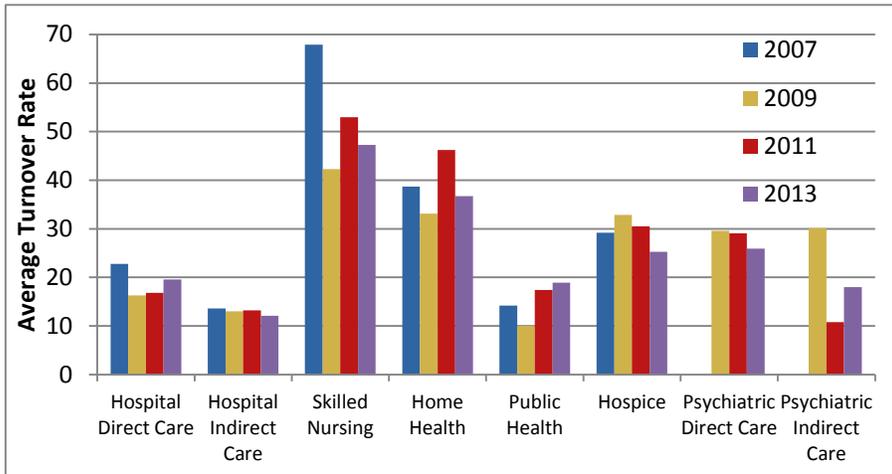




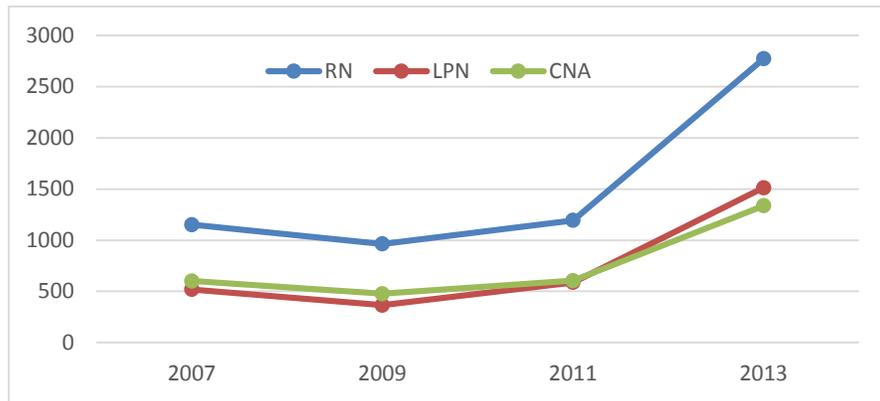
## Demand for Nurses in Florida: The 2013 Survey of Florida's Nurse Employers January 2014

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. Trend analysis is provided for 2007 through 2013 when available.

### Average Turnover Rates for RNs, 2007 to 2013



### Estimated Trends in Home Health Vacancies, 2007 to 2013



### Vacant Positions (2013) and Projected Growth (2014) for RNs by Industry

	RN Vacancies (2013)	RN Growth (2014)	Combined
Hospitals	5,981.7	784.5	6,766.2
Skilled Nursing Facilities	<i>Insufficient Data</i>		
Home Health	2,772.7	3,159.3	5,932.0
Public Health	54.5	13.0	67.5
Hospice	226.3	112.0	338.3
Psychiatric Hospital	76.0	94.0	170.0
<b>Total (all groups)</b>	<b>9,111.2</b>	<b>4,162.8</b>	<b>13,274.0</b>

- Turnover has increased for RNs in hospitals (direct care) and psychiatric hospitals (indirect care), but decreased in other industries.
- The number of **separations** reported by the respondents in 2013 was highest for RNs at 8,726. CNA separations were 3,906; APNs (137) and LPNs (1,267), similar to 2011.
- Vacancies for RNs, LPNs, and CNAs in home health agencies are trending upward. Jobs in this industry are also filled through temporary and per diem positions.
- There were an estimated statewide **9,111 vacant RN positions**, and **4,163 estimated new RN positions** to be created in 2014.
- Vacancies and growth will be affected by the changing economy, reimbursement, and care delivery models.
- **Difficult to fill** positions are those requiring RNs with experience and/or advanced education. Staff nurses were difficult to fill in skilled nursing, home health, and hospice.
- 90% of hospitals and 85% of skilled nursing hire new graduate RNs. 71% of hospitals preferentially hire new graduate BSNs, this hiring pattern is not as common in other industries.

### Recommendations

1. Increase activities to improve retention of nurses with emphasis on Florida's existing nurse workforce.
2. Continue to increase production of new nurses while developing models of incumbent worker education and training to meet the diverse hiring needs of Florida's health industry.
3. Focus on the need for nurses at all levels of education in home care setting, as the nation's care delivery settings continually evolve.
4. Support the Center's biennial nurse employer survey through funding and participation.

## **Demand for Nurses in Florida – The 2013 Survey of Florida’s Nurse Employers**

### **Introduction**

Since 2007, the Florida Center for Nursing (Center) has been collecting data for analysis and reporting of Florida’s demand for nurses. Every two years, the Center surveys six industries which employ approximately 72 percent of the licensed practical nurses (LPN), 79 percent of registered nurses (RN), and 53 percent of advanced practice nurses (APN) in Florida. The industries surveyed are hospitals, psychiatric hospitals, hospices, public health departments, home health agencies, and skilled nursing facilities. The survey gathers information about the number of employees, vacancies, separations, anticipated new positions, and difficult to fill positions. The Center uses the data to calculate estimates of current statewide nurse vacancies and demand for the upcoming year – 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, APNs, and Certified Nursing Assistants (CNAs), including Home Health Aides (HHAs), in the state of Florida.

Nationally, employment in healthcare practitioner and technical occupations is projected to grow 21.5% from 2012 to 2022, and employment in healthcare support occupations is projected to grow 28.1%.<sup>1</sup> The U.S. Department of Labor, Bureau of Labor Statistics (BLS) reports that RNs will have the largest projected employment growth among licensed nurses from 2012 to 2022, an increase of 19% or 526,800 positions.<sup>2</sup> Home health aides are predicted to have an increase of 48% or 424,200, and LPNs are predicted to grow 25% or 182,900.<sup>3,4</sup> New economic data indicates a slower growth rate for healthcare occupations as a whole. The most recent BLS report stated that healthcare jobs (not specific to nurses) grew an average of 17,000 per month for 2013, a slower growth compared to 2012 growth of 27,000 per month.<sup>5</sup> National trends are evident in Florida, as from October 2012 to October 2013 the healthcare and social assistance employment sector increased by 1.3 percent (12,900 people).<sup>6</sup>

The combination of healthcare reform and improving state and national economies are expected to bring even more changes to the nursing workforce. Demand for RNs with the evolution of the Affordable Care Act (ACA) is expected to increase, though an exact estimate is far from certain. Increased insurance coverage will bring more people into the health system, requiring the care of nurses through expansion of nurse-managed health centers, reform of care delivery, and a focus on prevention. But it is unclear how health insurance companies, hospitals, and other care providers will utilize nurses.<sup>7</sup> The RN workforce expanded during the recession (2005 to 2010), but that expansion is expected to be temporary and the RN workforce is predicted to contract through 2015 as the economy improves and older nurses reduce hours and prepare to retire or return to retirement. Nationally, an estimated 118,000 RNs are predicted to leave the workforce from 2010-2015; consequently the growth in the RN workforce during this 5-year period is predicted to be much smaller than the growth during 2005-2010.<sup>8</sup>

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.<sup>9</sup> It is anticipated that Florida’s 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 resulting in an ever increasing demand for nurses. The predicted continued growth of Florida’s population<sup>10</sup> would also increase pressure on the nurse workforce. Consequently, timely evaluation of the state’s demand for nurses among various employment settings is critical to planning nursing education programs and strategically planning for long-term nurse employment trends.

In order to evaluate demand for nurse employment, the Center surveyed six nurse employment settings in the summer of 2013. 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 survey instruments and further methodological details are presented in the Appendices.

Response Rates and Representativeness

A total of 1,510 surveys were distributed to the six different industry groups, 374 were returned for an overall response rate of 25 percent. The response rate was highest among public health departments (57%), and lowest among home health agencies (16%) and skilled nursing facilities (23%) (Table 1).

**Table 1. Statewide Response Rates by Industry Group and Overall**

Industry Group	# Surveys Distributed	# Surveys Returned	Response Rate
Hospitals	272	109	40%
Home Health	750	121	16%
Skilled Nursing	342	79	23%
Public Health	67	38	57%
Hospice	43	15	35%
Psychiatric Hospital	36	12	33%
<b>Totals</b>	<b>1,510</b>	<b>374</b>	<b>25%</b>

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 identify whether we had good coverage response. The hospitals that responded to our survey represented 35 percent of the approximately 59,500 hospital beds in the state of Florida. We had greater representation from the larger hospitals (38% of hospitals with over 270 beds responded); whereas approximately 30 percent of medium sized hospitals (120-270 beds) and smaller hospitals (fewer than 120 beds) responded. The skilled nursing facilities that responded represented 24 percent of skilled nursing beds that were surveyed; and 11 percent of the skilled nursing beds (Medicare and/or Medicaid certified) in the state. It was determined that the survey respondents do represent their respective industries in Florida.

