North Dakota Nursing Needs Study: Facility Survey Results Year 2

Center for Rural Health
North Dakota Center for Health Workforce Data

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Executive Summary

Background

The Nursing Needs study was mandated by the NDCC Nurse Practices Act 43-12.1-08.2 in which the North Dakota Board of Nursing was directed to address issues of supply and demand including issues of recruitment, retention and utilization of nurses. The North Dakota Board of Nursing then contracted with the Center for Rural Health at the School of Medicine and Health Sciences, University of North Dakota to conduct the Nursing Needs study.

This study was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. Results from the first year of the study are available at http://medicine.nodak.edu.crh. During the second year of the study, data collection includes four projects. The facility survey was developed to provide a comprehensive picture of the nature of nursing employment and potential shortages throughout the state and to enable comparisons to be drawn between health care facilities; rural and urban areas and North Dakota and national data. The second project is a survey of registered nurses, licensed practical nurses and advanced practice nurses throughout North Dakota. The third project is a survey of students, distributed to all nursing programs. This survey inquires about career plans. The fourth project uses focus groups with nursing program faculty to examine program capacity and recruitment and retention issues of students and faculty.

Facility Survey Results

The facility survey was sent to the Director of Nursing or administrator of all hospitals, long-term care facilities, regional public health facilities, clinics and home health facilities in North Dakota. In the case of multiple services under the same name or administration (i.e., hospital/clinic and nursing home), only one survey was sent to the facility. A total of 212 facilities (representing 77% of ND counties) returned the survey.

- Recruitment and Retention

  As rurality increased, the length of time to fill vacant positions increased approximately 2-3 times across all facility types. Clinics, public health, and home health facilities filled vacancies faster, on the average, than hospitals or long-term care facilities. **Rural hospitals and long-term care facilities experienced the greatest difficulty in filling direct care registered nurse (DRN) vacancies**. Many rural home health facilities reported difficulty in filling vacant licensed practical nurse (LPN) positions, along with rural hospitals and long-term care facilities. Advanced Practice Nurse (APN) vacancies took considerable longer in all settings. More than half of all the hospitals indicated recruiting difficulties for evenings and night shifts. Long-term care facilities across the sate also had difficulty with staffing for these shifts.

  Strategies used to improve recruitment and retention of nurses differed by rurality, as well as facility type. For urban facilities, the top three strategies used were flexible scheduling, continued education reimbursement, and health insurance. Clinics were most likely to use such strategies, compared to other urban facilities. Semi-rural facilities use pay increase as the number one strategy in recruitment and retention, followed by flexible scheduling and health insurance. Rural facilities used retirement plans, as well as pay increases, tuition reimbursement, and health insurance.

- Salary

  Among APNs, those working in semi-rural areas had the highest starting salary and the highest average salary. Among DRNs, those working in urban home health and hospitals had the highest starting salary. Lowest starting salary was reported for semi-rural clinic LPNs and rural public health facility DRNs.

  Urban hospital DRNs also had the highest average salary for DRNs. Semi-rural home health LPNs were paid the highest average wage. The lowest average wages were found for semi-rural clinic LPNs and DRNs.

  Many facilities use pay differentials for off-shifts (evenings; nights; weekends; and/or holidays). Few facilities offer extra pay for specialty nurses, such as ICU, surgery, OB/GYN, etc.

- Staffing

  Rural hospitals had the highest LPN vacancy rate. For DRNs, the highest vacancy rate was in public health, followed by home health. High turnover rates were found in many facilities with APNs in urban clinics having the highest rate.

  In urban facilities, the most common reasons for leaving were: more money; seeking another nursing position, and personal/lifestyle reasons. Most frequent reasons for leaving semi-rural facilities were relocation within the state; retirement; and seeking another nursing position. In rural settings, the most frequent reason given for leaving was relocation, both within the state and relocation outside N.D. Seeking another nursing position was also frequently given.

  Nursing vacancies have significant effects on facility operations. The most frequent effects across facilities included: increased cross-training of nursing staff, higher costs to deliver care, use of part-time positions, reduced or eliminated services and increase in the number of patients per nurse.

- Suggested Solutions for Nursing Shortage

  Addressing the nursing shortage, facilities were asked to indicate the one solution they thought would work best to alleviate the nursing shortage. Five strong themes emerged from the responses. Themes included salary issues; environment; education; respect and autonomy; and workforce. Overall, the top concern was salary. The majority of facilities believed an increase in salary would help alleviate the shortage, especially for the long-term care facilities. Also predominant in the responses was the need to increase nursing education opportunities for state residents.

North Dakota Nursing Needs Study Introduction

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Facility Survey Results

The facility survey was sent to the Director of Nursing or the administrator of all hospitals, long-term care facilities, regional public health facilities, clinics and home health facilities. Of the 212 facility responses, 24.3% represented urban facilities, 41.5% represented semi-rural facilities and 33.9% of responses came from rural facilities. 41 of 53 counties (77.4%) in North Dakota were represented in the survey responses.

- Data was separated by facility type: hospitals (HOS); long-term care including basic care facilities (LTC); clinics (CL), home health facilities (HH); and public health facilities (PH). The following level of nurses were identified for each facility setting: licensed practical nurses (LPN); registered nurses who primarily provide direct patient care (DRN); RN managers or assistant managers (MRN); Specialty RNs, such as diabetes educators, infection control nurses (SRN); and advanced practice nurses, such as nurse anesthetists, nurse practitioners (APN).

- If the response contained a range of numbers, the range was converted to a median number (example: the range 2-4 was reported as 3)

- Facilities that did not employ a certain category of nurse were excluded from analysis on items relating to that specific category.

- When appropriate, data were divided by Urban Influence Codes (Ghelfi & Parker, 1997). Urban Influence Codes are a method of classifying U.S. counties according to the size of metropolitan areas, proximity to metropolitan areas and the population of the largest city within the county.

    - Urban counties: Small metropolitan counties with fewer than one million residents (4 counties).

    - Semi-rural counties: Non-metropolitan counties adjacent or not adjacent to a small metropolitan county with a town containing at least 2,500 residents (20 counties).

    - Rural counties: Those areas not adjacent to a small metropolitan area, which does not contain a town with at least 2,500 residents (29 counties).

RECRUITMENT ISSUES

- Facilities were asked how long (number of weeks) on average, it takes to fill vacant positions (Figures 1-5). **As rurality increased (from urban to rural), this length of time increased approximately 2-3 times. APN vacancies took considerably longer to fill than other nursing categories. Clinics, public health, and home health facilities filled vacancies faster, on the average, than hospitals or long-term care facilities.**

  Long-term care facilities experienced the greatest difficulty in recruiting APNs. Rural home health had difficulty recruiting LPN and MRN positions, as well as DRN positions. Urban facilities were generally able to fill vacant positions in 6-8 weeks or less. Urban hospitals averaged 7 weeks to fill LPN positions and 8 weeks for DRN positions. MRN positions averaged 9 weeks; SRN, 6 weeks; and APN positions averaged 12 weeks to fill. Urban long-term care facilities averaged 5 weeks to fill LPN positions; 6 weeks to fill DRN positions; 4 weeks, MRN; 3 weeks, SRN; and 4 weeks for APN openings.

