



# Filling the Gap: An Examination of Oregon Registered Nurses Licensed Through Endorsement

## Executive Summary

- To fill the need for nurses in Oregon, employers traditionally rely on RNs migrating to Oregon to practice.
- If the number of endorsing RNs practicing in Oregon continues to fall, Oregon's smallest counties are at risk of not being able to recruit enough RNs to fill needed positions.
- Non-hospital practice settings in smaller communities across Oregon may face worsening staffing issues if the number of endorsing RNs who do not practice in Oregon continues to rise.
- A decline in the number of nurses moving to Oregon or a drop in the proportion of endorsing RNs who practice in the state could have severe consequences on the ability to provide timely, high-quality healthcare to Oregonians.

## Introduction

The Oregon Employment Department (OED) projects Oregon needs 2,500 additional registered nurses (RN) each year to meet the need for nurses due to industry growth and turnover (OED, 2021). The most recent data from nursing education programs show Oregon's nursing programs graduated about 1,800 students during the 2021 school year (OCN, 2022). This indicates nursing programs in Oregon are graduating many fewer RNs than are needed to meet projected demand. **To fill the need for nurses in Oregon, employers traditionally rely on RNs migrating to Oregon to practice.**

While the presence of RNs from other states can bolster the nursing workforce in Oregon, there is good reason to believe endorsing RNs are not available to all employers equally nor in all areas of the state. Studies examining the distribution of RNs in Oregon show ample evidence of a maldistributed nursing workforce. In our seminal study, the Oregon Center for Nursing (OCN) found evidence of maldistribution across geographic areas of the state and across differing practice settings (OCN, 2019). These findings illustrate the difficulty employers face when trying to recruit and retain a nursing workforce in rural areas and in non-hospital practice settings.

The rapid and recent exponential growth in the number of licenses granted to RNs from other states appeared to solve many of Oregon's RN maldistribution issues as employers could recruit these nurses to fill the need in rural communities and non-hospital practice settings. An earlier study on Oregon nurses licensed by endorsement suggested about 30 percent of endorsing nurses were currently practicing in Oregon and another 11 percent lived in the state while practicing in another state, namely California, Idaho, and Washington (OCN, 2017). Thus, about 40 percent of endorsing RNs were available to practice in Oregon, as those practicing in a neighboring state were at least accessible for recruitment by Oregon-based employers. However, this study was based on a small sample of endorsing RNs and focused on the reasons RNs who did not live nor practice in Oregon sought an Oregon nursing license. It left many questions about their practice patterns unanswered.

This current study is designed to expand on previous research on endorsing RNs and examined practice patterns of RNs endorsing into the state, with a focus on those practicing in Oregon. It examined how many endorsing nurses are practicing in Oregon and if the proportion is changing over time. Additionally, this study examined where endorsing RNs are practicing across the state as compared to RNs receiving their original license in Oregon. Lastly, the study assessed the degree endorsing RNs are practicing in hospital settings versus other practice settings, such as long-term care or ambulatory care. The findings from this study will shed light on the role of endorsing RNs in “filling the gap” for employers who have difficulty recruiting and retaining enough RNs to meet their needs.

## Methods

In 2020, there were 59,778 registered nurses licensed in Oregon (OHA, 2020). Because Oregon Health Authority’s workforce survey is completed only during license renewal, demographic data is missing for a small subset of RNs. Therefore, these analyses include data from 58,340 licensed RNs. To understand how endorsing nurse licensure patterns have changed in recent years, an analysis was conducted to examine the proportion of RNs are practicing in Oregon given the method the RNs obtained their licenses.

There are two pathways to nurse licensure conducted by the Oregon State Board of Nursing (OSBN). One is referred to as “licensed via examination,” which describes RNs who were educated and passed the NCLEX in Oregon. The second pathway applies to licensed RNs who are practicing in another state. In this process, called “licensed via endorsement,” OSBN staff verify the applicant has an unencumbered license in another state, has the required education, and has passed the NCLEX examination. Once these requirements are met, the applicant can receive an Oregon’s nursing license.

