Center *for* Rural Health
University of North Dakota
School of Medicine & Health Sciences

Three Year Comparison of Nurses in North Dakota Health Care Facilities: Results and Implications

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EXECUTIVE SUMMARY

Background

The "Projected Supply, Demand and Shortages of Registered Nurses 2000-2020" (HRSA, 2002) report cited a six percent nationwide shortage of registered nurses in 2000 with this shortage increasing to 29 percent by 2020. North Dakota is currently experiencing a shortage of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) with an increased shortage projected through the next 10 years (Moulton & Wakefield, 2003). Potential reasons for this shortage include a nationwide decline in the number of nursing graduates, aging of the nursing workforce, decline in relative salaries, an aging population, health care financing issues and an uneven distribution of demand according to employment setting.

The Nursing Needs Study was recommended by the North Dakota Century Code 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 recruitment, retention and utilization of nurses. The North Dakota Board of Nursing then contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences to conduct the Nursing Needs Study.

Results

This report includes the results from the facility survey, which was sent to all hospitals, long-term care facilities, regional public health facilities, clinics and home health facilities in North Dakota. A total of 200 facilities, representing 96 percent of counties in North Dakota, returned the facility survey. 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.

- **Recruitment**

  Hospitals and long-term care facilities in rural areas are having the greatest difficulty recruiting nurses. This difficulty is greatest for recruiting Advanced Practice Nurses (ie., Nurse Practitioners, Certified Nurse Anesthetists).

- **Representation**

  Since 2003, there has been a decrease in the percentage of hospitals with nursing representation (a formal structure in place for nurses to participate in decision-making, including shared governance, nursing councils or nursing representation at facility meetings).; whereas there has been an increase in long-term care facilities having a formal nurse representation structure.

- **Salary**

  The starting salary for LPNs increased in the last year, whereas RN salary has decreased. Average salary has decreased for both LPNs and RNs.

- **Vacancy Rates**

  The statewide vacancy rate for LPNs has remained constant for the last three years; whereas the RN vacancy rate has increased steadily. Vacancy rates are an indication of a shortage of nurses.

- **Turnover Rates**

  Turnover rates have increased over the last three years for LPNs and RNs. Turnover rate is reflection of staffing fluctuation at the facility level.

- **RN Replacement Costs**

  The greatest percentage of facilities indicated a cost of $1,000-$9,999 to replace an RN within their facility. Costs included advertising, interviewing, education, training and preceptorships.

- **Technology**

  Most facilities have high-speed internet and many have access to Interactive Video Network (IVN) or webcast.

NORTH DAKOTA NURSING NEEDS STUDY INTRODUCTION

Health personnel shortages can negatively impact health care quality, through reduced health care access, increased stress on providers, and the use of under-qualified personnel. Also, shortages can contribute to higher costs by raising compensation levels to attract and retain personnel and by increasing the use of overtime pay and expensive temporary personnel. Workforce shortages, while a problem for the entire health care system, are likely to be most severe for rural/frontier regions and medically needy population groups such as the elderly. North Dakota has 41 designated medically underserved areas (MUA) and 81 percent of North Dakota counties are designated as partial or whole county health professional shortage areas (HPSA). North Dakota also has the highest proportion of residents age 85 and older, the age group with the greatest need for healthcare services. In North Dakota, this population is predicted to double by 2020.

Nurses are an integral part of the heath care system providing nursing services to patients requiring assistance in recovering or maintaining their physical or mental health (North Dakota Healthcare Association, 2002). In the United States, nurses comprise the largest group of health care providers. They practice in settings ranging from public health to long-term care. The ability to provide accessible, high quality care depends on the availability of a nursing workforce with the requisite skills and knowledge. Over the past few years, research studies have identified clear relationships between nurse staffing and patient outcomes. For example, lower nurse staffing in hospitals has been linked to longer hospital stays for patients, as well as a number of complications such as pneumonia. Directly challenging the health care system's ability to provide quality patient care is a growing national and international disparity in nursing workforce supply and demand. North Dakota is not immune to this trend.

The Nursing Needs study was recommended, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) in 2001 to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.

