



Florida's Demand for Nurses: 2015 Employer Survey

January 2016



Addressing Nurse Workforce Issues for the Health of Florida

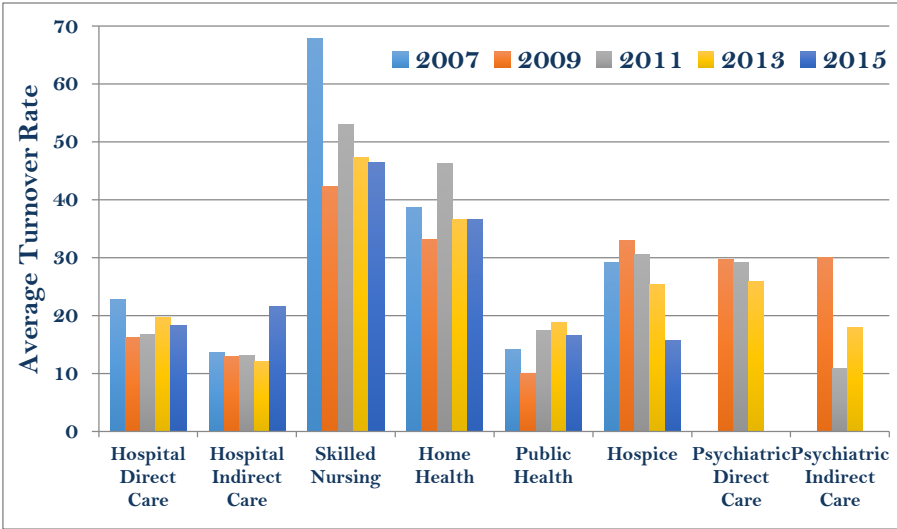
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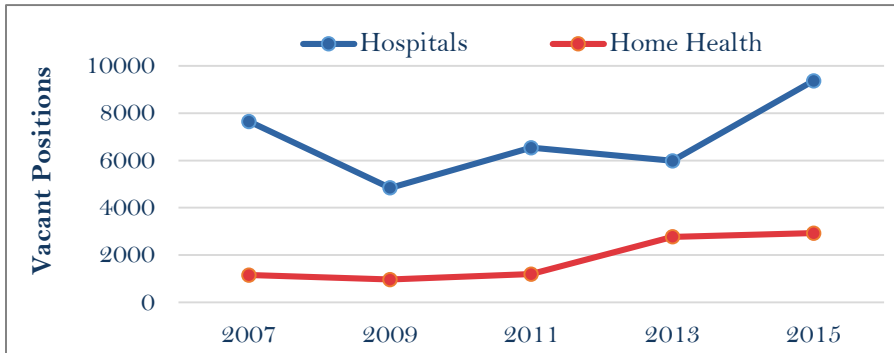
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The information below represents the **key findings** on demand for nurses in Florida. State level data for each licensure category by industry is provided within the report. Trend analysis is provided for 2007 through 2015 when available.

Average Turnover Rates for RNs, 2007 to 2015



Trends of RN Estimated Vacant Positions for Hospitals and Home Health Facilities, 2007 to 2015



Vacant Positions (2015) and Projected Growth (2016) for RNs by Industry

Industry	RN Vacancies 2015	RN Growth 2016	Combined
Hospitals	9,365	3,937	13,301
Skilled Nursing	<i>Insufficient data</i>		
Home Health	2,926	5,874	8,800
Public Health	40	19	58
Hospice	163	118	281
Total (all groups)	12,493	9,947	22,440

- **Turnover** has increased for RNs in hospitals (indirect care) and decreased or remained stable in other industries.
- The number of **separations** reported by the respondents in 2015 was highest for RNs at 6,023. CNA separations were 2,477; ARNPs (89) and LPNs (951).
- **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 **12,493 vacant RN positions**, and **9,947 estimated new RN positions** to be created in 2016.
- **Vacancies and growth** will continue to 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.
- Over 70% of hospitals preferentially hire **new graduate BSNs**, this hiring pattern is not as common in other industries.

Recommendations

1. Support the Florida Center for Nursing's biennial nurse employer survey through continued funding and participation.
2. Focus on the need for nurses at all levels of licensure in the home care setting as the nation's care delivery system continually evolves.
3. Increase activities to improve retention of nurses with emphasis on Florida's existing nurse workforce.
4. Promote academic commitment to assuring a talent pool prepared to meet existing vacancies, projected growth, and emerging roles.

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 registered nurse practitioners (ARNP; including nurse practitioners, certified nurse midwives and certified registered nurse anesthetists) 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, ARNPs, and Certified Nursing Assistants (CNAs), including Home Health Aides (HHAs), in the state of Florida.

The survey instruments and further methodological details are presented in the Appendices.

SAMPLE SIZE AND REPRESENTATIVENESS

Table 1. Statewide Response Rates by Industry Group and Overall

Industry Group	# Surveys Distributed	# Surveys Returned	Response Rate
Hospitals	274	78	28%
Home Health	664	113	17%
Skilled Nursing	354	46	13%
Public Health	67	27	40%
Hospice	46	22	48%
Psychiatric Hospital	36	2	6%
Totals	1,441	288	20%

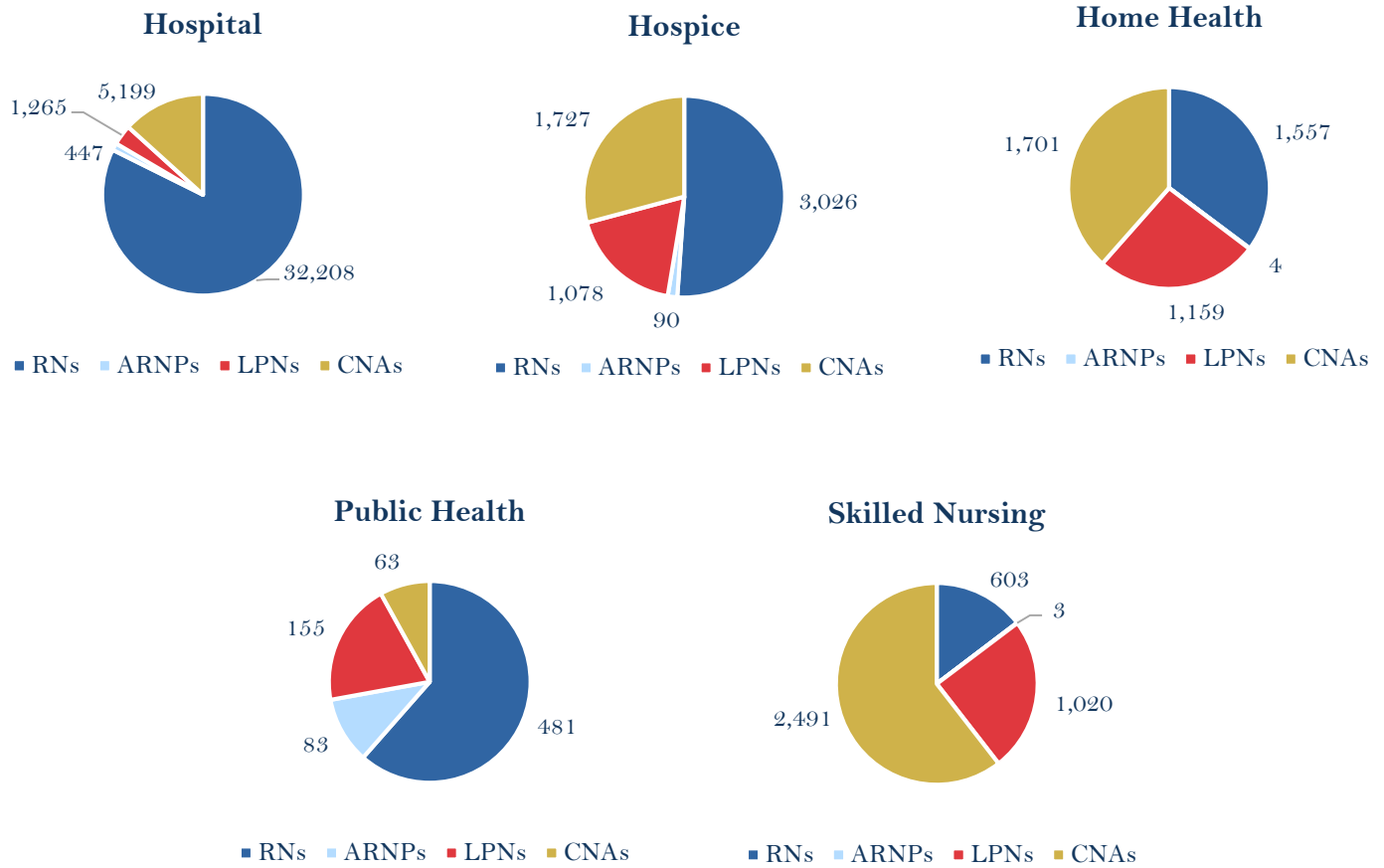
A total of 1,441 surveys were distributed to the six different industry groups. 288 were returned for an overall response rate of 20%, down from 25% in 2013 and 33% in 2011. The response rate was highest among hospices (48%) and lowest among psychiatric hospitals (6%) and skilled nursing facilities (13%).