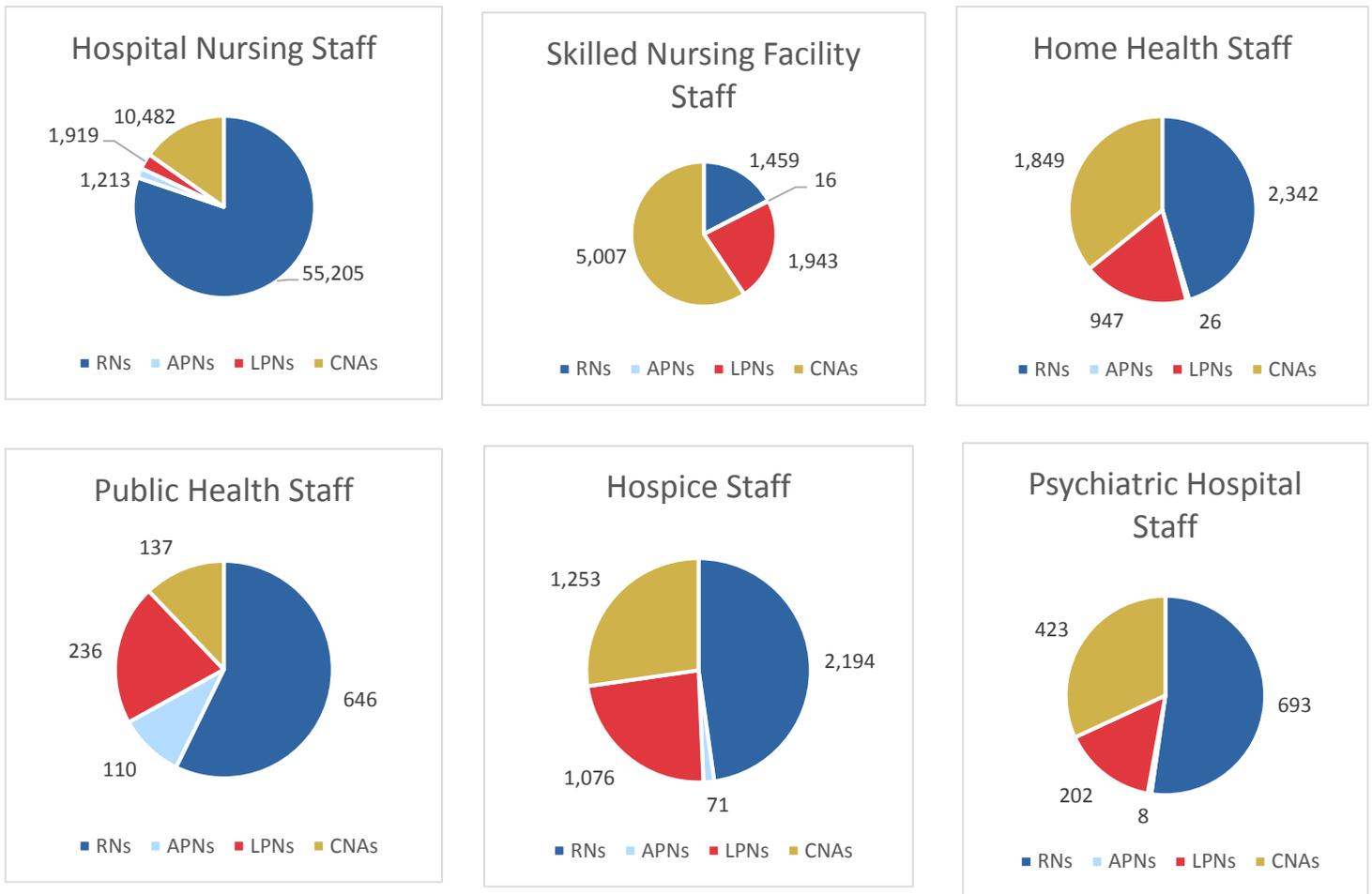
**Results**

Skill Mix and Staff Size

The employers who responded employed 62,538 RNs, 1,444 APNs, 6,323 LPNs and 19,151 CNAs (including home health aides). The nursing employment skill mix varies by industry (Table 2, Figure 1). Approximately 80 percent of the nurses employed by hospitals are RNs, whereas 59 percent of the staff employed by skilled nursing facilities are CNAs. Public health departments and psychiatric hospitals also employ a larger percentage of RNs in their staff mix (57% public health, 52% psychiatric). Per diem and temporary personnel are included in the total number of employees in Table 2 and Figure 1. However, by nature of being per diem, – employed by the facility but scheduled on an as needed basis – these personnel were not accounted for in the separations, vacancies, or expected number of new positions through 2014.

**Table 2. Total Nurses (APN, RN, LPN, CNA) Employed by Industry Respondents**

	Hospitals	Skilled Nursing	Home Health	Public Health	Hospice	Psychiatric Hospital	Totals
<b>Totals</b>	68,819	8,425	5,164	1,129	4,593	1,326	<b>89,455</b>



**Figure 1. Number of Nurses Employed by Industry Respondents**

Facilities varied in their use of temporary or per diem personnel (Table 3). All responding hospices used temporary/per diem nurses, as did 92% of hospitals, but only 27% of public health departments did so. Responding facilities were more likely to use per diem employees than temporary employees. Industries 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 10.5 percent of their employees were temporary or per diem, and 8.9 percent of their employees were part-time. However, home health agencies reported that almost 51 percent of their staff is temporary or per diem and 12.1 percent were part-time.

**Table 3. Distribution of Temporary/Per Diem and Part-time Employees Among Responding Facilities**

	<b>% of facilities hiring Temporary or Per diem Employees</b>	<b>% of Temporary or Per diem Employees</b>	<b>% of Part-time Employees</b>
Hospitals	92%	10.5%	8.9%
Skilled Nursing Facilities	39%	8.9%	14.1%
Home Health	77%	50.8%	12.1%
Public Health	27%	14.0%	7.9%
Hospice	100%	18.0%	4.6%
Psychiatric Hospital	58%	16.9%	15.2%

Separations and Turnover Rates

Turnover can result from intrinsic employment factors (employees leaving for retirements, leaving a job they may not enjoy, leaving to pursue new professional opportunities, temporarily leaving the workforce to care for young children or other family members, moving out of state for a spouse’s job) or extrinsic employment factors (employers downsizing staff for economic reasons, companies changing ownership). Some workforce mobility is normal and expected, while other mobility can perhaps be predicted and if undesired, prevented.

*Separations*

The Center’s survey asked employers to report the number of separations between July 2012 and June 2013, but did not ask about the reasons for separations. In total, the survey respondents reported over 10,100 separations from licensed nurses (RNs, APNs, and LPNs combined), and almost 4,000 separations from CNAs (Table 4). The number of reported separations was highest in hospitals, followed by skilled nursing facilities and hospices. RNs were less likely than LPNs and CNAs to separate from their place of employment. Sixty-two percent of all separations were RNs, slightly below the 70 percent of RN representation in the survey. CNAs and LPNs were over-represented among the separations (relative to their representative personnel numbers from Table 2).

**Table 4. Separations Reported by Respondents, 07/01/2012-06/30/2013**

	<b>RNs</b>	<b>APNs</b>	<b>LPNs</b>	<b>CNAs</b>	<b>Total (by industry)</b>
Hospitals	7,286	105	308	1,861	<b>9,560</b>
Skilled Nursing Facilities	413	2	597	1,592	<b>2,604</b>
Home Health	376	5	103	123	<b>607</b>
Public Health	136	16	43	69	<b>264</b>
Hospice	421	9	193	179	<b>802</b>
Psychiatric Hospital	94	0	23	82	<b>199</b>
<b>Total (by nurse type)</b>	<b>8,726</b>	<b>137</b>	<b>1,267</b>	<b>3,906</b>	<b>14,036</b>

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, 2012 and June 30, 2013 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2013. 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 the point at which half of facilities fall below the rate and half fall above the rate, thus removing the influence of outliers. Large discrepancies between medians and averages indicate one or two facilities with high turnover skewed the average. Turnover rates were also stratified by direct and indirect care RNs. Direct care RN positions are those that work directly with patients; whereas indirect care RN positions are generally administrative, managerial, or quality/risk management in nature.

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

	RNs		APNs		LPNs		CNAs	
	Median	Average	Median	Average	Median	Average	Median	Average
Hospitals								
- Direct Care	18.4	19.6	5.7	10.7	18.0	24.3	25.0	27.8
- Indirect Care	11.5	12.1						
Skilled Nursing								
- Direct Care	50.0	62.4			30.8	50.6	31.2	64.9
- Indirect Care	0.0	35.1						
Home Health								
- Direct Care	34.8	60.4			0.0	29.0	15.4	24.4
- Indirect Care	22.2	32.6						
Public Health	14.8	18.9	0.0	17.4	0.0	28.0	0.0	69.0
Hospice								
- Direct Care	19.0	26.5	0.0	11.0	14.5	25.0	13.3	16.1
- Indirect Care	10.9	22.0						
Psychiatric Hospital								
- Direct Care	29.1	25.9			20.0	25.4	34.3	31.9
- Indirect Care	3.8	18.0						

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 median turnover rates for direct care RNs are within skilled nursing facilities and home health agencies. LPNs highest median turnover rates are also in skilled nursing facilities. Turnover rates for CNAs are above 30% in psychiatric hospitals and skilled nursing facilities. The turnover rates have remained consistently high since the 2007 survey in skilled nursing facilities and home health agencies. Average turnover rates are higher than the medians, as there were several facilities with higher turnover that skewed the average upward. Turnover rates are lowest in hospitals, public health departments, and hospitals.

Figure 2 shows the trend in average turnover rates by industry for RNs from 2007-2013. From the last survey in 2011, turnover has increased in hospitals (direct care), and psychiatric hospitals (indirect care). Turnover decreased in skilled nursing, home health, hospice, and psychiatric direct care. Turnover remained about the same in health departments. RN turnover remains lower than the survey baseline in 2007 in all industry groups except public health. Note that direct and indirect RNs are not separated out for skilled nursing, home health, and hospice in this graph.

**Figure 2. Average Turnover Rate for RNs, 2007 to 2013**

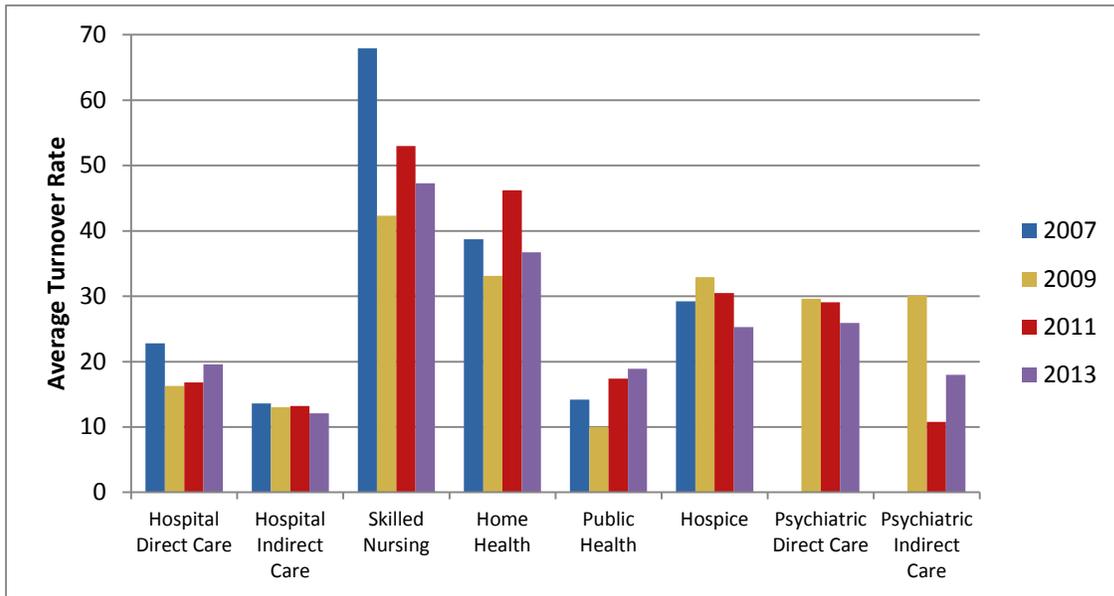


Figure 3 shows that the average turnover rates for LPNs increased in hospitals, skilled nursing, public health, and psychiatric hospitals. Skilled nursing turnover for LPNs is now about 50% on average (30% median). The LPN turnover rate in hospices decreased for the first time since 2007, but turnover in hospitals, skilled nursing, and public health is at or higher than 2007 levels. LPN turnover in home health remained about the same from 2011 to 2013.

