

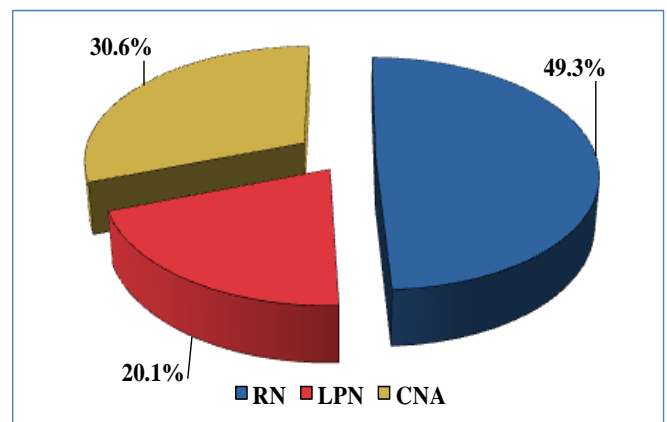
Data in this report are from the Florida Center for Nursing 2009 Nurse Employer Survey, conducted from August through October 2009. All 40 hospices within the state of Florida were mailed this survey, and 19 (47.5%) responded. For complete results and analysis, see the report [Workforce Demand in Nursing-Intensive Healthcare Settings: 2009 Vacancies and 2011 Growth Projections](#). Superscripts (^{1,2}, etc) reference endnotes with detailed information on the last page of this report.

Table 1. Employee Status as of June 30, 2009

Nurse Type	% permanent full-time	% permanent part-time	% per diem/agency
RNs	68.2	11.1	20.7
LPNs	62.0	9.9	28.1
CNAs	75.9	9.1	15.0

About 68% of hospice RNs work full-time, and almost 21% are per diem/agency nurses. The nursing staff mix is approximately 49% RNs, 20% LPNs, and 31% CNAs.

Figure 1. Nursing Staff Mix



We estimated there were approximately 300 RN vacancies in Florida hospices, an average of 7.5 RN vacancies per facility. Estimated vacancies for all facilities were calculated from responding facilities. About 24% of hospices report their actual need for RNs was greater than the number of budgeted positions.

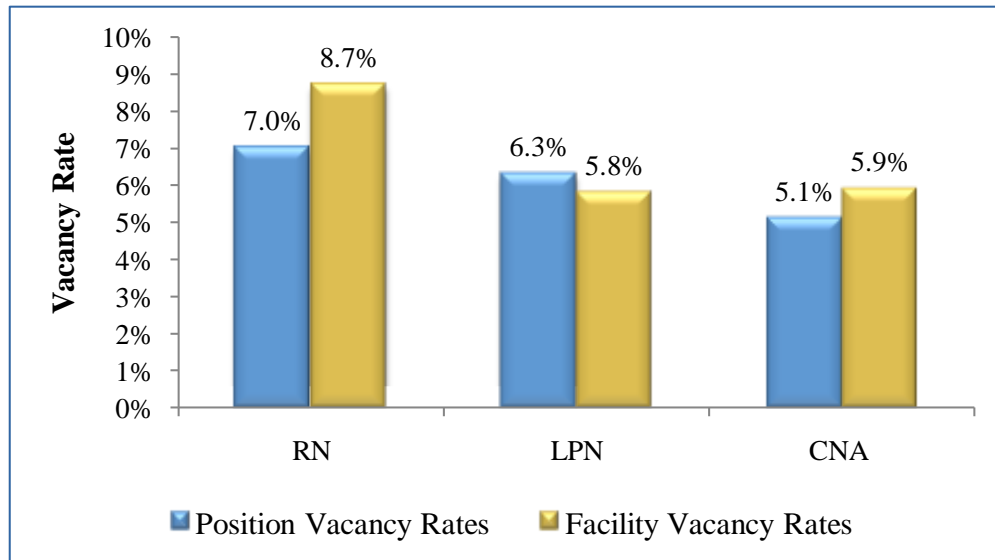
Table 2. Estimated Vacancies and Need for Additional Budgeted Positions as of June 30, 2009¹

Nurse Type	# estimated vacancies	% needing additional positions
RNs	300	23.5
LPNs	87	17.7
CNAs	135	17.7

Recession Effects:

- 8 hospices reported the recession has had no effect on their nurse staffing and hiring practices.
- Five hospices reported they have decreased/stopped hiring or had staff reductions.
- “Budget constraints limit ability to increase staff”
- “More applicants to choose from, more inexperienced nurses applying”

Figure 2. Full-Time Equivalent Vacancy Rates as of June 30, 2009²



*The **position vacancy rate** is the proportion of Full-time Equivalent (FTE) positions that are vacant across all responding hospices. The **facility vacancy rate** is calculated for each facility, and each facility has equal influence on the average regardless of staff size. The position vacancy rate for RNs is 7.0%, whereas the average facility vacancy rate is 8.7%. Workforce planners commonly use position vacancy rates, and facility administrators use the facility vacancy rate to benchmark against the average facility.*

Table 3. Full-Time Equivalent Facility Vacancy Rates as of June 30, 2009²

Type	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	8.7%	3.7	6.4	11.4
LPNs	5.8%	0	2.7	7.6
CNAs	5.9%	0	3.8	8.3

Nurse Supply:

- Hospices report increased overtime and increased case loads for current staff, leading to a stressful work environment for nursing staff
- Not able to respond to referrals as fast as would like
- Downsized clinical staff due to patient/client census decrease
- Increased agency use