This study, initiated in 2002, is designed to collect and analyze data in order to obtain an accurate and complete picture of nurses in rural and urban areas of North Dakota. This study is also constructed to compare state data with existing national data as well as to inform institutional and public policy. The study currently in its third year is approved to continue until 2012 by the Board of Nursing. This study will continue to provide valuable information about the nursing workforce through a ten-year period of time. More information about the study is available on our website at http://medicine.nodak.edu/crh.

In this report, results from the current health care facility survey are presented. This data was collected from October-December 2004. These results are also compared with health care facility survey results from 2003 and 2004 reports in order to present the beginning of a trend analysis.

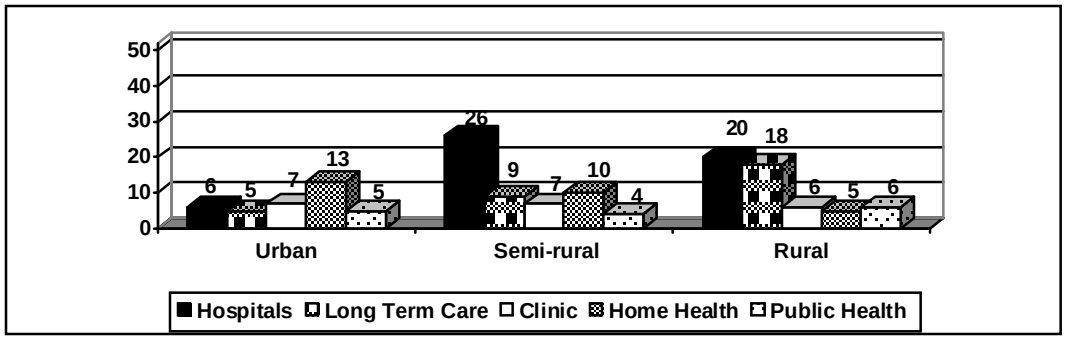
SURVEY RESULTS

Surveys were sent to all North Dakota hospitals, long-term care facilities, regional public health facilities, home health facilities, and clinics. 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 administrator and they were asked to collapse their information by county. Of the 200 facility level responses, 44 represented urban facilities; 80 represented semi-rural facilities; and 76 of the responses came from rural facilities. Ninety-six percent of counties in North Dakota were represented in the survey responses. Data was analyzed by rurality using the Urban Influence Codes[1] and level of nurses[2].

RECRUITMENT ISSUES

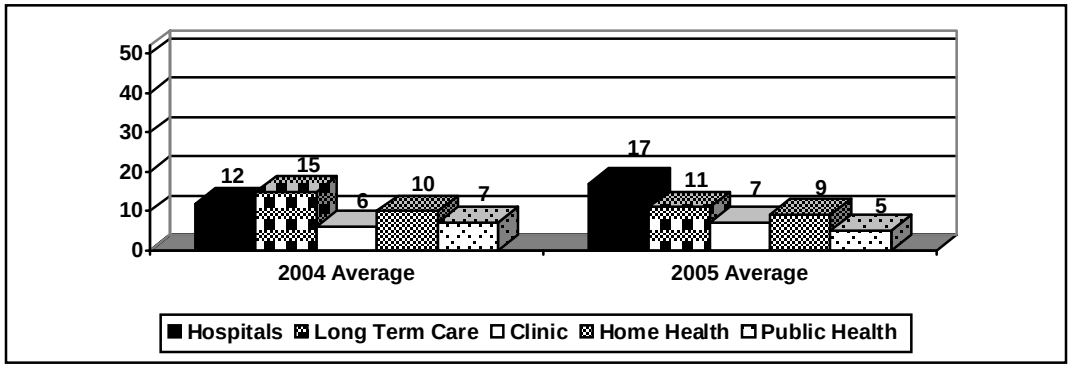
- Facilities were asked how long (number of weeks) on average, it takes to fill a vacant nurse position. Hospitals and long-term care facilities in semi-rural and rural areas cited the greatest average number of weeks to fill a nursing position (See Figure 1). Urban home health facilities also have some difficulty filling a vacant nurse position.

