



BACKGROUND

Registered nurses (RNs) are the largest occupational category in the U.S. across all employment sectors, especially health care, and the federal Bureau of Labor Statistics predicts continued growth of RN jobs through 2022,¹ particularly in the ambulatory care and home health care settings. RNs serve in a variety of roles and functions both in and out of health care. Emerging models of care are shifting demand for RNs from acute care to ambulatory care, with increased emphasis on new roles, such as patient navigator and care coordinator. Basic information on the supply and distribution of RNs in New York serves as a critical starting point for analyzing the state's nursing workforce.

As of April 2014, there were nearly 282,550 licensed RNs in New York. All RNs are required to re-register with the New York State Education Department every three years. A voluntary survey is included in the re-registration material and may be completed on paper or online. The survey requests information on a small number of demographic, professional, and practice characteristics. The surveys received between December 2007 and December 2013 represent over 40% of RNs licensed in New York. This research brief was developed from an analysis of survey data for active RNs in New York.

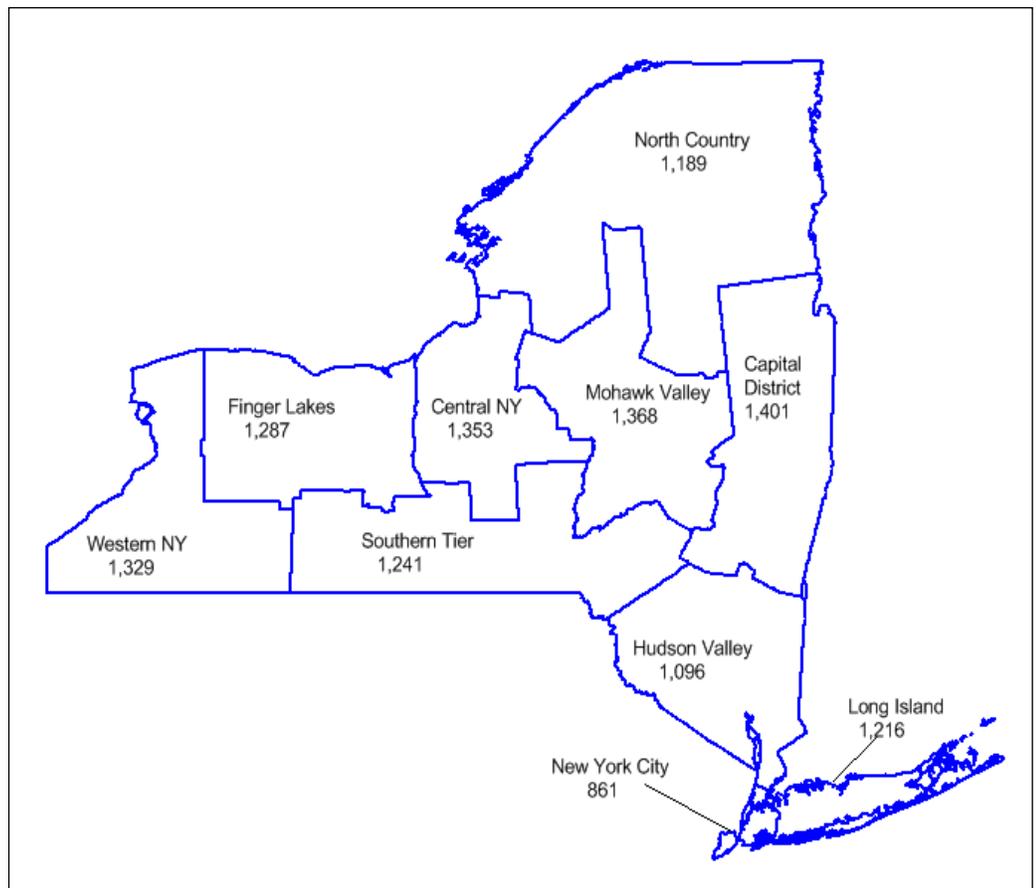
KEY FINDINGS

Three-quarters of the state's licensed RNs are actively practicing in New York.

