



2007 Nurse Employer Survey: Methods and Statewide Results

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Addressing Nurse Workforce Issues for the Health of Florida

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Executive Summary

The Florida Center for Nursing (Center) conducted a survey of nurse employers in five industry groups from July through September 2007. All hospitals, skilled nursing facilities (nursing homes), home health agencies, public health departments, and hospices in Florida were asked about their current and future demand for nursing personnel as well as consequences they faced as a result of an inadequate nurse supply. Of the 1,818 surveys distributed, 678 were returned for an overall response rate of 37.3 percent. Response rates were highest for public health departments (77.3%), hospices (47.5%), and hospitals (40.5%). Lower response rates were achieved for home health agencies (35.2%) and skilled nursing facilities (34.1%).

It is important to point out that the counts of vacancies, separations, and new positions reported by respondents underestimate the true values because of survey non-response. However, *respondents alone* provided ample evidence that Florida's healthcare system is feeling the effects of the current nursing shortage:

- Respondents reported more than 7,000 vacant positions, 5,000 of which were for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Advanced Registered Nurse Practitioners (ARNPs).
- Vacancy rates were high (above 9 percent) across all five industry groups, indicating that health care providers are struggling to staff at the levels they desire. Full-time equivalent (FTE) position vacancy rates for RNs were especially high within skilled nursing facilities (12.8%) and home health agencies (14.0%). Home health agencies also reported high rates for LPNs (21.4%) and certified nursing assistants (CNAs, 15.3%).
- Employers reported substantial unmet need for budgeted positions. Half of hospitals reported needing additional budget lines for RNs, as did 66 percent of public health departments. Thus, while vacancy rates were lower in these groups, the number of budgeted positions may not be keeping pace with perceived need in hospitals and public health departments.
- Median turnover rates are very high – above 15 percent – in most industries and for most personnel types. Skilled nursing facilities reported the highest median turnover rates: 42.8 percent for RNs, 37.8 percent for LPNs, and 42.5 percent for CNAs.
- Respondents reported that they expected substantial growth in new positions between 2008 and 2009. Respondents alone expect to create more than 3,400 nursing jobs over the course of the next year. With the exception of public health departments, all industries expected to grow their RN positions by at least 5 percent between 2008 and 2009. Home health agencies expected the most growth; they desire to increase their staff sizes by approximately one-fifth over the next year.

Without corrective action, the nursing shortage will intensify over the coming decade. An aging population will demand more health care and an aging nurse workforce will face mass retirements. Nurse employers will continue adapt to the shortage, but their adaptations may not yield positive healthcare outcomes for Florida's citizens:

- Employers may rely more heavily on temporary personnel or overtime from existing staff, causing continuity of patient care to decline and existing staff to burn out more rapidly.

- Healthcare facilities may reduce the quantity of services provided by closing beds, declining referrals, or dropping the provision of some specialized services.
- Employers anticipate substantial staffing growth over the next year, but their expectations will not be realized if nurses are unavailable. Facilities may be unable to expand services to meet the growing healthcare demands of Florida's aging population.
- The result of these adaptations may ultimately be limited access to care for many Floridians.

A number of research, advocacy, and policy recommendations flow from the study. Each is intended to better understand or ease the impact of the current and projected nursing shortage:

- *The Center should conduct further analysis of the 2007 employer survey data and replicate the study biennially.* Future reports and data tables will focus on regional differences in nursing shortage measures, quantification of the open-ended items on our survey, and long-range forecasting of nurse demand using study results. In addition, more accurate estimates of vacancies and job openings due to growth and separations can be made by imputing these numbers for non-respondents using information on their bed capacity and regional location. To track the development of the nursing shortage, we recommend conducting the study every two years.
- *Emphasis must be placed on retaining the current nursing workforce.* Increasing the number of new nurses alone will not satisfy the healthcare system's need for experienced nurses with specialized skills. Retaining the aging nurse workforce requires consideration of the physical demands of nursing work and the different strengths of the multiple generations that comprise the current nursing workforce. Attention to the broader work environment is needed to retain both older and younger nurses. Although individual nurse employers are experimenting with improvements to the work environment, a global approach backed by scientific evidence is underdeveloped.
- *Production of new nurses must be increased strategically.* A strategic, data-driven approach to education program expansion must be taken in order to maximize the use of limited resources needed to educate new nurses. Additional financial resources will also be needed: faculty salaries must be increased to be competitive with salaries offered in practice settings, and programs will need additional funds for expenses such as simulators, classroom space, and increased budgeted faculty lines.
- *The nursing shortage must be studied and addressed throughout the different industry groups in our healthcare delivery system.* To date, the nursing shortage experience of non-hospital settings has been understudied and poorly addressed. This study revealed that retention and recruitment efforts are badly needed in some of these settings, particularly skilled nursing facilities and home health agencies. Continued research in non-hospital settings, and continued funding for the identification of best retention approaches in these settings, are recommended.
- *Access to and quality of care must be carefully monitored as the nursing shortage intensifies, and both should be analytically linked to the nursing shortage to establish causality.* A number of researchers in academic, government, and philanthropic settings are studying issues related to nurse staffing and quality of care. Too often, however, this research treats quality of care as though it occurs in the vacuum of a single unit or facility. A more global approach is required which recognizes the impact of regional and industry-specific nursing shortages on access to and quality of care.

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Introduction

Workforce analysts and planners seek to identify and correct imbalances in the supply of and demand for workers in an industry. In order to do this successfully, empirical evidence regarding both supply and demand is needed. The Florida Center for Nursing (Center), as the state's leading entity for nurse workforce analysis and planning, has collected data from nurses and nursing education programs for several years to better understand both our nurse supply and contributions to that supply made by our nursing programs. However, in order to gauge how well the supply of working nurses is meeting the needs of the healthcare industry in Florida, information on current and future demand for nurses is needed.

Evidence suggests that Florida is already in the midst of a well-developed nursing shortage which is expected to become more severe over the next decade.^{1,2} The shortage will be fueled by an aging population demanding more health care as well as an increased number of retirements from the aging nurse workforce. Unfortunately, it is unknown exactly how many nurses will be needed; currently available demand projections for licensed nurses in Florida make varied assumptions about the factors influencing demand and face limitations in the data available for forecasting. Beyond the question of how severe the statewide nursing shortage will be, we also lack information on which health care settings and regions of the state will be hardest hit by the shortage and which clinical specialties will be in highest demand.

Although population growth and aging will drive the demand for health care, it is ultimately the staffing decisions of health care facilities and providers – such as hospitals, skilled nursing facilities, home health agencies, government providers, and physicians – that will control the demand for nursing services. Florida lacks reliable information about the current and future demand for nurses from most of these provider types, or industry groups. The hospital sector has been monitored for years by the Florida Hospital Association,³ but the proportion of Registered Nurses (RNs) working in hospitals has declined over time. In 2007, Florida's Agency for Workforce Innovation (FAWI) estimated that 51.4 percent of Florida RNs were working in general medical and surgical hospitals (with another 2 percent working in psychiatric or specialty hospitals).⁴ About 16 percent of LPNs were working in the hospital settings tracked by FAWI. This means that nearly half of RNs and more than three-quarters of LPNs are working in settings on which we have very little information about the current nursing shortage or future demand for nurses.

To learn more about the current and future demand for nursing personnel across Florida's different health care industry groups, the Center conducted a survey of nurse employers from July – September 2007. All hospitals, skilled nursing facilities, home health agencies, hospices, and public health departments in Florida were invited to participate. Employers were asked about vacancies, turnover, future demand for nurses, recruiting difficulty encountered over the past year, and consequences they faced as a result of an inadequate nurse supply. This information will help the Center better understand the extent of the shortage we currently face, as well as what we can expect in the short-term future. In addition, the data will be used to fine-tune long-term projections of nurse demand being produced by the Center.

This report details the survey methodology used for the project and presents statewide, cross-industry results on each of the key metrics, or measures, we computed with the data (such as staff size and mix, vacancy and turnover rates, and short-term growth projections). For more detailed statistics in each industry, please see the data tables in Appendix A.

Survey Methods

Selection of Industry Groups

The industry groups selected for inclusion in the study were chosen based on their prominence as nurse employers, their strategic importance to the healthcare delivery system, and the feasibility of surveying individual facilities within the group. Ideally, every industry group employing nurses and providing direct health care to patients would be included in a survey of nurse employers. However, industry groups with a very large number of individual facilities (such as physicians' offices) are more costly to survey than are industry groups with a small number of individual facilities but large numbers of employed nurses (such as hospitals).

FAWI labor market statistics for nursing personnel in 2007 revealed that the majority of RNs and LPNs tend to be concentrated in a handful of settings. For example, more than 80 percent of the licensed nurse workforce (both RNs and LPNs) can be found in hospitals, employment services, home health agencies, physicians' offices, and nursing care facilities.⁴ Of these five settings, **hospitals, home health agencies, and nursing care facilities (nursing homes)** were included in this study. Although we did not survey employment services, licensed as nurse registries in the state of Florida and often referenced as temp agencies, we did ask other employers to count the number of temporary agency nurses working at their facilities. In this way we are able to track nurses at the source of care provision and understand the contribution of employment services to the business models and staff mixes of the other industry groups.

Physicians' offices, though they employ a significant proportion of Florida's nurses (8.9% of RNs and 10.1% of LPNs) were excluded from the study both because the number of individual facilities is too large and also because the nursing staff size at each facility is too small for meaningful metrics to be computed at the facility level. Similar reasons prompted us to exclude ambulatory surgical centers (ASCs) from the statewide study, although we did include ASCs in a pilot employer survey conducted in the Central Florida area earlier in 2007.⁵

Public health departments and hospices were added to our list of industry groups.¹ Both of these settings contain a manageable number of facilities and are strategically important to the provision of health care in the state. Public health departments, in addition to serving members of the population without access to primary care, are the state's first line of defense against infectious disease and other threats to public health. Their epidemiology nurses perform important disease tracking functions for the state, and public health departments routinely hire and place nurses within public schools. Hospices in Florida, given the aging population and trend toward specialized end-of-life care, were also important to include when considering high-growth industry groups within the healthcare delivery system.

¹ We also invited the participation of the Florida Department of Corrections, another government entity employing significant numbers of nurses. They declined our invitation due to the workload administrators faced at that time.

Instrument Construction

Instruments used by other state nursing workforce centers to collect information from employers were reviewed for compatibility with our study's purpose, and most of our final items reflect the spirit (if not the exact wording) of those instruments. A seminal review of workforce metrics used by nursing workforce analysts and planners was also consulted⁶, which helped to shape our method of measuring vacancy and turnover rates and contributed to the development of an item asking about the fit between budgeted positions and actual need for positions. Separate questionnaires were developed for the five different industry groups. The basic metrics for all RNs, LPNs, and nursing assistants are computed identically across industries, but the clinical or administrative specialties referenced in our questions about recruiting difficulty were specific to each industry.

Once drafted, the instruments were reviewed by expert contacts in each industry to ensure that the major categories of nursing personnel had been included and that the questionnaires were requesting information that could be provided by most respondents. Subsequently, the Center's Research and Workforce Analysis Committee reviewed and approved the instruments.

A pilot of the instruments within the Central Florida area (Regional Workforce Board #12) was conducted earlier in 2007 to identify problems with the instruments and distribution methods. The surveys were revised based on respondent feedback and problems revealed by implausible answers (suggesting misinterpretation of some items). The final questionnaires are presented in Appendix B.

Population Lists and Contact Information

In order to provide information that is as accurate as possible at the regional level, our study employed a census (a survey of the population) rather than a random or other type of sample survey. Lists of the facilities within each of the five industry groups were obtained from the Agency for Health Care Administration (AHCA), the regulatory body licensing and regulating most healthcare facilities in the state. For some groups, information from other sources was used to supplement or double-check the AHCA lists.

Hospitals included all AHCA-licensed hospitals in the state, with the exception of psychiatric or substance abuse hospitals. Veterans Administration (VA) and other federal facilities not licensed by AHCA were added to our list. Information on hospital type, and available names of the Chief Nursing Officer (CNO) at each hospital, were obtained from the Florida Hospital Association. The list of CNO names was further supplemented with a membership list from the Florida Organization of Nurse Executives, the professional organization for nurse executives. Remaining questions about the chief nursing contact at each hospital were resolved with phone calls to each facility. In a small number of cases, a single CNO was responsible for nurse planning at multiple facilities. In these cases, the CNO was contacted to determine her or his ability to complete multiple surveys. Many Florida hospitals are part of multi-hospital health care systems, some of which maintain human resources records at the corporate level. Our study design called for facility-level reporting whenever possible to maximize our sample size for analysis and prevent skewed results due to very large numbers of nurses recorded on a single survey. We sent surveys

to the CNO of each facility within multi-hospital systems with instructions to exclude other hospitals in the system. Our instructions also permitted CNOs to delegate portions of the survey to human resources or others, if necessary. In some cases, multiple surveys were completed by the human resources department of a hospital system.

