

Hospital Nursing Study 2007

Vermont Health Workforce Assessment Survey

Prepared by:

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Why was this survey done?

One factor in ensuring 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-March, 2007. The following is a report of the results from 14 of 16 hospitals (88% response rate).

Who was surveyed?

The Vermont Health Workforce Survey was sent to hospital nursing 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 ensure a high response rate.

What was learned?

Statewide Vacancy Rate (Range)

Nurse Anesthetist	12% (0-46%)
Clinical Nurse Specialist	8% (0-25%)
Licensed Practical Nurse	8% (0-50%)
Licensed Nursing Assistant	7% (0-17%)
Registered Nurse	6% (1-34%)
Nurse Managers	5% (0-25%)
Nurse Practitioner/Physician Assistant	0%

Statewide Turnover Rate (Range)

Nurse Practitioner/Physician Assistant	21% (0-50%)
Licensed Nursing Assistant	21% (0-133%)
Licensed Practical Nurse	16% (0-73%)
Registered Nurse	10% (3-55%)
Nurse Anesthetist	10% (0-33%)
Clinical Nurse Specialist	9% (0-33%)
Nurse Manager	9% (0-67%)

Recruitment incentives:

- 72% of VT hospitals report an adequate impact of salaries on recruitment.
- 29% of VT hospitals report a pay differential for RN educational preparation (A.D.N. vs. B.S.N.).
- 7% of VT hospitals report a pay differential for credentialed RNs (e.g. RNC).

Most Needed RN Specialties and # Weeks Needed to Fill Position*

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

1. Operating room (27 weeks)
2. Psychiatric (26 weeks)
3. Managers (14 weeks)
4. Emergency room (13 weeks)
5. Critical/intensive care (13 weeks)
6. Obstetrics (12 weeks)
7. Pediatric (9 weeks)

Weeks to fill Advanced Practice RN position: Nurse Anesthetist (32 weeks)

Impact of Shortages

	Never	Several times a year	Monthly	Weekly	Daily	Missing or n/a
Curtailed plans for acquiring new technology	79%	7%				
Reduced number of staffed beds	43%	36%	7%		7%	7%
Emergency department overcrowding	57%	14%	7%	14%		7%
Diverted emergency department patients	71%	7%	7%			14%
Delayed or diverted admissions	50%	29%	7%	14%		
Reduced service hours	86%	7%				7%
Increased wait times to surgery	79%	7%				14%
Cancelled surgeries	86%					14%
Delayed hospital discharges	86%	7%			7%	
Shortened lengths of stay	100%					
Mandatory staff overtime	79%		14%	7%		
Decreased patient satisfaction	36%	50%	7%			7%
Increased patient complaints	36%	57%		7%	7%	
Decreased staff satisfaction	29%	36%	21%	7%	7%	
Curtailed plans for facility expansion	Yes 14%	No 86%				
Discontinued clinical programs	Yes 14%	No 86%				

Other notable information from this survey:

- 69% of Staff RNs are working full time
- 76% of LPNs are working full time
- All nurse managers are working full time
- A small number of Certified Nurse Midwives are employed by several hospitals. There were no reported vacancies, but yearly turnover was 29%.
- There were 100 full-time traveling nurses reported to be employed by 10 hospitals for median cost of \$751,982 The range paid for travelers, by the 10 hospitals, was (\$28,000 to \$10,900,000).
- The need for RNs (assessed by CNO) was greater than budgeted FTEs in 21% of hospitals. A need for RNs with specialized skills was identified by 79% of the hospitals.

Recommendations

As the Vermont nurse workforce ages, continued attention must be paid to “succession planning.” Particularly in areas that tend to have a higher percentage of older nurses (operating room) and those positions that required advanced degrees (management, nurse anesthetist, clinical specialist). Encouragement for certification or educational advancement is not being reported with salary differential; hopefully, other

incentives are being employed. During the next 5-10 years, the Baby Boomer nurses will begin to retire without adequate numbers of younger nurses available to replace them. Hospitals must take the ‘long view’ approach to the nursing shortage and continue efforts to keep nurses satisfied in their work environment and able to provide quality care to Vermonters.

Conclusions

Viewed in aggregate, Vermont’s hospital nursing workforce has experienced a decline in vacancy rates since 2003 (from 12% to 6%). Although this biannual report has the limitation of providing a snapshot in time for vacancy rate, this can still be viewed as a measure of success for the work done on Vermont’s nursing shortage. Other indicators (a decreased amount spent on traveling nurses, stable turnover rates, as well as the majority of hospitals reporting never experiencing some of the serious impacts of shortage) are also favorable.

The results of the 2007 RN Board of Nursing Relicensure Survey should be referred along with this report in order to get a comprehensive look at supply and demand for nurses in the State of Vermont in the year 2007.