

## **Central Florida Nurse Employer Survey: Results for Ambulatory Surgery Centers**

### **Introduction and Methods**

The Florida Center for Nursing (FCN), a state entity charged with tracking and addressing the nursing shortage in Florida, conducted a nurse employer survey in the Central Florida area in April and May of 2007. This Central Florida study is the pilot project for a larger, statewide demand survey set to begin in July 2007. The study's purpose is to understand current and future employer needs so that solutions to the shortage can be better tailored to Florida's nurse employers. The pilot survey was fielded to all licensed home health agencies, long term care facilities, ambulatory surgical facilities, and public health departments in Orange, Lake, Osceola, Seminole, and Sumter counties. A survey fielded to area hospitals was completed earlier in the year by Partners for a Healthy Community, with support from FCN. A report of results will be available at the Partners website at [www.workforcecentralflorida.com/phc](http://www.workforcecentralflorida.com/phc).

This report details results obtained within the ambulatory surgery industry, a growing employment niche for nurses. Little research has been conducted on the nursing workforce and shortage experiences of Florida's free-standing surgical centers, so this group was included in the Central Florida pilot project to explore the need for (and feasibility of ) statewide workforce data collection within the industry.

A list of all licensed ambulatory surgical centers in the five-county area was obtained from the Agency for Health Care Administration (AHCA), the regulatory body licensing most health care facilities in the state. A total of 33 surgical centers were identified, and all licensed centers in the area were given the opportunity to participate in the study. The AHCA list provides not only the address, phone number, and county of the facility but also the name of the facility administrator, to whom the surveys were addressed. The survey utilized a self-administered questionnaire delivered by U.S. mail. A total of four contacts were made by mail with potential respondents. The first contact contained a cover letter, the questionnaire (shown as an appendix to this report), and a self-addressed stamped envelope for returns. The second contact was a reminder letter sent to those who had not responded during the first two weeks of the study. The third mailing contained a replacement questionnaire, and the fourth mailing cautioned non-respondents that the final deadline for receipt of the survey was growing near. Mailings were sent approximately two weeks apart.

After four mailings and nearly ten weeks, responses were obtained from 14 of 33 surgical centers, a response rate of 42.4 percent. Typically, response rates around 50 percent are needed for reliable results that can be safely interpreted. We came very close to this mark in the pilot project, and as a result we feel confident generalizing results to all surgical centers in the area. In the remainder of this report, we discuss the results obtained and the feasibility of including ambulatory surgical centers in the statewide nurse employer survey.

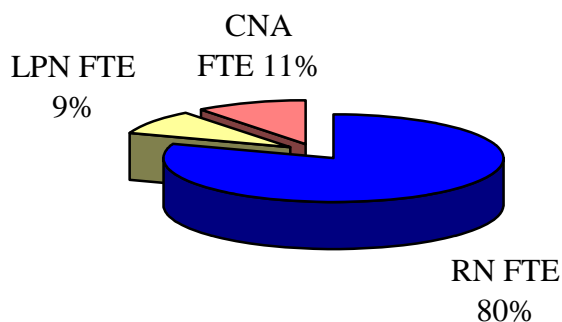
## Results

Surgical center administrators were asked for the number of permanent full-time equivalent (FTE) employees they had on January 1, 2007 in each of four categories of nursing personnel. The 14 centers responding to our survey reported a total of 104.1 Registered Nurse (RN) FTEs, but they employed very few Licensed Practical Nurses (LPNs), Advanced Registered Nurse Practitioners (ARNPs), or Certified Nursing Assistants (CNAs). The average number of RN FTEs employed at a facility was 7.4, but for other types of nursing personnel, the centers averaged a single FTE position or less. The majority of nurses were employed on a permanent, scheduled basis, but the 14 centers did report employing an additional 36 workers on a per diem or contract/agency basis.

**Table 1. Ambulatory Surgical Center Staff Sizes**

	Employed FTEs as Part of Permanent Staff		Employed Per Diem, Agency, or other Temporary Nurses	
	Total #	Average #	Total #	Average #
RNs	104.1	7.4	25	1.9
ARNPs	2.0	0.2	3	0.2
LPNs	11.7	0.8	2	0.2
CNAs	12.5	1.0	6	0.5
<b>Total Nursing Staff Reported</b>	<b>130.3</b>		<b>36</b>	

We used staff size information to compute proportions representing the skill mix of permanent nursing staff. The numbers reported in Table 1 are the total numbers of employees counted, while the proportions reported in Figure 1 were computed by combining *only* the responses of centers providing complete information on RNs, LPNs, and CNAs. [ARNPs are excluded from the remainder of this report since they are not regularly employed by respondents.] As the figure shows, 80 percent of permanent employees are RNs.



