



Introduction

Registered nurses (RNs) are the largest professional group within the health workforce. These professionals are a vital part of the health system, including health care delivery and public health. Demand for nurses is on the rise. The Indiana Department of Workforce Development projects a 17.7% increase in the need for RNs by 2022.¹

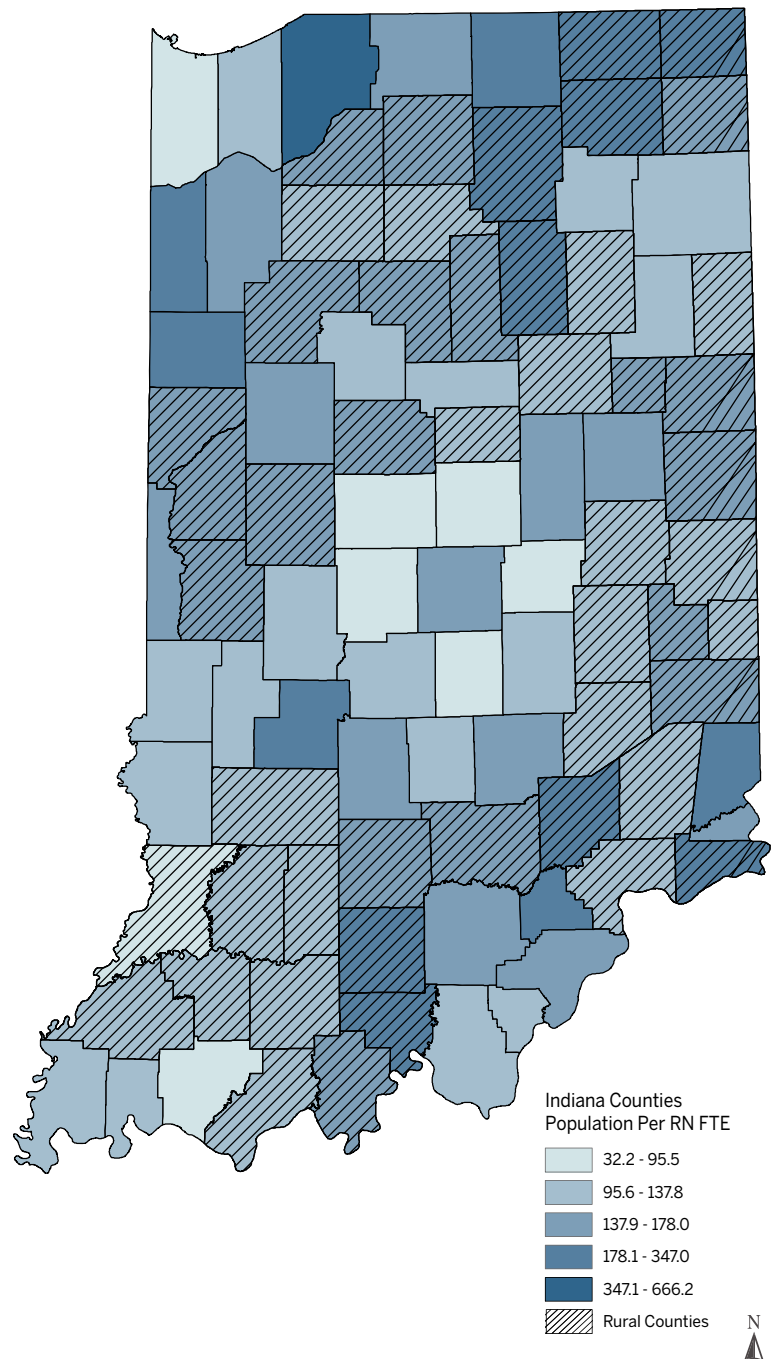
Understanding the supply, distribution, and characteristics of the RN workforce is crucial to informing health workforce policy discussions. This fact sheet provides a snapshot of data that pertain to relevant policy issues in the RN workforce at the State and Federal levels and is intended to serve as a resource to inform these important policy discussions.²

