every five RNs are under the age of 40. Among RNs who are under the age of 40, 92% are female. In addition, the diversity index among RNs who are under the age of 40 is 50%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 36%

Virginia Background

HS in Virginia: 59%
 Prof. Edu. in VA: 70%
 HS or Prof. Edu. in VA: 73%

Location Choice

% Rural to Non-Metro: 20%
 % Urban/Suburban to Non-Metro: 3%

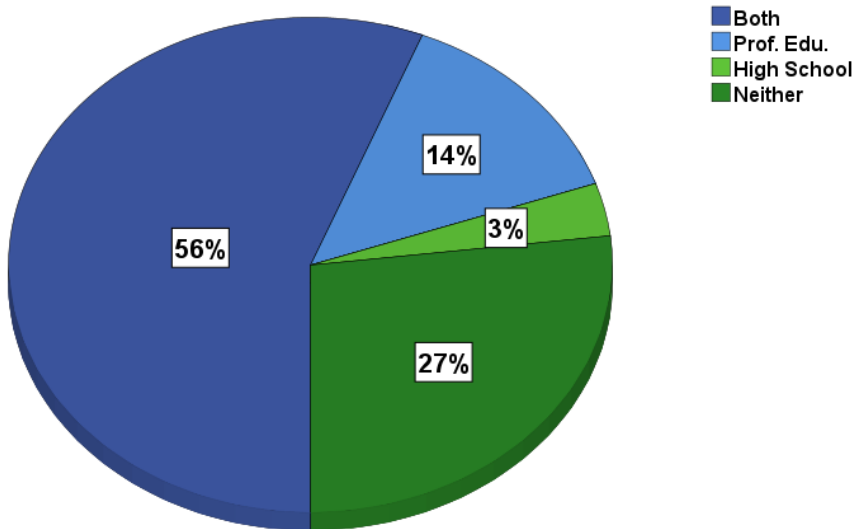
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	24%	59%	17%
2	Metro, 250,000 to 1 Million	53%	38%	9%
3	Metro, 250,000 or Less	52%	40%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	74%	17%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	76%	19%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	91%	7%	2%
8	Rural, Metro Adjacent	76%	19%	5%
9	Rural, Non-Adjacent	66%	26%	9%
Overall		36%	50%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-third of all RNs grew up in a self-described rural area, and 20% of RNs who grew up in a rural area currently work in a non-metro county. In total, 9% of all RNs currently work in a non-metro county.

Top Ten States for Registered Nurse Recruitment

Rank	All Registered Nurses			
	High School	#	Init. Prof. Degree	#
1	Virginia	58,027	Virginia	67,668
2	Outside U.S./Canada	8,058	Outside U.S./Canada	3,972
3	New York	3,946	Pennsylvania	2,966
4	Pennsylvania	3,645	New York	2,922
5	Maryland	2,462	North Carolina	1,715
6	North Carolina	1,719	Maryland	1,678
7	New Jersey	1,708	Florida	1,380
8	Florida	1,477	Ohio	1,184
9	California	1,468	West Virginia	1,040
10	Ohio	1,446	Washington, D.C.	1,005

Source: Va. Healthcare Workforce Data Center

Among all RNs, 59% received their high school degree in Virginia, and 70% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	13,696	Virginia	15,948
2	Outside U.S./Canada	2,512	Outside U.S./Canada	1,331
3	Pennsylvania	925	Pennsylvania	866
4	New York	895	New York	625
5	Maryland	621	Maryland	467
6	California	507	North Carolina	412
7	Florida	414	Florida	379
8	North Carolina	378	Ohio	348
9	Ohio	330	California	288
10	New Jersey	306	Washington, D.C.	251

Source: Va. Healthcare Workforce Data Center

Among RNs who have obtained their license in the past five years, 57% received their high school degree in Virginia, and 67% received their initial professional degree in the state.

Among all licensees, 16% did not participate in Virginia's RN workforce during the past year. Among these licensees, 71% worked at some point in the past year, including 64% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	20,432
% of Licensees:	16%
Federal/Military:	9%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	102	0%
Hospital RN Diploma	4,006	4%
Associate Degree	23,704	24%
Baccalaureate Degree	49,578	51%
Master's Degree	17,107	18%
Doctorate Degree	2,674	3%
Total	97,171	100%

Source: Va. Healthcare Workforce Data Center

More than half of all RNs hold a baccalaureate degree as their highest professional degree. In addition, 43% of RNs carry education debt, including 57% of those RNs who are under the age of 40. The median outstanding balance among those RNs with education debt is between \$30,000 and \$40,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	10,365	11%
No	86,422	89%
Total	96,787	100%
Degree Pursued	#	%
Associate	38	<1%
Baccalaureate	3,585	36%
Masters	4,803	48%
Doctorate	1,648	16%
Total	10,074	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Baccalaureate: 51%

Associate: 24%

Education Debt

Carry Debt: 43%

Under Age 40 w/ Debt: 57%

Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All RNs		RN's Under 40	
	#	%	#	%
None	46,564	57%	14,906	43%
Less than \$10,000	5,410	7%	3,080	9%
\$10,000-\$19,999	4,856	6%	2,865	8%
\$20,000-\$29,999	5,001	6%	3,116	9%
\$30,000-\$39,999	3,799	5%	2,274	7%
\$40,000-\$49,999	3,033	4%	1,734	5%
\$50,000-\$59,999	2,900	4%	1,618	5%
\$60,000-\$69,999	2,205	3%	1,237	4%
\$70,000-\$79,999	1,766	2%	968	3%
\$80,000-\$89,999	1,348	2%	717	2%
\$90,000-\$99,999	858	1%	405	1%
\$100,000-\$109,999	1,288	2%	618	2%
\$110,000-\$119,999	521	1%	204	1%
\$120,000 or More	2,018	2%	777	2%
Total	81,567	100%	34,519	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Acute/Critical Care:	20%
Surgery/OR:	8%
Obstetrics/Midwifery:	4%

Secondary Specialty

Acute/Critical Care:	16%
Surgery/OR:	5%
Cardiology:	5%

Licenses

Licensed NP:	9%
Licensed Practical Nurse:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	19,336	20%	11,022	16%
Surgery/OR/Pre-, Peri- or Post-Operative	7,388	8%	3,329	5%
Obstetrics/Nurse Midwifery	4,194	4%	1,695	3%
Psychiatric/Mental Health	4,111	4%	1,937	3%
Pediatrics	4,109	4%	2,464	4%
Cardiology	4,101	4%	3,099	5%
Case Management	3,267	3%	2,010	3%
Family Health	3,264	3%	1,418	2%
Oncology	2,884	3%	1,472	2%
Neonatal Care	2,836	3%	1,726	3%
Administration/Management	2,552	3%	2,798	4%
Hospital/Float	2,243	2%	2,147	3%
Community Health/Public Health	1,917	2%	1,643	2%
Geriatrics/Gerontology	1,691	2%	1,823	3%
Women's Health/Gynecology	1,600	2%	1,516	2%
Anesthesia	1,553	2%	606	1%
Adult Health	1,460	2%	1,786	3%
General Nursing/No Specialty	9,121	10%	10,354	15%
Other Specialty Area	16,303	17%	13,450	20%
Medical Specialties (Not Listed)	1,427	1%	1,082	2%
Total	95,356	100%	67,379	100%

Source: Va. Healthcare Workforce Data Center

One out of every five RNs have a primary specialty in acute/critical care/emergency/trauma. Another 8% of RNs have a primary specialty in surgery/OR/pre-, peri-, or post-operative care.

In addition to being licensed as an RN, 9% of RNs also hold a license as an LNP. Another 1% of RNs hold a license as an LPN.

Other Licenses

License	#	% of Workforce
Licensed Nurse Practitioner	9,857	9%
Licensed Practical Nurse	1,078	1%
Clinical Nurse Specialist	395	<1%
Certified Nurse Midwife	290	<1%
Certified Massage Therapist	130	<1%
Respiratory Therapist	42	<1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Military Service		
Service?	#	%
Yes	6,054	6%
No	87,768	94%
Total	93,822	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	2,280	39%
Navy/Marines	2,252	38%
Air Force	1,183	20%
Other	160	3%
Total	5,874	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 6%

Branch of Service

Army: 39%
 Navy/Marines: 38%
 Air Force: 20%

Occupation

Army Health Care Spec.: 8%
 Navy Basic Med. Tech.: 7%
 Air Force Basic Med. Tech.: 3%

Source: Va. Healthcare Workforce Data Center

In total, 6% of Virginia's RN workforce has served in the military. Nearly two out of every five of these RNs served in the Army, including 8% who worked as Army Health Care Specialists (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	439	8%
Navy Basic Medical Technician (Navy HM0000)	389	7%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	192	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	9	0%
Other	4,570	82%
Total	5,599	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 68%
 2 or More Positions: 10%

Weekly Hours

40 to 49: 40%
 60 or More: 3%
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	77	< 1%
Employed in a Nursing-Related Capacity	87,245	91%
Employed, NOT in a Nursing-Related Capacity	2,653	3%
Not Working, Reason Unknown	12	< 1%
Involuntarily Unemployed	208	< 1%
Voluntarily Unemployed	3,818	4%
Retired	2,232	2%
Total	96,246	100%

Source: Va. Healthcare Workforce Data Center

Among all RNs, 91% are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	6,270	7%
1 to 9 Hours	1,377	1%
10 to 19 Hours	3,136	3%
20 to 29 Hours	7,960	9%
30 to 39 Hours	29,805	32%
40 to 49 Hours	37,047	40%
50 to 59 Hours	4,959	5%
60 to 69 Hours	1,781	2%
70 to 79 Hours	596	1%
80 or More Hours	706	1%
Total	93,637	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	6,270	7%
One Part-Time Position	14,379	15%
Two Part-Time Positions	2,280	2%
One Full-Time Position	64,090	68%
One Full-Time Position & One Part-Time Position	6,630	7%
Two Full-Time Positions	282	<1%
More than Two Positions	678	1%
Total	94,609	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	954	1%
Less than \$20,000	1,885	3%
\$20,000-\$29,999	1,311	2%
\$30,000-\$39,999	1,671	2%
\$40,000-\$49,999	2,541	4%
\$50,000-\$59,999	4,945	7%
\$60,000-\$69,999	8,581	12%
\$70,000-\$79,999	10,432	14%
\$80,000-\$89,999	10,661	15%
\$90,000-\$99,999	7,524	10%
\$100,000 or More	22,391	31%
Total	72,897	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$80k-\$90k

Benefits
Health Insurance: 63%
Retirement: 70%

Satisfaction
Satisfied: 94%
Very Satisfied: 57%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	52,415	57%
Somewhat Satisfied	34,176	37%
Somewhat Dissatisfied	4,641	5%
Very Dissatisfied	1,378	2%
Total	92,610	100%

Source: Va. Healthcare Workforce Data Center

The typical RN earns between \$80,000 and \$90,000 per year. In addition, 80% of all RNs receive at least one employer-sponsored benefit, including 63% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	60,956	70%	72%
Paid Leave	57,060	65%	68%
Health Insurance	54,691	63%	65%
Dental Insurance	53,994	62%	64%
Group Life Insurance	37,506	43%	45%
Signing/Retention Bonus	14,235	16%	18%
At Least One Benefit	70,007	80%	82%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	816	1%
Experience Voluntary Unemployment?	6,414	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	2,273	2%
Work Two or More Positions at the Same Time?	13,174	12%
Switch Employers or Practices?	8,144	7%
Experience at Least One?	26,459	24%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	2,577	3%	1,386	9%
Less than 6 Months	5,769	6%	2,610	16%
6 Months to 1 Year	8,258	9%	2,407	15%
1 to 2 Years	21,181	24%	3,258	20%
3 to 5 Years	19,600	22%	2,919	18%
6 to 10 Years	13,512	15%	1,625	10%
More than 10 Years	18,315	21%	1,828	11%
Subtotal	89,212	100%	16,034	100%
Did Not Have Location	4,974		92,908	
Item Missing	15,484		728	
Total	109,670		109,670	

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of RNs receive an hourly wage at their primary work location, while 31% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 21%
Over 2 Years: 58%
Over 2 Yrs., 2nd Location: 40%

Employment Type

Hourly Wage: 63%
Salary: 31%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five RNs have worked at their primary work location for more than two years.

Employment Type

Primary Work Site	#	%
Salary	19,022	31%
Hourly Wage	38,731	63%
By Contract/Per Diem	2,592	4%
Business/Contractor Income	619	1%
Unpaid	504	1%
Subtotal	61,468	100%
Did Not Have Location	4,974	
Item Missing	43,228	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate for August 2024 was still preliminary, and the unemployment rate for September 2024 had not yet been released.

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or More (Past Year):	18%
2 or More (Now*):	16%

Source: Va. Healthcare Workforce Data Center

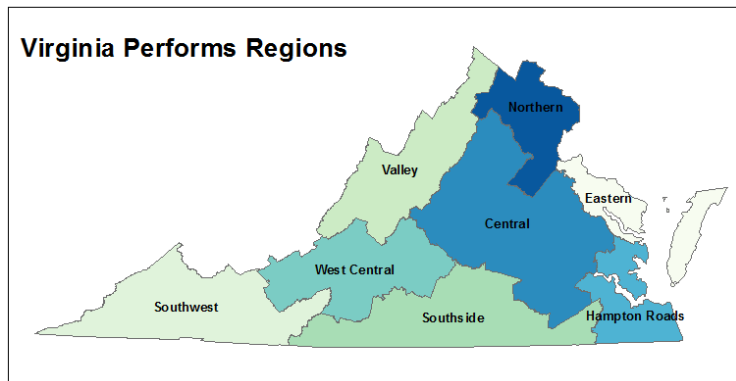
Nearly three out of every four RNs work in Central Virginia, Northern Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	24,459	28%	3,881	24%
Eastern	1,292	1%	248	2%
Hampton Roads	18,220	21%	3,248	20%
Northern	22,042	25%	3,887	24%
Southside	2,867	3%	520	3%
Southwest	3,621	4%	598	4%
Valley	5,044	6%	742	5%
West Central	10,222	12%	1,756	11%
Virginia Border State/D.C.	303	0%	327	2%
Other U.S. State	431	0%	980	6%
Outside of the U.S.	10	0%	25	0%
Total	88,511	100%	16,212	100%
Item Missing	16,183		551	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all RNs, 16% currently have multiple work locations, while 18% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	4,163	5%	6,106	7%
1	72,289	78%	72,390	78%
2	11,375	12%	10,565	11%
3	4,227	5%	3,443	4%
4	415	0%	207	0%
5	177	0%	98	0%
6 or More	440	1%	278	0%
Total	93,087	100%	93,087	100%

*At the time of survey completion (Oct. 2023-Sept. 2024, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	33,938	41%	7,841	53%
Non-Profit	37,439	45%	5,250	36%
State/Local Government	8,112	10%	1,179	8%
Veteran's Administration	1,879	2%	147	1%
U.S. Military	1,199	1%	166	1%
Other Federal Government	771	1%	132	1%
Total	83,338	100%	14,715	100%
Did Not Have Location	4,974		92,908	
Item Missing	21,358		2,046	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

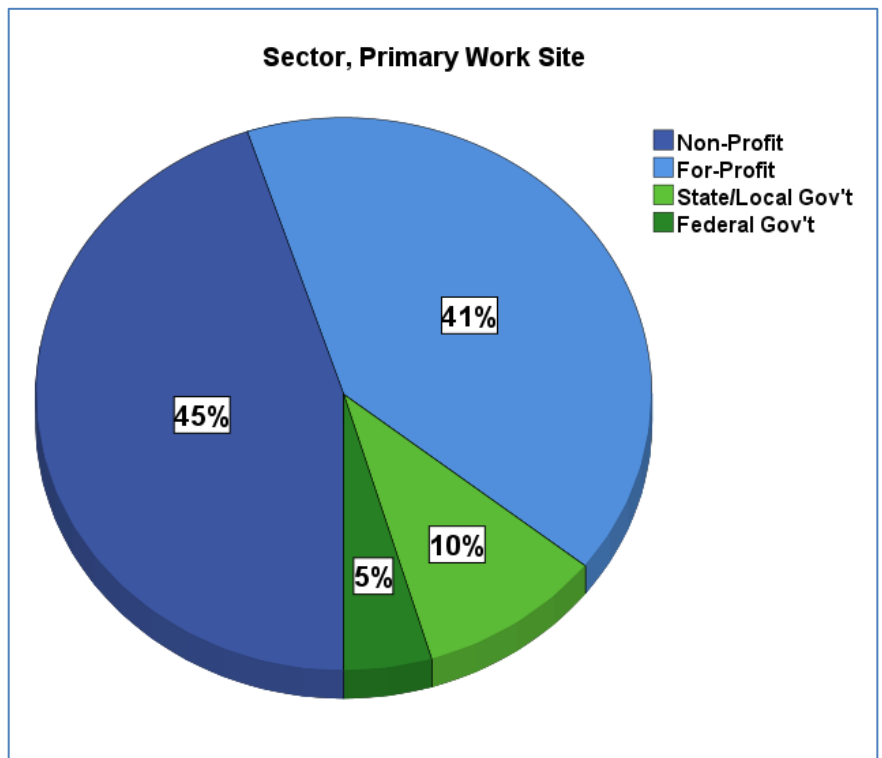
For-Profit:	41%
Federal:	5%

Top Establishments

Hospital, Inpatient:	36%
Hospital, Emergency:	7%
Hospital, Outpatient:	6%

Source: Va. Healthcare Workforce Data Center

Among all RNs, 45% work in the non-profit sector, while another 41% work in the for-profit sector.



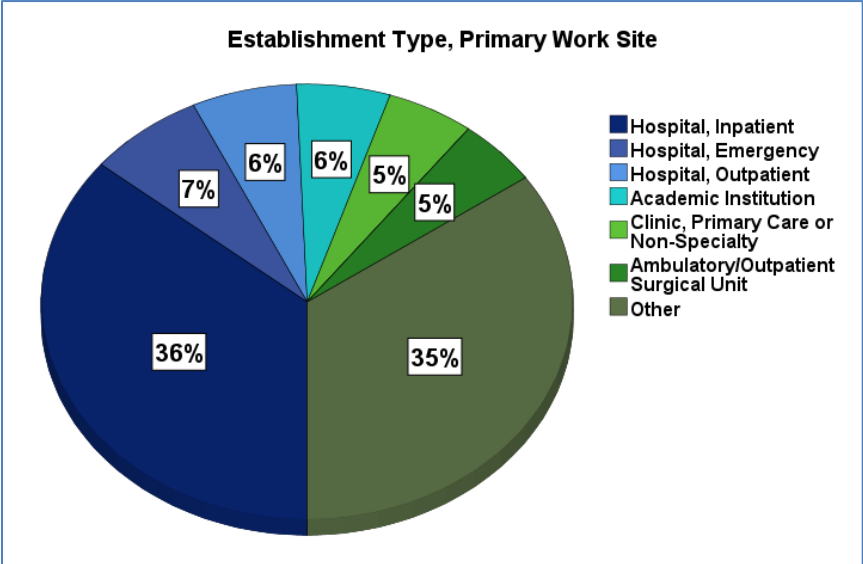
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	29,447	36%	4,136	29%
Hospital, Emergency Department	5,809	7%	1,018	7%
Hospital, Outpatient Department	5,256	6%	494	3%
Academic Institution (Teaching or Research)	4,670	6%	862	6%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	4,370	5%	741	5%
Ambulatory/Outpatient Surgical Unit	4,069	5%	668	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	3,127	4%	576	4%
Home Health Care	3,073	4%	1,006	7%
Long-Term Care Facility, Nursing Home	2,638	3%	846	6%
Physician Office	2,322	3%	336	2%
Insurance Company, Health Plan	2,278	3%	199	1%
School (Providing Care to Students)	2,090	3%	365	3%
Hospice	1,614	2%	406	3%
Other Practice Setting	11,308	14%	2,570	18%
Total	82,071	100%	14,223	100%
Did Not Have a Location	4,974		92,908	

Nearly half of all RNs in Virginia work in a hospital, including 36% who work in the inpatient department of a hospital.

Source: Va. Healthcare Workforce Data Center

Among those RNs who also have a secondary work location, 40% work in a hospital, including 29% who work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	32%
Chinese:	21%
Arabic:	21%

Means of Communication

Virtual Translation:	79%
Onsite Translation:	37%
Other Staff Member:	20%

Source: Va. Healthcare Workforce Data Center

Among all RNs, 32% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	34,940	32%
Chinese	23,236	21%
Arabic	23,077	21%
French	22,852	21%
Korean	22,328	20%
Tagalog/Filipino	21,781	20%
Vietnamese	21,779	20%
Hindi	20,798	19%
Persian	18,291	17%
Urdu	17,965	16%
Amharic, Somali, or Other Afro-Asiatic Languages	17,122	16%
Pashto	16,995	15%
Others	9,014	8%
At Least One Language	41,320	38%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	32,469	79%
Onsite Translation Service	15,298	37%
Other Staff Member is Proficient	8,405	20%
Respondent is Proficient	5,552	13%
Other	1,658	4%

Source: Va. Healthcare Workforce Data Center

Among RNs who are employed at a primary work location that offers language services for patients, 79% offer these services by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

Patient Care: 67%

Administrative: 7%

Supervisory: 5%

Education: 3%

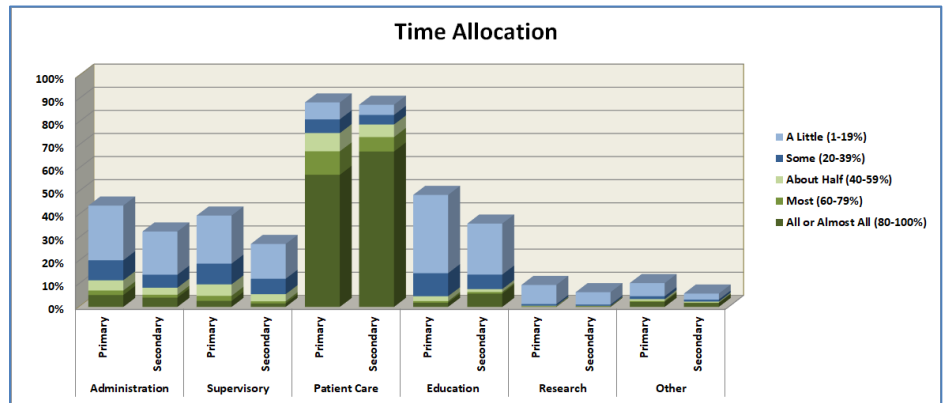
Patient Care RNs

Median Admin. Time: 0%

Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



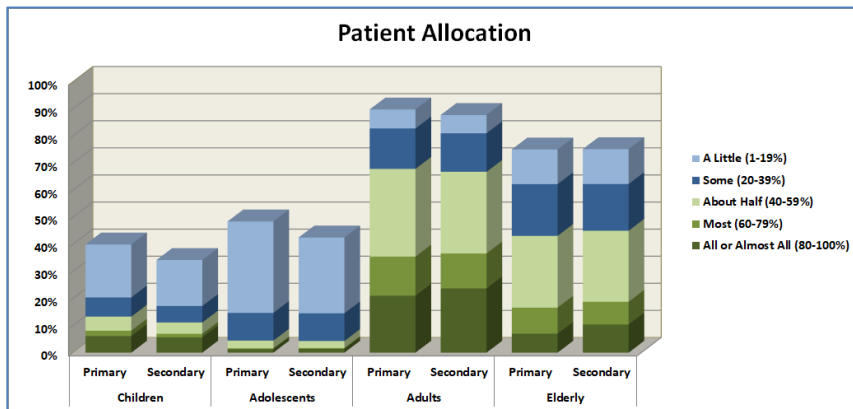
Source: Va. Healthcare Workforce Data Center

RNs typically spend most of their time on patient care activities. In fact, two-thirds of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation													
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other		
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	
All or Almost All (80-100%)	5%	4%	3%	2%	57%	67%	2%	6%	0%	0%	2%	2%	
Most (60-79%)	2%	1%	2%	1%	10%	6%	1%	1%	0%	0%	0%	0%	
About Half (40-59%)	4%	3%	5%	3%	8%	5%	2%	1%	0%	0%	1%	0%	
Some (20-39%)	9%	6%	9%	7%	6%	4%	10%	6%	1%	1%	1%	1%	
A Little (1-19%)	24%	19%	21%	15%	7%	4%	34%	22%	8%	5%	6%	3%	
None (0%)	56%	67%	60%	73%	12%	13%	52%	64%	90%	94%	90%	94%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

RNs typically devote most of their time to treating adults and the elderly. More than one-third of all RNs serve an adult patient care role, meaning that at least 60% of their patients are adults.

