

2009 Nurse Employer Survey Technical Documentation



January 2010



Addressing Nurse Workforce Issues for the Health of Florida

www.FLCenterForNursing.org



2009 Nurse Employer Survey Technical Documentation

Table of Contents

Introduction	3
Survey Methods	3
Detailed Results	10
Conclusion	12
Acknowledgements	12
References	
Appendix A: Survey Instruments	14
Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Hospitals	15
Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Home Health Agencies	
Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Hospices	21
Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Public Health Departme	ents .23
Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Skilled Nursing Facilities	es25
Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Psychiatric Hospitals	



2009 Nurse Employer Survey Technical Documentation

Introduction

The Florida Center for Nursing (Center) conducts a biennial survey of nurse employers to learn more about the current and future demand for nursing personnel across Florida's different health care industry groups. From July through September 2009, the Center conducted a survey of six types of nurse employers – hospitals (acute care, acute/long-term care, and rehabilitation), psychiatric hospitals, skilled nursing facilities, home health agencies, hospices, and public health departments. Employers were asked about full-time and part-time employees, per diem and temporary personnel, vacancies, turnover, future demand for nurses, and recruiting difficulty encountered over the past year. In addition, the data are used to estimate total statewide vacancies and anticipated two-year job growth by combining the reported values of respondents with estimated values for non-respondents. This report presents a detailed description of the survey methodology, including selection of industry groups, creation of population lists and contact information, survey instrument construction, distribution methods and external support, response rates, data analysis and estimation techniques.

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 and ambulatory surgery centers) 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). Thus, we excluded physicians' offices and ambulatory surgery centers from our surveys.

FAWI labor market statistics for nursing personnel in 2009 revealed that approximately 75 percent of RNs and LPNs are employed by hospitals (including specialty and psychiatric), employment services, home health agencies, and long-term care facilities. Of these settings, hospitals, psychiatric hospitals, home health agencies, and long-term 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 surveyed 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.

Public health departments and **hospices** were also included our list of industry groups. 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.

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 six industry groups were obtained from the Agency for Health Care Administration (AHCA), the regulatory body licensing and regulating most healthcare facilities in the state. All lists were downloaded from the AHCA website. 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, including psychiatric and substance abuse hospitals. Veterans Administration (VA) and other federal facilities not licensed by AHCA were added to our list. Information on hospital type, address, system, and number of beds was downloaded from the Florida Hospital Association.³ The list of CNO names was constructed by confirming via phone call the present employment of the CNO in place during the 2007 survey⁴ and revising the list in the event of CNO turnover. 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. Our instructions also permitted CNOs to delegate portions of the survey to the human resources department or others, if necessary.

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. In some cases, multiple surveys were completed by the human resources department of a hospital system. In a few cases, a multi-hospital system consolidated results from several hospitals into one survey response. This occurred in a total of 11 hospitals which were aggregated into three responses from multi-hospital systems.

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.



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 67 county health departments in Florida. 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.

Psychiatric Hospitals included all AHCA-licensed psychiatric or substance abuse hospitals in the state. We called all of the psychiatric hospitals to obtain the name of the CNO. In some cases, psychiatric hospital surveys were completed by the human resources department of a hospital system.

Instrument Construction

The survey instruments used this year were a revised version of the instruments used in our 2007 survey. We revised the survey questions based on input from the Center's Research and Workforce Analysis Committee and the Minimum Nurse Demand Dataset developed by the Forum of State Nursing Workforce Centers. Separate questionnaires were developed for the six different industry groups, because the business models and the clinical or administrative specialties referenced in our questions about recruiting difficulty were specific to each industry. Florida Department of Health staff reviewed our instruments and study design, and we were granted an exemption from full Institutional Review Board (IRB) review since the study was not judged to be human subjects research. The final questionnaires are presented in Appendix A.

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 a mailing address and phone number, but they did not include electronic communication information such as an 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 time consuming and more conducive to completion in written format. Should email address contacts be available in the future, this would reduce both the survey workload on the Center and the survey mailing costs.

Surveys were mailed in August 2009 with a cover letter on Center letterhead, in a linen stationary envelope with our logo embossed in the corner, and included a hand-stamped return envelope with the Center address. Following Dillman's Tailored Design Method, 6 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 and an email address for the Center so that respondents could request a survey via email. 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.⁶

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, Florida Health Care Association, and Florida Association of Public Health Nurses. 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, five organizations donated a free conference registration to their annual meeting which we were able to award to a randomly selected survey respondent in each of the industry groups. The South Florida Nursing Consortium provided additional support, publicity, and information for our survey.

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 1,914 surveys were distributed to the six 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, 597 were returned for an overall response rate of 31.2 percent. This overall rate masks notable differences in response rates by industry, shown in Table 1. The response rate was highest among public health departments (62.7%), and lowest among skilled nursing facilities (30.6%) and home health agencies (25.4%).