As of April 2014, over 223,200, or 79% of licensed RNs in New York were actively practicing as RNs. However, only 75% of them (211,963) worked in New York. Statewide, there were 1,083 active RNs per 100,000 population. The New York City region had the fewest active RNs per capita (861), while the Capital District region had the most active RNs per capita (1,401) followed by the Mohawk Valley region (1,368).

Sixteen percent (16%) of RNs actively practicing in New York worked in rural counties, comparable to the percent of New York's population that resides in rural counties.²

Figure 1: Number of Active RNs Per 100,000 Population, by Region



1. Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Setting and Occupational Projections, 2012-2022.

2. Counties with populations of less than 200,000 are considered rural. This definition is based on "Eberts' Typology" and is cited in New York State Public Health Law, Article 2, Title 2C, Section 235.

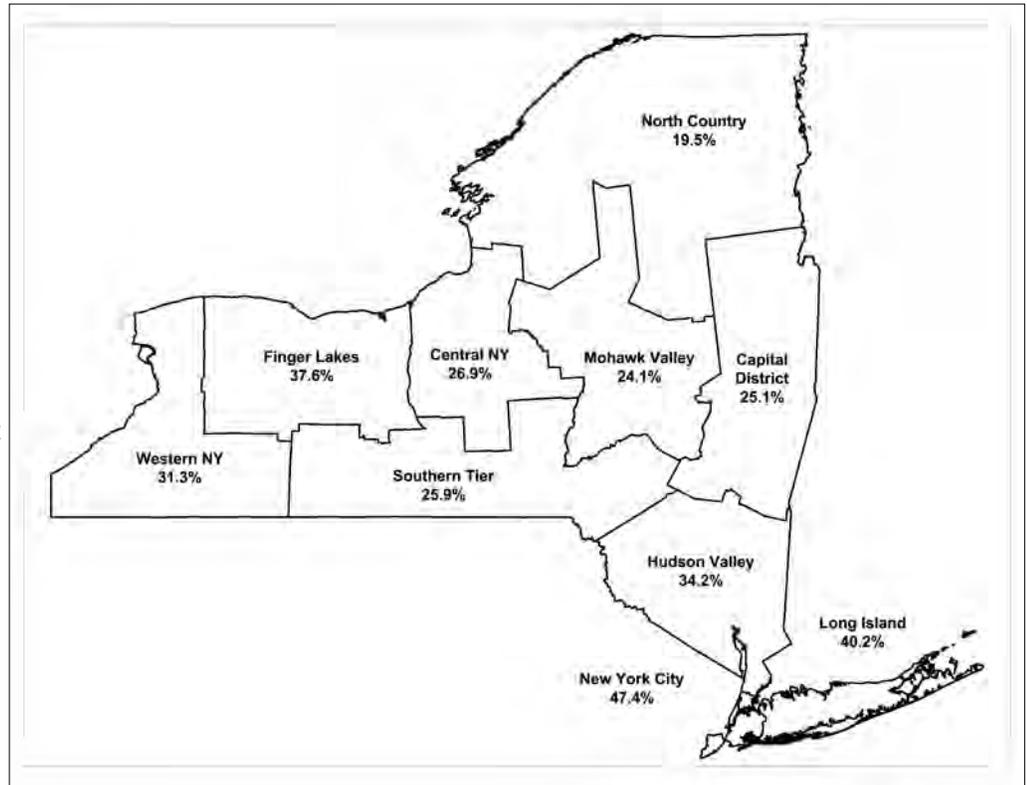
There is wide regional variation in the percent of RNs reporting a BSN as their highest nursing degree.

Statewide, nearly 49% of active RNs in New York reported either an RN diploma or associate degree (ADN) as their highest nursing degree, followed by RNs with a bachelor’s degree in nursing (BSN) (37%), a master’s degree in nursing (13%), or a doctoral degree in nursing (1%).

New York City had the highest percentage of active RNs with BSNs at 47%, followed by Long island (40%) and the Finger Lakes (38%), regions. Slightly less than 20% of RNs in the North Country region reported BSNs as their highest nursing degree. Over 25% of active RNs in New York, regardless of their initial nursing degree, have completed at least one additional nursing degree.