**At a Glance:
(Primary Locations)**

Typical Patient Allocation

Children: 0%
 Adolescents: 0%
 Adults: 50%-59%
 Elderly: 30%-39%

Roles

Children: 8%
 Adolescents: 2%
 Adults: 35%
 Elderly: 17%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	6%	6%	1%	1%	21%	24%	7%	10%
Most (60-79%)	2%	1%	0%	0%	14%	13%	10%	8%
About Half (40-59%)	5%	4%	3%	3%	32%	30%	26%	26%
Some (20-39%)	7%	6%	10%	10%	15%	14%	19%	17%
A Little (1-19%)	20%	17%	34%	28%	7%	7%	13%	13%
None (0%)	60%	66%	52%	58%	10%	12%	25%	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
Under Age 50	2,913	4%	-	-
50 to 54	3,098	4%	159	1%
55 to 59	6,860	9%	1,225	4%
60 to 64	20,321	26%	6,419	23%
65 to 69	29,468	37%	12,213	44%
70 to 74	9,123	12%	4,728	17%
75 to 79	2,498	3%	1,321	5%
80 or Over	1,152	1%	466	2%
I Do Not Intend to Retire	3,330	4%	1,349	5%
Total	78,763	100%	27,880	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65: 42%

Under 60: 16%

RNs 50 and Over

Under 65: 28%

Under 60: 5%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 21%

Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

Among all RNs, 42% expect to retire by the age of 65. Among RNs who are age 50 and over, 28% expect to retire by the age of 65.

Within the next two years, 22% of RNs expect to pursue additional educational opportunities, and 8% expect to increase their patient care hours.

Future Plans

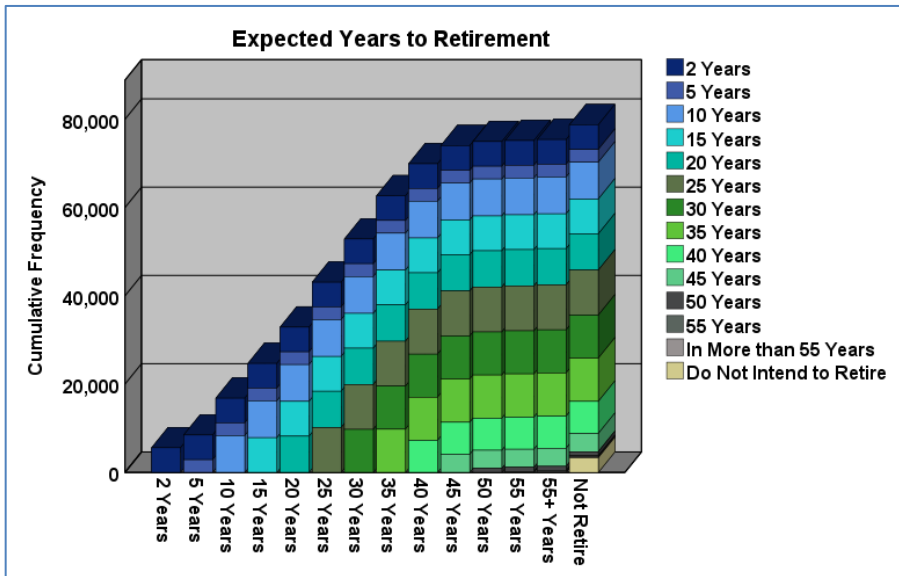
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	2,171	2%
Leave Virginia	3,170	3%
Decrease Patient Care Hours	9,640	9%
Decrease Teaching Hours	464	<1%
Increase Participation		
Increase Patient Care Hours	9,102	8%
Increase Teaching Hours	5,524	5%
Pursue Additional Education	24,558	22%
Return to the Workforce	1,704	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. While 7% of RNs expect to retire in the next two years, 21% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	5,589	7%	7%
5 Years	2,894	4%	11%
10 Years	8,349	11%	21%
15 Years	7,883	10%	31%
20 Years	8,211	10%	42%
25 Years	10,190	13%	55%
30 Years	9,765	12%	67%
35 Years	9,791	12%	80%
40 Years	7,268	9%	89%
45 Years	4,102	5%	94%
50 Years	919	1%	95%
55 Years	247	0%	95%
In More than 55 Years	224	0%	96%
Do Not Intend to Retire	3,330	4%	100%
Total	78,763	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2034. Retirement will peak at 13% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2064.

At a Glance:

FTEs

Total: 91,394
 FTEs/1,000 Residents²: 10.52
 Average: 0.87

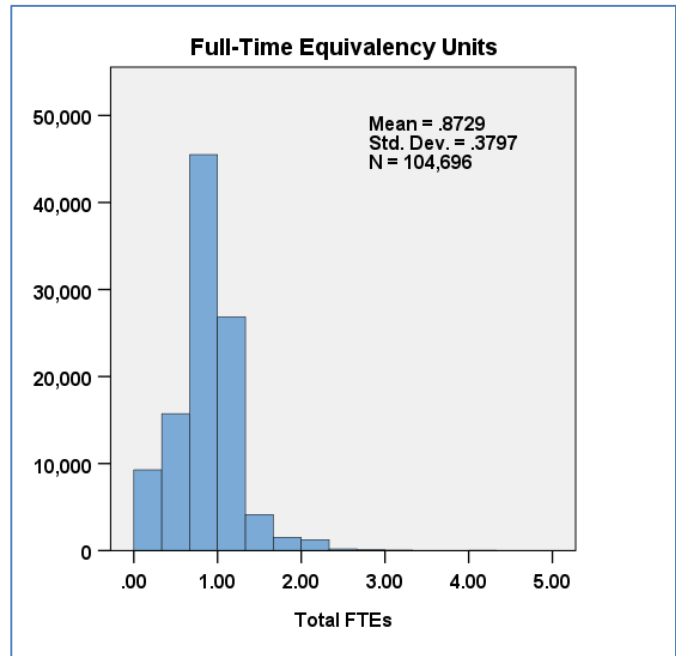
Age & Gender Effect

Age, *Partial Eta*²: Negligible
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

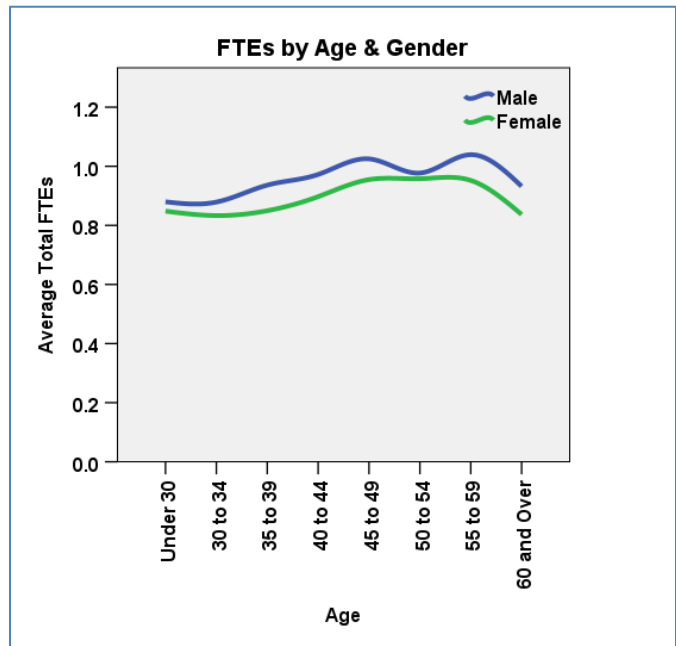


Source: Va. Healthcare Workforce Data Center

The typical (median) RN provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.85	0.93
30 to 34	0.83	0.89
35 to 39	0.84	0.88
40 to 44	0.89	0.91
45 to 49	0.96	0.94
50 to 54	0.94	0.94
55 to 59	0.95	0.93
60 and Over	0.81	0.76
Gender		
Male	0.95	0.96
Female	0.88	0.93

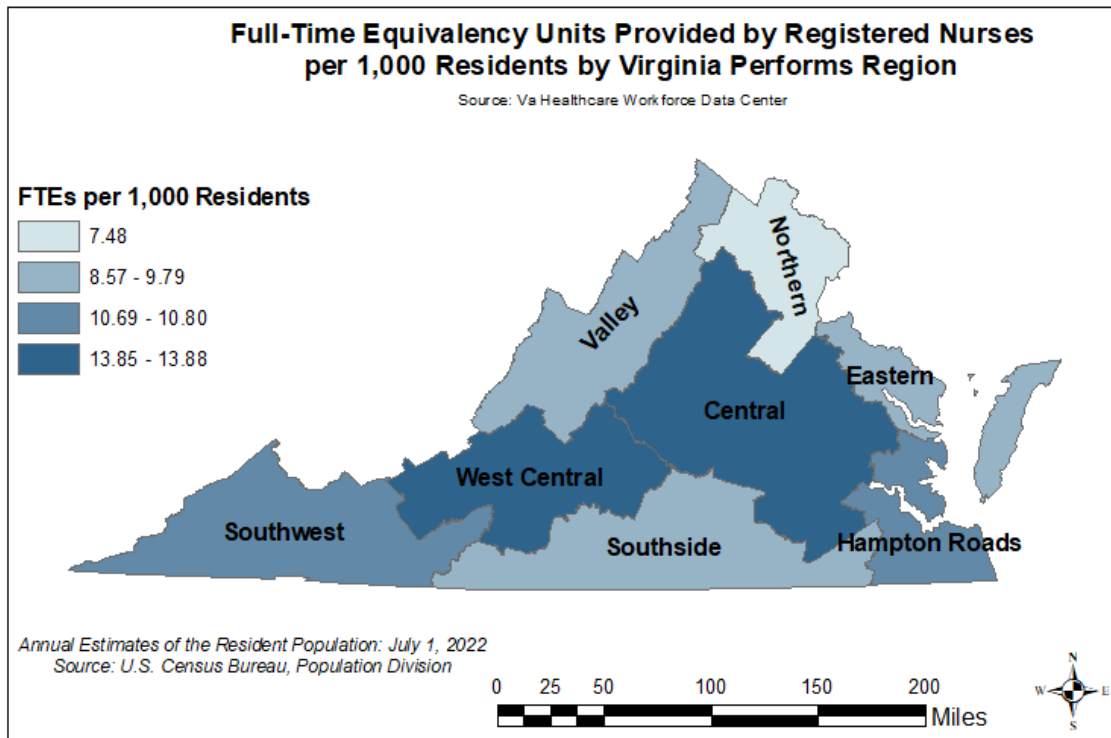
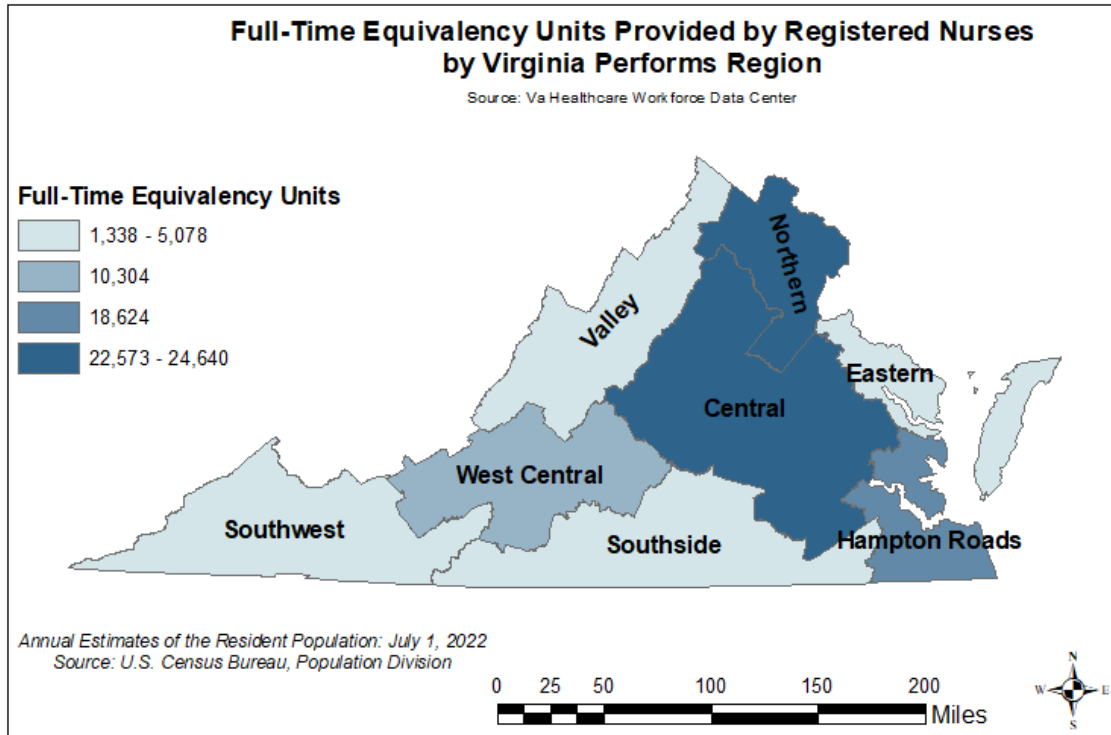
Source: Va. Healthcare Workforce Data Center

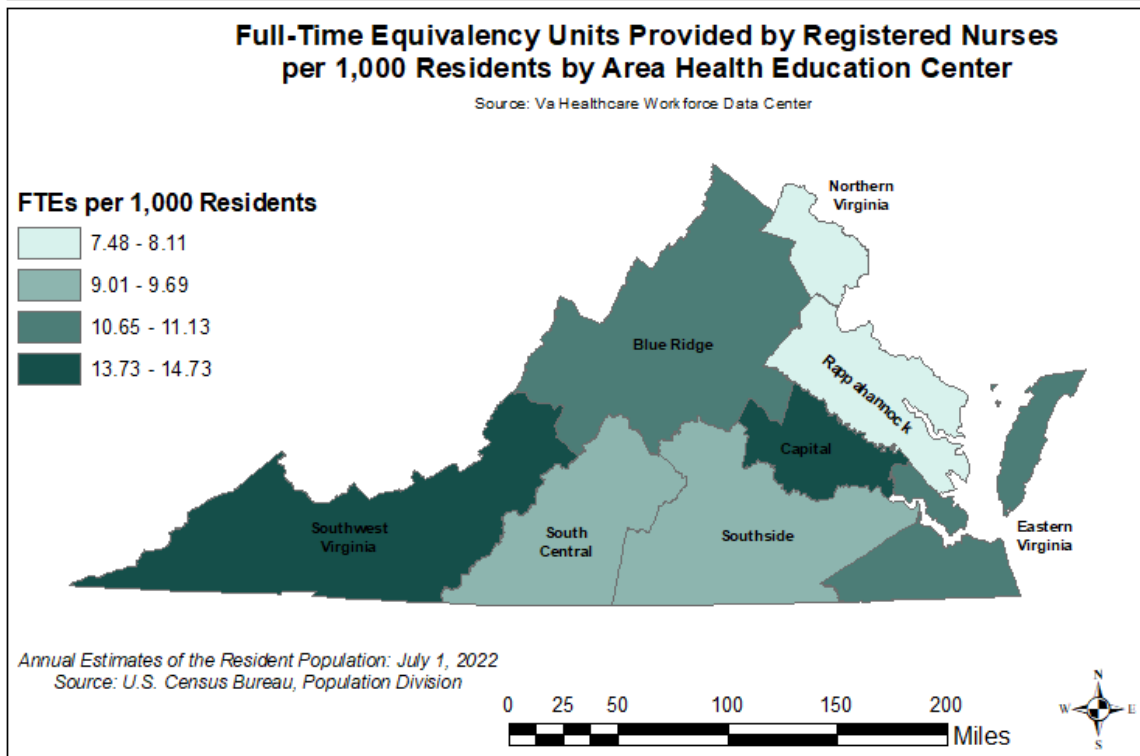
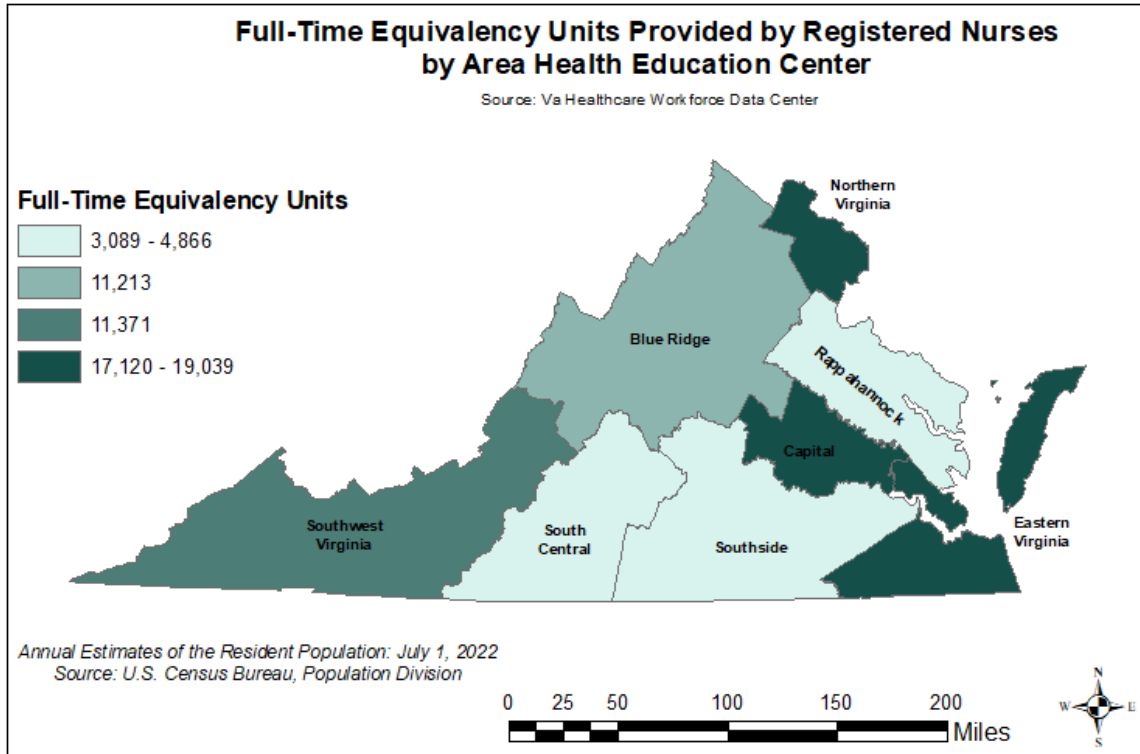


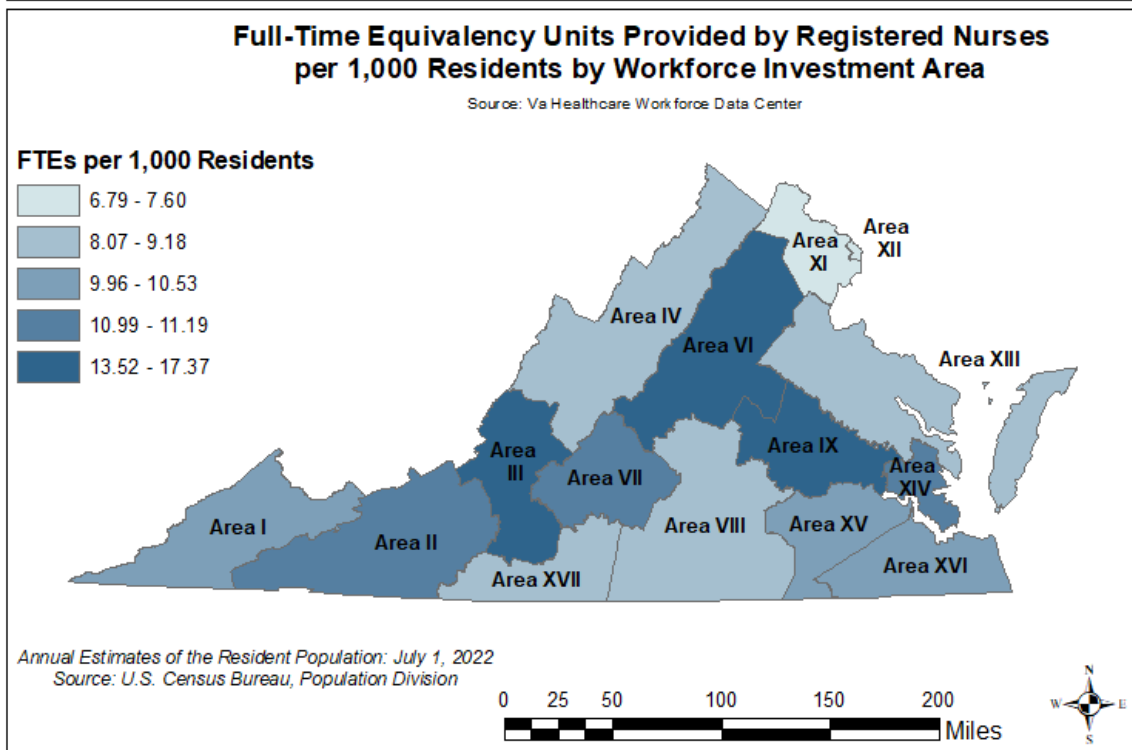
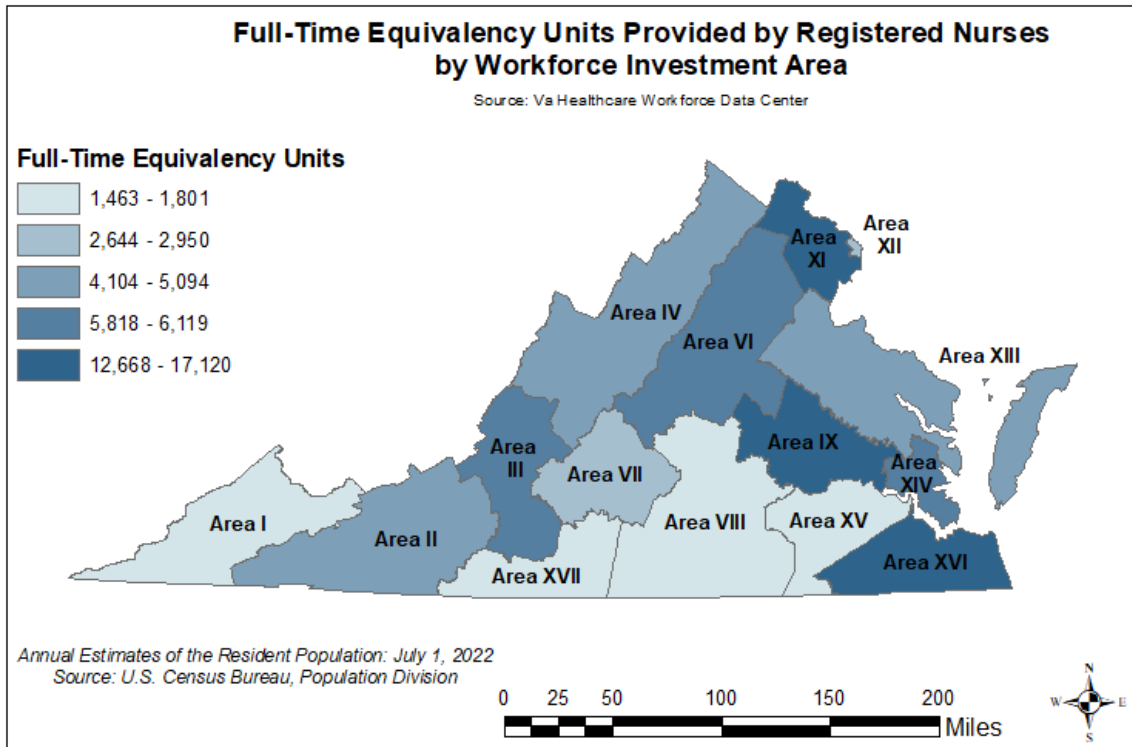
Source: Va. Healthcare Workforce Data Center

