

**BI-ANNUAL REPORT
2015**

New Jersey Nurse Workforce Supply and Demand

**A Report to Governor Chris Christie and
the New Jersey State Legislature**

December 2015





Governor's Bi-annual Report December 2015

New Jersey Nurse Workforce Supply & Demand

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ABOUT US

The New Jersey Collaborating Center for Nursing was established by legislation on December 12, 2002, P.L.2002, c.116 (C.18A:65-90). The Center works on behalf of nurses to provide evidence-based recommendations regarding the nursing workforce and its impact on patient care. The Center is located in Rutgers University, School of Nursing, Newark. We are guided by a 17-member board representing New Jersey nursing and healthcare stakeholders.

VISION

To be the dominant voice on nursing workforce solutions for New Jersey citizens.

MISSION

- Ensure that competent future oriented, diverse nursing providers are available in sufficient numbers and preparation to meet the demand of the evolving healthcare system in New Jersey
- Transform the healthcare system through research and innovative model programs.
- Create a central repository for education practice, and research related to nursing workforce.
- Engage academic/practice partners, inter-professional colleagues, government and legislative agencies, consumers, business and industry in workforce solutions.
- Promote a positive image for nursing.

PURPOSE

Purpose of this report is to provide a snapshot of nursing supply and demand in NJ as defined by state reports and national projections. This report is a requirement of the legislation and is to be submitted to the governor every 2 years.

INTRODUCTION

Nurses make up the largest health profession in the United States.¹ Similarly, nurses are the largest healthcare workforce in NJ. Therefore, it is important to understand the current supply and future demand for nurses in meeting the healthcare needs of the citizens of NJ. There are many factors that impact on supply and demand data. These include: 1)an aging workforce and population in the state, 2) more complex and chronic care management needs, 3)changes in the economy, 4)changes in the healthcare delivery system and 5) a focus on preventative care and care coordination. This data can help guide policy and planning but are not meant to be definitive markers for decision making.

This report is divided into supply and demand data. Recommendations for action are identified at the end of this report.

¹ U.S. Department of Labor, Bureau of Labor Statistics. (2012). *Occupational Outlook Handbook, 2012-13 Edition*. Washington, D.C.: GPO, U.S. Bureau of Labor Statistics. Retrieved from <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>; <http://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm>



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SECTION 1: CURRENT NEW JERSEY NURSE SUPPLY DATA

A. PRE-LICENSURE EDUCATIONAL PROFILE

One of NJCCN's initiatives is to conduct an annual survey of all the nursing schools approved by the New Jersey State Board of Nursing to measure and monitor student enrollments, graduations and demographics, as well as data on New Jersey nursing school faculty. Inherent in the mission of NJCCN is a focus on increasing the percentage of underrepresented minorities in the nursing workforce.

DEFINITIONS OF PRE-LICENSURE PROGRAMS

Pre-licensure are those that prepare students for the **initial** National Council Licensure.

Diploma Program: A program of instruction that requires two to three years of full-time equivalent coursework, usually within a hospital-based structural unit.

ADN Program, Generic: A program of instruction that requires at least two years of full-time equivalent college academic work generally within a junior or community college.

ADN Program, Bridge: A pre-licensure RN associate degree program with a curriculum sequence for students having *some* formal training in nursing or a related field. Bridge programs typically accelerate the degree completion for students who are licensed as an LPN or paramedic.

Pre-licensure BSN Program, Generic: A program of instruction to prepare registered nurses that admits students with no previous nursing education, the completion of which results in a baccalaureate degree.

Pre-licensure BSN Program, Second Degree: A program of instruction to prepare registered nurses that admits students with baccalaureate degrees in other disciplines and no previous nursing education and, at completion, awards a baccalaureate degree in nursing and eligibility to apply for licensure as an RN.

Pre-licensure MSN Program (Entry MSN): A program of instruction that admits students with baccalaureate degrees in other disciplines and no previous nursing education. The program prepares graduates for entry into the profession, eligibility to apply for licensure as an RN, and upon completion awards a master's degree.



The tables below show the admissions and enrollments for the current year and the trend data over the last four years.