Figure 1: **Average Number of Weeks to Fill Nurse Vacancies**



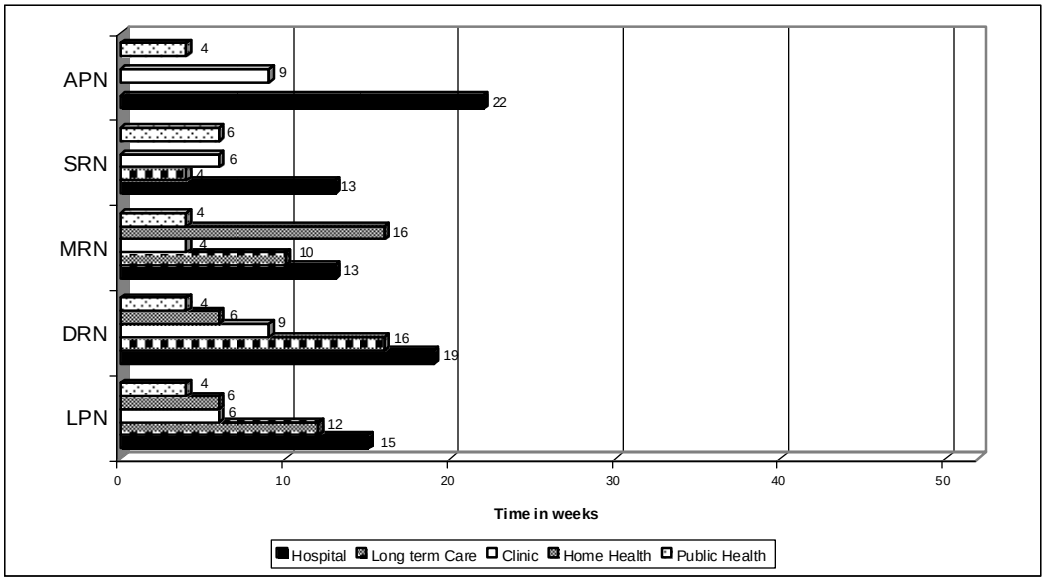
- As compared to 2004 data, hospitals showed an increase in the number of weeks to recruit a nurse, whereas long-term care facilities had a decrease (see Figure 2).

Figure 2: Comparison of Average Number of Weeks to Fill Nurse Vacancies 2004 - 2005



- When divided by level of nurses, advanced practice nurses (APNs) in hospital settings required the greatest average number of weeks to recruit (22 weeks) (see Figure 3).

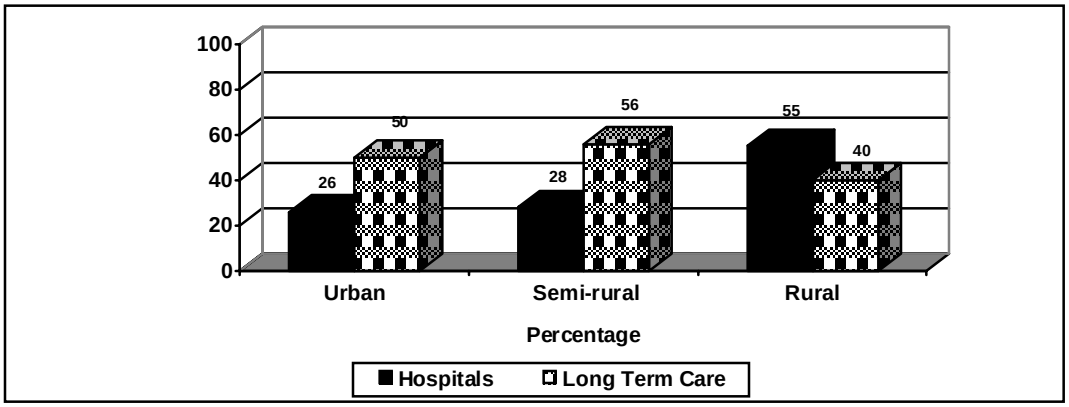
Figure 3: **Average Number of Weeks to Fill Vacancies By Nurse Level**



