

Data in this report are from the Florida Center for Nursing 2009 Nurse Employer Survey, conducted from August through October 2009. All 255 hospitals within the state of Florida were mailed this survey, and 102 (40.0%) 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 – Direct Care	77.4	13.3	9.3
RNs – Indirect	86.9	9.5	3.6
ARNPs	82.2	9.4	8.4
LPNs	79.9	11.8	8.3
CNAs	83.0	10.4	6.6

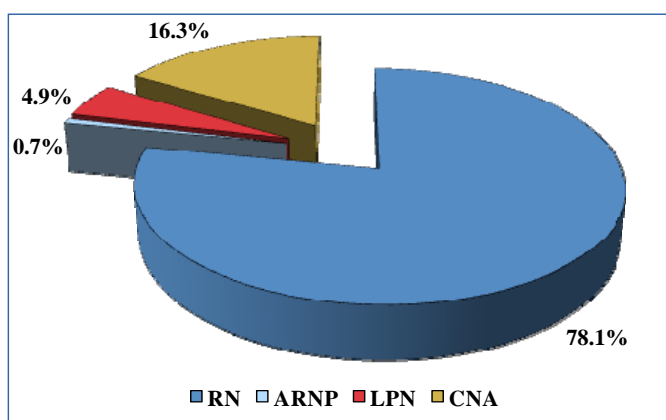
Most hospital nurses work full-time, and fewer than 10% of the staff are per diem/agency. The staff mix of hospitals is approximately 79% RNs, both in direct and indirect care, 16% CNAs, and 5% LPNs.

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

Nurse Type	# estimated vacancies	% needing additional positions
RNs – Direct Care	4,840	34.6
RNs – Indirect		6.9
LPNs	186	5.6
CNAs	969	23.5

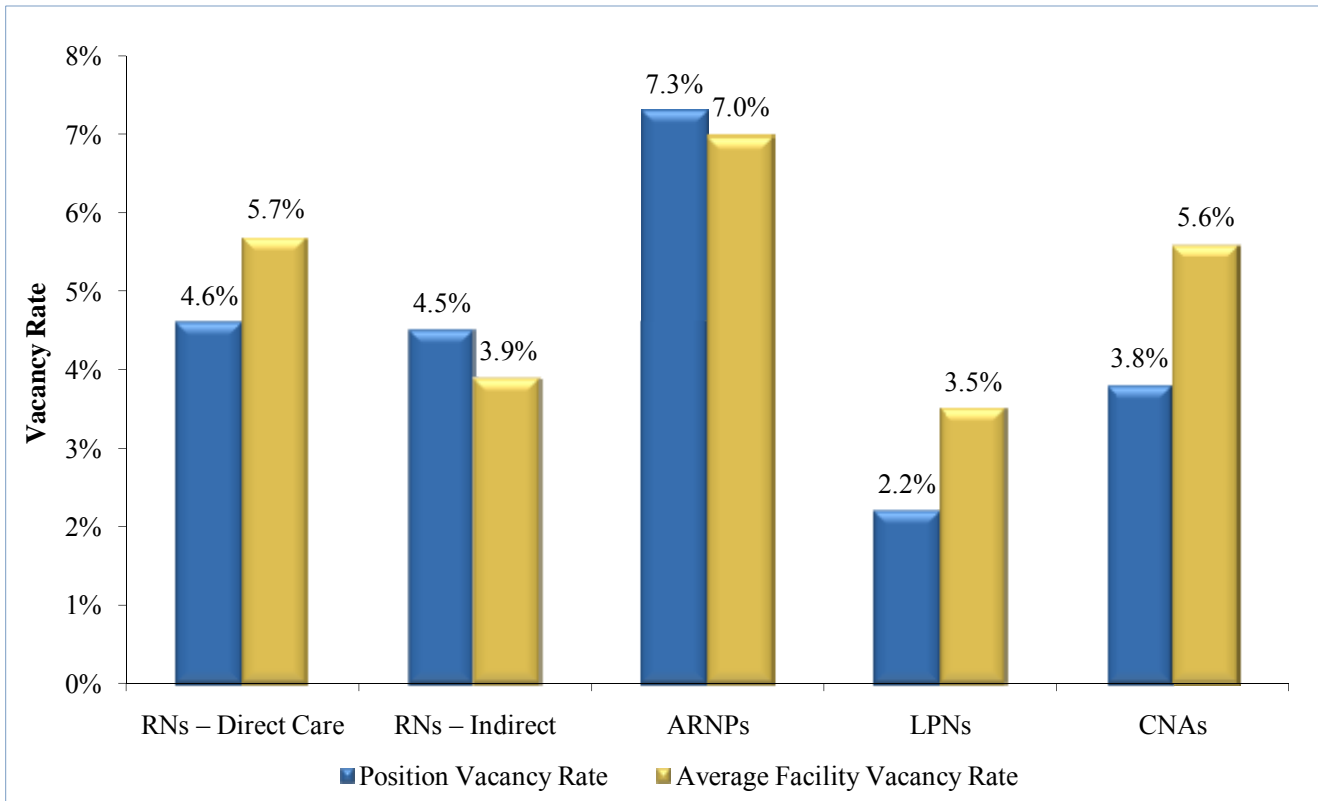
Even in the recession, we estimated there were approximately 4,800 RN vacancies (both direct-care and indirect) in hospitals, an average of 20.4 direct-care RN vacancies per facility. We also estimated there were 186 LPN and 969 CNA vacancies. Estimated vacancies for all facilities were calculated from responding facilities. One-third of hospitals reported their actual need for RNs in direct care was greater than the number of budgeted positions.