PRE-LICENSURE STUDENT ADMISSION AND GRADUATES

TABLE 1. NUMBER OF QUALIFIED PRE-LICENSURE STUDENT APPLICANTS, ADMISSIONS, AND ENROLLMENTS BY PROGRAM TYPE 2013-2014

	Program Type					Total
	Diploma	ADN Generic	ADN Bridge	Baccalaureate	Pre-Licensure MSN	
	n = 7	n = 15	n = 10	n = 23	n = 1	n = 56
Number of RN seats available	923	1749	811	1507	40	5030
Number qualified applicants	1302	2773	1985	3374	31	9465
Number qualified applicants admitted (%)	1011(77.6)	1602(57.8)	810(40.8)	2507(74.3)	31(100)	5961(63.0)
New enrollees (%)	935(92.5)	1503(93.8)	772(95.3)	1236(49.3)	31(100)	4477(75.1)

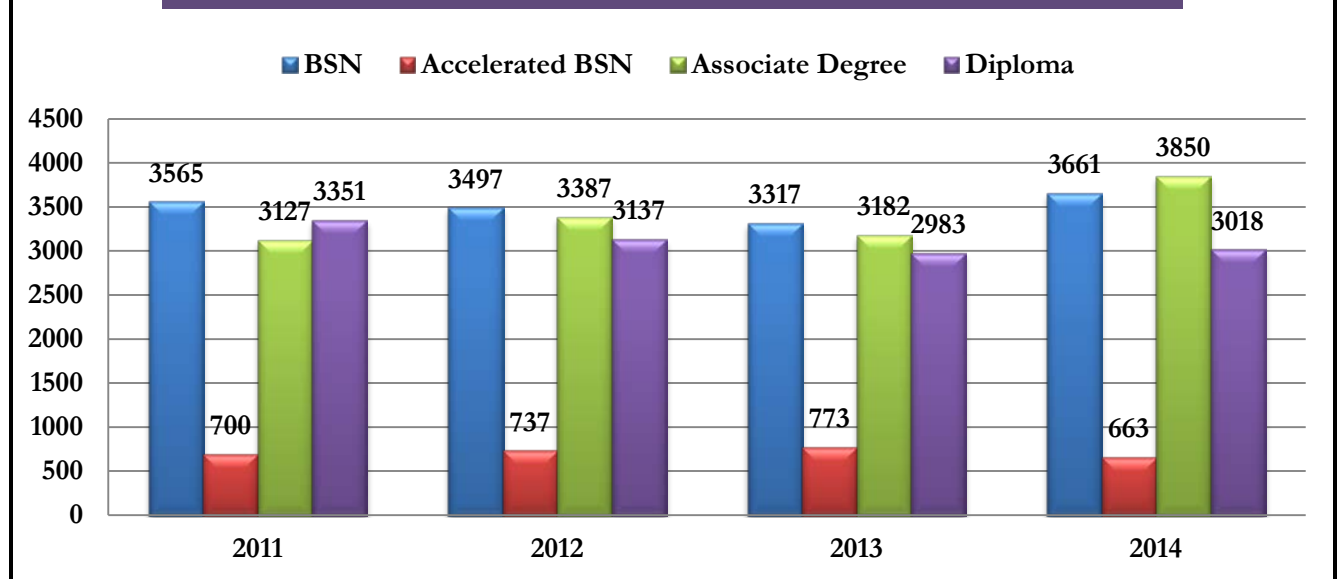
Notes:

There are 5 schools which offer both generic and accelerated BSN programs.

There are 6 schools which offer both ADN generic and bridge programs.

Two colleges do not have generic or accelerated BSN programs. These institutions offer post-licensure RN-BSN programs.