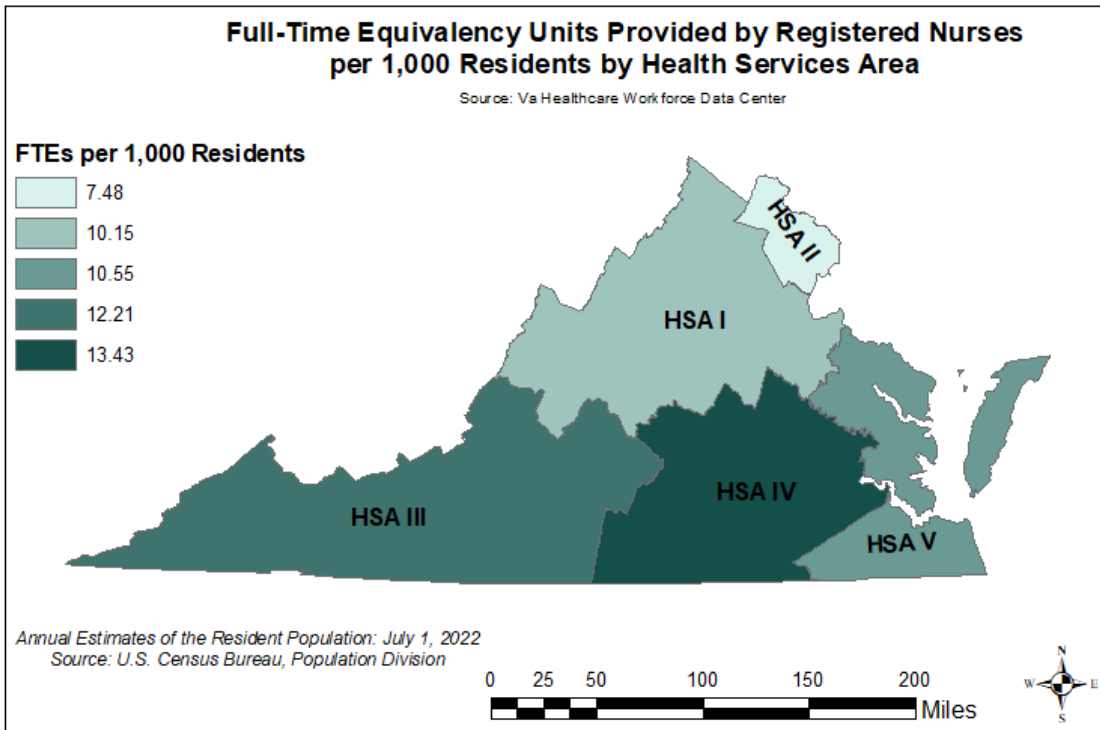
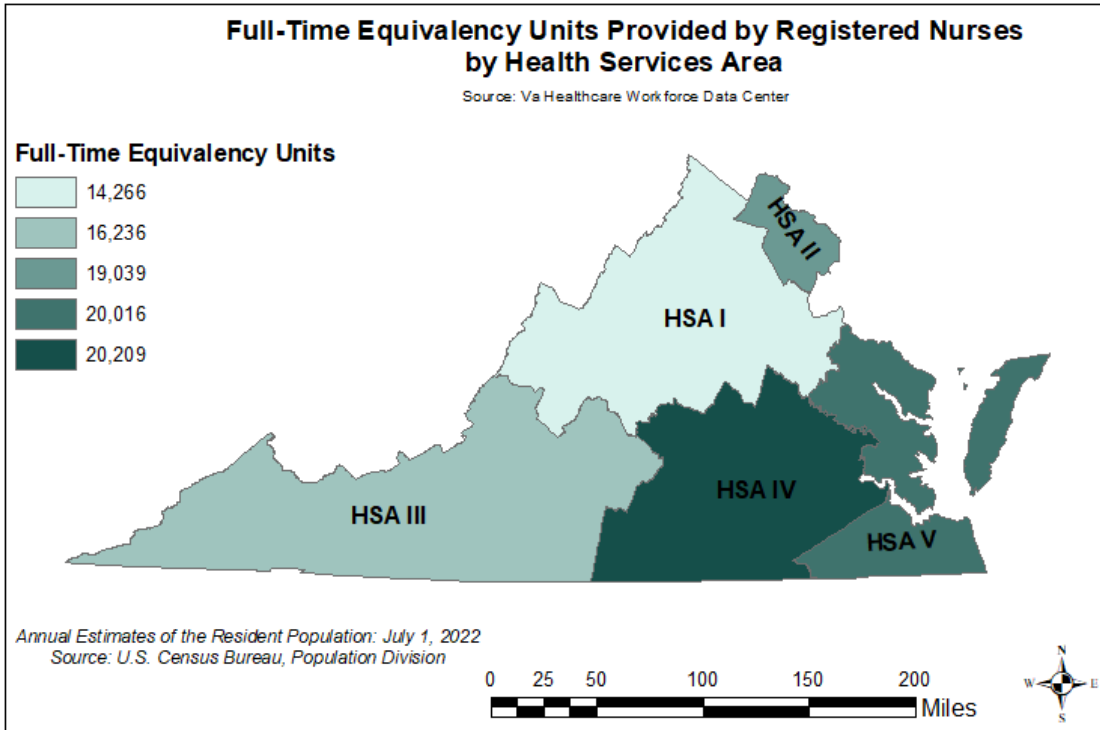
² Number of residents in 2022 was used as the denominator.

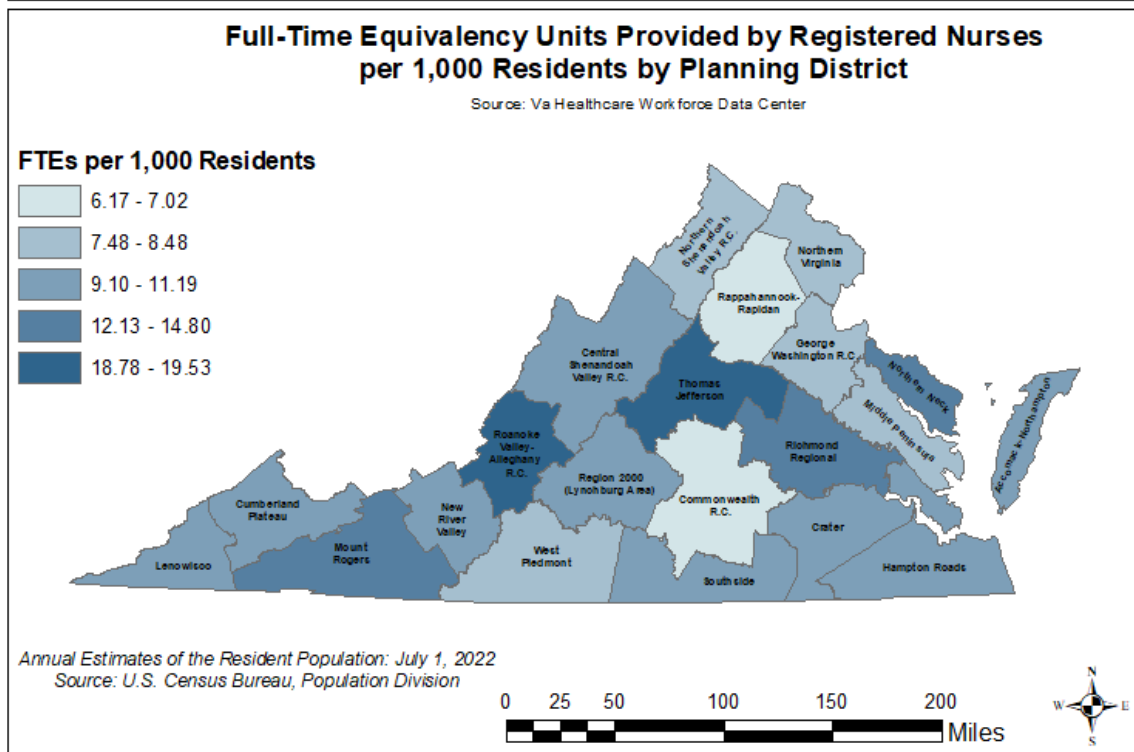
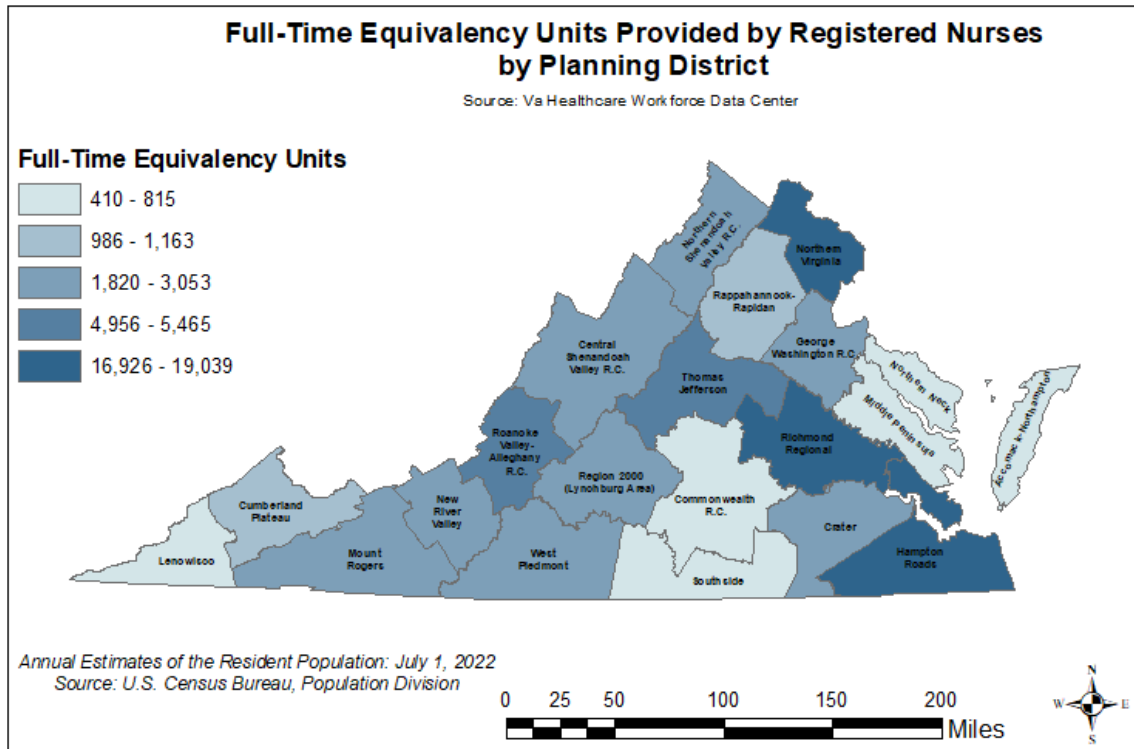
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	76,492	41.20%	2.427	1.996	3.461
Metro, 250,000 to 1 Million	11,513	41.38%	2.417	1.988	3.446
Metro, 250,000 or Less	11,976	41.09%	2.434	2.002	3.470
Urban, Pop. 20,000+, Metro Adj.	2,086	43.43%	2.302	1.894	3.283
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	5,201	41.47%	2.411	1.983	3.438
Urban, Pop. 2,500-19,999, Non-Adj.	3,310	42.93%	2.329	1.916	3.321
Rural, Metro Adj.	3,036	40.84%	2.448	2.014	3.491
Rural, Non-Adj.	1,379	42.78%	2.337	1.922	3.333
Virginia Border State/D.C.	2,937	31.46%	3.179	2.614	4.532
Other U.S. State	12,192	28.52%	3.506	2.884	5.000

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	16,583	27.98%	3.574	3.283	5.000
30 to 34	16,529	42.09%	2.376	2.183	3.324
35 to 39	17,335	35.73%	2.799	2.571	3.915
40 to 44	15,078	46.79%	2.137	1.963	2.990
45 to 49	12,552	37.55%	2.663	2.447	3.726
50 to 54	12,461	48.51%	2.061	1.894	2.884
55 to 59	11,105	39.39%	2.539	2.332	3.552
60 and Over	28,483	41.92%	2.386	2.191	3.337

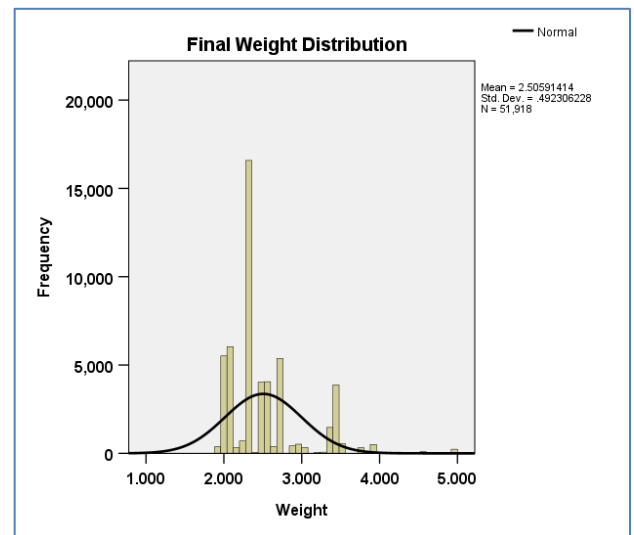
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HhealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.398983



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Advanced Practice Registered Nurse Workforce: 2024

Healthcare Workforce Data Center

October 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 8,000 Licensed Advanced Practice Registered Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

The Committee of the Joint Boards of Nursing and Medicine

Members

Delia Acuna, FNP-C
Quinton

Blanton L. Marchese
North Chesterfield

Helen M. Parke, DNP, FNP-BC
Concord

Shelly Smith, PhD, DNP, ANP-BC
Powhatan

Bo Vaughan, Jr., MD
Richmond

Ryan Williams, MD
Suffolk

Executive Director of Board of Medicine

William L. Harp, MD

Executive Director of Board of Nursing

Claire Morris, RN, LNHA

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The Licensed Advanced Practice Registered Nurse Workforce: At a Glance:

The Workforce

Licensees:	22,528
Virginia's Workforce:	15,790
FTEs:	13,446

Background

Rural Childhood:	33%
HS Degree in VA:	43%
Prof. Degree in VA:	50%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	63%
Satisfied?:	95%

Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	91%

Education

Master's Degree:	74%
Post-Masters Cert.:	8%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	53%

Demographics

Female:	90%
Diversity Index:	47%
Median Age:	44

Finances

Median Inc.: \$120k or More	
Health Benefits:	64%
Under 40 w/ Ed. Debt:	63%

Time Allocation

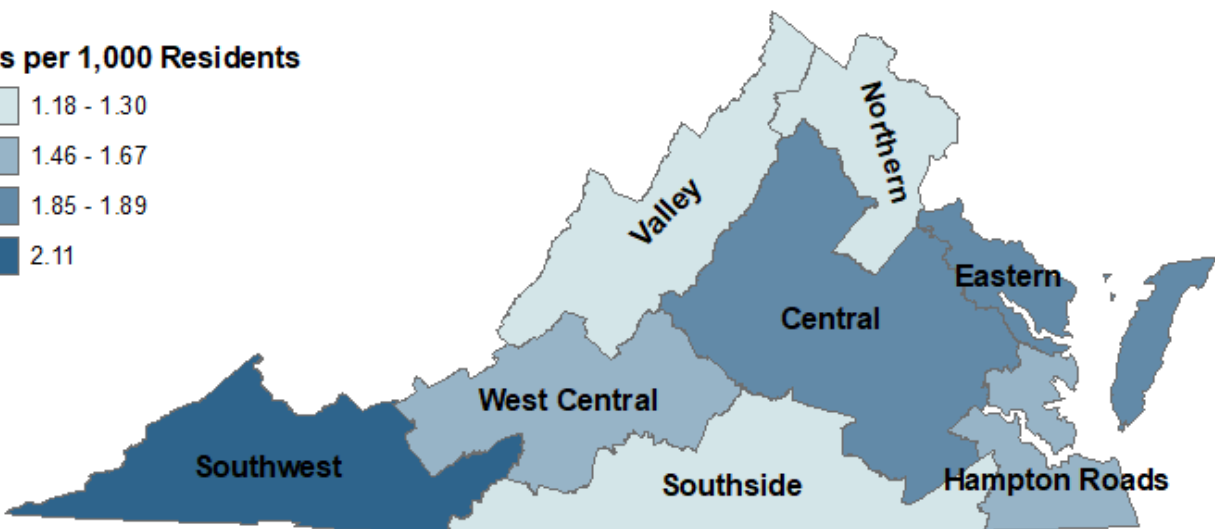
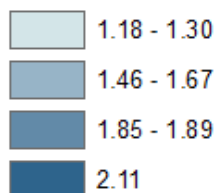
Patient Care:	90%-99%
Patient Care Role:	86%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center

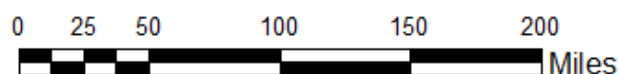
Full-Time Equivalency Units Provided by Advanced Practice Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Advanced Practice Registered Nurse (APRN) survey. In total, 7,934 APRNs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of APRNs have access to the survey in a given year. These survey respondents represent 35% of the 22,528 APRNs who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 15,790 APRNs participated in Virginia's workforce during the survey period, which is defined as those APRNs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an APRN at some point in the future. Virginia's APRN workforce provided 13,446 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

Nine out of every ten APRNs are female, and the median age of this workforce is 44. In a random encounter between two APRNs, there is a 47% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 48% for APRNs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. One-third of all APRNs grew up in a rural area, and 23% of APRNs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 11% of all APRNs work in a non-metro area of the state. More than half of Virginia's APRN workforce have some educational background in the state.

Among all APRNs, 96% are employed in the profession, 63% hold one full-time job, and 49% work between 40 and 49 hours per week. More than half of all APRNs work in the for-profit sector, while another 34% work in the non-profit sector. The median annual income of Virginia's APRN workforce is greater than \$120,000 per year, and 88% receive this income as either a salary or an hourly wage. In addition, 83% of wage or salaried APRNs receive at least one employer-sponsored benefit, including 64% who have access to health insurance. Among all APRNs, 95% indicated that they are satisfied with their current work situation, including 64% who indicated that they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 APRN workforce.¹ The number of licensed APRNs in Virginia has increased by 191% (22,528 vs. 7,741). At the same time, the size of Virginia's APRN workforce has increased by 151% (15,790 vs. 6,302), and the number of FTEs provided by this workforce has increased by 133% (13,446 vs. 5,777). Virginia's renewing APRNs are more likely to respond to this survey (91% vs. 79%).

While there has been no change in the percentage of all APRNs who are female (90%), the median age of this workforce has fallen (44 vs. 48). The diversity index of this workforce has increased (47% vs. 28%), and this is also the case among those APRNs who are under the age of 40 (48% vs. 34%). APRNs are more likely to have grown up in a rural area (33% vs. 31%), and APRNs who grew up in a rural area are more likely to currently work in a non-metro area of Virginia (23% vs. 20%). The percentage of all APRNs who work in a non-metro area of the state has risen as well (11% vs. 10%). APRNs are more likely to carry education debt (51% vs. 40%), and the median outstanding balance among APRNs who carry education debt has increased (\$60k-\$70k vs. \$40k-\$50k).

The median annual income of Virginia's APRN workforce has increased (\$120k or more vs. \$90k-\$100k), and APRNs are more likely to receive this income as a salary (66% vs. 61%) than as an hourly wage (23% vs. 32%). However, wage and salaried APRNs are slightly less likely to receive at least one employer-sponsored benefit (83% vs. 84%), including those APRNs who have access to health insurance (64% vs. 66%). While there has been no change in the percentage of all APRNs who indicated that they are satisfied with their current work situation (95%), the percentage who indicated that they are "very satisfied" has fallen (64% vs. 66%).

¹ See the "Results in Brief" and "Summary of Trends" sections of the 2023 APRN report for details of the policy changes in the APRN workforce over the past seven years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	8,183	36%
New Licensees	3,028	13%
Non-Renewals	1,095	5%
Renewal Date Not in Survey Period	9,999	44%
All Licensees	22,528	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. Among all renewing APRNs, 91% voluntarily submitted a survey. These represent 35% of the 22,528 APRNs who held a license at some point during the licensing period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	443	90	17%
30 to 34	1,735	913	35%
35 to 39	2,956	1,205	29%
40 to 44	2,323	1,552	40%
45 to 49	2,169	996	32%
50 to 54	1,620	1,134	41%
55 to 59	1,264	671	35%
60 and Over	2,084	1,373	40%
Total	14,594	7,934	35%
New Licenses			
Issued in Past Year	2,871	157	5%
Metro Status			
Non-Metro	1,003	670	40%
Metro	7,260	5,017	41%
Not in Virginia	6,330	2,247	26%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2023 and September 2024 on the birth month of each renewing practitioner.
- 2. Target Population:** All APRNs who held a Virginia license at some point during the survey period.
- 3. Survey Population:** The survey was available to APRNs who renewed their licenses online. It was not available to those who did not renew, including some APRNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	7,934
Response Rate, All Licensees	35%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed APRNs

Number:	22,528
New:	13%
Not Renewed:	5%

Response Rates

All Licensees:	35%
Renewing Practitioners:	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's APRN Workforce: 15,790
 FTEs: 13,446

Utilization Ratios

Licenses in VA Workforce: 70%
 Licenses per FTE: 1.68
 Workers per FTE: 1.17

Source: Va. Healthcare Workforce Data Center

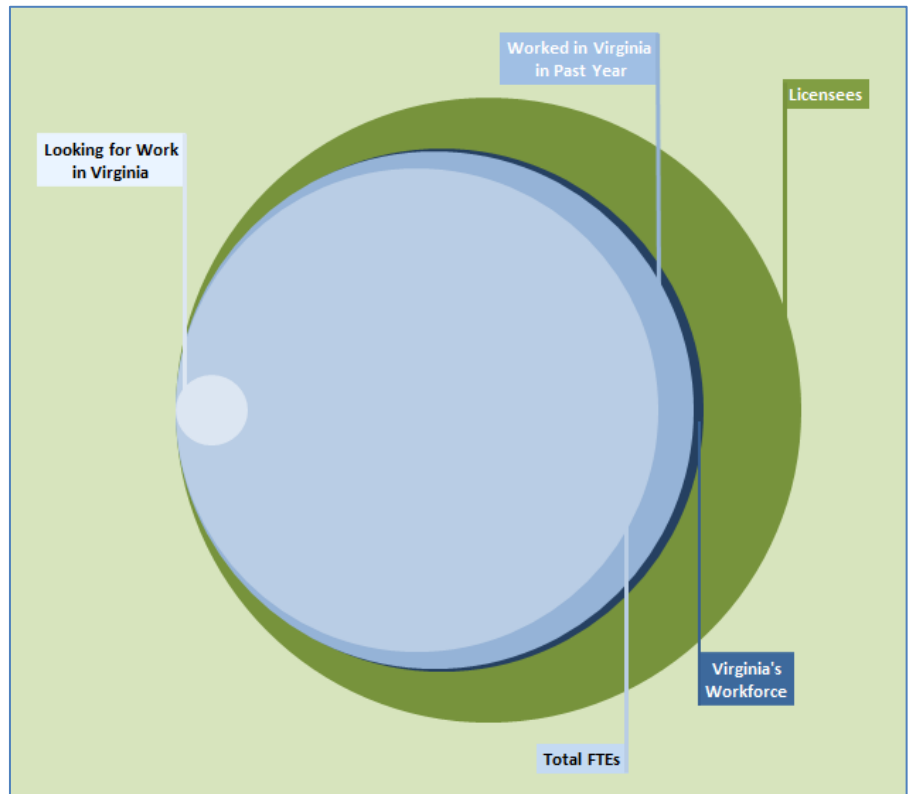
Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's APRN Workforce

Status	#	%
Worked in Virginia in Past Year	15,492	98%
Looking for Work in Virginia	298	2%
Virginia's Workforce	15,790	100%
Total FTEs	13,446	
Licenses	22,528	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	32	8%	380	92%	412	3%
30 to 34	136	8%	1,532	92%	1,668	13%
35 to 39	204	9%	2,181	92%	2,385	18%
40 to 44	247	12%	1,863	88%	2,111	16%
45 to 49	190	11%	1,562	89%	1,751	14%
50 to 54	190	12%	1,348	88%	1,539	12%
55 to 59	129	12%	953	88%	1,082	8%
60 and Over	214	11%	1,749	89%	1,964	15%
Total	1,342	10%	11,569	90%	12,911	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	APRNs		APRNs Under 40	
	%	#	%	#	%
White	59%	9,151	70%	3,155	70%
Black	18%	2,068	16%	596	13%
Asian	7%	827	6%	340	8%
Other Race	1%	111	1%	32	1%
Two or More Races	5%	312	2%	116	3%
Hispanic	10%	512	4%	239	5%
Total	100%	12,981	100%	4,478	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
 % Female: 90%
 % Under 40 Female: 92%

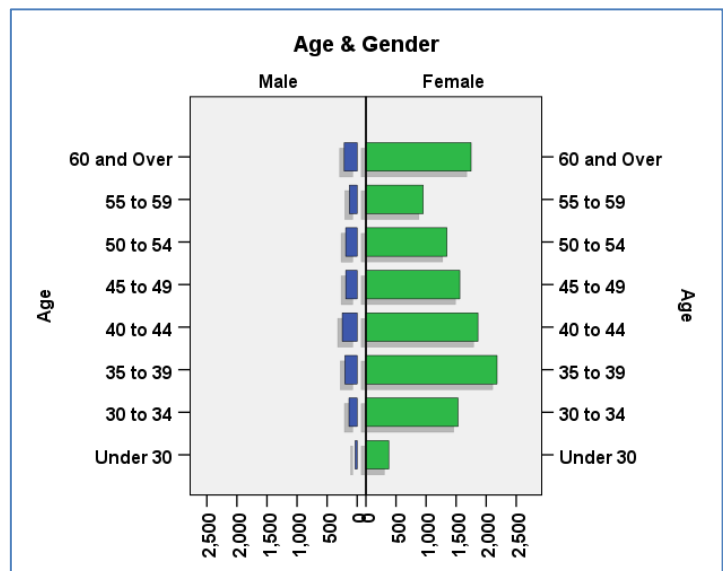
Age
 Median Age: 44
 % Under 40: 35%
 % 55 and Over: 24%

Diversity
 Diversity Index: 47%
 Under 40 Div. Index: 48%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two APRNs, there is a 47% chance that they would be of different races or ethnicities (a measure known as the Diversity Index), compared to a 60% chance for Virginia's population as a whole.