Many studies examining the Oregon nursing workforce focus on licensed nurses, especially when the focus of the study revolves around the enumeration of nurses and their demographic characteristics. These types of studies include all licensed nurses, including those who are not currently practicing or who practice outside of Oregon. This study focused on practicing RNs; a subset of the licensed nursing workforce. In contrast to licensed RNs, practicing RNs were been identified as having a practice location within the state of Oregon; whereas licensed RNs simply hold an Oregon nursing license, and may or may not practice in Oregon.

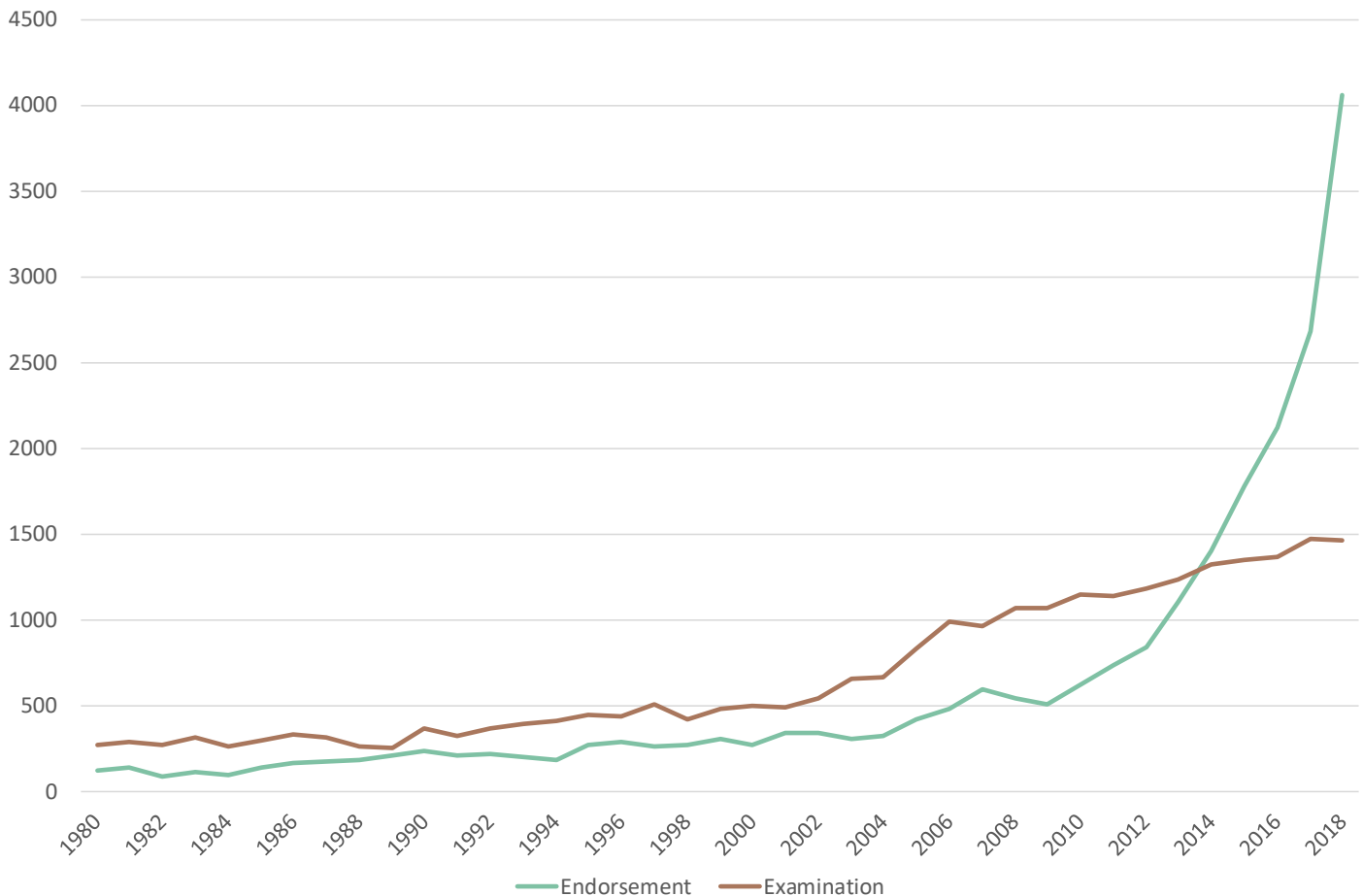
# Analyses and Results

When the entire cohort of RNs is considered, about 51 percent received their licenses by examination, while 49 percent obtained via endorsement. However, the proportion of RNs licensed via endorsement increased to 60 percent of the workforce for those RNs licensed since 2010. It appears the marked growth increase began around this time, and the rate of growth in the number of licenses obtained via endorsement shows little sign of abating (Figure 1).