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.

It was determined that the survey respondents do represent their respective industries in Florida with the exception of psychiatric hospitals. As such, responses from psychiatric hospitals were excluded from this report.

SKILL MIX AND STAFF SIZE

Figure 1. Number of Nurses Employed by Industry Reports



The employers who responded employed 37,875 RNs, 627 ARNPs, 4,677 LPNs and 11,181 CNAs (including home health aides). The nursing employment skill mix varies by industry (see Figure 1). Hospitals have the highest proportion of RNs at 82% while most of the employees at skilled nursing facilities are CNAs (61%). Public health departments and hospices also employ a large percentage of RNs in their staff mix; 61% and 51%, respectively. Per diem and temporary personnel are included in the total number of employees displayed in Figure 1; however, by nature of being per diem (employed by the facility but scheduled on an as needed basis) and temporary (traveling, agency and contract positions), these personnel were not accounted for in the separations, vacancies, or expected number of new positions through 2016.

Facilities varied in their use of temporary or per diem personnel (see Table 2). Most hospices (91%) used temporary/per diem nurses, as did 88% of hospitals compared to 15% of public health departments. Nearly 65% of home health agency employees were either temporary or per diem. In terms of part-time employees, the highest proportion was found in skilled nursing facilities followed by home health agencies.

Table 2. Distribution of Temporary/Per Diem and Part-time Employees among Responding Facilities

	% of facilities hiring Temporary or Per diem Employees	% of Temporary or Per diem Employees	% of Part-time Employees
Hospitals	88%	10%	7%
Skilled Nursing	59%	10%	18%
Home Health	69%	64%	17%
Public Health	15%	5%	15%
Hospices	91%	20%	7%

SEPARATIONS

The Center’s survey asked employers to report the number of separations between July 2014 and June 2015, but did not ask about the reasons for separations. In total, the survey respondents reported over 7,000 separations from licensed nurses (RNs, ARNPs, and LPNs combined), and nearly 2,500 separations from CNAs (see Table 3). 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 Figure 1).

Table 3. Separations Reported by Respondents; 07/01/2014-6/30/2015

	RNs	ARNPs	LPNs	CNAs	Total (all personnel)
Hospitals	4,622	50.5	201.5	1,008	5,881
Skilled Nursing	300	3	397	1,089	1,789
Home Health	376	5	103	123	607
Public Health	70	15	59	11	155
Hospice	655	15	190	247	1,107
Total (all groups)	6,023	89	951	2,477	9,539

Note: 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

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. RN turnover rates in the U.S. are estimated at 26.8%¹.

Table 4 presents turnover rates by industry group and personnel type. Turnover rates were computed using information on separations between July 1, 2014 and June 30, 2015 along with information on the number of budgeted positions (full and part time counted equally) as of June 30, 2015. 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 4. 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.

The highest median turnover rates for direct care RNs are within skilled nursing facilities and home health agencies. LPNs highest turnover rates (100%) are also in 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 hospices.

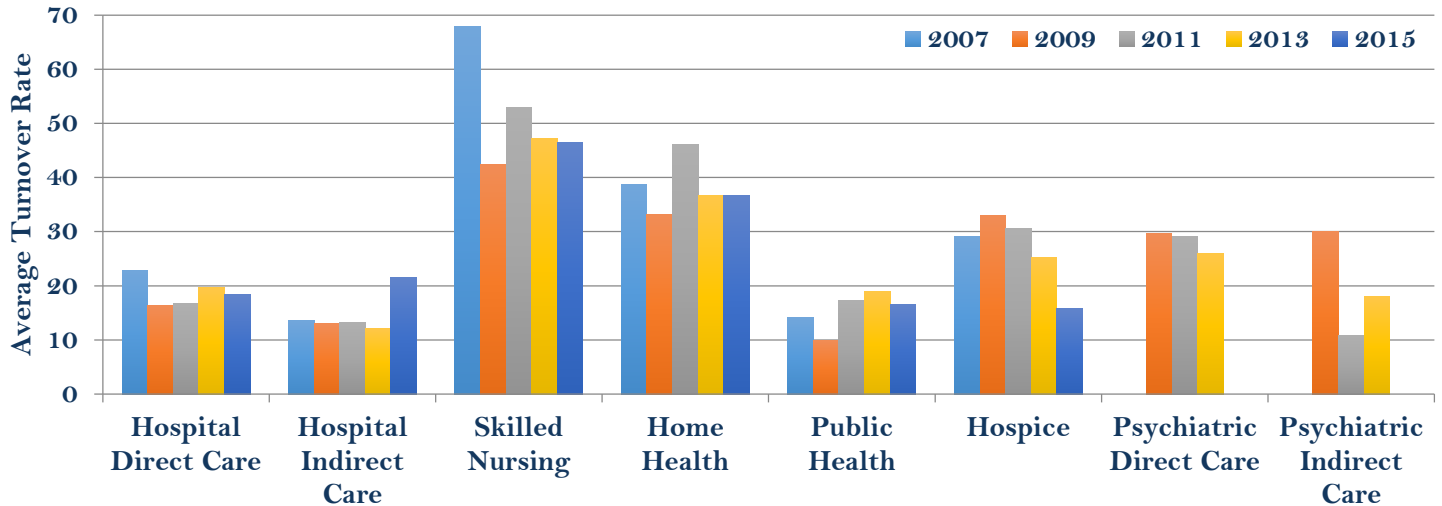
Table 4. Average and Median Turnover Rates Reported by Respondents, by Industry and Personnel

	RNs		ARNPs		LPNs		CNAs	
	Average	Median	Average	Median	Average	Median	Average	Median
Hospitals								
- Direct Care	18.3	16.2	11.3	0.0	26.0	16.7	24.4	17.2
- Indirect Care	21.6	12.5						
Skilled Nursing								
- Direct Care	131.5	44.5	75.1	38.8	100.0	100.0	49.7	37.5
- Indirect Care	32.0	13.3						
Home Health								
- Direct Care	60.4	34.8	22.4	22.2	29.0	0.0	24.4	15.4
- Indirect Care	32.6	22.2						
Public Health	16.6	11.8	28.1	0.0	23.9	20.0	25.2	7.9
Hospice								
- Direct Care	29.2	26.5	29.8	25.5	29.1	0.0	24.0	24.1
- Indirect Care	48.3	21.4						

RN TURNOVER TRENDS

2015 RN turnover has decreased since baseline in all industries except for public health and hospital indirect care. From the last survey in 2013, turnover has remained stable with a marked decrease in hospice (see Figure 2). When comparing 2013 turnover to current, the only increase for RNs was in hospital direct care.