Table 1. Statewide Response Rates by Industry Group and Overall

Industry Group	# Surveys Expected	# Surveys Returned	Response Rate
Hospitals	255	102	40.0%
Home Health	840	213	25.4%
Skilled Nursing	676	207	30.6%
Public Health	67	42	62.7%
Hospice	40	19	47.5%
Psychiatric Hospital	36	13	36.1%
Totals	1,914	597	31.2%

The response rates for hospitals and hospices are equivalent to their respective response rates on our 2007 survey⁴. However, the response rates for home health agencies, skilled nursing facilities, and public health departments were lower in our 2009 survey.



Although our 2009 employer survey overall response rate (31.2%) was lower than achieved in our 2007 survey (37.3%), we judge our response rates positively for a number of reasons. First, these were complex surveys of organizations and place a high burden on the survey respondent. The survey questions required investigation of multiple data sources and possibly consultation with other departments within the organization. Second, we may have not had the correct contact person and thus the respondent had to find the correct person or the survey may have gone unanswered. For example, we may have sent the survey to the CNO but the Human Resources department was the group which could answer the survey. Third, the people that we asked to complete the surveys (CNOs and DONs) are already overburdened with other surveys and their daily workload, and they may not have the time to complete yet another survey. Fourth, there may be institutional restrictions on answering surveys, as some organizations require multiple layers of approval before answering surveys and some have a policy to not answer surveys.

Sufficient representation across the different regions of the state was important to achieve for us to produce regional results in future reports. Table 2 shows response rates by industry and region of Florida. For most industries and regions, the response rate was sufficient for future stratified data analysis. Some particularly notable response rates were public health departments in the southwest (100%) and west central regions (80.0%), and skilled nursing facilities in the south region (16.7%). Due to the small number of hospices and psychiatric hospitals in Florida, regional analyses will be inappropriate for these groups regardless of regional response rates.

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

Setting	Northwest	North	Northeast	West	East	South	Southwest	Southeast
		Central		Central	Central			
Hospitals	41.7	28.6	31.6	41.9	54.1	37.5	33.3	37.5
Home	39.1	29.0	21.1	22.7	25.3	25.3	26.2	26.3
Health								
Skilled	23.9	48.2	40.0	35.9	24.6	16.7	33.3	26.6
Nursing								
Health	75.0	44.4	50.0	80.0	62.5	***	100.0	60.0
Depts.								

^{***}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. The information obtained from our AHCA lists of hospitals and skilled nursing facilities includes the number of licensed beds in each facility. We found that the average number of beds in responding hospitals (264) was somewhat larger than non-responding hospitals (217), but this was not significantly different (p=0.09). When hospitals were categorized as small (less than 120 beds), medium (120-270 beds), and large (greater than 270 beds), we found that medium and large hospitals were slightly more likely to have responded to the survey than were small-sized hospitals, but again this difference was not significant (chi-square p=0.08). The hospitals surveyed had 60,216 licensed beds, and our responding hospitals had 26,980 beds or 44.8 percent of the total number of hospital beds. This is larger than our overall hospital response rate (40.0%), which is consistent with our finding that larger hospitals were more likely to respond to the survey.

The average numbers of beds in responding (119) and non-responding (123) skilled nursing facilities (SNFs) were also similar and the difference was not statistically significant (p=0.3). The percentage of



beds within responding facilities (29.7% or 24,366 of the total number of beds 81,988) was similar to the response rate of 30.6 percent. Again, these results suggest very little response bias owing to facility size.

Data Analysis

Data were analyzed using Microsoft Excel and SAS (version 9.1, Cary, NC). Percentages and means were calculated by industry and nurse category (RN, LPN, CNA), as appropriate. 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, 2009. 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 number of vacancies was imputed for non-respondents (see later discussion) to estimate how many individual nurses are currently demanded in the six industry groups we surveyed.

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., information on full and part-time filled positions and vacancies was used to construct position vacancy rates with the following formula:

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, 2009. 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.

In addition to the number of nurses employed, our survey also asked respondents to report the number of budgeted FTEs as of June 30, 2009. We decided not to use the reported FTE data for several reasons. First, fewer respondents answered the FTE question - between 13 and 20 percent of respondents did not provide a response for any given FTE (RN, LPN, or CNA). Some facilities do not track their personnel using FTEs, and thus could not provide this information. Second, the differences between the calculated FTEs and the reported FTEs were often quite large. For example, eight hospitals had a difference of 100 or more FTEs, meaning that the reported FTE was 100 units smaller (or larger) than the FTE computed using our above formula. A small difference in reported versus calculated FTEs can be expected if the assumption that part-time nurses typically work 0.5 FTE is incorrect, but differences of this magnitude indicate that there are other problems in the data. To better understand the discrepancy, the Center plans to conduct focus groups with respondents before the 2011 Employer Survey.

Turnover rates were computed using information on separations between July 1, 2008 and June 30, 2009 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2009. 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). 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, 2008 and June 30, 2009 in a facility, our turnover rates may be inflated for that facility.

Constructing Estimates for Non-respondents

Although we lack information on vacancies and expected growth for non-respondents, it is possible to estimates these values for non-respondents using other information we have about them. The process of assigning an estimated value is called *imputation*. Consistent with our approach in 2007,⁸ we used four imputation methods – simple mean imputation, conditional mean imputation, regression-based imputation, and multiple imputation – to impute missing data for job vacancies and growth expectations. Statistical outliers were included in all analyses, as it is likely that characteristics of these outliers may be similar to characteristics of survey non-responders. Hospitals reporting aggregated data (n=11) for more than one hospital in their system were excluded from the imputation analysis.

