

Vermont Health Workforce Assessment Survey

Hospital Nursing Study 2005

Prepared by: OFFICE OF NURSING WORKFORCE RESEARCH, PLANNING, AND DEVELOPMENT

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Why was this survey done?

One factor in assuring access to quality health care for all Vermonters is an ongoing understanding of the state's health workforce resources. To this end, the Office of Nursing Workforce Research, Planning and Development conducted the Health Workforce Assessment Survey in February 2005. The following is a report of the results from 12 of 16 hospitals (75% response rate).

Who was surveyed?

In February, 2005 The Vermont Health Workforce Survey was sent to hospital nurse executives. This contact person was asked to participate in the data collection with assistance from human resources and other department heads. Follow-up postcards, letters, telephone calls and replacement surveys were used to assure a high response rate.

What was learned?

Statewide Vacancy Rate ¹	(Range)
Nurse Anesthetist	12% (0-50%)
Registered Nurse	10% (0-17%)
Nurse Managers	7% (0-50%)
Licensed Practical Nurse	6% (0-40%)
Nurse Practitioner/Physician Assistant	6% (0-11%)
Licensed Nursing Assistant	3% (0-46%)
Clinical Nurse Specialist	0% (0%)

* The need for RNs (assessed by CNO) was greater than budgeted FTEs in 17% of hospitals. A need for RNs with specialized skills was identified by 75% of the hospitals.

Statewide Turnover Rate ²	(Range)
Licensed Nursing Assistant	19% (0-75%)
Licensed Practical Nurse	12% (0-25%)
Registered Nurse	10% (0-15%)
Nurse Practitioner/Physician Assistant	8% (0-25%)
Nurse Anesthetist	8% (0-50%)
Clinical Nurse Specialist	8% (0-10%)
Nurse Manager	5% (0-33%)

Recruitment incentives:

- 83% of Vermont hospitals report a adequate impact of salaries on recruitment.
- 25% of Vermont hospitals report a pay differential for RN educational preparation (Associate versus Bachelors degree).
- 33% of Vermont hospitals report a pay differential for credentialed RNs (e.g. RNC).

Traveling nurses were used by 6 hospitals for a statewide total of \$14,419,251.

Most Needed RN Specialties and Number of Weeks Needed to Fill Position*

1. Psychiatric (24 weeks)
2. Managers (17 weeks)
3. Critical/intensive care (14 weeks)
4. Pediatric (10 weeks)
5. Operating room (10 weeks)
6. Obstetrics (8 weeks)
7. Emergency room (7 weeks)

* Mean weeks needed to fill position by hospitals employing these positions.

Weeks to fill Advanced Practice RN positions: Nurse Anesthetist (31 weeks) and Nurse Practitioner (17 weeks).

¹Vacancy rates were calculated as follows:

FTE vacant divided by
Total FTEs employed + # vacant X 100
from all responding institutions

²Turnover rates were calculated as follows:

Total # workers leaving institution
between 2/15/04 – 2/15/05
divided by
Total # part-time + full-time workers X 100
employed as of 2/15/05

IMPACT OF SHORTAGES:

	Never	Several times a year	Monthly	Weekly	Daily	Missing or n/a
Curtailed plans for acquiring new technology	92%	8%				
Reduced number of staffed beds	42%	42%	17%			
Emergency department overcrowding	58%	25%		17%		
Diverted emergency department patients	75%	17%				8%
Delayed or diverted admissions	17%	42%	42%			
Reduced service hours	100%					
Increased wait times to surgery	100%					
Cancelled surgeries	100%					
Delayed hospital discharges	67%	17%	8%		8%	
Shortened lengths of stay	92%					8%
Mandatory staff overtime	83%			17%		
Decreased patient satisfaction	33%	25%	25%			17%
Increased patient complaints	33%	25%	25%			17%
Decreased staff satisfaction	25%	25%	25%	17%		8%
Curtailed plans for facility expansion	Yes 8%	No 83%				8%
Discontinued clinical programs	Yes 0%	No 92%				8%

Retaining an Aging Nurse Workforce

The following steps were reported by 60% of the respondents as being taken to assure that nurse age 50 years and older can be retained in the workforce:

- flexible hours
- increased part time and per diem
- purchase of lifting and safety equipment to prevent injury
- review of benefits structure through lifestage analysis
- flexible shifts and bonus pay
- work redesign

In anticipation of a worsening shortage in the next 5-10 years when retiring nurses will not have younger replacements available, these steps will become critically important.

Conclusions

Progress has been made in many areas since the Health Workforce Assessment Survey of 2003. Vacancy rates have declined and salaries are now perceived as adequate for recruitment in the majority of Vermont hospitals. The most frequently reported impact of workforce shortages is now delayed or diverted admissions and reduced number of staffed beds but these are occurring less than monthly in the majority of hospitals.

The results of the 2005 RN Board of Nursing Relicensure Survey should be referred along with this report to get a comprehensive look at supply and demand for nurses in Vermont in 2005. Other research^{3,4,5} has shown the association between quality care and the supply as well as the education of RNs. This must not be ignored as Vermont plans for meeting future nursing workforce needs. Since current shortfalls will only increase over the next several decades as the “baby boomers” tax the health care system, efforts must continue in all areas of nurse recruitment and retention.

References:

- ³ Aiken LH, Clarke SP, Cheung RB, Sloane DM, Silber JH. (2003) Educational levels of hospital nurses and surgical patient mortality. *JAMA*. 24;290(12):1617-23.
- ⁴ Needleman J, Buerhaus P, Mattke S, Stewart M, Zelevinsky K. (2002) Nurse-staffing levels and the quality of care in hospitals. *N Engl J Med*. 346(22):1715-22.
- ⁵ Estabrooks CA, Midodzi WK, Cummings GG, Ricker KL, Giovannetti P. (2005) The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research* 54(2):74-84.