Figure 1: Average Number of Weeks to Fill LPN Vacancies

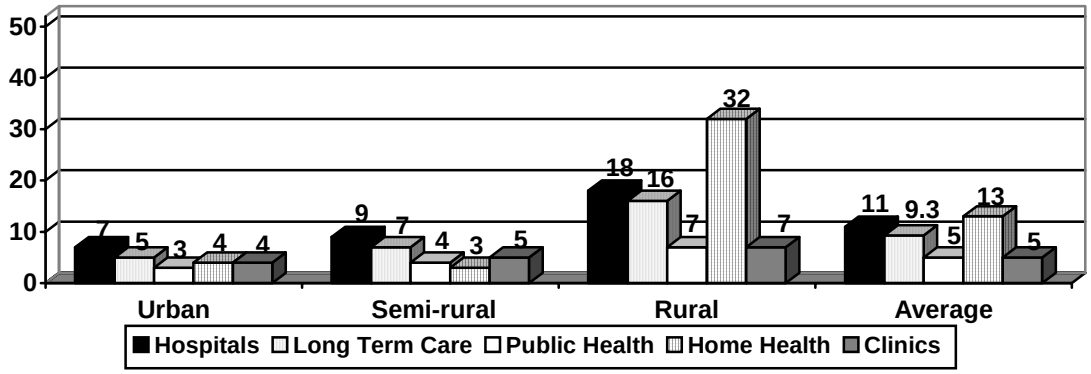


Figure 2: Average Number of Weeks to Fill Direct Care RN (DRN) Vacancies

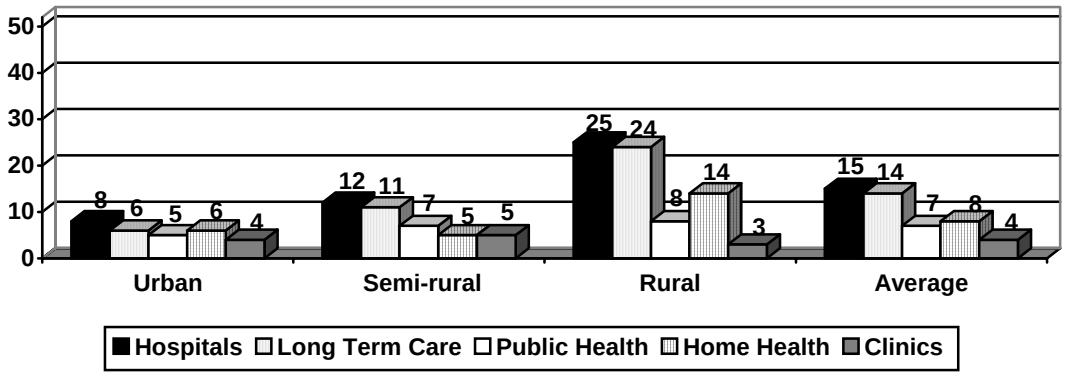


Figure 3: Average Number of Weeks to Fill Nurse Management (MRN) Vacancies

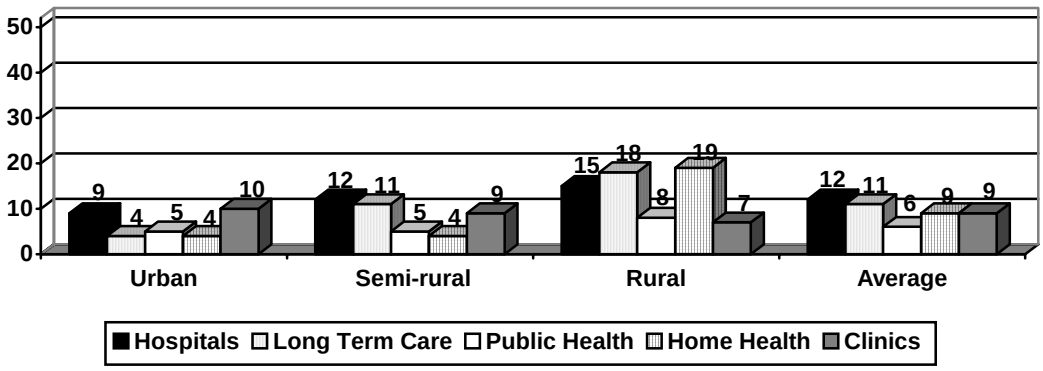
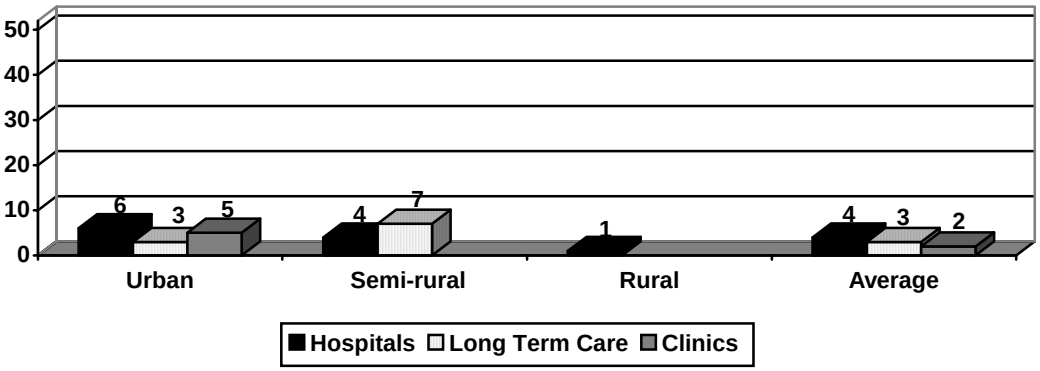
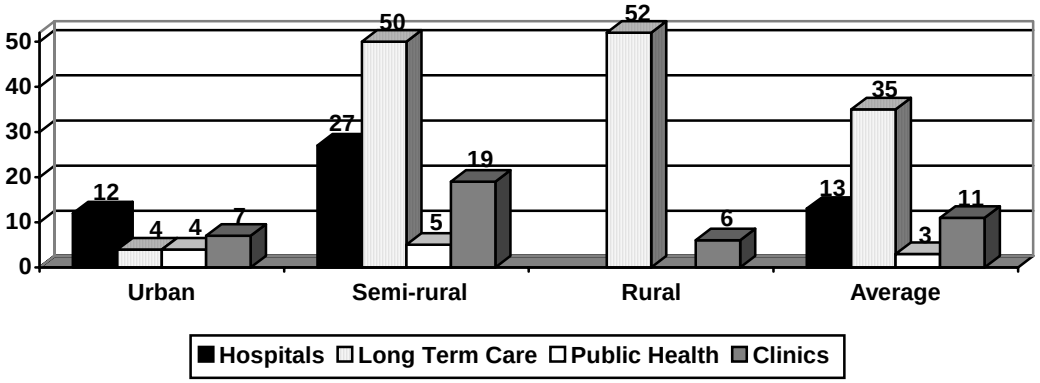


Figure 4: Average Number of Weeks to Fill Specialty Nurse (SRN) Vacancies



Note. Only types of facilities that responded are depicted.

Figure 5: Average Number of Weeks to Fill Advanced Practice Nurse (APN) Vacancies



Note. Only types of facilities that responded are depicted.

- Facilities were also asked if they had difficulty recruiting nurses for evening shifts (around 3-11 P.M.), or night shifts (around 11 P.M. – 7 A.M.) (Table 1). **Facilities, regardless of rurality, have difficulty in recruiting evening and/or night shifts.**

Table 1 - Recruitment Difficulty for Evening and Night Shifts (%)

		LPN	DRN	MRN
HOSPITAL	URBAN	40	50	25
	SEMI-RURAL	59	77	50
	RURAL	64	73	33
LONG-TERM CARE	URBAN	78	67	25
	SEMI-RURAL	87	82	23
	RURAL	53	61	22
CLINIC	URBAN	25	---	---
	SEMI-RURAL	13	13	---
	RURAL	22	20	33
HOME HEALTH	URBAN	33	17	---
	SEMI-RURAL	---	---	---
	RURAL	50	---	---

NOTE: These data reflect facilities open after 3 P.M. or nightshifts. Public Health and Home Health do not usually staff evening/night shifts on the same basis as hospitals and long-term care facilities. Management positions; specialty nurses; and advanced practice nurses often are excluded from these shifts.

