Registered nursing is the single largest health profession in New York. Clearly, RNs are vital to the delivery of health care services in New York today. The passage of the Affordable Care Act in 2010 has heightened concern about future shortages of RNs. Demand for their services may grow with the implementation of health reform initiatives. Basic information on the supply and distribution of RNs in New York serves as a critical starting point for an analysis of the state’s nursing workforce.

Today, there are more than 270,000 licensed registered nurses (RNs) in the state. Since December 2007, the Center for Health Workforce Studies, with support from the New York State Departments of Health and Education, has been conducting a survey of RNs in the state at the time of initial licensure and at license renewal. Between December 2007 and September 2010, over 97,600 surveys were returned, representing 37% of all licensed RNs in the state. Just over 82% of survey respondents were actively working in nursing and 9% were retired. This research brief is based on survey responses and provides information about active RNs in New York, including demographic, educational, and practice characteristics.

KEY FINDINGS

- More than half of RNs in New York are 50 years of age or older.
- New York’s nursing workforce is not as diverse as the state’s population.
- Foreign-trained RNs comprise about 15% of the nursing workforce in the state.
- Just over 37% of RNs statewide report a bachelor’s degree in nursing (BSN) as their highest degree, while more than 35% report an associate degree in nursing (ADN) as their highest degree.
- There is wide regional variation in the highest educational levels reported by RNs.
- Almost half of RNs in New York City report a BSN as their highest degree, and one-third of these RNs are foreign-trained.
- Less than 20% of RNs in the North Country report a BSN as their highest nursing degree.
- More RNs work in hospitals than any other setting.
- About 12% of RNs expect to leave their current position in the coming year and nearly one-quarter of those leaving indicate they will retire from nursing.
More than half of RNs in the state are 50 years of age or older.

Nearly 94% of RNs in the state are female, with a median age of 51. By contrast, the median age of the civilian workforce in the state is 41.¹

New York’s nursing workforce is less diverse than the state’s population.

Blacks/African Americans and Hispanics/Latinos are underrepresented in the state’s nursing workforce compared to their presence in the state’s population. Fewer than 4% of RNs in the state are Hispanic/Latino, while more than 16% of the state’s population is Hispanic/Latino. Blacks/African Americans comprise just over 12% of New York’s nursing workforce, but represent nearly 15% of the state’s population. Asians are overrepresented in the nursing workforce (12%) compared to their presence in the state’s population (7%).

Foreign-trained RNs are an important part of the nursing workforce in the state.

Nearly 15% of the state’s RNs are foreign trained. Almost 30% of RNs in New York City are foreign trained, while about 10% of RNs in the Hudson Valley and Long Island regions are foreign trained.

Over 80% of Asian/Pacific Islander RNs in the state are foreign trained.

¹ U.S. Census Bureau, American Community Survey, 2008.
² U.S. Census Bureau, American Community Survey, 2005—2009 five-year estimates.
³ All race categories listed exclude any individuals who listed themselves as Hispanic/Latino.
Two-thirds of New York’s RNs report an RN diploma or ADN as their initial nursing degree.

Over two-thirds of the state’s RNs report either an RN diploma (21%) or an ADN (46%) as their initial nursing degree. Just under one-third of RNs report a BSN as their initial nursing degree.

Over 37% of active RNs in New York report a BSN as their highest degree, while more than 35% report an ADN as their highest degree.

Almost 47% of RNs in New York City report a BSN as their highest degree, followed by the Long Island (39%) and Finger Lakes (36%) regions. Less than 20% of RNs in the North Country report a BSN as their highest degree.

One in five RNs with a BSN as their highest degree were trained outside of the U.S., including 36% of BSNs in New York City and 17% of BSNs in the Hudson Valley.

Twenty-five percent of New York’s RNs report more than one RN degree.

The likelihood of obtaining an advanced nursing degree varies by initial nursing degree and region. RNs with a nursing diploma as their initial degree are the most likely to report a second nursing degree (33%), followed by RNs with an ADN as their initial nursing degree (25%). RNs with a BSN as their initial nursing degree were the least likely to report an additional nursing degree (22%). There is regional variation in the likelihood that RNs obtain higher nursing degrees. Nearly 28% of RNs in New York City went on for higher degrees, while only 15% of RNs in the North Country pursued higher nursing degrees.
More RNs work in hospitals than any other setting.

More than 44% of RNs work in hospitals, while nearly one-quarter report working in community-based settings.\textsuperscript{4} Almost two-thirds of RNs report working as staff nurses in their principal nursing positions. Twelve percent of RNs report working in nurse manager/supervisor positions, and 7% report working as advanced practice nurses.

About 12\% of RNs expect to leave their current positions in next year.

When asked if they expect to leave their current positions in the next year, 12\% of RNs indicate plans to leave. Of those RNs that expect to leave their current positions, slightly more than 40\% indicate they will be leaving for another clinical position, 11\% indicate they will be leaving for a non-clinical nursing position, while 10\% report plans to go back to school. Nearly 25\% of those planning to leave their current positions in the next year report plans to retire from nursing.

METHODS

Data for this research brief were drawn from an ongoing survey of RNs licensed in New York conducted by the Center. Between December 2007 and September 2010, more than 97,600 surveys were completed and entered into a database, representing 37\% of all RNs licensed in New York.

A respondent was determined to be an active RN if the individual reported paid employment in a nursing position. RNs who reported being retired, inactive, or working solely as unpaid volunteers were excluded from the analysis. The region in which an RN practiced was based on county of principal practice zip code reported on the survey. If the principal practice zip code was incomplete or missing, the county listed on the New York State Education Department licensure database was used to determine region.

CONCLUSION

New York has an aging nursing workforce. Further, RNs are not as diverse as the population they serve. Efforts to increase nursing diversity has the potential to reduce racial and ethnic health disparities in the state. There is wide regional variation in the educational attainment of RNs. Nearly half of RNs in New York City report a BSN as their highest degree, compared to only 18\% of RNs in the North Country. While most RNs are actively employed in nursing, an increasing number of retirements of older RNs are likely in the future.

In its recent report, The Future of Nursing: Leading Change, Advancing Health,\textsuperscript{5} the Institute of Medicine calls for increasing the number of RNs with bachelor’s degrees in the U.S. It will be critical for planners and policymakers in the state to understand the factors that contribute to the wide regional variation in educational attainment among RNs in order to identify effective strategies that support educational advancement in nursing. The IOM report also calls for the development of infrastructure for the collection and analysis of health workforce data. The New York RN re-registration survey is an important example of this, providing current, consistent, and high quality data on New York’s RNs. This survey is a key resource for the monitoring of the state’s nursing workforce and as such is an effective tool for informing nursing workforce program and policy development.

\textsuperscript{4} Community-based settings include home health agencies, school health centers, hospices, and other outpatient settings such as private physician offices, hospital-based outpatient clinics, health centers, and other ambulatory settings.