Specifically, nearly 27% of diploma- or ADN-prepared RNs completed at least one additional nursing degree, including 18% who completed a BSN only and another 9% who completed a BSN and at least a master’s degree.

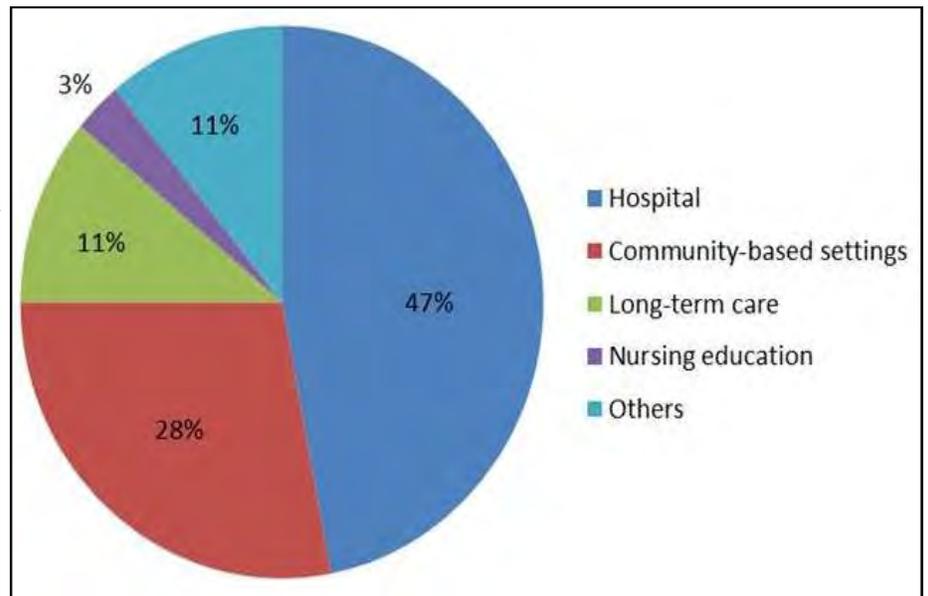
Figure 2: Percent of RNs with a Bachelor’s Degree as Their Highest Nursing Degree, By Region



Almost half of actively practicing RNs in New York work in hospitals.

More active RNs in New York worked in hospitals, including emergency departments (EDs) and inpatient settings (47%), as their principal employment than in any other setting. Twenty-eight percent (28%) worked in community-based settings² and 11% worked in long-term care facilities.³ Slightly more than 2% of actively practicing RNs worked in nursing education as their principal employment setting, though 8% worked in nursing education as their secondary employment setting. The majority of New York’s RNs worked as staff nurses (65%), followed by nurse managers (13%). Forty-one percent (41%) of staff RNs had an ADN as their highest nursing degree and the same percentage reported a BSN as their highest nursing degree. A slightly higher percentage of nurse managers had BSNs than ADNs as their highest degree (37% and 35%, respectively). A higher percentage of home health nurses had ADNs than BSNs as their highest degree (42% and 38%, respectively), and 52% of RNs working in public health reported a BSN as their highest degree.

Figure 3: Active RNs by Occupational Setting



2. Community-based settings include home health agencies, school health centers, and other outpatient settings such as physician offices, hospital outpatient clinics, and community health centers.

3. Long-term care settings include nursing homes and other settings, such as rehabilitation, mental health, and mental retardation facilities.

The vast majority of actively practicing RNs in New York are female and nearly two-thirds are age 50 or older.