On the surface, this could be interpreted as good news. A large number of RNs from other states obtaining Oregon nursing licenses could augment the state’s

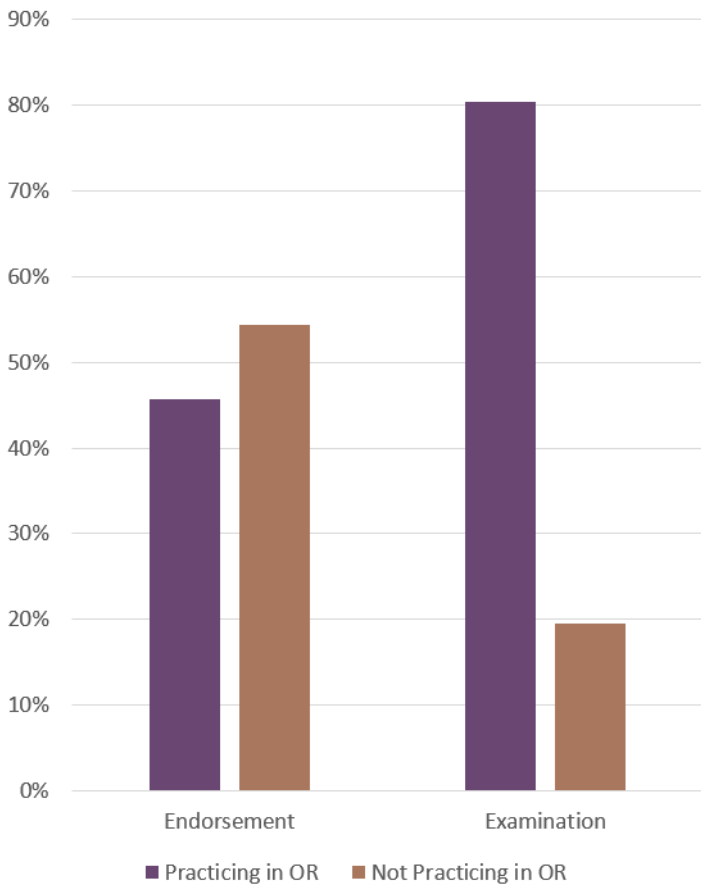
nursing workforce and reduce shortages. However, upon close examination it appears this optimism may be premature. When only those RNs who practiced in Oregon are considered, the picture of the number of RNs endorsing into the state was radically different. While RNs endorsing into the state continued to be a large portion of practicing RNs and were proportionally greater in recent years, there were more RNs were licensed via examination practicing in Oregon. This indicates that endorsing RNs were simply not practicing in Oregon to extent of their examination-based licensed colleagues.