Simple mean imputation attributes the average for respondents in an industry group to each of the non-respondents in that group using no other additional information. This method generally produced the most conservative estimates of vacancies and growth.

Conditional mean imputation incorporates information from a second variable under the assumption that facilities and agencies that share a characteristic also have similar numbers of vacancies or similar growth expectations. Averages were produced (separately for each industry) for facilities within each stratification category of the second variable. Non-respondents were assigned the average of facilities within their variable strata. For hospitals and skilled nursing facilities, the number of licensed beds – a proxy for facility size – was used as the conditioning variable. Beale codes – an indicator of urban/rural status of a county – was used as the conditioning variable for psychiatric hospitals, hospices, and public health departments. Region of the state was used as the conditioning variable for home health agencies.

Ordinary Least Squares (OLS) regression with a stepwise variable selection method was used to generate prediction models of vacancies and growth for each industry. Variables included in the models were number of beds (for hospitals and skilled nursing facilities only, treated as a continuous variable), region of the state, and Beale code. The resulting parameter estimates for each variable can then be applied to the variable values for non-respondents to generate a prediction for vacancies and growth. Regression models could not be calculated (very low predictive value r² or no variables were significant in the model) for psychiatric hospitals and home health agencies.

Multiple imputation is a process of imputing missing data that acknowledges the uncertainty of any single imputed value by generating multiple imputed values for each missing case and combining them statistically to arrive at a point estimate. Multiple imputation was performed using SAS statistical software's PROC MI and PROC MIANALYZE (SAS version 9.1.3, Cary, NC) to generate and analyze multiply imputed datasets. Multiple imputation was not used in industries in which regression models could not be calculated.



Detailed Results

Respondents provided information on almost 84,000 permanent, regularly scheduled nursing personnel across the six industry groups (Table 3). FAWI employment estimates for 2009 help to put these survey results into statewide perspective. They estimated that 80.6 percent of RNs (about 120,800 people), 75.3 percent of LPNs (about 33,000 people), and 80.7 percent of CNAs (about 74,000 people) were employed in the industries we surveyed. Considering survey non-response and excluded industries, our study collected information on approximately 46 percent of the RNs, 35 percent of the LPNs, and 40 percent of the CNAs employed in these industries. Thus our counts of employees, vacancies, separations, and new jobs to be created through 2011 based on survey respondents will underestimate the totals for Florida substantially. These undercounts are addressed using imputed data for vacancies and growth.

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

	Hospitals	SNF	Home Health	Public Health	Hospice	Psychiatric Hospital	Totals
RNs	41,177	2,250	1,955	1,323	1,694	443	48,842
ARNPs	380					12	392
LPNs	2,608	5,308	760	262	627	111	9,676
CNAs	8,803	12,897	1,554	356	1,125	361	25,096
Totals	52,968	20,455	4,269	1,941	3,446	927	84,006

Notes: Counts include permanent staff (full and part-time) but not temporary agency personnel. Hospitals 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.

Tables 4 through 9 show results for vacancies and projected growth for the six industries using the four imputation methods. Where "NA" appears, the technique was not applicable for that industry or variable. Averages are based on the imputation techniques that were possible for each industry and variable. Sums for each imputation method are based on observed imputations.

Table 4. Estimated Full and Part-Time RN Vacancies

	# vacancies reported	Imp 1	Imp 2	Imp 3	Imp 4	Average
Hospitals***	1,802	5,120.0	4,666.4	4,661.6	4,911.9	4,839.98
Skilled Nursing	173	605.0	566.9	574.3	545.5	572.93
Home Health	203	976.7	949.1	N/A	N/A	962.90
Public Health	34	55.6	49.9	43.9	47.1	49.13
Hospice	134	297.7	301.7	N/A	N/A	299.70
Psychiatric Hospital	30	82.9	81.7	N/A	N/A	82.30
Total (all groups)	2,376	7,137.9	6,615.7	5,279.8	5,504.5	6,806.93



Table 5. Estimated Full and Part-Time LPN Vacancies

	# vacancies reported	Imp 1	Imp 2	Imp 3	Imp 4	Average
	-	_	_	_		U
Hospitals	62	182.8	189.0	N/A	N/A	185.90
Skilled Nursing	220	749.1	741.9	N/A	N/A	745.50
Home Health	79	366.2	363.6	N/A	N/A	364.90
Public Health	18	29.4	24.1	28.9	30.9	28.33
Hospice	44	96.8	86.5	77	N/A	86.77
Psychiatric	2	<i>C</i> 1	. 0	NT/A	NT/A	C 05
Hospital	2	6.1	6.0	N/A	N/A	6.05
Total (all groups)	425	1,430.4	1,411.1	105.9	30.9	1,417.44