More than one-third of all APRNs are under the age of 40. Among APRNs who are under the age of 40, 92% are female. In addition, the diversity index among APRNs who are under the age of 40 is 48%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 33%

Virginia Background

HS in Virginia: 43%
 Prof. Ed. in VA: 50%
 HS or Prof. Ed. in VA: 55%
 Initial APRN Degree in VA: 50%

Location Choice

% Rural to Non-Metro: 23%
 % Urban/Suburban to Non-Metro: 5%

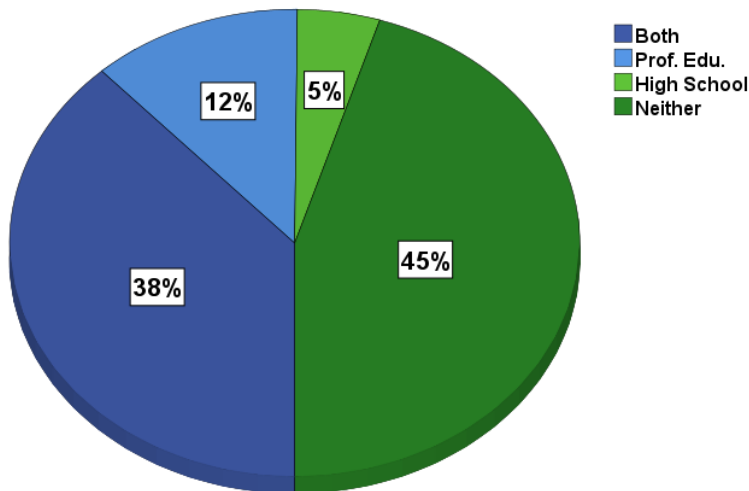
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	22%	61%	17%
2	Metro, 250,000 to 1 Million	50%	42%	8%
3	Metro, 250,000 or Less	43%	48%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	67%	22%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	66%	29%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	83%	12%	5%
8	Rural, Metro Adjacent	57%	31%	12%
9	Rural, Non-Adjacent	49%	37%	15%
Overall		33%	53%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

One-third of all APRNs grew up in self-described rural areas, and 23% of these professionals currently work in non-metro counties. Overall, 11% of all APRNs currently work in non-metro counties.

Top Ten States for Licensed Advanced Practical Registered Nurse Recruitment

Rank	All APRNs					
	High School	#	Init. Prof Degree	#	Init. APRN Degree	#
1	Virginia	5,501	Virginia	6,379	Virginia	6,318
2	Outside U.S./Canada	1,141	Pennsylvania	497	Washington, D.C.	764
3	New York	547	New York	496	Tennessee	616
4	Pennsylvania	518	Maryland	469	Pennsylvania	467
5	Maryland	481	Tennessee	467	North Carolina	453
6	North Carolina	433	North Carolina	456	Maryland	373
7	Florida	393	Florida	414	Minnesota	329
8	Tennessee	294	West Virginia	277	Illinois	308
9	Ohio	274	Washington, D.C.	265	Florida	297
10	West Virginia	259	Ohio	264	New York	273

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past Five Years					
	High School	#	Init. Prof Degree	#	Init. APRN Degree	#
1	Virginia	2,534	Virginia	3,037	Virginia	2,841
2	Outside U.S./Canada	740	Maryland	307	Washington, D.C.	317
3	Maryland	254	Florida	271	Tennessee	313
4	Florida	246	North Carolina	252	Pennsylvania	241
5	North Carolina	239	Tennessee	211	Minnesota	240
6	New York	222	Pennsylvania	204	Illinois	237
7	Pennsylvania	217	New York	198	North Carolina	233
8	Tennessee	171	Texas	168	Florida	200
9	Texas	156	Ohio	166	Maryland	188
10	Ohio	145	Outside U.S./Canada	155	Texas	139

Source: Va. Healthcare Workforce Data Center

Among all licensees, 30% did not participate in Virginia's APRN workforce during the past year. Among licensees who did not participate in Virginia's APRN workforce, 96% worked at some point in the past year, including 94% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	6,725
% of Licensees:	30%
Federal/Military:	8%
Va. Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	182	1%
Master's Degree	9,335	74%
Post-Masters Cert.	994	8%
Doctorate of NP	1,632	13%
Other Doctorate	551	4%
Post-PhD Cert.	4	<1%
Total	12,698	100%

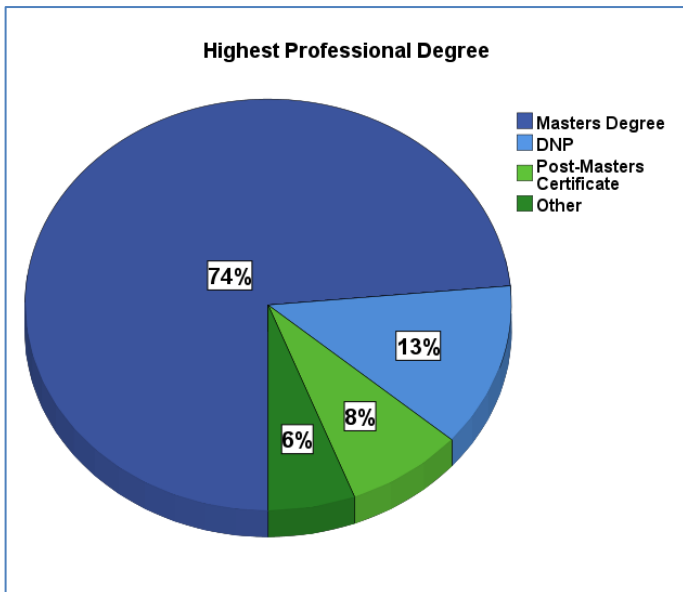
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Master's Degree: 74%
 Post-Masters Cert.: 8%

Education Debt
 Carry Debt: 51%
 Under Age 40 w/ Debt: 63%
 Median Debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All APRNs		APRNs Under 40	
	#	%	#	%
None	5,609	49%	1,452	37%
Less than \$30,000	1,071	9%	480	12%
\$30,000-\$39,999	385	3%	190	5%
\$40,000-\$49,999	492	4%	223	6%
\$50,000-\$59,999	536	5%	242	6%
\$60,000-\$69,999	445	4%	199	5%
\$70,000-\$79,999	349	3%	161	4%
\$80,000-\$89,999	368	3%	179	5%
\$90,000-\$99,999	260	2%	84	2%
\$100,000-\$109,999	449	4%	170	4%
\$110,000-\$119,999	194	2%	61	2%
\$120,000 or More	1,204	11%	480	12%
Total	11,362	100%	3,921	100%

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 74% have a Master's degree as their highest professional degree. More than half of all APRNs carry education debt, including 63% of those APRNs who are under the age of 40. The median outstanding balance among those APRNs with education debt is between \$60,000 and \$70,000.

At a Glance:

Primary Specialty

Family Health:	26%
RN Anesthetist:	13%
Psychiatric/ Mental Health:	11%

Credentials

AANPCP – Family NP:	22%
ANCC – Family NP:	18%
ANCC – Family Psychiatric- Mental Health NP:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Specialties		
Specialty	#	%
Family Health	3,278	26%
Certified Registered Nurse Anesthetist	1,609	13%
Psychiatric/Mental Health	1,328	11%
Acute Care/Emergency Room	1,077	9%
Adult Health	832	7%
Pediatrics	742	6%
OB/GYN - Women's Health	486	4%
Geriatrics/Gerontology	408	3%
Surgical	406	3%
Certified Nurse Midwife	208	2%
Certified Nurse Specialist	109	1%
Other Specialty Area	1,668	13%
Medical Specialties (Not Listed)	315	3%
Total	12,464	100%

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	% of Workforce
AANPCP: Family NP (FNP-C)	3,444	22%
ANCC: Family NP (FNP-BC)	2,914	18%
ANCC: Family Psychiatric-Mental Health NP (PMHNP-BC)	744	5%
ANCC: Adult-Gerontology Acute Care NP (AGACNP-BC)	714	5%
ANCC: Adult Psychiatric-Mental Health NP (PMHNP-BC)	668	4%
NCC: Women's Health Care NP (WHNP-BC)	349	2%
ANCC: Acute Care NP (ACNP-BC)	344	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	342	2%
ANCC: Adult NP (ANP-BC)	331	2%
ANCC: Adult-Gerontology Primary Care NP (AGPCNP-BC)	275	2%
ANCC: Pediatric NP (PNP-BC)	229	1%
NCC: Neonatal NP (NNP-BC)	165	1%
All Other Credentials	174	1%
At Least One Credential	9,827	62%

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 26% have a primary specialty in family health, while another 13% have a primary specialty as a Certified RN Anesthetist. In addition, 62% of APRNs hold at least one credential, including 22% who are credentialed as an AANPCP: Family NP (FNP-C).

At a Glance:

Employment

Employed in Profession: 96%
 Involuntarily Unemployed: <1%

Positions Held

1 Full-Time: 63%
 2 or More Positions: 20%

Weekly Hours:

40 to 49: 49%
 60 or More: 6%
 Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	5	<1%
Employed in a Nursing-Related Capacity	12,197	96%
Employed, NOT in a Nursing-Related Capacity	93	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	24	<1%
Voluntarily Unemployed	309	2%
Retired	142	1%
Total	12,769	100%

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 96% are currently employed in the profession, 63% hold one full-time job, and 49% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	475	4%
1 to 9 Hours	150	1%
10 to 19 Hours	310	2%
20 to 29 Hours	812	7%
30 to 39 Hours	2,654	21%
40 to 49 Hours	6,161	49%
50 to 59 Hours	1,174	9%
60 to 69 Hours	450	4%
70 to 79 Hours	120	1%
80 or More Hours	161	1%
Total	12,467	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	475	4%
One Part-Time Position	1,627	13%
Two Part-Time Positions	461	4%
One Full-Time Position	7,966	63%
One Full-Time Position & One Part-Time Position	1,684	13%
Two Full-Time Positions	56	<1%
More than Two Positions	302	2%
Total	12,571	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	66	1%
Less than \$80,000	1,113	11%
\$80,000-\$89,999	533	5%
\$90,000-\$99,999	603	6%
\$100,000-\$109,999	1,129	12%
\$110,000-\$119,999	1,181	12%
\$120,000 or More	5,161	53%
Total	9,786	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	8,003	64%
Somewhat Satisfied	3,816	31%
Somewhat Dissatisfied	533	4%
Very Dissatisfied	113	1%
Total	12,465	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: > \$120k

Benefits (Wage/Salary Employees)
Retirement: 73%
Health Insurance: 64%

Satisfaction
Satisfied: 95%
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

The typical APRN has an annual income of more than \$120,000. Among APRNs who receive either an hourly wage or a salary as compensation at their primary work location, 73% have access to a retirement plan and 64% receive health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Retirement	8,086	66%	73%
Paid Leave	7,820	64%	70%
Health Insurance	7,105	58%	64%
Dental Insurance	6,941	57%	63%
Group Life Insurance	5,506	45%	50%
Signing/Retention Bonus	2,316	19%	22%
At Least One Benefit	9,265	76%	83%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	114	1%
Experience Voluntary Unemployment?	707	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	322	2%
Work Two or More Positions at the Same Time?	2,885	18%
Switch Employers or Practices?	1,200	8%
Experience at Least One?	4,489	28%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s APRNs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same period.²

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	233	2%	188	6%
Less than 6 Months	1,071	9%	476	15%
6 Months to 1 Year	1,492	12%	495	15%
1 to 2 Years	2,944	24%	746	23%
3 to 5 Years	2,824	23%	683	21%
6 to 10 Years	1,766	15%	310	10%
More than 10 Years	1,801	15%	300	9%
Subtotal	12,131	100%	3,197	100%
Did Not Have Location	330		12,553	
Item Missing	3,328		39	
Total	15,790		15,790	

Source: Va. Healthcare Workforce Data Center

Two-thirds of all APRNs receive a salary at their primary work location, while 23% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 8%
New Location: 29%
Over 2 Years: 53%
Over 2 Yrs., 2nd Location: 40%

Employment Type

Salary: 66%
Hourly Wage: 23%

Source: Va. Healthcare Workforce Data Center

More than half of all APRNs have worked at their primary work location for more than two years.

Employment Type

Primary Work Site	#	%
Salary/Commission	6,132	66%
Hourly Wage	2,104	23%
By Contract	667	7%
Business/Practice Income	366	4%
Unpaid	50	1%
Subtotal	9,318	100%
Missing Location	330	
Item Missing	6,141	

Source: Va. Healthcare Workforce Data Center

² As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate for August 2024 was still preliminary, and the unemployment rate for September 2024 had not yet been released.

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	70%
Lowest Region:	2%

Locations

2 or More (Past Year):	26%
2 or More (Now*):	24%

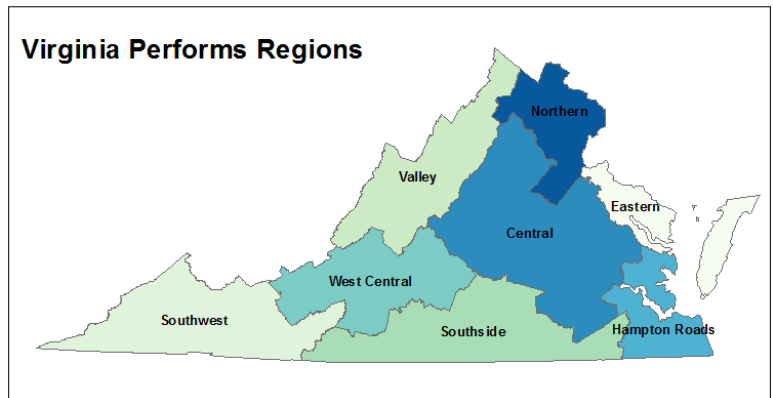
Source: Va. Healthcare Workforce Data Center

Seven out of every ten APRNs work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,925	24%	601	19%
Eastern	244	2%	66	2%
Hampton Roads	2,228	18%	520	16%
Northern	3,350	28%	828	26%
Southside	431	4%	94	3%
Southwest	759	6%	187	6%
Valley	638	5%	167	5%
West Central	1,124	9%	263	8%
Virginia Border State/D.C.	147	1%	124	4%
Other U.S. State	243	2%	332	10%
Outside of the U.S.	7	<1%	11	<1%
Total	12,096	100%	3,193	100%
Item Missing	3,362		43	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all APRNs, 24% currently have multiple work locations, while 26% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	298	2%	464	4%
1	8,871	72%	8,892	72%
2	1,907	15%	1,918	16%
3	973	8%	869	7%
4	150	1%	111	1%
5	63	1%	47	<1%
6 or More	126	1%	87	1%
Total	12,388	100%	12,388	100%

*At the time of survey completion (Oct. 2023 - Sept. 2024, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	6,071	53%	1,994	66%
Non-Profit	3,926	34%	758	25%
State/Local Government	811	7%	178	6%
Veterans Administration	281	2%	26	1%
U.S. Military	217	2%	35	1%
Other Federal Government	132	1%	32	1%
Total	11,438	100%	3,023	100%
Did Not Have Location	330		12,553	
Item Missing	4,020		212	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

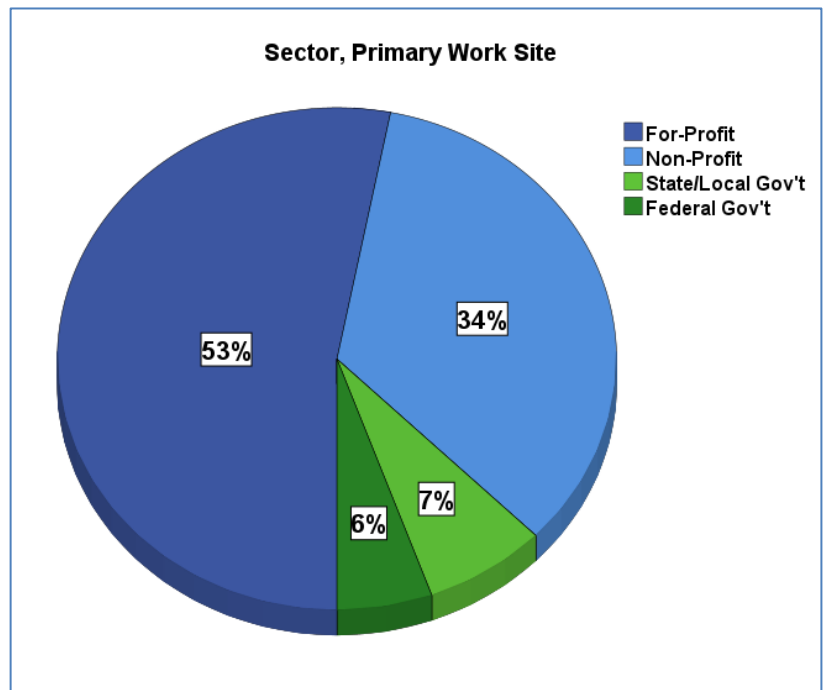
For Profit:	53%
Federal:	6%

Top Establishments

Clinic, Primary Care:	19%
Hospital, Inpatient:	19%
Academic Institution:	7%

Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten APRNs work in the private sector, including 53% who work in for-profit establishments. Meanwhile, 7% of APRNs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

More than one-quarter of the state's APRN workforce use EHRs. One out of every four APRNs also provide remote health care for Virginia patients.

Electronic Health Records (EHRs) and Telehealth		
Activity	#	% of Workforce
Meaningful Use of EHRs	4,175	26%
Remote Health, Caring for Patients in Virginia	3,946	25%
Remote Health, Caring for Patients Outside of Virginia	1,047	7%
Use at Least One	6,228	39%

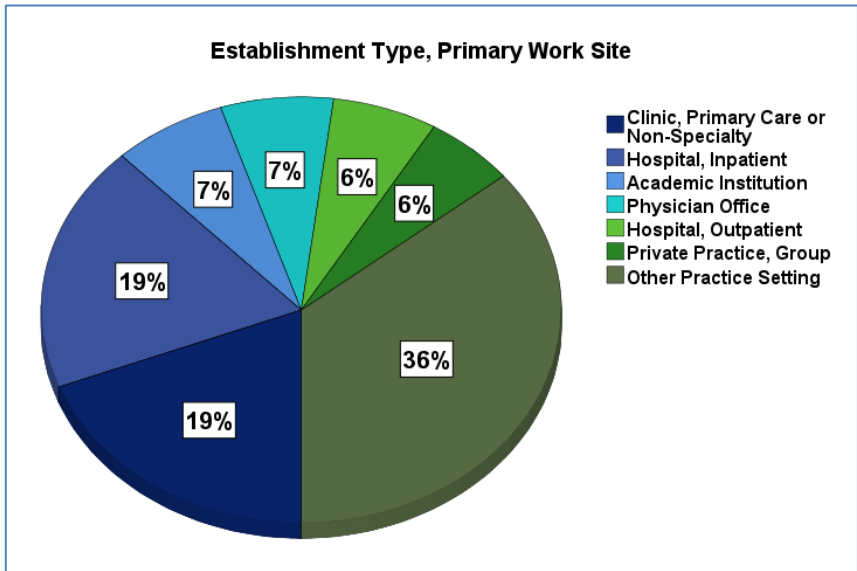
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Clinic, Primary Care or Non-Specialty (e.g., FQHC, Retail or Free Clinic)	2,127	19%	443	15%
Hospital, Inpatient Department	2,124	19%	462	16%
Academic Institution (Teaching or Research)	786	7%	172	6%
Physician Office	761	7%	119	4%
Hospital, Outpatient Department	719	6%	132	5%
Private Practice, Group	646	6%	127	4%
Mental Health, or Substance Abuse, Outpatient Center	562	5%	154	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	515	5%	98	3%
Ambulatory/Outpatient Surgical Unit	501	4%	183	6%
Other Practice Setting	2,529	22%	1,040	35%
Total	11,270	100%	2,930	100%
Did Not Have Location	330		12,553	

Nearly two out of every five APRNs work in either a primary care/non-specialty clinic or the inpatient department of a hospital.

Source: Va. Healthcare Workforce Data Center

Among those APRNs who also have a secondary work location, nearly one-third work in either the inpatient department of a hospital or a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	8,972	57%
Medicaid	8,331	53%
Medicare	8,214	52%
Cash/Self-Pay	7,850	50%

Private insurance is the most commonly accepted form of payment among Virginia's APRNs.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	30%
French:	17%
Chinese:	17%

Means of Communication

Virtual Translation:	71%
Onsite Translation:	28%
Other Staff Member:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	4,804	30%
French	2,755	17%
Chinese	2,725	17%
Arabic	2,717	17%
Korean	2,639	17%
Vietnamese	2,543	16%
Hindi	2,472	16%
Tagalog/Filipino	2,413	15%
Persian	2,236	14%
Urdu	2,159	14%
Amharic, Somali, or Other Afro-Asiatic Languages	2,070	13%
Pashto	2,013	13%
Others	1,133	7%
At Least One Language	5,725	36%

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 30% are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	4,073	71%
Onsite Translation Service	1,615	28%
Other Staff Member is Proficient	1,515	26%
Respondent is Proficient	989	17%
Other	141	2%

Source: Va. Healthcare Workforce Data Center

Among APRNs who are employed at a primary work location that offers language services for patients, 71% offer these services by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

Roles

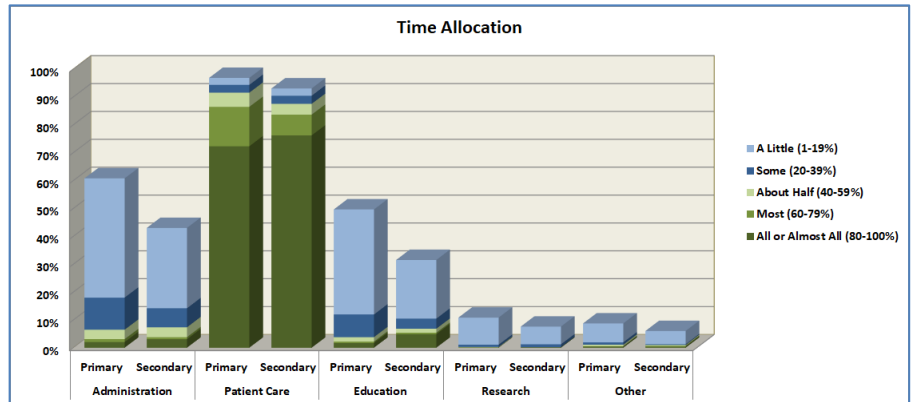
Patient Care: 86%
Administration: 3%
Education: 2%

Patient Care APRNs

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

APRNs typically spend most of their time on patient care activities. In fact, 86% of all APRNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	72%	76%	2%	5%	0%	0%	0%	0%
Most (60-79%)	1%	1%	14%	7%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	3%	4%	5%	4%	2%	1%	0%	0%	1%	0%
Some (20-39%)	12%	7%	3%	3%	8%	4%	1%	1%	1%	0%
A Little (1-19%)	43%	29%	2%	3%	38%	21%	10%	6%	7%	5%
None (0%)	39%	57%	3%	7%	50%	68%	89%	92%	91%	94%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All APRNs		APRNs 50 and Over	
	#	%	#	%
Under Age 50	160	2%	0	0%
50 to 54	402	4%	20	1%
55 to 59	1,052	10%	181	5%
60 to 64	2,638	25%	730	19%
65 to 69	3,915	37%	1,555	42%
70 to 74	1,475	14%	771	21%
75 to 79	323	3%	193	5%
80 or Over	135	1%	77	2%
I Do Not Intend to Retire	562	5%	218	6%
Total	10,662	100%	3,745	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All APRNs

Under 65: 40%
Under 60: 15%

APRNs 50 and Over

Under 65: 25%
Under 60: 5%

Time Until Retirement

Within 2 Years: 5%
Within 10 Years: 19%
Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

Among all APRNs, 40% expect to retire by the age of 65. Among APRNs who are age 50 and over, 25% expect to retire by the age of 65.

Within the next two years, 11% of APRNs expect to increase patient care hours, and 10% expect to pursue additional educational opportunities.