**Figure 3. Average Turnover Rate for LPNs, 2007 to 2013**

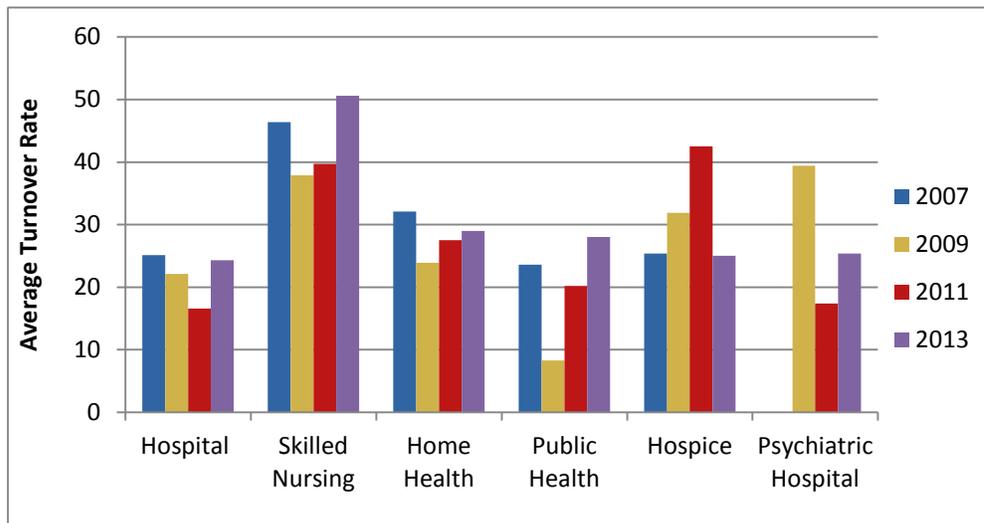
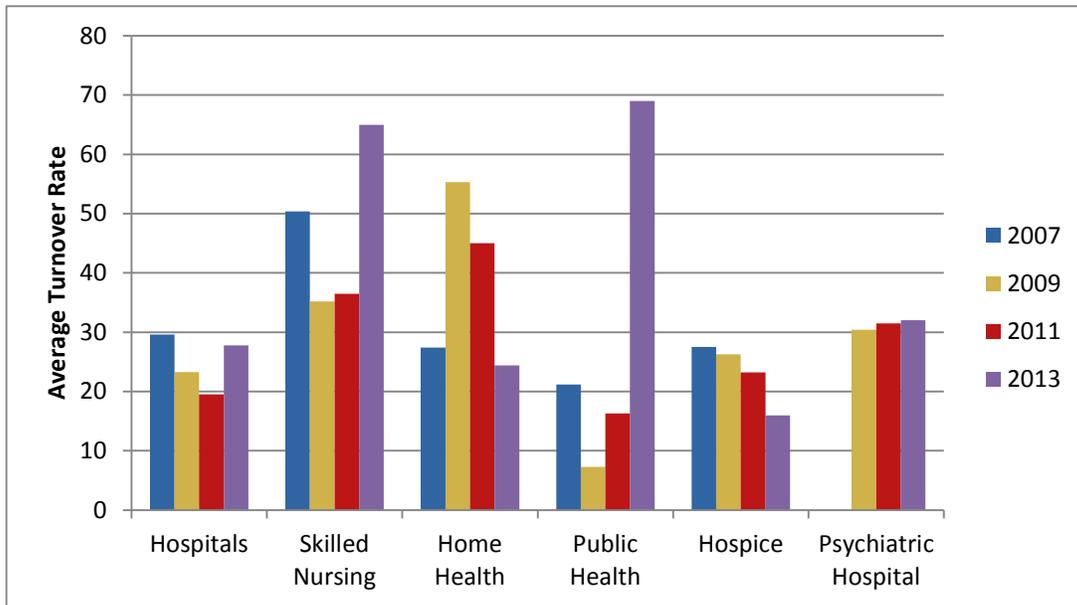


Figure 4 shows that the average turnover rates for CNAs continues to decrease in home health and hospices. The turnover rate in skilled nursing facilities and health departments increased dramatically from 2011 to 2013. We do not have information on the causes of turnover, but we can speculate that this increase may be related to economic changes, staffing changes in the facilities that responded to

our survey, or negative work environment factors. The average CNA turnover rate in hospitals has increased about 9%, but has not changed in psychiatric hospitals.

**Figure 4. Average Turnover Rate for CNAs, 2007 to 2013**



### Vacancies and Vacancy Rates

Using employer survey responses, we estimated the total statewide vacancies in each industry and personnel type as of June 30, 2013 (see the Appendix A for more details of the methodology). The average of the model estimates are reported here, and the ranges are reported in the Appendix. Eighty percent of the skilled nursing facility survey respondents did not answer the questions on vacancies or growth, thus the numbers were too unstable and not representative to generate statewide estimates for these facilities. Consequently, the calculated number of statewide vacancies is lower than the actual number of vacancies, and can thus be thought of as a minimum number of vacancies.

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 physician or other health professional offices). Furthermore, as stated previously, these estimates do not include temporary or per diem employees.

The home health agency estimates refer only to those agencies with staffing models of mostly permanent employees or a mix of permanent and temporary/per diem employees. As many home health agencies employ temporary and/or per diem workers, vacancy estimates for home health may be understated. Home health agencies that hired mostly temporary employees did not answer the questions on vacancies or growth.

*Statewide Number of Vacant Positions*

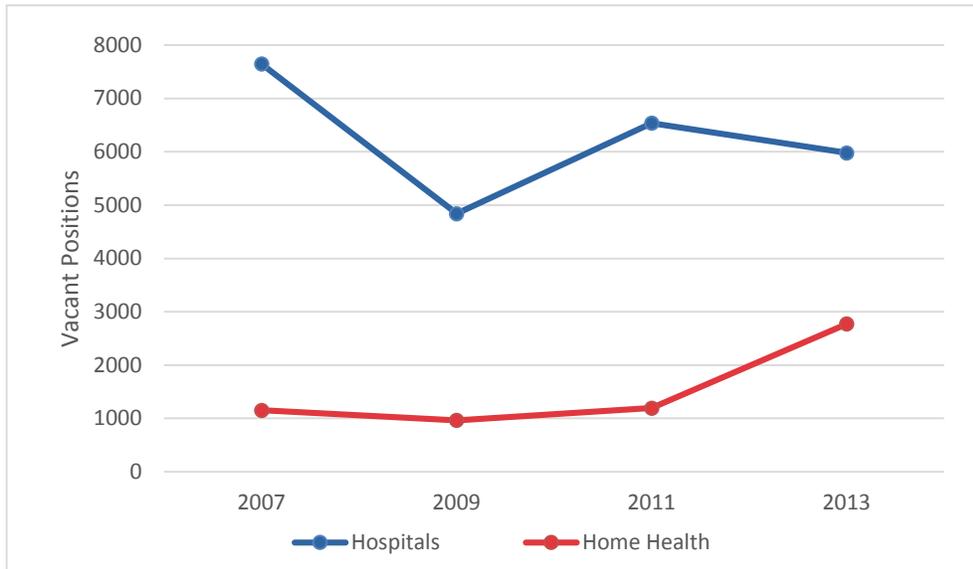
Statewide estimates for vacant nurse positions in the six industries studied were over 9,000 vacant RN positions, 1,767 vacant LPN positions, and 2,600 vacant CNA positions as of June 30, 2013. Most of the RN vacancies were in hospitals and home health, the LPN vacancies were mainly in home health and the CNA vacancies were mainly in hospitals and home health. As previously explained, the skilled nursing vacancy data could not be used. For comparison, data from the 2011 report estimated skilled nursing vacancies of 832 RNs, 712 LPNs, and 1,477 CNAs.<sup>11</sup> If these skilled nursing vacancy numbers from 2011 were included in this table, the vacancy estimates would increase accordingly.

**Table 6. Estimated Statewide Number of Vacant Nursing Positions as of June 30, 2013**

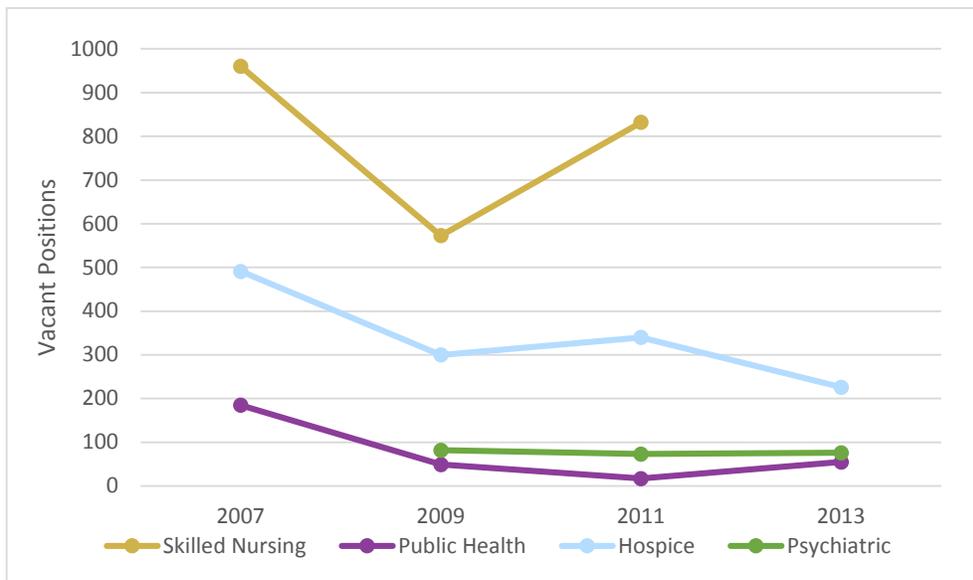
	<b>RN</b>	<b>LPN</b>	<b>CNA</b>
Hospitals	5,982	157	1,017
Skilled Nursing Facilities	<i>Insufficient Data</i>		
Home Health	2,773	1,513	1,337
Public Health	55	20	11
Hospice	226	64	109
Psychiatric Hospital	76	14	133
<b>Total (all groups)</b>	<b>9,111</b>	<b>1,767</b>	<b>2,607</b>

Figures 5a and b show the trend of estimated vacant positions for RNs in Florida since 2007. Hospital vacancies decreased from 6,539 to 5,982. Home health RN vacancies increased sharply from 1,194 to 2,773. (Skilled nursing vacancies were not reported). Comparing 2011 to 2013, public health RN vacancies increased from 17 to 55, a small number which may reflect fluctuations in responding health departments as typically few RNs are employed per health department, or may indicate an actual change in vacancy numbers in this industry. Hospice RN vacancies decreased from 340 to 226. Vacant positions in psychiatric hospitals have remained steady over the years.