Table 6. Estimated Full and Part-Time CNA Vacancies

	# vacancies reported	Imp 1	Imp 2	Imp 3	Imp 4	Average
Hospitals	334	998.2	933.4	976.0	969.7	969.33
Skilled Nursing	675	2,372.50	2,356.10	2,286.20	2.285.3	2,338.27
Home Health	108	470.3	482.9	N/A	N/A	476.60
Public Health	7	11.3	9.7	N/A	N/A	10.50
Hospice	63	140	130.9	N/A	N/A	135.45
Psychiatric Hospital	39	117	117	N/A	N/A	117.00
Total (all groups)	1,226	4,109.3	4,030.0	3,262.2	969.7	4,047.14

Table 7. Projected Growth in 2011 for RN Full and Part-Time Positions

	# positions	Imp 1	Imp 2	Imp 3	Imp 4	Average
	reported					
Hospitals	773	2,951.0	2,864.1	3,475.7	3,010.6	3,075.35
Skilled Nursing	118	485.9	433.4	N/A	N/A	459.65
Home Health	820	4,210.0	4,067.8	N/A	N/A	4,138.90
Public Health	66	126.5	119.3	N/A	N/A	122.90
Hospice	89	323.9	339.9	260.6	N/A	308.13
Psychiatric	46	151.0	153.0	N/A	N/A	152.00
Hospital	40	131.0	133.0	IN/A	IN/A	132.00
Total (all groups)	1,912	8,248.3	7,977.5	3,736.3	3,010.6	8,256.93



Table 8. Projected Growth in 2011 for LPN Full and Part-Time Positions

	# positions reported	Imp 1	Imp 2	Imp 3	Imp 4	Average
**	_	200.1	202.0	2040	27/4	207.22
Hospitals	71	288.1	283.0	284.9	N/A	285.33
Skilled Nursing	100	425.7	403.0	N/A	N/A	414.35
Home Health	389	2,198.6	2,221.8	N/A	N/A	2,210.20
Public Health	21	41.5	40.7	34.8	37.8	38.70
Hospice	51	184.4	192.6	189.2	206.1	193.08
Psychiatric	10	26.0	27.5	NT / A	N T / A	2675
Hospital	10	36.0	37.5	N/A	N/A	36.75
Total (all groups)	642	3,174.3	3,178.6	508.9	243.9	3,178.4

Table 9. Projected Growth in 2011 for CNA Full and Part-Time Positions

.,,	# positions	Imp 1	Imp 2	Imp 3	Imp 4	Average
	reported					
Hospitals	187	782.2	767.0	1,066.1	306.5	730.45
Skilled Nsg	291	1,216.2	1,175.2	N/A	N/A	1,195.70
Home Health	470	2,729.2	2,609.1	N/A	N/A	2,669.15
Public Health	35	69.0	67.3	N/A	N/A	68.15
Hospice	74	268.3	278.8	272.8	322.9	285.70
Psychiatric	22	72.0	77.3	N/A	N/A	74.65
Hospital	22	72.0	11.3	1 N /A	1 N /A	74.03
Total (all groups)	1,079	4,868.6	4,695.9	1,338.9	629.4	5,023.80

Conclusion

This report details the survey design, response rates, data analysis, and imputation results for the Center's 2009 Nurse Employer Survey. Our 2009 survey built upon our previous work, while adjusting the survey to the current economic environment and revising the analysis to distribute information as it is most useful to the consumer. Email address contacts would both reduce the survey workload on the FCN and reduce the survey mailing costs. The full survey results can be found in our accompanying report on workforce demand. We hope that this document is useful to other nurse workforce centers in their implementation of workforce surveys.

Acknowledgements

In addition to our survey partners referenced above, we would like to thank Patricia Celano and the FCN Board of Directors for their assistance with the survey. We also thank the nearly 600 employers who completed our surveys. The work could not have been accomplished without their valuable input.



References

- 1. Florida Agency for Workforce Innovation data were produced by request for the Florida Center for Nursing in December, 2009.
- 2. Agency for Health Care Administration. Retrieved January 15, 2010 from http://www.fdhc.state.fl.us/.
- 3. Florida Hospital Association. Retrieved January 8, 2010 from http://www.fha.org/hospdir.html.
- 4. Florida Center for Nursing. (2008) 2007 Nurse Employer Survey: Methods and Statewide Results. Retrieved October 9, 2012 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=6.
- 5. Forum of State Nursing Workforce Centers. *Minimum Nurse Demand Dataset*. Retrieved December 22, 2009 from www.nursingworkforcecenters.org/resources/files/Nurse_Demand_Dataset.pdf.
- 6. Dillman, D. (2007). *Mail and Internet Surveys: The Tailored Design Method*. (2nd ed.) Hoboken, New Jersey: John Wiley & Sons, Inc.
- 7. Reinier, K. et al. (2005). "Measuring the Nursing Workforce: Clarifying the Definitions." *Medical Care Research and Review* 62(6): 741-755.
- 8. Florida Center for Nursing. (2008) *Statewide Vacancies and Job Growth Expectations in Nursing-Intensive Healthcare Settings*. Retrieved October 9, 2012 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=387.
- 9. Florida Center for Nursing. (2010). *Workforce Demand in Nursing-Intensive Healthcare Settings:* 2009 Vacancies and 2011 Growth Projections. etrieved October 11, 2012 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=12.