**Figure 1 | Licensed RNs by Method of Licensure by Year of Licensure**



Source: OHA, Public Use Nursing Workforce Data File, 2020

**Figure 2 |** Percent of RNs Practicing in Oregon by Method of Licensure

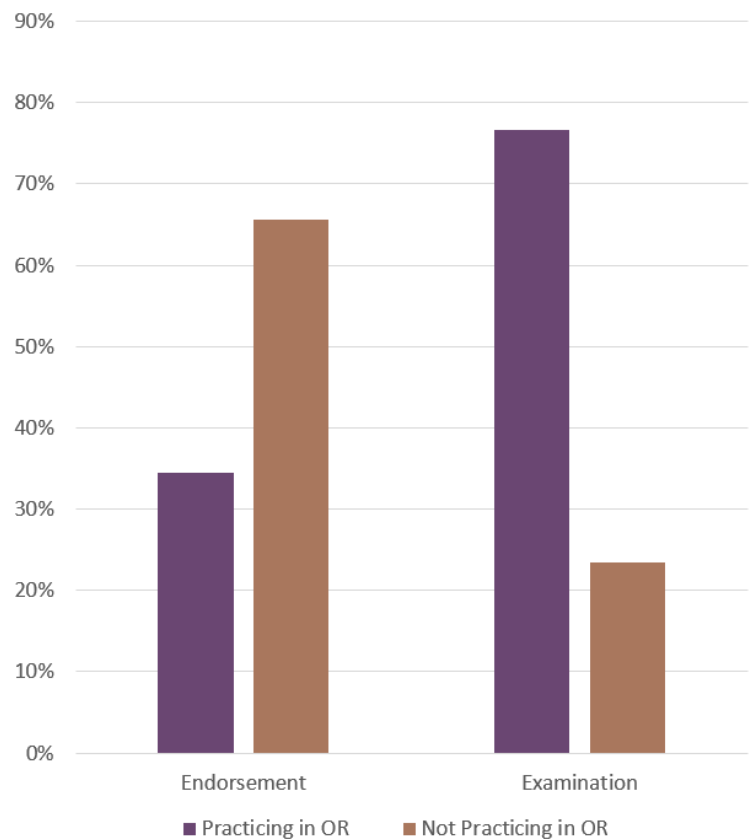


Source: OHA, Public Use Nursing Workforce Data File, 2020

Most RNs licensed via examination (80%) were practicing in Oregon when looking at the entire nurse cohort. In contrast, only 46 percent of RNs licensed via endorsement were practicing in the state, while 54 percent were not (Figure 2). Despite evidence showing a slim majority of RNs obtaining their nursing license via endorsement did not practice in Oregon, many endorsing RNs do participate in Oregon’s nursing workforce.

However, in recent years this trend seems to be shifting and fewer, both proportionally and numerically, endorsing RNs appeared to be practicing in the state. When examining RNs who obtained their license in 2010 or later, data showed only 34 percent of endorsing RNs practiced in Oregon. Sixty-five percent of endorsing RNs were not practicing in the state. Conversely, among RNs licensed via examination 77 percent were practicing in the state and 23 percent are not (Figure 3). While there was a small decline in the percent of RNs licensed via examination practicing in the state (80% vs. 77%), the drop among endorsing RNs was more marked (46% vs. 34%). This finding indicates the number of endorsing RNs practicing in Oregon was lower in more recently licensed RNs and could signal the ability to fill existing gaps in the nursing workforce with endorsing RNs may be more difficult in the future.