Figure 1. PRE-LICENSURE TOTAL ENROLLMENT TRENDS ANALYSIS BY PROGRAM TYPE 2011-2014



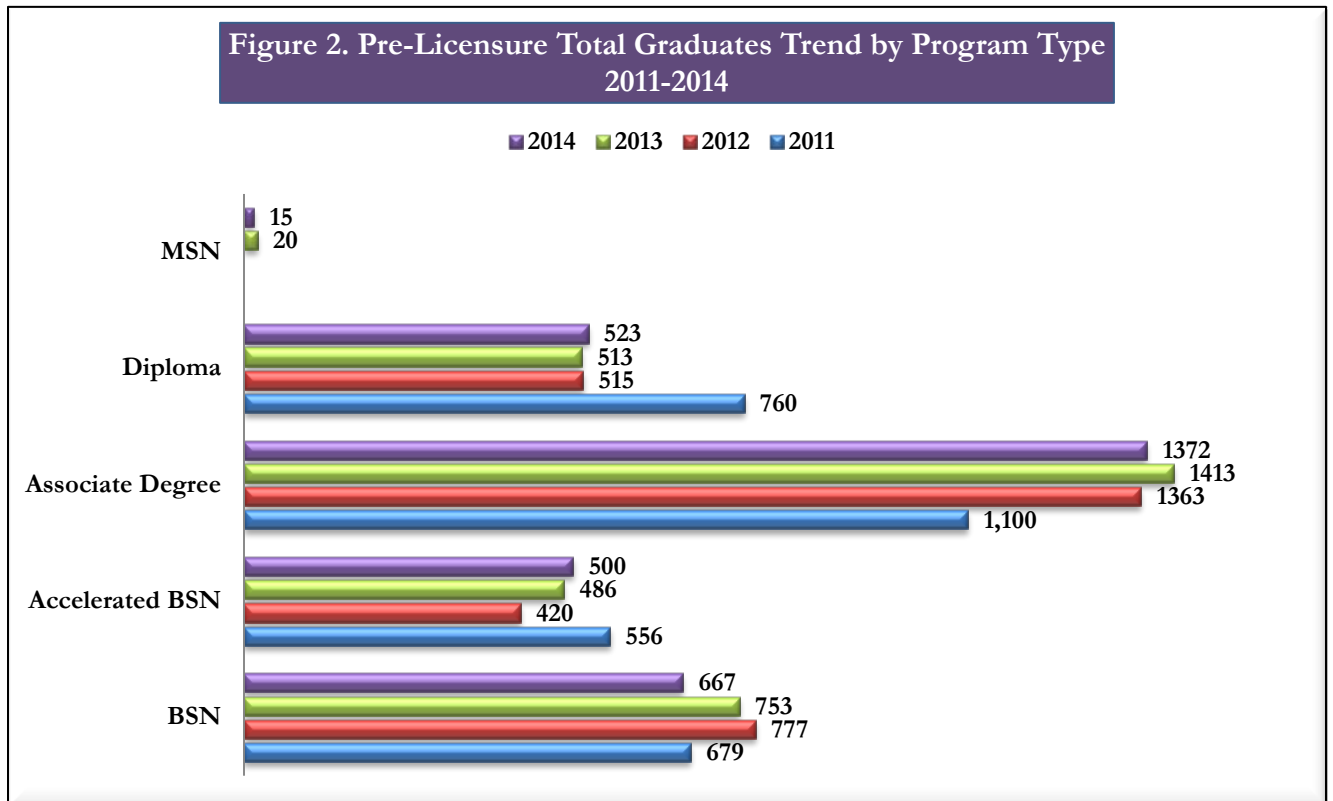
SUMMARY

- Since students may apply to multiple schools the data suggests that there are enough programs in the state to accommodate the capacity of enrollees.
- In the last year we have seen a 10% increase in BSN enrollees and a 20% increase in ADN enrollees.



The Tables below show the number of graduates for the current year and the trend data over the last four years

TABLE 2 . PRE-LICENSURE STUDENT GRADUATES BY PROGRAM TYPE 2013-2014					
PROGRAM TYPE					
Diploma	ADN Generic	ADN Bridge	BSN Generic	Accelerated BSN	MSN
N = 7	N = 15	N = 10	N = 14	N=9	N=1
523	1015	357	667	500	15
↓ 17%	↓ 45%		↓ 38%		



SUMMARY

Graduation rates remain relatively stable over the last 4 years. ADN programs graduate the greatest number of students.



B. POST-LICENSURE EDUCATIONAL PROFILE

DEFINITIONS OF POST-LICENSURE PROGRAMS

Post-licensure is a program for students who are already licensed as Registered Nurse

Post-licensure BSN Program (RN-BSN Program): A program for students who are already licensed as RNs but whose highest nursing degree is a diploma or associate's degree. *Do not* include unlicensed students in these counts.

MSN Program – Clinical Track: A post-licensure master's program with emphasis on advanced clinical practice, including Nurse Practitioner, Nurse Anesthetist, Nurse Midwifery, and Clinical Nurse Specialist tracks. If your state collects separate data on different clinical tracks, please combine them.

MSN Program – Non-clinical Track: A post-licensure master's program with non-clinical emphasis, such as Nurse Educator and Management/Leadership tracks. If your state collects separate data on different non-clinical tracks, please combine them.

DNP Program: A program of instruction that prepares graduates for the highest level of nursing practice beyond the initial preparation in the discipline. The doctor of nursing practice degree is the terminal practice degree.*

PhD Program: A post-licensure doctoral program that culminates in the Doctorate of Philosophy in Nursing.

The goal of the Institute of Medicine (IOM) report the *Future of Nursing Leading Change Advancing Health2011* recommendation is to increase BSN prepared nurses to 80% by 2020.