Figure 1. Nursing Staff Mix



Recession Effects: Although several hospitals reported the recession had no effect on their nurse staffing or hiring, others reported the recession has impacted them in myriad ways such as decreased turnover and/or increased retention, increased number of applicants, more selective hiring, unable to hire when staff is needed.

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 hospitals. The **facility vacancy rate** is calculated for each facility, and each facility has equal influence on the average regardless of staff size. The proportion of direct-care RN positions that are vacant is 4.6%, whereas the average facility vacancy rate of direct-care RNs is 5.7%. 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	N	Average Facility Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs – Direct Care	88	5.7%	1.9	4.3	7.3
RNs – Indirect	77	3.9%	0.0	0.0	6.7
ARNPs	45	7.0%	0.0	0.0	10.7
LPNs	80	3.5%	0.0	0.0	0.8
CNAs	82	5.6%	0.0	2.5	7.1

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

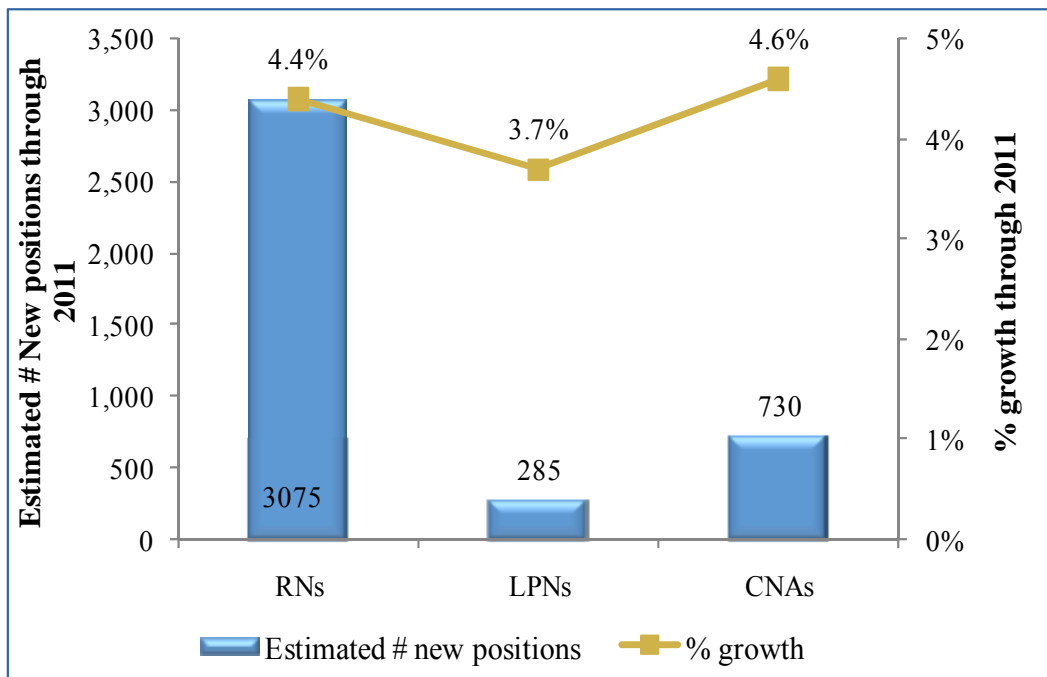
Type	# facilities responding	# separations	average # separations
RNs – Direct Care	85	5,130	60.4
RNs – Indirect	78	457	5.9
ARNPs	83	51	0.6
LPNs	83	403	4.9
CNAs	79	1,384	17.5

Respondents reported over 7,400 nursing personnel separations from hospitals between July 2008 and June 2009. Facility-level turnover rates ranged from an average of 13.0% for RNs employed in indirect care to 23.3% for CNAs.