NURSE REPRESENTATION

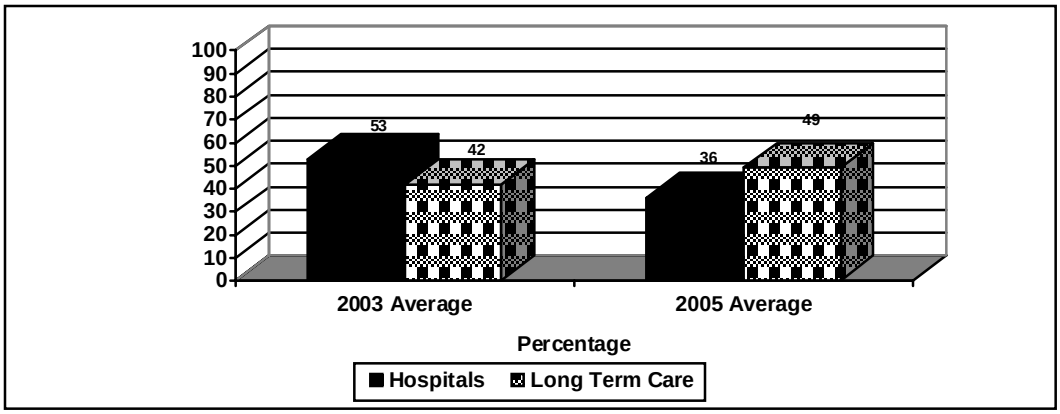
- Facilities were asked to indicate if they had a formal structure in place for nurses to participate in decision-making, including shared governance, nursing councils or nursing representation at facility meetings. Representation of nurses is an important factor in job satisfaction and nurse retention. Semi-rural long-term care facilities most frequently had nurse representation (56%) followed by rural hospital facilities (55%) and urban long-term care facilities (50%) (see Figure 4).

Figure 4: **Formal Nursing Staff Representation in Decision-making**



- When compared to 2003 data, hospitals had a decrease in the percentage of facilities with nurse representation and long-term care facilities had an increase (see Figure 5).

Figure 5: **Comparison of Nursing Staff Representation in Decision-making 2003 and 2005**



SALARY ISSUES

- Facilities were asked to list the starting and average hourly wage for each nurse category in each setting. Starting wages indicate the average hourly wage paid to nurses when they were first hired as new graduates. Average wages reflects the average hourly wage paid for all nurses. Equitable wage is an important issue in nurse recruitment and retention. The highest starting wage was for APNs working in urban clinics ($31.22/hour) and the lowest starting wage was for associate degree licensed practical nurses (LPNs) working in rural clinics ($9.99/hour) (see Table 1).

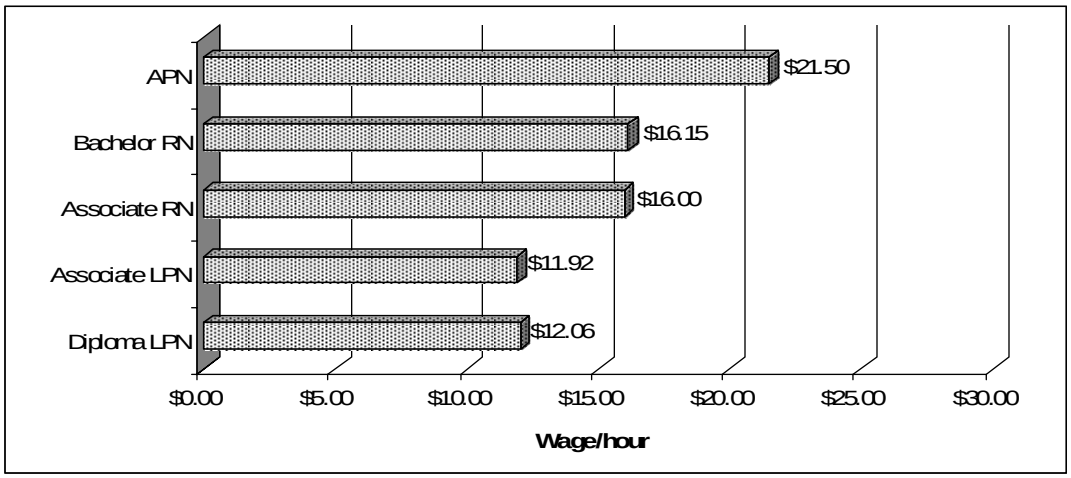
Table 1 - Starting Hourly Wage for Each Nurse Category