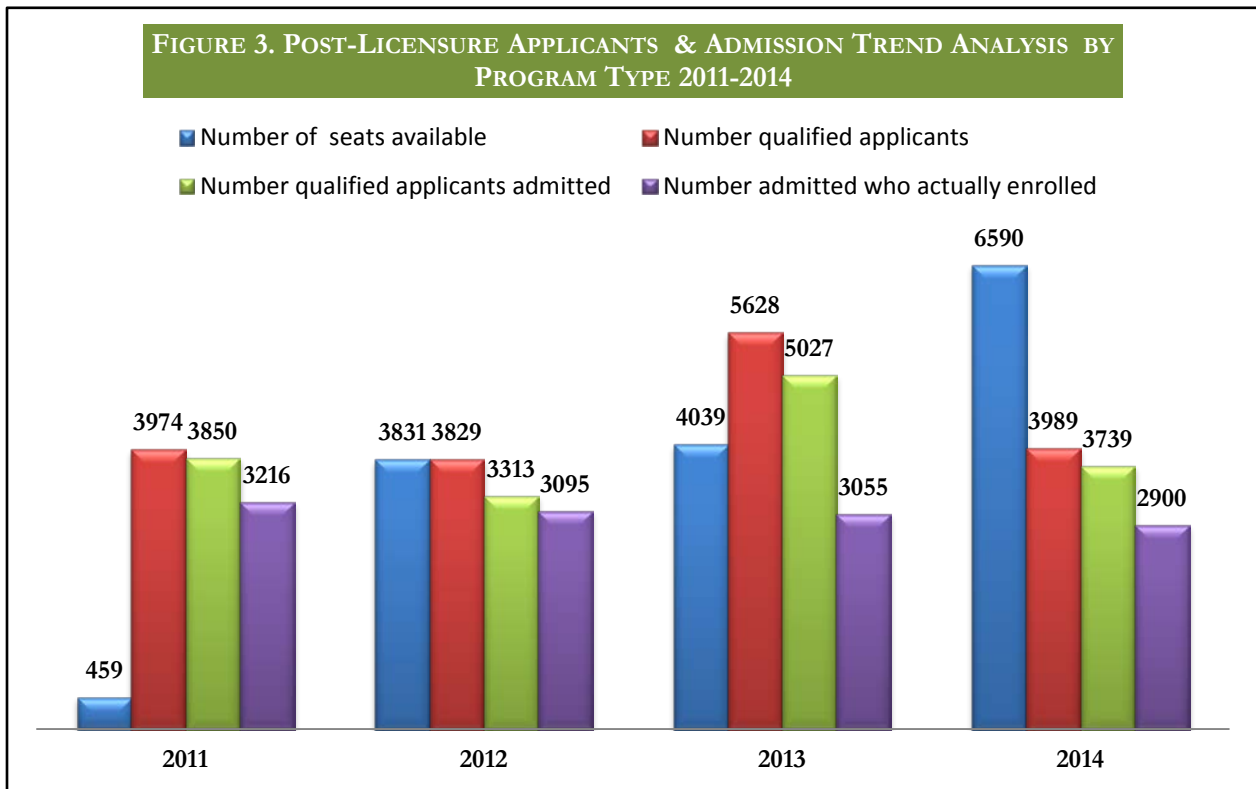
Post-licensure data provides a snapshot of the academic progression of nurses in the state. This important in helping to build a pipeline of nurses who can build faculty capacity, drive in leadership roles in transitioning practice and healthcare research.



The tables below show the post licensure enrollment for the current year and the trended data over 4 years.

POST-LICENSURE STUDENTS ENROLLMENT

TABLE 3. POST-LICENSURE APPLICANTS AND ADMISSION BY PROGRAM TYPE 2013-2014					
	Program Type				
	RN-to-BSN	MSN	DNP	PhD	Total
	N=16	N=13	N=8	N=3	N=46
Number of seats available	4321	1737	465	67	6590
Number of qualified applicants	2482	1160	301	46	3989
Number of qualified applicants admitted (%)	2422(97.6)	972(83.8)	299(99.3)	46(100)	3739(93.7)
Number admitted who actually enrolled (%)	1789(73.9)	821(84.5)	248(82.9)	42(91.3)	2900(77.6)