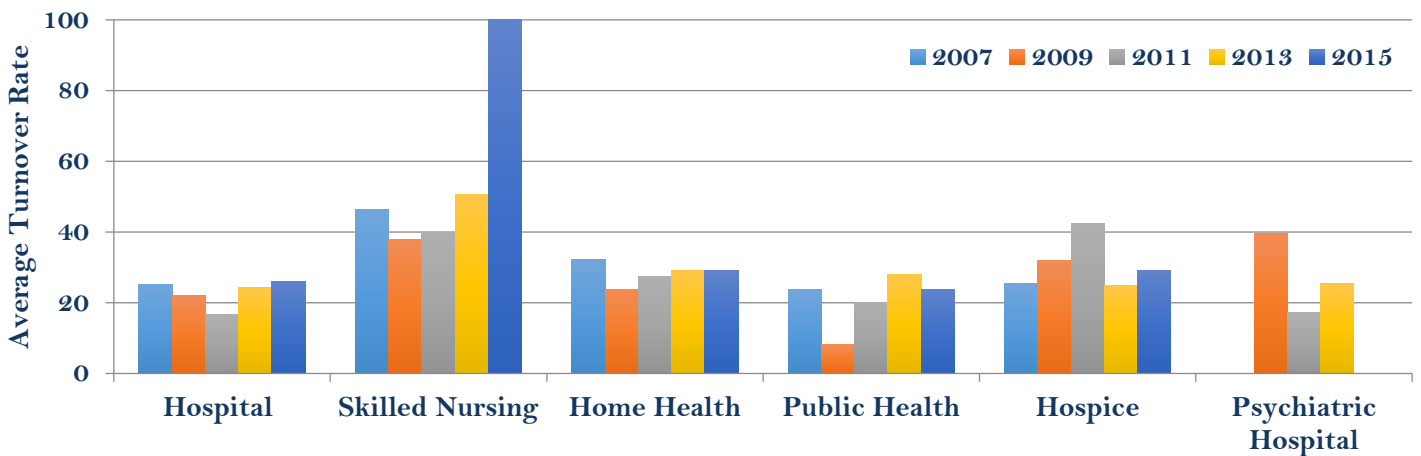
Figure 2. Average Turnover Rate for RNs, 2007-2015



LPN TURNOVER TRENDS

LPN turnover has remained stable since baseline in all industries with the exception of skilled nursing facilities where there has been a marked increase, resulting in a total 100% turnover of staff (see Figure 3). Since the last survey in 2013, LPN turnover rates have increased in hospitals, skilled nursing facilities, and hospices. No notable change was observed in home health agencies.

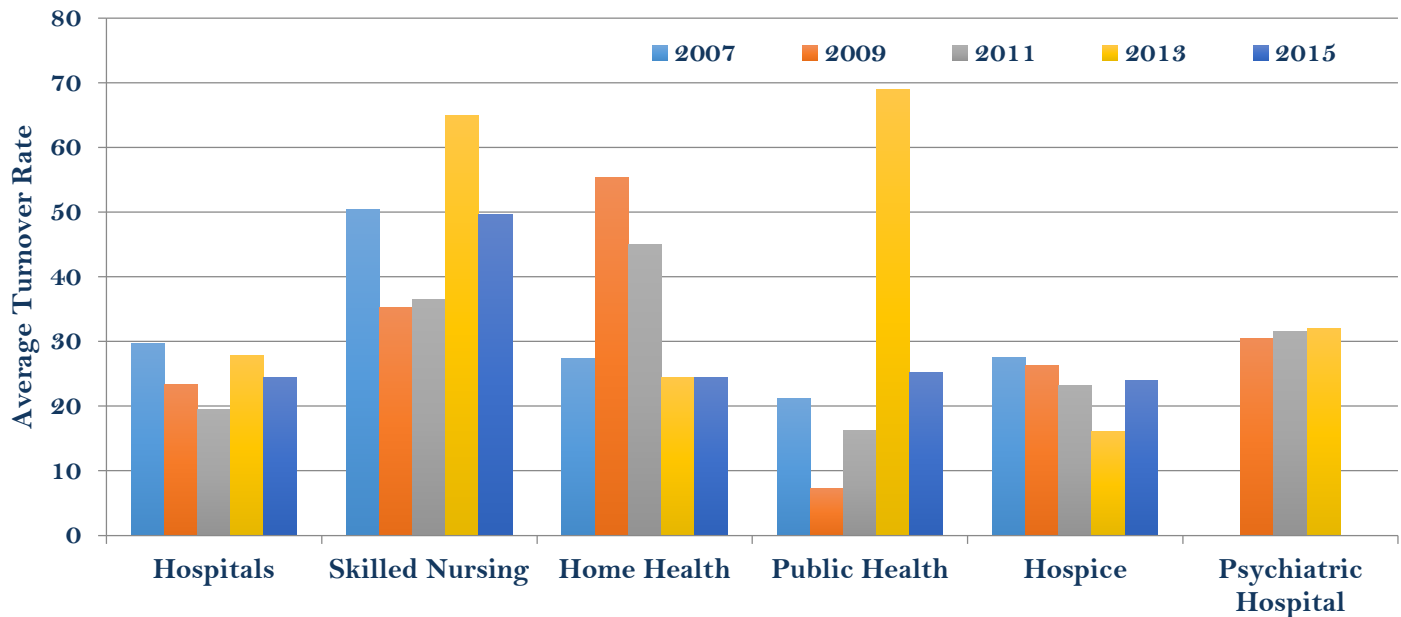
Figure 3. Average Turnover Rate for LPNs, 2007 to 2015



CNA TURNOVER

CNA turnover rates have decreased in hospitals, skilled nursing facilities, and public health departments since 2013. In relation to baseline measures in 2007, there has been a decrease in rates in hospitals, home health agencies, and hospices. Rates in public health departments increased while they remained stable in skilled nursing facilities since 2007.

Figure 4. Average Turnover Rate for CNAs, 2007 to 2015



***Note: ARNP trends were excluded due to small sample sizes in previous years.**

VACANCIES AND VACANCY RATES

Using employer survey responses, we estimated the total statewide vacancies in each industry and personnel type as of June 30, 2015 (see Appendix A for more details of the methodology). The average of the model estimates are reported here, and the ranges are reported in Appendix A. Nearly 60% 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 estimates for vacant nurse positions in the industries studied were nearly 12,500 vacant RN positions, 2,654 vacant LPN positions, and 3,111 vacant CNA positions as of June 30, 2015 (see Table 5). 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. Though data are not available, it can be inferred that there are significant vacancies in skilled nursing facilities given the high turnover rates.

Note: ARNP trends were excluded in the following sections due to small sample sizes.

Table 5. Estimated Statewide Number of Vacant Nursing Positions as of June 30, 2015

	RNs	LPNs	CNAs
Hospitals	9,365	184	1,190
Skilled Nursing	<i>Insufficient data</i>		
Home Health	2,926	2,380	1,849
Public Health	40	62	8
Hospice	163	28	64
Total (all groups)	12,493	2,654	3,111

RN ESTIMATED VACANT POSITION TRENDS

Figures 5a and b show the trend of estimated vacant positions for RNs in Florida since 2007. Hospital vacancies increased from 7,649 to 9,365 between 2007 and 2015. Home health RN vacancies also increased from 1,152 to 2,926 during this time frame. On the other hand, a downward trend is evident in public health departments (185 to 55) and hospices (491 and 226). Overall, there is an increase of nearly 30% in vacant RN positions since 2013.