**Figure 5a. Trends of RN Estimated Vacant Positions for Hospitals and Home Health Facilities, 2007 to 2013**



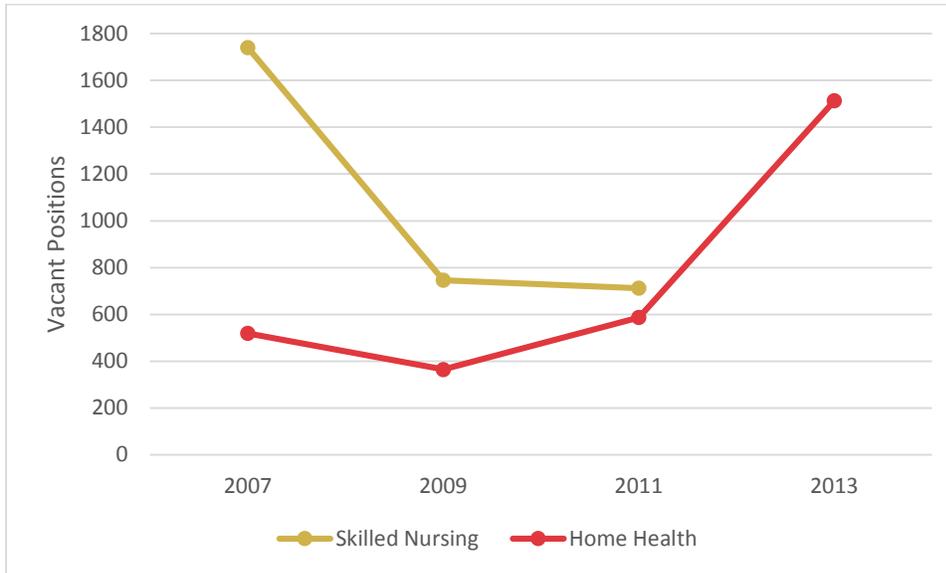
**Figure 5b. Trends of RN Estimated Vacant Positions for Skilled Nursing, Public Health, Hospice, and Psychiatric Facilities, 2007 to 2013**



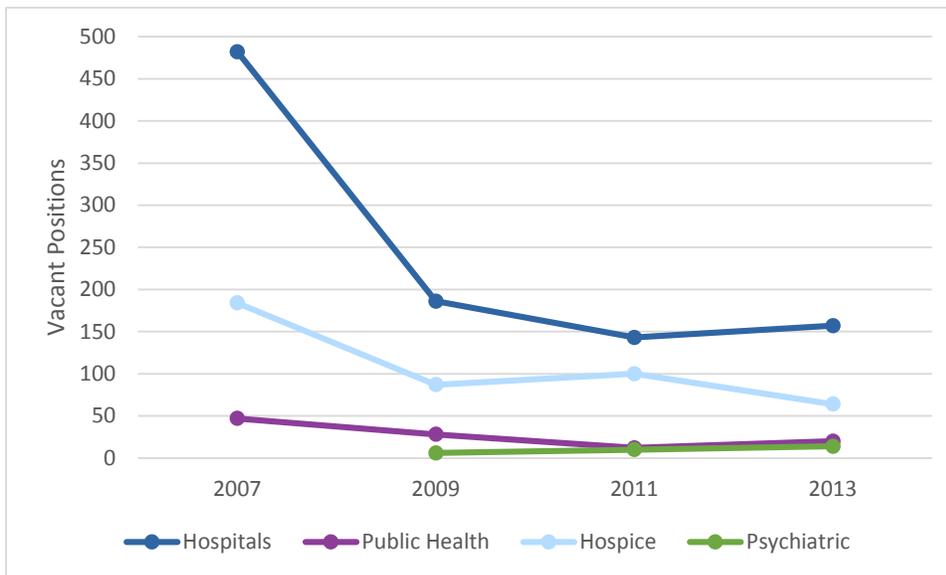
Figures 6a and b show the trend of estimated vacant positions for LPNs in Florida since 2007. *The total number of reported LPN vacancies was very small, so these estimates should be regarded with caution. It should be noted that in our 2011 report, skilled nursing facilities employed the largest numbers of LPNs among the industries surveyed. Thus the lack of vacancy data for this industry in 2013 may severely underestimate the demand for LPNs.* The number of LPN vacancies in hospitals, psychiatric hospitals,

and public health departments remained about the same from 2011 to 2013. The estimated number of home health LPN vacancies nearly tripled to 1,513.

**Figure 6a. Trends of LPN Estimated Vacant Positions for Hospitals and Home Health Facilities, 2007 to 2013**



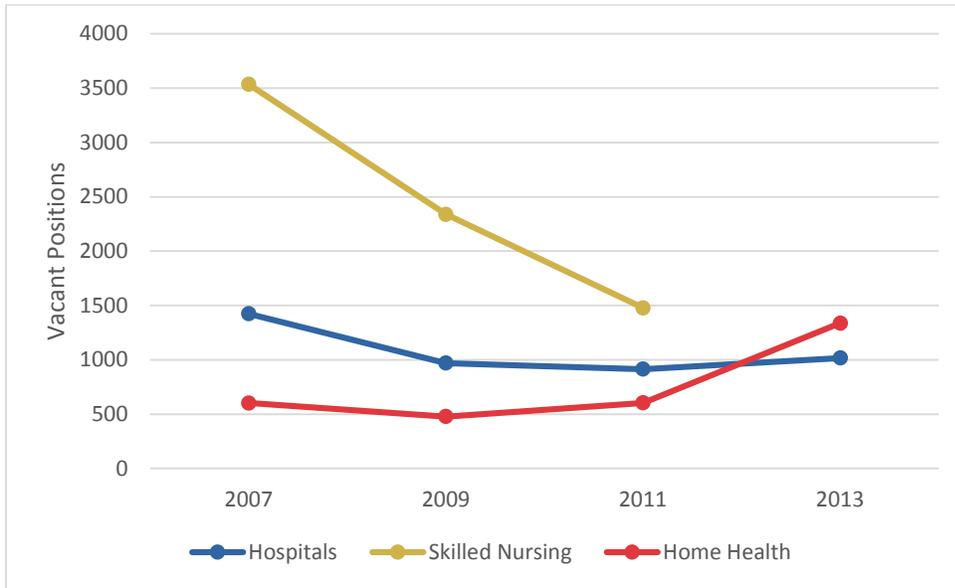
**Figure 6b. Trends of LPN Estimated Vacant Positions for Skilled Nursing, Public Health, Hospice, and Psychiatric Facilities, 2007 to 2013**



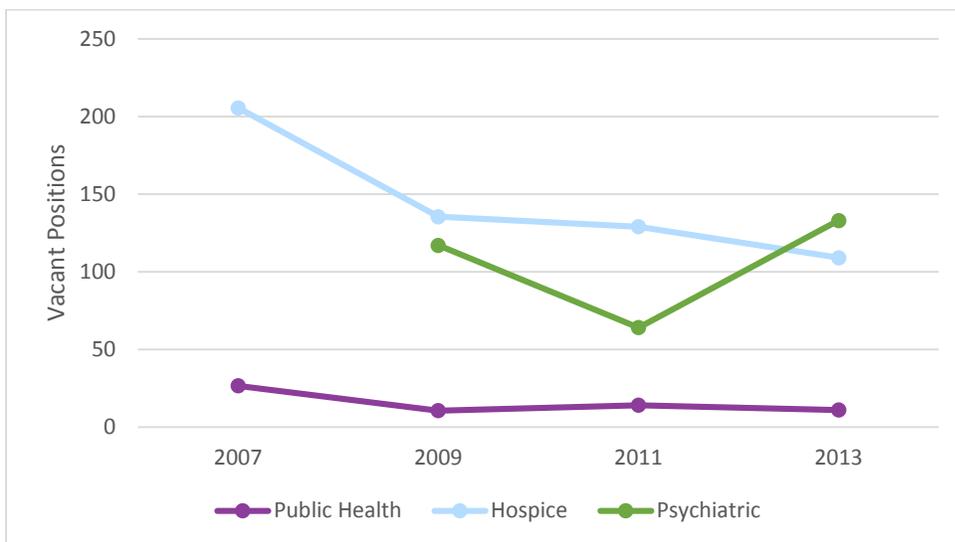
Figures 7a and b show the estimated number of vacant CNA positions since 2007. *The total number of reported CNA vacancies was very small within all industries except hospitals, so these estimates should be regarded with caution. It should be noted that in our 2011 report, skilled nursing facilities employed the largest numbers of CNAs, although this employment trend was decreasing. Thus the lack of vacancy*

*data for this industry may severely underestimate the demand for CNAs.* The estimated CNA vacancies in hospitals increased by about 10% to approximately 1,000. CNA vacancies in public health departments and hospices remained about the same. However, estimated CNA vacancies in home health more than doubled to 1,337.

**Figure 7a. Trends of CNA Estimated Vacant Positions for Hospitals, Skilled Nursing, and Home Health Facilities, 2007 to 2013**



**Figure 7b. Trends of CNA Estimated Vacant Positions for Public Health, Hospice, and Psychiatric Facilities, 2007 to 2013**

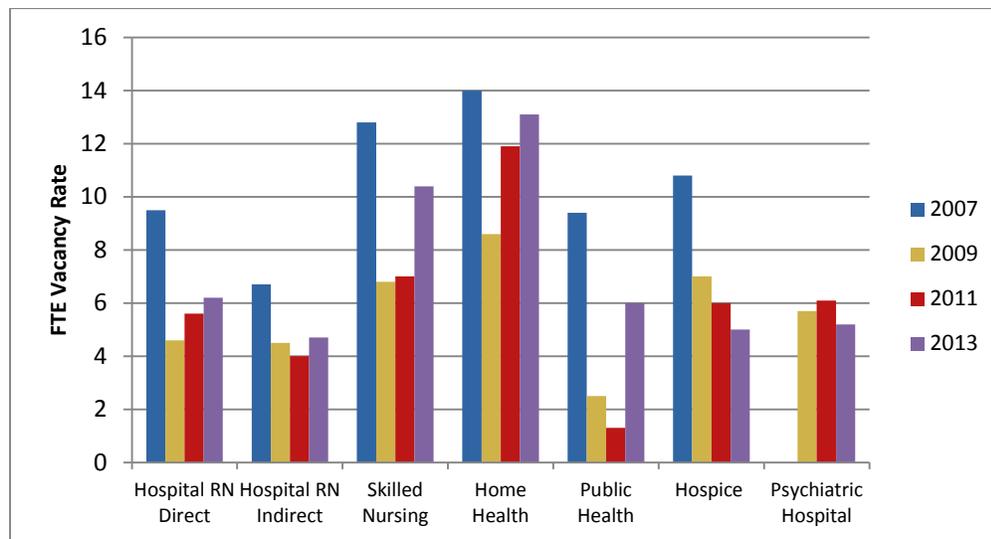


### Vacancy Rates

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, 2013.

