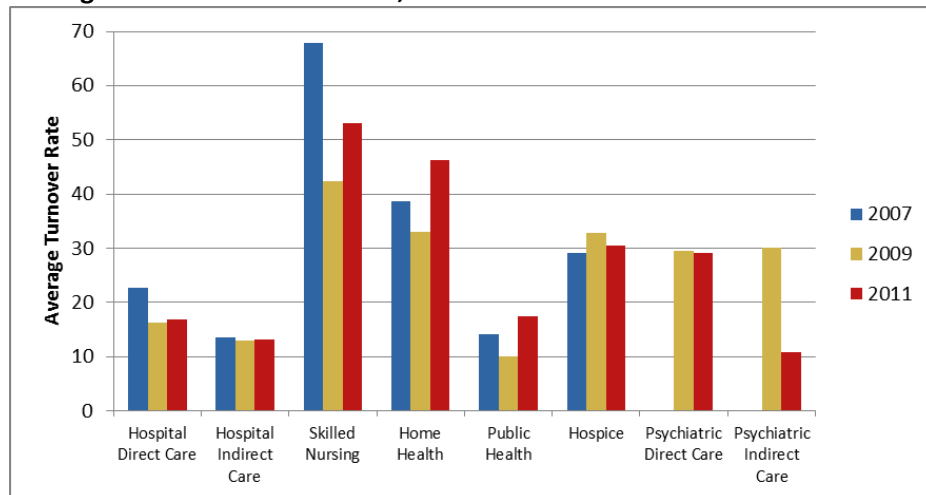


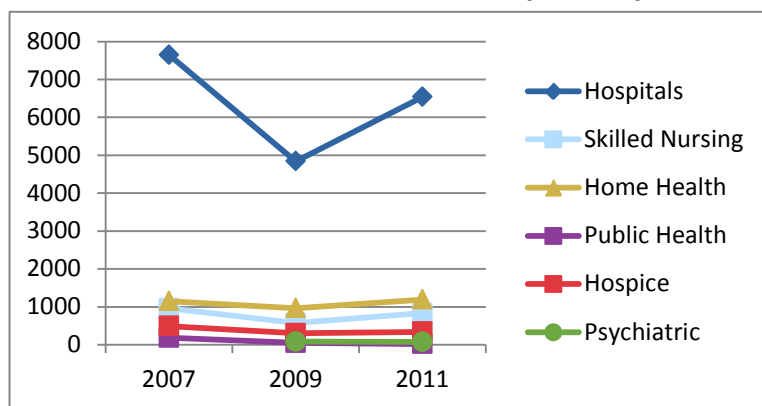
The information below represents the **key findings** on demand for nurses in Florida. State level data for each licensure category by industry is provided within the report. Information by geographic region of the state and for each industry group is available at www.FLCenterForNursing.org. Trend analysis is provided for 2007, 2009, and 2011 when available.

Average Turnover Rates for RNs, 2007 to 2011



- The pattern of decreasing **turnover** of RNs in 2009, most likely in response to the recession, has leveled off or reversed in 2011.
- The number of **separations** reported by the respondents in 2011 was highest for RNs at 8,660. CNA separations of 4,788 were next greatest with ARNPs (132) and LPNs (1,807) completing a total number very similar to that reported in 2009.
- Consistent with slowed hiring during the recession, the number of RN **vacancies** decreased from 2007 to 2009. As the economy recovers and the aging population requires more health care, vacancies in 2011 are increasing with greater demand.
- Even with isolated reports of newly graduated nurses unable to find employment, there were an estimated statewide **8,994 vacant RN positions**.
- Respondents were asked to project how many new positions would be created due to **growth** in 2012 resulting in an estimate of an additional **6,746 RN positions**.
- The combined impact of current vacancies and projected growth demonstrates a **need for 15,740 RNs** currently not available.
- **Difficult to fill** positions are those requiring RNs with experience and/or advanced education.

Estimated Trends in RN Vacant Positions by Industry, 2007 to 2011



Vacant Positions (2011) and Projected Growth (2012) for RNs by Industry

	RN Vacancies (2011)	RN Growth (2012)	Combined
Hospitals	6,539	2,675	9,214
Skilled Nursing Facilities	832	435	1,267
Home Health	1,194	3,196	4,390
Public Health	17	31	48
Hospice	340	331	671
Psychiatric Hospital	73	77	150
Total (all groups)	8,994	6,746	15,740

Recommendations

1. Support the Center's biennial nurse employer survey through funding and participation.
2. Increase activities to improve retention of all nurses with emphasis on Florida's existing nurse workforce.
3. Continue to enhance production of new nurses while developing models of incumbent worker education and training to meet the diverse hiring needs of Florida's health industry.

Demand for Nurses in Florida – The 2011 Survey of Florida’s Nurse Employers

Introduction

Since 2007, the Florida Center for Nursing (Center) has been analyzing and reporting Florida’s demand for nurses. Every two years, the Center surveys six industries which employ approximately 75 percent of the licensed practical nurses (LPN) and registered nurses (RN) in Florida (hospitals, psychiatric hospitals, hospices, public health departments, home health agencies, skilled nursing facilities). The survey gathers information about the number of employees, vacancies, separations, and anticipated new positions. The Center uses the data to calculate estimates of statewide nurse employment information such as vacancies and demand for nurses – information that is critical for strategic decision making in health workforce planning, policy development, and budgetary allocations. The purpose of this report is to present detailed employer demand data for RNs, LPNs, advanced registered nurse practitioners (ARNPs), and Certified Nursing Assistants (CNAs), including Home Health Aides (HHAs), in the state of Florida.

The US and Florida have been in recession since 2007, and Florida’s unemployment rate has consistently been higher than the national unemployment rate since January 2008. However, employment in Florida’s healthcare sector has remained a shining point in these tough economic times. Indeed, from November 2010 to November 2011, employment increased in the sectors of ambulatory health care services (3.6% increase), hospitals (3.6% increase), and nursing and residential care facilities (1.3% increase).¹ Although specific professions, such as nursing, are not tracked in these data, these healthcare sectors all employ nurses, and nurses are the largest segment of the health workforce.

Interestingly, RN employment has increased during the recession. This uptick in nurse employment is being driven by several factors: nurses who are delaying retirement, nurses who had previously left the workforce returning to work, and part-time nurses who are working more hours.² The number of full-time equivalent (FTE) RNs employed in hospitals has increased every year since the recession began in 2007 (with the exception of 2009).³ Nationally, in 2009 and 2010, RNs over age 50 comprised approximately 30% of the hospital workforce.³ These older nurses will eventually leave the workforce and need to be replaced. However, this may remain a slow workforce transformation until the economy improves and the overall unemployment rate declines.

The Center’s forecast of the future need for RNs predicted a shortage of over 11,000 RN FTEs in 2015 and over 50,000 RN FTEs in 2025.⁴ We anticipate the nursing shortage will re-emerge as the recession eases, due to older nurses retiring or reducing their working hours, health care reform implementation resulting in greater access to care for more people, and the continued aging of Florida’s population requiring an ever increasing demand for nurses. Timely evaluation of the state’s demand for nurses among various employment settings is critical to planning nursing education programs and forecasting long-term nurse employment trends.

In order to evaluate demand for nurse employment, the Center surveyed six nurse employment settings in the summer of 2011: **hospitals, psychiatric hospitals, home health agencies, skilled nursing facilities (also known as nursing homes or long-term care facilities), public health departments and hospices.** Industry-specific surveys were mailed to each of the hospitals, psychiatric hospitals, public health departments, and hospices in Florida. Surveys were sent to a random sample of half of the state’s home health agencies and skilled nursing facilities. The questionnaires and further methodological details are presented in the Appendices. Psychiatric hospitals were first surveyed in 2009; therefore trend data for these facilities is available only for 2009 and 2011.