Appendix A: Survey Instruments



Florida Center for Nursing's 2009 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 from the 2007 survey, which are available on our website at http://www.FLCenterForNursing.org. Thanks for your participation!

employ as of June 30, 2009? Include all nurses not counted as part of the		past year (07/01/08 –	otively recruited RNs from a foreign country in the 06/30/09)? Yes No ow many have been hired and from what countries:
a. RNs (Direct Care)*		#	Country:
b. RNs (Indirect Care)*		#	Country:
c. Advanced Registered Nurse Practitioners (ARNPs)†		#	Country:
d. Licensed Practical Nurses (LPNs)			
e. 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 report on the **number of employees**. 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	# of part-time employees on	# of vacan being active on June	ly recruited	# of separations† between 07/01/08		ions you intend ne next two years ne 30, 2011)*
	June 30, 2009	June 30, 2009	full-time	part-time	and 06/30/09	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.

^{*}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.

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

	r of budgeted and vacant full- nurses, or other temporary pe					Es. Please do not include per					
	# of budgeted FTEs on June 30, 2009*	# of vacant FTEs being actively recruited on June 30, 2009	In your opinion, is actual the number of budgeted I confidential.]								
a. RNs (Direct Care)			☐ Greater	□ Equal	□ Less						
b. RNs (Indirect Care)			☐ Greater	□ Equal	□ Less						
c. ARNPs			☐ Greater	□ Equal	□ Less						
d. LPNs			☐ Greater	□ Equal	□ Less						
e. CNAs			☐ Greater	□ Equal	□ Less						
as 0.25 FTE.5. Over the past year, app	*An employee working full-time as defined by your facility counts as 1.0 FTE, while an employee working half-time counts as 0.5 FTE and an employee working quarter-time counts as 0.25 FTE. 5. Over the past year, approximately what percent of your nursing personnel budget was spent on: a. Outside staffing agencies (both long and short term) %										
b. Overtime for all nursing personnel 6. How has the current economic recession affected your nurse staffing and hiring practices? Please indicate "no effect" if appropriate.											
7. Does your facility need If yes, please describe your	nurses with specialized skills needs:	, experience, or educational p	oreparation that are not curre	ently available? [□ Yes □ No	_					

(survey continues on next page)

8. Please report your experience in the past year (07/01/08 – 06/30/09) with recruiting and hiring direct care/staff RNs for:

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

9 . Please report your experience in the p	ast year (0	7/01/08 - 0	06/30/09	9) with	recruiti	ing and	hiring t	these other types	of nursing perso		
	Did Not Employ	Did Not Hire	Recruitment Difficulty Very Very					B Average number of	Over the next 2 years, will your organization need fewer, more, or about the same number of this type of nursing		
	skip to column C	skip to column C	Recru	E asy to Recruit Please circle the appro		Difficult to Recruit		weeks it took to fill these positions	personnel? Please check the appropriate boxes.		
CNAs			1	2	3	4	5		Fewer	Same	More
LPNs			1	2	3	4	5				
Graduate Nurses			1	2	3	4	5				
Case Managers/Discharge Planners			1	2	3	4	5				
In-service Educators			1	2	3	4	5				
MSN-prepared Clinical Nurse Spec.			1	2	3	4	5				
Quality and Infection Control			1	2	3	4	5				
Unit-level Nurse Managers			1	2	3	4	5				
Nurse Administrators			1	2	3	4	5				
Nurse Anesthetists			1	2	3	4	5				
Nurse Midwives			1	2	3	4	5				
Nurse Practitioners (all types)			1	2	3	4	5				
Other:			1	2	3	4	5				
10. What consequences has your facility	experience	ed in the pa	st year	as a re	sult of a	an inad	equate s	supply of nursing	g personnel? Indi	cate "none" if ap	opropriate.

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 2009 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 from the 2007 survey, which are available on our website at http://www.FLCenterForNursing.org. Thanks for your participation!

che	First, tell us about your home health agency's staffing model. Please ck the box beside the statement that best describes your nursing sonnel.	2. Over the past year $(07/01/08 - 06/30/09)$, approximately what percent of your nursing personnel budget was spent on:					
	Mostly permanent, regularly scheduled employees (continue to #2)	a. Outside staffing agencies (both long and short term) %					
	A mix of permanent, scheduled employees and per diem, contract, or other temporary personnel (continue to #2)	b. Overtime for all nursing personnel %					
	Mostly per diem, contract, or agency nurses (skip to #5 on back page)						

3. This section will help us understand your agency's current and future need for nursing personnel. Please report on the **number of employees**. 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 time employees employees		# of vacant being active on June 3	ly recruited	# of separations† between	# of NEW positions you intend to create over the next two years (through June 30, 2011)*	
	on June 30 , 2009	on June 30 , 2009	full-time	part-time	07/01/08 and 06/30/09	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 agency either voluntarily or involuntarily. Do not count those who moved from one position to another within your agency, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