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

Type	N	Average Rate (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
RNs – Direct Care	85	16.3	9.6	14.3	21.5
RNs – Indirect	71	13.0	0.0	8.3	16.1
ARNPs	44	18.8	0.0	2.6	18.3
LPNs	79	22.1	6.8	15.2	25.0
CNAs	77	23.3	12.4	19.5	29.1

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



We estimated that hospitals will create over 3,000 new RN positions through 2011, and hospitals predict their LPN staff will increase by 3.7% and CNA staff by 4.6%.

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
Adult Critical Care	70	58.6	8.8	48.1
Ambulatory Care Clinics	36	19.4	5.4	22.0
Cardiac Cath Lab	59	55.9	9.9	27.9
Dialysis	23	73.9	7.0	29.4
Emergency Department	74	47.3	7.1	37.5
Home Health	19	26.3	6.7	3.2
Labor and Delivery	49	26.5	6.5	33.3
Long Term Care	13	23.1	4.9	10.0
Med-Surg/Telemetry	83	8.4	6.8	27.5
Neonatal Critical Care	37	37.8	6.6	31.1
Oncology	44	20.5	6.0	11.5
Operating Room	74	48.7	7.7	23.0
Pediatrics	40	7.5	6.7	27.7
Pediatric Critical Care	18	61.1	6.6	41.9
Pre/Post Op Care	65	7.7	5.1	23.2
Rehabilitation	42	7.1	5.0	29.4

Hospitals have difficulty recruiting experienced RNs. 50% - 70% of responding hospitals reported difficulty recruiting nurses for cardiac cath lab, adult and pediatric critical care, and dialysis. 40% - 50% of responding hospitals reported they will need more pediatric or adult critical care nurses over the next two years.

Foreign Recruitment: Fewer than 10 percent of respondents (9.7%, or 9 facilities) reported having recruited nurses from a foreign country in the past year. These facilities reported that a total of 80 foreign nurses had been hired from these recruiting efforts. Most of the foreign recruits came from the Philippines (92.5%).

Overtime and Outside Staffing: Facilities were asked to report the percentage of their nursing personnel budgets spent on overtime and outside staffing. On average, 7.2% of nursing personnel budgets went toward overtime, while 3.5% went toward outside staffing. The median percentages spent were 5.0% and 1.0%, respectively.

Table 7. Recruitment Difficulty and Future Need for Other Nursing Personnel⁶

Nurse Type	N	% Reporting Recruitment Difficulty	Average Weeks to Fill	% Needing More Over Next Two Years
CNAs	86	4.7	4.5	16.7
LPNs	67	3.0	3.8	7.7
Graduate Nurses	80	5.0	3.2	13.0
Case Managers	70	22.9	6.1	18.8
In-service Educators	52	28.9	6.4	11.9
MSN prepared CNS	35	82.9	8.0	17.8
Nurse Administrators	43	65.1	12.0	7.4
Nurse Anesthetists	13	84.6	7.9	7.7
Nurse Midwives	11	81.8	7.5	8.3
Nurse Practitioners	36	41.7	8.8	11.4
Quality and Infection Control	42	38.1	6.7	24.1
Unit-level Managers	65	43.1	8.4	5.6

Responding hospitals reported difficulty recruiting nurses with advanced degrees and experience – Administrators, CNS, Anesthetists, and Midwives.

Nurse Supply: Most hospitals responding to our survey reported they did not have problems as a result of an inadequate nurse supply. However, 17 hospitals reported an increased use of travelers/per diem/agency nurses, and 19 hospitals reported an increased use of overtime.

Recession Effects:

- “do not need to hire because no one is retiring”
- “to fill vacancies in hard to fill areas, we are investing in internships to train new grads”
- “numerous RNs returning to the workforce, requires extensive training and resources for preceptor training.”
- “Increased hire of GN which necessitated a revised orientation/GN residency. Program increased costs of GN onboarding but produced more competent novices than traditional method.”
- “Many nurses seeking employment. Decreased number of grad RNs hired.”

Hospital 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 table 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). 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: $(\text{vacant FTEs} / (\text{filled FTEs} + \text{vacant FTEs})) * 100$. 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 vacancies 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.