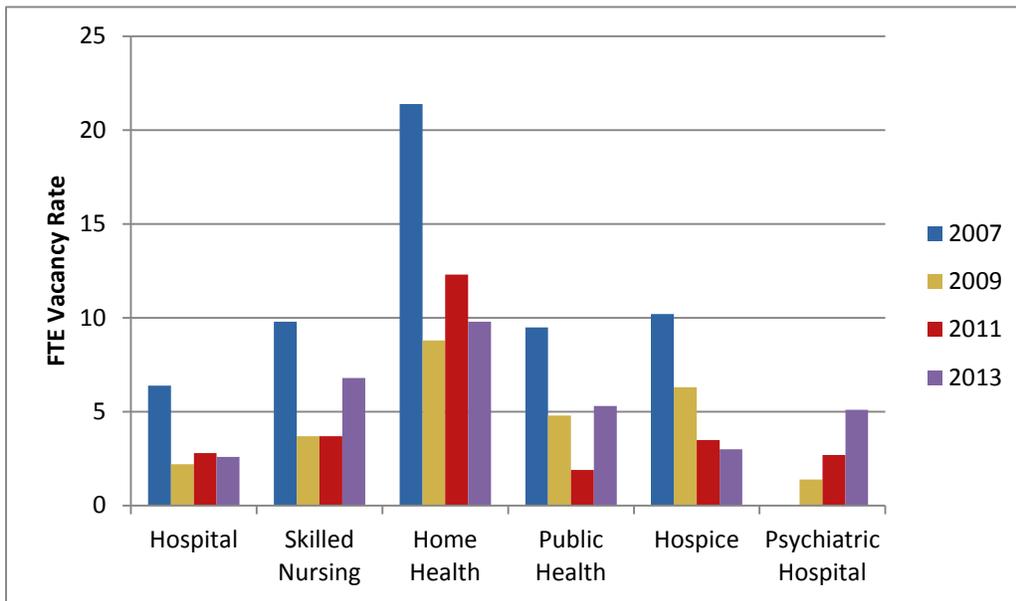
RN Vacancy rates have inched up for hospitals (both direct and indirect RNs) and home health since 2011 (Figure 8). Hospital RN direct care vacancy rates have increased from 4 to 6 percent over the past 4 years, and indirect care RN vacancy rates have remained steady. RN vacancy rates in home health have increased from 8.6% in 2011 to 13% in 2013, reflecting an increase in the need for this level of licensed nurse. Although vacancy rates for public health and skilled nursing have increased, the reader should interpret these with caution because of small sample sizes.

**Figure 8. Changes in RN Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2013**



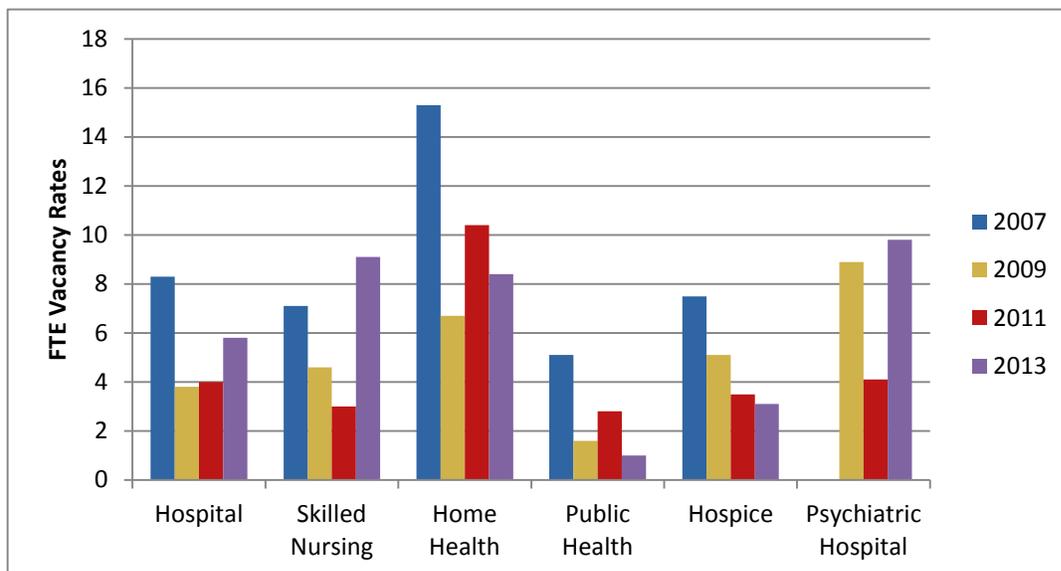
LPN vacancy rates have increased in public health, psychiatric hospitals, and skilled nursing (Figure 9). Skilled nursing and public health vacancy rates should be regarded with caution because of small sample sizes. LPN vacancy rates in hospitals and hospices have remained about the same, and have decreased in home health. In all industry groups, LPN vacancy rates are below 2007 baseline levels.

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



CNA FTE vacancy rates (Figure 10) have increased in hospitals, psychiatric hospitals, and skilled nursing. CNA vacancy rates have decreased in home health, hospice, and public health. Skilled nursing and psychiatric hospital CNA vacancy rates are above the baseline levels.

**Figure 10. Changes in CNA Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2013**



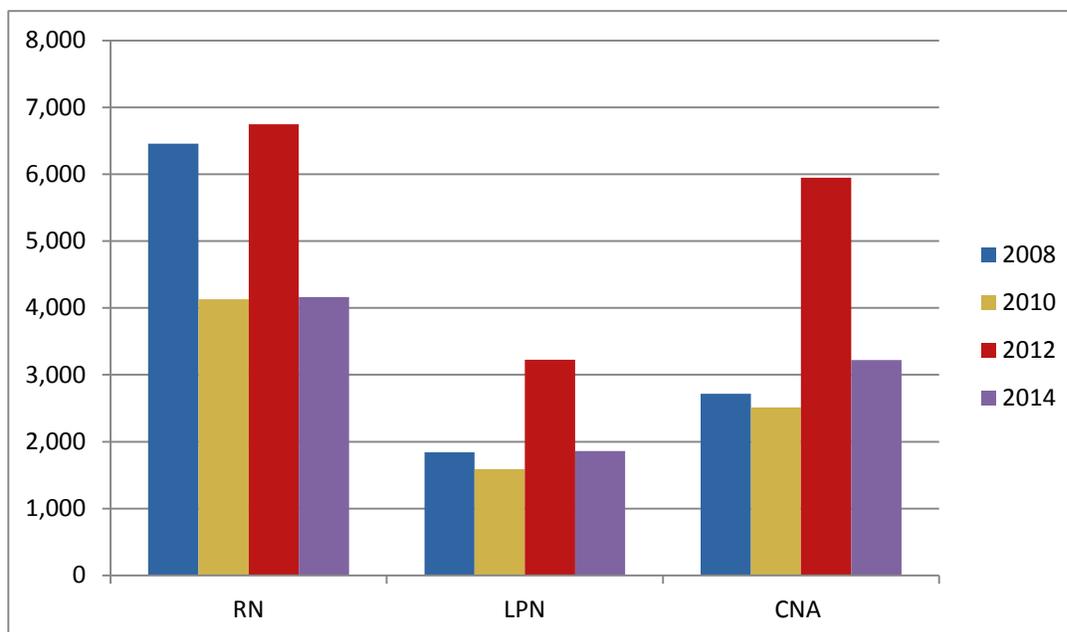
### Projected One-Year Growth in Budgeted Positions

In order to consider future need for nurses, the survey asked respondents to estimate the total number of new positions they intend to create through June 2014. Almost 50% of hospitals did not respond to this question, nor did 30% of home health agencies and psychiatric hospitals, and 83% of skilled nursing facilities. Facilities cited uncertainty in the state and national economy, potential changes in Medicare and Medicaid reimbursement guidelines, and uncertainty over changes resulting from the Affordable Care Act as reasons why they could not estimate future job creation. Changes in the national and state economy, healthcare reimbursement, or health policy would undoubtedly trigger fluctuations in job creation at state and local levels, thus impacting growth estimates.

Survey respondents' answers were used to estimate growth of new nursing positions throughout Florida for 2014. Non-respondents were assumed to have similar projected growth patterns as the respondents, and growth estimates for non-respondents were created using imputations described in Appendix A. Because of the extremely low response rate among skilled nursing facilities, these estimates were not included in the summaries below. Consequently, the estimates are undercounting the number of new positions. The growth estimates for each industry group are reported in Table 7, and the estimated growth by position is shown in Figure 11.

The Center estimated that about 4,100 new RN positions will be created statewide in 2014 within the surveyed industries, and the majority of these will be in hospitals and home health. About 1,850 new LPN positions and 3,200 new CNA positions are estimated to be created in 2014, the majority will be in home health. The 2014 estimates of growth are lower than 2012 estimates among all types of nurses. The Center's previous demand report estimated growth in skilled nursing facilities of 435 RNs, 219 LPNs, and 379 CNAs for 2012.<sup>11</sup> If these skilled nursing estimates from 2012 were included in the 2014 totals, the growth estimates would increase accordingly, but remain below the estimated 2012 growth.

**Figure 11. Trend of Statewide Estimated Growth in New Nursing Positions, 2008-2014**



Estimated growth by industry and nurse type is shown in Table 7. Home health agencies are estimated to create the largest number of new nursing positions in 2014, and this holds true for all types of nursing personnel - RNs, LPNs, and CNAs. Strong growth in home health appears to be a trend, as the Center’s previous nurse demand report also found that this industry would have the greatest number of new nursing positions.<sup>11</sup> Hospitals will experience growth in RN and CNA positions and are not estimated to grow LPN positions, although the amount of growth in hospitals is uncertain, given the variability in the data. LPN growth appears to be strong only within the home health industry. Estimates for skilled nursing are not provided, but due to population aging we can expect this industry to experience some growth as well. Thus the total number of new positions in these industry groups through 2014 is undercounted.