Response Rates and Representativeness

A total of 1,463 surveys were distributed to the six different industry groups, 483 were returned for an overall response rate of 33.1 percent. The response rate was highest among public health departments (68.7%), and lowest among skilled nursing facilities (34.2%) and home health agencies (21.7%) (Table 1). In five cases, a multi-hospital system consolidated results from several hospitals into one survey response.

Table 1. Statewide Response Rates by Industry Group and Overall

Industry Group	# Surveys Distributed	# Surveys Returned	Response Rate
Hospitals	267	123	46.1%
Home Health	705	153	21.7%
Skilled Nursing	339	116	34.2%
Public Health	67	46	68.7%
Hospice	43	28	65.1%
Psychiatric Hospital	40	17	42.5%
Totals	1,461	483	33.1%

For industry groups with a low response rate, we considered the representativeness of the responses within the industry group (through number of beds or patients served) to estimate whether we had good coverage response. The hospitals that responded to our survey represented 57.2 percent of the approximately 63,000 hospital beds in the state of Florida. We had greater representation from the larger hospitals (57 percent of hospitals with over 270 beds responded) and medium sized hospitals (51 percent of hospitals with 120-270 beds responded) compared to smaller hospitals (36 percent of hospitals with fewer than 120 beds responded). The skilled nursing facilities that responded encompassed 32.1 percent of skilled nursing beds in Florida. The hospices that responded covered 74.5 percent of hospice patients served. It was determined that the survey respondents do represent their respective industries in Florida.

Results

Skill Mix and Staff Size

The employers we surveyed employed 82,214 nurses of all license categories and 25,003 CNAs, including home health aides. The nursing employment skill mix varies by industry (Table 2). Approximately 81 percent of the nurses employed by hospitals are RNs, whereas 61 percent of the nurses employed by skilled nursing facilities are CNAs. Public health departments and hospices also employ a larger percentage of RNs in their staff mix (47% hospice, 59% public health). Per diem and temporary personnel are included in the total number of employees in Table 2. However, per diem personnel could not be accounted for in the separations, vacancies, or expected number of new positions through 2012.

Table 2. Number of Nurses and Certified Nursing Assistants Employed by Industry Respondents

	RNs	ARNPs	LPNs	CNAs
Hospitals	61,701	845	2,802	11,169
Skilled Nursing Facilities	1,898	13	3,081	7,896
Home Health	1,663	14	905	1,725
Public Health	1,016	152	298	263
Hospice	4,650	83	2,202	3,020
Psychiatric Hospital	689	16	186	930
Total	71,617	1,123	9,474	25,003

Most of the responding facilities reported using temporary or per diem staff (89% of hospitals, 93% of hospices, 73% of home health agencies). These facilities varied in the percentage of their employees that were temporary or per diem, and in their percentage of part-time employees. For example, hospitals reported that 8.8 percent of their employees were temporary or per diem, and 9.2 percent of their employees were part-time. However, home health agencies reported that almost 55 percent of their staff is temporary or per diem and 21.7 percent were part-time. Public health departments reported that about 3 percent of their nursing staff is temporary or per diem.

Table 3. Distribution of Temporary and Part-time Employees Among Responding Facilities

	% of Temporary or Per diem Employees	% of Part-time Employees
Hospitals	8.8%	9.2%
Skilled Nursing Facilities	8.6%	13.9%
Home Health	54.7%	21.7%
Public Health	2.9%	12.3%
Hospice	21.7%	11.0%
Psychiatric Hospital	31.6%	7.4%

Separations and Turnover Rates

Turnover can result from intrinsic and extrinsic employment factors; for example, employers downsizing staff for economic reasons or employees leaving for retirements, new professional opportunities, leaving a job they may not enjoy, temporarily leaving the workforce to care for young children or other family members, and moving out of state for a spouse's job, as well as many other personal and professional reasons. Some workforce mobility is normal and expected, while other mobility can perhaps be predicted and prevented.

Separations

The Center's survey asked employers to report the number of separations between July 2010 and June 2011, but did not ask about the reasons for separations. In total, the survey respondents reported

almost 10,600 separations from licensed nurses (RNs, ARNPs, and LPNs combined), and almost 4,800 separations from CNAs from July 1, 2010 to June 30, 2011 (Table 4). Although the separations data are specific to 2011, it is interesting to note that the number of separations reported by respondents in the Center's 2009 survey was almost the same as in 2011.⁵ The number of reported separations was highest in hospitals, followed by skilled nursing facilities and hospices. Fifty-six percent of all separations were RNs, whereas RNs represented sixty-seven percent of the reported number of nurses. CNAs and LPNs were over-represented among the separations (relative to their representative personnel numbers from Table 2).

Table 4. Separations Reported by Respondents, 07/01/2010-06/30/2011

	RNs	ARNPs	LPNs	CNAs	Total (all personnel)
Hospitals	6,716	82	369	1,653	8,820
Skilled Nursing Facilities	477	8	901	2,373	3,759
Home Health	268		71	153	492
Public Health	177	28	90	46	341
Hospice	911	10	349	412	1,682
Psychiatric Hospital	111	4	27	151	293
Total (all groups)	8,660	132	1,807	4,788	15,387

Notes: 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.

Turnover Rates

Table 5 presents turnover rates by industry group and personnel type. Turnover rates were computed using information on separations between July 1, 2010 and June 30, 2011 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2011. Industry turnover rates can be heavily skewed by individual facilities with very high (or very low) turnover rates. For this reason, both average and median industry rates are presented in Table 5. The median turnover rate describes a rate at which half of facilities fall below the rate and half fall above the rate, which removes the influence of outliers.

Table 5. Average and Median Turnover Rates Reported by Respondents, by Industry Group and Personnel Type

	RNs		ARNPs		LPNs		CNAs	
	Average	Median	Average	Median	Average	Median	Average	Median
Hospitals								
- Direct Care	16.8	14.8	25.2	7.1	16.6	13.4	19.5	18.0
- Indirect Care	13.2	8.7						
Skilled Nursing	53.0	44.4			39.7	31.6	36.5	32.1
Home Health	46.2	24.3			27.5	0.0	45.0	0.0
Public Health	17.4	15.6	19.9	0.0	20.2	0.0	16.3	0.0
Hospice	30.5	26.1	15.8	0.0	42.5	28.6	23.2	20.0
Psychiatric Hospital								
- Direct Care	29.1	25.0			17.4	5.9	31.5	32.8
- Indirect Care	10.8	4.2						

Notes: A zero percent median indicates that at least half of facilities had a zero percent turnover rate. The much higher average rates indicate the presence of outliers that skew the average higher.

The highest turnover rates are among skilled nursing facilities and home health agencies, and these high turnover rates have remained consistent since the 2007 survey. Among skilled nursing facilities, RNs have the highest turnover rates. RNs and CNAs/home health aides have the highest turnover rates within home health agencies. Hospices also have consistently high RN and LPN turnover rates. Turnover rates are lowest in hospitals and public health departments.