Hospitals: 40 % of urban hospitals indicated recruiting difficulties for LPN vacancies for evening and night shifts; 50% indicated difficulty in recruitment of DRNs; and 25% had difficulty recruiting MRN's. Semi-rural and rural hospitals had similar difficulties. For recruitment of LPN's, 59% (semi-rural) and 64% (rural) indicated difficulties. For DRN vacancies, 77% (semi-rural) and 73% (rural) indicated difficulties.

Long-term Care: Long-term care facilities also had significant difficulty with staffing for evening and night shifts. 78% of Urban facilities had difficulty with LPN vacancies; 67% with DRN vacancies; and 25 % with MRN vacancies. 87% of Semi-rural facilities had difficulty filling LPN vacancies; 82% with DRN vacancies; and 23% with MRN vacancies. 53% of Rural long-term care facilities had difficulty recruiting LPN vacancies; 61% for DRN vacancies; and 22% for MRN vacancies.

Facilities indicated problems they encountered when staffing these shifts. Increased use of overtime pay, especially for night shifts; use of nurse managers to fill shifts; and increased budget demands to raise shift differentials were frequent responses. Strategies used to ensure adequate staffing included salary raises; sign-on bonuses for evening/night shifts; greater use of 12-hour shifts; and use of rotating schedules.

- **Facilities indicated strategies used in the last year to improve recruitment and retention of nurses**. These strategies did not include those that were part of general operating procedures. (Tables 2-5).

  Strategies used to improve recruitment and retention of nurses differed by rurality, as well as facility type. For urban facilities, the top three strategies used were flexible scheduling, continuing education reimbursement, and health insurance. Clinics were most likely to use such strategies, compared to other urban facilities (see Table 2).

  Semi-rural facilities indicated pay increases as the number one strategy used in recruitment and retention. Flexible scheduling and health insurance were the other top strategies. Tuition reimbursement and continuing education reimbursement were also strong in semi-rural facilities. Hospitals and long-term care facilities in semi-rural setting were most likely to use these additional strategies (see Table 3).

  Rural facilities indicated pay increases, tuition reimbursement, health insurance, and dental/eye insurance, as the top strategies. Retirement plans were also used widely by rural facilities (see Table 4).

  Urban public health indicated continuing education reimbursement, insurance; and retirement plans as the top strategies. Semi-rural and rural public health facilities were most likely to use pay increases and flexible scheduling (see Table 5).

  When asked to list any other recruitment strategies used, responses included use of mentoring programs and longer orientation periods, and use of self-scheduling as well as flexible scheduling. **In response to a question that asked for the one most useful recruiting strategy,** the most frequent answers were pay increases and use of flexible scheduling. Facilities indicated the outcome of these strategies including an increased number of applicants for open positions and reduced time needed to fill position vacancies.

  Facilities also indicated the one most useful retention strategy that they used. Again, pay increases and use of flexible scheduling were the top responses. When asked the effects of these strategies, facilities responded that they not only noticed decreased turnover, but also improved morale and spirit among staff members.

  The Robert Wood Johnson Foundation Hospital Chief Nursing Officer (CNO) Survey (Kimball & O'Neil, 2002) included a question regarding strategies to address the nursing shortage but gave a limited number of choices (increases in pay, increases in benefits, use of incentives, use of consultants, work environment improvements and new care delivery models). Increases in pay were used by 96% of CNOs, benefit increases by 56%, incentives by 62%, work environment improvements by 71%, consultants by 20%, and changes in care delivery models by 56% of the Hospital CNOs.

Table 2 – Strategies Used to Improve Recruitment and Retention of Nurses in Urban Facilities (% of total responses)

Strategy	**HOS**					**LTC**				**CL**					**HH**		
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN
Pay Increases	4	6	4	2	4	10	10	12	2	20	22	6	8	4	6	6	6
Flexible Scheduling	2	2				12	8	6		4	12	2			2	2	2
Student Loan Repayment	2					2	4	2	2								
Child Care Services																	
Sign-on Bonuses		2				4	4			2						2	
Pay Licensure Fees										2	2				2	2	2
Continuing Education Reimbursement	2	2				4	2	4		12	8	2	4	4	2	2	2
Tuition Reimbursement	4	6				4	4	2		2	2				2	2	
Health Insurance		2				2				12	10	2	2		4	4	2
Retirement Plans		2				4	2	2		12	12		4		2	2	
Education-based wage differentials										2							
Dental/ Eye Insurance		2				2	4	2		8	8				2	2	2
Shift wage differential	2	4				2									4	4	2
Job Fairs/Open Houses	4	0				2	2			4	4				2	2	
Increased Nurse Representation in Facility Meetings	2							2		8	2		2	2			
Adjustment of nurse/patient ratios										2	4						
Nurse Recognition Programs		4								8	6						
Increase delegation of non-skilled patient care duties assigned to nurses (i.e. bed making, delivering trays)												2					
Increase delegation of clerical duties assigned to nurses (i.e. paperwork, charting)										2	2						
Nurse Wellness programs (i.e. stress reduction)										4							

Note: Only categories of nurses for which data were submitted are included.

Table 3- Strategies Used To Improve Recruitment and Retention of Nurses in Semi-Rural Facilities (% of total responses)

Strategy	**HOS**					**LTC**					**CL**					**HH**		
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN
Pay Increases	19	20	9		1	23	25	13	3	1	12	7	4		1	4	7	4
Flexible Scheduling	15	16	4		3	28	26	15	3	1	7	1	1		1	4	7	4
Student Loan Repayment	4	9	1		1	17	15	4	1									
Child Care Services						6	7	3									1	
Sign-on Bonuses	4	9	1		1	7	7	4				1	1					
Pay Licensure Fees				1		4	4	6								4	4	4
Continuing Education Reimbursement	7	7	1		3	10	9	7		1	4	6	4	1	3	4	4	4
Tuition Reimbursement	9	12	1		3	12	10	6	1	1	3	1	3		1			
Health Insurance	10	10	3		3	13	15	7		1	4	4	1		1	6	7	4
Retirement Plans	9	9	1		1	9	9	6		1	4	3				1	3	1
Education-based wage differentials	3	3	3															
Dental/ Eye Insurance	4	4				9	10	4			3	3				1	3	
Shift wage differential	10	10	3			9	9	3								3	3	3
Job Fairs/Open Houses						3	1	1			3	1	1			1	1	1
Increased Nurse Representation in Facility Meetings	4	6	1			7	6	4	1		1						1	
Adjustment of nurse/patient ratios	4	6	1			6	6	3										
Nurse Recognition Programs	3	3				4	4	1										
Increase delegation of non-skilled patient care duties assigned to nurses (i.e. bed making, delivering trays)	3	4	1			6	7	4										
Increase delegation of clerical duties assigned to nurses (i.e. paperwork, charting)	1	1	3			9	6	7			1						3	
Nurse Wellness programs (i.e. stress reduction)	1	1	1			3	3	3									1	

Table 4- Strategies Used to Improve Retention and Recruitment of Nurses in Rural Facilities (% of total responses)