		Diploma LPN	Associate LPN	Associate RN	Bachelor RN	APN
HOSPITAL	URBAN	$12.46 (3)	$12.71 (3)	$17.81 (1)	$15.63 (2)	---
	SEMI-RURAL	$11.59(14)	$11.81(17)	$16.30(12)	$17.20(15)	---
	RURAL	$11.56(15)	$11.74(13)	$15.36 (8)	$15.63(12)	---
LONG-TERM	URBAN	$12.94(11)	$13.32(10)	$18.50 (3)	$17.93 (9)	$20.00 (1)
CARE	SEMI-RURAL	$12.07(19)	$12.20(21)	$16.49(11)	$15.73(16)	$13.00 (1)
	RURAL	$12.36(14)	$12.52(15)	$15.34(11)	$15.57(10)	$12.00 (1)
CLINIC	URBAN	$12.74 (8)	$11.48 (6)	$16.33 (4)	$17.53(12)	$31.22 (6)
	SEMI-RURAL	$11.22(21)	$11.27(18)	$14.54(10)	$14.91(13)	$25.25 (6)
	RURAL	$10.96(16)	$9.99 (15)	$13.85 (8)	$13.85(10)	$24.64 (5)
HOME HEALTH	URBAN	$12.54 (2)	$12.74 (3)	$18.24 (1)	$18.58 (5)	---
	SEMI-RURAL	$11.22 (6)	$11.54 (4)	$16.43 (8)	$16.49(14)	---
	RURAL	$11.45 (6)	$11.70 (6)	$16.38 (5)	$15.45 (8)	---
PUBLIC	URBAN	$13.76 (2)	---	---	$17.38 (5)	$24.86 (1)
HEALTH	SEMI-RURAL	$11.90 (1)	---	$15.95 (1)	$14.83 (6)	$21.00 (1)
	RURAL	---	---	$12.50 (1)	$12.41(12)	---

(Numbers within parenthesis indicate the number of facilities answering this question.)

- When starting wages are collapsed over all health care facilities, APNs have the greatest starting wage at $21.50/hour. Bachelor degree registered nurses (RNs) make 15 cents/hour more than associate degree RNs and diploma LPNs make 14 cents/hour more than associate degree LPNs (see Figure 7).

Figure 7: Starting Hourly Wage by Nursing Degree



- The highest average hourly wage was for APNs working in urban clinics ($38.10/hour) and the lowest was for diploma LPNs working in semi-rural public health facilities ($11.76/hour) (see Table 2).

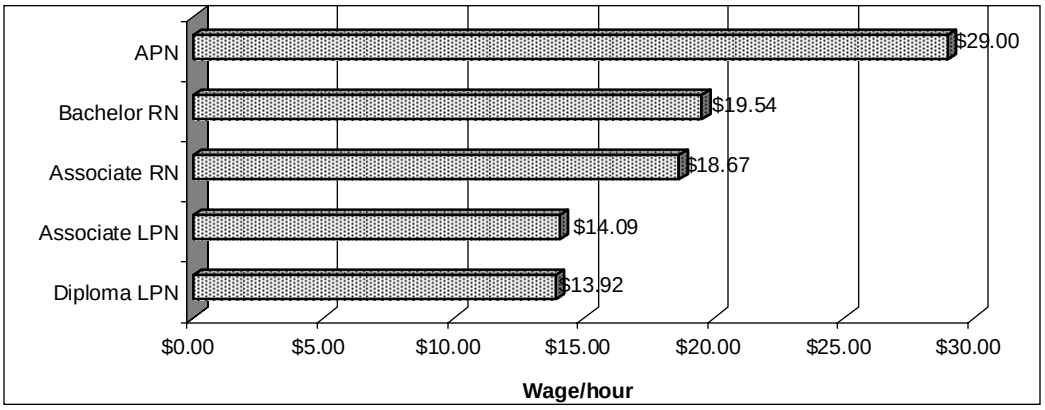
Table 2- Average Hourly Wage for Each Nurse Category