Figure 1. Average Turnover Rate for RNs, 2007 to 2011

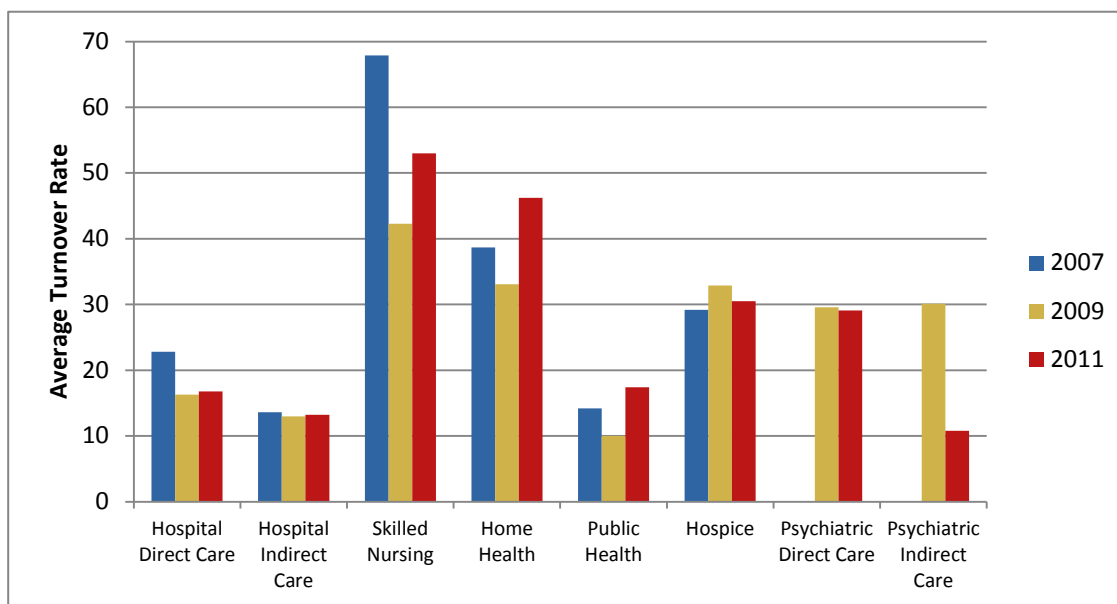


Figure 1 above shows the trend in average turnover rates for RNs from 2007-2011. The same pattern of turnover rates decreasing from 2007 to 2009 with the recession, and increasing in 2011 as the economy slowly improves is seen in skilled nursing, home health and public health settings. The hospital RN

turnover rate decreased from 2007 to 2009, but remains about the same from 2009 to 2011. Turnover rates among hospices and psychiatric hospitals have decreased slightly from 2009 to 2011.

Figure 2 shows that the average turnover rates for LPNs have a similar trend as the RN turnover rates. Turnover in skilled nursing, home health, and public health settings decreased from 2007 to 2009, but increased from 2009 to 2011. The average LPN turnover in hospitals has decreased since 2007. The LPN turnover rate in hospices has increased since 2007.

Figure 2. Average Turnover Rate for LPNs, 2007 to 2011

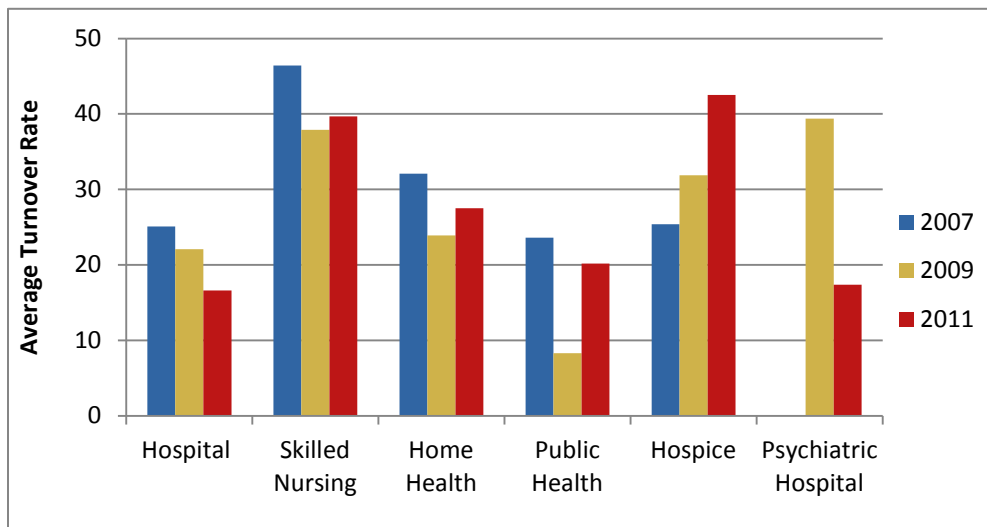
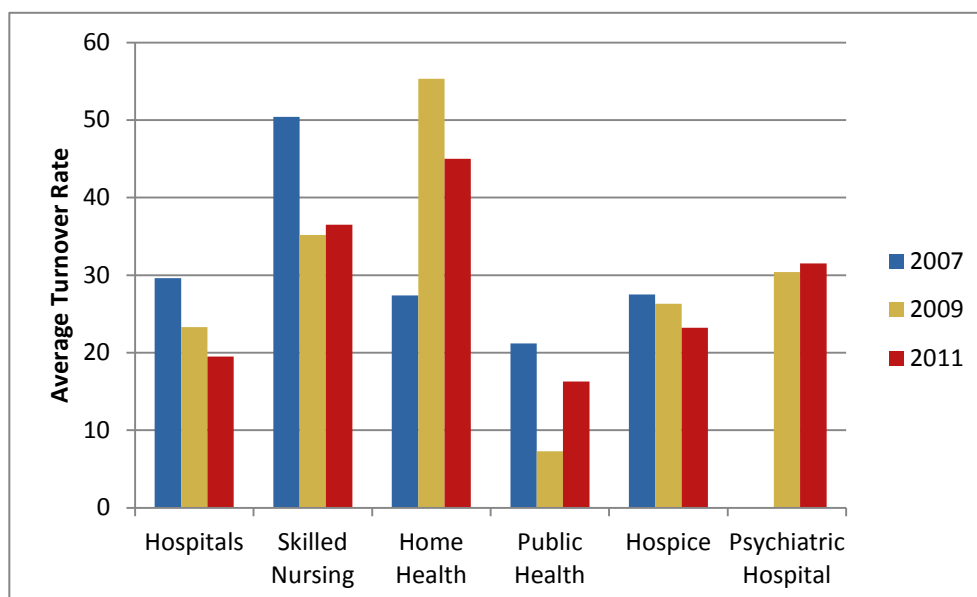


Figure 3 shows that the average turnover rates for CNAs have decreased since 2007 in hospitals (similar to LPNs), and hospices. The average CNA turnover rate in home health agencies increased from 2007 to 2009, but decreased from 2009 to 2011. The turnover rate in skilled nursing facilities and psychiatric hospitals has increased slightly from 2009 to 2011.

Figure 3. Average Turnover Rate for CNAs, 2007 to 2011



Vacancies and Vacancy Rates

Using employer survey responses, we estimated the total statewide vacancies in each industry and personnel type as of June 30, 2011 (see the Appendix for more details of the analysis). The estimated number of vacancies can be used to understand how many individual nurses are currently demanded by the state's nurse employers. Table 6 shows the estimated statewide number of vacancies among each industry surveyed. These vacancy estimates likely underestimate the true number of nursing positions in the state because not all industries that employ nurses were surveyed (such as ambulatory care and physicians' offices). Furthermore, as stated previously, these estimates do not include temporary or per diem employees. As many home health agencies employ temporary and/or per diem workers, vacancy estimates for home health may be understated.

Statewide Number of Vacant Positions

We estimate that statewide, the 6 industries in our study had almost 9,000 vacant RN positions, 1,500 vacant LPN positions, and 3,200 vacant CNA positions as of June 30, 2011. Most of the RN vacancies were in hospitals, the LPN vacancies were mainly in skilled nursing and home health and the CNA vacancies were mainly in skilled nursing, hospitals, and home health.