Figure 5a. Trends of RN Estimated Vacant Positions for Hospitals and Home Health Facilities, 2007-2015

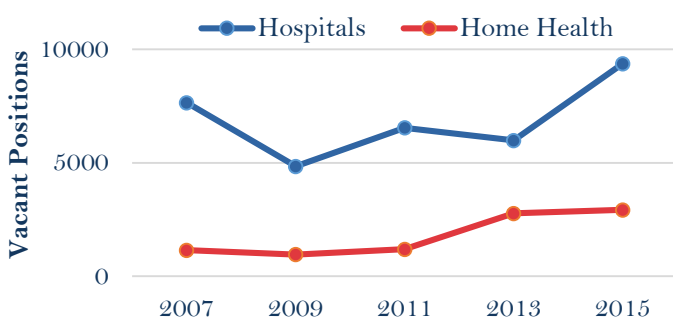
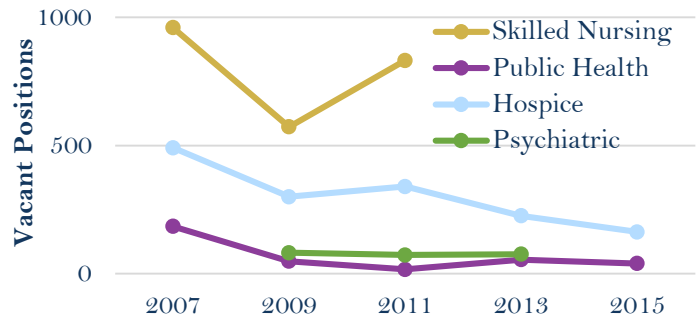


Figure 5b. Trends of RN Estimated Vacant Positions for Skilled Nursing, Public Health, Hospice and Psychiatric Facilities, 2007-2015



LPN ESTIMATED VACANT POSITION TRENDS

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; they also do not include skilled nursing facilities, which is one of the two largest employers of LPNs. Slight increases were observed in the number of LPN vacancies in hospitals and public health departments from 2013 to 2015. This may indicate a shift in hiring practices. The estimated number of home health LPN vacancies increased significantly from 1,513 to 2,380. Vacancies in hospices, on the other hand decreased from 64 to 28.

Figure 6a. Trends of LPN Estimated Vacant Positions for Skilled Nursing and Home Health Facilities, 2007 to 2015

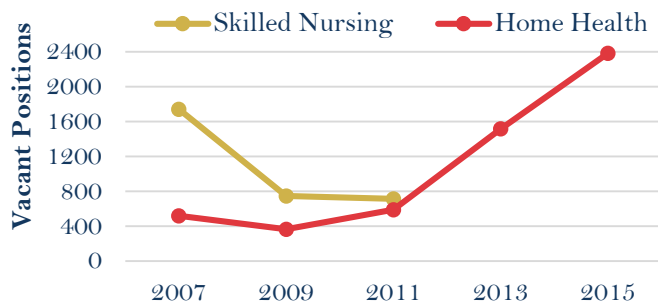
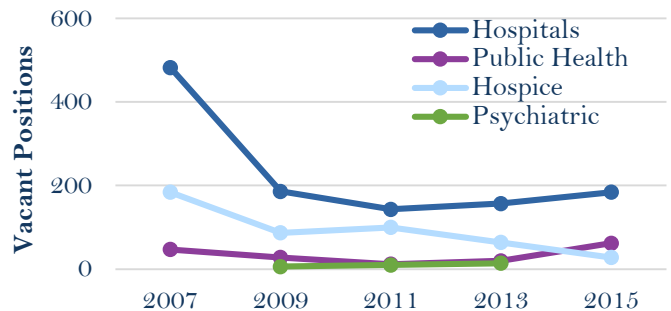


Figure 6b. Trends of LPN Estimated Vacant Positions for Hospitals, Public Health, Hospice and Psychiatric Facilities, 2007-2015



CNA ESTIMATED VACANT POSITION TRENDS

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 and home health agencies, so these estimates should be regarded with caution. The estimated CNA vacancies in hospitals increased marginally from 1,017 to 1,190 in the last two years. CNA vacancies in public health departments remained about the same while those in hospices decreased. However, estimated CNA vacancies in home health increased from 1,337 to 1,849.

Figure 7a. Trends of CNA Estimated Vacant Positions for Hospitals, Skilled Nursing and Home Health Facilities, 2007-2015

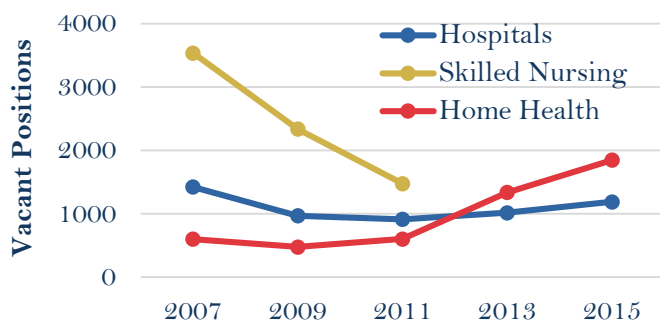
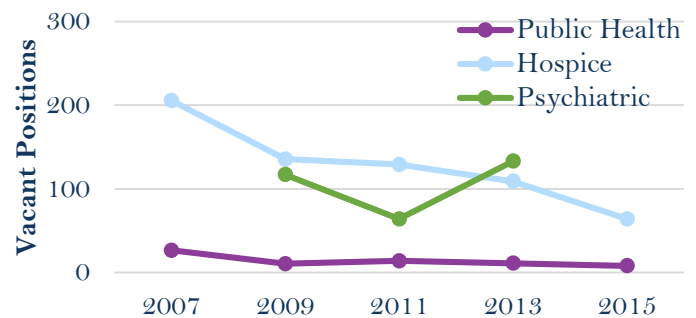


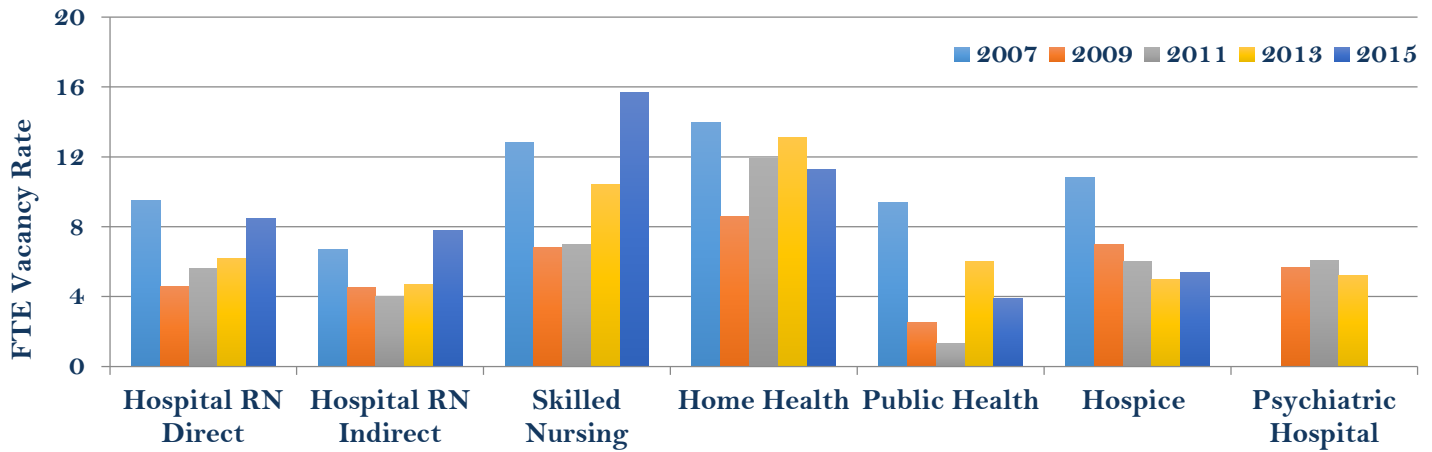
Figure 7b. Trends of CNA Estimated Vacant Positions for Public Health, Hospice and Psychiatric Facilities, 2007-2015



RN FTE VACANCY RATE TRENDS

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, 2015. 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 (see Appendix A for more details). Positions refer to the number of people while FTE refers to the number of budget lines. Since 2013, RN vacancy rates have increased for hospitals, skilled nursing facilities, and hospices. Hospital RN direct care vacancy rates have increased from 6% to 8.5% as have indirect care RN vacancy rates (4.7% to 7.8%). These estimates are comparable to the national RN vacancy rate of 8.1%². Home health vacancy rates have decreased from 13.1% in 2013 to 11.3% in 2015. Although vacancy rates for public health and skilled nursing have changed significantly, the reader should interpret these with caution because of small sample sizes.

