Vermont Health Workforce Assessment Survey
Hospital Nursing Study 2005

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 Rate¹

- 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 Rate²

- 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%)

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

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).
## Impact of Shortages:

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

### 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\(^5\)\(^–\)\(^5\) 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:

