NEW YORK’S HEALTH CARE SECTOR: A CHANGING, GROWING WORKFORCE

Demand Continues for Health Care Professionals

2013 Nursing and Allied Health Care Professionals Workforce Survey Report
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The 2013 Health Care Professionals Workforce Survey was conducted by

HANYS Healthcare Association of New York State

GNYHA Greater New York Hospital Association

in collaboration with

CHWS IROQUOIS Healthcare Association Alliance Suburban Hospital RRHA Western New York Healthcare Association
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Executive Summary

The aging health care workforce and aging population, combined with health care reform, will increase demand for many health care professionals and expand the roles and necessary skill sets for existing professionals. These growth areas include nurses, physicians, medical assistants, nurse practitioners, and physician assistants.

Fortunately, the health care sector continues to maintain a large and rapidly expanding workforce, with gains of some 23,000 per month nationally (Employment Situation Summary, Bureau of Labor Statistics, April 2013). In fact, health care was the only sector that experienced growth during the most recent economic downturn.

The 2013 Nursing and Allied Health Care Professionals Workforce Survey Report provides findings from a 2013 survey of hospitals related to nursing and allied health care professionals. The survey included questions on hiring trends, vacancies, turnover, and questions that provide insight into current hospital workforce practices.

This report includes responses from 110 hospitals and health systems out of 207 across New York State, for a response rate of 53%. Many of the findings are presented as statewide, upstate, and downstate, and, where appropriate, regionally. Downstate regions include New York City, Long Island, and the Northern Metropolitan/Hudson Valley region. Upstate regions include Western New York, Rochester, Central New York, and Northeastern New York.

This survey was conducted by the Healthcare Association of New York State (HANYS) and Greater New York Hospital Association (GNYHA), in collaboration with Western New York Healthcare Association, Rochester Regional Healthcare Association, Iroquois Healthcare Alliance, Suburban Hospital Alliance of New York State, and the State University of New York Center for Health Workforce Studies (CHWS).

Health Care Workforce Acronyms in This Report

ADN: Associate’s Degree in Nursing
BSN: Bachelor of Science in Nursing Degree
LCSW: Licensed Clinical Social Worker
MSN: Master of Science in Nursing
NP: Nurse Practitioner
OT: Occupational Therapist
PA: Physician Assistant
PT: Physical Therapist
RN: Registered Nurse
The current RN supply exceeds the current demand, as observed both anecdotally by nurse executives and in survey responses from hospitals reflecting lower vacancy rates, fewer RNs retiring, and minimal difficulty recruiting new RN graduates. However, experts and those close to these hiring practices anticipate that as the population continues to age, current levels of RN graduates will no longer meet future demand, and employers will once again struggle to find and hire nurses. This will be compounded by the need for a workforce with specialty skills.

The evolution of the health care workforce landscape includes a movement toward hiring practices that prefer a BSN degree. While our survey results show a shift in these practices, they are not consistent across the state. There are practical and regional barriers to completion of a BSN outside of the New York City metropolitan area that need to be addressed by the health care and educational fields.

NPs and PAs are critical to the success of hospitals’ transition to alternative and innovative models of care delivery, such as the Patient-Centered Medical Home and Health Home models. In communities with insufficient primary care physicians, NPs and PAs will play an increasingly important role in providing care. The Primary Health Services Corps, if adequately funded, could help with recruitment of NPs and PAs by offering loan repayment in return for a commitment to serve in these communities. While this program is a federal matching program, more state dollars are needed to attract NPs and PAs to communities in need.

In addition, a shift in service delivery will create new positions to be filled, new training needs, and realignment of the workforce as a whole as providers increase the use of ambulatory care settings. The need for newly identified professions such as patient navigators and care coordinators will also continue to increase. Better and effective collaboration across all sectors of health care and their communities is essential. In addition, New York must prepare for workforce shortages because of an increased demand for health care services from an expanded population of insured persons. To ensure that health care workers can continue to meet patient care needs, changes are needed in the educational curricula for all

**KEY FINDINGS**

- Positions for nurse managers, experienced RNs, clinical laboratory technologists, medical coders, and physical therapists (PTs) continue to be the most difficult occupations to recruit.

- The nurse practitioner (NP) vacancy rate nearly doubled from last year, increasing from 6% in 2011 to 11.4% in 2012.

- The physician assistant (PA) vacancy rate increased from 6% in 2011 to 7.3% in 2012.

- The vacancy rate for registered nurses (RNs) decreased from 7% in 2011 to 5.6% in 2012.

- The percentage of RNs with a Bachelor of Science in Nursing (BSN) degree rose from 32% in 2011 to 41% in 2012, with the majority of these coming from the downstate regions.

- A majority of respondents (70%), particularly in downstate regions, indicated a preference for hiring BSNs, up from 46% in 2011.

- Respondents expect nearly 1,000 nurses to retire during 2013.

- More than 55% of respondents anticipate growth in the number of procedures performed in outpatient departments, and 56% anticipate more in ambulatory care departments (office visits).
health care professionals to incorporate criteria for new and expanded roles. Current faculty shortages and limits on clinical training opportunities are barriers that must be actively and creatively addressed through collaboration between academia and providers. Both the increasing volume demands and health care delivery changes will require effective and enduring partnerships among stakeholders to develop professionals who are competent and confident in meeting the health care system’s needs.

HANYS has convened a Workforce Advisory Group, comprised of many health care workforce stakeholders, to seek a better understanding of the root causes of health care worker shortages and identify solutions. GNYHA has convened a Nurse Executive Council to discuss critical nursing-related staffing and professional development issues and establish a strategy for addressing barriers. Additionally, GNYHA has partnered with the New York Alliance for Careers in Healthcare and academic stakeholders to develop a transition-to-practice program to assist new graduate nurses with preparing to practice in the hospital setting.

Through these workgroups, HANYS, GNYHA, all of New York State’s allied hospital and health care associations, and other stakeholders will advocate for state and federal legislation to address workforce shortages, educational capacity, advancement of health professionals, regulatory reform to ensure workforce flexibility, and additional funding for workforce recruitment, retention, and retraining.

Nurses

The U.S. Bureau of Labor Statistics ranks registered nursing as one of the nation’s leading occupations, projecting that it will add the most jobs of any profession and grow 26% by 2020—representing a projected total of 1.2 million RN positions by then. This is due to both a projected increase in demand and an anticipated need to replace the aging RN workforce.

Interest in nursing careers across the country continues to remain high, with enrollment in BSN programs in 2011 increasing by nearly 20,000 students (5.1%) from the previous year. At the same time, there are still indications that qualified applicants are being turned away because of faculty shortages and limited resources for clinical training. A 2011 survey by the American Association of Colleges of Nursing found that more than 80,000 students graduated from BSN programs, including 52,922 from entry-level programs and nearly 28,000 (35%) from BSN completion programs. Enrollment in BSN completion programs has been on the rise for nine consecutive years, with a 15.8% increase in 2011.

Key findings from two new CHWS reports on nursing\(^1\) include

- Growth in the annual number of RN graduates in New York is slowing. While the annual number of RN graduates in New York has more than doubled between 2002 and 2012, there was little growth in the number of graduates from New York RN education programs from 2011 to 2012.

\(^1\) Trends in New York Registered Nurse Graduations, 1996-2013, CHWS, January 2013
The growth that did occur was from increases in BSN degree completers—those with Associate’s Degrees in Nursing (ADN) who obtain a BSN—and ADN graduates.

In 2012, every region in the state saw an increase in both the number of ADN graduates and BSN degree completers.

More qualified applicants (2,900) were denied admission to RN education programs in 2012 than any year since 2005, largely because on-site programs limit the number of students they can admit. Further, programs cite lack of qualified faculty and clinical training sites as limiting factors. Given the projections for health care, longer term viability and capacity will be crucial to remain successful.

The job market continues to remain very competitive for newly graduated nurses.

The number of RN jobs in New York City declined between 2005 and 2012.

Human resource directors have reported difficulty recruiting experienced RNs.

According to Dr. Peter Buerhaus², “Over the next 20 years the average age of RNs will increase and the size of the workforce will plateau as large numbers of nurses retire. Because demand for RNs is expected to increase during this time, a large prolonged shortage of nurses is expected to hit the U.S. in the latter half of the next decade.” It is difficult to determine exactly when demand will exceed supply, as this is dependent on the pace at which RNs retire and the growth in outpatient health care that is expected to add to the increase in demand.

Over the past year, many nurse leaders and state workgroups have focused on the future of the health care workforce and have discussed creating innovative programs to nurture and cultivate new graduates to ease the transition from academia to practice. As health care leaders become more aware of the impending increase in demand for nurses and allied workers alike, New York can anticipate further discussion and action to address the increasing number of graduates without jobs, retaining these graduates in the health care workforce pool, and in the meantime, preparing them for practice.

Findings from this survey confirm trends reported at both the national and state levels.

**The Aging of the RN Workforce**

Respondents to this hospital survey indicated that the average age of an RN is 45, similar to the national average of 44.5. Hospital respondents also noted that overall, 8% of their RNs are over the age of 60.

Survey respondents anticipate that nearly 1,000 RNs will retire in 2013. In last year’s report, respondents anticipated that more than 800 RNs would retire in 2012, and less than 500 actually retired. Nurses may continue to postpone retirement until the economy fully recovers.

² [http://www.jama.ama-assn.org](http://www.jama.ama-assn.org)
Vacancy and Turnover of RNs

Over the past several years, we have experienced lower than expected vacancy rates, which can be attributed to fewer nurses retiring because of the economic downturn. Vacancy rates\(^3\) for RNs decreased from 7% in 2011 to 5.6% in 2012, showing a continuation of this trend. However, turnover rates\(^4\), which include retirements, increased from 9% in 2011 to 10.1% in 2012.

Vacancy rates appear to be highest in the Northern Metropolitan area, and lowest in the Northeastern region, where turnover rates are also among the highest in the state.

\(^3\) Vacancy rates measure the percentage of vacant positions compared with the total number of budgeted positions.  
\(^4\) Turnover rates measure the percentage of employees that leave a position within a given time period.
Recruitment and Retention of Nurses by Category

The 2013 survey asked about recruitment and retention of experienced nurses, newly graduated nurses, and nurse managers. Experienced nurses are still reported as very difficult to recruit (41%) and nurse managers were even more difficult to recruit (60%). Explaining the difficulty, respondents noted a shortage of both experienced nurses (52%) and nurse managers (53%).

### Recruitment and Retention of Experienced RNs, Nurse Managers, and New RNs

![Graph showing recruitment and retention difficulties for experienced RNs, newly graduated RNs, and nurse managers.]

### Distribution of RN Degrees

One of the most significant findings from this year’s survey is the large increase in the overall percentage of nurses with BSN degrees in hospitals. Last year’s survey found that the percentage of BSN degree’s statewide was 32%. This year, that number has increased to 41%. Hospitals across the state continue to encourage their nurses to further their education by providing tuition reimbursement, flexible scheduling, on-site RN-to-BSN programs, etc. Ninety-eight percent of respondents reported that they provide tuition assistance for their RNs, primarily for BSN and Master of Science in Nursing (MSN) degree programs. About 56% of respondents provide assistance for doctoral programs and 53% for clinical doctorate programs. These findings are consistent with CHWS’ reports on the increase in BSN program completers.

The percentage of nurses with BSN degrees in the downstate regions was significantly higher than upstate.