		Diploma LPN	Associate LPN	Associate RN	Bachelor RN	APN
HOSPITAL	URBAN	$15.05 (4)	$15.05 (4)	$22.08 (1)	$24.71 (2)	$29.81 (2)
	SEMI-RURAL	$13.29 (12)	$14.03 (13)	$20.01 (10)	$20.75 (13)	$30.61 (1)
	RURAL	$14.46 (13)	$14.11 (8)	$17.45 (6)	$20.26 (12)	---
LONG-TERM	URBAN	$14.79 (7)	$15.06 (8)	$21.41 (3)	$20.17 (8)	$34.62 (1)
CARE	SEMI-RURAL	$13.47 (13)	$14.09 (15)	$17.38 (11)	$17.95 (13)	$13.00 (1)
	RURAL	$14.56 (7)	$14.82 (10)	$17.99 (6)	$20.54 (10)	---
CLINIC	URBAN	$15.50 (9)	$13.66 (10)	$19.54 (4)	$20.64 (14)	$38.10 6)
	SEMI-RURAL	$12.69 (12)	$13.24 (16)	$16.92 (7)	$18.51 (14)	$29.38 (6)
	RURAL	$13.18 (9)	$13.75 (13)	$15.75 (8)	$16.82 (9)	$30.64 (8)
HOME HEALTH	URBAN	$15.09 (2)	$14.78 (3)	$22.70 (1)	$21.49 (4)	---
	SEMI-RURAL	$13.42 (5)	$13.59 (3)	$20.82 (7)	$20.91 (12)	---
	RURAL	$12.50 (3)	$13.21 (4)	$19.90 (4)	$19.66 98)	---
PUBLIC	URBAN	$15.14 (2)	---	---	$21.03 (4)	$29.83 (1)
HEALTH	SEMI-RURAL	$11.76 (2)	$13.76 (2)	$14.98 (2)	$15.78 (7)	$25.00 (1)
	RURAL	---	---	$14.50 (1)	$13.90 (14)	---

(Numbers within parenthesis indicate the number of facilities answering this question.)

- When average wages are collapsed over all health care facilities, APNs had the highest average wage at $29.00/hour. Bachelor degree RNs make 87 cents/hour more than associate degree RNs and associate degree LPNs make 17 cents/hour more than diploma LPNs (see Figure 8).

Figure 8: Average Hourly Wage for Each Nursing Category



- Starting salary for LPNs increased between 2004 and 2005, whereas RN starting salaries decreased between 2004 and 2005 by an average of 5 percent (see Table 3). This may reflect differences in the job market for LPNs vs. RNs.

Table 3: Starting Hourly Wage for Each Nurse Category from 2004 and 2005

	2004 LPN	2005 LPN		2004 RN	2005 RN
HOSPITAL	$11.27	$11.98		$18.35	$16.84
LONG-TERM CARE	$12.16	$12.57		$16.77	$16.59
CLINIC	$10.90	$11.28		$15.72	$15.17
HOME HEALTH	$11.62	$11.90		$18.43	$16.93
PUBLIC HEALTH	$11.31	$12.83		$14.78	$14.61
Starting Hourly Wage	$11.45	$12.11		$16.81	$16.03

- When comparing average hourly wage, hospital, long-term care and clinic LPNs along with home health RNs saw an increase in average hourly wage. All other categories saw a decrease in average hourly wage between 2004 and 2005 (see Table 4).

Table 4: Average Hourly Wage for Each Nurse Category from 2004 and 2005

	2004 LPN	2005 LPN		2004 RN	2005 RN
HOSPITAL	$13.30	$14.33		$21.84	$20.88
LONG-TERM CARE	$14.01	$14.47		$19.33	$19.24
CLINIC	$12.63	$13.67		$18.51	$18.03
HOME HEALTH	$16.59	$13.77		$15.00	$20.91
PUBLIC HEALTH	$15.17	$13.55		$27.04	$16.04
Average Hourly Wage	$14.34	$13.96		$20.34	$19.02