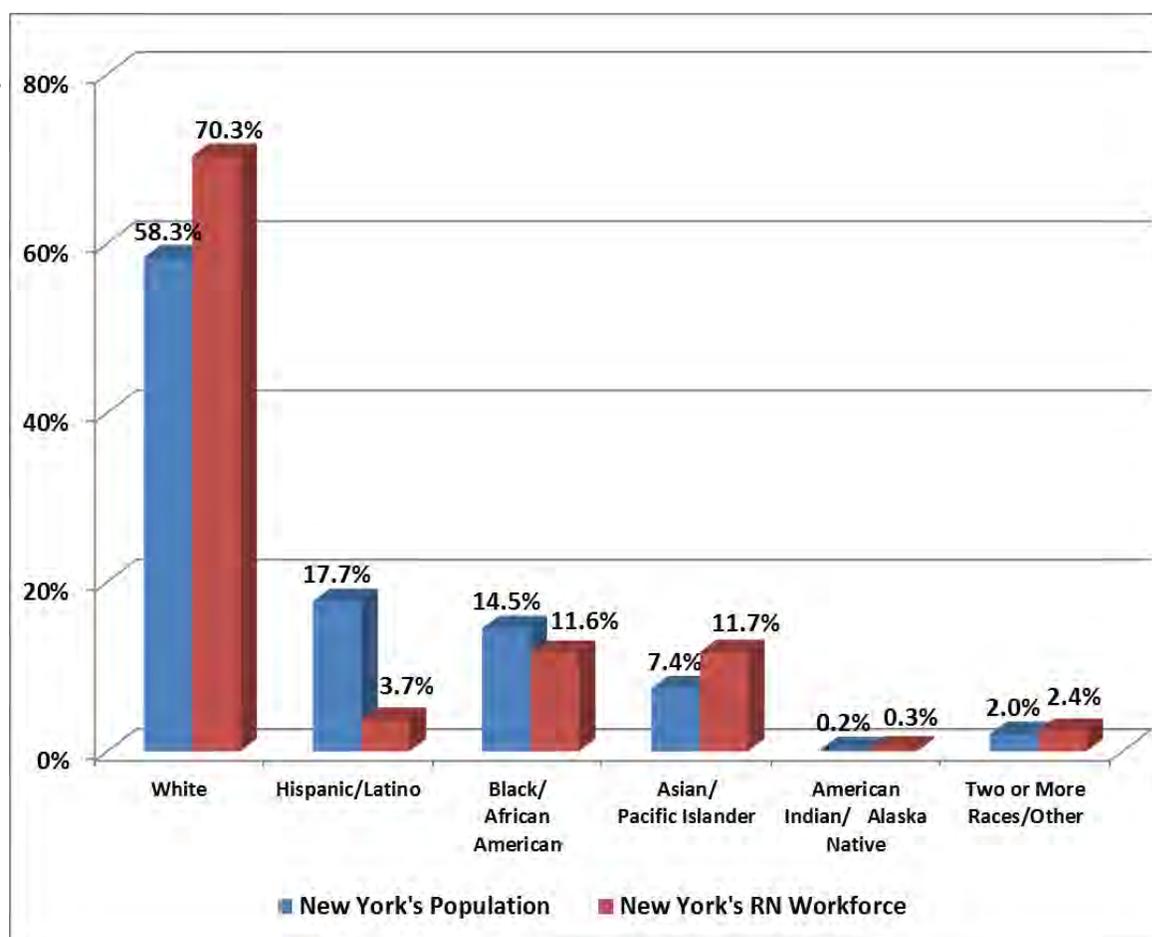
Almost 94% of active RNs working in New York were female, compared to about 52% of the state’s population.⁴ In 2013, active RNs in New York were, on average, eight years older than the state’s civilian labor force (age 50 compared to age 42, respectively). Nearly 70% of New York’s RNs were age 45 or older, with 35% of them older than age 55. Younger RNs tended to work in hospital EDs and acute care inpatient settings (average age of 46 and of 47, respectively), while older RNs tended to work in nursing education or occupational health settings (both average age of 55).

Active RNs in New York are not as diverse as the state’s population

In 2013, New York’s RN workforce was much less diverse than the state’s population. While 18% of the state’s population was Hispanic/Latino, less than 5% of the state’s nursing workforce was Hispanic/Latino. Blacks/African Americans⁵ comprised nearly 15% of the state’s population, but less than 12% of the RN workforce.