**Table 7. One-year Statewide Estimated Growth in new Nursing Positions (through 2014)**

	RN	LPN	CNA
Hospitals	785	0	303
Skilled Nursing Facilities	<i>Insufficient Data</i>		
Home Health	3,159	1,754	2,763
Public Health	13	21	5
Hospice	112	62	73
Psychiatric Hospital	94	22	77
<b>Total (all groups)</b>	<b>4,163</b>	<b>1,859</b>	<b>3,222</b>

Positions in High Demand

In response to questions on difficult to fill nursing positions, it was evident that high demand positions varied by industry (Table 8). Positions requiring experience and/or advanced degrees, such as Unit Managers, Patient Care Coordinators, and Administrators, remained in demand in hospitals, home health, and public health. Difficult to fill positions in hospitals required experience (critical care nurse, operating room, emergency department). Psychiatric hospitals reported that psychiatric RNs were difficult positions to fill. Positions requiring less experience were difficult to fill in other industries - home health, skilled nursing, and hospice reported a need for Staff RNs, nurse aides (i.e., home health aide, CNA, direct care assistant), and LPNs. This represents a significant shift from 2011, when almost all difficult to fill positions required experience and/or advanced education. Now four of six surveyed industries report a high need for staff nurses, perhaps indicating a shift of moving current experienced personnel up into higher level positions.

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

Rank	Hospitals	Skilled Nursing	Home Health	Public Health	Hospice
1 <sup>st</sup>	Adult Critical Care	Inpatient Staff RNs	Home Care Staff RNs	Clinic Staff Nurses	Home Hospice Staff RNs
2 <sup>nd</sup>	OR	Unit Manager	HHA/CNA	School Nurses	Patient Care Coordinators
3 <sup>rd</sup>	Emergency Dept	Nurse Aides	LPNs	Nurse Supervisors	Inpatient Staff RNs (tie)
4 <sup>th</sup>	Cardiac Cath Lab	LPNs	Admin	NPs and Midwives	Administrative (tie)
5 <sup>th</sup>	Unit Managers	Minimum Data Set Nurses	Infusion	Epidemiology Nurses	Nurse Practitioners (tie)

### Employment Characteristics and Hiring Practices

The Center has heard anecdotal reports of new nursing graduates having a difficult time finding employment. Although we could not assess this directly, the survey asked if facilities hired new graduates. Ninety percent of responding hospitals reported they hire new graduate RNs, as did 85% of skilled nursing facilities and 75% of psychiatric hospitals (Table 9). In addition, 77% of skilled nursing facilities and 24% of home health agencies indicated they hire new graduate LPNs. Given the reported hiring of new graduates and the need for Staff RNs, new graduate RNs should consider seeking employment in industries other than hospitals.

The IOM report has a goal to increase the proportion of employed registered nurses with a baccalaureate in nursing or higher degree to 80% by 2020;<sup>12</sup> presently, 39.5% of employed Florida nurses have a BSN or higher degree. In order to enumerate health care facility interest in meeting this goal, the survey asked about preferential hiring of nurses with a BSN. Over 70% of hospitals and psychiatric hospitals reported they preferentially hire new BSN graduates. Nineteen percent of these facilities indicated they require ADNs to attain a BSN, the time to attain the BSN ranged from one to seven years. Fewer than 25% of the responding facilities in other industries preferentially hired BSN graduates.

The majority of responding facilities indicated they provided some type of educational support for their nursing staff. The most common types of support were tuition reimbursement and flexible scheduling. Some facilities reported using scholarships or tuition waivers to assist with continuing education. Facilities also valued and rewarded advanced degrees and certifications. About 40% of hospitals and psychiatric hospitals, and 67% of hospices reported they have differential pay for national certifications. Differential pay for advanced degrees was reported by 56% of hospitals, but was less common in other facilities (15% - 30%).

**Table 9. Other Characteristics of Responding Nurse Employers**

	Hire New Graduate RNs	Preferentially Hire New Graduate BSNs	Provide Educational Support
Hospitals	90%	71%	97%
Skilled Nursing Facilities	85%	22%	86%
Home Health	27%	18%	57%
Public Health	50%	15%	100%
Hospice	13%	14%	87%
Psychiatric Hospital	75%	73%	64%

Hospitals were the only industry group that reported having nurse residency programs (47% of hospitals, 17% of psychiatric hospitals). The residencies ranged in length from 2-52 weeks, and the employee in the residency program received full salary.

The survey asked employers the maximum number of hours per week considered to be part-time employment. Responses ranged from 28 hours per week in home health to 32 hours per week in psychiatric hospitals.

## Discussion

Though the state and national economy is improving slowly, healthcare has remained a strong sector of employment throughout the recession. Economic factors will have an undetermined impact on the future employment growth 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. Florida’s population is growing and aging, and the aging population will need more care – both acute care in hospitals and long-term care provided through home health agencies and skilled nursing facilities. All of these areas of employment rely on nurses as providers of safe and affordable healthcare. Nurse employers have a strong incentive to understand the potential growth drivers of the nurse workforce to strategically plan for the future. The Center’s 2013 nurse employer survey aims to measure demand for nurses within 6 key industries, and present the results within the frame of employment trends and estimates of future demand for nurses.

The Center’s 2013 nurse employer survey demonstrated that nurse turnover among all surveyed industries remains high. Median RN turnover (direct care RNs) is almost 20% in hospitals, 35% in skilled nursing and 50% in home health. LPN and CNA turnover is similarly high. Average turnover increased slightly since 2011 among direct care hospital RNs and psychiatric hospital indirect care RNs, but decreased in all other industry groups. Turnover among LPNs and CNAs increased across most industries.

The estimated number of RN vacancies has increased in home health, but decreased in hospitals when compared to 2011. Even though the vacancy trends fluctuate, the estimated number of vacancies for RNs in hospitals is about 6,000. The estimated number of vacant LPN and CNA nursing positions have increased in home health, continuing a trend that began in 2009 and will likely continue. Likewise, vacancy rates have nudged upward since our last survey in 2011, but are still below our baseline 2007 levels. Vacancy rates are higher for all nurses within skilled nursing facilities, but these should be interpreted with caution due to the limited response by this industry group.

As a measure of future demand for nurses, the Center asked survey respondents to estimate the number of new nursing positions that are anticipated to be created in 2014. A large percentage of responders within hospitals and skilled nursing chose not to report projected new positions. Using the available data, the Center estimates that about 4,100 new RN positions, 1,850 new LPN positions and 3,200 new CNA positions will be created in 2014. Economic uncertainty from the Affordable Care Act, Medicare and Medicaid reimbursement changes, and the general economic climate affect employers (hospitals and others) ability to plan for new positions. ***These estimates should be interpreted with caution as economic changes will influence industry hiring practices.*** The 2014 estimates of growth overall are lower than the 2012 estimates among all types of nurses. The strongest growth numbers are estimated to be in the home health industry. 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.

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. Though the Center’s findings demonstrate a reduced need for nurses as measured by this combination of positions when comparing the 2011 survey results to the current survey: 15,740 (2011 survey) compared to 13,274 (2013 survey), demand remains high. This decreased need may signal a new trend to monitor, but it is too early to tell given the aforementioned economic drivers. Additionally, the skilled nursing industry was not included in the 2013 estimates due to insufficient data. Assuming the same combined need for RNs in skilled nursing as was true in 2011 (1,267), and incorporating this number into the current estimates brings the total estimated need for RNs among these industries through 2014 to 14,541. During academic year 2011-12, Florida produced a combined total of 9,787 associate and baccalaureate graduates,<sup>13</sup> clearly this is an inadequate production of new nurses to meet the need.

**Table 10. Combined Vacancies (as of June 30, 2013) and Projected Growth (through 2014) for Registered Nurses by Industry**

	RN Vacancies (2013)	RN Growth (2014)	Combined
Hospitals	5,982	785	6,766
Skilled Nursing Facilities	<i>Insufficient Data</i>		
Home Health	2,773	3,159	5,932
Public Health	55	13	68
Hospice	226	112	338
Psychiatric Hospital	76	94	170
Total (all groups)	<b>9,111</b>	<b>4,163</b>	<b>13,274</b>

In this current survey, employers reported their most difficult to fill positions are a combination of staff RNs and positions which require experience and/or advanced education; whereas in previous surveys, the most difficult to fill positions were those requiring experience and/or education. Results from the current survey indicate a more complicated picture of difficult to fill positions. Hospitals need nurses with specialized experience such as adult critical care and emergency room. The positions of unit managers and administrators require experience and education, and were also difficult to fill. However, other industries reported that Staff RN positions were most difficult to fill, as were CNAs/Aides and LPNs. Nurses with little experience should look to industries outside of hospitals for positions, as these industries have need for staff nurses. It is also evident that nurse educators must prepare graduates to work in the industries that have openings in staff positions instead of perpetuating the belief that new graduates should begin work in a hospital setting. This may involve development of new residency programs to facilitate the school to work transition.

The Center has heard anecdotal reports of new graduate nurses having difficulty finding employment. Interestingly, our survey results found that over 90% of responding hospitals, 75% of psychiatric hospitals, and 85% of skilled nursing facilities reported that they hire new graduate RNs. In addition, 77% of skilled nursing facilities and 24% of home health agencies indicated they hired new graduate LPNs. Our results are in line with a recent American Association of Colleges of Nursing (AACN) report showing 59% of new BSN graduates had a job offer at graduation and 89% had a job offer 4-6 months after graduation.<sup>14</sup> 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 or retire.

National data from the AACN indicate that almost 44% of hospitals and other healthcare settings require newly employed nurses to have a BSN, and 78.6% prefer BSN graduates.<sup>14</sup> In Florida, these results show that over 70% of responding hospitals and psychiatric hospitals preferentially hire new BSN nurses, but this was not the case in other employment settings. The majority of other industries surveyed do not preferentially hire BSNs. Most employers surveyed provide some form of support for nurses to pursue advanced education. The IOM report recognizes that given nurses increasingly complicated work environment, the proportion of nurses with Baccalaureate degrees should increase in order to respond to the demands of today's workforce needs.