Strategy	**HOS**					**LTC**					**CL**		**HH**		
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	LPN	DRN	MRN
Pay Increases	15	17	9		2	13	15	9	2		11	4	4	4	4
Flexible Scheduling	9	9	2			20	20	7		2	4	2		2	
Student Loan Repayment	9	17				15 15	7			2	2 4				
Child Care Services	4	4	4	2		4	4	2		2					
Sign-on Bonuses	2	9				9	15	4		2		2			
Pay Licensure Fees								2							
Continuing Education Reimbursement	4	4	4		2	2	2	4			7	4	2	2	2
Tuition Reimbursement	9	9	2		2	17	15	4		2	2				
Health Insurance	9	9	4		2	13	13	9		2	2	4			
Retirement Plans	7	7	2		2	13	13	7		2	2	2			
Education-based wage differentials	2	2	2			2	2								
Dental/ Eye Insurance	4	4	2		2	13	13	4			2	4		2	
Shift wage differential	2	2	2		2	9	9	4		2					
Job Fairs/Open Houses	2	4				4	6	4							
Increased Nurse Representation in Facility Meetings						2	2								
Adjustment of nurse/patient ratios						4	4								
Nurse Recognition Programs	2	2				4	4								
Increase delegation of non-skilled patient care duties assigned to nurses (i.e. bed making, delivering trays)	2	2													
Increase delegation of clerical duties assigned to nurses (i.e. paperwork, charting)						4	4	2							
Nurse Wellness programs (i.e. stress reduction)						7	7	4		2					

Table 5: Strategies Used to Improve Retention and Recruitment of Nurses in Public Health Facilities (% of total responses) (Divided by urban-rural category)

		LPN	DRN	MRN	APN			LPN	DRN	MRN	APN
Pay Increases	Urban					Health Insurance	Urban	67	67	67	67
	Semi-rural	5	21	11			Semi-rural	5	11	11	
	Rural	4	4	8			Rural	4	8	4	
Flexible Scheduling	Urban	33			67	Retirement Plans	Urban	67	67	67	67
	Semi-rural	5	21	5			Semi-rural	5	5	11	
	Rural	4	19	12			Rural	4	8	8	
Student Loan Repayment	Urban					Education-based Wage Differentials	Urban	33	33	33	33
	Semi-rural		5				Semi-rural				
	Rural						Rural				
Pay Licensure Fees	Urban	33				Dental/Eye Insurance	Urban	67	67	67	67
	Semi-rural						Semi-rural				
	Rural						Rural				
Continuing Education Reimbursement	Urban	67	67	67	67	Increased Autonomy	Urban	33			67
	Semi-rural	5	11				Semi-rural		5		
	Rural						Rural				
Tuition Reimbursement	Urban	33	33	33	33	Nurse Wellness Programs	Urban	33	33	33	33
	Semi-rural		5				Semi-rural	5	5		5
	Rural						Rural	4	4		

Note: Categories with no responses were excluded from the table.

SALARY ISSUES

- Facilities were asked to list the starting and average hourly wage for each nurse category. Starting wage is the average hourly wage paid to nurses when they were first hired as new graduates (Table 6). Average wages reflects the average hourly wage paid for all nurses of a specific type (e.g., LPN). (Table 7).

  Semi-rural APNs had the highest starting wage ($31.00/hour). Lowest starting wage was reported for semi-rural clinic LPNs at $10.59/hour. For LPNs, urban long-term care had the highest starting wage of $12.70/hour, followed by urban home health with $12.13/hour. Urban home health RNs had the highest starting wage of $17.91/hour, followed by urban hospitals at $17.86/hour. For RN positions, the lowest wage was $14.03 at rural public health facilities (See Table 6).

Table 6 - Average Starting Hourly Wage for Each Nurse Category ($) by Facility Type and Urban-Rural Category

		LPN	DRN	MRN	SRN	APN
HOSPITAL	URBAN	11.75	17.86	26.30	---	24.14
	SEMI-RURAL	11.17	15.89	19.95	---	---
	RURAL	10.89	14.75	20.40	13.30	---
LONG-TERM CARE	URBAN	12.70	16.93	17.59	18.00	---
	SEMI-RURAL	11.77	15.76	15.83	15.01	---
	RURAL	12.02	15.05	18.25	---	26.00
CLINIC	URBAN	11.43	15.75	17.65	17.19	26.46
	SEMI-RURAL	10.59	14.22	15.55	---	25.52
	RURAL	10.68	14.03	15.65	---	25.52
HOME HEALTH	URBAN	12.13	17.91	21.45	---	---
	SEMI-RURAL	11.76	16.91	22.20	---	31.00
	RURAL	10.97	14.63	17.50	---	---
PUBLIC HEALTH	URBAN	11.85	15.97	18.87	---	22.31
	SEMI-RURAL	10.60	14.00	15.86	12.00	20.30
	RURAL	11.47	12.80	13.98	---	---

APNs in semi-rural facilities had the highest average wage ($34.16/hour) for any category. LPNs in semi-rural home health facilities had the highest average wage ($15.26/hour) for LPNs. The lowest average wage for LPNs was those employed in semi-rural clinics ($12.07/hour). RNs in urban hospitals had the highest average wage for RNs ($22.03/hour). Lowest average wages were indicated for semi-rural clinic LPNs (10.59), and for RNs, the lowest wage listed was in rural public health ($12.80) (see Table 7).

Table 7- Average Hourly Wage for Each Nurse Category ($) by Facility Type and Urban-Rural Category.

		LPN	DRN	MRN	SRN	APN
HOSPITAL	URBAN	13.95	22.03	31.25	---	27.71
	SEMI-RURAL	12.88	18.75	23.03	---	---
	RURAL	13.07	17.78	23.03	17.00	---
LONG-TERM CARE	URBAN	14.85	19.65	20.59	20.75	---
	SEMI-RURAL	13.39	17.62	18.73	17.67	---
	RURAL	13.80	16.82	21.12	---	26.00
CLINIC	URBAN	12.92	18.01	20.86	19.26	29.27
	SEMI-RURAL	12.07	15.02	19.60	20.00	34.16
	RURAL	12.90	16.80	20.02	---	31.28
HOME HEALTH	URBAN	14.39	21.26	26.81	---	---
	SEMI-RURAL	15.26	20.37	27.07	---	31.00
	RURAL	13.48	16.60	19.85	---	---
PUBLIC HEALTH	URBAN	14.97	18.10	22.90	23.50	27.95
	SEMI-RURAL	13.31	15.95	18.07	18.38	22.57
	RURAL	15.02	14.84	17.16	---	---

- Regarding pay differentials for evening/nights, weekends or holidays, **many urban, semi-rural, and rural facilities used pay differentials for off-shifts (evenings; nights; weekends and/or holidays).** 34.7 % of urban facilities, 59.4% of semi-rural facilities, and 54.3 % of rural facilities use pay differentials

- Regarding a higher wage scale for specialties such as surgery, ICU or OBY/GYN, **few facilities pay more for specialty nurses.** Rural facilities were more likely to offer extra pay for specialty nurses. 4.3% indicated extra pay was offered, compared to 1.4% for semi-rural facilities; and 4.1% of urban facilities.

- Facilities were also asked if they hire certified medication aides and if they hired them in response to a shortage of nurses. **Medication aides were used by 22.4% of urban facilities; 36.2% of semi-rural facilities; and 30.4% of rural facilities.** Of those that responded to use of medication aides, 4.1% of urban facilities, 15.9% of semi-rural facilities, and 15.2% of rural facilities indicated that medication aides were hired in response to nurse shortage.

STAFFING ISSUES

- Facilities were asked to indicate the total number of full-time equivalent (FTE) nurse resignations (left voluntarily) and terminations (fired, laid off) for 2002 (January 1, 2002-December 31, 2002) for each setting and category of nurse.