Table 6. Estimated Statewide Number of Vacant Nursing Positions as of June 30, 2011

	RN Vacancies	LPN Vacancies	CNA Vacancies
Hospitals	6,539	143	914
Skilled Nursing Facilities	832	712	1,477
Home Health	1,194	587	604
Public Health	17	12	14
Hospice	340	100	129
Psychiatric Hospital	73	10	64
Total (all groups)	8,994	1,564	3,201

Figure 4 shows the trend of estimated vacant positions for RNs in Florida since 2007. The number of RN vacancies decreased in every industry group from 2007 to 2009, consistent with slowed hiring during the recession. From 2009 to 2011, the number of RN vacancies increased in the hospital, skilled nursing, and home health settings. The vacancy increase since 2009 could be attributed to several factors, including the official end of the recession in 2009, needs of new hospitals and home health agencies, evidence of increasing staff turnover in some industries, and Florida's aging population needing more health care.

Figure 4. Trends of RN Estimated Vacant Positions by Industry, 2007 to 2011

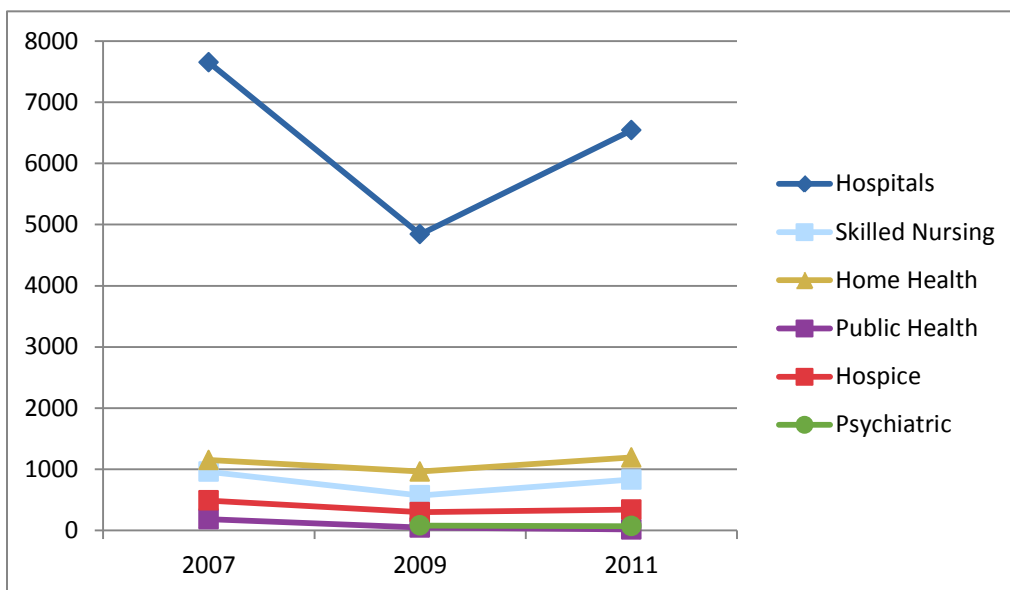


Figure 5 shows the trend of estimated vacant positions for LPNs in Florida since 2007. The number of LPN vacancies in every industry decreased from 2007 to 2009. From 2009 to 2011, the number of LPN vacancies increased in home health and hospice settings.

Figure 5. Trends of LPN Estimated Vacant Positions by Industry, 2007 to 2011

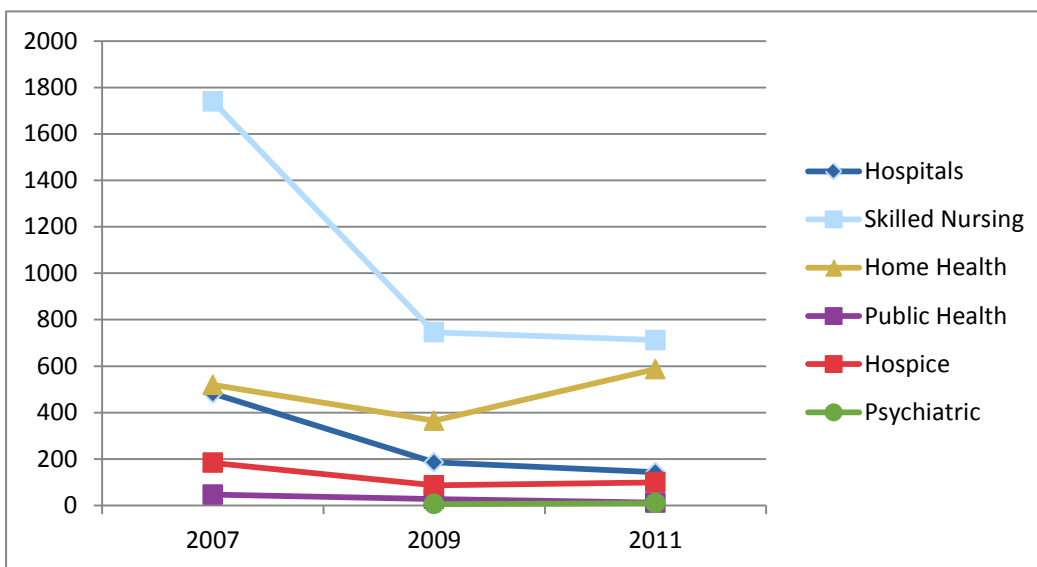
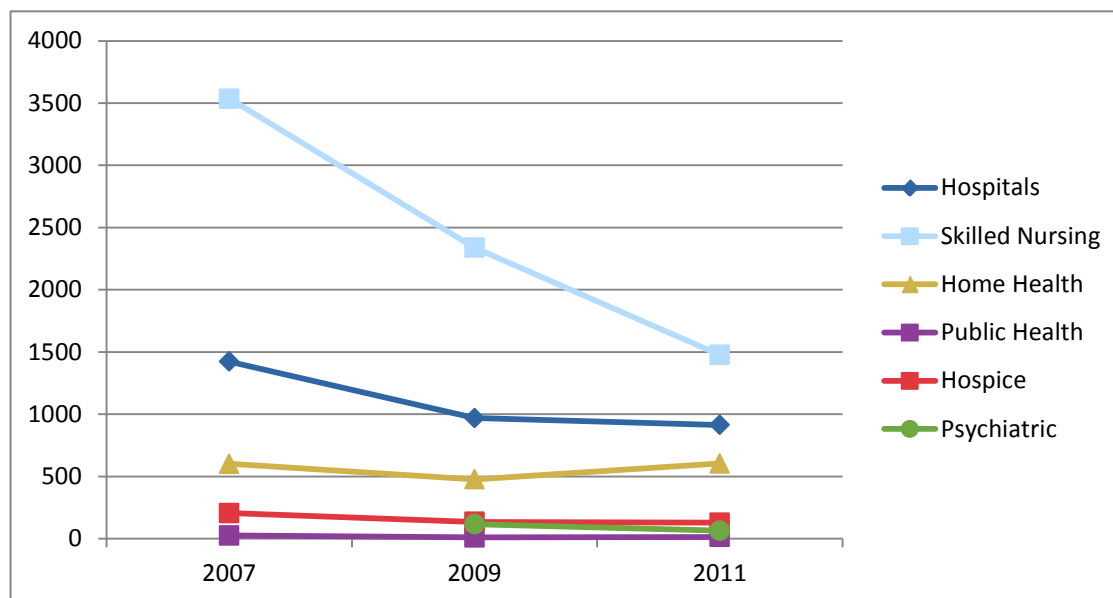


Figure 6 shows that the estimated number of vacant CNA positions has decreased since 2007 in every industry surveyed, except for a slight increase in home health agencies from 2009 to 2011.