Supply and Distribution

In 2015, a total of 104,475 RNs renewed their license to practice in Indiana. Among these, 67,554 reported actively working in nursing in Indiana.² Figure 1 depicts county level estimates of Indiana resident (population) per RN full-time equivalency (FTE).³

Inequitable distribution of the health workforce, including RNs, could lead to disparities in health care access and outcomes.⁴ In Indiana, rural counties tend to have a greater number of residents per RN FTE. Recruitment and retention efforts for health professionals, including RNs, should focus on equitable distribution of the workforce to improve health care access across the state, especially for rural communities.

Figure 1: Geographic distribution of registered nurses within the State of Indiana by population density and rurality.



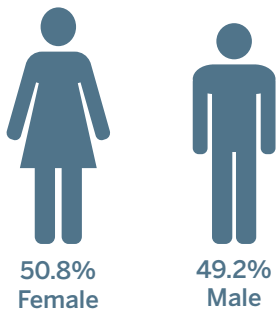
Source: Indiana Registered Nurse Re-Licensure Survey, 2015

Nursing Workforce

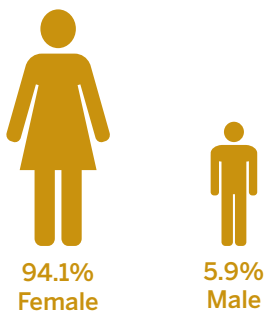
Demographics and Diversity

Diversifying the nursing workforce is a national priority.⁵ Indiana's nursing workforce is primarily comprised of non-Hispanic (97.9%) and White (92.3%) females (94.1%). It is not necessary that health care providers and patients share the same demographic characteristics for successful health care delivery; however, greater levels of diversity are linked to advancing cultural competency, increasing access to high-quality health care services, and optimal management of the health system.⁶ Strategies for cultivating a more racially and ethnically diverse workforce that more closely aligns with the demographics of Indiana's population should be considered and integrated into health workforce policy discussions.

Indiana Population by Gender



Nursing Workforce by Gender









































Nursing Workforce to population ratio by Race and Ethnicity



= 1 Registered Nurse



= 50 Indiana residents

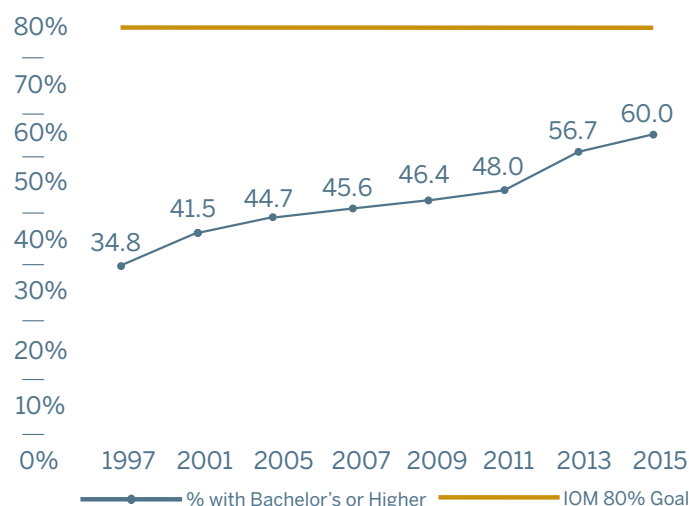
White (1:92)	 :  
Black or African American (1:240)	 :     
Asian (1:173)	 :    
Multiracial (1:189)	 :    
American Indian or Alaska Native (1:258)	 :      
Native Hawaiian or Pacific Islander (1:130)	 :   
Hispanic or Latino (1:313)	 :       