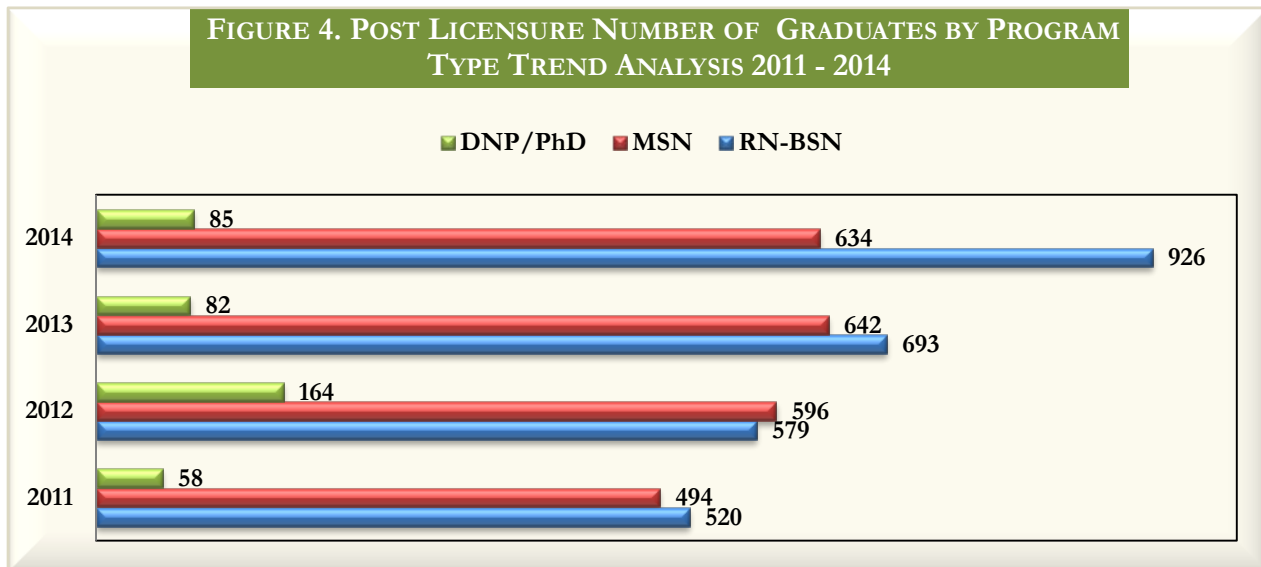
Note: MSN includes clinical and non-clinical tracks



The data below shows the number of graduates for the current year and the trended data over the last four years.

TABLE 4 . POST-LICENSURE GRADUATES BY PROGRAM TYPE 2013-2014				
PROGRAM TYPE				
RN-to-BSN	MSN clinical	MSN non-clinical	DNP	PhD
N = 16	N= 8	N= 11	N=8	N=3
926	427	207	59	26

Note: There are 6 schools which offer both clinical and non-clinical Master’s program in Nursing.



SUMMARY

- There is a significant capacity for post-licensure enrollees
- There was a 78% increase in nurses completed their BSN in the last 4 years.

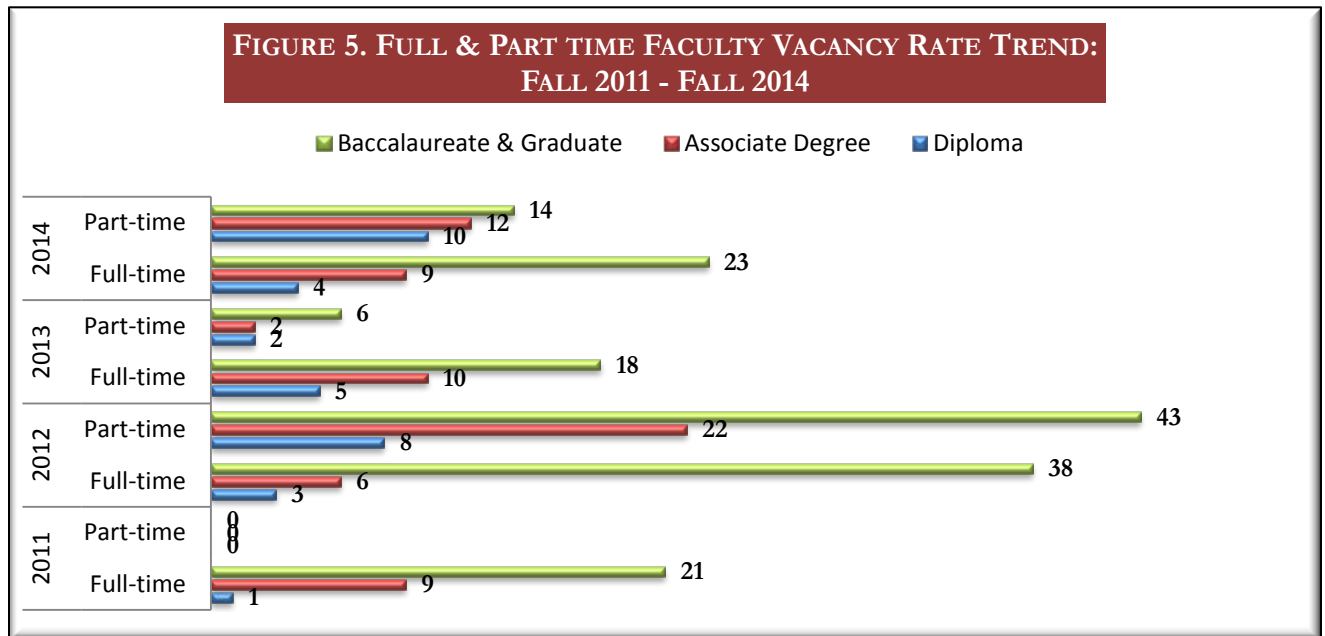


C. FACULTY

Faculty are defined as those members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution, hold academic rank, carry the full scope of faculty responsibility.