Figure 6. Trends of CNA Estimated Vacant Positions by Industry, 2007 to 2011

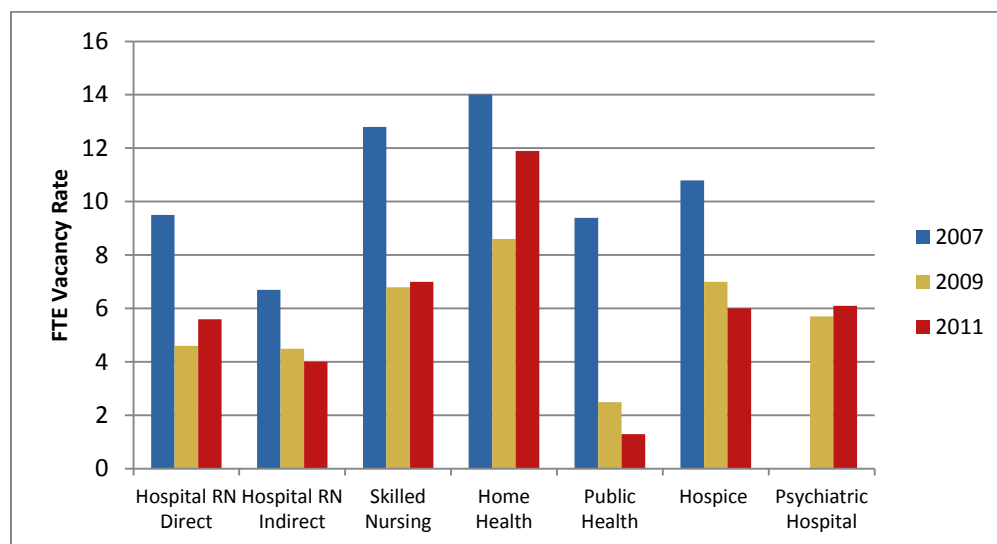


Vacancy Rates

Full-time equivalent (FTE) position vacancy rates were computed from the reported number of vacancies, and represent the proportion of all budgeted FTE positions, by industry group and personnel type, that were vacant as of June 30, 2011.

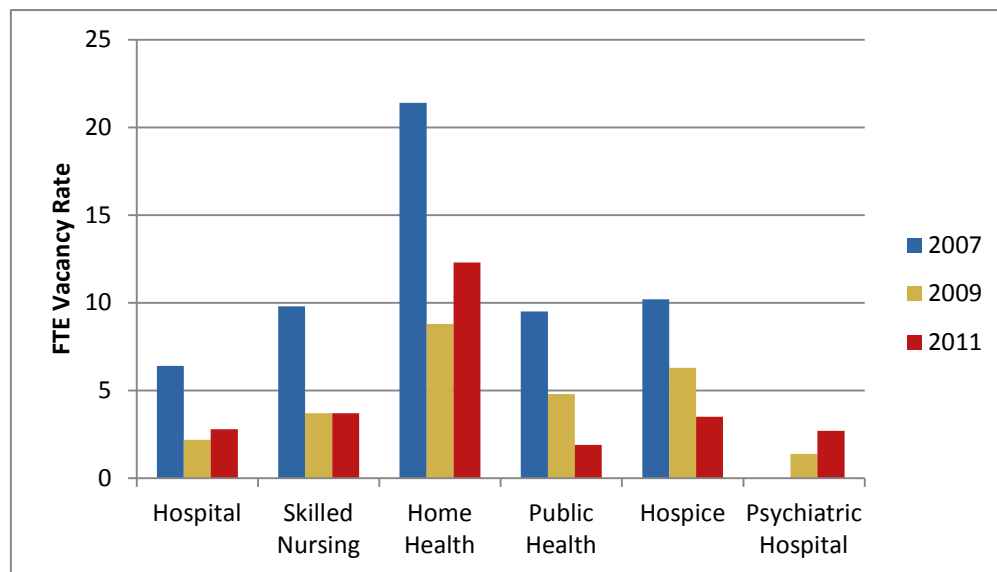
In 2011, vacancy rates for all types of nurses and in all industries remain below the 2007 vacancy levels. However, in certain settings the vacancy rates have increased from 2009 to 2011. RN FTE vacancy rates in hospitals for direct-care RNs, skilled nursing, home health agencies and psychiatric hospitals have nudged upward from 2009 to 2011 (Figure 7). RN FTE vacancy rates in public health and hospice settings have continued to decline.

Figure 7. Changes in RN Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2011



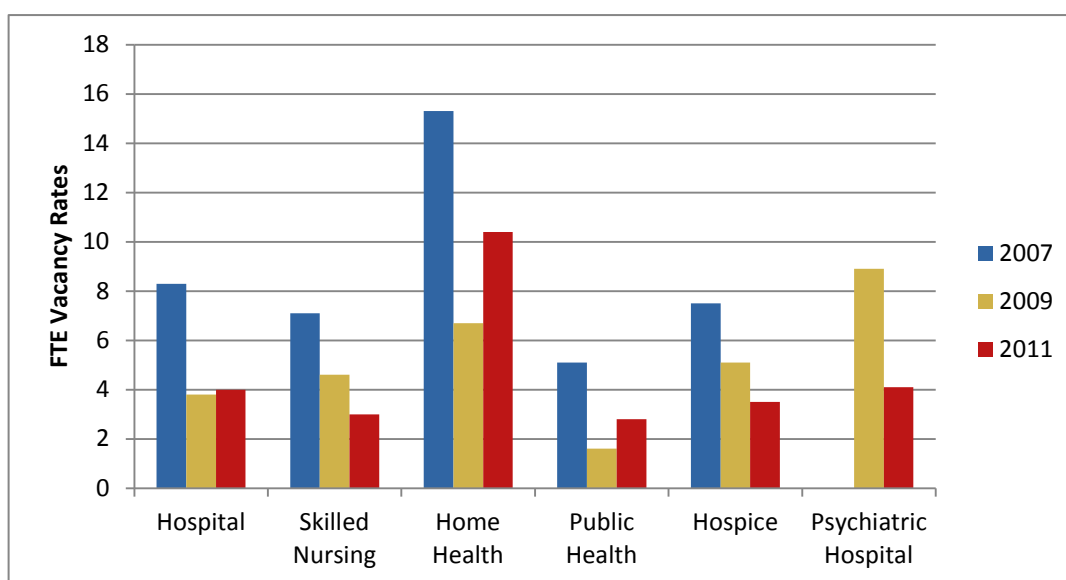
From 2009 to 2011, vacancy rates for LPNs have been increasing in home health agencies, hospitals, and psychiatric hospitals (Figure 8).

Figure 8. Changes in LPN Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2011



The CNA FTE vacancy rates (Figure 9) show a very similar pattern to the LPNs. From 2009 to 2011, CNA vacancy rates have increased in home health agencies, and public health departments. Although the CNA FTE vacancy rate in public health has increased since 2009, very few vacancies were reported in this industry sector. CNA vacancy rates have remained steady in hospitals.