**Figure 1. Skill Mix of Permanent Staff in Ambulatory Surgical Centers**

We asked surgical centers a number of questions to gauge their current need for nursing personnel, including the number of vacant FTE positions they carried as of January 1, 2007. We

used this information to compute a position vacancy rate for RNs – the proportion of total positions that are vacant across the responding centers. Only three RN FTE vacancies were reported, and the vacancy rate for RNs was very low at 3 percent. Because of the small numbers of other nursing staff types, we were unable to compute positions vacancy rates for LPNs and CNAs. We also asked respondents whether the number of positions budgeted was sufficient for the provision of quality care. None of the 14 respondents reported unmet need for budgeted positions in any of the personnel categories.

**Table 2. Current Staffing Needs of Ambulatory Surgical Centers**

	<b>Total # of Vacant FTEs</b>	<b>Position Vacancy Rate*</b>	<b>% Reporting Unmet Need for FTEs</b>
RNs	3.0	3.0%	0.0%
LPNs	1.0	**	0.0%
CNAs	2.0	**	0.0%
<b>Total Vacancies</b>	<b>6</b>		

\*Computed as (Total Vacant Positions / Total Budgeted Positions)\*100, using all cases not missing data on vacant and budgeted positions.

\*\*There are too few budgeted FTEs to compute a stable vacancy rate.

To gauge future need for personnel, we asked the surgical centers whether how many positions they planned to budget in 2008 and 2009. Between 2007 and 2009, responding centers reported that they would add a total of 10 RN FTEs, 2 LPN FTEs, and 2 CNA FTEs. Thus, significant growth in nurse staff sizes within responding facilities is not expected. More likely, growth in the industry in this area will be reflected in an increased number of centers rather than growth within a center.

As a measure of workforce stability, we asked centers how many employees had left (separations or turnovers) during 2006. We used this information to compute turnover rates for each center, but because their staff sizes are so small, the facility-level rates are meaningless. For example, if a center employs two RNs and one leaves, that center has a 50 percent RN turnover rate. The 14 centers reported a total of 26 separations in 2006. Although rates are not appropriate, we did ask centers to judge whether the amount of turnover had increased or decreased since 2005. Almost 42 percent of respondents thought RN turnover had increased, and 50 percent thought LPN turnover had increased.

**Table 3. Separations and Turnover Rates in 2006**

	<b>Separations During 2006</b>	<b>% Reporting Increased Turnover Since 2005</b>
RNs	22	41.7%
LPNs	2	50.0%
CNAs	2	40.0%

High turnover can lead health care providers to increase their use of overtime or contract/agency staff to stay on top of workloads. We asked respondents what percentage of their nursing budgets was spent on overtime and temporary staff. The average percentage spent on overtime was 5.4 percent, a relatively small proportion of the personnel budget. The median percent spent on temporary personnel was 0 percent. The average is much higher than this at 7.5 percent, but the

average is distorted by a single center that uses mostly contract labor and reported a very high proportion of the personnel budget spent for this.

While the current and future nursing workforce needs of ambulatory surgical centers appear to be minimal, the centers did report substantial difficulty in recruiting for specialized RN positions. Most of the positions we asked about were either not used by a majority of centers, or the center did not hire for the position during the 2006 calendar year. In Table 4, we only include positions for which four or more centers reported.

**Table 4. Recruiting Difficulty and Average Weeks to Fill Positions**

Position*	Percent Reporting Recruiting Difficulty**	Average # Weeks to Fill Positions
Operating Room Nurses	71.4%	13.9
Pre-Op Nurses	28.6%	3.0
Post-Op Nurses	57.2%	5.4

\*Table includes only positions for which 4 or more surgery centers reported weeks to fill.

\*\*Chose “4” or “5” on a five-point scale of recruiting difficulty.

The most difficult specialized position to fill was reported to be Operating Room Nurses. More than two-thirds of centers that had recruited for this position thought it was difficult. Post-operative nurses were also difficult to recruit for a majority of centers. The perceptions of difficulty are supported by the number of weeks it took to fill OR Nurse positions. On average, it took more than three months.

Finally, we asked respondents what consequences, if any, their agency had experienced as a result of an inadequate nurse supply. The question was asked in an open-ended format so that administrators could state in their own words what problems they have had. Only two centers reported adverse consequences. One cited higher employee stress levels, and the other cited overworked staff but also noted that the problem was not severe.

## Conclusions

Responding ambulatory surgical centers, as a group, do not appear to be suffering from a shortage of nursing personnel at present. They reported few vacancies, no unmet need for budgeted positions, and plans for only minimal growth over the next two years. The centers did perceive that turnover rates were on the rise, and they did struggle to recruit and hire for some specialized RN positions. However, in the end they reported very few consequences of an inadequate nurse supply.

