INTRODUCTION. South Carolina (SC) is a mostly rural state where 1,512,768 of the population lives in 45 of the 46 counties that have at least a portion designated as a health care provider shortage area. Over 30% of SC does not have their health needs met. While research findings consistently indicate that higher proportion of baccalaureate degree-prepared registered nurses (RNs) reduce mortality, medication errors, preventable events, and readmissions leading to improved patient healthcare outcomes, nationwide the shortage of RNs is predicted to worsen over the next few years. SC is one of the top five states expected to have a nurse shortage. This white paper will provide an analysis of the SC 2016 RN licensure data. The results will demonstrate actual numbers of RNs “actively working” in SC so that future decision-making and analysis includes other important healthcare variables such as nurses’ demographics, places of employment, patient demographics, short and long-term projected state needs, and education program planning.

REGISTERED NURSES (RNs) WORKING SOUTH CAROLINA. Understanding the actual number of RNs in the state starts with focusing on the number of employed RNs in relation to the total number of licensed RNs using current SC nursing databases is important for future state education and workforce planning. While there were 56,187 RN licensed in 2016, up from 39,641 in 2014, over 1 in 4 (26%) were not working in SC. Of SCs current nursing workforce of 41,682 RNs who are working in nursing, 45.6% have a baccalaureate degree or higher. In 2014, there were 39,641 RNs. Nationwide the average percentage of RNs with baccalaureate degrees in nursing is above 50%. There is a significant gap between the current percentage of baccalaureate-prepared RNs and the Institute of Medicine (IOM), National Academy of Sciences recommended goal of the proportion of nurses prepared with a baccalaureate degree to be 80% by 2020.

In 2016, 37.5% of the RNs workforce in SC was age 50 or greater. With newly created opportunities and the need to replace retiring baby boomer nurses, the supply of qualified nurses is expected to fall short of the growing demand within SC by at least 10,400 by 2030.

CONCLUSION. While the number of RNs are increasing in SC, significant work is needed to ensure best patient care, safety and health outcomes. The first step in transforming the health care system is understanding the existing workforce as well as the changing health care system. In today’s complex health care system, health care professionals do not operate in isolation but as part of an interprofessional team. Nurses provide leadership and promote collaboration as part of the interprofessional team delivering patient-centered care. In addition, the impact of current state issues (such as the aging population, almost 20% of people living below the poverty threshold, increasing outpatient care needs and acuity in the community, increased numbers of persons with chronic illnesses and behavioral health comorbidities, increasing substance use issues including the opioid crisis, and nursing faculty shortage) also impacts RN workforce outcomes. Using accurate statistics in SC will lead to improvements in the available nursing workforce to meet needs within SC. Accuracy in numbers will also enable education planning and improved health outcomes because nurses work through the totality of health care, promoting health and disease prevention while working towards limiting possible consequences from illness.