Home health agencies included all AHCA licensed and Medicare/Medicaid certified home health agencies in the state. VA home health services were added to the list. Homemaker and companion services were excluded since they do not provide skilled nursing care to patients. Our pilot study in the Central Florida area revealed that many home care entities carrying a home health license (which permits skilled nursing care) nonetheless do not employ licensed nurses or provide skilled care. To minimize the inclusion of agencies not providing skilled care, we restricted our study population to those licensed home health agencies that also carry Medicare/Medicaid certification. Our contact within home health agencies was the agency administrator; our population list did not include the name of the Director of Nursing, and there was no other source for this information. Administrators were instructed to delegate the survey to the person responsible for nurse staffing and planning, if necessary. Administrators in Florida may serve up to five home health agencies, typically branches of a parent organization. To reduce the survey burden of respondents, we allowed administrators to combine information for all agencies under their control on a single survey (typically two or three agencies). The staff sizes at individual agencies are sufficiently small, and related agencies sufficiently clustered geographically, that the aggregation was not judged to be problematic. Our pilot study showed that AHCA lists were often deficient in mailing address information for home health agencies, often missing the suite number of the agency. We checked address information from AHCA against a membership list from Associated Home Health Industries of Florida to correct this omission where possible.

Skilled nursing facilities included all AHCA licensed skilled nursing facilities in the state but excluded assisted living facilities in order to maximize the prevalence of licensed nurses and skilled care provision. VA nursing homes were added to the list. As with home health agencies, our listed contact was the agency administrator, who was encouraged to delegate the survey to the Director of Nursing (DON). As there is typically no overlap in administrators or DONs across facilities, no aggregation of cases was necessary.

Public health departments included all 66 county health departments in Florida. [Hendry and Glades counties share a single health department.] Contact information for the nurse leader at each health department was obtained from the Office of Public Health Nursing, Florida Department of Health. Larger health departments often have multiple satellite facilities, and we instructed nursing leaders to include those satellites when completing the surveys.

Hospices included all AHCA licensed hospices in the state. Because almost all of the hospices in Florida are members of their trade association, Florida Hospice and Palliative Care, a membership list from this organization was used to derive contact information for most of the facilities.

Distribution Methods and External Support

We chose to conduct a pencil-and-paper survey by U.S. mail (a “mail survey”) rather than a web/email or phone-based survey for a number of reasons. Our sources of information on the individual facilities and agencies in these industries contained mailing address and phone numbers, but they did not include electronic communication information such as email address. Although phone contact information was available, the type of information we needed to collect – such as number of employees and vacancies – requires respondents to consult records, which is difficult to do over the phone.

Surveys were mailed with a cover letter on Center letterhead, in a linen stationary envelope with our logo embossed in the corner, and including a hand-stamped return envelope with the Center address. Following Dillman’s Tailored Design Method,⁸ repeated contacts were used to maximize response rates. An initial follow-up with non-respondents occurred by mail approximately two weeks after surveys were mailed. A second follow-up occurred two weeks later (one month after fielding) and included a second copy of the survey instrument. The third and final follow up occurred six weeks after fielding. To increase lagging response rates within the hospital sector, the final follow-up for this group occurred by telephone. Evidence suggests that contact with a different medium (phone vs. mail) can stimulate responses.⁸

Prior to fielding the survey, the Center solicited support from several key professional and trade associations with the intent of improving survey participation: Associated Home Health Industries of Florida, Florida Hospice and Palliative Care, Florida Association Directors of Nursing Administration/LTC, and Florida Health Care Association. These organizations co-signed the cover letters sent to respondents, publicized our effort in their newsletters, and sent communications about our effort to their members. Further, three organizations donated a free conference registration to their annual meeting which we were able to award to a randomly selected survey respondent in three industry groups. Two regional consortia and the Florida Hospital Association provided additional support, publicity, and information.

Paper surveys were keyed into electronic data files by Computech Data Entry, Inc. Numeric fields were punch-verified (entered twice by different persons and differences reconciled).

Response Rates and Representativeness

A total of 1,818 surveys were distributed to the five different industry groups, after exclusions and facility aggregations (in home health) were accomplished. The largest industry groups, by far, were home health agencies and skilled nursing facilities. Of all surveys distributed, 678 were returned for an overall response rate of 37.3 percent. This overall rate masks notable differences in response rates by industry, shown in Table 1. Public health departments were much more likely to have participated in the survey (77.3% did so), while skilled nursing facilities (34.1%) and home health agencies (35.2%) were less likely.

Table 1. Statewide Response Rates by Industry Group and Overall

Industry Group	# Surveys Expected	# Surveys Returned	Response Rate
Hospitals	252	102	40.5%
Home Health	782	275	35.2%
Skilled Nursing	678	231	34.1%
Public Health	66	51	77.3%
Hospice	40	19	47.5%
Totals	1,818	678	37.3%

A rule of thumb used by many survey researchers is that response rates above 50 percent are sufficient to provide valid results. Although we did not meet that benchmark for three of the five industry groups (or overall) in the present study, we judge our response rates positively for a number of reasons. First, surveys of organizations and business typically attain lower response rates than do surveys of individuals. A review of 183 business surveys conducted in the early 1990s, for example, found that the average response rate was 21 percent.⁸ Organizational surveys tend to be more challenging for individuals to complete, and even getting such a survey into the right individual's hand can be difficult. Second, this is the first employer survey the Center has conducted, and many employers (especially non-government and non-hospital) are unaware of the Center's work. Future surveys will have the advantage of increased Center visibility as we demonstrate the value of their effort to complete the survey. Finally, the overall response rate is heavily influenced by the lower response rates of the two largest industry groups, home health and skilled nursing. These groups may be harder to reach than others because nursing administrators in these agencies and facilities are often overburdened with paperwork in addition to performing clinical duties.

Given our goal of producing regional results, sufficient representation across the different regions of the state was important to achieve. Table 2 shows regional response rates alongside the statewide rates. Although there is some variation in participation rates across the different regions, with the exception of hospices those rates are near or above 30 percent in each region. Due to the small number of hospices in Florida, regional analyses will be inappropriate for this group regardless of regional response rates.

Table 2. Statewide Response Rates (%) by Region and Industry Group

Setting	Statewide	Central	North	Northwest	South	Southeast	Southwest
Hospitals	40.5	43.2	54.8	37.0	42.9	32.6	37.5
Home Health	35.2	34.0	54.0	42.9	28.3	33.6	40.8
Skilled Nsg.	34.1	36.0	37.8	35.8	39.3	27.8	33.0
Health Depts.	77.3	63.6	72.2	73.3	***	83.3	92.9
Hospices	47.5	47.4	***	***	16.7	22.2	42.9

***Blank cells indicate that there are three or fewer facilities in the region. To maintain confidentiality, response rates are not provided.

Another way of describing the representativeness of our study results is to compare the number of licensed patient beds held by respondents and non-respondents. Part of the information obtained from our AHCA lists of hospitals and skilled nursing facilities is the number of licensed

beds in each. We found that the average number of beds in responding (259.4) and non-responding (228.3) hospitals were quite similar. When hospitals were categorized as small (less than 120 beds), medium (120-270 beds), and large (greater than 270 beds), we found that small and large hospitals were slightly more likely to have responded to the survey than were medium-sized hospitals. A total of 60,701 hospital beds were licensed in the hospitals we surveyed. Of those, 26,459 (or about 43.6%) belonged to responding hospitals. This is very close to our overall response rate, indicating little response bias owing to bed size.

The average numbers of beds in responding (120.4) and non-responding (124.0) skilled nursing facilities (SNFs) were also very close. There was very little variation in the likelihood of response based on facility size, and 33.8 percent (or 26,857) of the total number of beds (79,429) belonged to responding facilities. Again, these results suggest very little response bias owing to facility size.

Results

Staff Size and Skill Mix

Respondents provided information on 91,707 nursing personnel across the five industry groups. Slightly more than half (53.2%) of these nursing employees were counted within hospitals, and about half (51.5%) were registered nurses (RNs). Although substantially smaller in terms of total nursing employment reported, skilled nursing facilities (SNFs) counted more licensed practical nurses (LPNs) than any other group – nearly half of the total. Similarly, the majority of certified nursing assistants (52.6%) were reported by SNFs. Table 3 presents the total number of employees counted by respondents to our survey, by industry group and personnel type.

Table 3. Nursing Personnel Employed by Respondents in Five Industry Groups

	Hospitals	SNF	Home Health	Public Health	Hospice	Totals
RNs	36,885	2,323	4,077	1,720	2,259	47,264
ARNPs	504			206		710
LPNs	3,551	6,652	2,408	310	797	13,718
CNAs	7,848	15,779	4,816	332	1,240	30,015
Totals	48,788	24,754	11,301	2,568	4,296	91,707

Notes: Counts include both permanent staff (full and part-time) and temporary agency personnel. Hospitals and public health departments were asked to report Advanced Registered Nurse Practitioners (ARNPs) separately from RNs. Throughout this document, CNA is used to refer to unlicensed assistive personnel functioning as nurse aides. The titles used for these personnel vary by industry.

FAWI employment estimates for 2007 help to put these survey results into statewide perspective. They estimated that 155,064 RN jobs, 52,308 LPN jobs, and 90,868 certified nursing assistant (CNA) jobs were held in Florida during 2007.⁴ With survey non-response and excluded industries, our study collected information on approximately 30 percent of the RN workforce, 26 percent of the LPN workforce, and 33 percent of the CNA workforce. Counts of vacancies, separations, and new jobs to be created during 2008 will thus underestimate the totals for Florida substantially. Future analyses of the data will produce imputed values for vacancies and new jobs to correct for survey non-response.

Skilled nursing facilities and home health agencies responding to our survey use a different skill mix of nursing personnel than do the other groups, which are more heavily populated by registered nurses. Nearly two-thirds of nursing employees in SNFs are unlicensed assistive personnel, as are 43 percent of home health nursing employees. Public health departments employ proportionately more Advanced Registered Nurse Practitioners (ARNPs, 8.0% of total nursing staff) when compared with hospitals (1.0%).

In addition to varying in skill mix, the five industries also vary in staff size and in use of per diem staff and temporary agency personnel. Table 4 presents the average nursing staff sizes in each of the five industry groups. Clearly, hospitals have the largest nursing staff sizes, with around 400 licensed nurses working in each facility, on average. Skilled nursing facilities and home health agencies have considerably smaller staff sizes. Around 40 licensed nurses work in each SNF, on average, and home health agencies average only 22 licensed nurses. These differences in staff size must be considered when interpreting staffing metrics based on percentages, since a single vacancy or turnover can drastically inflate those metrics when staff sizes are very small.

Table 4. Average Nursing Personnel Staff Sizes by Industry and Personnel Type

	RNs	ARNPs	LPNs	CNAs	% Temporary Staff
Hospitals	360.3	4.2	32.6	83.3	12.1%
SNF	10.6		30.2	73.2	16.7%
Home Health	15.0		6.7	17.4	56.4%
Public Health	32.0	4.2	6.2	8.0	10.4%
Hospice	115.4		41.2	67.8	23.2%

Notes: Averages include both permanent staff (full and part-time) and temporary agency personnel.

The final column in Table 4 also provides evidence that the business models of the five industry groups vary substantially. Most notably, more than half of the personnel counted within home health agencies were per diem staff or temporary agency personnel. More than one-fifth of hospice personnel are temporary. While hospitals, skilled nursing facilities, and public health departments use temporary staff to supplement permanent staff when carrying a larger workload or larger number of vacancies, many home health agencies in Florida use temporary personnel exclusively. This business model complicates efforts to measure current demand for additional nurses, since “vacancy” is not typically used to describe demand for additional temporary or agency nurses.

Vacancies and Vacancy Rates

Respondents were asked to provide information on the number of full vs. part-time employees as well as full vs. part-time vacancies they had on June 30, 2007. This information was used to count the total number of vacancies in each industry and personnel type and also to construct full-time equivalent (FTE) vacancy rates. The former measure can be used to understand how many *individual nurses* are currently demanded by respondents, while the latter can be used to understand how much nursing *labor* is currently needed.

Table 5 counts vacancies (full and part-time) by industry group and personnel type. More than 7,000 vacant positions were reported, and more than half of those vacancies – nearly 4,000 – were for RN positions. Respondents reported over 1,000 LPN vacancies. FAWI data can again be used to put these counts in perspective. Their 2005 survey of vacancies estimated that the statewide, cross-industry number of RN vacancies was 5,969. The estimated number of LPN vacancies in 2005 was 1,587. Our 2007 survey, which was limited to five industry groups and contains missing data due to survey non-response, comes dangerously close to those 2005 FAWI estimates – and our survey counted less than 30 percent of nursing jobs. Future analyses of our data will use information on bed size and region to impute vacancies for non-respondents, but the evidence provided by respondents suggests that the true number of vacancies in 2007 is much higher than the number estimated by FAWI in 2005.

Table 5. Vacant Positions Reported by Industry and Personnel Type

	RNs	ARNPs	LPNs	CNAs	Total (all personnel)
Hospitals	2,889	42	194	591	3,716
SNF	299		544	1,104	1,947
Home Health	352		206	418	976
Public Health	155	17	36	19	227
Hospice	196		73	86	355
Total (all groups)	3,891	59	1,053	2,218	7,221

Notes: Counts include both full and part-time vacancies.