  In general, the greatest change in staff was noted for LPN positions in the long-term care and clinic settings. Semi-rural facilities demonstrated slightly higher rates of staff changes than urban or rural facilities. Home health care and public health facilities showed little or no staff changes for 2002 (see Table 8, 9)

Table 8 - Full-time Equivalent (FTE) Nurse Resignations and Terminations for 2002

		HOS					**LTC**					**CL**					**HH**				
		LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Total # of FTE Resignations in 2002	Urban	4	5	4	2	3	12	9	7	2	2	12	14	7	7	4	4	6	4	1	2
	Semi-rural	6	9	1	1	1	18	15	2	1	0	12	8	5	1	2	2	3	2	0	0
	Rural	7	9	6	2	1	11	12	7	0	1	11	7	2	0	1	1	0	1	0	0
Total # of FTE Terminations in 2002	Urban	5	5	4	3	3	11	9	6	1	2	7	10	4	4	3	3	3	3	1	2
	Semi-rural	6	6	1	1	1	15	12	6	1	0	11	7	3	0	--	2	3	1	2	0
	Rural	6	9	2	1	0	6	5	3	0	1	8	5	2	0	0	1	0	1	0	0

Table 9- Public Health FTE Nurse Resignations and Terminations for 2002

		LPN	DRN	MRN	SRN	APN
Total # of FTE Resignations in 2002	Urban	1	2	0	0	0
	Semi-Rural	1	3	0	0	1
	Rural	0	1	1	0	0
Total # of FTE Terminations in 2002	Urban	0	0	0	0	0
	Semi-Rural	0	0	1	0	0
	Rural	0	0	0	0	0

- Facilities were asked to indicate reasons given by staff in exit interviews for leaving their facility **in the last year** for each setting and nurse category. (Tables 10-11).

  When asked to indicate the one most frequent reason for resignation, facilities responses included relocation; retirement; desire for a higher pay position; and personal/family reasons.

  The most frequent responses in North Dakota for leaving urban facilities were more money, seeking another nursing position, and persona/lifestyle reasons (see Table 10).

Table 10 - Reasons Given For Leaving Urban Facilities (% of total responses)

Reasons	HOS			LTC			CL					HH	
	LPN	DRN	MRN	LPN	DRN	MRN	LPN	DRN	MRN	SRN	APN	LPN	DRN
More money	2	2		2	2		10	22					2
Relocation within ND	4	8	2	6	6		8	6					2
Relocation outside ND	4	8		6	8		8	6	2	2			2
Job Dissatisfaction	2	8		4			2		2				
Retirement	4	6	2	2	2	2	4			2	2		
Seeking another nursing position	4	6		6	2		8	10	2	2			2
Seeking non-nursing position		2					2	2		2			
Conflict with Management						2	8		2				2
Job Burnout		2					4					4	
Personal/Lifestyle Reasons	4	4		10	4		8	4	2	2		2	
Attend school	6	6		4	4		2	2				2	
Better benefits elsewhere	2	2						4				2	

Note: Nurse categories for which no data were provided were deleted.

Most frequent reasons for leaving semi-rural facilities were relocation within the state, retirement and seeking another nursing position (see Table 11).

Table 11 - Reasons Given for Leaving Semi-Rural Facilities (% of total responses)

Reasons	**HOS**			**LTC**				**CL**					**HH**		
	LPN	DRN	MRN	LPN	DRN	MRN	SRN	LPN	DRN	MRN	SRN	APN	LPN	DRN	APN
More money	1			1				4	1					3	
Relocation within ND	1	6		6	3			4	4	1				1	
Relocation outside ND	3	3		3	3			1	1						
Job Dissatisfaction		1				1		1	1						
Retirement	4	6	2	2	2	2		4			2	2			
Seeking another nursing position	3	4		6	6	1		1	1					3	
Seeking non-nursing position									1						
Conflict with Management				3			1						1		
Job Burnout				3	3			1							
Personal/Lifestyle Reasons	1	1		1				3							
Attend school	3	3		1	1									1	
Better benefits elsewhere		1													1

In rural settings, the most frequent reason given for leaving was relocation, both within the state and relocation outside N.D. Seeking another nursing position was also a frequent response (see Table 12).

Table 12 - Reasons Given for Leaving Rural Facilities (% of total responses)

Reasons	HOS			LTC			CL		
	LPN	DRN	MRN	LPN	DRN	MRN	LPN	DRN	DRN
More money	2	7	4	2	2	2	4		
Relocation within ND	2	4	4	2	2	2	2	2	2
Relocation outside ND		9	2	7	2				
Job Dissatisfaction		2	2				2		
Retirement				2	4		2	2	
Seeking another nursing position		11	4	4	7	2	2		
Seeking non-nursing position	2	4	2	2	2	2			
Conflict with Management			2			2	2		
Job Burnout	2	4	2	4		2			
Personal/Lifestyle Reasons		2	2	2		2	4		
Attend school	2			2					
Better benefits elsewhere	2	4	2	2			2		

Note: Categories for which no data were provided were deleted.

The most frequent reasons given in public health facilities were relocation inside and outside of ND, seeking another nursing position and personal/lifestyle reasons.

Table 13 - Reasons Given for Leaving Public Health Facilities (% of total responses)

Reasons		LPN	DRN	MRN	APN
More money	Urban				
	Semi-rural		5		
	Rural				
Relocation within ND	Urban		33		
	Semi-rural				
	Rural		4	4	
Relocation outside ND	Urban		67		
	Semi-rural	5			
	Rural				
Retirement	Urban	33			
	Semi-rural		16	5	
	Rural				
Seeking another nursing position	Urban		33		
	Semi-rural				
	Rural				
Personal/Lifestyle Reasons	Urban				
	Semi-rural		5		
	Rural		33		5

Note. Reasons that were not cited are deleted in the table.

The American Organization of Nurse Executive (AONE) "Acute Care Hospital Survey of RN Vacancy and Turnover Rates" (HSM Group, 2002) reported that the top three reasons nation wide for RN resignations were relocation (65%), more money (57%) and desired another nursing position (54%).

- Turnover rate is defined as the number of resignations or terminations in 2002 divided by the average number of direct and indirect care full-time equivalent (FTE) positions for the same year (HSM, 2002). The American Organization of Nurse Executives (HSM, 2002) report an average nationwide turnover rate of 21.3% for RNs in hospitals with a range of 10% to 30%.

  The highest LPN turnover rate was in long-term care facilities, with the highest numbers seen in the rural setting. For individual facility types, the highest numbers were in rural long-term care and rural home health. For DRNs, the highest turnover rate was for long-term care, with the highest rate in the rural setting. The highest MRN turnover rate was in home health, with the highest numbers in rural settings. Long-term care reflected the highest rate for SRN positions. As stated previously, many facilities do not employ SRNs. The APN turnover rate was highest for clinics, with urban clinics having the highest rate. Long-term care also reflected high APN turnover rate (see Table 14).

  Table 14 - Turnover Rate by Facility Type (%)

		URBAN	SEMI-RURAL	RURAL
HOSPITALS	LPN	14	11	38
	DRN	21	33	38
	MRN	6	6	7
	SRN	11	15	7
	APN	13	4	-
LONG-TERM CARE	LPN	27	21	36
	DRN	21	34	38
	MRN	5	14	5
	SRN	30	30	-
	APN	40	-	20
CLINICS	LPN	6	36	9
	DRN	15	9	9
	MRN	3	11	8.0
	SRN	11	-	-
	APN	45	15	9
HOME HEALTH	LPN	17	6	33
	DRN	39	25	-
	MRN	-	25	29
	SRN	-	-	-
	APN	-	-	-
PUBLIC HEALTH	LPN	7	12	-
	DRN	17	11	9
	MRN	-	-	22
	SRN	-	-	-
	APN	-	13	-

- Vacancy rates are calculated for each facility type, nurse category and urban-rural category when sufficient data was available. Vacancy rates are defined as the average number of vacant FTE positions in 2002 divided by the average number of budgeted positions for the same year (HSM,2002). According to economists, a full workforce in most industries exists when vacancy rates do not exceed five to six percent (Prescott, 2000). A shortage is considered to be present at a sustained vacancy rate above this level. Nationally, nurse vacancy rates in hospitals average about 15 percent (AHA, 2002). The AONE study (HSM Group, 2002) reported the average nation-wide vacancy rate for RNs in hospitals as 10.2%.