TABLE 5. NUMBER OF FULL-TIME AND PART-TIME NURSING FACULTY POSITIONS FILLED AND VACANT BY PROGRAM TYPE 2013-2014

	Program Type			Total
	Diploma	Associate Degree	Baccalaureate & Graduate	
Faculty Positions	N = 7	N = 19	N = 18	N = 44
Full-time position vacancies (%)	4(4.7)	9(4.6)	23(6.4)	36(5.6)
Full-time faculty employed	81	185	336	602
Part-time position vacancies (%)	10(8.2)	12(3.5)	14(3.1)	36(3.9)
Part-time faculty employed	122	342	458	922



SUMMARY

The number of vacancies across programs are stable.



SECTION 2: CURRENT NEW JERSEY NURSE WORKFORCE

A. REGISTERED NURSE (RN) PROFILE

A **registered nurse (RN)** is one who has graduated from an accredited nursing education program and has passed a state board examination and been registered and licensed to practice nursing.

TABLE 6. REGISTERED NURSE PROFILE

Mean Age	50
Gender	Female=92%
Racial/Ethnic Background (majority)	White/Caucasian= 68% Black/African American =10%
Educational level	48% BSN or higher
Practicing State	94% practice in NJ only

TABLE 7. RN EMPLOYMENT PROFILE

Characteristic	N=92,346	(%)
Employment Status		
Full-Time	68,454	74.12
Part-Time	13,595	14.72
Per Diem	3,402	3.68
No Data	6,895	7.47
Non Nursing Employment Status		
Full-Time	1,923	2.08
Part-Time	383	0.41
Per Diem	120	0.13
Not Applicable	89,920	97.37
Number of Positions		
1	76,316	82.64
2	13,485	14.60
3	2,155	2.33
No Data	390	0.42
Total	92,346	100.00



TABLE 8. RN PRIMARY & SECONDARY SETTING

Setting	Primary		Secondary	
	N=92,308	(%)	N=92,032	(%)
Academic Setting	1,628	1.76	1,093	1.19
Ambulatory Care Setting	6,159	6.67	2,437	2.65
Community Health	1,748	1.89	974	1.06
Correctional Facility	534	0.58	334	0.36
Home Health	6,087	6.59	3,298	3.58
Hospital	47,730	51.71	14,199	15.43
Insurance Claims/Benefits	1,904	2.06	399	0.43
No Secondary Practice Position		0.00	58,031	63.06
Nursing Home/Extended Care/Assisted Living Facility	8,154	8.83	4,156	4.52
Occupational Health	634	0.69	209	0.23
Other	11,929	12.92	4,808	5.22
Policy/Planning/Regulatory/Licensing Agency	305	0.33	88	0.10
Public Health	885	0.96	397	0.43
School Health Service	4,611	5.00	1,609	1.75
Total	92,308	100	92,032	100

SUMMARY

- There is a shift from hospital setting to post-acute setting such as home care, ambulatory care, and long term care.
- The majority of RNs work full-time in one position.

**B. RN UNEMPLOYMENT DATA****TABLE 9 . RN INTENTIONS AMONG UNEMPLOYED**

Characteristic	N=92,346	(%)
Not seeking work as nurse	1,166	1.26
Seeking work as a nurse	1,575	1.71
Employed	89,604	97.03
Total	92,346	100

TABLE 10. RN REASON FOR UNEMPLOYED

Characteristic	N=92,346	(%)
Difficulty finding positions	444	0.48
Disabled	375	0.41
Inadequate Salary	10	0.01
Other	770	0.83
School	99	0.11
Taking Care of Home/Family	996	1.08
Employed	89,651	97.08
Total	92,346	100

SUMMARY

There is a small percentage of RNs who are unemployed in New Jersey.



C. LICENSED PRACTICAL NURSE (LPN) PROFILE

Licensed Practical Nurses LPNs perform a variety of tasks under the supervision of a registered nurse. They administer medicine and injections, and take vital signs.