Full-time equivalent vacancy rates are the standard metric used by workforce planners to understand the amount of nursing labor that is currently demanded by employers. Following Reiner et al.,⁶ information on full and part-time filled positions and vacancies was used to construct position vacancy rates with the following formula:

$$\text{FTE position vacancy rate} = (\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$$

Full-time positions (filled and vacant) were counted as 1.0 FTE, while part-time positions (filled and vacant) were counted as 0.5 FTE. Position vacancy rates represent the proportion of all FTE positions, by industry group and personnel type, that were vacant as of June 30, 2007. The position vacancy rate removes the influence of individual facilities with very high vacancy rates because filled and vacant positions are summed across facilities before the rate is constructed.

A more commonly reported rate is the average facility vacancy rate, constructed for each facility with the following formula:

$$\text{FTE facility vacancy rate} = (\text{vacant FTEs} / (\text{filled FTEs} + \text{vacant FTEs})) * 100$$

When the average of facility-level rates is computed, each facility has equal influence on the average regardless of facility sizes or staff sizes. Though the position vacancy rate is more useful for workforce planning purposes, the average facility rate is also provided for comparison. The average facility rate may be higher (or lower) due to the influence of a few facilities with very high (or very low) rates.

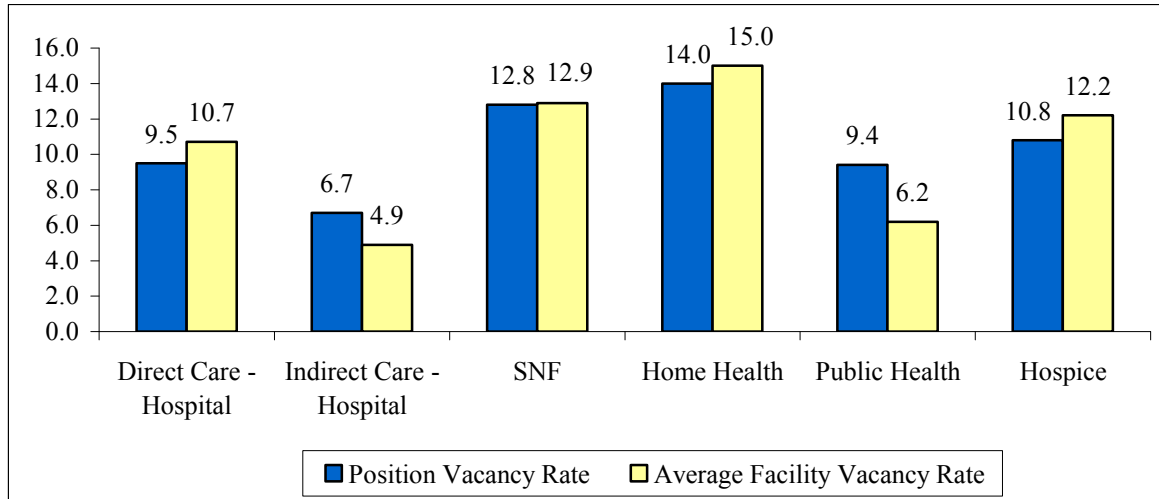


Figure 1. RN Full-Time Equivalent Vacancy Rates by Industry as of June 30, 2007

RN FTE vacancy rates for each industry are presented in Figure 1. Although substantial attention is usually given to vacancy rates in the hospital sector, our results show that vacancy rates are much higher in other industries. This likely reflects the growth of non-hospital settings in RN employment. While 9.5 percent of all RN Direct Care FTEs were vacant in responding hospitals, 12.8 percent of RN FTEs in skilled nursing facilities and 14 percent of RN FTEs in home health agencies were vacant. The lowest vacancy rates were reported for RN Indirect Care FTEs in hospitals (6.7%) and RNs in public health departments (9.4%). Importantly, RN vacancy rates in every setting (with the single exception of indirect care RNs in hospitals) are above 9 percent. This proportion is much too high for the provision of safe patient care and retention of the existing RN workforce in each industry.

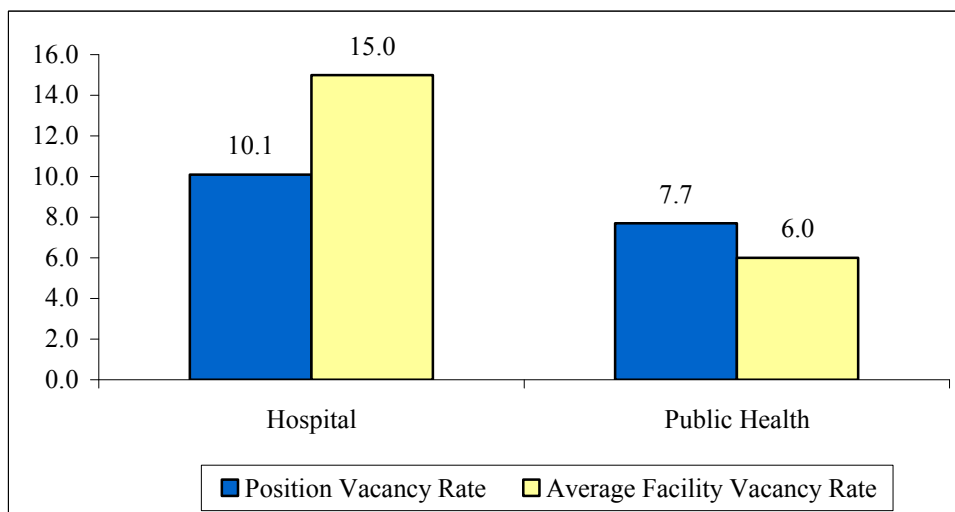


Figure 2. ARNP Full-Time Equivalent Vacancy Rates by Industry as of June 30, 2007

Figure 2 presents ARNP FTE vacancy rates in the hospital and public health industries (other industries were not asked to separate RNs and ARNPs because they employ very few ARNPs on average). More than 10 percent of ARNP FTEs in hospitals were vacant, as were nearly 8 percent in public health departments. LPN FTE vacancy rates are presented in Figure 3. Again, the vacancy rates in non-hospital settings far exceed the rate computed for hospitals. Most notably, more than one-fifth of LPN FTEs in home health agencies were vacant.

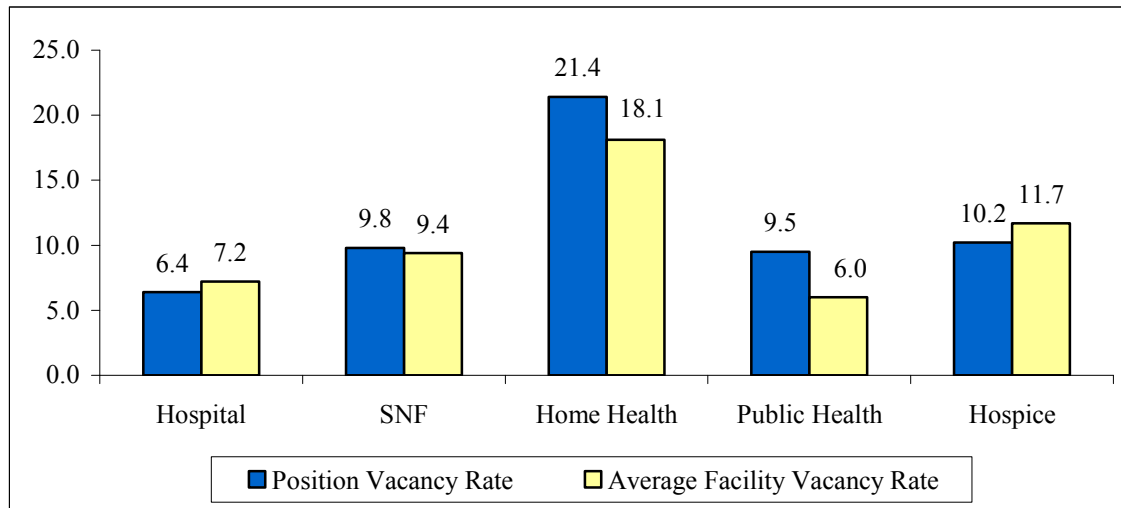


Figure 3. LPN Full-Time Equivalent Vacancy Rates by Industry as of June 30, 2007

CNA FTE vacancy rates are presented in Figure 4. These rates are generally lower than those computed for licensed nurses, but again home health agencies stand out as having a much higher vacancy rate than do the other industry groups.

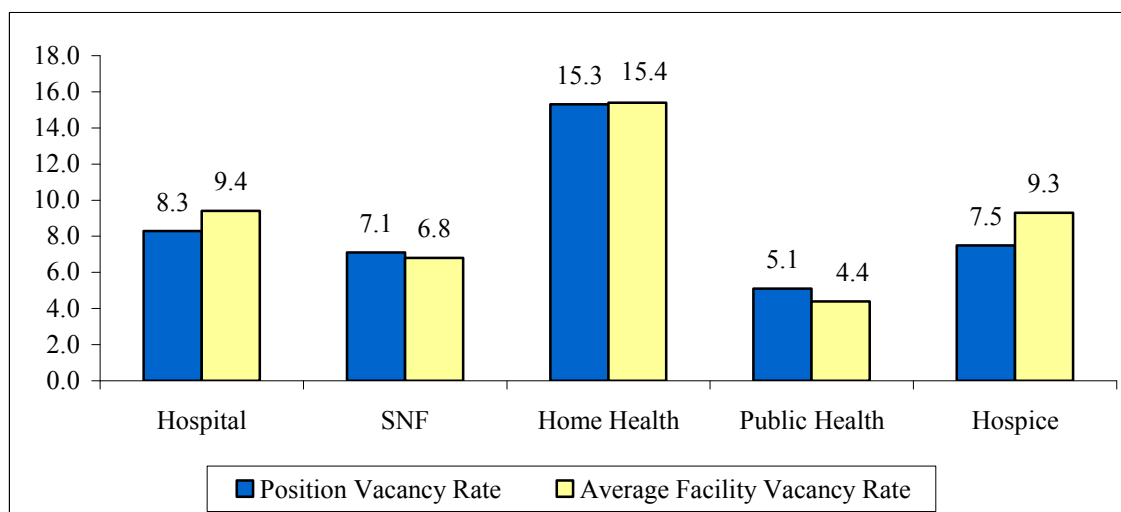


Figure 4. CNA Full-Time Equivalent Vacancy Rates by Industry as of June 30, 2007

The vacancy rates reported by our respondents are high, but even these high rates may underestimate the *need* for nursing personnel. Budgeted positions reflect *demand* for nurses: the number of nurses businesses are willing to employ given the wages they must pay those nurses.

In many cases, businesses are unable to afford the number of budgeted positions they would consider ideal for the provision of safe patient care. We asked respondents whether actual need was greater, equal, or less than the number of budgeted positions they held. As Table 6 shows, many respondents reported unmet need for budgeted positions. Half of responding hospitals reported unmet need for RNs (in direct care), as did 66 percent of public health departments. Thus, while vacancy rates for RNs were lower in these industries, this may occur because the number of budgeted positions is not keeping pace with perceived need for personnel.

Table 6. Percentage of Respondents Reporting Unmet Need for Budgeted Positions

	RNs	ARNPs	LPNs	CNAs
Hospitals		4.4%	12.5%	33.3%
- Direct Care	50.0%			
- Indirect Care	9.8%			
SNF	37.8%		32.9%	28.6%
Home Health	48.4%		27.5%	23.1%
Public Health	66.0%	46.8%	26.5%	17.5%
Hospice	33.3%		5.6%	27.8%

Separations and Turnover Rates

Turnover is not as directly associated with a nursing shortage as are vacancies and unmet need, but turnover can (and does) result from inadequate staffing caused by a nursing shortage. In these situations, existing staff often work overtime hours or cope with heavier workloads to compensate for unfilled positions. Table 7 details the total number of separations between July 1, 2006 and June 30, 2007 reported by respondents to our survey.

Table 7. Separations by Industry and Personnel Type, 07/01/06-06/30/07

	RNs	ARNPs	LPNs	CNAs	Total (all personnel)
Hospitals	5,031	62	687	1,685	7,465
SNF	850		1,843	6,024	8,717
Home Health	423		183	320	926
Public Health	205	16	65	43	329
Hospice	377		133	205	715
Total (all groups)	6,886	78	2,911	8,277	18,152

Notes: Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility.

Although hospitals employed the largest number of nursing personnel by far, their reported separations are exceeded substantially by skilled nursing facilities. Responding SNFs reported 8,717 separations over the course of one year – over one thousand more than the number of separations reported by hospitals. The majority of these turnovers, consistent with SNF use of unlicensed personnel, occurred for CNAs. Indeed, CNA separations – across industry groups – were more prevalent than licensed nurse turnover.