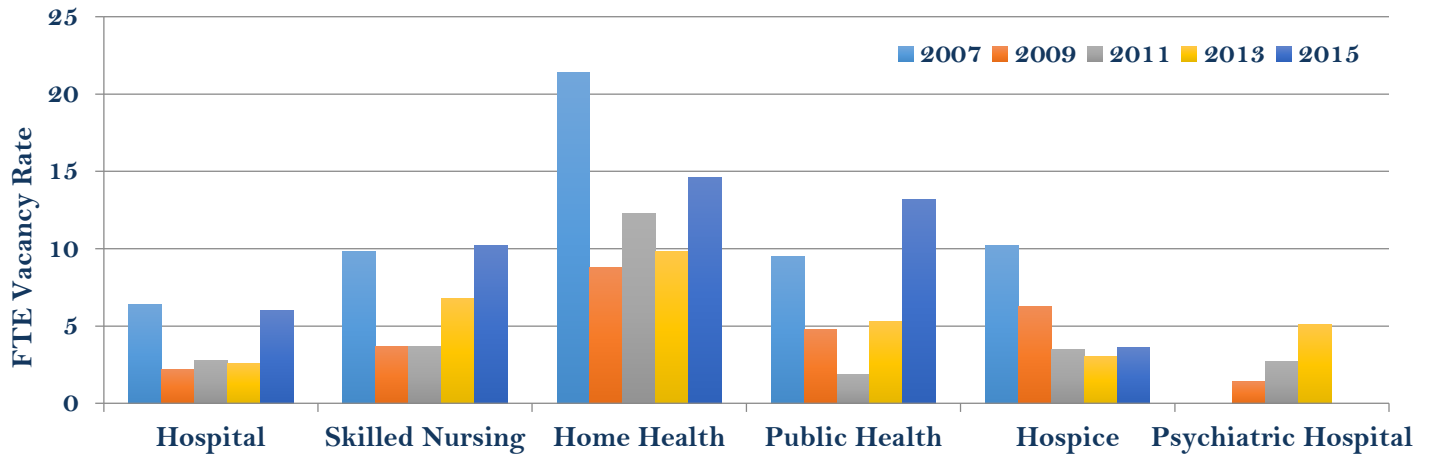
Figure 8. Changes in RN Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2015



LPN FTE VACANCY RATE TRENDS

LPN vacancy rates have increased in all industries assessed in the last two years. Skilled nursing and public health vacancy rates should be regarded with caution because of small sample sizes.

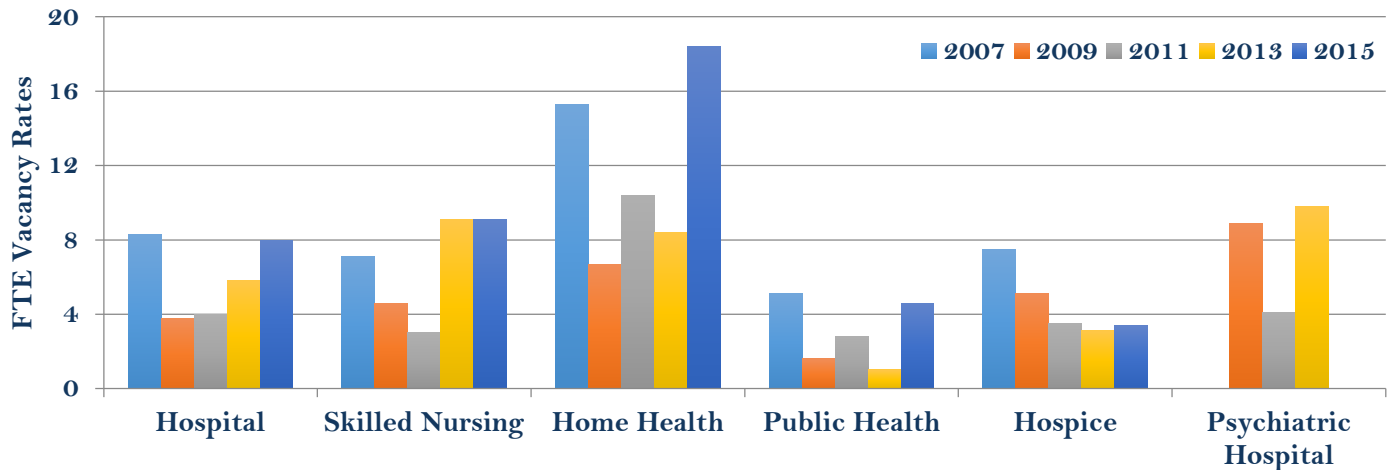
Figure 9. Changes in LPN Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2015



CNA FTE VACANCY RATE TRENDS

CNA FTE vacancy rates have increased in hospitals, home health agencies and public health departments since 2013. CNA vacancy rates have remained stable in skilled nursing facilities and hospices.

Figure 10. Changes in CNA Full-Time Equivalent Vacancy Rates by Industry, 2007 to 2015



PROJECTED ONE-YEAR GROWTH IN BUDGETED POSITIONS

In order to consider future need for nursing personnel, the survey asked respondents to estimate the total number of new positions they intend to create through June 2016. Survey respondents' answers were used to estimate growth of new nursing positions throughout Florida for 2016. 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 and psychiatric hospitals, 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 6, and the estimated growth by position is shown in Figure 11.

Estimated growth by industry and nurse type is shown in Table 6. Home health agencies are estimated to create the largest number of new nursing positions in 2016, 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. Hospitals will experience growth in RN and CNA positions and are not estimated to grow LPN positions. 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 growth as well. Thus the total number of new positions in these industry groups through 2016 is undercounted.

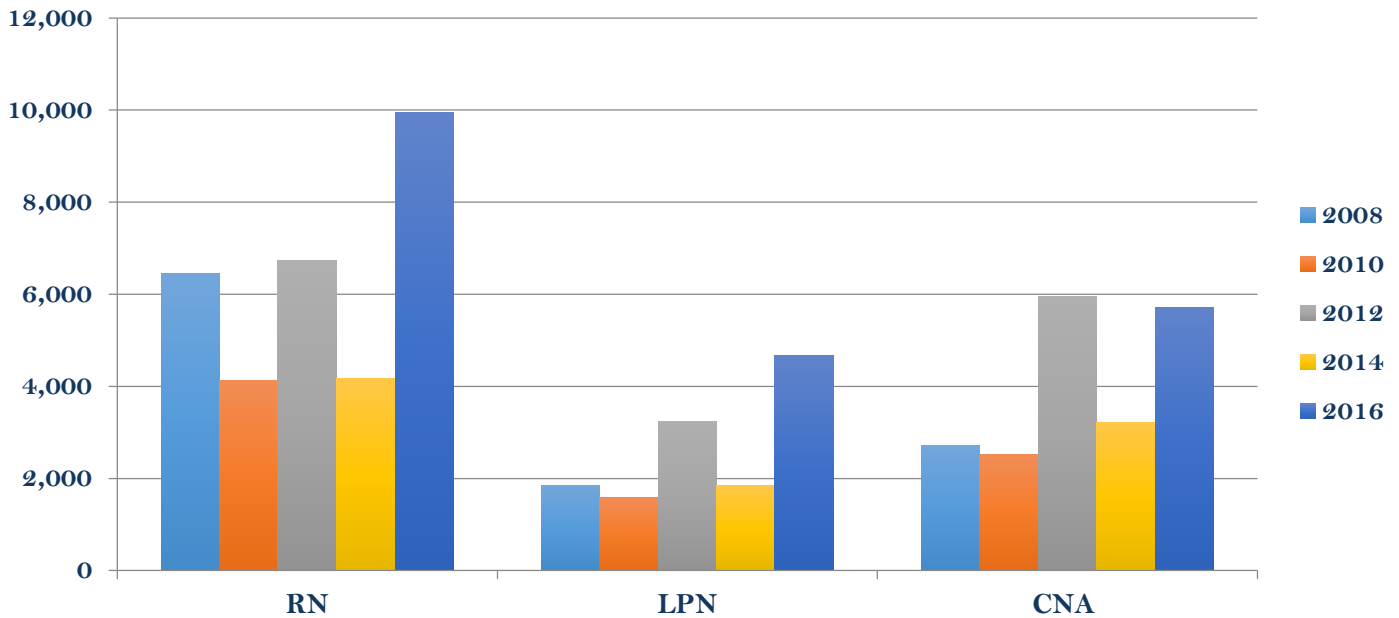
Table 6. One-year Statewide Estimated Growth in New Nursing Positions (through 2016)