TABLE 11. LICENSED PRACTICAL NURSE PROFILE

Mean Age	48
Gender	Female=90%
Racial/Ethnic Background (majority)	White Caucasian =50% Black/African American =31%
Educational Level	Vocational/Practical Certificate=71%
Practicing State	98% practice in NJ only

TABLE 12. LPN EMPLOYMENT PROFILE

Characteristic	N=17,659	(%)
<u>Employment Status</u>		
Full-Time	12,260	69.43
Part-Time	2,884	16.33
Per Diem	806	4.56
ND	1,709	9.68
<u>Non Nursing Employment Status</u>		
Full-Time	450	2.55
Part-Time	147	0.83
Per Diem	40	0.23
NA	17,022	96.39
<u>Number of Positions</u>		
1	15,063	85.30
2	2,128	12.05
3	374	2.12
ND	94	0.53
Total	17,659	100.00



TABLE 13. LPN PRIMARY & SECONDARY SETTING

Setting	Primary		Secondary	
	N=17,651	(%)	N=17583	(%)
Academic Setting	89	0.50	29	0.16
Ambulatory Care Setting	659	3.73	200	1.14
Community Health	478	2.71	192	1.09
Correctional Facility	440	2.49	202	1.15
Home Health	2,640	14.96	1,724	9.80
Hospital	1,304	7.39	441	2.51
Insurance Claims/Benefits	253	1.43	62	0.35
No Secondary Practice Position		0.00	9,343	53.14
Nursing Home/Extended Care/Assisted Living Facility	8,316	47.11	4,137	23.53
Occupational Health	93	0.53	38	0.22
Other	2,915	16.51	972	5.53
Policy/Planning/Regulatory/Licensing Agency	22	0.12	11	0.06
Public Health	223	1.26	113	0.64
School Health Service	219	1.24	119	0.68
Total	17,651	100	17,583	100

SUMMARY

- LPNs are working primarily outside of the hospital settings as would be expected based on the complexity of care and the number of Magnet designated facilities in the state.
- The majority of LPNs work full-time.



D. LPN UNEMPLOYMENT DATA

TABLE 14. INTENTIONS AMONG LPNs UNEMPLOYED

Characteristic	N=17,659	(%)
Not seeking work as nurse	252	1.43
Seeking work as a nurse	762	4.32
Employed	16,645	94.25
Total	17,659	100.00

TABLE 15. REASON FOR LPNs UNEMPLOYED

Characteristic	N=17,659	(%)
Difficulty finding positions	282	1.60
Disabled	139	0.79
Inadequate Salary	3	0.01
Other	259	1.47
School	60	0.34
Taking Care of Home/Family	256	1.45
Employed	16,660	94.34
Total	17,659	100.00

SUMMARY

Four percent of the unemployed LPNs are seeking work as a nurse.



E. ADVANCED PRACTICE NURSE (APN) PROFILE

Advanced Practice Registered Nurses, whether they are nurse practitioners, clinical nurse specialists, nurse anesthetists, or nurse midwives, play a pivotal role in the future of health care. APNs are often primary care providers and are at the forefront of providing preventative care to the public.

TABLE 16. ADVANCED PRACTICE NURSE

Mean Age	50 years
Gender	Female=93%
Racial/Ethnic Background	White/Caucasian=70% Black/African American =11%
Educational Level	Masters or Doctorate (DNP)
Practicing State	91% practice in NJ only

TABLE 17 . APN EMPLOYMENT PROFILE

Characteristic	N=5,405	(%)
<u>Employment Status</u>		
Full-Time	4,296	79.48
Part-Time	798	14.76
Per Diem	104	1.92
No Data	207	3.83
<u>Non Nursing Employment Status</u>		
Full-Time	51	0.94
Part-Time	21	0.39
Per Diem	2	0.04
NA	5,331	98.63
<u>Number of Positions</u>		
1	3,835	70.95
2	1,264	23.39
3	295	5.46
No Data	11	0.2
Total	5,405	100.00



TABLE 18. APN PRIMARY & SECONDARY SETTING

Setting	Primary		Secondary	
	N=5,402	(%)	N=5,382	(%)
Academic Setting	299	5.53	252	4.68
Ambulatory Care Setting	937	17.35	427	7.93
Community Health	235	4.35	152	2.82
Correctional Facility	59	1.09	46	0.85
Home Health	196	3.63	178	3.31
Hospital	2,106	38.99	892	16.57
Insurance Claims/Benefits	20	0.37	13	0.24
No Secondary Practice Position			2,620	48.68
Nursing Home/Extended Care/Assisted Living Facility	452	8.37	268	4.98
Occupational Health	80	1.48	30	0.56
Other	809	14.98	418	7.77
Policy/Planning/Regulatory/Licensing Agency	8	0.15	3	0.06
Public Health	47	0.87	33	0.61
School Health Service	154	2.85	50	0.93
Total	5,402	100.00	5,382	100.00

SUMMARY

- Greater than 40% of the APNs are working outside of the hospital setting
- Majority of APNs are working full-time in one position.