FAWI produces employment projections each year including the number of openings that can be expected due to job growth and separations.⁴ In 2007, they estimated that 3,033 job openings for registered nurses and 1,082 job openings for licensed practical nurses would occur each year in Florida (between 2007 and 2015) due to separations. Our study suggests that the number of openings due to turnover is much, much higher than FAWI estimates. Respondents alone reported nearly 7,000 RN separations and nearly 3,000 LPN separations – and this excludes non-respondents and industries not surveyed.

Table 8 presents turnover rates by industry group and personnel type. Unlike vacancy rates, there is no accepted “position” analog for turnover rates that combines information across facilities before a rate is computed. Turnover is considered a facility-level phenomenon because it is motivated by facility characteristics and deficiencies. Like average facility vacancy rates, average turnover rates can be heavily skewed by facilities with very high (or very low) turnover rates. For this reason, both average and median facility rates are presented in Table 8. The median turnover rate describes a rate at which half of facilities fall below the rate and half fall above the rate, which removes the influence of outliers. Quartiles are presented (25th percentile, 50th percentile, and 75th percentile) in the more detailed data tables for each industry, which can be found in Appendix A to this report.

Table 8. Turnover Rates by Industry Group and Personnel Type

	RNs		ARNPs		LPNs		CNAs	
	Average	Median	Average	Median	Average	Median	Average	Median
Hospitals			18.6	0.0	25.1	19.4	29.6	24.6
- Direct Care	22.8	19.1						
- Indirect Care	13.6	9.9						
SNF	67.9	42.8			46.4	37.8	50.4	42.5
Home Health	38.7	20.0			32.1	0.0	27.4	1.7
Public Health	14.2	12.5	15.2	0.0	23.6	10.0	21.2	12.5
Hospice	29.2	31.3			25.4	24.0	27.5	23.0

Notes: A zero percent median indicates that at least half of facilities had a zero percent turnover rate. The much higher average rates indicate the presence of outliers that skew the average higher.

Turnover rates were computed using information on separations between July 1, 2006 and June 30, 2007 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2007. It should be noted that the preferred formula for computing turnover rates uses an average of the number of persons employed at the beginning and end of the one-year reporting period (to account for growth in positions over the course of the year).⁶ Our pilot study revealed that many employers were unable to report the number of personnel employed more than one year ago, so the final instrument compromised by dropping the first-of-year employment count to avoid large amounts of missing data. If significant growth occurred between July 1, 2006 and June 30, 2007 in a facility, our turnover rates may be inflated for that facility.

The median turnover rates clearly demonstrate that turnover is highest for RNs (across industries) and for skilled nursing facilities (across personnel types). Among hospital RNs in direct care – the largest personnel category included in our survey in terms of budgeted positions

reported – median turnover was 19.1 percent over the course of one year. The median turnover rate for RNs was nearly 43 percent in SNFs and over 31 percent in hospices. Skilled nursing facility turnover is not limited to RNs, however. The median turnover rate was 37.8 percent for LPNs and 42.5 percent for CNAs. The averages within this industry are much higher than the median rates because some facilities experienced turnover rates of 300 percent or higher. Clearly, turnover in Florida’s skilled nursing facilities is at problematic levels. These findings are not limited to our survey. Nursing homes report turnover rates on a quarterly basis to AHCA, and in 2006 the statewide licensed nurse turnover rate averaged 41.2 percent. It was even higher among Directors of Nursing at 51.0 percent.⁹

These findings illustrate the importance of nurse retention efforts. Turnover costs – which include the cost of advertising, recruiting, and hiring for a position as well as orienting a new employee and productive capacity lost during the process – can be as high as a year’s salary for RNs. Beyond the financial costs of turnover, high rates of staffing instability cause heavier workloads and increased dissatisfaction among existing personnel. They may also compromise the continuity and quality of care received by patients.

Projected One-Year Growth in Budgeted Positions

We asked respondents to estimate the total number of positions they would budget in 2008 and 2009. This information was used to project the number of new nursing personnel, and the percentage of staffing growth, that can be expected over the next year. As Table 9 shows, responding hospitals expected the largest number of new positions with a total expected growth of 1,626 nursing personnel. The majority of these expected new positions are for RNs. Relative to their size, however, home health agencies also expect significant growth at 924 new positions, 436 of which are for RNs. Across industry groups, a total of 2,023 new RN positions are expected. It should be noted that these expected positions reflect the desire of facilities to expand but may not reflect the reality of expansion in an era of nursing shortage. Facilities may revise their expectations if current vacancies go unfilled or if the prevailing wages of nursing personnel increase considerably.

Table 9. Growth in Budgeted Positions Expected, 2008-2009, by Industry

	RNs	ARNPs	LPNs	CNAs	Total (all personnel)
Hospitals	1,323	25	76	202	1,626
SNF	81		109	270	460
Home Health	436		203	285	924
Public Health	30	13	15	12	70
Hospice	153		85	104	342
Total (all groups)	2,023	38	488	873	3,422

FAWI projections estimate that the average annual “new job” openings (those created by job growth, not turnover) will be 5,063 for RNs and 1,369 for LPNs between 2007 and 2015. Our study counted far fewer new positions, but survey non-response and excluded industries would increase these figures significantly. A more constructive comparison with FAWI estimates

includes the *percentage* growth expected. FAWI estimates an annual increase in nursing jobs of 3.27 percent for RNs, 2.61 percent for LPNs, and 2.67 percent for CNAs.

Figure 5 shows the percentage increase expected by survey respondents, by industry and personnel type. These percentages were constructed by summing the total number of new positions expected between 2008 and 2009, and the total number of positions in 2008 (baseline), before computing the percentage growth. Thus, these are not average facility growth rates but rather the overall percentage growth expected for each industry and personnel type.

As the figure shows, the desired rate of growth between 2008 and 2009 is significantly higher among respondents to our survey than that estimated by FAWI. Hospitals expected to increase their RN staffs by 6.6 percent. All industry groups with the exception of public health departments expect increases above 5 percent for RNs. The most dramatic percentage increase occurs for home health agencies, which reported desiring a 21.7 percent expansion in RN staff, a 26.2 percent expansion in LPN staff, and a 19.2 percent expansion in CNA staff.

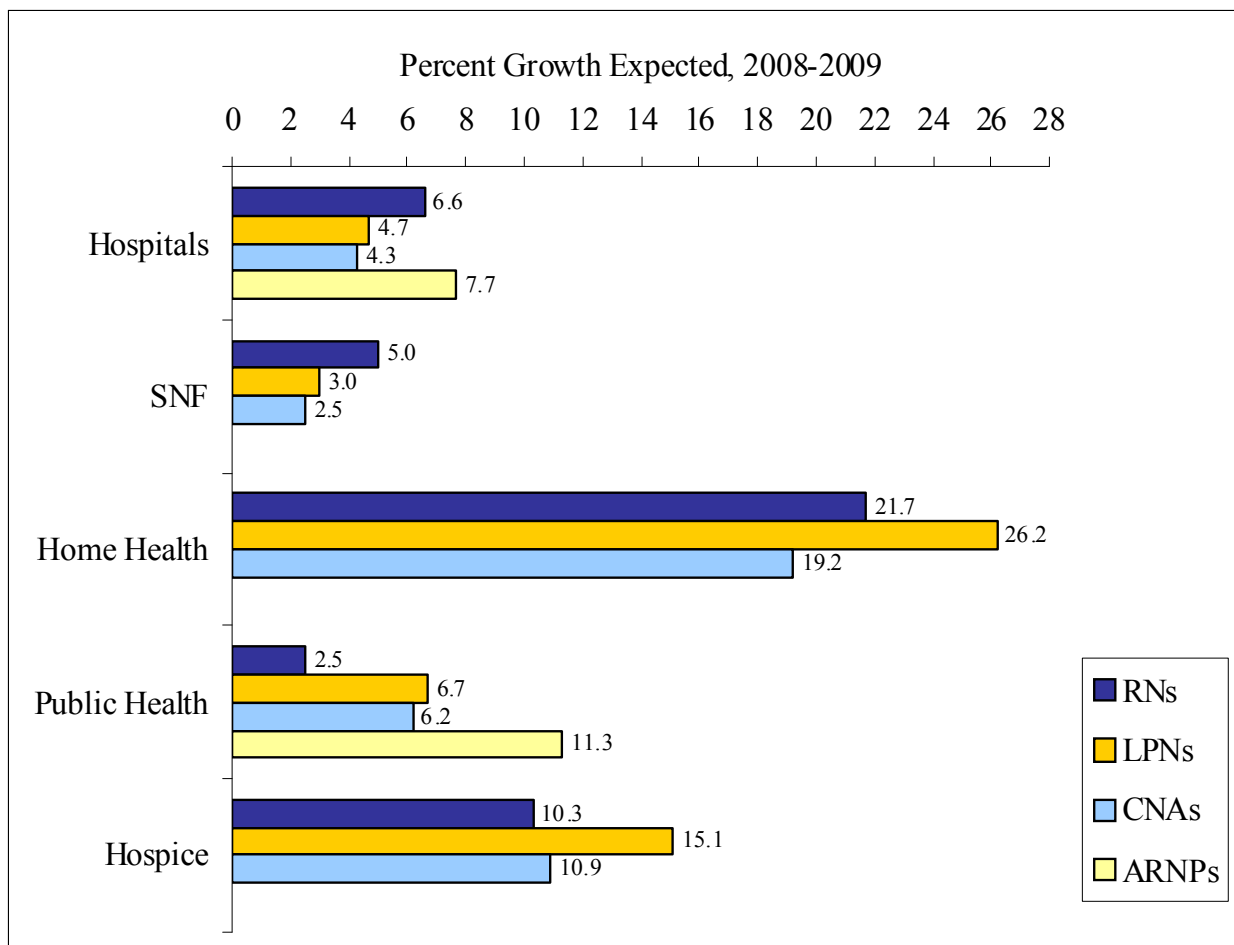


Figure 5. Percentage Growth in Budgeted Positions Expected, 2008-2009

Overtime and Outside Staffing Expenditures

Two strategies health care providers use to deal with inadequate staffing due to vacancies are overtime for permanent staff and the employment of temporary agency personnel. We asked respondents to estimate the percentage of their nursing personnel budgets spent on these two strategies. Note that home health agencies employing mostly agency personnel and public health departments were not asked to provide these percentages. The average amounts spent on each strategy are presented for each industry in Figure 6.

Skilled nursing facilities topped the industry groups in the percentage spent on overtime pay at 12.5 percent, yet they spent the least (3.6%) on outside staffing. In every industry excepting home health, more was spent on overtime than on agency personnel. As the nursing shortage intensifies over the next decade, these percentages may increase.

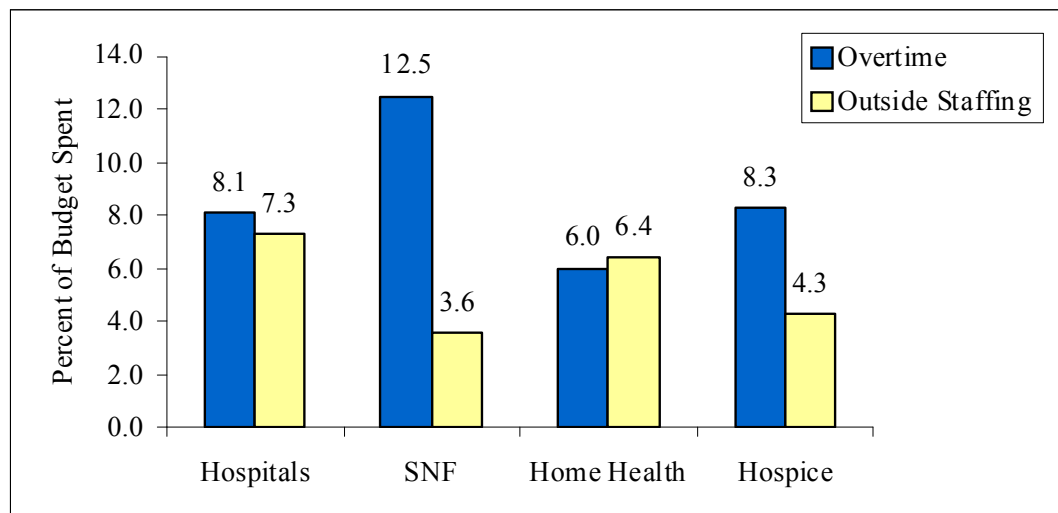


Figure 6. Average Percentage of Nursing Personnel Budget Spent on Overtime and Outside Staffing

Clinical or Administrative Specialties in High Demand

We asked employers about their experiences in recruiting and filling positions in a number of clinical and administrative specialty positions. We also asked about employers' future demand for personnel with these specialties. Because the five industry groups we included employ nurses with very different specialties, our surveys were tailored to each industry in that they asked about the specialties most utilized by the industry. The complete list of specialties for each industry can be found in the survey instruments and data tables attached as appendices to this report.