### Distribution of BSN Degrees (2011-2012)

![Graph showing distribution of BSN degrees by state (Statewide, Downstate, Upstate) for 2011 and 2012.]

2011 | 2012
---|---
Statewide | 32% | 41%
Downstate | 39% | 50%
Upstate | 22% | 24%
Hospitals report that more than 2,600 nurses are in the process of completing their BSN degrees, an additional 1,891 are completing an MSN degree, and 117 are working toward a PhD. Seventy-eight percent of these BSN degree completers are located downstate. The BSN degree completers are slightly higher than what was reported in last year’s survey, which is consistent with both state and national trends. The number of licensed practical nurses who are completing higher nursing degrees was 228.

**Distribution of BSN Degrees (2011-2012)**

In 2010, the Institute of Medicine (IOM) called for a nationwide increase in the number of baccalaureate-prepared nurses to 80% of all RNs by 2020. While it is evident from CHWS’ reports that many nurses with ADN degrees are going on to complete their BSN degrees, this can be more difficult for nurses in parts of the state where there is limited access to on-site educational opportunities.

Even with the expansion of online education, many students still prefer traditional classroom settings. This survey clearly shows that while many ADN-prepared nurses are incentivized through tuition support and hiring preferences to complete their BSN degrees, the majority of these nurses are located in downstate regions.

**Statewide Distribution of Nursing Degrees**

There are still some parts of the state with a much lower concentration of BSN-prepared nurses—specifically, the Western New York, Central New York, and Northeastern regions. This is partly due to the lower number of on-site BSN educational programs in these areas.
BSN Hiring Policies

The survey also asked about nursing hiring policies. Only 6% of respondents indicated that they have a “BSN-only” hiring policy, but the vast majority (70%) has a preference for hiring BSN-prepared nurses. This is a significant increase from last year, when only 46% had a preference for BSN-degreed nurses, and is more prevalent in the downstate regions. Twenty-four percent of responding hospitals indicated that they required a BSN degree within a certain number of years from hire. These choices were not mutually exclusive and many respondents with a preference for a BSN also indicated that it was required within a certain number of years from hire. Twenty-one percent had no hiring policy at all—down from 35% last year.

Clearly, this change in hiring policy is impacting new ADN graduates and reports from ADN program directors confirm this fact.
The survey results also revealed distinct regional differences in hiring policies and practices. There is a higher preference for hiring BSN-prepared nurses in downstate regions, most likely related to the greater number of four-year nursing schools located downstate.

**Location of Nursing Schools in Upstate New York by Degree Program**

- ★ Both ADN and BSN Education Programs
- ★ Only BSN Education Programs
- ★ ADN and RN Diploma Programs
Location of Nursing Schools in New York City by Degree Program

- ★ Both ADN and BSN Education Programs
- ★ Only BSN Education Programs
- ★ Only ADN Education Programs

Magnet Recognition Program

Developed by the American Nurses Credentialing Center, the Magnet Recognition Program recognizes health care organizations with defined professional nursing standards and policies that promote quality patient care, nursing excellence, and innovation in professional nursing practice. These hospitals typically employ a greater proportion of baccalaureate-prepared nurses for reasons related to a number
of the Magnet Recognition requirements, including encouragement of nurses’ professional development. This survey asked respondents if they currently have Magnet status, are pursuing it, or are considering pursuing it. Approximately 14% of respondents indicated that they had achieved Magnet status, 19% are actively pursuing it, and 45% are considering doing so. Twenty percent of respondents indicated that they were not interested in attaining Magnet status.

As the chart below illustrates, most of the current Magnet recognition programs are in downstate regions, and a higher percentage of upstate hospitals were not interested in becoming a Magnet-recognized hospital.