  The highest LPN vacancy rate was indicated for hospitals, with the rural setting having the highest rate. For DRNs, the highest vacancy rate was in public health, followed by home health (see Table 15).

Table 15 – Vacancy Rate For Each Nurse Category by Facility Type

		URBAN	SEMI-RURAL	RURAL
HOSPITALS	LPN	4	7	13
	DRN	3	12	11
	MRN	5	-	-
	SRN	2	-	-
	APN	4	-	-
LONG-TERM CARE	LPN	6	1	6
	DRN	7	2	9
	MRN	8	1	8
	SRN	-	-	-
	APN	-	-	-
CLINICS	LPN	2	1	7
	DRN	2	-	12
	MRN	7	-	10
	SRN	-	-	-
	APN	6	-	-
HOME HEALTH	LPN	6	-	-
	DRN	22	8	-
	MRN	-	-	-
	SRN	-	-	-
	APN	-	-	-
PUBLIC HEALTH	LPN	-	-	-
	DRN	-	31	-
	MRN	3	-	-
	SRN	-	-	-
	APN	-	-	-

- Facilities were asked to indicate how nurse vacancies have affected operations for each setting. **Nurse vacancies have significant affects on facility operations**. **All settings have had to modify operations, but the greatest changes are in rural and semi-rural areas, with hospitals, long-term care and public health facilities most often affected**

  The most frequent affects across facilities included: increased cross-training of nursing staff; higher costs to deliver care; use of part-time positions; reduced or eliminated services and an increase in the number of patients per nurse (see Table 16).

  Facilities were asked other ways nursing vacancies have affected facility operations. Responses included budget concerns due to increased overtime hours; hardships on staff due to working extra hours; increased nurse/patient ratios; and increased time needed to fill facility vacancies.

  The American Journal of Nursing "Patient Care Survey" (Shindul-Rothschild, Berry & Long-Middleton, 1996) asked about changes that have occurred in nursing departments. Respondents most frequently cited an increase in the number of patients assigned to RNs (65.5%), a reduction in the number of RNs providing direct patient care (60.2%) and an increase in cross-training of nursing staff (59.4%).

  The AONE (HSM Group, 2002) study found that hospitals with vacancy rates above the national average most frequently cited higher costs to deliver care (69%) and emergency department overcrowding (51%).

Table 16 - Affect of Nursing Vacancies on Facility Operations (% of total responses)

Setting		HOS	LTC	CL	HH	PH	Setting		HOS	LTC	CL	HH	PH
Decreased nurses in management activities	**Urban**		**2**	**2**			Use of part-time, per diem, or temporary nurses to fill full-time positions	**Urban**	**2**	**8**	**12**	**2**	**33**
	Semi-Rural	**16**	**16**	**1**		10		**Semi-rural**	**7**	**15**	**6**		**5**
	Rural	**15**	**11**	**2**		27		**Rural**	**9**	**9**	**2**		**27**
Restricted Admissions/ Appointments	**Urban**	**2**	**2**	**2**	**2**		Increased use of unlicensed assistive personnel (e.g. techs/medication aides)	**Urban**	**2**	**4**	**4**	**2**	
	Semi-rural	**4**	**16**	**1**		11		**Semi-rural**		**10**	**1**		**5**
	Rural		**4**			27		**Rural**	**4**	**9**	**2**		**27**
Reduced or eliminated services	**Urban**				**4**	33	Increased time RNs spend supervising unlicensed assistive personnel (e.g. techs/medication aides)	**Urban**	**2**	**4**	**4**	**2**	
	Semi-rural	**4**	**4**	**1**		21		**Semi-rural**	**3**	**13**			**5**
	Rural	**4**				39		**Rural**	**2**	**2**			**27**
Higher costs to deliver care	**Urban**		**4**	**4**	**2**		Reduced number of LPNs providing direct patient care.	**Urban**			**2**		
	Semi-rural	**7**	**10**	**3**	**1**	11		**Semi-rural**	**1**	**7**	**1**		
	Rural	**13**	**13**	**4**		39		**Rural**	**4**	**7**			
Reduced number of RNs providing direct patient care	**Urban**	**2**	**4**	**2**	**4**		Increase in cross-training of nursing staff	**Urban**		**6**	**4**	**2**	**33**
	Semi-rural	**7**	**12**	**3**	**3**			**Semi-rural**	**10**	**7**	**7**		**11**
	Rural	**11**	**9**	**2**	**27**			**Rural**	**20**	**7**	**11**		**27**
Increased number of patients per nurse	**Urban**	**2**		**4**	**4**	33	Reassignment or floating of nurses to departments with vacancies	**Urban**	**2**	**8**	**2**		
	Semi-rural	**10**	**9**	**1**	**4**	5		**Semi-rural**	**7**	**7**	**3**		
	Rural	**9**	**4**	**4**		27		**Rural**	**4**	**7**	**7**	**2**	
Reduced number of budgeted LPN positions	**Urban**						Reduced number of budgeted RN positions	**Urban**			**4**		
	Semi-rural	**4**	**7**	**1**	**1**			**Semi-rural**			**4**		**11**
	Rural	**9**		**2**				**Rural**					**27**

SUGGESTED SOLUTIONS FOR THE NURSING SHORTAGE

Facilities were asked to indicate the **ONE** solution that they think would work best to address nursing shortage. Five strong themes emerged from the responses.

- **Theme 1: Monetary Issues**

  Generally, better wages across all facility types, in all settings, was the most frequent response (approx. 60%). Also, a need for increased insurance coverage for staff, including health insurance, eye and dental insurance, were frequently cited. Less frequent recommendations include increased staff benefits such as provision of workplace child care services and retirement plans.

- **Theme 2: Environment**

  Flexible scheduling was the most frequent response in this category. This response was second only to the suggestion for better wages. Also important were responses referring to nurse/patient ratios; and having a large pool of nurses available. "Favorable" scheduling was often indicated, referring to work schedules without required weekend or holiday hours.

- **Theme 3: Education**

  There were three common responses related to education. Most often, the need was expressed for increased educational opportunities, such as distance learning options. This was especially important for rural and semi-rural settings. A need was also expressed for increased availability or number of nursing programs in the state. Finally, many indicated that tuition reimbursement would help to solve the nursing shortage.

- **Theme 4: Respect and Autonomy**

  Responses reflected the need to affirm nurses' feelings of autonomy in the workplace. Increased respect, increased feelings of value, and increased satisfaction of their job situation were important.

- **Theme 5: Workforce**

  Responses included the desire to increase the number of applicants for facility vacancies. Facilities expressed the desire to have more people to choose from when filling positions, so they wouldn't feel like they **had** to hire an applicant. Suggestions were made to increase number of applicants by having more job fairs, different marketing techniques, etc.

Facility Survey Methodology

This project was designed to assess nursing workforce demand and the characteristics of potential shortages in North Dakota health care facilities. To better understand current nursing workforce a survey was sent to the Directors of Nursing of adminstrator of all hospitals, long-term care facilities (nursing homes and basic care facilities), home health facilities, clinics and regional public health facilities in North Dakota (477 facilities).