Table 10 provides the top five most difficult specialties to fill in each industry group. The rankings are based on the median number of weeks it took to fill positions in each specialty. Interestingly, ARNP positions and Administrators/Supervisors took the top spots in four of the five industry groups. In hospitals, clinical nurse specialists and nurse anesthetists were the advanced practice nurses most difficult to find, while in SNFs Geriatric NP positions and clinical

nurse specialist positions were difficult to fill. Both home health agencies and public health departments reported that nurse practitioners of all types and administrators/supervisors were difficult to recruit. Hospices, in contrast, had more difficulty finding infection control nurses and case managers (Patient Care Coordinators) than they did with administrators or NPs.

Table 10. Top Five Most Difficult Specialty Positions to Fill, by Industry

Rank	Hospitals	SNF	Home Health	Public Health	Hospice
1	MSN-prepared CNS	Geriatric NPs	NPs (all types)	Nurse Supervisors	Infection Control Nurses
2	Nurse Anesthetists	MSN-prepared CNS	Nurse Administrators	NPs and Midwives	Patient Care Coordinators
3	Nurse Administrators	Nurse Administrators	Oncology specialists	Nurse Administrators	Home Hospice Staff RNs
4	Operating Room	Family / Adult NPs	MSN-prepared CNS	Clinic Staff Nurses	Quality Control Nurses
5	Nurse Practitioners	Rehabilitation RNs	Home Care Staff RNs	Care Coordinator / Case Mgt.	In-service Educators

Notes: Rankings are based on reports of the median number of weeks it took to fill open positions in the specialty. For information on the number of weeks reported and percent reporting recruiting difficulty, please see appendices.

While NPs and administrators are most difficult to recruit in four of the industry groups, the most growth in positions for four of the groups will occur for staff nursing positions. Table 11 presents the top five specialties for which growth in budgeted positions is expected over the next two years. Staff RNs will be needed by SNFs, home health agencies, and hospices. All three of these groups also expect to increase the employment of CNAs and LPNs. Because they offer more specialized care, hospitals were given a longer list of staff nursing positions. Many expected growth for critical care and emergency nurses. In contrast, public health departments expected more growth for nurse practitioners, epidemiology nurses, and case managers.

What is clear based on respondent reports of difficult-to-fill positions and high-growth positions is that employers demand nurses with *experience* – either in clinical specialties or in the industry in which they will work.

Table 11. Top Five Growth Specialties Over the Next Two Years

Rank	Hospitals	SNF	Home Health	Public Health	Hospice
1	Adult Critical Care	Staff RNs	Home Care Staff RNs	NPs and Midwives	CNAs
2	Emergency Department	CNAs	LPNs	Epidemiology Nurses	Home Hospice Staff RNs
3	Operating Room	LPNs	Home health aides	Care Coordinator / Case Mgt.	Inpatient Staff RNs
4	Med-Surg / Telemetry	Minimum Data Set Nurses	Case Managers	School Nurses	LPNs
5	Cardiac Cath Lab	Unit-level Managers	Infusion specialists	Community Outreach Nurses	Patient Care Coordinators

Notes: Rankings are based on the percentage of respondents reporting that they would require more personnel with the specialty over the next two years.

Conclusions and Recommendations

Although some information about the Florida nursing shortage is available, much of our knowledge about the current shortage has been anecdotal. Facility nurse planners and administrators mention their difficulties at professional meetings and in interviews with media outlets, but to date very little quantitative evidence has been gathered about the extent of the shortage. This is particularly true in non-hospital industries. Results from this study go far in correcting this dearth of empirical evidence, and they strongly suggest that Florida currently faces a severe nursing shortage – and that the shortage is likely to intensify if corrective measures are not taken.

There is no “gold standard” measure of nursing shortage. Vacancy rates are often used to define a shortage, but these rates also reflect adaptations to a nursing shortage. For example, when vacant positions go unfilled for long periods of time, employers may simply give up and drop budgeted positions. To adapt, employers may rely more heavily on temporary personnel or overtime for existing staff – two strategies that cost employers much more than they would spend if additional permanent employees were available. They may also reduce the quantity of services provided by closing beds, declining referrals, or dropping the provision of certain specialized services. In these cases, vacancy rates underestimate the true need for nursing personnel because facilities adapt to the shortage by leaning on agency staffing, working existing employees harder, and reducing the quantity of services provided.

Our study sought to assess the current shortage with a variety of measures in addition to vacancy rates. We asked employers about unmet need for budgeted positions, turnover, and difficulty recruiting and filling open positions for nurses with specific clinical specialties. Each of these measures, including vacancy rates, provides evidence of a current nursing shortage. Vacancy rates are at unhealthy levels, but in addition many employers report that they need more budgeted positions than they currently have. The shortage also appears to be affecting the satisfaction of nursing employees in many industries, as turnover rates are very high. Employers struggled to recruit nurses with specific specialties, taking months to fill many open positions.

There is good reason to suspect that the current nursing shortage will intensify as the population ages and as older nurses leave the workforce. Employers responding to our survey desire significant staffing growth over the next year, which makes sense given the increased demand for health care by an aging population. However, it is unclear whether their desire to hire additional nurses will be realized. If nurses are unavailable, employers will continue to adapt by working existing staff harder, reducing services, or failing to grow even when health care demand is growing. The result may ultimately be limited access to care for many Floridians.

An aging population will also demand increased services from non-hospital industries providing specialized elder care, such as skilled nursing facilities, home health agencies, and hospices. Unsurprisingly, our study showed that in many regards these industries face greater nurse staffing challenges than do hospitals. They carry higher vacancy rates, experience more turnover, and with the exception of SNFs, they expect more growth in their nursing staffs over the next year. It will become increasingly important to monitor the nursing shortage in non-hospital industries as the population continues to expand and age.

A number of research, advocacy, and policy recommendations flow from the results of this study. Each is intended to better understand or ease the impact of the current and projected nursing shortage.

Recommendation #1: The Center should conduct further analysis of the 2007 employer survey data and replicate the study biennially.

The very rich employer survey data we collected must be more fully analyzed in order to provide a clearer picture of the nursing shortage. Future reports and data tables will focus on the following areas:

- Regional Differences – Regions of Florida with the most severe current shortage, or expectations of significant growth, must be identified so that resources can be appropriately directed to areas of the state with the greatest need.
- Imputations for Non-Respondents – Respondent reports of vacancies and new jobs to be created underestimate the true numbers because employers not participating in the survey did not provide this information. It is possible to estimate vacancies and job growth using other information we have about non-respondents, including their number of licensed beds and regional location.
- Quantification of Open-Ended Items – Respondents provided rich textual data in response to our open-ended question about the consequences they face as a result of an inadequate nurse supply. This narrative data will be quantified by coding responses into themes so that the most problematic consequences for each industry can be identified.
- Long-range Forecasting – The data from this study will be used to inform long-range forecasts of nurse demand and nursing shortage in Florida.

Replication of the employer survey every two years will allow the Center to track the development of the nursing shortage and fine-tune long range forecasts.

Recommendation #2: Emphasis must be placed on retaining the current nursing workforce.

Study results demonstrate that turnover of existing nurses is highly problematic. Turnover is influenced by employee dissatisfaction with the work environment and also by the exodus of older, experienced nurses from the workforce as they reach retirement age. Increasing the number of new nurses alone will not satisfy the healthcare system's need for experienced nurses with specialized skills.

Retaining the aging nurse workforce requires consideration of the physical demands of nursing work and the multigenerational workforce. Work schedules, patient loads, and some physical demands (including patient lifting) will have to be modified on a larger scale in order to accommodate an older nurse workforce. The effort is likely to be rewarded by nurses working later into their lives, thus preserving the valuable experiential knowledge developed over a nursing career. In addition, employers must recognize the very different values espoused by the different generations within the nursing workforce. Older and younger nurses alike must be educated about generational differences, and employers must learn how draw from the strengths of each generation.

More generally, retaining the existing workforce requires careful attention to the broader work environments of today's nurse. Although individual nurse employers are experimenting with improvements to the work environment, a global approach backed by scientific evidence is underdeveloped. Funding for research and program implementation, such as the Center's 2007 Retention and Recruitment Funded Initiatives Program, must be continued and increased in scale.

Recommendation #3: Production of new nurses must be increased strategically.

New job growth in healthcare means that many more new nurses will be needed even if retention is enhanced. At present, evidence indicates that Florida's nursing programs are struggling to expand due to shortages of clinical sites, funding, and nursing faculty.¹⁰ A strategic, data-driven approach to education program expansion must be taken in order to maximize the use of limited resources, clinical and human, needed to educate new nurses. Even if efficiency is maximized by the education system, additional financial resources will likely be needed to educate the number of new nurses our state will need in the coming years. Faculty salaries must be increased to be competitive with salaries offered in practice settings, and programs will need additional funds for other expenses such as simulators, classroom space, and budgeted lines for additional faculty.

Recommendation #4: The nursing shortage must be studied and addressed throughout the different industry groups in our healthcare delivery system.

The recruitment and retention efforts of hospitals are most commonly publicized, but this study reveals that these efforts are badly needed by non-hospital nurse employers such as skilled nursing facilities and home health agencies. To date, their struggle with the nursing shortage has been under-studied and poorly addressed. This study paints the major issues in broad strokes – such as the fact that retention is problematic in nursing homes and major growth is expected in home health agencies – but more specific problems must be identified and industry-specific solutions generated. Continued research in non-hospital settings, and continued funding for the identification of best retention and recruitment approaches, are recommended.

Recommendation #5: Access to and quality of care must be carefully monitored as the nursing shortage intensifies, and both should be analytically linked to the nursing shortage to establish causality.

The ultimate consequence of a nursing shortage is reduced access to healthcare and/or reduced quality of healthcare. As noted previously, employers will adapt to the shortage by reducing services or working existing employees too hard for the provision of safe patient care. A number of researchers in academic, government, and philanthropic settings are studying issues related to nurse staffing and quality of care. This research, when considered alongside workforce demand data, can provide a clearer indication of the extent and consequences of a nursing shortage. Funding for research related to healthcare access and quality should be prioritized by grant-makers and government entities, but the research must be conducted *in consideration of the nursing shortage*. Too often such studies treat quality of care as though it occurs in the vacuum of a single unit or facility. A more global approach is required which recognizes the impact of regional and industry-specific nursing shortages on access and quality of care.

Acknowledgement of Employer Support

Florida Center for Nursing would like to thank the nearly 700 *employers* who made this project possible by completing our surveys. We hope that future employer surveys are even more successful and that the fruit of their effort in completing surveys is seen in increased visibility of the nursing shortage and increased resources directed towards targeted solutions.

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Appendix A: Industry-Specific Data Tables

Hospital Data Tables

Table 1. Employee Counts as of June 30, 2007

Type	# full-time	# part-time	Total #	# per diem/agency
RNs – Direct	25,246	3,941	29,187	4,508
RNs – Indirect	2,899	174	3,073	117
ARNPs	452	25	477	27
LPNs	2,743	401	3,144	407
CNAs	6,066	914	6,980	868

Table 2. Vacancies as of June 30, 2007

Type	# responding	# vacancies	average # vacancies
RNs – Direct	92	2,692	29.3
RNs – Indirect	83	197	2.4
ARNPs	82	42	0.5
LPNs	89	194	2.2
CNAs	86	591	6.9

Notes: Total and average vacancies include both full-time and part-time vacancies. Not all responding facilities provided vacancy information for each employee type. The column “# responding” provides the effective sample size for vacancy information.

Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2007

Type	N	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs – Direct	90	10.7	6.0	9.3	13.4
RNs – Indirect	79	4.9	0.0	0.0	7.8
ARNPs	43	15.0	0.0	0.0	18.2
LPNs	81	7.2	0.0	0.5	10.7
CNAs	83	9.4	2.0	6.3	13.6

Notes: Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Hospitals not employing a personnel type are excluded. Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Facility-level vacancy rates are computed with the following formula: (vacant FTEs / (filled FTEs + vacant FTEs))*100.

Table 4. Full-Time Equivalent Position Vacancy Rate as of June 30, 2007

Type	N	Rate
RNs – Direct	90	9.5
RNs – Indirect	81	6.7
ARNPs	79	10.1
LPNs	86	6.4
CNAs	84	8.3

Notes: Position vacancy rates are computed based on cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Position vacancy rates are computed with the following formula: $(\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$, following the preferred definition of Reiner et al. (2005). Position vacancy rates represent the proportion of all FTEs in the state that are vacant.

Table 5. Separations (Turnovers) between July 1, 2006 and June 30, 2007

Type	# responding	# separations	average # separations
RNs – Direct	85	4,647	54.7
RNs – Indirect	80	384	4.8
ARNPs	79	62	0.8
LPNs	87	687	7.9
CNAs	81	1,685	20.8

Notes: Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility.

Table 6. Facility-Level Turnover Rates (July 1, 2006 through June 30, 2007)

Type	N	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs – Direct	83	22.8	12.5	19.1	26.0
RNs – Indirect	74	13.6	0.0	9.9	20.0
ARNPs	41	18.6	0.0	0.0	18.8
LPNs	80	25.1	11.4	19.4	33.3
CNAs	78	29.6	14.0	24.6	40.0

Notes: Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2007. Facilities not employing a personnel type were excluded.