**Figure 3 |** Percent of RNs Practicing in Oregon by Method of Licensure (Licensed Since 2010)

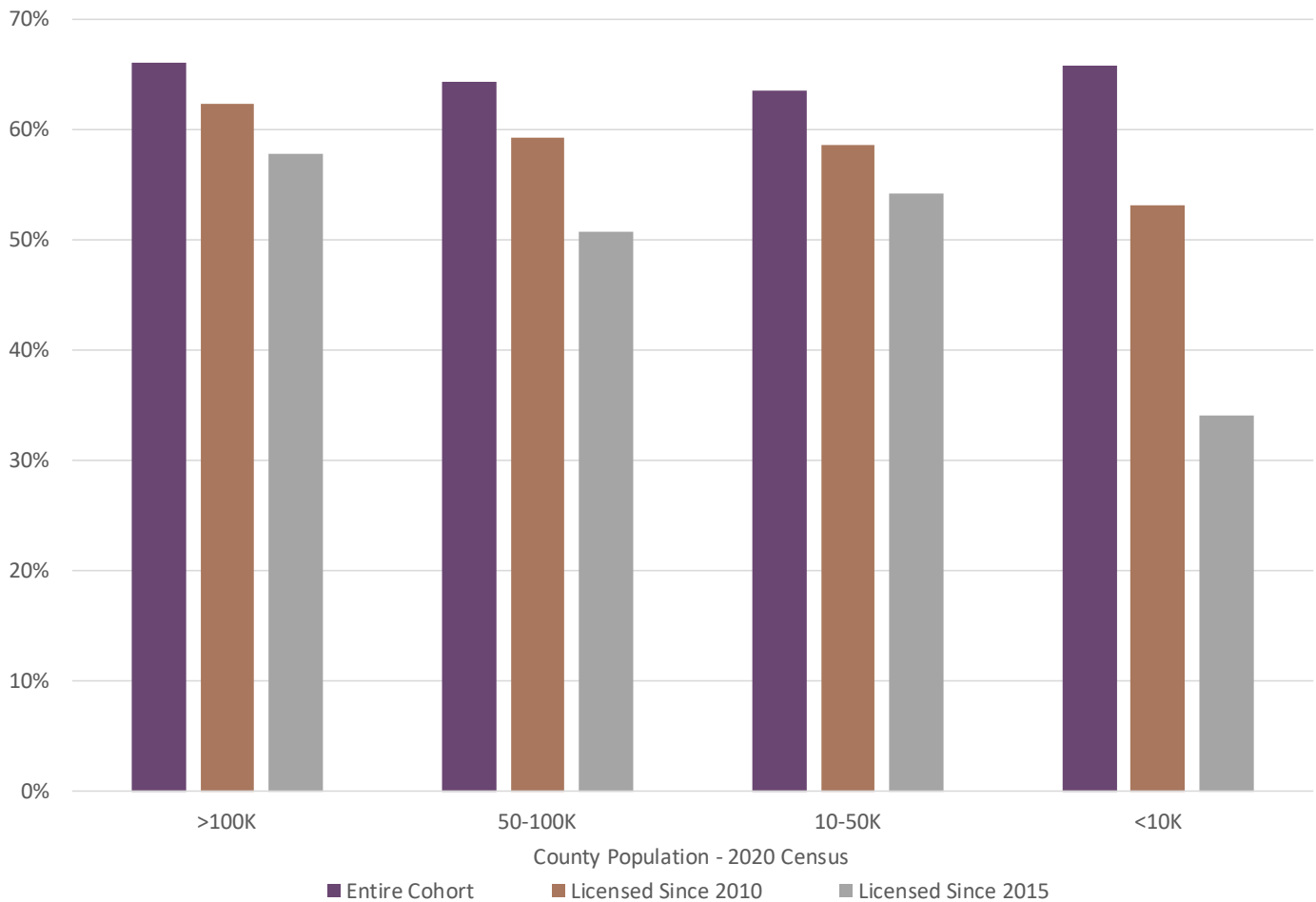


Source: OHA, Public Use Nursing Workforce Data File, 2020

Because previous studies showed the maldistribution of RNs in Oregon is geographic, across practice settings, and related to the level of nursing experience (OCN 2019; 2020), there is little reason to believe the decline in the number and proportion of endorsing nurses will affect all practice settings or geographic areas of the state equally. Practice settings and rural areas of the state that depend on endorsing nurses for staff may experience hardships other areas and /or settings do not experience.

Analyses were conducted to look at geographic area and practice setting variables to determine if parts of the state are at higher risk of maldistribution due to the decline in the percent of endorsing RNs who practice in Oregon. Noticeable declines were found in the proportion of RNs licensed via examination across all county groups for practicing RNs licensed since 2010 and 2015 (Figure 4).