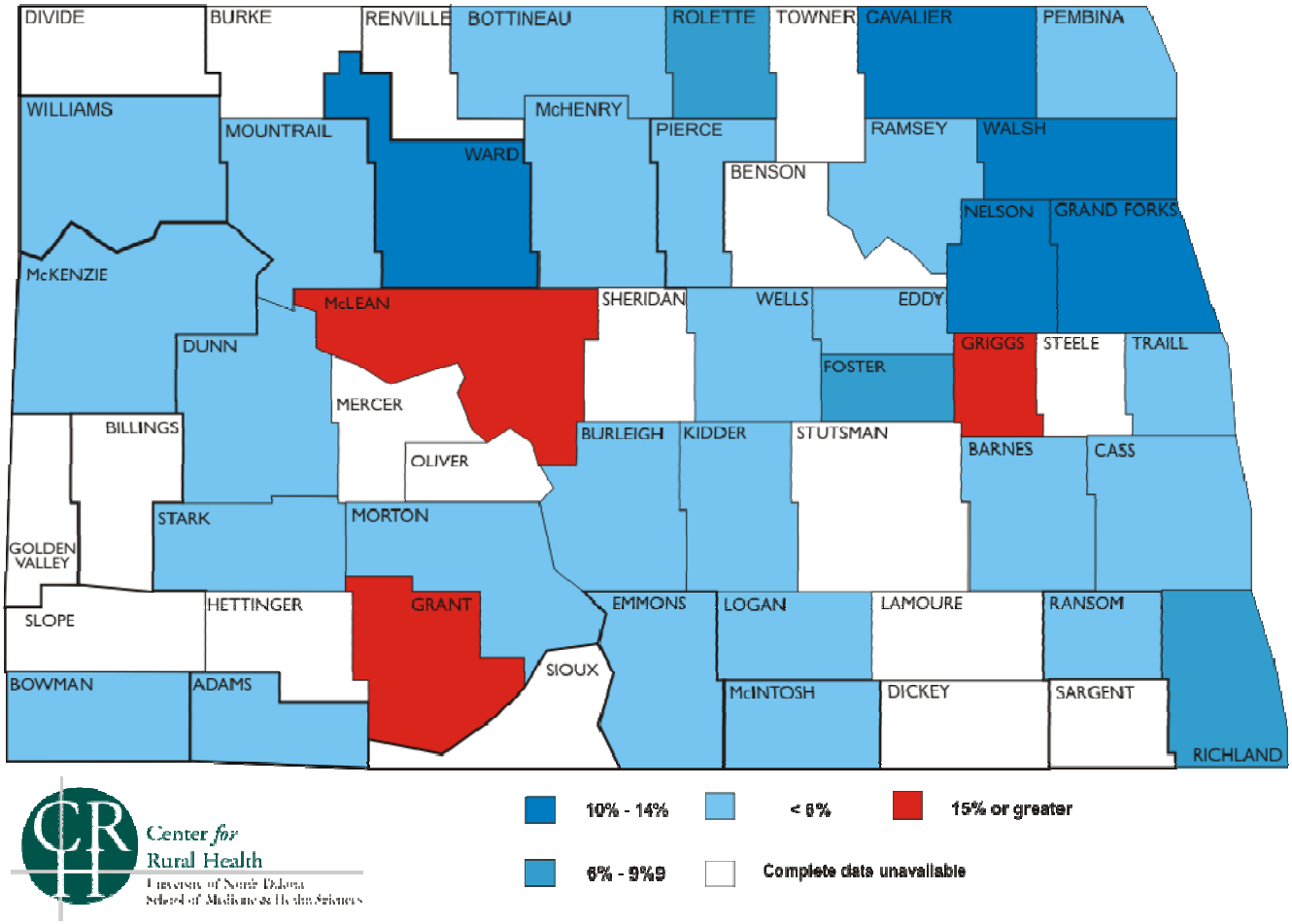
VACANCY RATES

- Facilities were asked to indicate the total number of full-time equivalent (FTE) nurse resignations (left voluntarily) and terminations (fired, laid off) for 2003 (January 1, 2003-December 31, 2003) for each setting and category of nurse. Vacancy rates for each facility type, and each nurse category, are defined as the average number of vacant FTE (full-time equivalent) positions divided by the average number of budgeted positions for the same year (HSM, 2003).

  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 percent.

- The statewide vacancy rate for LPNs is five percent, which is consistent with 2003 and 2004 vacancy rates of five percent. When divided by county, three counties had LPN vacancy rates above 15 percent (see Figure 9).