The Center would like to recognize and thank our survey partners for their valuable assistance. Our partnerships with Florida Hospice and Palliative Care Association, 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

Four key areas of need are identified from the results of analysis of the 2013 nurse employer survey:

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

The median turnover of RNs is 18% in hospitals (for direct care) and 35% in home health. The average turnover rate has increased for LPNs and CNAs in hospitals, skilled nursing, and public health over the past two years, and this combined turnover impacts the retention of nurses in Florida. There will be an increasing demand for nurses in Florida as the economy recovers, the population ages, nurses in the Baby Boomer cohort resume or begin their retirement plans, and the Affordable Care Act is implemented. Hospital survey respondents reported difficulty filling nursing positions that require experience and/or advanced education, and other industries also reported difficulty filling nurse manager and administrator positions. Retention should focus on both the need for experienced nurses to fill these roles, while also retaining the less experienced nurses so that they can continue to gain industry experience and advance in the career ladder into higher level positions. Retention efforts for the experienced, aging workforce should focus on efforts to improve the work environment and implement programs to accommodate an aging nurse workforce. Employers must identify specific issues that are leading to turnover in their institutions and implement changes to minimize the loss. A good start would be to ask their existing staff about issues that create job frustration or would prompt them to leave their position, and what they would recommend for solutions.

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

Ninety percent of responding hospitals and 85% of responding skilled nursing facilities reported they hire new graduate RNs. Our report estimates over 4,000 new RN positions and over 3,000 new CNA positions will be created in 2014. Furthermore, skilled nursing, home health, public health and hospice settings indicated a need for staff RNs. These positions typically require less experience than the manager and administrator level positions, and may perhaps be filled by new graduates. Florida's nursing education programs are growing in number, as are the number of graduates, and the ability of new graduate nurses to fill the needed positions should be tracked closely to better align education with industry need. Meanwhile, Florida education program surveys indicate that a shortage of qualified faculty and inadequate clinical capacity are barriers to expansion of pre-licensure and post-licensure nursing programs. To help ease the future faculty shortage, nurses must be incentivized to enter graduate education programs with the trajectory of becoming nurse faculty. Limited clinical capacity for education programs remains problematic. Clinical education sites for LPN programs are decreasing because facilities that no longer hire LPNs will not allow LPNs to train in their facilities. RN and Master's programs are also experiencing problems with limited clinical capacity. Advancing the use of simulation technology for educational purposes in academic and industry settings must occur to ease the clinical capacity barriers as well as expanding the industry sites used for clinical education beyond the traditional acute care facilities.

3. *Focus on the need for nurses at all levels of licensure in the home care setting, as the nation's care delivery settings continually evolve.*

Home health agencies are predicted to experience the largest growth in nursing positions among our surveyed industries, with expected growth of over 3,000 RN positions, 1,700 LPN positions, and 2,700 CNA positions through 2014. Home health agencies also have the highest number of estimated vacancies for LPNs and CNAs, and over 2,700 RN vacancies. As non-traditional (i.e., non-hospital) care

delivery settings grow due to an aging population and care shifting away from hospitals, there will be a continued need for experienced RNs and APNs in the home care field. Nurses who develop experience and skills in these practice areas will be able to expand their skill set and subsequent professional opportunities. Nursing educational curriculum should address those clinical sites that reflect contemporary nursing practice, both to highlight other employment opportunities and give students an opportunity to broaden their academic experiences. Home health agencies also have among the highest reported turnover, and retention in this industry needs to be targeted as well. Employers must identify what issues are leading to turnover in their facilities and implement changes to minimize the loss.

*4. 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 demand study biennially, the Center provides trend analyses to 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. Financial support for this work is needed to assure ongoing collection and future trending of results. Participatory support is critical to elevate the quality of the data used in analysis.

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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.<sup>1</sup> 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.<sup>2</sup>

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 report only on their hospital. In nine 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 Hospice and Palliative Care Association, 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 2013. We conducted a mail survey because email contact information was not available for hospitals, psychiatric hospitals, public health, home health, and skilled nursing. For hospices only, we had email contact information, and surveys were sent to hospices via email.

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 9.3, Cary, NC). Percentages and means were calculated by industry and nurse category (RN, APN, 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, 2013. 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.,<sup>3</sup> 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, 2013. 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, 2012 and June 30, 2013 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2013. 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).<sup>3</sup> If significant growth occurred between July 1, 2012 and June 30, 2013 in a facility, our turnover rates may be inflated for that facility.

### Constructing Estimates for Non-respondents

Non-response rates for the questions on growth of new positions during the next year (estimated number of new positions) was very high for this survey; approximately 46% of hospitals, 33% of psychiatric hospitals, 30% of home health agencies, and 83% of skilled nursing facilities did not respond to this question. Facilities cited uncertainty in the state and national economy, potential changes in Medicare and Medicaid reimbursement guidelines, and uncertainty over changes resulting from the

Affordable Care Act as reasons why they could not anticipate future job creation. Non-response rates were approximately 79% for skilled nursing facilities for the questions regarding current nursing position vacancies. After review of the data, statewide estimates of nursing position growth were calculated for hospitals, psychiatric hospitals, public health departments, hospices, and home health agencies. ***Given the variability of the data, the reader should interpret these results of estimated new growth positions with caution.*** Statewide estimates of vacancies or growth were not calculated for skilled nursing facilities because of the exceptionally high item non-response.

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. Conditional imputation was used when enough data were available to make robust estimates within the strata. 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 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 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. Because of the large variability in the data, the imputation analysis produced a wide range of results, particularly for hospital estimates of vacant positions and growth. Ranges are reported for vacancies and growth (Tables A1 and A2) to give the reader a sense of the potential shifts in these estimates.

**Table A1. Estimated Range of Statewide Number of Vacant Nursing Positions as of June 30, 2013**

	RN Vacancies		APN Vacancies		LPN Vacancies		CNA Vacancies	
	Low	High	Low	High	Low	High	Low	High
Hospitals	4,964	7,000	75	206	86	227	871	1,162
Skilled Nursing Facilities	<i>Insufficient data</i>							
Home Health	2,674	2,871	--	--	1,488	1,538	1,269	1,404
Public Health	51	58	5	7	17	22	11	11
Hospice	221	232	2	6	33	95	98	120
Psychiatric Hospital	74	78	--	--	6	22	118	148
<b>Total (all groups)</b>	<b>7,984</b>	<b>10,238</b>	<b>82</b>	<b>219</b>	<b>1,630</b>	<b>1,904</b>	<b>2,367</b>	<b>2,846</b>

**Table A2. Estimated Range of One-year Statewide Growth in new Nursing Positions (through 2014)**

	RN Growth		APN Growth		LPN Growth		CNA Growth	
	Low	High	Low	High	Low	High	Low	High
Hospitals	257	1,312	33	168	0	0	89	518
Skilled Nursing Facilities	<i>Insufficient data</i>							
Home Health	3,066	3,253	--	--	1,738	1,771	2,583	2,944
Public Health	13	13	9	10	17	24	5	5
Hospice	52	172	4	13	29	96	34	112
Psychiatric Hospital	59	129	--	--	7	36	25	129
<b>Total (all groups)</b>	<b>3,447</b>	<b>4,879</b>	<b>46</b>	<b>191</b>	<b>1,791</b>	<b>1,927</b>	<b>2,736</b>	<b>3,708</b>

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**APPENDIX B**

**SURVEY INSTRUMENTS**

## Florida Center for Nursing's 2013 Statewide Nurse Employer Survey: Hospitals

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.)

**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. **Advanced Practice Nurses** include Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives. **New Positions** are positions that do not currently exist, but are expected to be created over the next year (perhaps due to expansion or increased personnel need).

	# of full-time employees on June 30, 2013	# of part-time employees on June 30, 2013	# of vacant positions being actively recruited on June 30, 2013		# of separations† between 07/01/12 and 06/30/13	# of NEW positions you intend to create over the next year (through June 30, 2014)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. APNs (CNM, CRNA, NP, CNS)							
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. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2013? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.

	Per Diem (# workers)	Contract/Agency/Traveling (# FTEs)
a. RNs (Direct Care)		
b. RNs (Indirect Care)		
c. APNs		
d. LPNs		
e. CNAs		

3. What is the maximum hours per week that is considered part-time in your organization?

\_\_\_\_\_ hours

Nurse Residency Programs	
4. Do you have a nurse residency program?	_____ Yes _____ No
5. How long is the program?	_____ weeks
6. Is the participant receiving full salary?	_____ Yes _____ No
Hiring New Graduates	
7. Are you hiring new graduate RNs?	_____ Yes _____ No
8. Do you preferentially hire new graduate BSNs?	_____ Yes _____ No

<b>Recruitment</b>	
9. Which positions were difficult to fill in the past year (07/01/2012 to 06/31/2013)?	<b>Check if Yes (✓)</b>
Adult Critical Care	
Acute Care / Med-Surg	
Cardiac Cath Lab/Special Services	
Emergency Department	
Case Managers/ Discharge Planners	
Labor & Delivery/Postpartum care	
Oncology	
Operating Room	
Pre- and Post-op Care	
Rehabilitation	
Risk Management/QI/Infection Control	
Telemetry	
Neonatal Critical Care	
Pediatrics	
Pediatric Critical Care	
Unit-level Nurse Managers	
Nurse Administrators	
Nurse Anesthetists	
Nurse Midwives	
MSN prepared Clinical Nurse Specialist	
Nurse Practitioners (all types)	
Other: _____	

<b>Education</b>
10. Do you require ADNs to attain a BSN within a specific timeframe? _____ Yes      _____ No
11. If so, what is the time frame? _____ years
12. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) _____ Yes      _____ No
13. What type of support is provided? Select all that apply. _____ Tuition reimbursement      _____ Flexible Schedule _____ Scholarship      _____ Other
14. Do you have a pay differential for advanced academic degrees? _____ Yes      _____ No
15. Do you have a pay differential for national certifications? _____ Yes      _____ No

## Florida Center for Nursing's 2013 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.) **New Positions** are positions that do not currently exist, but are expected to be created over the next year (perhaps due to expansion or increased personnel need).

	# of full-time employees on June 30, 2013	# of part-time employees on June 30, 2013	# of vacant positions being actively recruited on June 30, 2013		# of separations† between 07/01/12 and 06/30/13	# of NEW positions you intend to create over the next year (through June 30, 2014)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. APNs							
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.

**2.** How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2013? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.