In contrast, White⁵ and Asians/Pacific Islander RNs⁵ were overrepresented in the RN workforce with White RNs comprising 70% of the state’s nursing workforce, but only 59% of the state’s population. Asian/Pacific Islander RNs made up more than 12% of the state’s nursing workforce, but represented just over 7% of the state’s population.⁴

Figure 4: Comparison of New York’s Total Population and Actively Practicing RNs



Foreign-trained RNs contributed to the diversity of New York’s nursing workforce. Nearly 79% of Asian/Pacific Islander RNs, 15% of Black/African American RNs, and 7% of Hispanic/Latino RNs were foreign trained. In total, 11% of the active RN workforce in

New York was foreign trained. The percentage of foreign-trained RNs was much higher in the New York City region (17%) compared to the rest of the state (3%).

RN diversity varied by age cohort. RNs in the 35-44 age cohort were the most diverse: 36% of them were racial/ethnic minorities, including 13% Black/African American, 5% Hispanic/Latino, and 15% Asian/Pacific Islanders. RNs in the 55-64 age cohort were the least diverse; less than 23% of them were racial/ethnic minorities.

4. Statewide data on the percent female, average age of the workforce, and racial/ethnic composition are from the 2008-2012 American Community Survey.
 5. Excludes individuals who identified themselves as Hispanic/Latino.

One in nine active RNs expects to leave their current principal position in the next year.

Almost 11% of active RNs in New York reported plans to leave their current nursing position in the next year. Of those, 40% of them expected to leave for a new clinical nursing position, 24% planned to retire, just over 15% planned to return to school, and 15% planned to leave for a non-clinical nursing position.

Over 10,000 RNs working in hospital settings planned to leave their current nursing position within the next year, followed by 5,900 leaving ambulatory care settings and 3,100 leaving long-term care facilities. On a percentage basis, long-term care facilities had the highest proportion of RNs who expected to leave their current position (13%), followed by state/county health departments (10.8%), hospitals (10.7%), and ambulatory care (10.6%).

Across age cohorts, a higher percentage of RNs ages 25-34 planned to leave for new clinical positions, to return to school, or to leave for family obligations than other age cohorts. As expected, a much higher percentage of RNs age 65 and older expected to retire (17%) within the next year than all other age cohorts.

METHODS

For purposes of this analysis, a respondent was determined to be an active RN if she or he reported working in a nursing position in New York during the survey period. RNs who reported being retired, inactive, or working outside of New York were excluded from the analysis. The region in which an RN practiced was based on the zip code of the RN's principal practice site as reported on the survey and then linked to a county. 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 the county and region of employment.

DISCUSSION

Almost half of active RNs in New York work in hospitals. More than one-quarter reported working in community-based settings. It is anticipated that demand for RNs in ambulatory care is likely to grow under health reform initiatives that support an increasing number of emerging models of care, with more emphasis on care coordination.

New York's RN workforce is predominantly female and almost 66% of New York's RNs are age 50 or older. In addition, RNs are not as diverse as the state's population, with a much smaller percentage of Hispanic/Latino RNs and a somewhat smaller percentage of Black/African American RNs compared to the larger percentages of Hispanics/Latinos and Blacks/African Americans residing in New York. Improvements in nursing workforce diversity have the potential to improve the cultural competence of the state's health workforce, which can reduce racial/ethnic health disparities.

There is wide regional variation in educational attainment among RNs, with nearly half of active RNs in the New York City region holding BSNs, compared to only 20% of RNs in the North Country region. It will be important to understand the factors that contribute to this variation in order to develop effective strategies to support advancement in nursing statewide.

There is also growing recognition of the need for states to develop health workforce monitoring systems. The New York RN re-registration survey is an important example of this as it provides current, consistent, high quality information about New York's active nursing workforce. These analyses can inform effective program and policy development to assure a balance between the supply of RNs in New York and demand for their services.

Center for Health Workforce Studies

This brief was prepared by the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. Center staff who worked on the report include Robert Martiniano, Garima Siwach, and Jean Moore. Support for this analysis was provided by the New York State Department of Health and the New York State Education Department. CHWS website: <http://chws.albany.edu>