This survey was developed to provide a comprehensive picture of the nature of nursing employment and potential shortages throughout the state and to enable comparisons to be drawn between health care facilities; rural and urban areas and North Dakota and national data. Survey questions were derived from national surveys including the Robert Wood Johnson Foundation Nursing Shortage Study: Chief Nursing Officer Interview Tool (Kimball & O'Neil, 2002), the American Organization of Nurse Executives Acute Care Hospital Survey of RN Vacancy and Turnover Rates (HSM Group, 2002) and the American Journal of Nursing Survey (Shindul-Rothschild, Berry & Long-Middleton, 1996). None of the national Director of Nursing surveys addressed LPNs, so several of the North Dakota questions were modified to be appropriate for LPNs. Questions on the North Dakota survey were also modified to be appropriate for the various types of facilities that were queried.

Mailing lists for the hospital and long-term care facilities clinics, public health and home health mailing list was derived from the 2003-2004 North Dakota Medical Services Directory. Participants received the survey by mail and were asked to mail the survey back to the Center for Rural Health in a postage-paid envelope. The survey was accompanied by a cover letter outlining the purpose of the study. The surveys were sent between August and October 2003 and respondents were asked to return the survey within two weeks. Those participants that had not returned their survey within one month were sent another copy and given two weeks to respond. Public health DONs received their initial survey during a meeting in Bismarck in December. Those who did not return their survey were mailed second one.

When appropriate, data were divided by Urban Influence Codes (Ghelfi & Parker, 1997). Urban Influence Codes are a method of classifying U.S. counties according to the size of metropolitan areas, proximity to metropolitan areas and the population of the largest city within the county. There are nine codes including two metropolitan county categories and seven non-metropolitan county categories. Due to the rural nature of North Dakota, several of the categories include 0 counties and some categories have a small number of counties represented. North Dakota counties were collapsed into three large categories that encompassed their original Urban Influence Codes.

- Urban counties: Small metropolitan counties with fewer than one million residents (4 counties).

- Semi-rural counties: Non-metropolitan counties adjacent or not adjacent to a small metropolitan county with a town containing at least 2,500 residents (20 counties).

- Rural counties: Those areas not adjacent to a small metropolitan area, which does not contain a town with at least 2,500 residents (29 counties).

Facility Survey References

AHA Commission on Workforce for Hospital and Health Systems (2002). In Our Hands: How Hospital Leaders Can Build a Thriving Workforce. Chicago: American Hospital Association.

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Center for Rural Health
University of North Dakota
School of Medicine and Health Sciences

2003 North Dakota Nursing Needs Study Facility Survey

Please answer all questions as completely as possible. Several questions include tables. For these questions you will need to only answer those questions pertaining to your facility. The tables include areas for information from hospitals (HOS), long term care, basic care facilities and assisted living facilities (LTC), clinics (CL) and home health care facilities (HH). Leave all areas that do not apply to your facility blank. For each setting, space is included for answers regarding LPNs, Direct care RNs (DRN: RNs who primarily provide direct patient care) RN Managers (MRN: nurse managers or assistant managers), Specialty RNs (SRN: diabetes education, infection control etc.) and Advanced Practice Nurses (APNs). Please answer separately for each of these and leave blank those categories nurses you do not employ. If you have any questions about completing the survey, please contact Dr. Patricia Moulton at 701-777-6781.

1. What is your job title? _____ Phone number where we may contact you for questions regarding the survey? _____

2. Where is your facility located? City _____ County _____ Zip Code _____

3. Indicate which of the following best describes your facility. You may indicate more than one answer if applicable.

_____ Hospital _____ Long-term Care _____ Basic Care _____Assisted Living _____ Clinic/Ambulatory Care _____ Home Health

4. By placing an X in the corresponding box, please indicate the level of nurses you employ for each setting.

LPN: Licensed Practical Nurse DRN: Direct Care RN MRN: Manager RN SRN: Specialty RN APN: Advanced Practice Nurse

	HOS					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Employed																				

5. How long (number of weeks) on average does it take you to fill a vacant position for each level of nurse?

	HOS					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
# of weeks																				

6. Do you have difficulty recruiting nurses for evening shifts (around 3-11 P.M.) or night shifts shifts (around 11 P.M.-7 A.M.)?
Please indicate yes, no or N/A (not applicable) for each level of nurse.

	HOS					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Yes/No/NA																				

If yes, what problems have you encountered when staffing these shifts? _____
_____

What strategies have you used in order to ensure adequate staffing for these shifts? _____
_____

7. List the starting and average hourly wage for each nurse category in each setting in your facility. The first row requests starting wages (average hourly wage paid to nurses when they are first hired as a new graduate) and the second row requests average wages (average hourly wage paid for all nurses).

	HOS					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Starting Hourly Wage																				
Average Hourly Wage																				

8. Do you pay differentials for off-shifts (evening/nights), weekends, holidays? ____ Yes _____ No
If yes, what % of your budget goes to these differentials? _____ %

9. Do you have a pay scale for different RN education levels (i.e. ADN, BSN, MSN)? _____ Yes _____ No
If yes, please describe _____
_____

10. Do you pay extra for surgery, ICU or OB/GYN nurses? _____ Yes _____ No

11. Do you hire certified medication aides? _____ Yes _____ No
If yes, did you hire these aides in response to a shortage of nurses? _____ Yes _____ No

12. By placing an X in the corresponding box, please indicate the strategies you have used in **the last year specifically to improve recruitment and retention of nurses. Do NOT indicate those strategies which are part of general operating procedures.**

Strategy	**HOS**					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Pay Increases																				
Flexible Scheduling																				
Student Loan Repayment																				
Child Care Services																				
Sign-on Bonuses																				
Pay Licensure Fees																				
Continuing Education Reimbursement																				
Tuition Reimbursement																				
Health Insurance																				
Retirement Plans																				
Education-based wage differentials																				
Dental/ Eye Insurance																				
Shift wage differential																				
Job Fairs/Open Houses																				
Increased Nurse Representation in Facility Meetings																				
Adjustment of nurse/patient ratios																				
Nurse Recognition Programs																				
Increase delegation of non-skilled patient care duties assigned to nurses (i.e. bed making, delivering trays)																				
Increase delegation of clerical duties assigned to nurses (i.e. paperwork, charting)																				
Nurse Wellness programs (i.e. stress reduction)																				

12a. List any other strategies that you have used. _____

12b. Of the strategies in question 12 or 12a, which ONE has been most useful in **recruiting** nurses at your facility? _____
How has this been an effective **recruitment** strategy (e.g. decreased vacancies, increased job applications)?
_____

12c. Of the strategies in question 12 or 12a, which ONE has been most useful in **retaining** nurses at your facility?_____
How has this been an effective **retainment** strategy (e.g. decreased turnover, increased job satisfaction ratings)?
_____

13. Indicate the total number of FTE (Full-time equivalent) nurse resignations (voluntarily left) and terminations (fired, laid off) for 2002 (Jan 1, 2002-Dec. 31, 2002) for your facility for each setting and category of nurse.

	HOS					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Total # of FTE Resignations in 2002																				
Total # of FTE Terminations in 2002																				

14. Do you conduct exit interviews with nurses when they leave? _____ Yes _____ No.
If yes, for each category place an X in boxes indicating reasons given for leaving your facility **in the last year** area for each setting and nurse category.