Table 7. Projected Growth in Total # Employees, 2008-2009

Type	N	Total # New Positions	Average # New Positions Per Facility	Average % Growth in New Positions	Overall % Growth in New Positions
RNs – Direct	60	1,248	20.8	6.0	6.8
RNs – Indirect	55	75	1.3	3.2	4.1
ARNPs	55	25	0.4	15.2	7.7
LPNs	55	76	1.4	6.3	4.7
CNAs	57	202	3.5	6.4	4.3

Notes: Respondents were asked to project the total number of employees they would demand in 2008 and 2009. This table provides information about the difference between these two values, or expected growth in *new positions* over the course of one year. Percentage growth is defined as: (total # new positions / total # of positions in 2008)*100. *Average* percent growth reports the average of facility-level percent growth. *Overall* percent growth reports the percentage obtained when new positions and total positions are summed across all respondents.

Table 8. Current Need for Additional Budgeted Positions

Type	% Reporting Unmet Need
RNs – Direct	50.0
RNs – Indirect	9.8
ARNPs	4.4
LPNs	12.5
CNAs	33.3

Notes: Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This table reports the proportion saying their need was *greater* than the number of budgeted positions.

Foreign Recruitment: Almost half of respondents (48.5%, or 49 facilities) reported having recruited nurses from a foreign country in the past year. These facilities reported that a total of 494 foreign nurses had been hired from these recruiting efforts. More than half of all foreign recruits came from the Philippines (273). The next largest group came from India (170). Smaller numbers of nurses also came from Puerto Rico (25), Canada (14), England/UK (7), Jamaica (4), and Trinidad (1).

Overtime and Outside Staffing: Facilities were asked to report the percentage of their nursing personnel budgets spent on overtime and outside staffing. On average, 8.1% of nursing personnel budgets went toward overtime, while 7.3% went toward outside staffing. The median percentages spent were 6.5 and 4, respectively. These lower median values reflect the presence of high outliers in percentages spent. Interestingly, many respondents felt their facility would spend less on these budget items in the next year. About 38% said they would spend less on outside staffing, and about 24% said they would spend less on overtime. Only 16% thought they would spend *more* on outside staffing, but about 24% thought they would spend more on overtime.

Table 9. Recruitment Difficulty and Future Need for Experienced RNs

Nurse Type	N	% Reporting Recruitment Difficulty	Median Weeks to Fill	% Needing More Over Next Two Years
Adult Critical Care	85	68.2	8.0	63.9
Ambulatory Care Clinics	44	22.7	4.0	26.9
Cardiac Cath Lab	53	60.4	8.0	45.8
Dialysis	24	37.5	9.0	21.0
Emergency Department	84	63.1	8.0	62.0
Home Health	24	33.3	4.0	16.2
Labor and Delivery	49	44.9	6.5	41.4
Long Term Care	15	53.3	5.5	17.2
Med-Surg/Telemetry	90	40.0	6.0	56.3
Neonatal Critical Care	29	62.1	8.0	31.6
Oncology	43	60.5	8.0	28.6
Operating Room	77	75.3	11.0	59.5
Pediatrics	35	34.3	7.0	27.3
Pediatric Critical Care	18	55.6	10.0	17.2
Pre/Post Op Care	74	27.0	6.0	38.9
Rehabilitation	38	44.7	7.0	18.0

Notes: Reports of recruitment difficulty are based on respondents selecting “4” or “5” on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the facility’s experience in hiring over the *past year*. Facilities not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of facilities who provided data on recruitment difficulty. A larger number of facilities may have provided data regarding future need, while some facilities may have been unable to provide data on weeks to fill.

Table 10. Recruitment Difficulty and Future Need for Other Nursing Personnel

Nurse Type	N	% Reporting Recruitment Difficulty	Median Weeks to Fill	% Needing More Over Next Two Years
CNAs	97	15.5	3.0	45.6
LPNs	76	14.5	4.0	28.6
Graduate Nurses	84	13.1	4.0	41.6
Case Managers	64	31.2	6.0	24.2
In-service Educators	47	40.4	6.0	22.8
MSN prepared CNS	34	91.2	12.0	32.6
Nurse Administrators	48	64.6	11.5	8.3
Nurse Anesthetists	16	75.0	12.0	21.4
Nurse Midwives	2	50.0	7.0	0.0
Nurse Practitioners	32	43.8	10.0	30.0
Quality and Infection Control	43	41.9	7.0	11.8
Unit-level Managers	73	58.9	10.0	27.4

Notes: Reports of recruitment difficulty are based on respondents selecting “4” or “5” on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the facility’s experience in hiring over the *past year*. Facilities not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of facilities who provided data on recruitment difficulty. A larger number of facilities may have provided data regarding future need, while some facilities may have been unable to provide data on weeks to fill.

Skilled Nursing Facility Data Tables

Table 1. Employee Counts as of June 30, 2007

Type	# perm full-time	# perm part-time	Total # perm	# per diem/agency	% per diem/agency
RNs	1,591	452	2,043	280	12.0%
LPNs	3,977	760	4,737	1,915	28.8%
CNAs	12,091	1,739	13,830	1,949	12.4%

Table 2. Vacancies (Permanent Employees) as of June 30, 2007

Type	# responding	# vacancies	average # vacancies
RNs	214	299	1.4
LPNs	212	544	2.6
CNAs	206	1,104	5.4

Notes: Total and average vacancies include both full-time and part-time vacancies. Not all responding facility provided vacancy information for each employee type. The column “# responding” provides the effective sample size for vacancy information.

Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2007

Type	N	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	210	12.9	0.0	10.0	22.2
LPNs	207	9.4	2.4	7.1	13.8
CNAs	203	6.8	1.5	5.8	9.8

Notes: Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Facility-level vacancy rates are computed with the following formula: (vacant FTEs / (filled FTEs + vacant FTEs))*100.

Table 4. Full-Time Equivalent Position Vacancy Rate as of June 30, 2007

Type	N	Rate
RNs	208	12.8
LPNs	206	9.8
CNAs	200	7.1

Notes: Position vacancy rates are computed based on cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Position vacancy rates are computed with the following formula: $(\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$, following the preferred definition of Reiner et al. (2005). Position vacancy rates represent the proportion of all FTEs in the state that are vacant.

Table 5. Separations (Turnovers) between July 1, 2006 and June 30, 2007

Type	# responding	# separations	average # separations
RNs	194	850	4.4
LPNs	196	1,843	9.4
CNAs	196	6,024	30.7

Notes: Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility.

Table 6. Facility-Level Turnover Rates (July 1, 2006 through June 30, 2007)

Type	N	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	192	67.9	18.2	42.8	84.0
LPNs	195	46.4	17.8	37.8	65.2
CNAs	194	50.4	22.7	42.5	68.2

Notes: Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2007. Facilities not employing a personnel type were excluded.

Table 7. Projected Growth in Total # Employees, 2008-2009

Type	N	Total # New Positions	Average # New Positions Per Facility	Median % Growth in New Positions	Overall % Growth in New Positions
RNs	158	81	0.5	0.0	5.0%
LPNs	161	109	0.7	0.0	3.0%
CNAs	159	270	1.7	0.0	2.5%

Notes: Respondents were asked to project the total number of employees they would demand in 2008 and 2009. This table provides information about the difference between these two values, or expected growth in *new positions* over the course of one year. Percentage growth is defined as: (total # new positions / total # of positions in 2008)*100. Median percent growth reports the median of facility-level percent growth. *Overall* percent growth reports the percentage obtained when new positions and total positions are summed across all respondents.

Table 8. Current Need for Additional Budgeted Positions

Type	% Reporting Unmet Need
RNs	37.8
LPNs	32.9
CNAs	28.6

Notes: Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This table reports the proportion saying their need was *greater* than the number of budgeted positions.

Overtime and Outside Staffing: Responding long term care facilities reported spending a substantial proportion of their nursing budgets on overtime pay for nursing personnel. The average % spent was 12.5 and median % spent was 10.0. In contrast, they did not spend very much on temporary staffing. Average was 3.6% and more than half spent nothing on this.

Table 9. Recruitment Difficulty and Future Need for Nursing Personnel

Nurse Type	N	% Reporting Recruitment Difficulty	Median Weeks to Fill	% Needing More Over Next Two Years
CNAs	213	17.4	2.0	40.3
LPNs	216	44.0	3.0	36.8
Staff RNs	201	69.2	4.0	41.4
In-service Educators	70	45.7	4.0	8.3
Unit-level Managers	134	67.9	6.0	14.3
Nurse Administrators	94	67.0	8.0	8.2
Q/I Control RNs	60	51.7	6.0	9.0
Rehabilitation RNs	40	62.5	7.0	12.1
Case Managers	50	50.0	4.0	9.5
Minimum Data Set Nurses	100	55.0	4.0	17.0
MSN-prepared CNS	20	65.0	10.0	5.5
Geriatric NPs	18	55.6	12.0	11.0
Family/Adult NPs	14	64.3	8.0	8.9

Notes: Reports of recruitment difficulty are based on respondents selecting “4” or “5” on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the facility’s experience in hiring over the *past year*. Facilities not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of facilities who provided data on recruitment difficulty. A larger number of facilities may have provided data regarding future need, while some facilities may have been unable to provide data on weeks to fill.

Home Health Data Tables

Staff Model: Because the home health industry in Florida employs several dominant business models, the survey began by asking about that business and staffing model. Twenty percent of responding agencies reported that they used *mostly permanent, regularly scheduled employees*. About half (52.6%) reported that they used *a mixture of permanent, regularly scheduled employees and per diem, agency, or other temporary personnel*. The remainder (27.4%) reported that they used *mostly per diem, agency, or other temporary personnel*.

Table 1. Employee Counts as of June 30, 2007

Type	# perm full-time	# perm part-time	Total # perm	# per diem/agency	% per diem/agency
RNs	1,362	643	2,005	2,072	50.8%
LPNs	356	373	729	1,679	69.7%
CNAs	941	1,251	2,192	2,624	54.5%

Notes: Agencies with predominately per diem or agency personnel were not asked for statistics on their permanent, regularly scheduled full or part-time employees. Agencies with predominately permanent employees or a mix of both permanent and per diem staff provided statistics on both permanent and temporary personnel.

Table 2. Vacancies (Permanent Employees) as of June 30, 2007

Type	# responding	# vacancies	average # vacancies
RNs	213	352	1.6
LPNs	204	206	1.0
CNAs	200	418	2.1

Notes: Total and average vacancies include both full-time and part-time vacancies. Not all responding agencies provided vacancy information for each employee type. Agencies with mostly temporary personnel were excluded. The column “# responding” provides the effective sample size for vacancy information.

Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2007

Type	N	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	206	15.0	0.0	11.2	25.0
LPNs	153	18.1	0.0	0.0	33.3
CNAs	145	15.4	0.0	0.0	25.0

Notes: Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Agencies not employing a personnel type are excluded, as are agencies reporting a business model of mostly temp staff. Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Facility-level vacancy rates are computed with the following formula: (vacant FTEs / (filled FTEs + vacant FTEs))*100.

Table 4. Full-Time Equivalent Position Vacancy Rate as of June 30, 2007

Type	N	Rate
RNs	206	14.0
LPNs	195	21.4
CNAs	192	15.3

Notes: Position vacancy rates are computed based on cases providing complete data for both filled and vacant positions (N). Agencies employing mostly temporary staff are excluded. Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Position vacancy rates are computed with the following formula: $(\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$, following the preferred definition of Reiner et al. (2005). Position vacancy rates represent the proportion of all FTEs in the state that are vacant.

Table 5. Separations (Turnovers) between July 1, 2006 and June 30, 2007

Type	# responding	# separations	average # separations
RNs	173	423	2.4
LPNs	161	183	1.1
CNAs	152	320	2.1

Notes: Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility. Agencies employing mostly temporary personnel are excluded.

Table 6. Facility-Level Turnover Rates (July 1, 2006 through June 30, 2007)

Type	N	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	166	38.7	0.0	20.0	50.0
LPNs	113	32.1	0.0	0.0	44.4
CNAs	96	27.4	0.0	1.7	50.0

Notes: Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2007. Facilities not employing a personnel type were excluded, as are agencies employing mostly temporary personnel.

Table 7. Projected Growth in Total # Employees, 2008-2009

Type	N	Total # New Positions	Average # New Positions Per Facility	Median % Growth in New Positions	Overall % Growth in New Positions
RNs	174	436	2.5	17.8%	21.7%
LPNs	157	203	1.3	25.0%	26.2%
CNAs	145	285	2.0	18.3%	19.2%

Notes: Respondents were asked to project the total number of employees they would demand in 2008 and 2009. This table provides information about the difference between these two values, or expected growth in *new positions* over the course of one year. Percentage growth is defined as: $(\text{total \# new positions} / \text{total \# of positions in 2008}) * 100$. Median percent growth reports the median of facility-level percent growth. *Overall* percent growth reports the percentage obtained when new positions and total positions are summed across all respondents. Agencies employing mostly temporary staff were not asked to project growth in budgeted positions.