The experience of surveying surgical centers has taught us that we face analytic limitations as a result of very small staff sizes at each center. Vacancy and turnover rates are unstable at the facility level. Even position vacancy rates – computed combining information from all responding centers in the five-county area – were not reliable for LPNs and CNAs due to the small number of total personnel employed by responding centers.

One purpose of a demand survey is to measure projected growth in an industry, and our questionnaire included items that measured growth within existing surgical centers. However,

very little expected growth was reported. We suspect this means that growth will take the form of new centers rather than growth in existing centers. As such, it is not feasible to project growth in the industry through a survey of existing facilities.

From a cost/benefit standpoint, the value of including ambulatory surgical centers in a statewide nurse demand survey does not merit the expenditures needed for a statewide survey of the centers at the present time. The Florida Center of Nursing will continue to monitor trends in nurse employment and will determine if future statewide efforts should include them.



## Florida Center for Nursing – Central Florida Survey of Ambulatory Surgery 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 Central Florida ambulatory surgery 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 ambulatory surgery facilities in the area and report aggregate findings only. We invite you to view our results, which will be available on our website at <http://www.FLCenterForNursing.org>.

1. This item series will help us understand your facility’s current and future need for nursing personnel. We know that facilities use different budgeting periods, but in order to standardize across facilities we need information by **calendar years**. If your records do not track the proportion of a full-time equivalent (FTE) position each employee fills, use 1.0 for full-time employees and 0.5 for part-time employees.

Please enter “0” if appropriate.	Total # of <b>budgeted</b> FTEs as of January 1, 2007*	Total # of <b>employed FTEs</b> as of January 1, 2007*	Total # of <b>vacant FTEs being</b> <b>actively recruited</b> as of January 1, 2007*	Total # <b>budgeted</b> <b>FTEs expected for</b> <b>calendar year 2008</b> <sup>+</sup>	Total # <b>budgeted</b> <b>FTEs expected for</b> <b>calendar year 2009</b> <sup>+</sup>
a. Registered Nurses (excluding ARNPs)					
b. Advanced Registered Nurse Practitioners					
c. Licensed Practical Nurses					
d. Nursing aides / direct care assistants					

\*Do not include per diem staff or other temporary personnel used to supplement permanent full or part-time staff.

<sup>+</sup>A rough estimate would be helpful if exact numbers are not known.

2. How many per diem, agency, or other temporary nurses did your facility employ **as of January 1, 2007**? Include all nurses not counted as part of the facility’s budgeted or employed FTEs in #1. Enter “0” if appropriate.

- a. RNs \_\_\_\_\_
- b. ARNPs \_\_\_\_\_
- c. LPNs \_\_\_\_\_
- d. CNAs \_\_\_\_\_

3. In your opinion, is the number of FTEs your facility **needs** to provide quality patient care greater than, equal to, or less than the number of FTEs currently budgeted for each type? [Remember, your responses are confidential.]

- a. RNs             Greater    Equal    Less
- b. ARNPs         Greater    Equal    Less
- c. LPNs            Greater    Equal    Less
- d. CNAs            Greater    Equal    Less

4. Approximately what percent of your **2006** calendar year’s nursing budget was spent on:

- a. Outside staffing agencies (both long and short term) \_\_\_\_\_ %
- b. Overtime for all nursing personnel \_\_\_\_\_ %

5. Do you expect these expenditures to be higher, about the same, or lower for calendar year 2007?

- a.  Higher    About the same    Lower
- b.  Higher    About the same    Lower

6. What consequences did your facility experience in **2006** as a result of an inadequate supply of nursing personnel? Indicate “none” if appropriate.

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*(survey continues on back)*

7. This item series measures turnover\* during calendar year 2006. When reporting the number of persons who left, please include both voluntary and involuntary leavers. Do not count those who moved from one position to another within your facility, or persons hired but never reporting for work. Include only **permanent employees**, and **count both full and part-time employees**. Please enter "0" if appropriate.

	A. Total # of persons who left during 2006	B. Total # of persons employed on January 1, 2006	C. Total # of persons employed on December 31, 2006	How have turnover rates changed since 2005?			
				Increased	Stayed the same	Decreased	Does not apply
a. RNs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ARNPs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. LPNs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. CNAs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Your turnover rate will be computed as  $[A \div ((B + C) / 2)] * 100$ . You do not need to perform the calculation yourself.

8. Please report your experience in 2006 with recruiting and hiring these types of nursing employees:

	Did Not Employ in 2006	Did Not Hire in 2006 <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average number of weeks it took to fill these positions in 2006	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
				1	2	3					
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"/>
RNs:											
OR / Surgical Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-op Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-op / Recovery Nurses	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy Nurses	<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"/>
Other: _____	<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.**