Reasons	**HOS**					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
More money																				
Relocation within ND																				
Relocation outside ND																				
Job Dissatisfaction																				
Retirement																				
Seeking another nursing position																				
Seeking non-nursing position																				
Conflict with Management																				
Job Burnout																				
Personal/Lifestyle Reasons																				
Attend school																				
Better benefits elsewhere																				

14a. Which reason for resignation has your facility encountered the most frequently in the past year?_____

15. Please indicate the current number of FTE (full-time equivalent- 40 hours/week) nurses for each setting and category of nurse.

Setting	**HOS**					**LTC**					**CL**					**HH**				
	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN	LPN	DRN	MRN	SRN	APN
Total # of Budgeted FTEs																				
How many of these FTE positions are filled with full-time (32 or greater hours/week) nurses?																				
How many of these FTE positions are filled with part-time (less than 32 hours/week) nurses?																				
Total number of **vacant** nurse FTEs																				
Total number of FTEs filled with temporary (agency) staff?																				
Total number of FTEs filled with Resource/Float Nurses																				

16. By placing an X in the corresponding box, please indicate how nursing vacancies have effected operations for each setting in your facility.

Setting	HOS	LTC	CL	HH		Setting	HOS	LTC	CL	HH
Decreased nurses in management activities						Use of part-time, per diem, or temporary nurses to fill full-time positions				
Restricted Admissions/ Appointments						Increased use of unlicensed assistive personnel (e.g. techs/medication aides)				
Reduced or eliminated services						Increased time RNs spend supervising unlicensed assistive personnel (e.g. techs/medication aides)				
Higher costs to deliver care						Reduced number of LPNs providing direct patient care.				
Reduced number of RNs providing direct patient care						Increase in cross-training of nursing staff				
Increased number of patients per nurse						Reassignment or floating of nurses to departments with vacancies				
Reduced number of budgeted LPN positions						Reduced number of budgeted RN positions				

16a. Please list any other ways nursing vacancies have effected operations at your facility.

_____

17. When you think of the various possible solutions for nursing shortages, what is the **ONE** solution that you think would work the best?

_____

Thank you for completing our survey.
Please return to the Center for Rural Health in the postage paid envelope enclosed.

2003 North Dakota Nursing Needs Study Public Health Facility Survey

Please answer all questions as completely as possible. If your facility serves several counties, please complete a separate survey for each county. Several questions include tables. Space is included for answers regarding LPNs, Direct care RNs (DRN: RNs who primarily provide direct patient care), RN Managers (MRN: nurse managers or program managers), Specialty RNs (SRN: diabetes education, infection control etc.) and Advanced Practice Nurses (APNs). Please answer separately for each of these and leave blank those nurse categories you do not employ. If you have any questions about completing the survey, please contact Dr. Patricia Moulton at 701-777-6781.

1. What is your job title? _____
   Phone number where we may contact you for questions regarding the survey? _____

2. Please indicate which county this survey represents County _____

3. By placing an X in the corresponding box, please indicate the level of nurses you employ.

   LPN: Licensed Practical Nurse DRN: Direct Care RN MRN: Manager RN
   SRN: Specialty RN APN: Advanced Practice Nurse

	LPN	DRN	MRN	SRN	APN
Employed					

4. How long (number of weeks) on average does it take you to fill a vacant position for each level of nurse in your facility?

	LPN	DRN	MRN	SRN	APN
# of weeks					

5. List the starting and average hourly wage for each nurse category in your facility. The first row requests starting wages (average hourly wage paid to nurses when they are first hired as a new graduate) and the second row requests average wages (average hourly wage paid for all nurses).

	LPN	DRN	MRN	SRN	APN
Starting Hourly Wage					
Average Hourly Wage					

6. Do you have a pay scale for different RN education levels (i.e. ADN, BSN, MSN)? _____ Yes _____ No
   If yes, please describe_____

   _____

7. By placing an X in the corresponding box, please indicate the strategies you have used in **the last year specifically to improve recruitment and retention of nurses. Do NOT indicate those strategies which are part of general operating procedures.**

Strategy	LPN	DRN	MRN	SRN	APN
Pay Increases					
Flexible Scheduling					
Student Loan Repayment					
Child Care Services					
Sign-on Bonuses					
Pay Licensure Fees					
Continuing Education Reimbursement					
Tuition Reimbursement					
Health Insurance					
Retirement Plans					
Education-based wage differentials					
Dental/ Eye Insurance					
Shift wage differential					
Job Fairs/Open Houses					
Increased Autonomy					
Adjustment of nurse/patient ratios					
Nurse Recognition Programs					
Increase delegation of clerical duties assigned to nurses (i.e. paperwork, charting)					
Nurse Wellness programs (i.e. stress reduction)					

7a. List any other strategies that you have used.

_____

7b. Of the strategies in question 7 or 7a, which ONE has been most useful in **recruiting** nurses at your facility?

_____

How has this been an effective **recruitment** strategy (e.g. decreased vacancies, increased job applications)?

_____

7c. Of the strategies in question 7 or 7a, which ONE has been most useful in **retaining** nurses at your facility?

_____

How has this been an effective **retainment** strategy (e.g. decreased turnover, increased job satisfaction ratings)?

_____

8. Indicate the total number of FTE (Full-time equivalent) nurse resignations (voluntarily left) and terminations (fired, laid off) for 2002 (Jan 1, 2002-Dec. 31, 2002) for your facility for each category of nurse.

	LPN	DRN	MRN	SRN	APN
Total # of FTE Resignations in 2002					
Total # of FTE Terminations in 2002					

9. Do you conduct exit interviews with nurses when they leave? _____ Yes _____ No.

If yes, for each category place an X in boxes indicating reasons given for leaving your facility **in the last year** area for each nurse category.

Reasons for Leaving					
	LPN	DRN	MRN	SRN	APN
More money					
Relocation within ND					
Relocation outside ND					
Job Dissatisfaction					
Retirement					
Seeking another nursing position					
Seeking non-nursing position					
Conflict with Management					
Job Burnout					
Personal/Lifestyle Reasons					
Attend school					
Better benefits elsewhere					

9a. Which reason for resignation has your facility encountered the most frequently in the past year?

_____

10. Please indicate the current number of FTE (full-time equivalent- 40 hours/week) nurses for each category of nurse. Please estimate the number of FTEs in your county only.

	LPN	DRN	MRN	SRN	APN
Total # of Budgeted FTEs					
How many of these FTE positions are filled with **full-time** (32 or greater hours/week) nurses?					
How many of these FTE positions are filled with **part-time** (less than 32 hours/week) nurses?					
Total number of **vacant** nurse FTEs					
Total number of FTEs filled with **temporary** (agency) staff?					
Total number of FTEs filled with **Resource/Float** Nurses					

11. By placing an X in the corresponding box, please indicate how nursing vacancies have effected operations in your facility.

Decreased nurses in management activities	
Restricted Admissions/Appointments	
Reduced or eliminated services	
Higher costs to deliver care	
Reduced number of RNs providing direct patient care	
Increased number of patients per nurse	
Reduced number of budgeted LPN positions	
Use of part-time, per diem, or temporary nurses to fill full-time positions	
Increased use of unlicensed assistive personnel (e.g. techs/medication aides)	
Increased time RNs spend supervising unlicensed assistive personnel (e.g. techs/medication aides)	
Reduced number of LPNs providing direct patient care.	
Increase in cross-training of nursing staff	
Reduced number of budgeted RN positions	

11a. Please list any other ways nursing vacancies have effected operations at your facility.

_____

12. When you think of the various possible solutions for nursing shortages, what is the **ONE** solution that you think would work the best?

_____

Thank you for completing our survey.
Please return to the Center for Rural Health in the postage paid envelope enclosed.

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