Future Plans

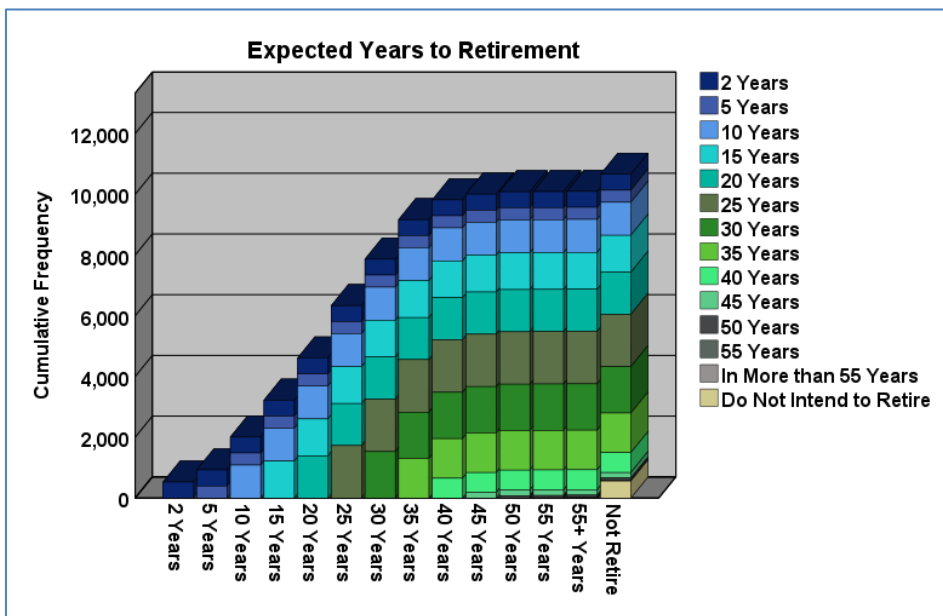
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	97	1%
Leave Virginia	387	2%
Decrease Patient Care Hours	1,314	8%
Decrease Teaching Hours	106	1%
Increase Participation		
Increase Patient Care Hours	1,675	11%
Increase Teaching Hours	1,447	9%
Pursue Additional Education	1,559	10%
Return to Virginia's Workforce	152	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for APRNs. While 5% of APRNs expect to retire in the next two years, 19% expect to retire in the next ten years. More than half of the current APRN workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	525	5%	5%
5 Years	398	4%	9%
10 Years	1,085	10%	19%
15 Years	1,216	11%	30%
20 Years	1,388	13%	43%
25 Years	1,726	16%	59%
30 Years	1,527	14%	74%
35 Years	1,303	12%	86%
40 Years	652	6%	92%
45 Years	186	2%	94%
50 Years	80	1%	95%
55 Years	5	<1%	95%
In More than 55 Years	8	<1%	95%
Do Not Intend to Retire	562	5%	100%
Total	10,662	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2034. Retirement will peak at 16% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2064.

At a Glance:

FTEs

Total: 13,446
 FTEs/1,000 Residents³: 1.55
 Average: 0.87

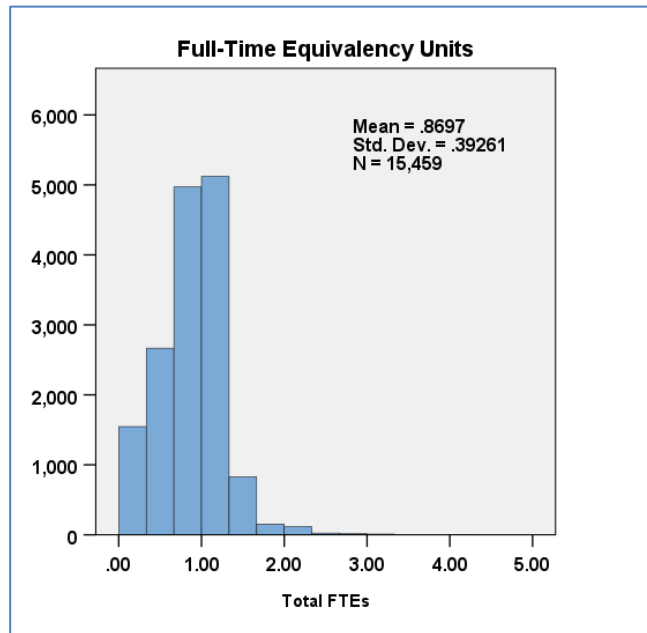
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

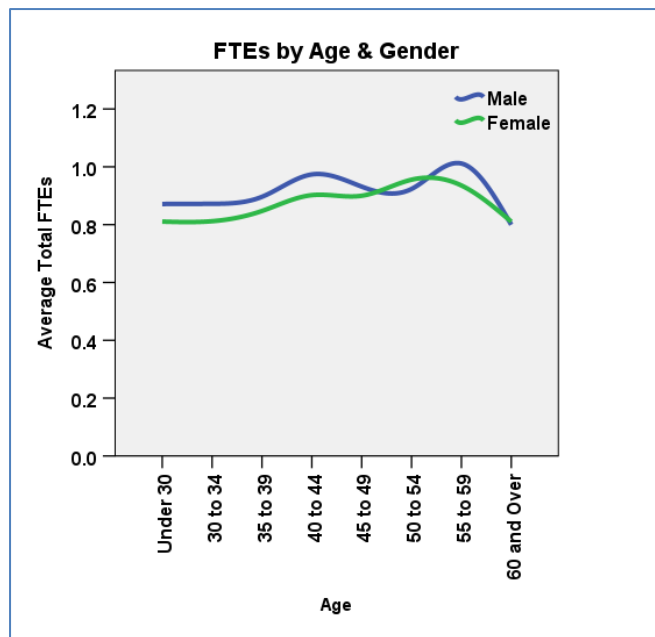


Source: Va. Healthcare Workforce Data Center

The typical (median) APRN provided 0.92 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.⁴

Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.82	0.86
30 to 34	0.80	0.80
35 to 39	0.89	1.01
40 to 44	0.90	0.88
45 to 49	0.82	0.87
50 to 54	0.99	1.08
55 to 59	0.94	0.92
60 and Over	0.77	0.68
Gender		
Male	0.91	0.96
Female	0.87	0.93

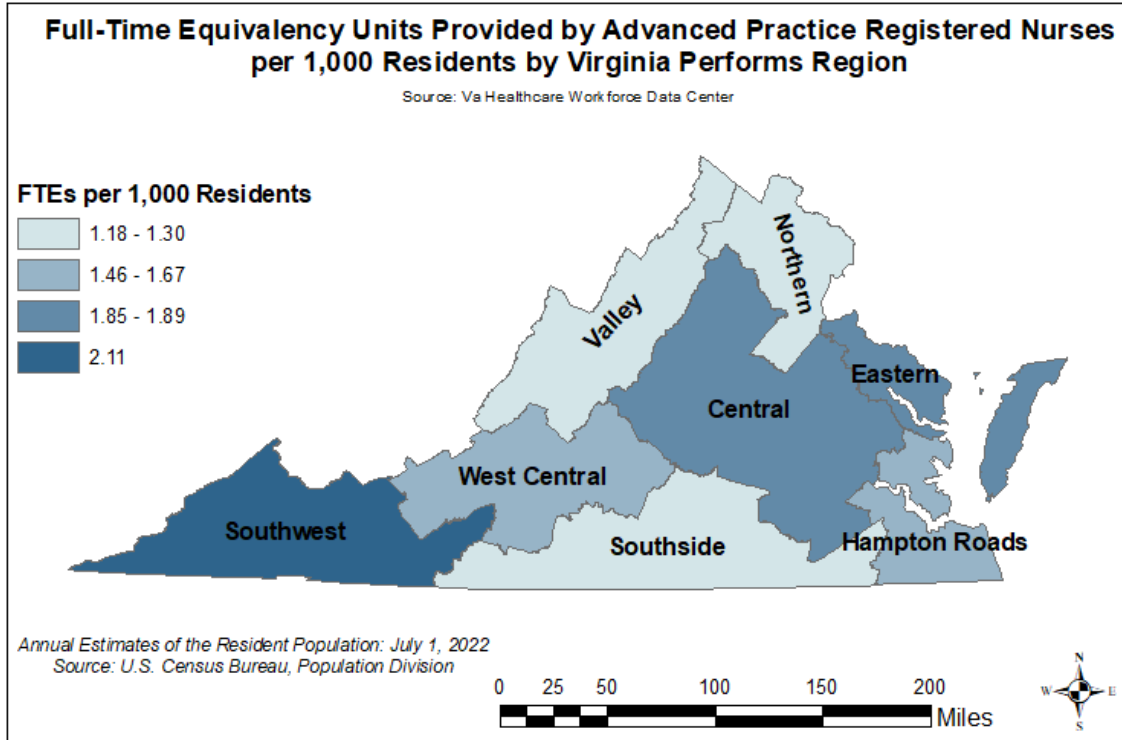
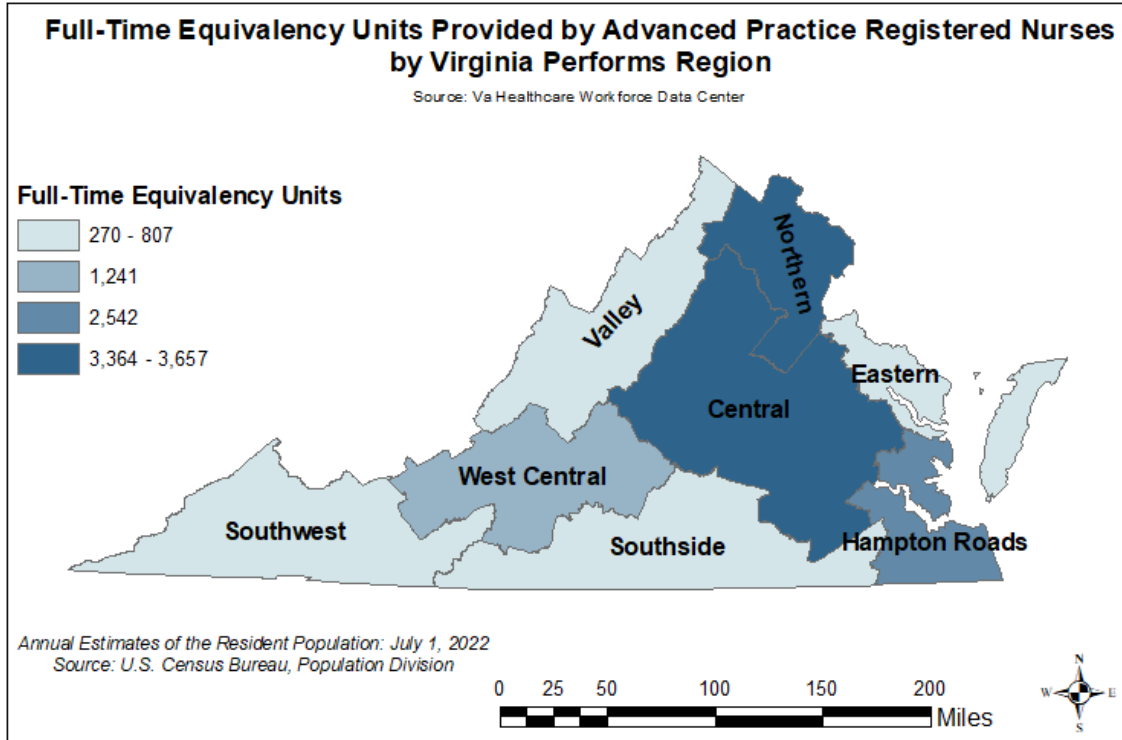
Source: Va. Healthcare Workforce Data Center

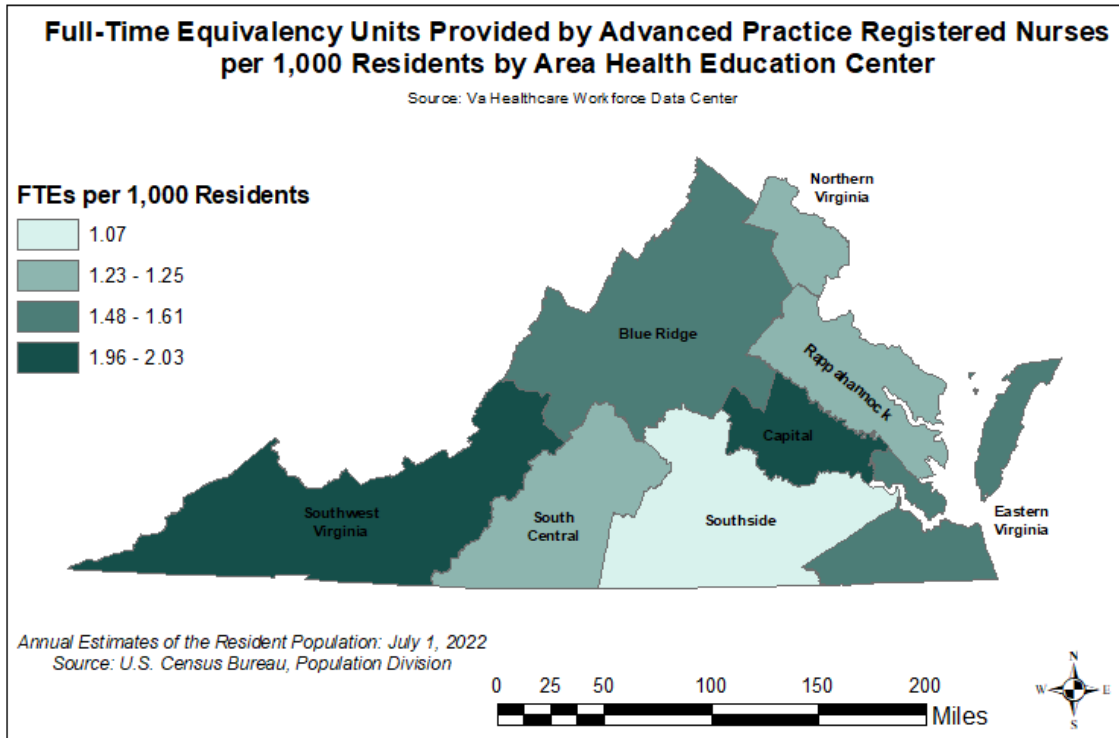
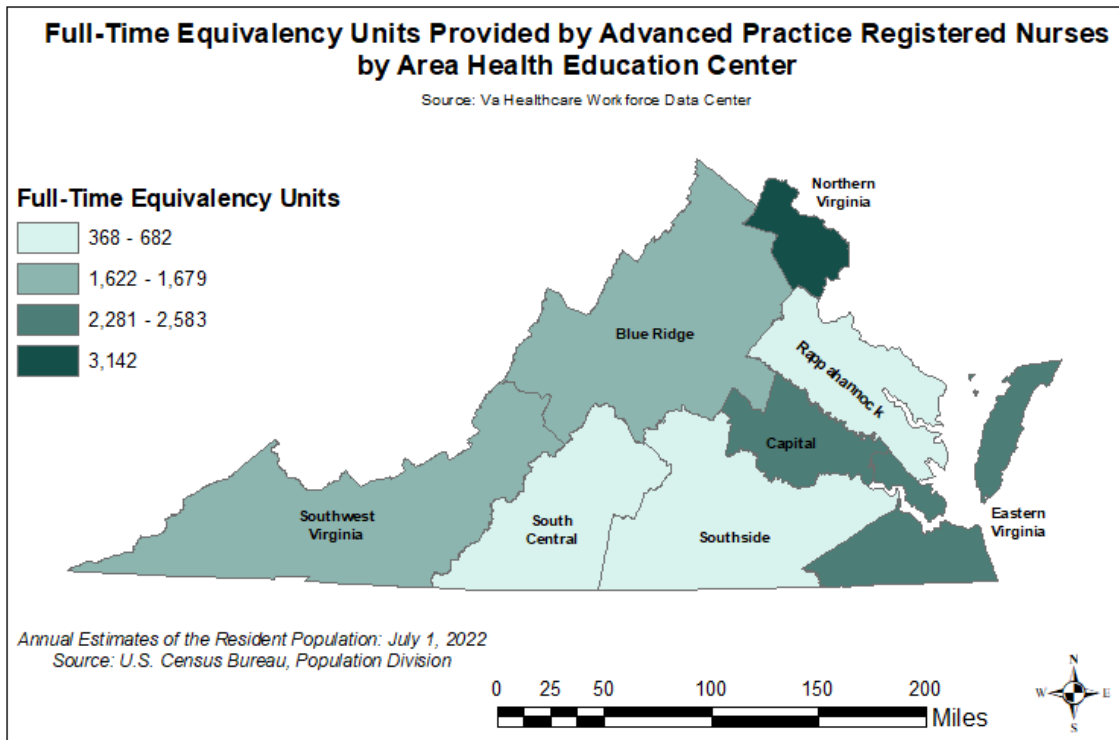


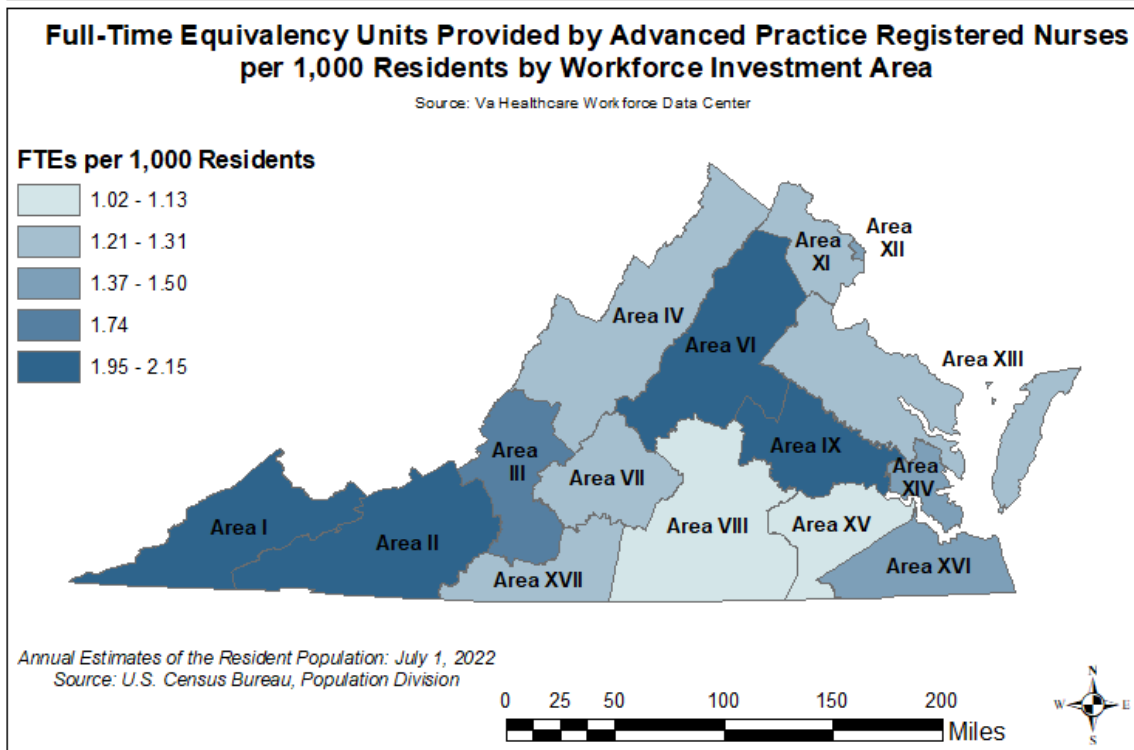
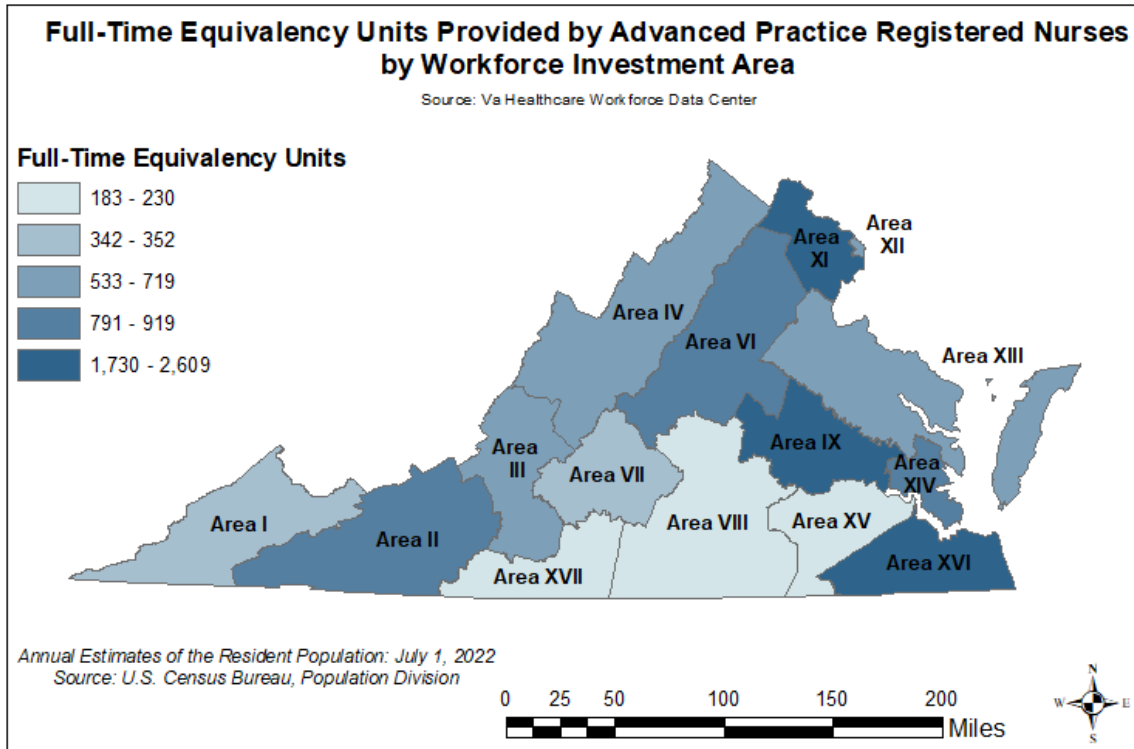
Source: Va. Healthcare Workforce Data Center

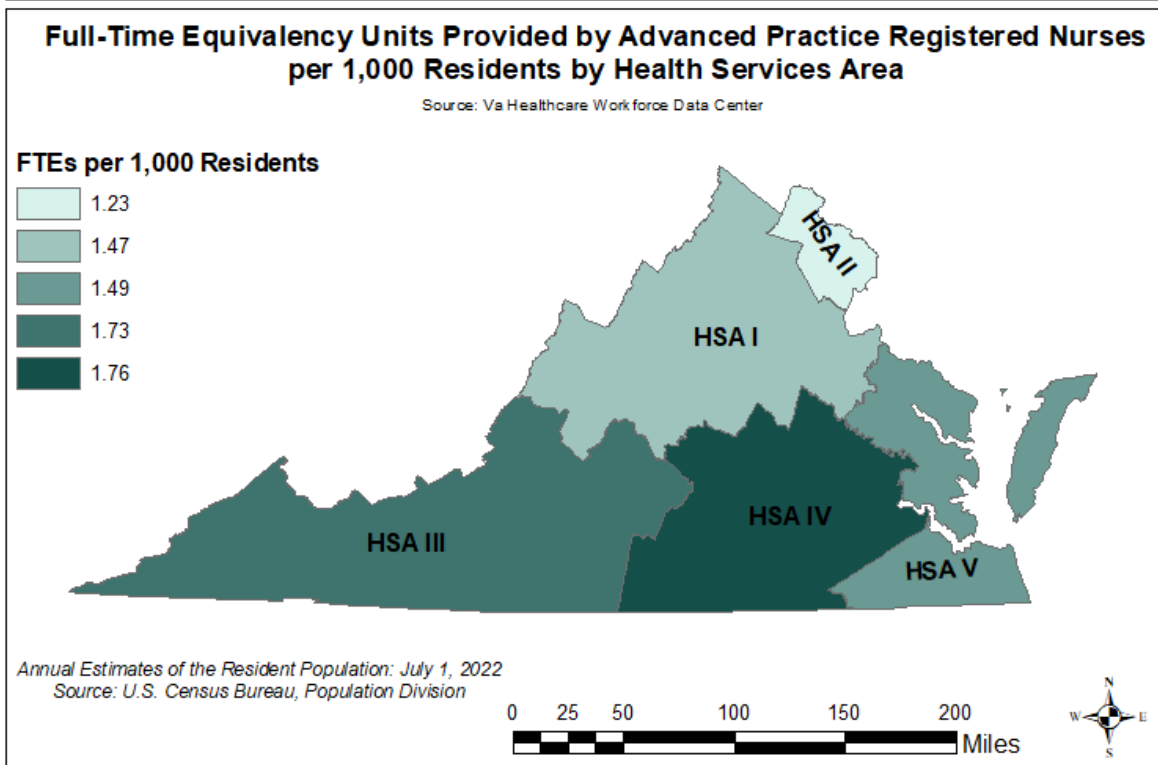
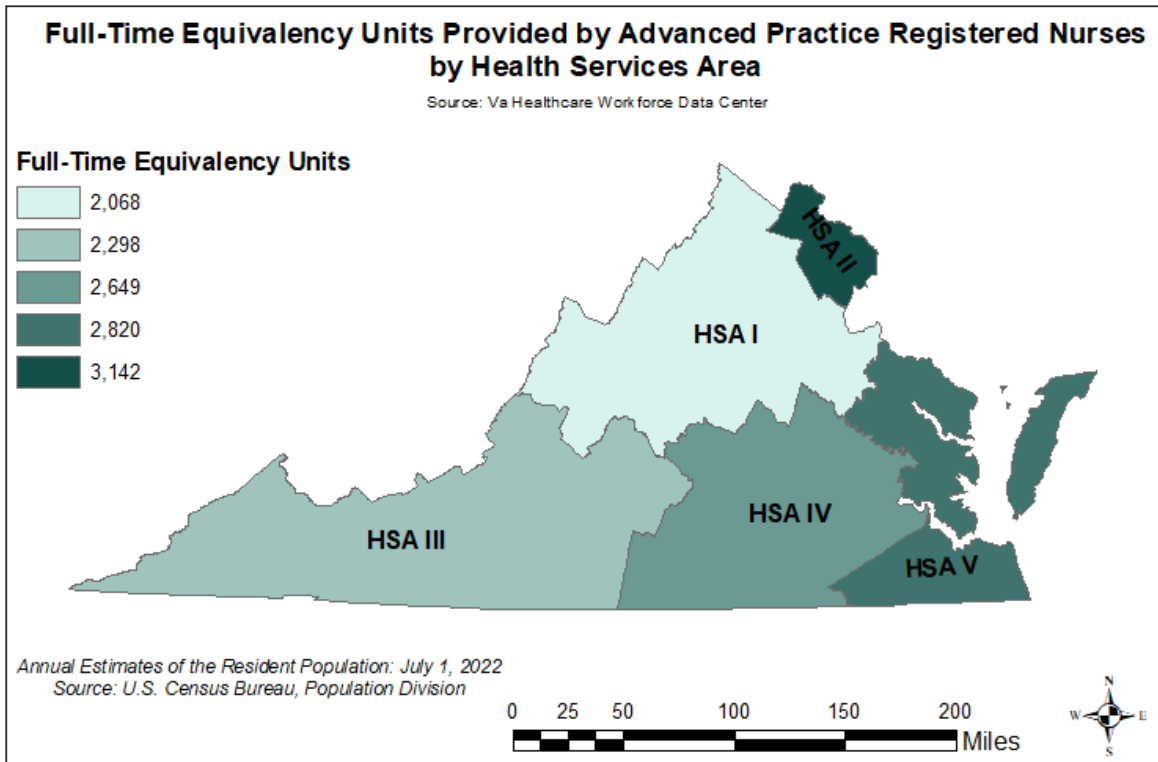
³ Number of residents in 2022 was used as the denominator.