Nursing Workforce

Education

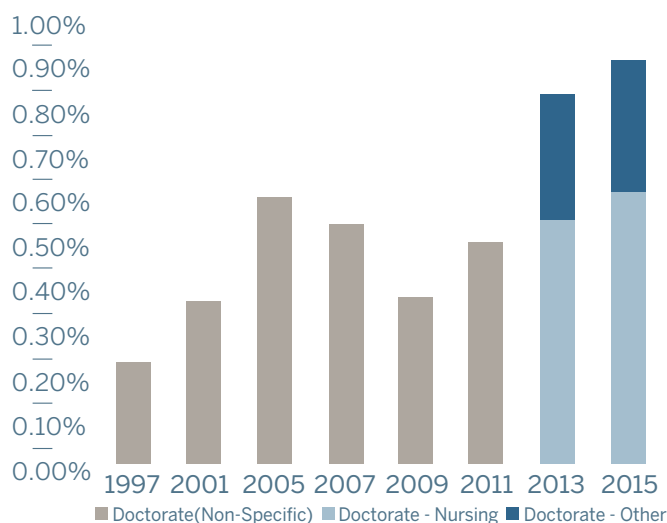
In 2010, the Institute of Medicine (IOM) released a report that identified eight vital measures that states should strive to meet in order to advance the nursing profession and contribute to the overall vision of a health system that is safe, effective, patient-centered, timely, efficient, and equitable.⁷ One of these priorities focuses on the education and training of the entire nursing workforce, increasing the proportion of baccalaureate-trained nurses to 80% by 2020. The IOM has published two reports on this recommendation (^{7, 8}), one which recommends increasing training to “baccalaureate degree” while the other report specifies the baccalaureate as a Bachelor of Science in Nursing (BSN). Unfortunately, historical data on Indiana’s nursing workforce only allows for examination of the proportion of baccalaureate-trained nurses. However, available data suggest a consistent positive trend. In the year leading up to the release of the IOM report (2009), approximately 46% of Indiana’s nursing workforce was trained with a baccalaureate degree or higher. Although great progress has been made, Indiana must continue to push these initiatives forward in order to realize 80% of the RN workforce trained with a minimum of a baccalaureate degree by 2020.

Nursing Workforce Trained with Bachelor's or Higher



Note: Indiana Registered Nurse Re-Licensure Survey, 1997, 2001, 2005, 2007, 2009, 2011, 2013 and 2015. Non-respondents were excluded from analysis. Limitations exist due to variations in respondents included in each year's survey sample.

Nursing Workforce Trained at Doctoral-Level




Note: Limitations exist due to variations in respondents included in each year's survey sample. Non-respondents were excluded from analysis.

In years prior to 2013, respondents only indicated the level of their highest training (i.e. Doctorate, non-specific). Since 2013, respondents now distinguish the field of their doctoral education. Nursing schools across the country are experiencing faculty shortages.⁹ The majority of open faculty positions require or prefer applicants with a doctoral degree, but the pool of RNs with a doctoral degree is relatively small.¹⁰ In response, the IOM report recommended doubling the number of nurses with a doctorate-level degree by 2020.⁷ In order to ensure Indiana has an adequate supply of faculty candidates to meet the current and future RN education needs, emphasis should be placed on enhancing educational opportunities for nurses at the doctoral level. The graph to the left presents the proportions of doctorally-trained nurses in Indiana since 1997.

91.5%
of Indiana nurses
identify as White

The proportion of
doctorally-trained
nurses has been
steadily increasing
since 2009



60.0%
of Indiana nurses
hold a baccalaureate
degree or higher

References:

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2. See Data Report: 2015 Nursing Licensure Survey for full inclusion/exclusion criteria and survey methodology. To access the full document visit: https://scholarworks.iupui.edu/bitstream/handle/1805/9688/2016%20Nursing%20Data%20Report%201_31_17.pdf?sequence=14&isAllowed=y
3. Full-time equivalent (FTE) is a unit that indicates the workload of an employed person in a way that makes workloads comparable. Since many health professionals do not work 40 hours per week, FTE is used to examine health system capacity instead of head counts.
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