	Per Diem (# workers)	Contract/Agency/Traveling (# FTEs)
a. RNs (Direct Care)		
b. RNs (Indirect Care)		
c. APNs		
d. LPNs		
e. CNAs		

**3.** What is the maximum hours per week that is considered part-time in your organization? \_\_\_\_\_ hours

**Nurse Residency Programs**

4. Do you have a nurse residency program? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. How long is the program? \_\_\_\_\_ weeks

6. Is the participant receiving full salary? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Hiring New Graduates**

7. Are you hiring new graduate LPNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are you hiring new graduate RNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Do you preferentially hire new graduate BSNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Recruitment</b>	
10. Which positions were difficult to fill in the past year (07/01/2012 to 06/31/2013)?	<b>Check if Yes (✓)</b>
Nurse Aides / Direct Care Assistants	
LPNs	
Inpatient Staff RNs	
Home Hospice Staff RNs	
In-service Educators	
Quality Control Nurses	
Infection Control Nurses	
Nurse Administrators	
Patient Care Managers/Coordinators	
Project Coordinators	
Nurse Practitioners	
Other: _____	

<b>Education</b>
11. Do you require ADN's to attain a BSN within a specific timeframe? _____ Yes      _____ No
12. If so, what is the time frame? _____ years
13. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) _____ Yes      _____ No
14. What type of support is provided? Select all that apply. _____ Tuition reimbursement      _____ Flexible Schedule _____ Scholarship      _____ Other
15. Do you have a pay differential for advanced academic degrees? _____ Yes      _____ No
16. Do you have a pay differential for national certifications? _____ Yes      _____ No

## Florida Center for Nursing's 2013 Statewide Nurse Employer Survey: Psychiatric Hospitals

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.)

**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. **APNs** include Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives. **New Positions** are positions that do not currently exist, but are expected to be created over the next year (perhaps due to expansion or increased personnel need).

	# of full-time employees on June 30, 2013	# of part-time employees on June 30, 2013	# of vacant positions being actively recruited on June 30, 2013		# of separations† between 07/01/12 and 06/30/13	# of NEW positions you intend to create over the next year (through June 30, 2014)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. APNs							
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. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2013? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.

	Per Diem (# workers)	Contract/Agency/Traveling (# FTEs)
a. RNs (Direct Care)		
b. RNs (Indirect Care)		
c. APNs		
d. LPNs		
e. CNAs		

3. What is the maximum hours per week that is considered part-time in your organization?  
\_\_\_\_\_ hours

**Nurse Residency Programs**

4. Do you have a nurse residency program? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. How long is the program? \_\_\_\_\_ weeks

6. Is the participant receiving full salary? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Hiring New Graduates**

7. Are you hiring new graduate RNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Do you preferentially hire new graduate BSNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Recruitment</b>	
9. Which positions were difficult to fill in the past year (07/01/2012 to 06/31/2013)?	<b>Check if Yes (✓)</b>
Psych Aides/CNAs	
LPNs	
Direct Care/Staff RNs for:	
Psych / Mental Health Care	
Rehabilitation	
Other: _____	
Case Managers / Discharge Planners	
In-service Educators	
Quality and Infection Control	
Unit-level Nurse Managers	
Nurse Administrators	
MSN-prepared Clinical Nurse Spec.	
Psych Nurse Practitioners	
Family/Adult Nurse Practitioners	
Other: _____	

<b>Education</b>
10. Do you require ADNs to attain a BSN within a specific timeframe? _____ Yes      _____ No
11. If so, what is the time frame? _____ years
12. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) _____ Yes      _____ No
13. What type of support is provided? Select all that apply. _____ Tuition reimbursement      _____ Flexible Schedule _____ Other
14. Do you have a pay differential for advanced academic degrees? _____ Yes      _____ No
15. Do you have a pay differential for national certifications? _____ Yes      _____ No

## Florida Center for Nursing's 2013 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!

<b>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.</b>	
<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 ( <b>skip to #3</b> )	

**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.) **New Positions** are positions that do not currently exist, but are expected to be created over the next year (perhaps due to expansion or increased personnel need).

	# of full-time employees on June 30, 2013	# of part-time employees on June 30, 2013	# of vacant positions being actively recruited on June 30, 2013		# of separations† between 07/01/12 and 06/30/13	# of NEW positions you intend to create over the next year (through June 30, 2014)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. APNs							
d. LPNs							
e. 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.

<b>3. How many per diem, agency, or other temporary nurses did your agency employ as of June 30, 2013? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.</b>		
	Per Diem (# workers)	Contract/Agency/Traveling (# FTEs)
a. RNs (Direct Care)		
b. RNs (Indirect Care)		
c. APNs		
d. LPNs		
e. CNAs/HHAs		

<b>4. 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.</b>	
a. RNs (Direct Care)	_____
b. RNs (Indirect Care)	_____
c. APNs	_____
d. LPNs	_____
e. CNAs/HHAs	_____

<b>Recruitment</b>	
5. Which positions were difficult to fill in the past year (07/01/2012 to 06/31/2013)?	<b>Check if Yes (✓)</b>
HHAs/CNAs	
LPNs	
Home Care Staff RNs	
Infusion Specialists	
Oncology Specialists	
Quality / Infection Control	
Case Managers / Discharge Planners	
In-service Educators	
Nurse Administrators	
MSN-prepared Clinical Nurse Spec.	
Nurse Practitioners (all types)	
Other: _____	

6. What is the maximum hours per week that is considered part-time in your organization?  
 \_\_\_\_\_ hours

<b>Nurse Residency Programs</b>
7. Do you have a nurse residency program? _____ Yes _____ No
8. How long is the program? _____ weeks
9. Is the participant receiving full salary? _____ Yes _____ No

<b>Hiring New Graduates</b>
10. Are you hiring new graduate LPNs? _____ Yes _____ No
11. Are you hiring new graduate RNs? _____ Yes _____ No
12. Do you preferentially hire new graduate BSNs? _____ Yes _____ No

<b>Education</b>
13. Do you require ADNs to attain a BSN within a specific timeframe? _____ Yes _____ No
14. If so, what is the time frame? _____ years
15. Is support provided for nurses to achieve advanced degrees or certifications? (ADN to BSN, Master's, Doctoral, certifications) _____ Yes _____ No
16. What type of support is provided? Select all that apply. _____ Tuition reimbursement _____ Flexible Schedule _____ Scholarship _____ Other
17. Do you have a pay differential for advanced academic degrees? _____ Yes _____ No
18. Do you have a pay differential for national certifications? _____ Yes _____ No

## Florida Center for Nursing's 2013 Statewide Nurse Employer Survey: Public Health Departments

The Florida Center for Nursing is 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 Health Department'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.) **New Positions** are positions that do not currently exist, but are expected be created over the next year (perhaps due to expansion or increased personnel need).

	# of full-time employees on June 30, 2013	# of part-time employees on June 30, 2013	# of vacant positions being actively recruited on June 30, 2013		# of separations† between 07/01/12 and 06/30/13	# of NEW positions you intend to create over the next year (through June 30, 2014)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. APNs							
d. LPNs							
e. CNAs							

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

2. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2013? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.

	Per Diem (# workers)	Contract/Agency/Traveling (# FTEs)
a. RNs (Direct Care)		
b. RNs (Indirect Care)		
c. APNs		
d. LPNs		
e. CNAs		

3. What is the maximum hours per week that is considered part-time in your organization?

\_\_\_\_\_ hours

### Nurse Residency Programs

4. Do you have a nurse residency program? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. How long is the program? \_\_\_\_\_ weeks

6. Is the participant receiving full salary? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Hiring New Graduates

7. Are you hiring new graduate RNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Do you preferentially hire new graduate BSNs? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Recruitment</b>	
9. Which positions were difficult to fill in the past year (07/01/2012 to 06/31/2013)?	<b>Check if Yes (✓)</b>
CNAs	
School Nurses	
Occupational Health Nurses	
Clinic Staff Nurses	
Quality Control Nurses	
Infection Control Nurses	
In-service Educators	
Nurse Supervisors	
Nurse Administrators	
Epidemiology Nurses	
Care Coordinator/Case Mgmt. Nurses	
Community Outreach Nurses	
Nurse Practitioners and Midwives	
Other: _____	

<b>Education</b>
10. Do you require ADNs to attain a BSN within a specific timeframe? _____ Yes      _____ No
11. If so, what is the time frame? _____ years
12. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) _____ Yes      _____ No
13. What type of support is provided? Select all that apply. _____ Tuition reimbursement      _____ Flexible Schedule _____ Scholarship      _____ Other
14. Do you have a pay differential for advanced academic degrees? _____ Yes      _____ No
15. Do you have a pay differential for national certifications? _____ Yes      _____ No

## Florida Center for Nursing's 2013 Statewide Nurse Employer Survey: Skilled Nursing Facilities

The Florida Center for Nursing is 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.) **New Positions** are positions that do not currently exist, but are expected to be created over the next year (perhaps due to expansion or increased personnel need).

	# of full-time employees on June 30, 2013	# of part-time employees on June 30, 2013	# of vacant positions being actively recruited on June 30, 2013		# of separations† between 07/01/12 and 06/30/13	# of NEW positions you intend to create over the next year (through June 30, 2014)	
			full-time	part-time		full-time	part-time
a. RNs (Direct Care)							
b. RNs (Indirect Care)							
c. APNs							
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.

2. How many per diem, agency, or other temporary nurses did your facility employ as of June 30, 2013? Include all nurses not counted as part of the facility's permanent, regularly scheduled employees. Enter "0" if none.

	Per Diem (# workers)	Contract/Agency/Traveling (# FTEs)
a. RNs (Direct Care)		
b. RNs (Indirect Care)		
c. APNs		
d. LPNs		
e. CNAs		

3. What is the maximum hours per week that is considered part-time in your organization? \_\_\_\_\_ hours

Nurse Residency Programs	
4. Do you have a nurse residency program?	_____ Yes _____ No
5. How long is the program?	_____ weeks
6. Is the participant receiving full salary?	_____ Yes _____ No
Hiring New Graduates	
7. Are you hiring new graduate LPNs?	_____ Yes _____ No
8. Are you hiring new graduate RNs?	_____ Yes _____ No
9. Do you preferentially hire new graduate BSNs?	_____ Yes _____ No

<b>Recruitment</b>	
10. Which positions were difficult to fill in the past year (07/01/2012 to 06/31/2013)?	<b>Check if Yes (✓)</b>
Nurse Aides / Direct Care Assistants	
LPNs	
Direct Care/Staff RNs	
In-service Educators	
Unit-level Nurse Managers	
Nurse Administrators	
Quality / Infection Control	
Rehabilitation	
Case Managers / Discharge Planners	
Minimum Data Set Nurses	
MSN-prepared Clinical Nurse Spec.	
Geriatric Nurse Practitioners	
Family or Adult Nurse Practitioners	
Other: _____	

<b>Education</b>
11. Do you require ADNs to attain a BSN within a specific timeframe? _____ Yes      _____ No
12. If so, what is the time frame? _____ years
13. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) _____ Yes      _____ No
14. What type of support is provided? Select all that apply. _____ Tuition reimbursement      _____ Flexible Schedule _____ Scholarship      _____ Other
15. Do you have a pay differential for advanced academic degrees? _____ Yes      _____ No
16. Do you have a pay differential for national certifications? _____ Yes      _____ No