Statewide Distribution of Magnet Status

Nurse Practitioners and Physician Assistants

Results from HANYS’ recent physician survey, Doctor Shortage: Condition Critical, demonstrated widespread use of NPs and PAs in hospitals. Most survey respondents indicated that they have non-physician clinicians filling clinician roles because, in addition to being cost effective and providing high quality care, there is a shortage of available physicians. The need for both NPs and PAs will likely increase as more of the population obtains insurance coverage through the Affordable Care Act and begins to seek medical care.

A study that assessed the capacity of the combined workforce of physicians, NPs, and PAs to meet the future demand for clinical services concluded that the U.S. faces a shortfall of all three. Without an increase in the training programs for NPs and PAs, the aggregate per capita supply of each will remain close to the current level, which is 20% less than expected demand in 2025.

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5 Gaps in the Supply of Physicians, Advance Practice Nurses, and Physician Assistants, Journal of the American College of Surgeons, April 2011
Vacancy Rates for NPs and PAs

According to the results of our Nursing and Allied Health Care Professionals Survey, vacancy rates for NPs and PAs have increased since last year; the NP vacancy rate nearly doubled from last year from 6% to 11.4%. The PA vacancy rate increased from 6% in 2011 to 7.3% in 2012.

A majority of survey respondents indicated that they anticipate growth both in their outpatient and ambulatory care service areas, and many indicate that this would require more NPs and PAs, so an increase in vacancy rates for these professions could result in significant shortages.

Vacancy and Turnover Rates for NPs and PAs (2010-2012)

Statewide Vacancy Rates for NPs and PAs (2012)
Recruitment and Retention of NPs and PAs

Thirty-two percent of respondents indicated that NPs were very difficult to recruit and 36% reported that PAs were very difficult to recruit. Regionally, 48% of upstate respondents reported that both NPs and PAs were very difficult to recruit. More respondents upstate identified a shortage of NPs (31%) and PAs (43%) as the reason for recruitment difficulties. It does not appear that retention of these professionals is a problem for most responding hospitals.

Statewide Difficulty Recruiting NPs and PAs

Regional variations occurred for the recruitment of both NPs and PAs.

<table>
<thead>
<tr>
<th>Region</th>
<th>Difficulty Recruiting NPs</th>
<th>Difficulty Recruiting PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western New York</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Rochester</td>
<td>71%</td>
<td>43%</td>
</tr>
<tr>
<td>Central New York</td>
<td>36%</td>
<td>43%</td>
</tr>
<tr>
<td>Northeastern</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Northern Metropolitan</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Nassau-Suffolk</td>
<td>42%</td>
<td>13%</td>
</tr>
<tr>
<td>New York City</td>
<td>15%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Allied Health Care Professionals

Allied health care professionals make up the majority of the health care workforce and include more than 100 distinct occupations. Allied health care professions typically require two- or four-year educational programs in community and four-year colleges. Allied health care professionals also include paraprofessionals, such as home health and other types of health aides.

The demand for many of these allied health care professionals is expected to increase as hospitals and health systems move to innovative care delivery models that depend on nurses and allied health care staff to be engaged in care coordination, quality improvement, greater use of electronic medical records and health information exchange, along with other health reform-related activities. This is particularly true for medical assistants, physician assistants, health information technology staff, physical therapy aides, nursing assistants, and home health and personal care aides. The Bureau of Labor Statistics confirms that nearly 300,000 jobs were added to the health care sector in 2011 and that these professions constitute one of the fastest growing sectors of the nation’s workforce.

A national shortage of laboratory technicians and technologists is looming. Many older workers are retiring and colleges that have provided these programs in the past are closing. Demand for these workers is expected to grow by 5% annually. The American School of Clinical Pathology vacancy survey in 2011 found that labs and blood banks are experiencing the highest vacancy rates, at about 11%.

As organizations migrate to the new International Classification of Disease, Tenth Revision (ICD-10) requirements, providers are experiencing a shortage of medical coders. According to the American Health Information Management Association, there is a nationwide shortage of certified medical coders in hospitals, physician practices, and other health care settings, with the most critical shortages in the northeastern and western parts of the country. The role of medical coders is expanding, and according to the Bureau of Labor Statistics, the demand is projected to increase by nearly 20% by 2018.