Table 4. Separations (Turnovers) between July 1, 2008 and June 30, 2009³

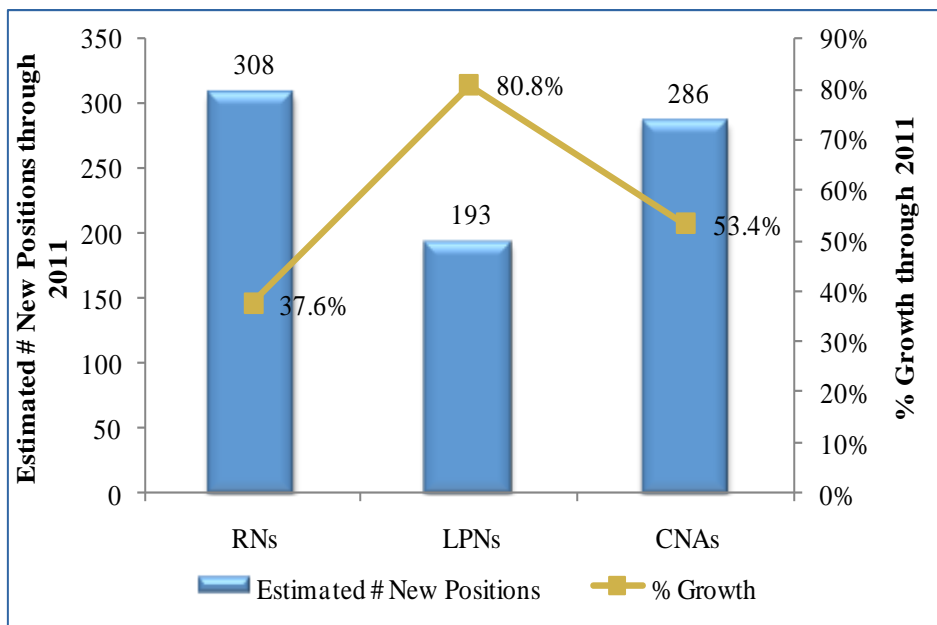
Type	# separations	average # separations
RNs	316	18.6
LPNs	167	9.8
CNAs	187	11.0

Despite the recession, hospices had an average facility-level turnover rate of 32.9% for RNs. Turnover was only slightly lower for LPNs and CNAs. The average number of RN separations was 18.6 per hospice.

Table 5. Facility-Level Turnover Rates (July 1, 2008 through June 30, 2009)⁴

Type	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs	32.9%	13.8	20.3	29.3
LPNs	31.9%	20.0	27.0	46.6
CNAs	26.3%	13.2	22.2	25.0

Figure 3. Estimated Growth in Total # Employees, through 2011⁵



We estimated that hospices will create about 787 new nursing positions through 2011. This represents an approximate percentage growth of 38% for RNs, 81% for LPNs, and 53% for CNAs.

Overtime & Outside Staffing: Responding hospices reported spending an average of 4.8 percent of their nursing budgets on overtime pay for nursing personnel. In contrast, they reported spending an average of 11.9 percent on temporary staffing.

Table 6. Recruitment Difficulty and Future Need for Experienced RNs⁶

Nurse Type	N	% Reporting Recruitment Difficulty	Average Weeks to Fill	% Needing More Over Next Two Years
CNAs	18	22.2	3.1	76.5
LPNs	18	16.7	3.6	58.8
Inpatient Staff RNs	15	26.7	4.2	46.7
Home Hospice Staff RNs	18	50.0	5.1	75.0
In-service Educators	5	20.0	3.3	7.7
Quality Control Nurses	4	25.0	7.8	18.2
Infection Control Nurses	5	20.0	9.0	0.0
Patient Care Coordinators	11	54.6	8.1	57.1
Project Coordinators	4	0.0	3.7	0.0
Nurse Practitioners	8	25.0	8.3	33.3

Hospices reported they will need more CNAs, LPNs, Staff RNs, Patient Care Coordinators, and Nurse Practitioners over the next two years. Hospices responding to our survey reported difficulty in recruiting nurses with experience – home hospice staff RNs, patient care coordinators, nurse practitioners, quality control nurses, and inpatient staff RNs.

Hospice Notes

1. Details on calculations for estimated vacancies can be found in the report *2009 Nurse Employer Survey Technical Documentation*, http://www.flcenterfornursing.org/files/NES_Demand_Technical.pdf. Average number of vacancies was calculated using data from survey respondents only.

% Needing Additional Positions - Respondents were asked to evaluate how the number of budgeted positions compared with their actual need for positions. This statistic reports the proportion saying their need was *greater* than the number of budgeted positions.

2. Facility vacancy rates include cases providing complete data for both filled and vacant positions (N). Facilities not employing a personnel type are excluded from calculations. 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: $(\text{vacant FTEs} / (\text{filled FTEs} + \text{vacant FTEs})) * 100$. When the average of facility-level rates is computed, each facility has equal influence on the average regardless of facility sizes or staff sizes.

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. (Reinier, K. et al. (2005). "Measuring the Nursing Workforce: Clarifying the Definitions." *Medical Care Research and Review* 62(6): 741-755.). Position vacancy rates represent the proportion of all FTEs that are vacant.

3. 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.
4. Facility-level turnover rates were computed by dividing the total number of separations by the total number of employees as of June 30, 2009. Facilities not employing a personnel type were excluded.
5. Respondents were asked to project the total number of new positions they intend to create through 2011. This table provides information about the expected growth in *new positions* over the course of two years. Details on calculations for estimated growth can be found in the report *2009 Nurse Employer Survey Technical Documentation*, http://www.flcenterfornursing.org/files/NES_Demand_Technical.pdf. Percentage growth is the two-year percentage increase expected by survey respondents.
6. 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.