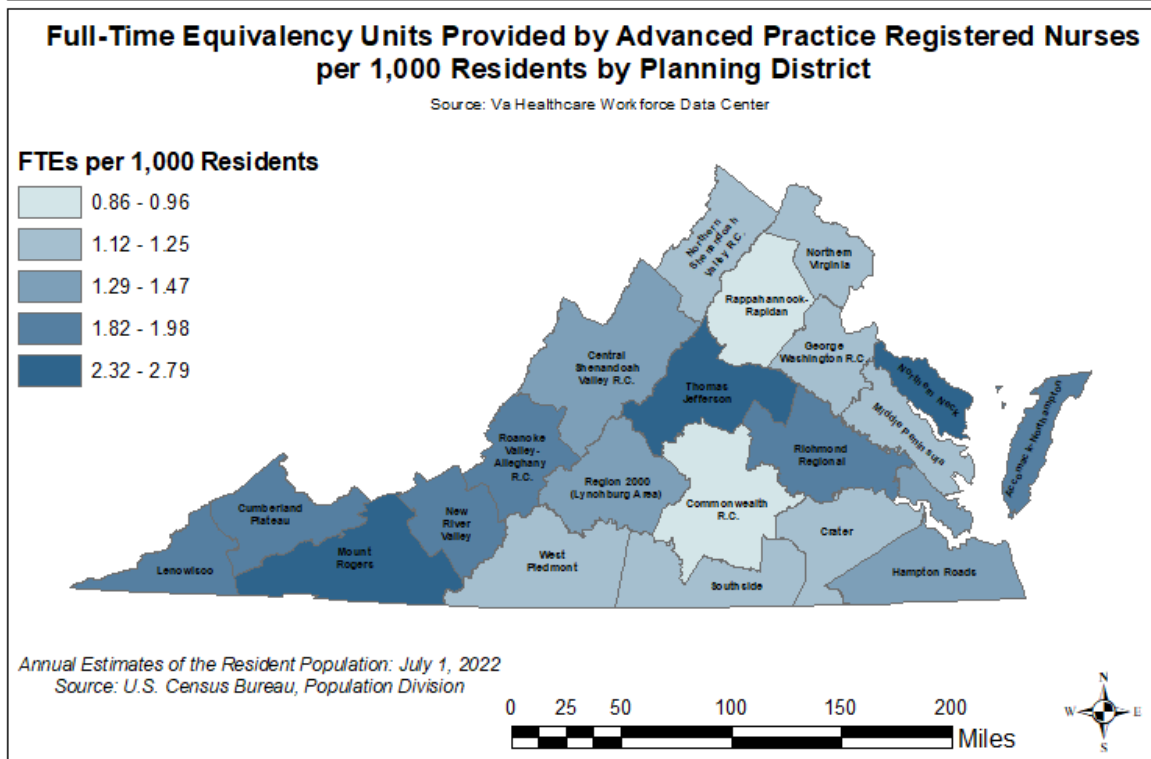
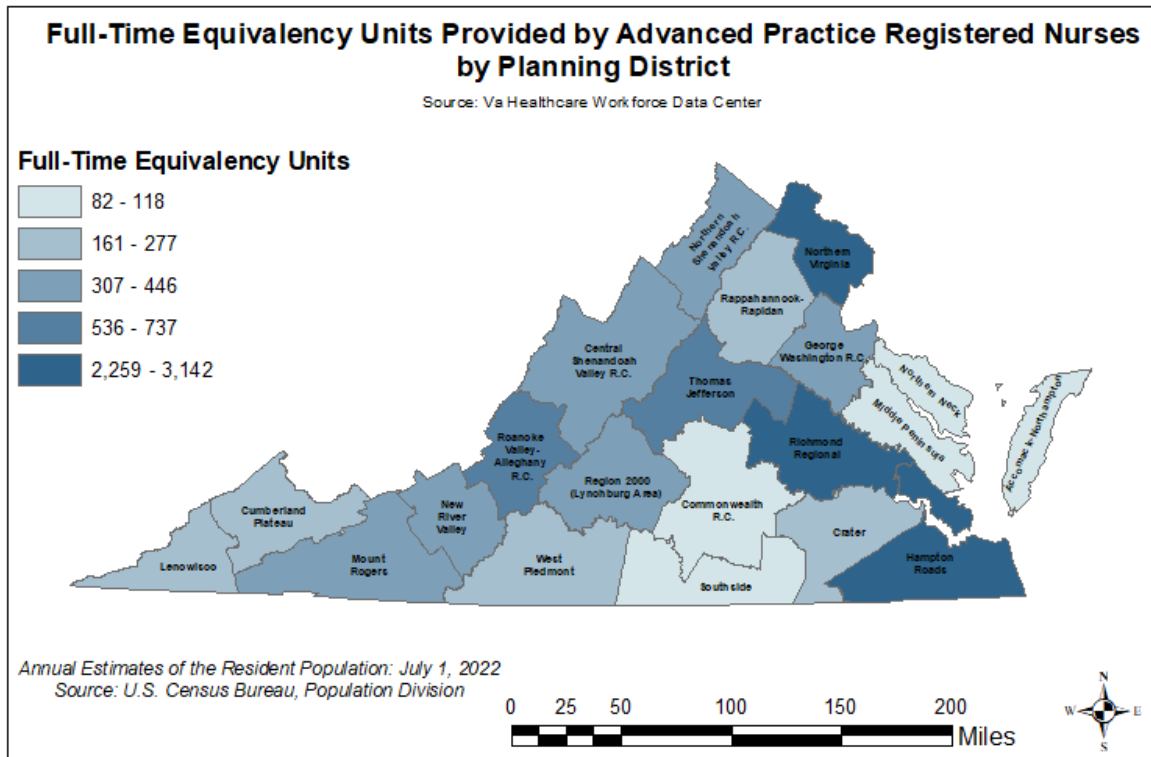
⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	9,570	40.92%	2.444	2.090	5.097
Metro, 250,000 to 1 Million	1,220	37.87%	2.641	2.259	5.508
Metro, 250,000 or Less	1,487	42.97%	2.327	1.990	4.854
Urban. Pop. 20,000+, Metro Adj.	230	40.87%	2.447	2.093	5.103
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	503	36.18%	2.764	2.364	3.361
Urban, Pop. 2,500-19,999, Non-Adj.	392	46.17%	2.166	1.852	4.517
Rural, Metro Adj.	406	36.21%	2.762	2.362	3.359
Rural, Non-Adj.	142	46.48%	2.152	1.840	2.617
Virginia Border State/D.C.	3,677	27.50%	3.637	3.111	7.586
Other U.S. State	4,900	25.22%	3.964	3.391	8.269

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	533	16.89%	5.922	4.517	8.269
30 to 34	2,648	34.48%	2.900	2.198	4.049
35 to 39	4,161	28.96%	3.453	2.617	4.821
40 to 44	3,875	40.05%	2.497	1.892	3.486
45 to 49	3,165	31.47%	3.178	2.408	4.437
50 to 54	2,754	41.18%	2.429	1.840	3.391
55 to 59	1,935	34.68%	2.884	2.185	4.026
60 and Over	3,457	39.72%	2.518	1.908	3.515

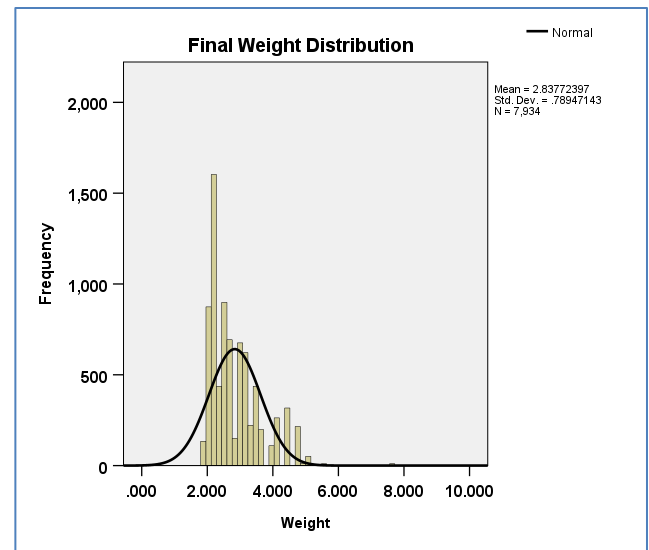
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.352184



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Advanced Practice Registered Nurse Workforce: Comparison by Specialty

Healthcare Workforce Data Center

December 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Over 14,900 Licensed Advanced Practice Registered Nurse voluntarily participated in the 2023 and 2024 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne Owens, MS
Director

James Jenkins, RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Executive Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Joint Boards of Nursing and Medicine

Members

Delia Acuna, FNP-C

Blanton L. Marchese
North Chesterfield

Helen M. Parke, DNP, FNP-BC
Concord

Shelly Smith, PhD, DNP, ANP-BC

Bo Vaughan Jr., MD

Ryan Williams, MD
Suffolk

Executive Director, Board of Medicine

William Harp, MD

Executive Director, Board of Nursing

Claire Morris, RN, LNHA

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Results in Brief

This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2023 and 2024 Advanced Practice Registered Nurse Surveys. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all APRNs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Advanced Practice Registered Nurses (APRNs) the opportunity to complete the survey. The 2023 survey occurred between October 2022 and September 2023; the 2024 survey occurred between October 2023 and September 2024. The survey was available to all renewing APRNs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including APRNs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs), clinical nurse specialists (CNSs), and certified nurse practitioners (CNP). CNPs make up the highest proportion of APRNs. Over 80% of APRNs are CNPs while CNMs and CNSs constitute only 2% of APRNs. The full time equivalency units are also similarly distributed by specialty.

Nine of ten APRNs are female; Almost all CNMs (99%) are female whereas approximately 71% of CRNAs are female; 97% of CNSs are female, and 92% of CNPs are female. The median age of all APRNs is 44. The median age of CRNAs is 46, the median age for CNMs and CNPs is 44, and the CNSs' median age is 61. In a random encounter between two APRNs, there is a 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNSs were the least diverse with 30% diversity index, while CNPs had the highest diversity index at 47%. Overall, 11% of APRNs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 6%, 7%, and 2% of CRNAs, CNMs, and CNSs respectively.

CRNAs and CNSs had the highest educational attainment with 22% reporting a doctor of nursing practice degree; whereas 19% of CNMs and 11% of CNPs did. However, CNMs reported the highest median education debt of \$95k and half of CNMs had education debt. Over half of CNPs also reported education debt. CNSs had the lowest median at \$40k-\$50k. CRNAs had \$80-\$90k in education debt but only 38% of all CRNAs carried education debt.

CRNAs and CNMs reported a median annual income of \$120k or more per year, as compared to a median of \$110k-\$120k for all APRNs. Further, 90% of CRNAs reported \$120,000 or more in annual income compared to 52% of CNMs, 34% of CNSs and 43% of CNPs. However, only 66% of CRNAs received at least one employer-sponsored benefit compared to 77% of CNMs and CNSs as well as 79% of CNPs. Overall, 93% of APRNs are satisfied with their current employment situation. However, only 90% of CNMs were satisfied compared to 98% of CRNAs, 91% of CNSs and 94% of CNPs. Almost a third of all APRNs reported employment instability in the year prior to the survey, with CNMs being most likely to report employment instability.

Most CNRAs (92%) worked in the private sector compared to 89% of CNMs and 86% of CNS and CNPs. Meanwhile, CNSs (53%) were most likely to work in the non-profit sector. CRNAs, CNMs, and CNSs were most likely to be working in inpatient hospital departments whereas CNPs were most likely to work in primary care clinics. Only 14% of CRNAs used at least one form of electronic health record or telehealth compared to 42% of CNMs, 28% of CNSs, and 45% of CNPs. Over half of CNSs plan to retire within the next decade compared to 25% of CNRAS, 20% of CNMs and 17% of CNPs. About 47%, 36%, 25% and 40% of CRNAs, CNMs, CNSs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 3%, 4%, 8%, and 6% of CRNAs, CNMs, CNSs, and CNPs, respectively, do not intend to retire.

Closer Look:

At a Glance:

Licensed APRNs

Total:	23,413
CRNA:	3,128
CNM:	548
CNS:	398
CNP:	19,326

Response Rates

All Licensees: (2023 & 2024)	68%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2023 and 2024 APRN Surveys, and licensure data retrieved in October 2024. Two years of survey data were used to get a complete portrait of the APRN workforce since APRNs are surveyed every two years in their birth month. Thus, every APRN would have been eligible to complete a survey in only one of the two years. Newly licensed APRNs do not complete the survey, so they are excluded from the survey. From the licensure data, 3,128 of APRNs reported their first specialty as CRNA, 548 had a first specialty of CNM, 398 reported a CNS specialty, and 19,326 had other first specialties. However, 12 CRNAs, 106 CNMs, and 27 CNSs reported other APRN specialties. “At a Glance” shows the breakdown by specialty. Over 80% are CNPs, 13% are CRNAs, 2% are CNMs, and 2% are CNSs.

Response Rates					
	CRNA	CNM	CNS	CNP	Total
Completed Surveys 2022	951	169	156	5,725	7,003
Completed Surveys 2023	1,108	188	151	6,583	7,934
Response Rate, all licensees	67%	68%	66%	68%	68%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 68% of APRNs submitted a survey in both 2022 and 2023. As shown above, the response rate was highest for CRNAs and lowest for CNSs.

Definitions

- The Survey Period:** The survey was conducted between October 2022 and September 2023, and between October 2023 and September 2024, on the birth month of each renewing practitioner.
- Target Population:** All APRNs who held a Virginia license at some point during the survey period.
- Survey Population:** The survey was available to APRNs who renewed their licenses online. It was not available to those who did not renew, including APRNs newly licensed during the survey time frame.

Not in Workforce in Past Year

	CRNA	CNM	CNS	CNP	All 2024
% of Licensees not in VA Workforce	30%	23%	17%	30%	30%
% in Federal Employee or Military:	7%	12%	15%	8%	8%
% Working in Virginia Border State or DC	16%	18%	14%	20%	18%

Source: Va. Healthcare Workforce Data Center

CRNAs and CNPs were most likely to not be working in the state workforce. Additionally, CNPs were most likely to be working in border states.

A Closer Look:

At a Glance:

2022 and 2023 Workforce

Virginia's APRN

Workforce: 16,436

FTEs: 14,020

Workforce by Specialty

CRNA: 2,187

CNM: 420

CNS: 330

CNP: 13,482

FTE by Specialty

CRNA: 1,819

CNM: 423

CNS: 297

CNP: 11,501

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's APRN Workforce

Status	CRNA		CNM		CNS		CNP		All (2024)	
	#	%	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	2,187	99%	409	97%	313	95%	13,213	98%	16,128	98%
Looking for Work in Virginia	10	<1%	11	3%	18	5%	269	2%	308	2%
Virginia's Workforce	2,198	100%	420	100%	330	100%	13,482	100%	16,436	100%
Total FTEs	1,819		423		297		11,501		14,020	
Licensees	3,128		548		398		19,326		23,401	

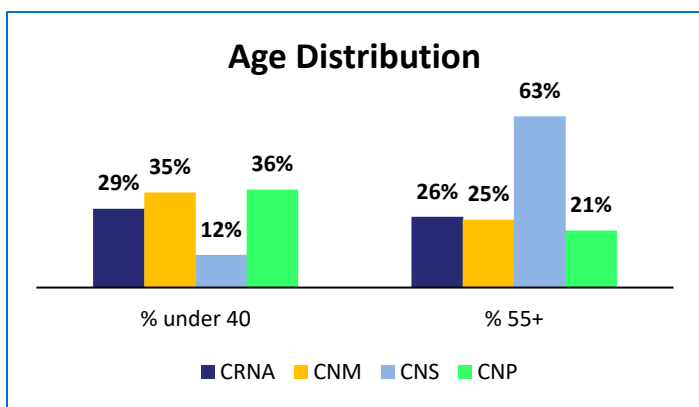
Source: Va. Healthcare Workforce Data Center

CNPs provided 82% of the nurse practitioner FTEs in the state. CRNAs provided 13% whereas CNMs provided 3%, and CNSs provided 2% of the FTEs. 5% of CNSs in the state's workforce were looking for work in the state compared to 3% or less of the other APRNs.

A Closer Look (All Nurse Practitioners in 2024):

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	31	8%	377	93%	408	3%
30 to 34	161	9%	1,726	92%	1,886	14%
35 to 39	193	8%	2,184	92%	2,376	18%
40 to 44	284	12%	2,131	88%	2,414	18%
45 to 49	190	11%	1,502	89%	1,692	12%
50 to 54	202	12%	1,528	88%	1,730	13%
55 to 59	112	11%	886	89%	997	7%
60 +	235	11%	1,834	89%	2,068	15%
Total	1,406	10%	12,166	90%	13,572	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

- % Female: 90%
- % Under 40 Female: 92%

% Female by Specialty

- CRNA: 71%
- CNM: 99%
- CNS: 97%
- CNP: 92%

% Female <40 by Specialty

- CRNA: 78%
- CNM: 100%
- CNS: 94%
- CNP: 93%

Source: Va. Healthcare Workforce Data Center

CNMs have and CNPs have a median age of 44. The median age of CRNAs is 46, and CNSs' median age is 61.

Age & Gender by Specialty																
Age	CRNA				CNM				CNS				CNP			
	#	Female %	Total #	% in Age Group	#	Female %	Total #	% in Age Group	#	Female %	Total #	% in Age Group	#	Female %	Total #	% in Age Group
Under 30	3	100%	3	0%	10	100%	10	3%	0	0%	0	0%	365	92%	395	4%
30-34	178	78%	229	13%	41	100%	41	12%	13	100%	13	4%	1,493	93%	1,603	14%
35-39	231	78%	297	16%	72	100%	72	20%	19	93%	21	7%	1,862	94%	1,984	18%
40-44	221	69%	322	18%	64	100%	64	18%	30	100%	30	10%	1,814	91%	1,997	18%
45-49	165	69%	239	13%	45	97%	46	13%	17	100%	17	6%	1,274	92%	1,387	13%
50-54	190	70%	270	15%	31	100%	31	9%	28	96%	30	10%	1,278	91%	1,399	13%
55-59	103	70%	148	8%	22	100%	22	6%	25	96%	27	9%	736	92%	801	7%
60+	203	63%	323	18%	66	98%	68	19%	151	96%	157	54%	1,414	93%	1,521	14%
Total	1,293	71%	1,831	100%	351	99%	354	100%	283	97%	293	100%	10,236	92%	11,089	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look (All APRNs in 2024):

Race & Ethnicity (2024)					
Race/ Ethnicity	Virginia*	APRNs		APRNs under 40	
	%	#	%	#	%
White	61%	9,747	72%	3,388	73%
Black	19%	2,070	15%	572	12%
Asian	7%	839	6%	325	7%
Other Race	0%	123	1%	33	1%
Two or more races	3%	315	2%	110	2%
Hispanic	10%	528	4%	238	5%
Total	100%	13,622	100%	4,666	100%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

2023 Diversity

Diversity Index: 46%

Under 40 Div. Index: 45%

Diversity by Specialty

CRNA: 45%

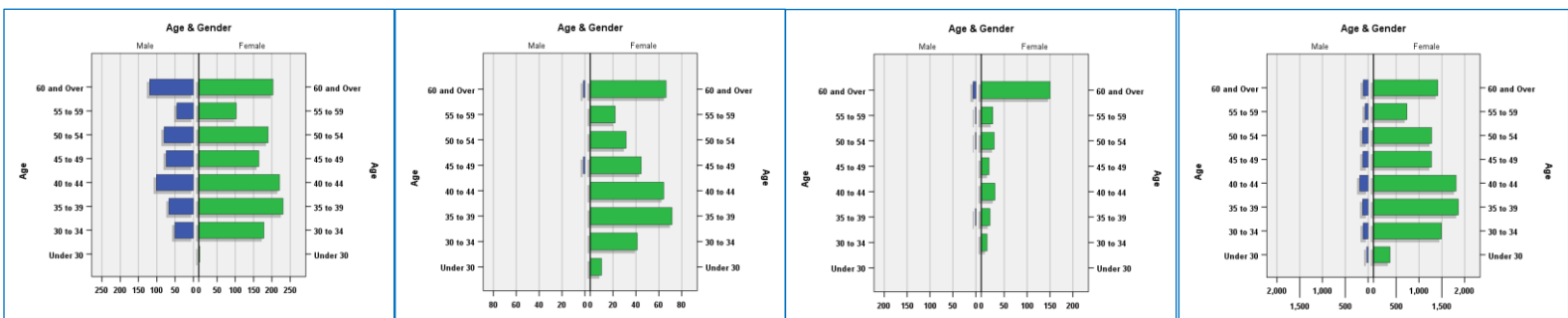
CNM: 33%

CNS: 30%

CNP: 47%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender																
Race/ Ethnicity	CRNA				CNM				CNS				CNP			
	APRNs		APRNs under 40		APRNs		APRNs under 40		APRNs		APRNs under 40		APRNs		APRNs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	1,330	73%	366	70%	295	81%	103	82%	244	83%	22	73%	7,872	71%	2,894	73%
Black	186	10%	50	10%	40	11%	14	11%	31	11%	4	13%	1,812	16%	503	13%
Asian	125	7%	39	7%	4	1%	2	2%	4	1%	1	3%	706	6%	282	7%
Other Race	11	1%	2	0%	5	1%	0	0%	3	1%	0	0%	104	1%	32	1%
Two or more races	65	4%	21	4%	7	2%	3	2%	5	2%	0	0%	238	2%	86	2%
Hispanic	101	6%	45	9%	13	4%	4	3%	8	3%	3	10%	407	4%	186	5%
Total	1,818	100%	523	100%	364	100%	126	100%	295	100%	30	100%	11,139	100%	3,983	100%



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Rural Childhood

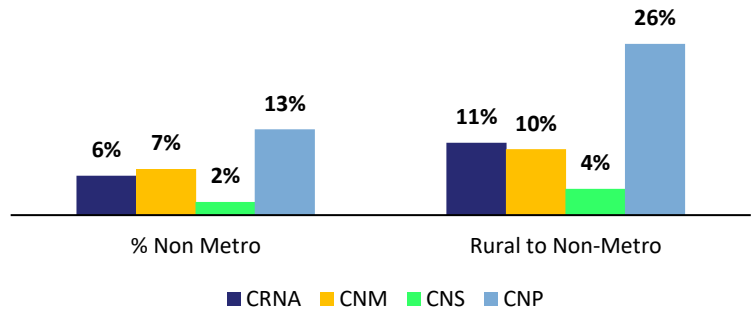
CRNA:	27%
CNM:	30%
CNS:	38%
CNP:	35%
All:	33%

Non-Metro Location

CRNA:	6%
CNM:	7%
CNS:	2%
CNP:	13%
All:	11%

Source: Va. Healthcare Workforce Data Center

Current Non-Metro Status

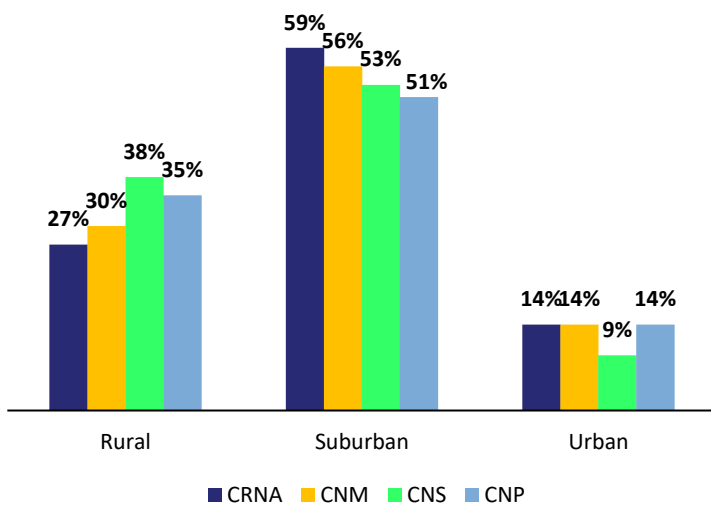


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	APRN Degree in VA
CRNA	27%	29%	34%	36%
CNM	32%	32%	39%	24%
CNS	51%	55%	60%	71%
CNP	46%	54%	58%	52%
All (2024)	43%	50%	54%	50%

Source: Va. Healthcare Workforce Data Center

Metro Status during Youth



Source: Va. Healthcare Workforce Data Center

CNSs were most likely to have been educated in the state. CNMs were least likely to have obtained their APRN education in the state. Also, CNPs had the highest percent reporting a non-metro work location.