Another recent study shows that demand for PTs will outpace supply by 2030. The Bureau of Labor Statistics has cited PT as one of the fastest job growth professions.

Most of the nation’s PT programs require a doctorate degree, which may be contributing to the current PT shortage. An aging population will also place a heavy demand on PTs.

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6 ASCP Survey Points to grim Pictures of Lab Tech shortage this year, Genome Web, 4/1/11
Recruitment and Retention of Allied Health Care Professionals

Survey respondents reported clinical lab techs (technicians and technologists), medical coders, PTs, and occupational therapists (OTs) are among the most difficult to recruit.

Statewide Percent Responding Very Difficult to Recruit (2012)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Recruitment difficulty</th>
<th>Retention difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Lab Techs</td>
<td>61%</td>
<td>21%</td>
</tr>
<tr>
<td>Medical Coders</td>
<td>54%</td>
<td>12%</td>
</tr>
<tr>
<td>PT</td>
<td>31%</td>
<td>9%</td>
</tr>
<tr>
<td>OT</td>
<td>37%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Regional Distribution of Difficulty Recruiting Certain Professions (2012)
Responses indicate that the recruitment of clinical lab techs is most difficult in the Northeast, Northern Metropolitan, and Nassau-Suffolk regions of the state. Medical coders were most difficult to recruit in the Western New York, Nassau-Suffolk, and New York City regions. PTs and OTs were the most difficult to recruit in the Rochester region. Other allied health care professionals were also reported as very difficult to recruit in some regions. For example:

- Seventy-one percent of respondents in the Rochester region and 50% of respondents in Central New York reported that speech pathologists were very difficult to recruit.

### Vacancy and Turnover

The allied health care professions with the highest statewide vacancy rates included radiologic technologists (13%) and speech pathologists (13%). When comparing rates in upstate and downstate regions, it appears that downstate vacancy rates for clinical lab technologists (10.6%), medical coders (9.2%), and speech pathologists (16.3%) were among the highest. Vacancy rates in upstate regions for these professions were significantly lower. Vacancy rates varied widely by region and by profession. Those professions with the highest vacancy rates in each region are listed below.

<table>
<thead>
<tr>
<th>Region</th>
<th>Profession</th>
<th>Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western New York</td>
<td>Occupational Therapist</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>Licensed Clinical Social Worker (LCSW)</td>
<td>10.4%</td>
</tr>
<tr>
<td></td>
<td>Medical Assistant</td>
<td>17.7%</td>
</tr>
<tr>
<td>Rochester</td>
<td>Radiologic Technician</td>
<td>36.0%</td>
</tr>
<tr>
<td></td>
<td>Medical Assistant</td>
<td>11.3%</td>
</tr>
<tr>
<td>Central New York</td>
<td>Radiologic Technician</td>
<td>19.4%</td>
</tr>
<tr>
<td>Northeastern</td>
<td>Speech Pathologist</td>
<td>22.1%</td>
</tr>
<tr>
<td>Northern Metropolitan</td>
<td>Medical Assistants</td>
<td>38.6%</td>
</tr>
<tr>
<td></td>
<td>Clinical Lab Technician</td>
<td>14.2%</td>
</tr>
<tr>
<td>Nassau-Suffolk</td>
<td>Speech Pathologists</td>
<td>22.7%</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapist</td>
<td>19.2%</td>
</tr>
<tr>
<td></td>
<td>Physical Therapist</td>
<td>13.7%</td>
</tr>
<tr>
<td></td>
<td>Clinical Lab Technician</td>
<td>13.2%</td>
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<td>Medical Coders</td>
<td>11.2%</td>
</tr>
<tr>
<td>New York City</td>
<td>Radiologic Technologist</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>Speech Pathologist</td>
<td>15.2%</td>
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