Table 8. Current Need for Additional Budgeted Positions

Type	% Reporting Unmet Need
RNs	48.4
LPNs	27.5
CNAs	23.1

Notes: Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This table reports the proportion saying their need was *greater* than the number of budgeted positions.

Overtime and Outside Staffing: Agencies with a mostly permanent or mixed business model were asked what percentage of their nursing personnel budgets were spent on overtime and outside staffing. On average, agencies spent 6.0 percent on overtime pay and 6.4% on outside staffing. These values reflect the influence of a few large outliers, as the median percent spent on overtime was only 2.0% and median percent spent on outside staffing was 0.0%.

Table 9. Recruitment Difficulty and Future Need for Nursing Personnel

Nurse Type	N	% Reporting Recruitment Difficulty	Median Weeks to Fill	% Needing More Over Next Two Years
Home health aides	195	20.0	2.0	59.4
LPNs	209	35.9	4.0	68.8
Home Care Staff RNs	225	75.7	5.0	78.5
Infusion specialists	96	84.4	5.0	47.0
Oncology specialists	44	88.6	7.0	27.6
Quality/Infection Control	65	55.4	4.0	30.7
Case Managers	105	62.9	5.0	52.7
In-service Educators	52	48.1	4.0	30.7
Nurse Administrators	94	78.7	8.0	25.4
MSN-prepared CNS	34	76.5	6.0	15.9
NPs (all types)	34	82.4	8.5	18.4

Notes: Reports of recruitment difficulty are based on respondents selecting “4” or “5” on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the agency’s experience in hiring over the *past year*. Agencies not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of agencies who provided data on recruitment difficulty. A larger number of agencies may have provided data regarding future need, while some agencies may have been unable to provide data on weeks to fill.

Public Health Data Tables

Table 1. Employee Counts as of June 30, 2007

Type	# perm full-time	# perm part-time	Total # perm	# per diem/agency	% per diem/agency
RNs	1,386	149	1,535	185	10.8%
ARNPs	153	23	176	30	14.6%
LPNs	231	75	306	4	1.3%
CNAs	238	47	285	47	14.2%

Table 2. Vacancies (Permanent Employees) as of June 30, 2007

Type	# responding	# vacancies	average # vacancies
RNs	50	155	3.1
ARNPs	49	17	0.3
LPNs	50	36	0.7
CNAs	44	19	0.4

Notes: Total and average vacancies include both full-time and part-time vacancies. Not all responding facility provided vacancy information for each employee type. The column “# responding” provides the effective sample size for vacancy information.

Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2007

Type	N	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	49	6.2	0.0	4.3	11.0
ARNPs	43	6.0	0.0	0.0	9.1
LPNs	47	6.0	0.0	0.0	8.3
CNAs	31	4.4	0.0	0.0	6.2

Notes: Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Facility-level vacancy rates are computed with the following formula: (vacant FTEs / (filled FTEs + vacant FTEs))*100.

Table 4. Full-Time Equivalent Position Vacancy Rate as of June 30, 2007

Type	N	Rate
RNs	49	9.4
ARNPs	46	7.7
LPNs	47	9.5
CNAs	41	5.1

Notes: Position vacancy rates are computed based on cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Position vacancy rates are computed with the following formula: $(\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$, following the preferred definition of Reiner et al. (2005). Position vacancy rates represent the proportion of all FTEs in the state that are vacant.

Table 5. Separations (Turnovers) between July 1, 2006 and June 30, 2007

Type	# responding	# separations	average # separations
RNs	45	205	4.6
ARNPs	41	16	0.4
LPNs	43	65	1.5
CNAs	39	43	1.1

Notes: Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility.

Table 6. Facility-Level Turnover Rates (July 1, 2006 through June 30, 2007)

Type	N	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	44	14.2	1.5	12.5	21.3
ARNPs	37	15.2	0.0	0.0	20.0
LPNs	41	23.6	0.0	10.0	33.3
CNAs	28	21.2	0.0	12.5	33.3

Notes: Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2007. Facilities not employing a personnel type were excluded.

Table 7. Projected Growth in Total # Employees, 2008-2009

Type	N	Total # New Positions	Average # New Positions Per Facility	Median % Growth in New Positions	Overall % Growth in New Positions
RNs	38	30	0.8	0.0	2.5
ARNPs	35	13	0.4	0.0	11.3
LPNs	36	15	0.4	0.0	6.7
CNAs	30	12	0.4	0.0	6.2

Notes: Respondents were asked to project the total number of employees they would demand in 2008 and 2009. This table provides information about the difference between these two values, or expected growth in *new positions* over the course of one year. Percentage growth is defined as: (total # new positions / total # of positions in 2008)*100. Median percent growth reports the median of facility-level percent growth. *Overall* percent growth reports the percentage obtained when new positions and total positions are summed across all respondents.

Table 8. Current Need for Additional Budgeted Positions

Type	% Reporting Unmet Need
RNs	66.0
ARNPs	46.8
LPNs	26.5
CNAs	17.5

Notes: Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This table reports the proportion saying their need was *greater* than the number of budgeted positions.

Table 9. Recruitment Difficulty and Future Need for Nursing Personnel

Nurse Type	N	% Reporting Recruitment Difficulty	Median Weeks to Fill	% Needing More Over Next Two Years
CNAs	24	8.3	4	15.2
School Nurses	31	58.1	6	39.5
Occupational Health Nurses	3	100.0	*	14.3
Clinic Staff Nurses	37	75.7	11	34.2
Quality Control Nurses	3	33.3	5	19.0
Infection Control Nurses	7	28.6	6	19.2
In-service Educators	5	40.0	7	17.4
Nurse Supervisors	28	82.1	15	29.4
Nurse Administrators	14	71.4	12	12.9
Epidemiology Nurses	21	81.0	10	42.4
Care Coordinator/Case Mgt.	20	80.0	10.5	41.9
Community Outreach Nurses	9	88.9	9.5	37.5
NPs and Midwives	27	77.8	14.5	54.0

Notes: Reports of recruitment difficulty are based on respondents selecting “4” or “5” on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the facility’s experience in hiring over the *past year*. Facilities not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of facilities who provided data on recruitment difficulty. A larger number of facilities may have provided data regarding future need, while some facilities may have been unable to provide data on weeks to fill.

* Fewer than three facilities provided information on weeks to fill.

Hospice Data Tables

Table 1. Employee Counts as of June 30, 2007

Type	# perm full-time	# perm part-time	Total # perm	# per diem/agency	% per diem/agency
RNs	1,503	210	1,713	546	24.2
LPNs	473	87	560	237	29.7
CNAs	950	75	1,025	215	17.3

Table 2. Vacancies (Permanent Employees) as of June 30, 2007

Type	# responding	# vacancies	average # vacancies
RNs	18	196	10.9
LPNs	18	73	4.0
CNAs	17	86	5.0

Notes: Total and average vacancies include both full-time and part-time vacancies. Not all responding facility provided vacancy information for each employee type. The column “# responding” provides the effective sample size for vacancy information.

Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2007

Type	N	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	18	12.2	5.0	11.2	19.4
LPNs	18	11.7	0.0	9.3	21.0
CNAs	17	9.3	2.9	5.9	14.3

Notes: Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Facility-level vacancy rates are computed with the following formula: (vacant FTEs / (filled FTEs + vacant FTEs))*100.

Table 4. Full-Time Equivalent Position Vacancy Rate as of June 30, 2007

Type	N	Rate
RNs	18	10.8
LPNs	18	10.2
CNAs	17	7.5

Notes: Position vacancy rates are computed based on cases providing complete data for both filled and vacant positions (N). Rates are computed based on Full-Time Equivalencies (FTEs). Full-time positions are counted as 1.0 FTE, while part-time positions are counted as 0.5 FTE. Position vacancy rates are computed with the following formula: $(\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$, following the preferred definition of Reiner et al. (2005). Position vacancy rates represent the proportion of all FTEs in the state that are vacant.

Table 5. Separations (Turnovers) between July 1, 2006 and June 30, 2007

Type	# responding	# separations	average # separations
RNs	19	377	19.8
LPNs	19	133	7.0
CNAs	18	205	11.4

Notes: Separations include all permanent/regularly scheduled employees, but not temporary, agency, or per diem employees. Separations do not include persons hired but never reporting for work or persons moving from one position to another within the facility.

Table 6. Facility-Level Turnover Rates (July 1, 2006 through June 30, 2007)

Type	N	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	19	29.2	14.0	31.3	39.1
LPNs	19	25.4	10.8	24.0	41.9
CNAs	18	27.5	9.4	23.0	30.8

Notes: Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2007. Facilities not employing a personnel type were excluded.

Table 7. Projected Growth in Total # Employees, 2008-2009

Type	N	Total # New Positions	Average # New Positions Per Facility	Median % Growth in New Positions	Overall % Growth in New Positions
RNs	18	153	8.5	9.9	10.3
LPNs	18	85	4.7	9.5	15.1
CNAs	17	104	6.1	5.5	10.9

Notes: Respondents were asked to project the total number of employees they would demand in 2008 and 2009. This table provides information about the difference between these two values, or expected growth in *new positions* over the course of one year. Percentage growth is defined as: (total # new positions / total # of positions in 2008)*100. Median percent growth reports the median of facility-level percent growth. *Overall* percent growth reports the percentage obtained when new positions and total positions are summed across all respondents.

Table 8. Current Need for Additional Budgeted Positions

Type	% Reporting Unmet Need
RNs	33.3
LPNs	5.6
CNAs	27.8

Notes: Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This table reports the proportion saying their need was *greater* than the number of budgeted positions.

Overtime and Outside Staffing: Responding hospices reported spending an average of 8.3% of nursing budgets on overtime pay and 4.3% on outside staffing agencies. The median percentages spent were 4.0 and 2.0, respectively, reflecting the influence of high outliers.

Table 9. Recruitment Difficulty and Future Need for Nursing Personnel

Nurse Type	N	% Reporting Recruitment Difficulty	Median Weeks to Fill	% Needing More Over Next Two Years
CNAs	19	5.3	3.0	79.0
LPNs	19	21.0	4.0	66.7
Inpatient Staff RNs	16	56.2	5.0	66.7
Home Hospice Staff RNs	7	85.7	7.5	75.0
In-service Educators	12	50.0	5.5	26.7
Quality Control Nurses	7	57.1	6.0	18.2
Infection Control Nurses	5	100.0	8.0	7.7
Patient Care Coordinators	15	66.7	8.0	47.4
Project Coordinators	2	*	*	11.1
Nurse Practitioners	4	75.0	5.0	11.1

Notes: Reports of recruitment difficulty are based on respondents selecting “4” or “5” on a five-point scale of difficulty. Recruitment difficulty and weeks to fill are based on the facility’s experience in hiring over the *past year*. Facilities not employing or not hiring a specific nurse type did not provide data, resulting in small sample sizes for some items. N in this table represents the number of facilities who provided data on recruitment difficulty. A larger number of facilities may have provided data regarding future need, while some facilities may have been unable to provide data on weeks to fill.

* Fewer than three hospices provided information for these items.

Appendix B: Survey Instruments



Florida Center for Nursing's 2007 Statewide Nurse Employer Survey: Hospitals

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in each of our state's hospitals to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all facilities and report aggregate findings (statewide and regional results) only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>. Thanks for your participation!

1. Please tell us how your facility defines full-time status and how much your part-time employees typically work. Do not include per diem staff or temporary personnel in these estimates.	2. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2007 ? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.
a. Full-time employees work at least _____ hours each week.	a. RNs (Direct Care)* _____
b. Part-time employees work at least _____ hours each week.	b. RNs (Indirect Care)* _____
c. Part-time employees work, on average, _____ hours each week.	c. Advanced Registered Nurse Practitioners (ARNPs)† _____
	d. Licensed Practical Nurses (LPNs) _____
	e. Unlicensed direct care assistants / nurse aides (CNAs) _____

*Registered Nurses in Direct Care provide care to patients utilizing the nursing process, which includes assessment, nursing diagnosis, planning, implementation, and evaluation of care. Registered Nurses in Indirect Care refers to all nurses not providing direct care to patients, such as Nurse Administrators.

†Please include Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives in this count.

3. This section will help us understand your facility's current and future need for nursing personnel. Please do **not** include per diem staff, contract/agency nurses, or other temporary personnel in these counts. Enter "0" if you have no employees of a given type.

	# of full-time employees on June 30, 2007	# of part-time employees on June 30, 2007	# of vacant positions being actively recruited on June 30, 2007		# of separations† between 07/01/06 and 06/30/07	Total # of workers you intend to employ in 2008*	Total # of workers you intend to employ in 2009*
			full-time	part-time			
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. ARNPs							
d. LPNs							
e. CNAs							

†Please report the number of employees who left your facility either voluntarily or involuntarily. Do not count those who moved from one position to another within your facility, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

*A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.