Education

A Closer Look:

At a Glance:

Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$90k-\$100k
CNS:	\$40k-\$50k
CNP:	\$60k-\$70k

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 57% of all CNMs and 74% of CNMs under age 40 had education debt. CNMs also had the highest median debt at \$90k-\$100k. CNSs had the lowest median education debt. Finally, 38% of all CRNAs, and 61% of CRNAs under 40 reported education debt.

Degree	Highest Degree									
	CRNA		CNM		CNS		CNP		All (2024)	
	#	%	#	%	#	%	#	%	#	%
NP Certificate	99	6%	11	3%	0	0%	101	1%	217	2%
Master's Degree	1,129	63%	269	74%	152	53%	8,401	77%	9,955	75%
Post-Masters Cert.	19	1%	37	9%	46	16%	902	8%	1,004	8%
Doctorate of NP	389	22%	33	19%	62	22%	1,153	11%	1,638	12%
Other Doctorate	148	8%	14	4%	28	10%	329	3%	520	4%
Post-Ph.D. Cert.	0	0%	0	0%	0	0%	4	<1%	4	<1%
Total	1,784	100%	364	100%	288	100%	10,895	100%	13,338	100%

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt									
	CRNA		CNM		CNS		CNP		All (2024)	
	All	Under 40	All	Under 40	All	Under 40	All	Under 40	All	Under 40
None	60%	35%	50%	34%	47%	37%	49%	36%	49%	36%
\$20,000 or less	6%	4%	4%	3%	7%	8%	7%	7%	7%	7%
\$20,000-\$29,999	2%	2%	<1%	0%	4%	5%	4%	5%	4%	5%
\$30,000-\$39,999	2%	3%	3%	3%	4%	5%	4%	5%	4%	5%
\$40,000-\$49,999	3%	5%	3%	4%	4%	6%	4%	5%	4%	5%
\$50,000-\$59,999	2%	1%	2%	4%	4%	5%	4%	5%	4%	5%
\$60,000-\$69,999	2%	4%	2%	1%	4%	6%	4%	6%	4%	6%
\$70,000-\$79,999	2%	4%	3%	6%	4%	5%	4%	5%	4%	5%
\$80,000-\$89,999	3%	5%	3%	3%	4%	4%	3%	4%	3%	4%
\$90,000-\$99,999	1%	2%	3%	3%	3%	4%	3%	3%	3%	3%
\$100,000-\$109,999	2%	3%	4%	4%	3%	3%	3%	4%	3%	4%
\$110,000-\$119,999	1%	2%	4%	11%	2%	3%	2%	3%	2%	3%
\$120,000 or more	14%	29%	4%	3%	10%	8%	10%	11%	10%	11%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	93%
CNS:	89%
CNP:	96%

Involuntary Unemployment

CRNA:	0%
CNM:	1%
CNS:	0%
CNP:	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Hours	Current Weekly Hours				
	CRNA	CNM	CNS	CNP	All (2024)
0 hours	1%	7%	4%	3%	3%
1 to 9 hours	1%	2%	5%	1%	1%
10 to 19 hours	3%	5%	6%	3%	3%
20 to 29 hours	8%	4%	7%	7%	7%
30 to 39 hours	24%	15%	14%	20%	20%
40 to 49 hours	53%	37%	41%	49%	49%
50 to 59 hours	7%	14%	13%	11%	11%
60 to 69 hours	2%	11%	8%	4%	4%
70 to 79 hours	<1%	3%	1%	1%	1%
80 or more hours	<1%	3%	1%	2%	2%
Total	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and approximately 10% work more than 50 hours, whereas about 37% of CNMs work 40-49 hours and 31% work more than 50 hours. Among CNSs, 41% work 40-49 hours and an additional 23% work more than 50 hours. Close to half of CNPs work 40-49 hours and 18% work more than 50 hours.

Current Positions

Positions	CRNA		CNM		CNS		CNP		All (2024)	
	#	%	#	%	#	%	#	%	#	%
No Positions	16	1%	19	5%	11	4%	297	3%	343	3%
One Part-Time Position	231	13%	43	12%	53	20%	1,411	13%	1,739	13%
Two Part-Time Positions	101	6%	16	4%	12	5%	403	4%	533	4%
One Full-Time Position	1,085	61%	225	63%	148	57%	6,942	65%	8,405	64%
One Full-Time Position & One Part-Time Position	228	13%	41	12%	28	11%	1,384	13%	1,681	13%
Two Full-Time Positions	9	1%	1	<1%	0	0%	45	<1%	55	<1%
More than Two Positions	115	6%	11	3%	8	3%	201	2%	334	3%
Total	1,785	100%	359	11%	260	100%	10,683	100%	13,090	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Benefit	Employer-Sponsored Benefits*				
	CRNA	CNM	CNS	CNP	All (2024)
Signing/Retention Bonus	34%	23%	10%	16%	19%
Dental Insurance	50%	58%	60%	58%	57%
Health Insurance	52%	58%	62%	60%	59%
Paid Leave	52%	65%	68%	68%	65%
Group Life Insurance	45%	49%	51%	46%	46%
Retirement	61%	68%	71%	68%	67%
Receive at least one benefit	66%	77%	77%	79%	77%

*Wage and salaried employees receiving from any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

CRNAs and CNMs reported \$120k or more in median income. All other NPs, including CNSs, reported \$110k-\$120k in median income. CNMs were the least satisfied with their current employment situation whereas CRNAs were the most satisfied. Approximately 1% of CRNAs, CNMs, and CNPs reported being very dissatisfied, and 2% of CNSs reported being very dissatisfied.

At a Glance:

Median Income

CRNA: \$120k or More
 CNM: \$120k or More
 CNS: \$110k-\$120K
 CNP: \$110k-\$120K
 All (2022): \$110k-\$120K

Percent Satisfied

CRNA: 98%
 CNM: 90%
 CNS: 91%
 CNP: 94%

Source: Va. Healthcare Workforce Data Center

Annual Income	Income				
	CRNA	CNM	CNS	CNP	All (2024)
Volunteer Work Only	0%	0%	3%	1%	1%
Less than \$40,000	1%	2%	5%	2%	2%
\$40,000-\$49,999	0%	0%	1%	1%	1%
\$50,000-\$59,999	0%	3%	2%	1%	1%
\$60,000-\$69,999	0%	0%	2%	1%	1%
\$70,000-\$79,999	2%	7%	13%	8%	8%
\$80,000-\$89,999	1%	8%	8%	6%	6%
\$90,000-\$99,999	1%	6%	6%	8%	7%
\$100,000-\$109,999	2%	10%	9%	15%	13%
\$110,000-\$119,999	2%	11%	16%	14%	12%
\$120,000 or more	90%	52%	34%	43%	49%
Total	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year					
In the past year did you . . . ?	CRNA	CNM	CNS	CNP	All (2024)
Experience Involuntary Unemployment?	<1%	1%	0%	1%	1%
Experience Voluntary Unemployment?	2%	8%	6%	5%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	1%	1%	3%	2%
Work two or more positions at the same time?	22%	19%	18%	18%	18%
Switch employers or practices?	5%	9%	4%	9%	8%
Experienced at least 1	28%	31%	27%	29%	29%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA:	0%
CNM:	1%
CNS:	0%
CNP:	1%

Underemployed

CRNA:	1%
CNM:	1%
CNS:	1%
CNP:	3%

Over 2 Years Job Tenure

CRNA:	61%
CNM:	52%
CNS:	72%
CNP:	50%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location							
	CRNA		CNM		CNS		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	1%	4%	4%	2%	3%	7%	2%	6%
< 6 Months	7%	11%	8%	15%	6%	10%	10%	16%
6 Months-1 yr	9%	13%	10%	15%	7%	7%	13%	16%
1 to 2 Years	22%	19%	26%	28%	12%	18%	24%	24%
3 to 5 Years	24%	27%	25%	26%	15%	16%	23%	20%
6 to 10 Years	15%	13%	15%	8%	13%	18%	14%	10%
> 10 Years	22%	13%	11%	5%	44%	25%	13%	8%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Primary Work Site	Forms of Payment				
	CRNA	CNM	CNS	CNP	All (2024)
Salary/ Commission	49%	75%	66%	68%	65%
Hourly Wage	34%	19%	20%	23%	25%
By Contract	17%	5%	13%	8%	9%
Unpaid	<1%	1%	1%	1%	<1%
Total	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

75% of CNMs were be paid by salary or commission, as compared to 49% of CRNAs, 66% of CNSs, and 68% of CNPs. This makes CNMs the most likely to be paid in this way.

A Closer Look

At a Glance:

% in Top 3 Regions

CRNA:	78%
CNM:	67%
CNS:	75%
CNP:	68%

2 or More Locations

Now

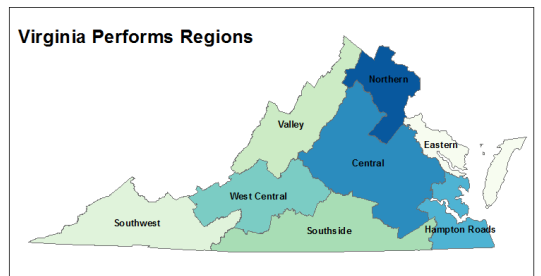
CRNA:	31%
CNM:	25%
CNS:	20%
CNP:	24%

Source: Va. Healthcare Workforce Data Center

For primary work locations, Northern Virginia has the highest proportion of CRNAs, CNMs, and CNPs whereas CNSs were most concentrated in both the Central Virginia region.

Regional Distribution of Work Locations								
Virginia Performs Region	CRNA		CNM		CNS		CNP	
	Primary	Sec.	Primary	Sec.	Primary	Sec.	Primary	Sec.
Central	25%	19%	19%	28%	36%	34%	24%	16%
Eastern	1%	1%	1%	1%	1%	0%	2%	2%
Hampton Roads	24%	24%	18%	16%	19%	24%	17%	16%
Northern	28%	28%	30%	18%	21%	15%	27%	25%
Southside	2%	3%	4%	3%	2%	2%	4%	4%
Southwest	2%	3%	1%	4%	1%	0%	7%	7%
Valley	5%	3%	11%	15%	5%	8%	6%	5%
West Central	8%	6%	11%	7%	14%	12%	10%	9%
Virginia Border State/DC	1%	4%	1%	1%	2%	2%	1%	4%
Other US State	2%	10%	4%	5%	0%	3%	2%	12%
Outside of the US	0%	0%	0%	1%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center



Locations	Number of Work Locations Now*							
	CRNA		CNM		CNS		CNP	
	#	%	#	%	#	%	#	%
0	20	1%	21	6%	25	9%	398	4%
1	1,195	68%	241	69%	1925	70%	7,632	72%
2	276	16%	62	18%	44	16%	1,703	16%
3	200	11%	18	5%	11	4%	703	7%
4	40	2%	5	2%	1	1%	75	1%
5	16	1%	-	-	-	-	32	0%
6+	10	1%	2	1%	-	-	82	1%
Total	1,757	100%	350	100%	274	100%	10,624	100%

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)

A Closer Look:

Sector	Location Sector									
	CRNA		CNM		CNS		CNP		All (2024)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	52%	66%	54%	55%	33%	38%	54%	65%	54%	65%
Non-Profit	40%	28%	35%	38%	53%	45%	32%	25%	34%	26%
State/Local Government	3%	2%	4%	2%	11%	11%	8%	7%	7%	6%
Veterans Administration	2%	1%	0%	2%	2%	2%	3%	1%	2%	1%
U.S. Military	3%	3%	3%	2%	2%	4%	2%	1%	2%	2%
Other Federal Government	0%	0%	3%	0%	0%	2%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 92% of them worked in the sector compared to 89% of CNMs, and 86% of CNSs and CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.

At a Glance:
(Primary Locations)

For-Profit Primary Sector

CRNA:	52%
CNM:	54%
CNS:	33%
CNP:	54%

Top Establishments

CRNA:	Inpatient Department
CNM:	Inpatient Department
CNS:	Inpatient Department
CNP:	Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth

	CRNA	CNM	CNS	CNP	All (2024)
Meaningful use of EHRs	12%	25%	17%	30%	27%
Remote Health, Caring for Patients in Virginia	1%	25%	19%	29%	25%
Remote Health, Caring for Patients Outside of Virginia	<1%	6%	5%	8%	7%
Use at least one	14%	42%	28%	45%	40%

Source: Va. Healthcare Workforce Data Center

Approximately 40% of the state APRN workforce used at least one EHR. 25% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so, likely because of the nature of their job.

Establishment Type	Location Type									
	CRNA		CNM		CNS		CNP		All (2024)	
	Primary	Sec.	Primary	Sec.	Primary	Sec.	Primary	Sec.	Primary	Sec.
Clinic, Primary Care or Non-Specialty	1%	2%	11%	16%	3%	0%	23%	17%	19%	15%
Hospital, Inpatient Department	40%	29%	26%	32%	34%	36%	14%	12%	18%	15%
Physician Office	<1%	1%	7%	7%	4%	4%	8%	5%	7%	4%
Academic Institution (Teaching or Research)	11%	6%	10%	5%	17%	24%	6%	7%	7%	7%
Private practice, group	1%	2%	17%	12%	1%	2%	6%	5%	6%	4%
Hospital, Outpatient Department	14%	12%	4%	0%	4%	0%	5%	3%	6%	4%
Clinic, Non-Surgical Specialty	1%	2%	4%	1%	1%	0%	5%	5%	5%	4%
Ambulatory/Outpatient Surgical Unit	19%	34%	1%	5%	<1%	0%	2%	1%	4%	6%
Long Term Care Facility, Nursing Home	0%	0%	<1%	0%	0%	0%	4%	5%	3%	4%
Hospital, Emergency Department	4%	2%	1%	8%	4%	0%	3%	4%	3%	3%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	1%	0%	11%	9%	5%	7%	5%	6%
Private practice, solo	0%	1%	2%	4%	5%	4%	2%	3%	2%	3%
Hospice	<1%	0%	<1%	0%	<1%	0%	1%	3%	1%	3%
Other Practice Setting	9%	10%	14%	8%	15%	20%	15%	25%	14%	22%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

The inpatient department of a hospital was the most mentioned primary work establishment for CRNAs, CNMs, and CNSs. For CNPs, primary care clinic was the most mentioned primary work establishment, followed by the inpatient department.

At a Glance: (Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	84%
CNS:	51%
CNP:	87%

Education Role

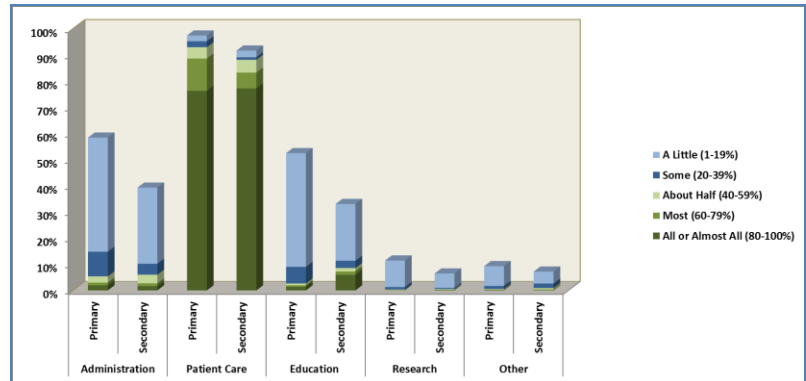
CRNA:	1%
CNM:	3%
CNS:	10%
CNP:	2%

Admin Role

CRNA:	2%
CNM:	1%
CNS:	11%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 87% of all APRNs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 84% of CNMs, 51% of CNSs, and 87% CNPs.

Time Spent	Patient Care Time Allocation									
	CRNA		CNM		CNS		CNP		All (2024)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	88%	92%	67%	82%	39%	36%	72%	73%	73%	76%
Most (60-79%)	7%	2%	16%	5%	11%	2%	15%	10%	14%	8%
About Half (40-59%)	2%	3%	7%	1%	8%	2%	5%	4%	5%	4%
Some (20-39%)	1%	1%	3%	1%	15%	9%	3%	3%	3%	3%
A Little (1-20%)	1%	1%	1%	1%	12%	8%	2%	3%	2%	3%
None (0%)	1%	0%	4%	9%	14%	40%	3%	7%	3%	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look

	Future Plans							
	CRNA		CNM		CNS		CNP	
2 Year Plans:	#	%	#	%	#	%	#	%
Decrease Participation								
Leave Profession	14	1%	9	2%	8	2%	96	1%
Leave Virginia	63	3%	18	4%	7	2%	304	2%
Decrease Patient Care Hours	211	10%	36	9%	38	12%	1,185	9%
Decrease Teaching Hours	6	0%	2	0%	12	4%	91	1%
Increase Participation								
Increase Patient Care Hours	94	4%	42	10%	24	7%	1,557	12%
Increase Teaching Hours	100	5%	53	13%	29	9%	1,391	10%
Pursue Additional Education	64	3%	49	12%	27	8%	1,577	12%
Return to Virginia's Workforce	3	0%	3	1%	3	1%	109	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA:	8%
CNM:	7%
CNS:	16%
CNP:	4%

Retirement within 10 Years

CRNA:	25%
CNM:	20%
CNS:	51%
CNP:	17%

Source: Va. Healthcare Workforce Data Center

47%, 36%, 25%, and 40% of CRNAs, CNMs, CNSs, and CNPs, respectively, expect to retire by the age of 65. Further, 33% of CRNAs, 18% of CNMs and CNSs, and 24% of CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 4%, 8%, and 6% of CRNAs, CNMs, CNSs, and CNPs, respectively, do not plan to retire at all.

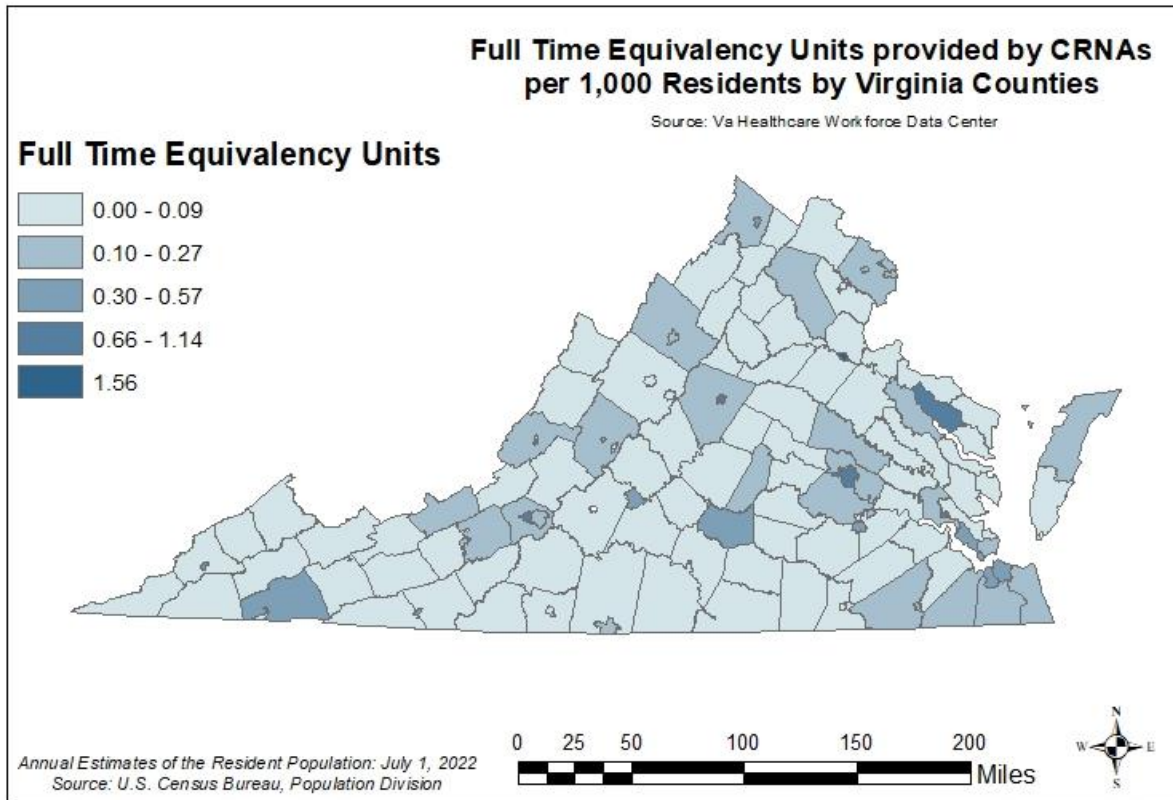
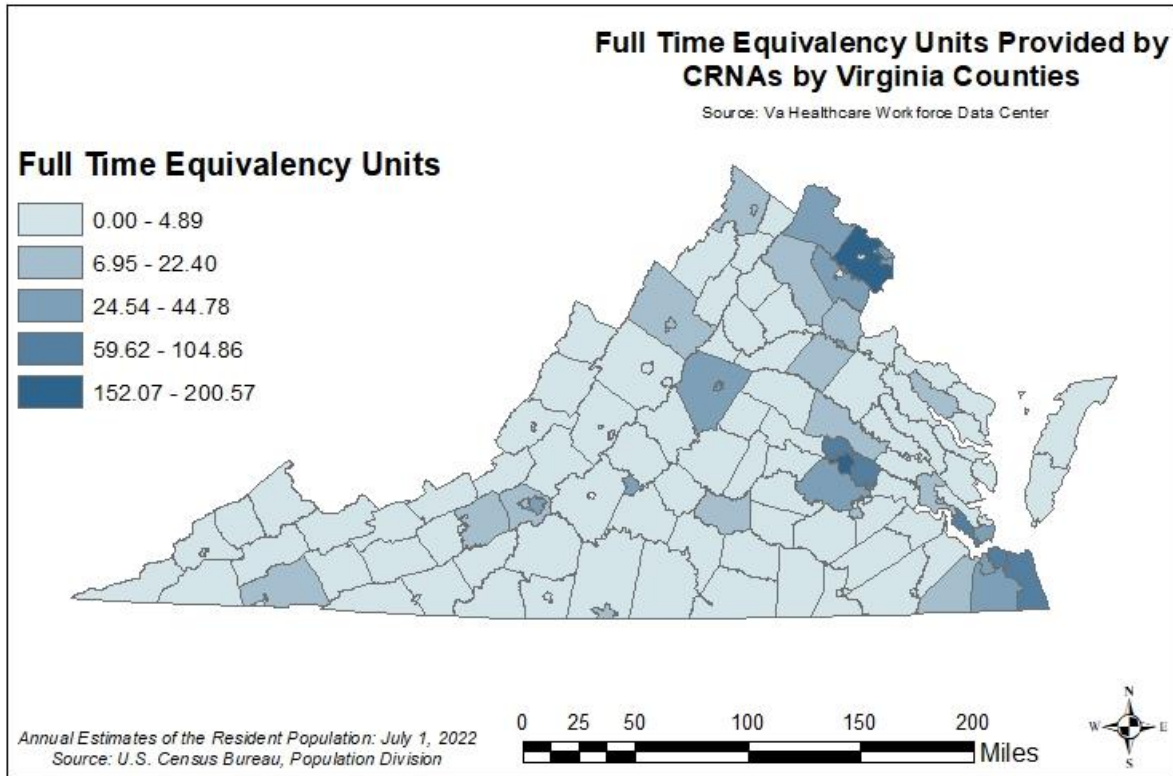
Expected Retirement Age	CRNA		CNM		CNS		CNP		All (2024)	
	All	>50 yrs	All	>50 yrs	All	>50 yrs	All	>50 yrs	All	>50 yrs
Under age 50	1%	-	4%	-	0%	-	2%	-	2%	-
50 to 54	5%	2%	2%	0%	3%	0%	4%	0%	4%	1%
55 to 59	12%	6%	7%	3%	5%	1%	9%	5%	10%	5%
60 to 64	29%	26%	23%	15%	16%	17%	25%	19%	25%	20%
65 to 69	37%	43%	32%	37%	34%	34%	36%	41%	36%	41%
70 to 74	9%	14%	19%	27%	18%	19%	13%	21%	13%	20%
75 to 79	3%	5%	4%	11%	9%	12%	3%	6%	3%	6%
80 or over	1%	0%	4%	5%	6%	7%	1%	2%	1%	2%
I do not intend to retire	3%	4%	4%	2%	8%	11%	6%	7%	5%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