4. Please report the number of budgeted and vacant **full-time equivalent positions** (FTEs) at your agency and evaluate the adequacy of your budgeted FTEs. 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 budgeted FTEs on June 30, 2009*	# of vacant FTEs being actively recruited on June 30, 2009	In your opinion, is actual need greater than, equal to, or less the number of budgeted FTEs ? [Remember, your responses a confidential.]					
a. RNs			☐ Greater	□ Equal	□ Less			
b. LPNs			☐ Greater	□ Equal	□ Less			
c. HHAs/CNAs			☐ Greater	□ Equal	□ Less			

^{*}An employee working full-time as defined by your agency counts as 1.0 FTE, while an employee working half-time counts as 0.5 FTE and an employee working quarter-time counts as 0.25 FTE. (survey continues on back)

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

5. How many per diem, agency, or other temporary nurses did your agency employ as of June 30, 2009 ? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.	6. How many additional per diem, agency, or other temporary nurses would you hire right now if they were qualified and available to work? Enter "0" if none.					
a. RNs	a. RNs					
b. LPNs	b. LPNs					
c. HHAs/CNAs	c. HHAs/CNAs					

7. Please report your experience in **the past year** (07/01/08 - 06/30/09) with recruiting and hiring these types of nursing employees:

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

6. How has the current economic recession affects	a your nurse starting and miring practices? Please indicate	no effect if appropriate.

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

^{9.} 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 2009 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 facilities and report aggregate findings (statewide and regional results) only. We invite you to view our results from the 2007 survey, which are available on our website at http://www.FLCenterForNursing.org. Thanks for your participation!

1. How many per diem, ag employ as of June 30, 20 facility's permanent, regul	09? Include all nurse	s not counted as part	of the	2. Over the past year $(07/01/08 - 06/30/09)$, approximately what percent of your nursing personnel budget was spent on:							
a. Registered Nurses (RNs	s)			a. Outside staffing agencies (both long and short term) %							
b. Licensed Practical Nurs	ses (LPNs)			b. Overtime for all nursing personnel %							
c. Unlicensed direct care a	assistants / nurse aide	es (CNAs)									
3. How has the current eco 4. This section will help u contract/agency nurses, or	s understand your fac	cility's current and fu	uture need fo ts. Enter "0" # of vaca being acti	r nursing person	nel. Please report on	the number of engype. # of NEW posito create over the	nployees. Please do tions you intend he next two years ne 30, 2011)* part-time	- o not include per diem staff,			
a. RNs											
b. LPNs											
c. CNAs											
†Please report the number persons hired but never re *A rough estimate would 5. What consequences has	porting for work. Ple be helpful if exact nu	ease include both full ambers are not known	and part-tim n. This will h	ne permanent em nelp us project er	ployees. nployment growth in	your industry.	-	her within your facility, or te.			

(survey continues on back)

6. Please report the number of budgeted and vacant **full-time equivalent positions** (FTEs) at your facility and evaluate the adequacy of your budgeted FTEs. 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 budgeted FTEs on June 30, 2009 *	# of vacant FTEs being actively recruited on June 30, 2009	In your opinion, is actual need greater than, equal to, or less than the number of budgeted FTEs ? [Remember, your responses are confidential.]					
a. RNs			☐ Greater	□ Equal	□ Less			
b. LPNs			☐ Greater	□ Equal	□ Less			
c. CNAs			☐ Greater	□ Equal	□ Less			

^{*}An employee working full-time as defined by your facility counts as 1.0 FTE, while an employee working half-time counts as 0.5 FTE and an employee working quarter-time counts as 0.25 FTE.

7. Please report your experience in **the past year** (07/01/08 - 06/30/09) with recruiting and hiring these types of nursing employees:

	Did Not Employ skip to column C	Did Not Hire skip to column C	Recruitment Difficulty Very Very Easy to Difficult to Recruit Recruit Please circle the appropriate value.			Average number of weeks it took to fill these positions	Over the next 2 years, will your organization need fewer, more, or about the same number of this type of nursing personnel? Please check the appropriate boxes.				
	_	_							Fewer	Same	More
Nurse Aides / Direct Care Assistants			1	2	3	4	5				
LPNs			1	2	3	4	5				
Inpatient Staff RNs			1	2	3	4	5				
Home Hospice Staff RNs			1	2	3	4	5				
In-service Educators			1	2	3	4	5				
Quality Control Nurses			1	2	3	4	5				
Infection Control Nurses			1	2	3	4	5				
Nurse Administrators			1	2	3	4	5				
Patient Care Managers/Coordinators			1	2	3	4	5				
Project Coordinators			1	2	3	4	5				
Nurse Practitioners			1	2	3	4	5				
Other nurses:			1	2	3	4	5				

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 2009 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 county 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 CHDs and report aggregate findings (statewide and regional results) only. We invite you to view our results from the 2007 survey, which are available on our website at http://www.FLCenterForNursing.org. Thanks for your participation!