<p>4. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions? [Remember, your responses are confidential.]</p>	<p>5. Has your hospital actively recruited RNs from a foreign country in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please tell us how many have been hired and from what countries:</p>
<p>a. RNs (Direct Care) <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p>	<p># _____ Country: _____</p>
<p>b. RNs (Indirect Care) <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p>	<p># _____ Country: _____</p>
<p>c. ARNPs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p>	<p># _____ Country: _____</p>
<p>d. LPNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p>	
<p>e. CNAs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p>	

<p>6. Over the past year, approximately what percent of your nursing personnel budget was spent on:</p>	<p>7. Do you expect these expenditures to be higher, about the same, or lower over the next year?</p>
<p>a. Outside staffing agencies (both long and short term) _____ %</p>	<p>a. <input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower</p>
<p>b. Overtime for all nursing personnel _____ %</p>	<p>b. <input type="checkbox"/> Higher <input type="checkbox"/> About the same <input type="checkbox"/> Lower</p>

8. Does your facility need nurses with specialized skills, experience, or educational preparation that are not currently available? Yes No

If yes, please describe your needs: _____

9. What consequences has your facility experienced in **the past year as a result of an inadequate supply of nursing personnel? Indicate “none” if appropriate.**

10. Please report your experience in **the past year** with recruiting and hiring **experienced staff RNs** for:

Experienced staff RNs for:	Did Not Employ <i>skip to column C</i>	Did Not Hire <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average <u>number of weeks</u> it took to fill these positions	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
			<i>Please circle the appropriate value.</i>								
Adult Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory Care Clinics	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Cath Lab/Special Services	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home-health Care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor & Delivery/Postpartum care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med-Surg/Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Room	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre- and Post-op Care	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please report your experience in **the past year** with recruiting and hiring these other types of nursing personnel:

	Did Not Employ <i>skip to column C</i>	Did Not Hire <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average <u>number of weeks</u> it took to fill these positions	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
			<i>Please circle the appropriate value.</i>								
CNAs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers/Discharge Planners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN-prepared Clinical Nurse Spec.	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Anesthetists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Midwives	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners (all types)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-level Nurse Managers	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for helping us better understand your nursing needs. Please return this survey today in the prepaid envelope provided.



Florida Center for Nursing's 2007 Statewide Nurse Employer Survey: Skilled Nursing Facilities

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in each of our state's skilled nursing facilities to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all facilities and report aggregate findings (statewide and regional results) only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>. Thanks for your participation!

1. Please tell us how your facility defines full-time status and how much your part-time employees typically work. Do not include per diem staff or other temporary personnel in these estimates.	2. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2007 ? Include all nurses not counted as part of the facility's permanent employees. Enter "0" if none.
a. Full-time employees work at least _____ hours each week.	a. Registered Nurses (RNs) _____
b. Part-time employees work at least _____ hours each week.	b. Licensed Practical Nurses (LPNs) _____
c. Part-time employees work, on average, _____ hours each week.	c. Unlicensed direct care assistants / nurse aides (CNAs) _____

3. This section will help us understand your facility's current and future need for nursing personnel. Please do **not** include per diem staff, contract/agency nurses, or other temporary personnel in these counts. Enter "0" if you have no employees of a given type.

	# of full-time employees on June 30, 2007	# of part-time employees on June 30, 2007	# of vacant positions being actively recruited on June 30, 2007		# of separations† between 07/01/06 and 06/30/07	Total # of workers you intend to employ in 2008*	Total # of workers you intend to employ in 2009*
			full-time	part-time			
a. Registered Nurses							
b. Licensed Practical Nurses							
c. Nursing aides / direct care assistants							

†Please report the number of employees who left your facility either voluntarily or involuntarily. Do not count those who moved from one position to another within your facility, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

*A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.

4. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions ? [Remember, your responses are confidential.]	5. Over the past year , approximately what percent of your nursing personnel budget was spent on:
a. RNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	a. Outside staffing agencies (both long and short term) _____ %
b. LPNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	b. Overtime for all nursing personnel _____ %
c. CNAs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	

6. Please report your experience in **the past year** with recruiting and hiring these types of nursing employees:

	Did Not Employ <i>skip to column C</i>	Did Not Hire <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average <u>number of weeks</u> it took to fill these positions	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
			<i>Please circle the appropriate value.</i>								
Nurse aides / direct care assistants	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-level Nurse Managers	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality / Infection Control RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers / Discharge Planners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Data Set Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN-prepared Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or Adult Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your facility need nurses with specialized skills, experience, or educational preparation that are not currently available? Yes No

If yes, please describe your needs: _____

8. What consequences has your facility experienced in **the past year** as a result of an inadequate supply of nursing personnel? Indicate "none" if appropriate.

Thank you for helping us better understand your nursing needs. Please return this survey today in the prepaid envelope provided.



Florida Center for Nursing's 2007 Statewide Nurse Employer Survey: Home Health Agencies

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in each of our state's home health agencies to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all agencies and report aggregate findings (statewide and regional results) only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>. Thanks for your participation!

<p>1. First, tell us about your home health agency's staffing model. Please check the box beside the statement that best describes your nursing personnel.</p> <p><input type="checkbox"/> Mostly permanent, regularly scheduled employees (continue to #2)</p> <p><input type="checkbox"/> A mix of permanent, scheduled employees and per diem, contract or other temporary personnel (continue to #2)</p> <p><input type="checkbox"/> Mostly per diem, contract, or agency nurses (skip to #6 on back page)</p>	<p>2. Please tell us how your agency defines full-time status and how much your part-time employees typically work. Do not include per diem staff or other temporary personnel in these estimates.</p> <p>a. Full-time employees work at least _____ hours each week.</p> <p>b. Part-time employees work at least _____ hours each week.</p> <p>c. Part-time employees work, on average, _____ hours each week.</p>
--	---

3. This section will help us understand your agency's current and future need for nursing personnel. Please do **not** include per diem staff, contract/agency nurses, or other temporary personnel in these counts. Enter "0" if you have no employees of a given type.

	# of full-time employees on June 30, 2007	# of part-time employees on June 30, 2007	# of vacant positions being actively recruited on June 30, 2007		# of separations† between 07/01/06 and 06/30/07	Total # of workers you intend to employ in 2008*	Total # of workers you intend to employ in 2009*
			full-time	part-time			
a. Registered Nurses (RNs)							
b. Licensed Practical Nurses (LPNs)							
c. Home health or nursing aides (HHAs)							

†Please report the number of employees who left your facility either voluntarily or involuntarily. Do not count those who moved from one position to another within your facility, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

*A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.

<p>4. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions? [Remember, your responses are confidential.]</p> <p>a. RNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p> <p>b. LPNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p> <p>c. HHAs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less</p>	<p>5. Over the past year, approximately what percent of your nursing personnel budget was spent on:</p> <p>a. Outside staffing agencies (both long and short term) _____ %</p> <p>b. Overtime for all nursing personnel _____ %</p>
---	--

6. How many per diem, agency, or other temporary nurses did your agency employ as of June 30, 2007 ? Include all nurses not counted as part of the facility's permanent employees. Enter "0" if none.	7. How many additional per diem, agency, or other temporary nurses would you hire right now if they were qualified and willing to work? Enter "0" if none.
a. Registered Nurses (RNs) _____	a. RNs _____
b. Licensed Practical Nurses (LPNs) _____	b. LPNs _____
c. Home health or nursing aides (HHAs) _____	c. HHAs _____

8. Please report your experience in **the past year** with recruiting and hiring these types of nursing employees:

	Did Not Employ <i>skip to column C</i>	Did Not Hire <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average <u>number of weeks</u> it took to fill these positions	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
HHAs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality / Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers / Discharge Planners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN-prepared Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners (all types)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Does your agency need nurses with specialized skills, experience, or educational preparation that are not currently available? Yes No

If yes, please describe your needs: _____

10. What consequences has your agency experienced in **the past year** as a result of an inadequate supply of nursing personnel? Indicate "none" if appropriate.



Florida Center for Nursing's 2007 Statewide Nurse Employer Survey: Public Health Departments

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in each of our state's public health departments to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all departments and report aggregate findings (statewide and regional results) only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>.

1. Please tell us how your health department defines full-time status and how much your part-time employees typically work. Do not include per diem staff or other temporary personnel in these estimates.	2. How many per diem, agency, or other temporary nurses did your department employ as of June 30, 2007 ? Include all nurses not counted as part of the facility's permanent employees. Enter "0" if none.
a. Full-time employees work at least _____ hours each week.	a. Registered Nurses (RNs), excluding ARNPs _____
b. Part-time employees work at least _____ hours each week.	b. Advanced Registered Nurse Practitioners (ARNPs)* _____
b. Part-time employees work, on average, _____ hours each week.	c. Licensed Practical Nurses (LPNs) _____
	d. Unlicensed direct care assistants / nurse aides (CNAs) _____

* Please include Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives in this count.

3. This section will help us understand your health department's current and future need for nursing personnel. Please do **not** include per diem staff, contract/agency nurses, or other temporary personnel in these counts. Enter "0" if you have no employees of a given type.

	# of full-time employees on June 30, 2007	# of part-time employees on June 30, 2007	# of vacant positions being actively recruited on June 30, 2007		# of separations† between 07/01/06 and 06/30/07	Total # of workers you intend to employ in 2008*	Total # of workers you intend to employ in 2009*
			full-time	part-time			
a. RNs (excluding ARNPs)							
b. ARNPs							
c. LPNs							
d. CNAs							

†Please report the number of employees who left your department either voluntarily or involuntarily. Do not count those who moved from one position to another within your department, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

*A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.

4. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions ? [Remember, your responses are confidential.]	5. Does your department need nurses with specialized skills, experience, or educational preparation that are not currently available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please describe your needs: _____
a. RNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	
b. ARNPs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	
c. LPNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	
d. CNAs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	

6. Please report your experience in **the past year** with recruiting and hiring these types of nursing employees:

	Did Not Employ <i>skip to column C</i>	Did Not Hire <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average <u>number of weeks</u> it took to fill these positions	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
			<i>Please circle the appropriate value.</i>								
CNAs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic Staff Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordinator / Case Management Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Outreach Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners and Midwives	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In your experience, what are the major factors contributing to a shortage of nursing personnel in public health departments? Indicate “none” if appropriate.

8. What consequences has your department experienced in **the past year** as a result of an inadequate supply of nursing personnel? Indicate “none” if appropriate.

Thank you for helping us better understand your nursing needs. Please return this survey today in the prepaid envelope provided.



Florida Center for Nursing's 2007 Statewide Nurse Employer Survey: Hospices

The Florida Center for Nursing is working to address the nursing shortage in our state, and we need your help in order to effectively plan for the future. We are asking administrators in each of our state's hospices to complete this brief survey describing your current and future need for nursing personnel. Your responses are completely confidential. We will combine responses from all hospices and report aggregate findings only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>. Thanks for your participation!

1. Please tell us how your hospice defines full-time status and how much your part-time employees typically work. Do not include per diem staff or other temporary personnel in these estimates.	2. How many per diem, agency, or other temporary nurses did your hospice employ as of June 30, 2007 ? Include all nurses not counted as part of the facility's permanent employees. Enter "0" if none.
a. Full-time employees work at least _____ hours each week.	a. Registered Nurses (RNs) _____
b. Part-time employees work at least _____ hours each week.	b. Licensed Practical Nurses (LPNs) _____
c. Part-time employees work, on average, _____ hours each week.	c. Unlicensed direct care assistants / nurse aides (CNAs) _____

3. This section will help us understand your hospice's current and future need for nursing personnel. Please do **not** include per diem staff, contract/agency nurses, or other temporary personnel in these counts. Enter "0" if you have no employees of a given type.

	# of full-time employees on June 30, 2007	# of part-time employees on June 30, 2007	# of vacant positions being actively recruited on June 30, 2007		# of separations † between 07/01/06 and 06/30/07	Total # of workers you intend to employ in 2008*	Total # of workers you intend to employ in 2009*
			full-time	part-time			
a. Registered Nurses							
b. Licensed Practical Nurses							
c. Nursing aides / direct care assistants							

†Please report the number of employees who left your hospice either voluntarily or involuntarily. Do not count those who moved from one position to another within your hospice, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

*A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.

4. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions ? [Remember, your responses are confidential.]	5. Over the past year , approximately what percent of your nursing personnel budget was spent on:
a. RNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	a. Outside staffing agencies (both long and short term) _____ %
b. LPNs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	b. Overtime for all nursing personnel _____ %
c. CNAs <input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less	

6. Please report your experience in **the past year** with recruiting and hiring these types of nursing employees:

	Did Not Employ <i>skip to column C</i>	Did Not Hire <i>skip A and B go to C</i>	A					B Average <u>number of weeks</u> it took to fill these positions	C		
			Recruitment Difficulty						Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
			Easy to Recruit			Very Difficult to Recruit		Fewer	Same	More	
			<i>Please circle the appropriate value.</i>								
Nurse aides / direct care assistants	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Hospice Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Control Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical or Patient Care Managers/Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nurses: _____	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your hospice need nurses with specialized skills, experience, or educational preparation that are not currently available? Yes No

If yes, please describe your needs: _____

8. What consequences has your hospice experienced in **the past year** as a result of an inadequate supply of nursing personnel? Indicate "none" if appropriate.

Thank you for helping us better understand your nursing needs. Please return this survey today in the prepaid envelope provided.