	RN	LPN	CNA
Hospitals	3,937	0	732
Skilled Nursing	<i>Insufficient data</i>		
Home Health	5,874	4,655	4,904
Public Health	19	0	0
Hospice	118	17	91
Total (all groups)	9,947	4,672	5,726

Note: ARNPs excluded due to small sample sizes

The Center estimated that about 10,000 new RN positions will be created statewide in 2016 within the surveyed industries, and the majority of these will be in hospitals and home health agencies. About 4,700 new LPN positions and 5,700 new CNA positions are estimated to be created in 2016, the majority will be in home health. The 2016 estimates of growth are higher than 2014 estimates among all types of nurses.

Figure 11. Trend of Statewide Estimated Growth in New Nursing Positions, 2008-2016



POSITIONS IN HIGH DEMAND

High demand positions varied by industry (see Table 7). 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) and took up to one year 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. These positions took anywhere from one week to over one year to fill. Four of the surveyed industries report a high need for staff nurses and an extended period of time to fill this position (up to 63 weeks), perhaps indicating a shift of moving current experienced personnel up into higher level positions or reflecting growth.

Table 7. Most Difficult Specialty Positions to Fill and Average Time to Fill, by Industry

Rank	Hospitals	Skilled Nursing	Home Health	Public Health	Hospice
1st	Adult Critical Care (5-52 weeks)	Nurse Aides (2-16 weeks)	Home Care Staff RNs (1-52 weeks)	School Nurses (4-45 weeks)	Home Hospice Staff RNs (4-40 weeks)
2nd	Emergency Department (4-52 weeks)	Staff RNs (4 - 21 weeks)	HHA/CNA (1-52 weeks)	Clinic Staff Nurses (4-63 weeks)	Nurse Practitioners (4-33 weeks)
3rd	Operating Room (2-52 weeks)	LPNs (2-15 weeks)	LPNs (1-52 weeks)	Nurse Supervisors (12-63 weeks)	Patient Care Coordinators (3 to 36 weeks)
4th	Cardiac Cath Lab (2-52 weeks)	Unit level manager (4-26 weeks)	Case Managers (1-52 weeks)	NPs and Midwives (12-63 weeks)	LPNs (3-21 weeks)
5th	Labor and Delivery (4-52 weeks)	Rehabilitation (6-12 weeks)	Admin (8-52 weeks)	Care Coordinators (4-45 weeks)	Inpatient Staff RN (4-25 weeks)

EMPLOYMENT CHARACTERISTICS AND HIRING PRACTICES

The Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*⁷ has a goal to increase the proportion of employed registered nurses with a baccalaureate in nursing or higher degree to 80% by 2020; as of December 2013, 41.8% 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 reported they preferentially hire new BSN graduates. About 43% of these facilities indicated they require ADN to attain a BSN with the time to attain the BSN ranging from one to five years. Fewer than 20% 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 57% of hospitals and 43% of hospices reported they have differential pay for national certifications. Differential pay for advanced degrees was reported by 42% of hospitals, but was less common in other facilities (8% - 30%).

Residency programs, defined in the survey as programs that bridge the gap from student to practitioner or from one area of practice to another, were the most common in hospitals at 60% followed by home health agencies at 30%. 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 16 hours per week to 39 hours per week. Respondents were also asked what some of the key emerging roles for nursing are in their facility, given the healthcare environment. Nurse employers

primarily reported care coordinators as one of the leading emerging positions in their industry, for which an RN or BSN would be required.

DISCUSSION

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 the surveyed 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 2015 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 2015 nurse employer survey demonstrated that nurse turnover among all surveyed industries remains high. The highest median turnover rates for direct care RNs are within skilled nursing facilities (45%) and home health agencies (35%). LPNs highest median turnover rates are also in skilled nursing facilities. The turnover rates have remained consistently high since the 2007 survey in skilled nursing facilities and home health agencies but are lowest in hospitals, public health departments, and hospices.

Statewide estimates for vacant nurse positions in the industries studied have increased since the 2013 survey with nearly 12,500 vacant RN positions, 2,654 vacant LPN positions, and 3,111 vacant CNA positions as of June 30, 2015. 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. Likewise, vacancy rates have nudged upward since our last survey in 2013; however, most are below baseline 2007 levels.

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 2016. Using the available data, the Center estimates that nearly 10,000 new RN positions, 4,700 new LPN positions and 5,700 new CNA positions will be created in 2016. These estimates are too low and should be interpreted with caution as economic changes will influence industry hiring practices. The 2016 estimates of growth overall are higher than the 2014 estimates among all types of nurses. The strongest growth numbers are estimated to be in the home health industry. This increase 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 8 provides information on the combined number of vacant and projected growth in RN positions. The Center’s findings demonstrate a significant increase in the need for nurses as measured by this combination of positions when comparing the current survey to 2011 and 2013 survey results: 15,740 (2011 survey) and 13,274 (2013 survey) compared to 22,440. Current estimates are 30% higher than 2011 and 40% higher than 2013.

Table 8. Combined Vacancies (as of June 30, 2015) and Projected Growth (through 2016) for RNs by Industry

	RN Vacancies 2015	RN Growth 2016	Combined
Hospitals	9,365	3,937	13,301
Skilled Nursing	<i>Insufficient data</i>		
Home Health	2,926	5,874	8,800
Public Health	40	19	58
Hospice	163	118	281
Total (all groups)	12,493	9,947	22,440

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 department. 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.

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. In Florida, these results show that over 70% of responding 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, and the Florida Association of Public Health 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 2015 nurse employer survey:

1. *Support the Florida Center for Nursing's biennial nurse employer survey through continued 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. Continued financial support for this work is needed to assure ongoing collection and future trending of results. Response rates have decreased significantly in the last two survey cycles (i.e. 33% in 2011, 25% in 2013 and 20% in 2015). Participatory support is critical to elevate the quality of the data used in the analysis. Center staff and members of the Center's Board of Directors must implement strategies to improve the response rate for the 2017 survey.

- 2. Focus on the need for nurses at all levels of licensure in the home care setting as the nation's care delivery system continually evolves.*

Home health agencies are predicted to experience the largest growth in nursing positions among our surveyed industries, with expected growth of nearly 5,900 RN positions, 4,700 LPN positions, and 4,900 CNA positions through 2016. Home health agencies also have the highest number of estimated vacancies for LPNs (2,380) and CNAs (1,849), and almost 3,000 RN vacancies (second to hospital RN vacancies at 9,365). 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 ARNPs in the home care field. Nurses who develop experience and skills in these practice areas will be able to expand their skillset and subsequent professional opportunities. Nursing academic curriculum should address those clinical sites that reflect contemporary nursing practice, both to highlight employment opportunities and give students an opportunity to broaden their academic experiences. Home health agencies also have among the highest reported turnover; 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.