**Figure 4** | Percent of Practicing RNs Licensed by Examination by County Size



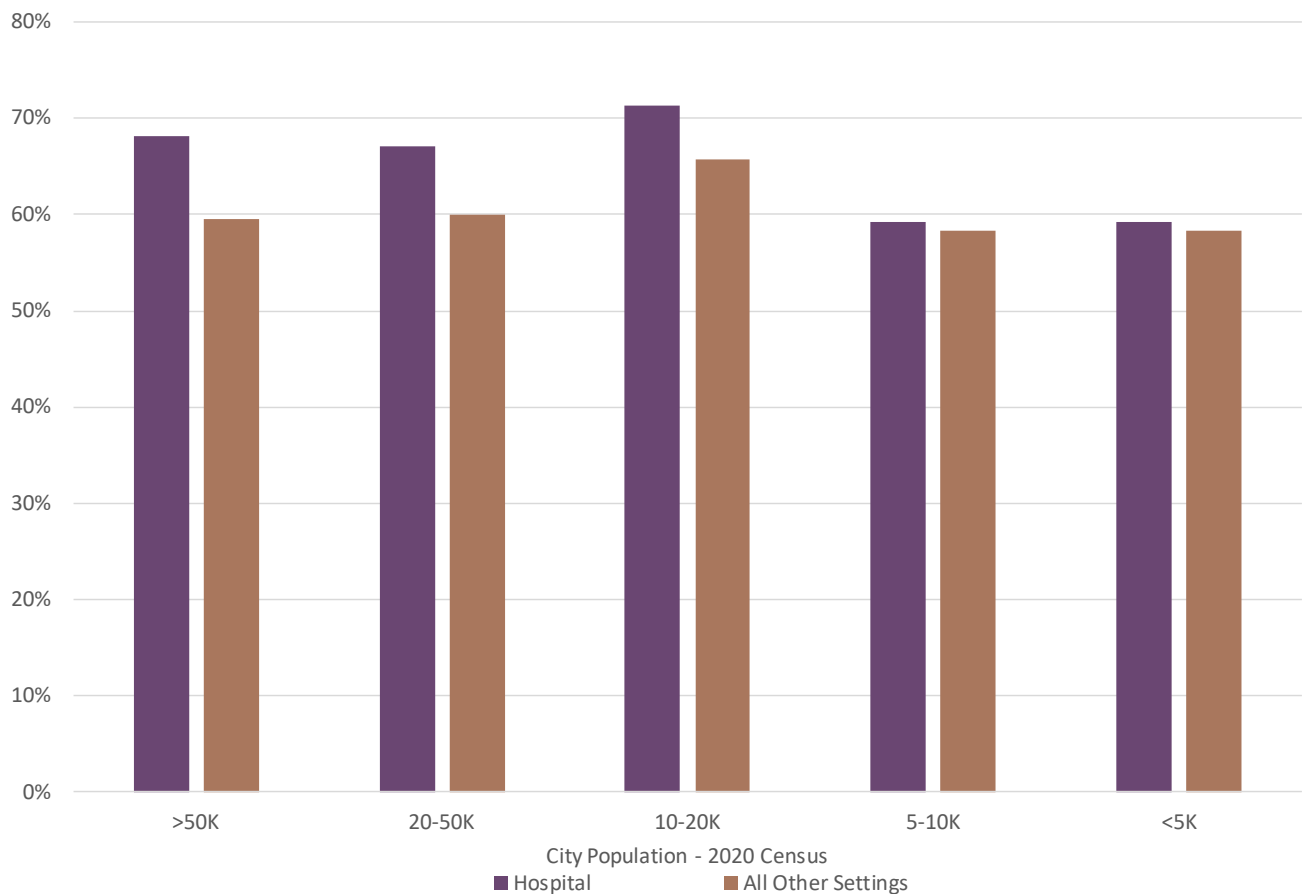
Source: OHA, Public Use Nursing Workforce Data File, 2020

When considering the entire RN cohort, all county groups saw similar levels of examination-licensed RNs practicing in the county. Smaller counties (less than 10,000 population) showed the largest decline in examination-licensed RNs among those licensed since 2015 (34%) when compared to the entire cohort (66%) and those licensed since 2010 (53%). The largest counties (more than 100,000 population) saw the smallest decline in the percent of examination-licensed RNs (66% for the entire cohort, 62% for those licensed since 2010, and 58% for those licensed since 2015). Interestingly, the two medium county size groups experienced similar declines as the largest counties in the state. **This finding indicates the smallest counties are at risk of not being able to recruit enough RNs to**

**fill needed positions if the number of endorsing RNs practicing in Oregon continues to fall, as these counties appear to be more reliant on endorsing RNs than larger counties.**

The next series of analyses examined RN utilization by practice settings in cities to determine if the recent reduction in the number of practicing endorsing nurses affected all work settings in the same manner. When the whole cohort of RNs was included in the analysis (**Figure 5**), the proportion of RNs licensed via examination was similar across setting types and the size of the city's population had little effect. While small differences in the proportion of exam-licensed RNs in hospitals and in small cities are seen, none of these differences approach statistical significance.