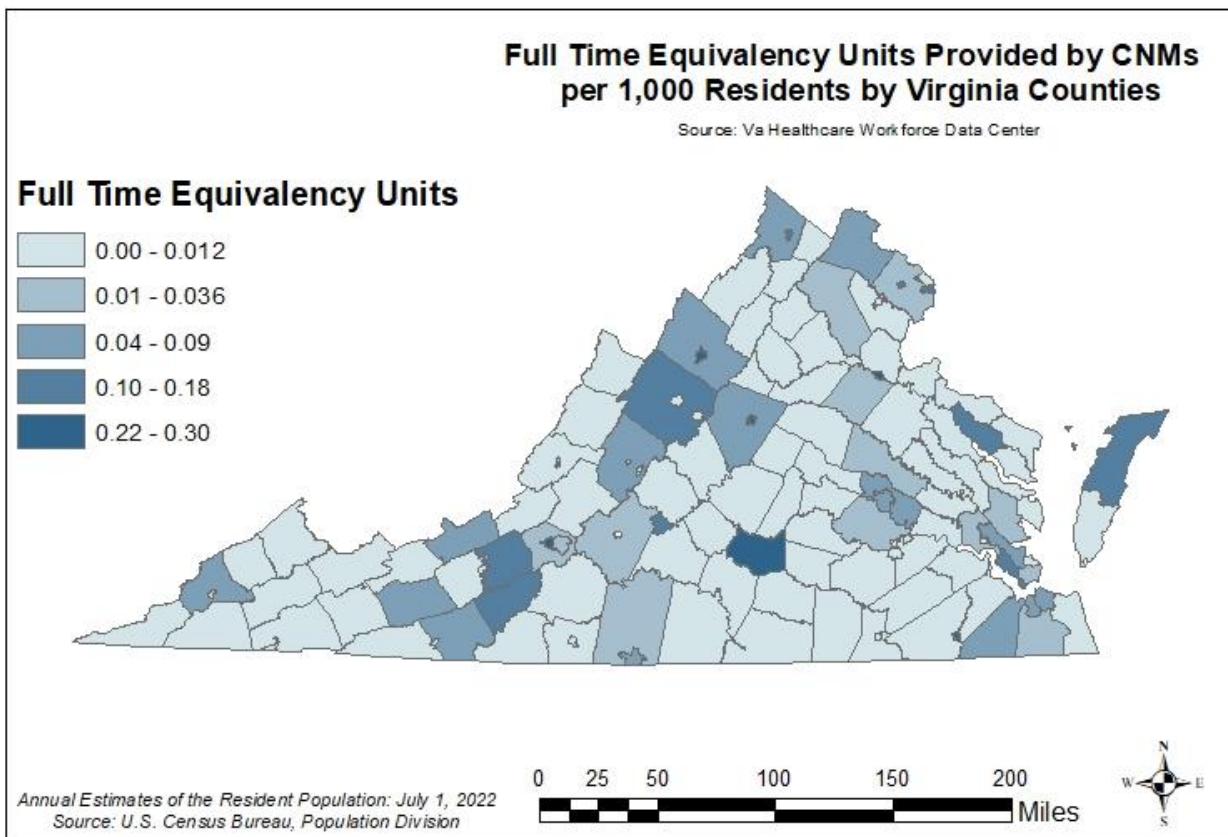
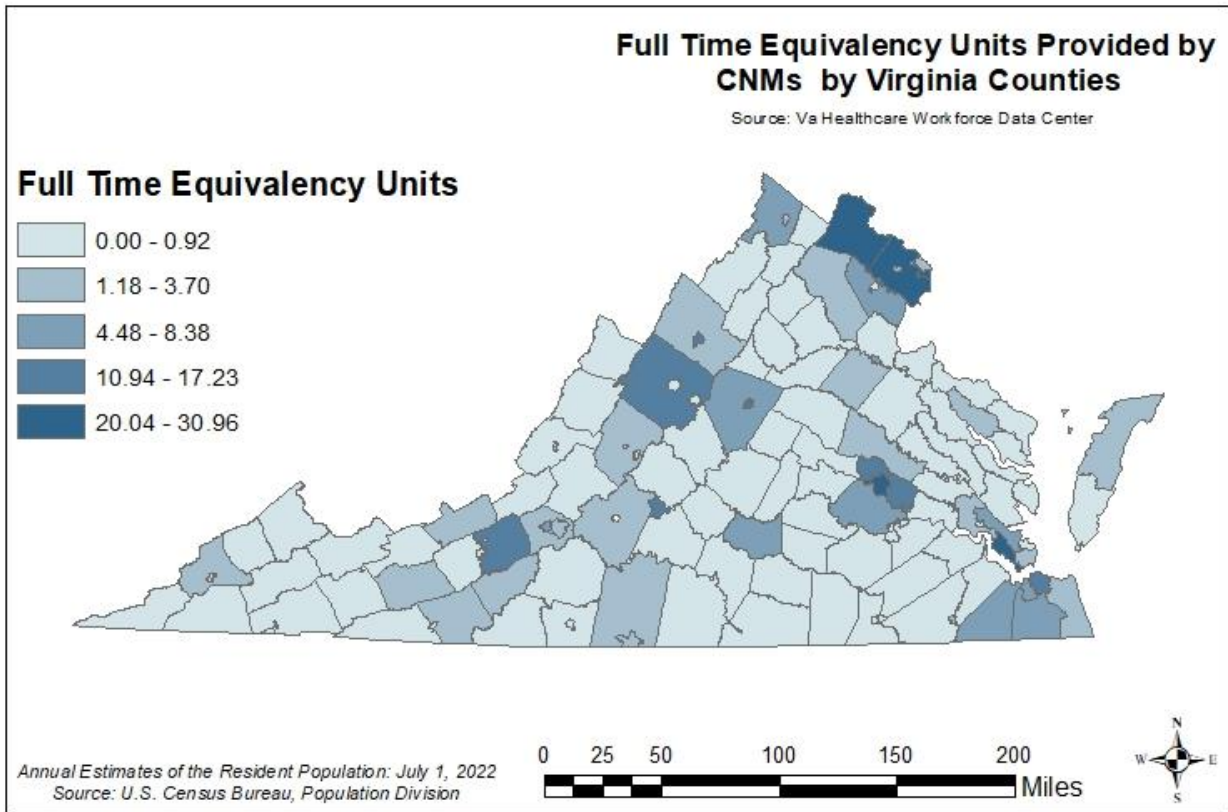
Time to Retirement										
	CRNA		CNM		CNS		CNP		All (2024)	
Expect to retire within:	#	%	#	%	#	%	#	%	#	%
2 years	131	8%	20	7%	38	16%	401	4%	591	5%
5 years	60	4%	9	3%	30	12%	304	3%	402	4%
10 years	213	13%	30	10%	55	23%	832	9%	1,130	10%
15 years	202	13%	33	11%	27	11%	1,051	11%	1,313	12%
20 years	224	14%	37	12%	18	7%	1,183	13%	1,462	13%
25 years	261	16%	34	11%	19	8%	1,478	16%	1,792	16%
30 years	215	14%	53	18%	15	6%	1,370	15%	1,655	15%
35 years	167	11%	45	15%	15	6%	1,198	13%	1,428	13%
40 years	55	3%	13	4%	5	2%	593	6%	667	6%
45 years	9	1%	9	3%	0	0%	183	2%	201	2%
50 years	3	0%	2	1%	0	0%	67	1%	72	1%
55 years	0	0%	0	0%	0	0%	4	0%	4	0%
In more than 55 years	1	0%	4	1%	0	0%	7	0%	13	0%
Do not intend to retire	46	3%	12	4%	20	8%	535	6%	613	5%
Total	1,587	100%	300	100%	243	100%	9,205	100%	11,341	100%

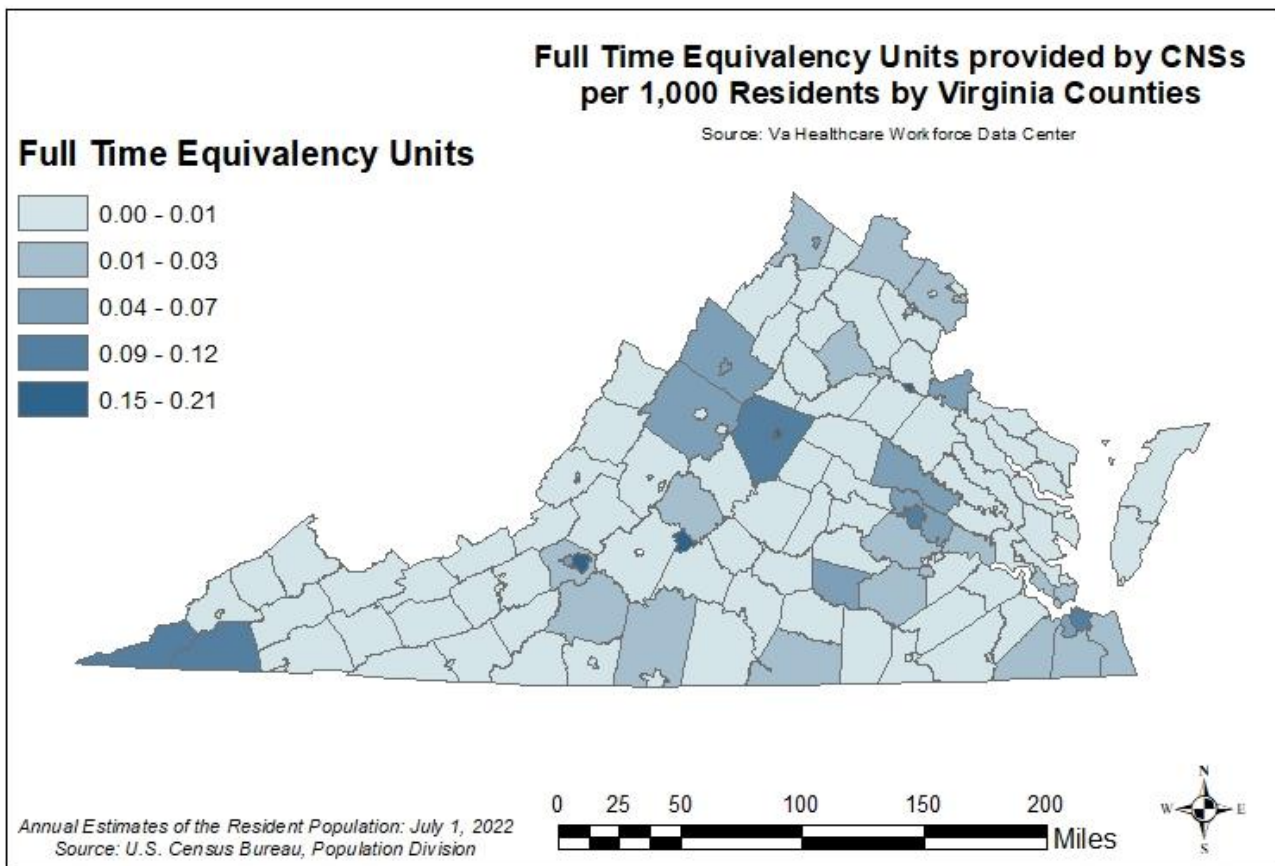
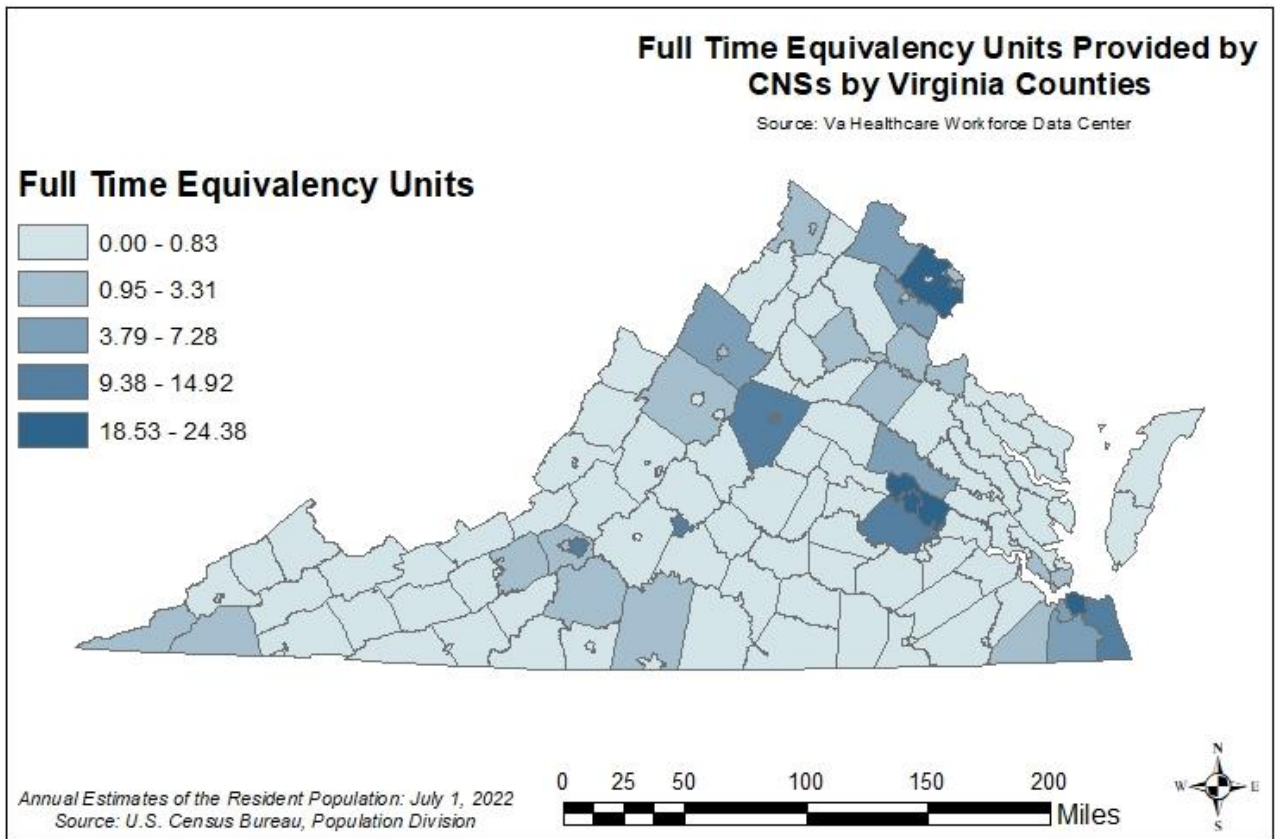
Source: Va. Healthcare Workforce Data Center

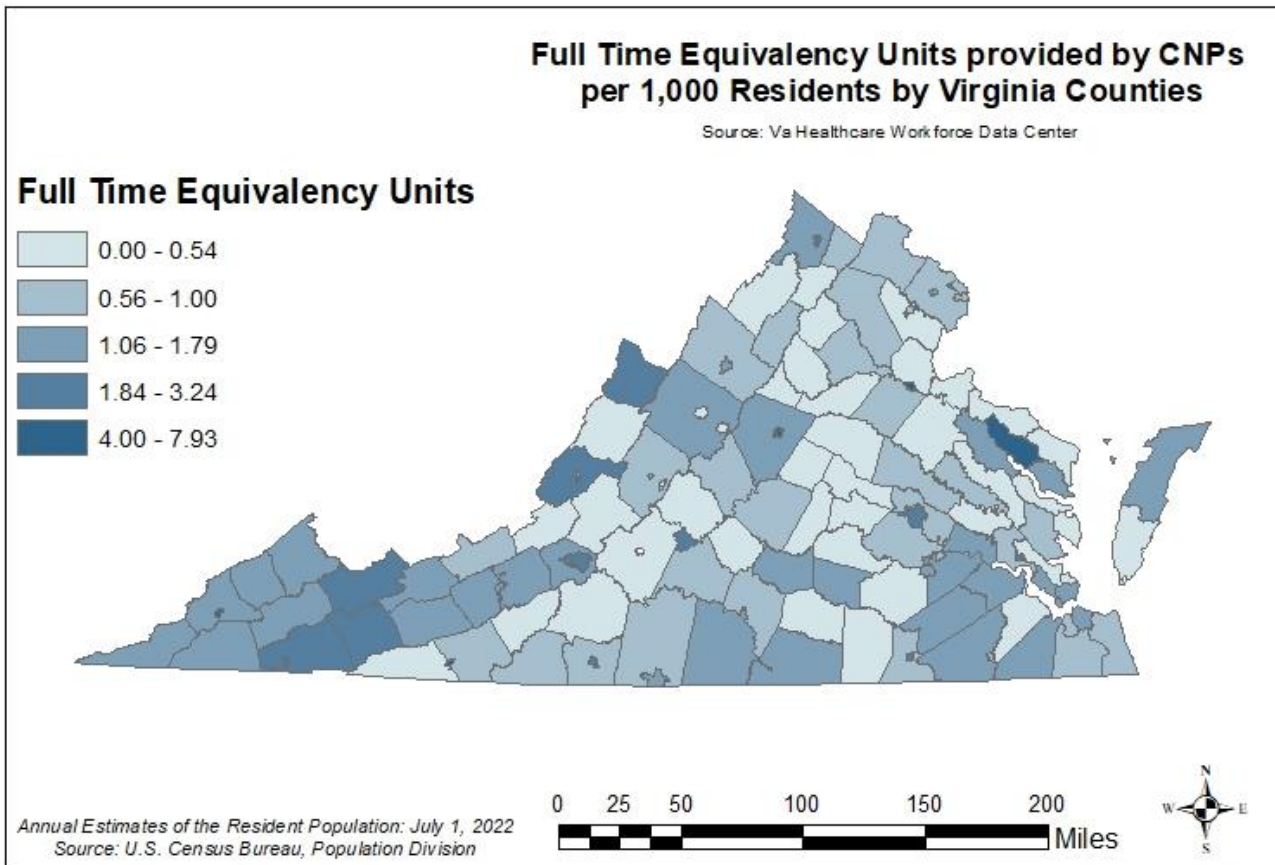
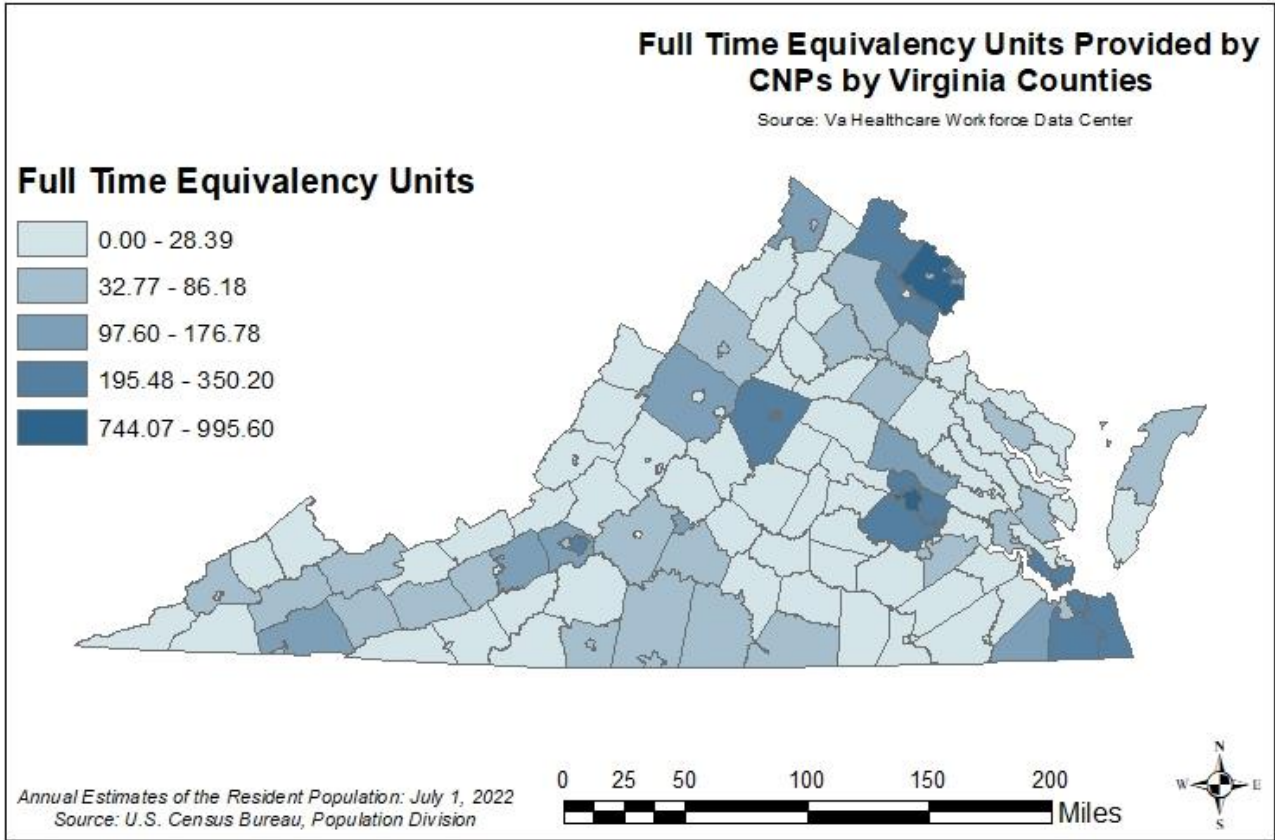
Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2034. Retirement will peak at 16% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2064.



Note: Maps show reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.







**VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Wednesday, December 4, 2024**

E1

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Training Room 1**
Henrico, Virginia 23233

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9:00 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Training Room 1, Henrico, Virginia.

MEMBERS PRESENT: Cynthia Swineford, RN, MSN, CNE Chair
Margaret Friedenberg, Citizen Board Member

STAFF PRESENT: Jacquelyn Wilmoth, MSN, RN, Deputy Executive director
Randall Mangrum, DNP, RN, Nursing Education Program Manager
Beth Yates, Education Program Specialist

Public Comment

There was no public comment

**Liberty University, Lynchburg, BSN Nursing Education Program-
US28500000**

No representatives for the program were present.

ACTION: Ms. Friedenberg moved to recommend to approve the request for clinical exception to complete less than 80% of clinical experience in Virginia for two students.

The motion was seconded and carried unanimously.

This recommendation will be presented to a panel of the Board on January 28, 2025.

**Discussion Regarding Programmatic Curricular Changes While Under
Initial Approval**

Discussion occurred regarding programmatic curricular changes while under initial approval.

Meeting adjourned at 10:05 a.m.

Jacquelyn Wilmoth, MSN, RN
Executive Director