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

The median turnover of RNs is 35% in home health, 16% in hospitals for direct care and 8% for indirect care (about three percent higher than 2013 estimates). The average turnover rate has increased for LPNs in hospitals, skilled nursing, and hospice over the past two years, and this combined turnover impacts the retention of nurses in Florida. Of note is the 100% turnover of LPNs reported by skilled nursing facilities. There will be an increasing demand for nurses in Florida influenced by the following factors: a recovering economy, population growth, an aging population, nurses in the Baby Boomer cohort resuming or beginning their retirement plans, and the implementation of the Affordable Care Act. 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.

By statute (FS 464.0195) the Center is to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. In 2008 the Retention and Recruitment Funded Project initiative was begun. A competitive grant program to help fund projects aimed at improving the retention and recruitment of nurses in Florida. From 2008 – 2010 more than \$188,000 was awarded with a return on investment of \$4.92 for each \$1 invested. The project was placed on hold in 2010 due to insufficient resources. With funding reinstated in 2015, the Center will release a Retention and Recruitment Funded Project call for proposals January 2016. Successful applicants will describe projects aimed at improving the retention and recruitment of nurses in Florida.

4. *Promote academic commitment to assuring a talent pool prepared to meet existing vacancies, projected growth, and emerging roles.*

Skilled nursing, home health and hospice settings reported 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. An ongoing production of new licensees is recommended to assist in addressing this need. Findings also indicate that positions in high demand (e.g. unit managers, administrators) as well as emerging roles such as care coordinators require more advanced education and certification. Nurses must be incentivized to enter graduate education programs and new academic/certificate programs focused on these emerging roles should be developed. 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. 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.

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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 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 or emailed to the entire sample in July 2015. We conducted a mail survey for home health and skilled nursing facilities. For hospice, hospitals, psychiatric hospitals, and public health departments, we conducted email surveys since we obtained email contact information.

An initial follow-up with non-respondents occurred by mail approximately two weeks after surveys were mailed. Second and third follow-ups occurred two weeks and one month later, respectively. The fourth 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, ARNP, 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.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, 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).³ 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, 2015

	RN Vacancies		APN Vacancies		LPN Vacancies		CNA Vacancies	
	Low	High	Low	High	Low	High	Low	High
Hospitals	8,250	10,479	39	160	71	297	807	1,572
Skilled Nursing	<i>Insufficient Data</i>							
Home Health	2,380	3,471	--	--	1,381	3,380	1,723	1,975
Public Health	32	47	21	26	51	73	7	9
Hospice	162	164	10	10	26	30	64	64
Total (all groups)	10,824	14,161	70	196	1,529	3,780	2,601	3,620

Table A2. Estimated Range of One-Year Statewide Growth in New Nursing Positions (through 2016)

	RN Growth		APN Growth		LPN Growth		CNA Growth	
	Low	High	Low	High	Low	High	Low	High
Hospitals	1,957	5,916	20	584	10	170	270	1,193
Skilled Nursing	<i>Insufficient Data</i>							
Home Health	4,889	6,860	--	--	3,302	6,008	4,074	5,734
Public Health	15	22	6	8	--	--	--	--
Hospice	106	130.2	7	15	12	23	66	116
Total (all groups)	6,967	12,928	33	607	3,324	6,201	4,410	7,042

APPENDIX B- SURVEY INSTRUMENTS



Florida Center for Nursing's 2015 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.

Thank you 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.) 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 06/30/15	# of part-time employees on 06/30/15	# of vacant positions being actively recruited on 06/30/15		# of positions filled between 7/01/14 and 06/30/15		# of separations† between 07/01/14 and 06/30/15	# of NEW positions you intend to create over the next year (through 06/30/16)	
			full-time	part-time	full-time	part-time		full-time	part-time
a. RNs (Direct Care)									
b. RNs (Indirect Care)									
c. ARNPs									
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.

3. How many per diem, agency, or other temporary nurses did your agency employ as of 06/30/15? 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. ARNPs		
d. LPNs		
e. CNAs/HHAs		

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.	
a. RNs (Direct Care)	
b. RNs (Indirect Care)	
c. ARNPs	
d. LPNs	
e. CNAs/HHAs	
5. What is the maximum number of hours per week that is considered part-time in your organization? _____ hours	

Education
6. Within what timeframe do you require ADNs to attain a BSN? _____ Years <input type="checkbox"/> Not a Requirement
7. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #9)
8. What type of support is provided? Select all that apply. <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Flexible Schedule <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____
9. Do you have a pay differential for advanced academic degrees? <input type="checkbox"/> Yes (Select all that apply): <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Doctorate <input type="checkbox"/> No
10. Do you have a pay differential for national certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No

Nurse Residency Programs (Program that bridges the gap from student to practitioner <i>or</i> from one area of practice to another)
11. Do you have a nurse residency program? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #14)
12. How long is the program? _____ weeks
13. Is the participant receiving full salary? <input type="checkbox"/> Yes <input type="checkbox"/> No

Hiring New Graduates
14. How many of the LPN positions filled in the last year were new graduates? _____
15. How many of the RN positions filled in the last year were new graduates? _____
16. Do you preferentially hire new graduate BSNs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Recruitment	Check if Yes (✓)	Average number of weeks to fill these positions
17. Which positions were difficult to fill in the past year (07/01/14 to 06/30/15)?		
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)		
Nurse Informaticists		
Other: _____		

Given the healthcare environment, what are some of the key emerging roles for nursing in your facility? (e.g. Care Coordinator, Navigator, Transition Care Nurse)	
Title	Required Education Credentials
18.	
19.	
20.	
21.	

22. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions?			
a. RNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
b. LPNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
c. HHAs/CNAs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less



Florida Center for Nursing's 2015 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.

Thank you 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 06/30/15	# of part-time employees on 06/30/15	# of vacant positions being actively recruited on 06/30/15		# of positions filled between 7/01/14 and 06/30/15		# of separations† between 07/01/14 and 06/30/15	# of NEW positions you intend to create over the next year (through 06/30/16)	
			full-time	part-time	full-time	part-time		full-time	part-time
a. RNs (Direct Care)									
b. RNs (Indirect Care)									
c. ARNPs									
d. LPNs									
e. CNAs									

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

2. How many per diem, agency, or other temporary nurses did your facility employ as of 06/30/15? 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. ARNPs		
d. LPNs		
e. CNAs		
3. What is the maximum number of hours per week that is considered part-time in your organization? _____ hours		

Nurse Residency Programs (Program that bridges the gap from student to practitioner <u>or</u> from one area of practice to another)
4. Do you have a nurse residency program? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #7)
5. How long is the program? _____ weeks
6. Is the participant receiving full salary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring New Graduates
7. How many of the LPN positions filled in the last year were new graduates? _____
8. How many of the RN positions filled in the last year were new graduates? _____
9. Do you preferentially hire new graduate BSNs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Recruitment		
10. Which positions were difficult to fill in the past year (07/01/14 to 06/30/15)?	Check if Yes (✓)	Average number of weeks to fill these positions
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		
Nurse Informaticists		
Other: _____		

11. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions?			
a. RNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
b. LPNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
c. CNAs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less

Education
12. Within what timeframe do you require ADNs to attain a BSN? _____ Years <input type="checkbox"/> Not a Requirement
13. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #15)
14. What type of support is provided? Select all that apply. <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Flexible Schedule <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____
15. Do you have a pay differential for advanced academic degrees? <input type="checkbox"/> Yes (Select all that apply): <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Doctorate <input type="checkbox"/> No
16. Do you have a pay differential for national certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No

Given the healthcare environment, what are some of the key emerging roles for nursing in your facility? (e.g. Care Coordinator, Navigator, Transition Care Nurse)	
Title	Required Education Credentials
17.	
18.	
19.	
20.	