**Figure 5** | Percent of Practicing RNs Licensed by Examination by City Size and Setting



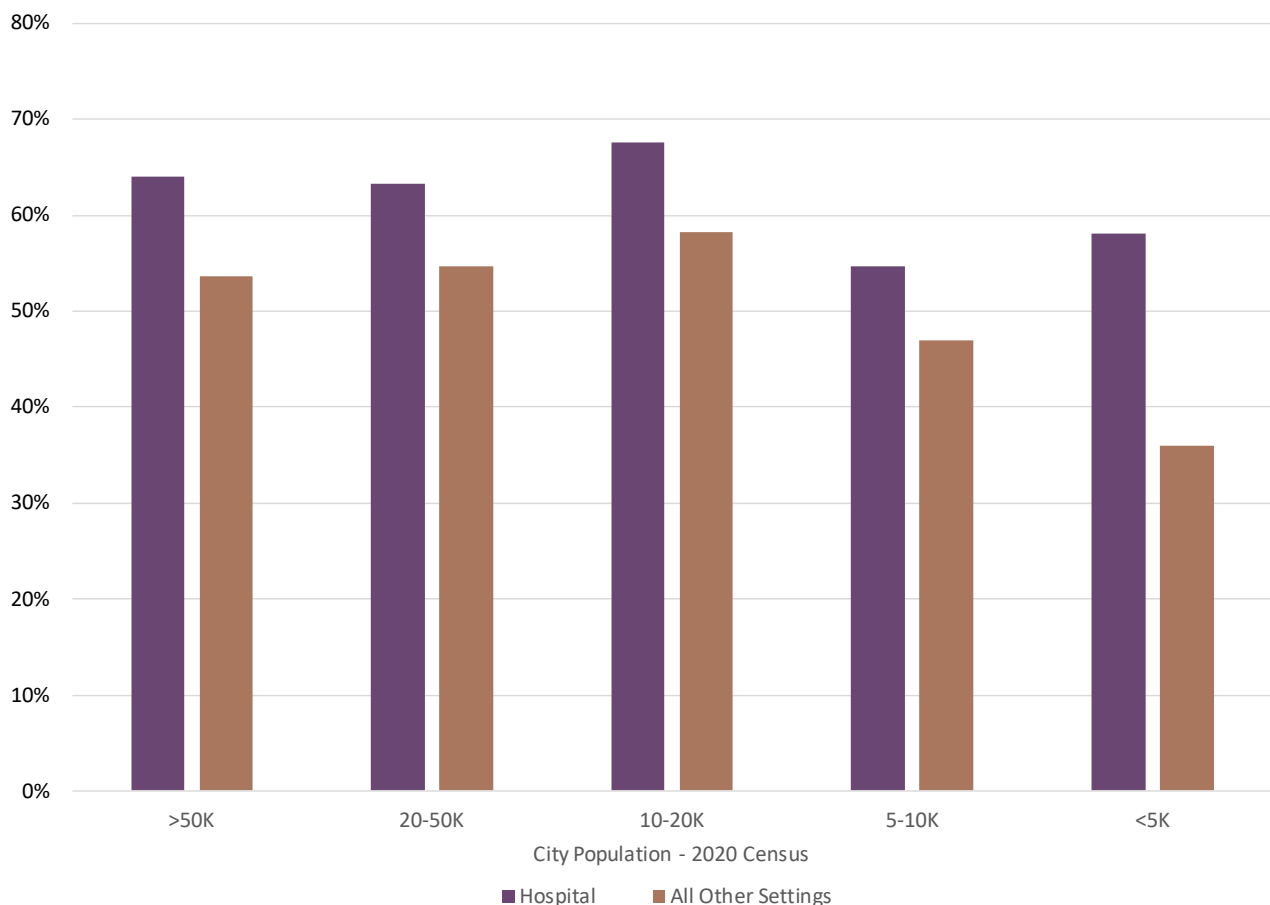
Source: OHA, Public Use Nursing Workforce Data File, 2020

In contrast, when only those RNs licensed since 2010 are examined (Figure 6), a different picture emerges. Proportionally more RNs practicing in hospital settings were licensed via examination than were those practicing in other settings. This effect was statistically significant only in the largest cities in Oregon, where significantly more RNs practicing in hospitals were licensed via examination than were found in other settings ( $t(17) = 2.05, p = 0.055$ ). The differences in the proportion of RNs licensed via examination practicing in hospitals were marginally significant with ( $p \approx 0.1$ ), except for cities with a population between 5,000 and 10,000 residents where no effect was uncovered. In general, hospitals were overrepresented by practicing exam-licensed RNs while fewer were practicing in other settings. The lack of statistical significance across some city groups is likely due to relatively small number of

cities in each group and the increased variability in the proportion of exam-licensed RNs practicing within the city groups, especially among smaller cities.