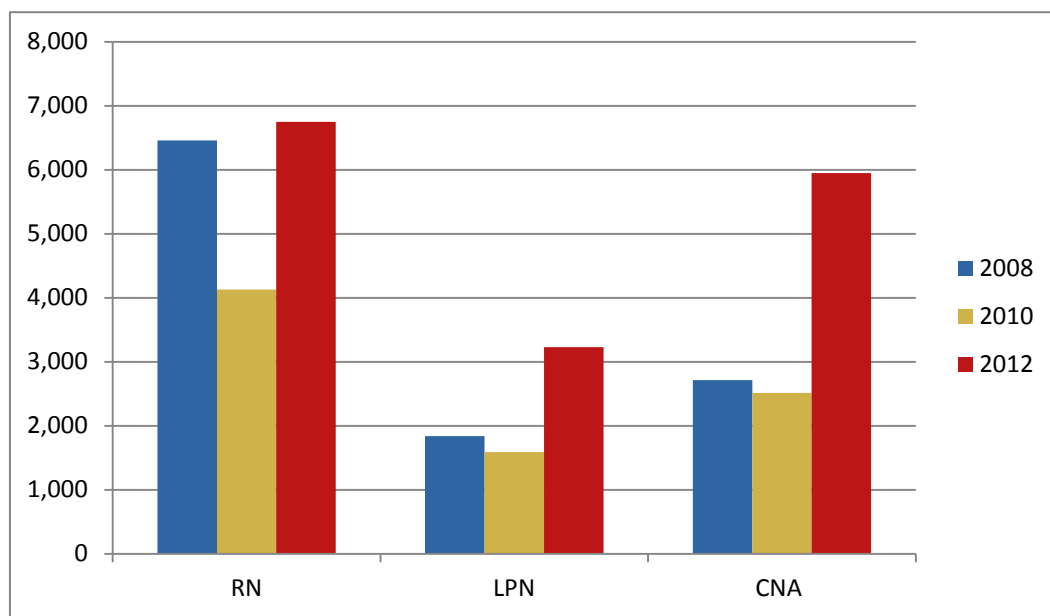
Figure 9. Changes in CNA Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2011



Projected One-Year Growth in Budgeted Positions

In order to consider increases in future need, we asked survey respondents to estimate the total number of new positions they intend to create through June 2012. Though 80% of respondents answered this question, it was difficult for the survey responders to answer because of the uncertainty in the state and national economy and potential changes in Medicare and Medicaid reimbursement guidelines. We assumed that non-respondents would have similar projected growth patterns as did the respondents, and used the respondents' answers to estimate growth in new nursing positions throughout Florida for 2012. We estimated about 6,700 new RN positions will be created statewide in 2012 within the six surveyed industries, and the majority of these will be in hospitals and home health (Figure 10 and Table 7). About 3,200 new LPN positions and almost 6,000 new CNA positions are estimated to be created in 2012. Among all types of nurses, the estimated statewide number of new nursing positions in 2012 is higher than the new positions our previous report estimated were created in 2010.⁵ Among CNAs, we estimate the number of new positions to be created in 2012 will nearly double that of the positions estimated in 2010.

Figure 10. Trend of Statewide Estimated Growth in New Nursing Positions, 2008-2012



When looking at growth by industry, the estimates indicate that home health agencies will create the largest number of new nursing positions in 2012, and this holds true for all types of nursing personnel - RNs, LPNs, and CNAs. This is not surprising as the number of Medicare and/or Medicaid certified home health agencies in Florida has grown by 65 percent in the past two years. Furthermore, Florida's aging population will continue to need more health care. The percentage of Florida's population age 65 years and older is currently 17.3%⁶, compared to 13% in the US population overall.⁷ Growth in RN and CNA positions is also estimated to be strong in hospitals. Although the number of RNs estimated to be needed in hospitals and home health is similar, the percentage growth in RNs positions in home health is 25 percent compared to 2.6 percent in hospitals. LPN positions in home health agencies are expected to grow approximately 38 percent. Percentage growth is calculated as the estimated one-year growth in positions divided by the number of nurses estimated to be working in that setting.^{8,9}

Table 7. One-year Statewide Estimated Growth in new Nursing Positions (through 2012)

	RN Growth	LPN Growth	CNA Growth
Hospitals	2,675	60	1,183
Skilled Nursing Facilities	435	219	379
Home Health	3,196	2,768	4,064
Public Health	31	8	12
Hospice	331	166	246
Psychiatric Hospital	77	7	63
Total (all groups)	6,746	3,228	5,947

Positions in High Demand

In response to questions on difficult to fill nursing positions, it was evident that high demand positions varied by industry. Critical Care nurse and unit manager positions were difficult to fill in hospitals. Minimum data set nurses and rehabilitation RNs were difficult positions to fill in skilled nursing settings. In public health departments, nurse practitioner and nurse supervisor were difficult positions to fill.

Table 8. Most Difficult Specialty Positions to Fill, by Industry

Rank	Hospitals	Skilled Nursing	Home Health	Public Health	Hospice
1st	Adult Critical Care	Minimum Data Set Nurses	Case Manager	Nurse Practitioners	Home Hospice Staff RNs
2nd	Unit Managers	Rehabilitation RNs	Administrators	Nurse Supervisors	Nurse Practitioners
3rd	Cardiac Cath Lab	Administrators	QI Nurses	QI/IC RNs	Patient Care Coordinators
4th	OR	QI Nurses	NPs (all types)	Case Managers	Quality Control

Employment Characteristics

The Center's survey also inquired about nurse residency programs and hiring of new graduate RNs. Recognizing that there may be a wide variation of lengths and styles of nurse residency programs, we were interested in the percentage of employers offering these programs to their new hires. The implementation of such programs is known to improve retention, thus decreasing turnover of nurses, as well as improve the quality of care delivery and patient outcomes. We also wanted to know how many facilities hired new graduate RNs. Nearly ninety percent of responding hospitals reported hiring new graduates, as did 65 percent of skilled nursing facilities and almost 50 percent of psychiatric hospitals and public health departments. Thirty percent of hospitals had a nurse residency program, but these programs were not common in the other employment settings.

Table 9. Other Characteristics of Responding Nurse Employers

	Hire New Graduates	Have Nurse Residency Program
Hospitals	89%	29%
Skilled Nursing Facilities	65%	3%
Home Health	25%	1%
Public Health	49%	9%
Hospice	4%	15%
Psychiatric Hospital	47%	18%

The survey asked employers the maximum number of hours per week considered to be part-time. Generally, a maximum of 30 hours per week was considered part-time employment. The responses ranged from 26.3 hours per week in home health, to 31 hours per week in public health.

Discussion

While the state and national economy is slowly improving, the healthcare sector has remained a strong employment area throughout the recession. Economic factors will have an undetermined impact on the future employment of healthcare personnel in Florida. The Patient Protection and Affordable Care Act (PPACA) will improve access to healthcare, and these newly insured people will need healthcare providers. The state's Medicare and Medicaid reimbursement rates are subject to change, which factors into employers' reluctance to hire and difficulty with projecting future employment.

The Center's 2011 survey demonstrated that nurse employee turnover among all surveyed industries remains high. Though rates had dropped from 2007 to 2009, turnover is increasing in some industries. The estimated number of vacant nursing positions has increased since our 2009 survey, notably in hospitals for RNs and home health for LPNs and CNAs. Likewise, vacancy rates have nudged upward since our last survey in 2009, but are still below our baseline 2007 levels.

On a positive note, the estimated number of new nursing positions in Florida is expected to grow in 2012 among RNs, LPNs, and CNAs. We believe this reflects not only the improving economy, but several factors that may be unique to Florida. Several new hospitals have been built or are currently being built, and these hospitals will need to employ nurses. The number of Medicare and/or Medicaid certified home health agencies has increased by 65 percent in the past two years, and these businesses employ nurses at all levels of licensure and CNAs/home health aides. The increase in home health agency positions also relates to the projected increase in the aging population of Florida, many of whom will need more care, and the continuing trend toward home care as an alternative to more costly inpatient treatment. It is important to note that several employers were unable to predict their need for future nurse employment, thus the Center's estimates should be interpreted cautiously and may, in fact, be low.