Florida Center for Nursing's 2015 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 (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 06/30/15	# of part-time employees on 06/30/15	# of vacant positions being actively recruited on 06/30/15		# of positions filled between 7/01/14 and 06/30/15		# of separations† between 07/01/14 and 06/30/15	# of NEW positions you intend to create over the next year (through 06/30/16)	
			full-time	part-time	full-time	part-time		full-time	part-time
a. RNs (Direct Care)									
b. RNs (Indirect Care)									
c. APNs									
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 06/30/15? 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. ARNPs		
d. LPNs		
e. CNAs		

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

Nurse Residency Programs (Program that bridges the gap from student to practitioner or from one area of practice to another)

4. Do you have a nurse residency program?
 Yes No (skip to #7)

5. How long is the program? _____ weeks

6. Is the participant receiving full salary? Yes No

Hiring New Graduates

7. How many of the LPN positions filled in the last year were new graduates?

8. How many of the RN positions filled in the last year were new graduates?

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

Recruitment		
10. Which positions were difficult to fill in the past year (07/01/14 to 06/30/15)?	Check if Yes (✓)	Average number of weeks to fill these positions
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)		
Nurse Informaticists		
Other: _____		

Education
11. Within what timeframe do you require ADNs to attain a BSN? _____ Years <input type="checkbox"/> Not a Requirement
12. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #14)
13. What type of support is provided? Select all that apply. <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Flexible Schedule <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____
14. Do you have a pay differential for advanced academic degrees? <input type="checkbox"/> Yes (Select all that apply): <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Doctorate <input type="checkbox"/> No
15. Do you have a pay differential for national certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No

Given the healthcare environment, what are some of the key emerging roles for nursing in your facility? (e.g. Care Coordinator, Navigator, Transition Care Nurse)	
Title	Required Education Credentials
16.	
17.	
18.	
19.	

20. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions?			
a. RNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
b. LPNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
c. CNAs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less

Florida Center for Nursing's 2015 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. **ARNPs** 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 06/30/15	# of part-time employees on 06/30/15	# of vacant positions being actively recruited on 06/30/15		# of positions filled between 7/01/14 and 06/30/15		# of separations† between 07/01/14 and 06/30/15	# of NEW positions you intend to create over the next year (through 06/30/16)	
			full-time	part-time	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. How many per diem, agency, or other temporary nurses did your facility employ as of 06/30/15? 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. ARNPs		
d. LPNs		
e. CNAs		

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

Nurse Residency Programs (Program that bridges the gap from student to practitioner or from one area of practice to another)

4. Do you have a nurse residency program?
 Yes No (skip to #7)

5. How long is the program? _____ weeks

6. Is the participant receiving full salary? Yes No

Hiring New Graduates

7. How many of the LPN positions filled in the last year were new graduates?

8. How many of the RN positions filled in the last year were new graduates?

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

Recruitment		
10. Which positions were difficult to fill in the past year (07/01/14 to 06/30/15)?	Check if Yes (✓)	Average number of weeks to fill these positions
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		
Nurse Informaticists		
Other: _____		

11. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions?			
a. RNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
b. LPNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
c. CNAs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less

Education
12. Within what timeframe do you require ADNs to attain a BSN? _____ Years <input type="checkbox"/> Not a Requirement
13. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master's, Doctoral, certifications) <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #15)
14. What type of support is provided? Select all that apply. <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Flexible Schedule <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____
15. Do you have a pay differential for advanced academic degrees? <input type="checkbox"/> Yes (Select all that apply): <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Doctorate <input type="checkbox"/> No
16. Do you have a pay differential for national certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No

Given the healthcare environment, what are some of the key emerging roles for nursing in your facility? (e.g. Care Coordinator, Navigator, Transition Care Nurse)	
Title	Required Education Credentials
17.	
18.	
19.	
20.	



Florida Center for Nursing's 2015 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. **Thank you 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.)

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. **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 06/30/15	# of part-time employees on 06/30/15	# of vacant positions being actively recruited on 06/30/15		# of positions filled between 7/01/14 and 06/30/15		# of separations† between 07/01/14 and 06/30/15	# of NEW positions you intend to create over the next year (through 06/30/16)	
			full-time	part-time	full-time	part-time		full-time	part-time
a. RNs (Direct Care)									
b. RNs (Indirect Care)									
c. ARNPs									
d. LPNs									
e. CNAs									

†Please report the number of employees who left your 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 06/30/15? 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. ARNPs		
d. LPNs		
e. CNAs		

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

Nurse Residency Programs (Program that bridges the gap from student to practitioner or from one area of practice to another)

4. Do you have a nurse residency program?
 Yes No (skip to #7)

5. How long is the program? _____ weeks

6. Is the participant receiving full salary? Yes No

Hiring New Graduates

7. How many of the LPN positions filled in the last year were new graduates?

8. How many of the RN positions filled in the last year were new graduates?

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

Recruitment		
10. Which positions were difficult to fill in the past year (07/01/14 to 06/30/15)?	Check if Yes (✓)	Average number of weeks to fill these positions
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		
Nurse Informaticists		
Other: _____		

11. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions?			
a. RNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
b. LPNs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less
c. CNAs	<input type="checkbox"/> Greater	<input type="checkbox"/> Equal	<input type="checkbox"/> Less

Education
12. Within what timeframe do you require ADNs to attain a BSN? _____ Years <input type="checkbox"/> Not a Requirement
13. Is support provided for nurses to achieve advanced degrees or certificates? (ADN to BSN, Master’s, Doctoral, certifications) <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #15)
14. What type of support is provided? Select all that apply. <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Flexible Schedule <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____
15. Do you have a pay differential for advanced academic degrees? <input type="checkbox"/> Yes (Select all that apply): <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Doctorate <input type="checkbox"/> No
16. Do you have a pay differential for national certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No

Given the healthcare environment, what are some of the key emerging roles for nursing in your facility? (e.g. Care Coordinator, Navigator, Transition Care Nurse)	
Title	Required Education Credentials
17.	
18.	
19.	
20.	



Florida Center for Nursing's 2015 Statewide Nurse Employer Survey: Skilled Nursing Facilities

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 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.

Thank you 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 06/30/15	# of part-time employees on 06/30/15	# of vacant positions being actively recruited on 06/30/15		# of positions filled between 7/01/14 and 06/30/15		# of separations† between 07/01/14 and 06/30/15	# of NEW positions you intend to create over the next year (through 06/30/16)	
			full-time	part-time	full-time	part-time		full-time	part-time
a. RNs (Direct Care)									
b. RNs (Indirect Care)									
c. ARNPs									
d. LPNs									
e. CNAs									

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

2. How many per diem, agency, or other temporary nurses did your facility employ as of 06/30/15? 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. ARNPs		
d. LPNs		
e. CNAs		

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

Nurse Residency Programs (Program that bridges the gap from student to practitioner or from one area of practice to another)

4. Do you have a nurse residency program?
 Yes No (**skip to #7**)

5. How long is the program? _____ weeks

6. Is the participant receiving full salary? Yes No

Hiring New Graduates

7. How many of the LPN positions filled in the last year were new graduates?

8. How many of the RN positions filled in the last year were new graduates?

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

Education	
10. Within what timeframe do you require ADNs to attain a BSN? _____ Years <input type="checkbox"/> Not a Requirement	
11. Is support provided for nurses to achieve advanced degrees or certificates? (AND to BSN, Master's, Doctoral, certifications) <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to #13)	
12. What type of support is provided? Select all that apply. <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Flexible Schedule <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____	
13. Do you have a pay differential for advanced academic degrees? <input type="checkbox"/> Yes (Select all that apply): <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Doctorate <input type="checkbox"/> No	
14. Do you have a pay differential for national certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

15. In your opinion, is actual need greater than, equal to, or less than the number of budgeted positions?	
a. RNs	<input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less
b. LPNs	<input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less
c. CNAs	<input type="checkbox"/> Greater <input type="checkbox"/> Equal <input type="checkbox"/> Less

Recruitment		
16. Which positions were difficult to fill in the past year (07/01/14 to 06/30/15)?	Check if Yes (✓)	Average number of weeks to fill these positions
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		
Nurse Informaticists		
Other: _____		

Given the healthcare environment, what are some of the key emerging roles for nursing in your facility? (e.g. Care Coordinator, Navigator, Transition Care Nurse)	
Title	Required Education Credentials
17.	
18.	
19.	
20.	