1. How many per diem, a employ as of June 30, 20 facility's permanent, regu	09 ? Include all nurse	es not counted as part	t of the		s t year (07/01/08 – 06 rsonnel budget was sp		nately what percent	of
a. Registered Nurses (RN	s)			a. Outside staffi				
b. Licensed Practical Nur	ses (LPNs)			b. Overtime for	all nursing personnel		%	
c. Unlicensed direct care	assistants / nurse aide	es (CNAs)						
3. How has the current ec4. This section will help u							ployees. Please do n	not include per diem staff,
contract/agency nurses, or			ts. Enter "0"	if you have no e		ype.		•
	# of full-time employees on	# of part-time employees on	being act	ant positions ively recruited ne 30, 2009	# of separations† between 07/01/08	# of NEW positions you intend to create over the next two years (through June 30, 2011)*		
	June 30, 2009	June 30, 2009	full-time	part-time	and 06/30/09	full-time	part-time	
a. RNs								
b. LPNs								
c. CNAs								
†Please report the number persons hired but never re *A rough estimate would 5. What consequences has	eporting for work. Ple be helpful if exact no	ease include both full umbers are not know	l and part-tin n. This will	ne permanent em help us project er	ployees. mployment growth in	your industry.	-	·

(survey continues on back)

6. Please report the number of budgeted and vacant **full-time equivalent positions** (FTEs) at your CHD and evaluate the adequacy of your budgeted FTEs. 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 budgeted FTEs on June 30, 2009*	# of vacant FTEs being actively recruited on June 30, 2009	In your opinion, is actual need greater than, equal to, or less than the number of budgeted FTEs ? [Remember, your responses are confidential.]						
a. RNs			☐ Greater	□ Equal	□ Less				
b. LPNs			☐ Greater	□ Equal	□ Less				
c. CNAs			☐ Greater	□ Equal	□ Less				

^{*}An employee working full-time as defined by your CHD counts as 1.0 FTE, while an employee working half-time counts as 0.5 FTE and an employee working quarter-time counts as 0.25 FTE.

7. Please report your experience in **the past year** (07/01/08 - 06/30/09) with recruiting and hiring these types of nursing employees:

	Did	TT*			A			В	Over the	C	ll vour	
	Not	Hire	Recruitment Difficulty					Average number of weeks it took to fill these positions	Over the next 2 years, will your organization need fewer, more, or about			
	skip to column	skip to column C	Very Easy to Recruit Please circle the			Very Difficult to Recruit			the same number of this type of nursing personnel? Please check the appropriate boxes.			
				appre	opriate v	value.			Fewer	Same	More	
CNAs			1	2	3	4	5					
School Nurses			1	2	3	4	5					
Occupational Health Nurses			1	2	3	4	5					
Clinic Staff Nurses			1	2	3	4	5					
Quality Control Nurses			1	2	3	4	5					
Infection Control Nurses			1	2	3	4	5					
In-service Educators			1	2	3	4	5					
Nurse Supervisors			1	2	3	4	5					
Nurse Administrators			1	2	3	4	5					
Epidemiology Nurses			1	2	3	4	5					
Care Coordinator/Case Mgmt. Nurses			1	2	3	4	5					
Community Outreach Nurses			1	2	3	4	5					
Nurse Practitioners and Midwives			1	2	3	4	5					
Other:			1	2	3	4	5					



Florida Center for Nursing's 2009 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 from the 2007 survey, which are available on our website at http://www.FLCenterForNursing.org. Thanks for your participation!

1. How many per diem, agency, or other temporary nurses employ as of June 30, 2009 ? Include all nurses not counter facility's permanent, regularly scheduled employees. Enter	ed as part of the	2. Over the past year $(07/01/08 - 06/30/09)$, approximately what percent of your nursing personnel budget was spent on:					
a. Registered Nurses (RNs)		a. Outside staffing agencies (both long and short term)	%				
b. Licensed Practical Nurses (LPNs)		b. Overtime for all nursing personnel	%				
c. Unlicensed direct care assistants / nurse aides (CNAs)							
3. How has the current economic recession affected your re-	nurse staffing and hi	ring practices? Please indicate "no effect" if appropriate.					

4. This section will help us understand your facility's current and future need for nursing personnel. Please report on the **number of employees**. 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, 2009 # of part-time employees on June 30, 2009	•	# of vacan being active on June	•	# of separations† between 07/01/08	# of NEW positions you intend to create over the next two years (through June 30, 2011)*		
		full-time	part-time	and 06/30/09	full-time	part-time		
a. RNs								
b. LPNs								
c. 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.

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

(survey continues on back)

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

6. Please report the number of budgeted and vacant **full-time equivalent positions** (FTEs) at your facility and evaluate the adequacy of your budgeted FTEs. 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 budgeted FTEs on June 30, 2009 *	# of vacant FTEs being actively recruited on June 30, 2009	In your opinion, is actual need greater than, equal to, or less the number of budgeted FTEs ? [Remember, your responses a confidential.]					
a. RNs			☐ Greater	□ Equal	□ Less			
b. LPNs			☐ Greater	□ Equal	□ Less			
c. CNAs			☐ Greater	□ Equal	□ Less			

^{*}An employee working full-time as defined by your facility counts as 1.0 FTE, while an employee working half-time counts as 0.5 FTE and an employee working quarter-time counts as 0.25 FTE.