When planning for a future supply of nurses to meet the industry demand, it is prudent to consider current vacancies, projected growth, and difficult to fill positions. Table 10 provides information on the combined number of vacant and projected RN positions. The Center's findings illustrate a growing need for nurses as measured by this combination of positions from the 2009 survey to today: 10,935 (2009

survey) compared to 15,740 (2011 survey).⁵ During academic year 2009-10, Florida produced a combined total of 10,890 associate and baccalaureate graduates¹⁰, not enough to fill the anticipated need. A further consistent finding in this report and prior surveys is the fact that employers report their most difficult to fill positions require applicants with experience and/or advanced education. As such, it is critical to continue to support education opportunities, both in the form of incumbent worker training and graduate education for current nurses to be a pipeline into the difficult to fill positions, and for new graduate nurses to move into the positions vacated as experienced nurses move on to new opportunities.

Table 10. Combined Vacancies (as of June 30, 2011) and Projected Growth (through 2012) for Registered Nurses by Industry

	RN Vacancies (2011)	RN Growth (2012)	Combined
Hospitals	6,539	2,675	9,214
Skilled Nursing Facilities	832	435	1,267
Home Health	1,194	3,196	4,390
Public Health	17	31	48
Hospice	340	331	671
Psychiatric Hospital	73	77	150
Total (all groups)	8,994	6,746	15,740

Collaboration with survey partners helped to improve the response rate. Our partnerships with Florida Hospices and Palliative Care, Florida Association Directors of Nursing Administration/LTC, Home Care Association of Florida, Florida Organization of Nurse Executives, Florida Association of Public Health Nurses, and the Nursing Section of the Florida Public Health Association were strategic to the success of the survey. Increased responses from Florida nurse employers provide more complete data and robust estimates of vacancies and growth. The Center appreciates the partnerships forged through this survey process, and the nurse employers who took the time to respond to the survey. This nurse demand data will be used to produce industry-specific reports and to update forecasts of Florida's nurse demand and supply.

Recommendations

Three key areas of need are identified from the results of analysis of the 2011 nurse employer survey:

1. *Support the Florida Center for Nursing's biennial nurse employer survey through funding and participation.*

The information reported from the analysis of the survey results is critical for strategic health workforce planning, policy development, and funding decisions. Being a state entity, the Center gives an unbiased perspective. By conducting the study biennially, the Center provides trend analyses which allow stakeholders to gauge the effect of economic recovery, implementation of the Patient Protection and Affordable Care Act, and changes in Medicare and Medicaid reimbursement rates. The shared goal is to address nurse workforce issues for the health of all Floridians.

2. Increase activities to improve retention of all nurses with emphasis on Florida's existing nurse workforce.

The number of separations compared to that reported in 2009 is essentially unchanged. The rate of turnover for nurses has either stayed the same or increased in the past two years. While it may be positive for future employees that vacancies are increasing, all of these indicators do not demonstrate success at retaining nurses. As the economy recovers, the population ages, and the PPACA is implemented, there will be an increasing demand for nurses in Florida. Survey respondents reported difficulty filling nursing positions that require experience and/or advanced education. Employers must improve the work environment and implement programs to accommodate an aging nurse workforce in order to retain experienced nurses. At the same time, there is growing evidence that residency programs increase retention of newly licensed nurses. Employers must identify what issues are leading to turnover in their institutions and implement changes to minimize the loss. A good start would be to ask their existing staff what issues frustrate them and what would they recommend for solutions.

3. Continue to enhance production of new nurses while developing models of incumbent worker education and training to meet the diverse hiring needs of Florida's health industry.

It is clear that demand for nurses continues to be unmet. Florida education program surveys indicate that a shortage of qualified faculty and inadequate clinical capacity are barriers to expansion of pre-licensure nursing programs. Nurses must be incentivized to enter graduate education programs with the trajectory of becoming nurse faculty. Incentives should be designed to help a nurse maintain his or her standard of living while returning to school with the expectation of being paid a market competitive wage on graduation. In addition to developing new locations for clinical education, advancing the use of simulation technology for educational purposes in academic and industry settings must occur. Partnerships between industry and academia should be forged to address entry level education needs and to develop models for preparing members of the existing nurse workforce to assume the difficult to fill roles. Such strategies will open up opportunities for new graduates to consider.

Announcing a New Partnership

In October 2010 the Institute of Medicine released a landmark report, *The Future of Nursing: Leading Change, Advancing Health*¹¹ which provides a blueprint to transform nursing and the delivery of health care in America. The report calls on our nation's leaders and stakeholders to act on recommendations in four key areas:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy-making require better data collection and an improved information infrastructure.

The Florida Center for Nursing, in partnership with the Blue Cross and Blue Shield of Florida Foundation are co-leading the Florida Action Coalition, working at the state and local level to move the IOM report recommendations forward, capturing best practices, determining research needs, tracking lessons learned and identifying replicable models. Future reports from the Center will incorporate the Coalition's work as fits with the Center's mission and activities.

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APPENDIX A

DETAILED SURVEY METHODOLOGY

Population Lists and Contact Information

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.¹ 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.²

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 five cases, a multi-hospital system consolidated results from several hospitals into one survey response.

Home health agencies included all AHCA licensed Medicare and/or Medicaid certified home health agencies in the state. VA home health services were added to the list. A random sample of 50% of the home health agencies was selected to be included in the survey population. 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 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. A random sample of 50% of the skilled nursing facilities was selected to be included in the survey population. 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).

Public health departments included all 67 county health departments in Florida. 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 Hospices 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. Psychiatric hospital surveys were completed by the CNO or the human resources department.

Survey Distribution

Surveys and cover letters were mailed to the entire sample in July 2011. We chose to conduct a mail survey because we did not have email contact information. For hospices only, we had email contact information. Hence hospices were contacted by email and USPS mail.

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. The third and final follow up occurred six weeks after fielding.

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).

Data Analysis

Data were analyzed using Microsoft Excel and SAS (version 9.2, 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- and part-time employees as well as full- and part-time vacancies they had on June 30, 2011. 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.,³ information on full and part-time filled positions and vacancies was used to construct position vacancy rates with the following formula:

$$\text{FTE position vacancy rate} = (\sum \text{vacant FTEs} / (\sum \text{filled FTEs} + \sum \text{vacant FTEs})) * 100$$

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, 2011. 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.

Turnover rates were computed using information on separations between July 1, 2010 and June 30, 2011 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2011. 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).³ If significant growth occurred between July 1, 2010 and June 30, 2011 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 estimate these values for non-respondents using other information we have about them. The process of assigning an estimated value is called *imputation*. We used simple mean or median imputation and conditional mean or median 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.

Simple mean or median imputation attributes either the average or the median 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. Non-respondents were assigned the average of facilities within their industry group. When data were skewed and there was a large difference between the mean and median values, we chose to be conservative and used the median instead of the mean as the imputation value.

Conditional mean or median 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. Means and medians 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. Stratification variables were the number of licensed beds (a proxy for facility size), Beale codes (an indicator of urban/rural status of a county), and region of the state.

The final imputation results were calculated as the averages of the various imputation techniques that were possible for each industry and variable. Sums for each imputation method are based on observed imputations.

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APPENDIX B

SURVEY INSTRUMENTS

Florida Center for Nursing's 2011 Statewide Nurse Employer Survey: Hospices

The Florida Center for Nursing is working to address the nurse workforce needs 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. Thanks for your participation!

1. 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. (A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.)

	# of full-time employees on June 30, 2011	# of part-time employees on June 30, 2011	# of vacant positions being actively recruited on June 30, 2011		# of separations [†] between 07/01/10 and 06/30/11	# of NEW positions you intend to create over the next year (through June 30, 2012)	
			full-time	part-time		full-time	part-time
a. RNs							
b. ARNPs							
c. LPNs							
d. 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.