F. APN UNEMPLOYMENT DATA

TABLE 19. APN INTENTIONS AMONG UNEMPLOYED

Characteristic	N=5,405	(%)
Not seeking work as nurse	31	0.57
Seeking work as a nurse	62	1.15
Employed	5,312	98.28
Total	5,405	100.00

TABLE 20. APN REASONS FOR UNEMPLOYED

Characteristic	N=5,405	(%)
Difficulty finding positions	16	0.3
Disabled	9	0.17
Inadequate Salary	1	0.02
Other	24	0.44
School	3	0.06
Taking Care of Home/Family	37	0.68
Employed	5,315	98.33
Total	5,405	100.00

SUMMARY

A small percent of APNs are unemployed.



SECTION 3: NEW JERSEY NURSE DEMAND

The Health Resources and Services Administration (HRSA) released a report in December, 2014, *The Future of the Nursing Workforce: National and State-Level Projections, 2012-2025*.² Below are the projections for NJ based on this report. The report identifies a surplus of nurses in New Jersey; however the limitations must be considered. It also does not break these numbers down by geographic region or sector. Therefore, there may be deficits in certain regions in New Jersey. The authors of this report identify that these projections may be confounded by many different factors. These limitations are identified below.

A. LIMITATION OF DEMAND DATA

- “Emerging care delivery models with a focus on managing health status and prevent acute health issues, will likely contribute to new growth in demand for nurses, e.g., nurses taking on new and/or expanded roles in preventative care and care coordination.” (p.2).
- “Supply and demand will continue to be affected by numerous factors including population growth and the aging of the nation’s population, overall economic conditions, aging of the nursing workforce, and changes in health care reimbursement.” (p.4).
- “A reduction in people choosing nursing as a career or a combination of factors such as early retirement or increased demand could be sufficient to erase project surpluses for RNs and LPNs.” (p.14).
- “If the growing emphasis on care coordination, preventive services, and chronic disease management in care delivery models leads to a greater need for nurses, this brief may underestimate the projected nurse demand.” (p.15).

TABLE 21. BASELINE AND PROJECTED SUPPLY AND DEMAND 2012-2025

Licensure	2012	2025 Projected		
	Supply & Demand	Demand	Supply	Difference
RN	84600	98500	119400	20900
LPN	18500	23260	36200	12960

²*The Future of the Nursing Workforce: National and State-Level Projections 2012-2015.*

<http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/workforceprojections/nursingprojections.pdf>



SECTION 4: RECOMMENDATIONS

A. RECOMMENDATIONS/SOLUTIONS

1. Higher educational levels are needed to meet the complexity of healthcare. This is evidenced in the Institute for Medicine Report: *The Future of Nursing Leading Change Advancing Health*³. The goal is to reach 80% BSN prepared RNs by 2020. Therefore, this needs to continue to be as an important goal for NJ. The NJCCN will continue to work with the New Jersey Action Coalition to meet this goal as well as other constituents.
2. Supply and Demand data needs to be collected to understand the workforce needs across settings and disciplines.
 - The National Governor's Association (NGA) technical support for NJ could be an avenue pursued if the governor endorsed this program for NJ. This would not require financial resources from the state.
 - Additionally all disciplines that are licensed and certified through the Division of Consumer Affairs and the New Jersey Department of Health (NJDOH) should be required to collect a minimum data set for all healthcare providers. The NJCCN would be willing to lead this endeavor in collaboration with other agencies if regulatory mandates were put in place.
3. Educational programs are needed to meet the demands of the populations served. Programs such as transition programs for new nurses and the retooling of current nurses into non-hospital settings are needed. This would ensure an adequate supply of nurses with the needed skills and knowledge for the future. Funding is needed to support these transition programs.
4. Eliminate barriers to practice for APNs to ensure access to care for all New Jersey citizens in primary care.

B. SUMMARY

This report provides a snapshot of NJ nurses, LPNs, RNs, and APNs. A full report on educational capacity and nursing workforce can be found on our website (<http://njccn.org>). The NJCCN board and advisory council represent nurses across all levels and settings. We, therefore, can serve as a resource on nursing workforce for NJ. The recommendations above require nursing leadership, legislation/regulation as well as funding to support changes in healthcare. While the NJCCN is focused on nursing workforce it is understood that nursing or any other discipline cannot work in a vacuum. Therefore, several of the recommendations go beyond nursing. We hope this report provides valuable information for the governor and others.

³ *The Future of Nursing Leading Change Advancing Health*. <https://iom.nationalacademies.org/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf>



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