7. Please report your experience in **the past year** (07/01/08 - 06/30/09) with recruiting and hiring these types of nursing employees:

7. Frouse report your experience in the p	Did Not Employ skip to column C	Did Not Hire skip to column C	Recruitment Difficulty Very Very Easy to Difficult to Recruit Recruit Please circle the appropriate value.		B Average number of weeks it took to fill these positions	Over the next 2 years, will your organization need fewer, more, or abo the same number of this type of nursin personnel? Please check the appropriate boxes.					
			_				_		Fewer	Same	More
Nurse Aides / Direct Care Assistants			1	2	3	4	5				
LPNs			1	2	3	4	5				
Direct Care/Staff RNs			1	2	3	4	5				
In-service Educators			1	2	3	4	5				
Unit-level Nurse Managers			1	2	3	4	5				
Nurse Administrators			1	2	3	4	5				
Quality / Infection Control			1	2	3	4	5				
Rehabilitation			1	2	3	4	5				
Case Managers / Discharge Planners			1	2	3	4	5				
Minimum Data Set Nurses			1	2	3	4	5				
MSN-prepared Clinical Nurse Spec.			1	2	3	4	5				
Geriatric Nurse Practitioners			1	2	3	4	5				
Family or Adult Nurse Practitioners			1	2	3	4	5				
Other:			1	2	3	4	5				



Florida Center for Nursing's 2009 Statewide Nurse Employer Survey: Psychiatric 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 psychiatric 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, available in early 2010 at http://www.FL.CenterForNursing.org. Thanks for your participation!

1. How many per diem, agency, or other temporary nurses did yo employ as of June 30, 2009? Include all nurses not counted as pa facility's permanent, regularly scheduled employees. Enter "0" if	art of the	past year (07/1/08 –	actively recruited RNs from a foreign country in the 6/30/09)? Yes No now many have been hired and from what countries:
a. RNs (Direct Care)*		#	Country:
b. RNs (Indirect Care)*		#	Country:
c. Advanced Registered Nurse Practitioners (ARNPs)†		#	Country:
d. Licensed Practical Nurses (LPNs)			
e. Psych / nurse aides (CNAs)			

3. This section will help us understand your facility's current and future need for nursing personnel. Please report on the **number of employees**. 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	# of part-time employees on	being active	t positions ely recruited 30, 2009	# of separations† between 07/01/08	# of NEW positions you intend to create over the next two years (through June 30, 2011)*		
	June 30, 2009	June 30, 2009	full-time	part-time	and 06/30/09	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.

(survey continues on back)

^{*}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, and Clinical Nurse Specialists in this count.

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

	r of budgeted and vacant full - nurses, or other temporary po					s. Please do not include per
	# of budgeted FTEs on June 30, 2009*	# of vacant FTEs being actively recruited on June 30, 2009	In your opinion, is actual the number of budgeted confidential.]			
a. RNs (Direct Care)			☐ Greater	□ Equal	□ Less	
b. RNs (Indirect Care)			☐ Greater	□ Equal	□ Less	
c. ARNPs			☐ Greater	□ Equal	□ Less	
d. LPNs			☐ Greater	□ Equal	□ Less	
e. CNAs			☐ Greater	□ Equal	□ Less	
*An employee working ful as 0.25 FTE.	ll-time as defined by your faci	lity counts as 1.0 FTE, while	an employee working half	-time counts as 0.5 F	TE and an employee w	vorking quarter-time counts
	proximately what percent of y		t was spent on:			
	s (both long and short term)	%				
b. Overtime for all nursing	personnel	%				
6. How has the current eco	nomic recession affected your	r nurse staffing and hiring pra	actices? Please indicate "no	effect" if appropriat	te.	
7. Does your facility need	nurses with specialized skills	, experience, or educational p	preparation that are not curr	ently available?	□ Yes □ No	
If yes, please describe your	r needs:					-
				·		_

8. Please report your experience in **the past year** (07/01/08 – 06/30/09) with recruiting and hiring these types of nursing employees:

	Did Not Employ skip to column C	Did Not Hire skip to column C	Recruitment Difficulty Very Very Easy to Difficult to Recruit Recruit Please circle the appropriate value.			Average number of weeks it took to fill these positions	Over the next 2 years, will your organization need fewer, more, or about the same number of this type of nursing personnel? Please check the appropriate boxes.				
Psych Aides/CNAs			1	2	3	4	5		Fewer	Same	More
LPNs			1	2	3	4	5				
Direct Care/Staff RNs for:											
Psych / Mental Health Care			1	2	3	4	5				
Rehabilitation			1	2	3	4	5				
Other:			1	2	3	4	5				
Case Managers / Discharge Planners			1	2	3	4	5				
In-service Educators			1	2	3	4	5				
Quality and Infection Control			1	2	3	4	5				
Unit-level Nurse Managers			1	2	3	4	5				
Nurse Administrators			1	2	3	4	5				
MSN-prepared Clinical Nurse Spec.			1	2	3	4	5				
Psych Nurse Practitioners			1	2	3	4	5				
Family/Adult Nurse Practitioners			1	2	3	4	5				
Other:			1	2	3	4	5				
Other:			1	2	3	4	5				

10. 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.