

Central Florida Nurse Employer Pilot Survey: Implications for a Statewide Study

Surveys of nurse employers yield important information about the demand for nursing labor that can be used for forecasting, setting health policy, and planning for the production of adequate numbers of new nurses. Nurse employers in Florida – our hospitals, nursing homes, home health agencies, and many other types of facilities – experience nursing shortages first-hand when they struggle to recruit or retain nursing personnel. They are often the first to know when the supply of nurses is becoming inadequate to meet demand: they may, for example, find that the time it takes to fill open positions is growing longer, that vacancy and turnover rates are increasing, or that they are increasingly relying on overtime or contract personnel to manage workloads.

In March and April of 2007, the Florida Center for Nursing (Center) fielded a survey of nurse employers within Lake, Orange, Osceola, Seminole, and Sumter counties. This Central Florida survey is the pilot project for a statewide employer survey set to begin in July 2007. Pilots can be used to test questionnaire content as well as the process or methodology by which data are collected. In the case of a nurse employer survey, the methodological elements include the industries to be surveyed, sources for lists of employers within each industry, selection of respondent, and method of contact (e.g., phone, mail, and internet). Four industries (or facility types) were included in the pilot: skilled nursing facilities, home health agencies, ambulatory surgical centers, and public health departments. A survey of hospitals in the five-county area was conducted by Partners for a Healthy Community with support from the Center in January 2007. That project served as a pilot for the Center’s statewide survey of hospitals.

Reports describing the methods used and results obtained for each group are available on the Center’s web site. This report draws conclusions about the pilot process across the four groups and describes our plans to improve the process for the statewide study.

Table 1. Industry Response Rates

Industry Group	# Surveys Expected	# Surveys Returned	Response Rate
Home Health Agencies	85	23	27.4%
Skilled Nursing Facilities	66	12	18.2%
Ambulatory Surgical Centers	33	14	42.4%
Public Health Departments	5	5	100.0%

Table 1 shows the wide variation in response rates across industry groups. Although a much smaller group, all five expected returns from public health departments were received for a response rate of 100 percent. In sharp contrast, only 12 of 66 expected surveys from skilled nursing facilities were returned for a response rate of only 18.2 percent. Rates above 50 percent are needed to obtain reliable results that can be safely generalized to the industry. In only one industry – public health – did we meet that standard. We came very close to the 50 percent mark within the ambulatory surgery industry, but response rates for home health agencies and skilled nursing facilities were not high enough to draw conclusions about the industry as a whole in this area.

As part of the pilot, we included a form with each questionnaire on which respondents could write comments about the questionnaire's content. The most commonly voiced complaint across industries was that the survey was too difficult or time-consuming to complete. Admittedly, the short, two-page questionnaires require respondents to consult staffing records, which does take time and effort. In order to standardize the measurement of vacancy and turnover rates across facilities and industries, we needed to ask specifically for the elements of the measures – like budgeted full-time equivalent (FTE) positions and vacant FTEs – instead of respondents' own report of vacancy or turnover rates. Standardization of measurement is important because it ensures that all facilities are reporting the same measure and that we know exactly how it has been calculated. While some modifications will be made to improve the accuracy of results and reduce respondent burden in the statewide effort, the statewide survey will continue to collect information in a way that allows standardization and control over the staffing measures we report.

It is likely that another cause of low response rates is the respondents' concern about the sensitive nature of the information we requested. We hope to improve response rates for the statewide effort by forging partnerships with trade and nursing associations to promote the survey and increase the perceived credibility of our study. Over time, as has been the case in other states with other Centers for Nursing, we hope that industries employing nurses will look to the Florida Center for Nursing as a reliable source of information about industry trends. As they become increasingly aware of what we can offer, we hope they will be increasingly motivated to take the time needed to contribute to our data and its relevance to an adequate nurse supply in Florida.

The Central Florida pilot survey has helped us to learn more about appropriate methods and measures for nurse employer surveys, but it has also taught us about the varying nursing needs of different health care industries. We included ambulatory surgical centers in our pilot project because this industry is a growing employment niche for nurses. However, our results show that these centers do not appear to be suffering from a shortage of nursing personnel at the present time. We will continue to monitor trends in ambulatory surgery and determine if future statewide employer surveys should include this group, but they will not be included in our 2007 statewide survey. Instead, we will focus our limited resources on hospitals, home health agencies, skilled nursing facilities, and public health departments. As we improve our methods and response rates for these groups and as resources permit, we can consider expansion to other industries in future nurse employer surveys.

We invite readers, especially the Central Florida nurse employers who helped make this pilot project possible, to review the results obtained within each of the industries. **We caution persons interested in the home health and long term care industries, however, that the low response rates obtained in these groups limit the extent to which results can be generalized to all facilities in the Central Florida area.** Results describe only the respondents, who may be different from non-responding facilities in important ways.