2. What are your most difficult specialty areas to recruit nurses? (Select all that apply) _____ Infection Control _____ Patient Care Coordinators _____ Home Hospice Staff RNs _____ Nurse Practitioners _____ Quality Control _____ Other (please specify)		6. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2011? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.	
		Per Diem (# heads)	Contract/Agency/Traveling (# FTEs)
3. What is the maximum hours per week that is considered part-time in your organization? _____ hours		a. RNs	
4. Do you have a nurse residency program? _____ Yes _____ No		b. ARNPs	
5. Are you hiring new graduate RNs? _____ Yes _____ No		c. LPNs	
		d. CNAs	



Florida Center for Nursing's 2011 Statewide Nurse Employer Survey: Hospitals

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. **ARNPs** include Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives.

1. 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. (A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.)

	# of full-time employees on June 30, 2011	# of part-time employees on June 30, 2011	# of vacant positions being actively recruited on June 30, 2011		# of separations [†] between 07/01/10 and 06/30/11	# of NEW positions you intend to create over the next year (through June 30, 2012)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. ARNPs							
d. LPNs (Licensed Practical Nurses)							
e. CNAs (Unlicensed direct care assistants /nurse aids)							

[†]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.

2. What are your most difficult specialty areas to recruit nurses? (Select all that apply) _____ Nurse Administrators _____ Cardiac Cath Lab _____ Adult Critical Care _____ Nurse Practitioners _____ Unit Managers _____ Other (please specify)	6. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2011? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.																		
3. What is the maximum hours per week that is considered part-time in your organization? _____ hours	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%;">Per Diem (# heads)</th> <th style="width: 40%;">Contract/Agency/ Traveling (# FTEs)</th> </tr> <tr> <td>a. RNs (Direct Care)</td> <td></td> <td></td> </tr> <tr> <td>b. RNs (Indirect Care)</td> <td></td> <td></td> </tr> <tr> <td>c. ARNPs</td> <td></td> <td></td> </tr> <tr> <td>d. LPNs</td> <td></td> <td></td> </tr> <tr> <td>e. CNAs</td> <td></td> <td></td> </tr> </table>		Per Diem (# heads)	Contract/Agency/ Traveling (# FTEs)	a. RNs (Direct Care)			b. RNs (Indirect Care)			c. ARNPs			d. LPNs			e. CNAs		
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a. RNs (Direct Care)																			
b. RNs (Indirect Care)																			
c. ARNPs																			
d. LPNs																			
e. CNAs																			
4. Do you have a nurse residency program? _____ Yes _____ No																			
5. Are you hiring new graduate RNs? _____ Yes _____ No																			

Florida Center for Nursing's 2011 Statewide Nurse Employer Survey: Home Health Agencies

The Florida Center for Nursing is working to address nurse workforce needs 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. Thanks for your participation!

1. First, tell us about your home health agency's staffing model. Please check the box beside the statement that best describes your nursing personnel.

- | | |
|--|---|
| <input type="checkbox"/> Mostly permanent, regularly scheduled employees | <input type="checkbox"/> A mix of permanent, scheduled employees and per diem, contract, or other temporary personnel |
| <input type="checkbox"/> Mostly per diem, contract, or agency nurses (skip to #3) | |

2. 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. (A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.)

	# of full-time employees on June 30, 2011	# of part-time employees on June 30, 2011	# of vacant positions being actively recruited on June 30, 2011		# of separations [†] between 07/01/10 and 06/30/11	# of NEW positions you intend to create over the next year (through June 30, 2012)	
			full-time	part-time		full-time	part-time
a. RNs							
b. ARNPs							
c. LPNs							
d. CNAs/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.

3. How many per diem, agency, or other temporary nurses did your agency employ as of June 30, 2011 ? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.			4. What are your most difficult specialty areas to recruit nurses? (Select all that apply)		
a. RNs	Per Diem (# heads)	Contract/Agency/Traveling (# FTEs)	5. What is the maximum hours per week that is considered part-time in your organization? _____ hours		
b. ARNPs			6. Do you have a nurse residency program? _____ Yes _____ No		
c. LPNs			7. Are you hiring new graduate RNs? _____ Yes _____ No		
d. CNAs/HHAs					

Florida Center for Nursing's 2011 Statewide Nurse Employer Survey: Skilled Nursing Facilities

The Florida Center for Nursing is working to address the nurse workforce needs 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. Thanks for your participation!

1. 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. (A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.)

	# of full-time employees on June 30, 2011	# of part-time employees on June 30, 2011	# of vacant positions being actively recruited on June 30, 2011		# of separations [†] between 07/01/10 and 06/30/11	# of NEW positions you intend to create over the next year (through June 30, 2012)	
			full-time	part-time		full-time	part-time
a. RNs							
b. ARNPs							
c. LPNs							
d. 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.

2. What are your most difficult specialty areas to recruit nurses? (Select all that apply) _____ Rehabilitation RNs _____ Minimum Data Set Nurses _____ Quality/Infection Control _____ Administrators _____ Family/Adult NPs _____ Other (please specify)		6. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2011? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.	
		Per Diem (# heads)	Contract/Agency/Traveling (# FTEs)
3. What is the maximum hours per week that is considered part-time in your organization? _____ hours		a. RNs	
4. Do you have a nurse residency program? _____ Yes _____ No		b. ARNPs	
5. Are you hiring new graduate RNs? _____ Yes _____ No		c. LPNs	
		d. CNAs	

Florida Center for Nursing's 2011 Statewide Nurse Employer Survey: Public Health Departments

The Florida Center for Nursing is working to address the nurse workforce needs 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 county health departments and report aggregate findings (statewide and regional results) only. Thanks for your participation!

1. This section will help us understand your CHD'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. (A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.)

	# of full-time employees on June 30, 2011	# of part-time employees on June 30, 2011	# of vacant positions being actively recruited on June 30, 2011		# of separations [†] between 07/01/10 and 06/30/11	# of NEW positions you intend to create over the next year (through June 30, 2012)	
			full-time	part-time		full-time	part-time
a. RNs							
b. ARNPs							
c. LPNs							
d. CNAs							

[†]Please report the number of employees who left your CHD either voluntarily or involuntarily. Do not count those who moved from one position to another within your CHD, or persons hired but never reporting for work. Please include both full and part-time permanent employees.

2. What are your most difficult specialty areas to recruit nurses? (Select all that apply) _____ Infection Control _____ Nurse Supervisors _____ Case Managers _____ Nurse Practitioners _____ Quality Control _____ Other (please specify)	6. How many per diem, agency, or other temporary nurses did your CHD employ as of June 30, 2011? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.	
3. What is the maximum hours per week that is considered part-time in your organization? _____ hours	Per Diem (# heads)	Contract/Agency/Traveling (# FTEs)
4. Do you have a nurse residency program? Yes No	a. RNs	
5. Are you hiring new graduate RNs? Yes No	b. ARNPs	
	c. LPNs	
	d. CNAs	

Florida Center for Nursing's 2011 Statewide Nurse Employer Survey: Psychiatric Hospitals

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. **ARNPs** include Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives.

1. 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. (A rough estimate would be helpful if exact numbers are not known. This will help us project employment growth in your industry.)

	# of full-time employees on June 30, 2011	# of part-time employees on June 30, 2011	# of vacant positions being actively recruited on June 30, 2011		# of separations [†] between 07/01/10 and 06/30/11	# of NEW positions you intend to create over the next year (through June 30, 2012)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. ARNPs							
d. LPNs (Licensed Practical Nurses)							
e. Psych / nurse aides (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.

2. What are your most difficult specialty areas to recruit nurses? (Select all that apply) _____ Nurse Administrators _____ Cardiac Cath Lab _____ Adult Critical Care _____ Nurse Practitioners _____ Unit Managers _____ Other (please specify)		6. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2011? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.																			
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4. Do you have a nurse residency program? _____ Yes _____ No																					
5. Are you hiring new graduate RNs? _____ Yes _____ No																					