However, **these results indicate non-hospital practice settings in smaller communities across Oregon may face worsening staffing issues if the number of endorsing RNs who do not practice in Oregon continues to rise**, as almost two-thirds of RNs practicing in these other setting in the smallest cities were licensed via endorsement. This reliance on endorsing RNs from other states place non-hospital settings at higher risk of not be able to recruit enough RNs to meet staffing needs. This risk will increase if the number of endorsing RNs practicing in Oregon continues to decline.

**Figure 6** | Percent of Practicing RNs Licensed by Examination by City Size and Setting (Since 2010)



Source: OHA, Public Use Nursing Workforce Data File, 2020

## Conclusions

About 45 percent of endorsing RNs practice in Oregon, compared to about 80 percent of practicing RNs licensed via examination. However, while the number of nurses endorsing into Oregon is still increasing, the proportion of endorsing RNs practicing in Oregon appears to be declining. For endorsing RNs who received their Oregon nursing license after 2010, only about 34 percent were practicing in the state. Further analysis also indicated smaller communities and non-hospital practice settings rely more heavily on endorsing RNs to meet their need for an adequate nursing workforce, compared to hospitals and larger communities in Oregon. Lastly, it appears the reliance on endorsing RNs is increasing in smaller communities and non-hospital settings with RNs licensed since 2010, despite fewer endorsing RNs are practicing in Oregon.

Taken together, these data suggest if the percent of endorsing nurses practicing in the state continues to decline, communities and employers who more heavily rely on endorsing RNs to meet their needs may find it more difficult to recruit an ample supply of RNs.

Based on the data presented in this study, it is unclear if the decline in workforce participation among endorsing RNs will continue. It is clear RNs who were licensed more recently were less likely to practice in Oregon, compared to those who were licensed earlier. Also, it is unclear when the rapid rise in the number of endorsing RNs will slow and start to stabilize, as the current rate of growth of RNs endorsing into Oregon remains unsustainable.

Adding more uncertainty into this situation is the COVID-19 pandemic and its effect on the supply of RNs across the nation and within Oregon. These data were collected just prior to the beginning of the pandemic, which began in early months of 2020. The localized demand for nurses and rapid rise in the number of travel nurses has increased migration of nurses throughout the nation. It is possible the decline in endorsing RNs practicing in Oregon will continue and could decline at a faster rate. It is also possible the pandemic may cause fewer nurses to endorse into Oregon, and thereby slow the current rapid rate. In that instance, even at current levels of participation in the Oregon nursing workforce, the number of RNs available in rural Oregon, smaller communities, and non-hospital practices settings would decline.

Because of the fluidity of the circumstances surrounding the in-migration of RNs, further research and monitoring is necessary. As Oregon does not produce enough RNs to meet the statewide need, the continued influx of RNs from other states is vital to providing adequate healthcare in the state. **A decline in the number of nurses moving to Oregon or an increase in the proportion of endorsing RNs who do not practice in the state could have severe consequences on the ability to provide timely, high quality healthcare to Oregonians.** If these scenarios come to fruition, many areas and practice settings within Oregon will suffer.



## References

- Oregon Center for Nursing (2017). Analyses of endorsing nurses in Oregon. Unpublished data.
- Oregon Center for Nursing (2019). Shortage or maldistribution: Shifting the conversation about Oregon's nursing workforce. Portland OR. [https://oregoncenterfornursing.org/wp-content/uploads/2019/06/ShortageOrMaldistribution\\_Report2019.pdf](https://oregoncenterfornursing.org/wp-content/uploads/2019/06/ShortageOrMaldistribution_Report2019.pdf)
- Oregon Center for Nursing (2020). Nursing maldistribution: The intersection between practice setting and years of nursing experience. Portland OR. [https://oregoncenterfornursing.org/wp-content/uploads/2020/06/Maldistribution-Study\\_Setting-and-Experience.pdf](https://oregoncenterfornursing.org/wp-content/uploads/2020/06/Maldistribution-Study_Setting-and-Experience.pdf)
- Oregon Employment Department (2021). Oregon Occupational Employment Projections, 2020-2030. Salem OR. <https://www.qualityinfo.org/documents/10182/92203/Oregon+Occupational+Employment+Projections+2020-2030?version=1.13>
- Oregon Health Authority (2020). Public Use Nursing Workforce Data File, 2020. Portland OR.
- Oregon Center for Nursing (2022). Nursing program annual report for academic year 2020-2021. Portland OR.

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