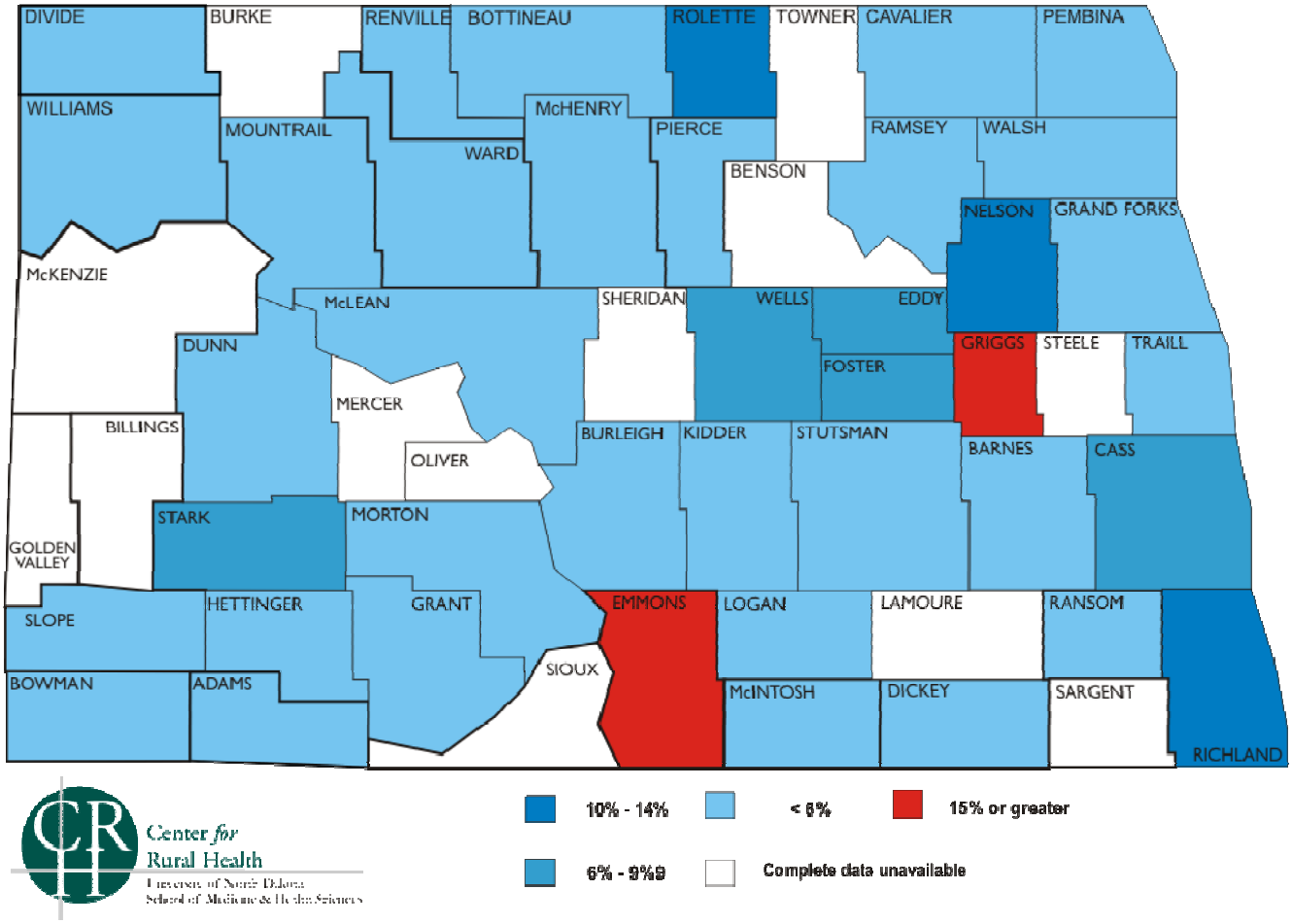
Figure 9: North Dakota LPN Health Care Facility Vacancy Rates



Note. Vacancy rates include all responding health care facilities within each county (hospital, long-term care, clinic, home health and public health). Source: North Dakota Nursing Needs Study: Facility Survey Results (2005).

- The statewide vacancy rate for RNs was 11 percent, which is an increase from five percent in 2003 and nine percent in 2004. Two counties had RN vacancy rates above 15 percent (see Figure 10).

Figure 10: North Dakota RN Health Care Facility Vacancy Rates



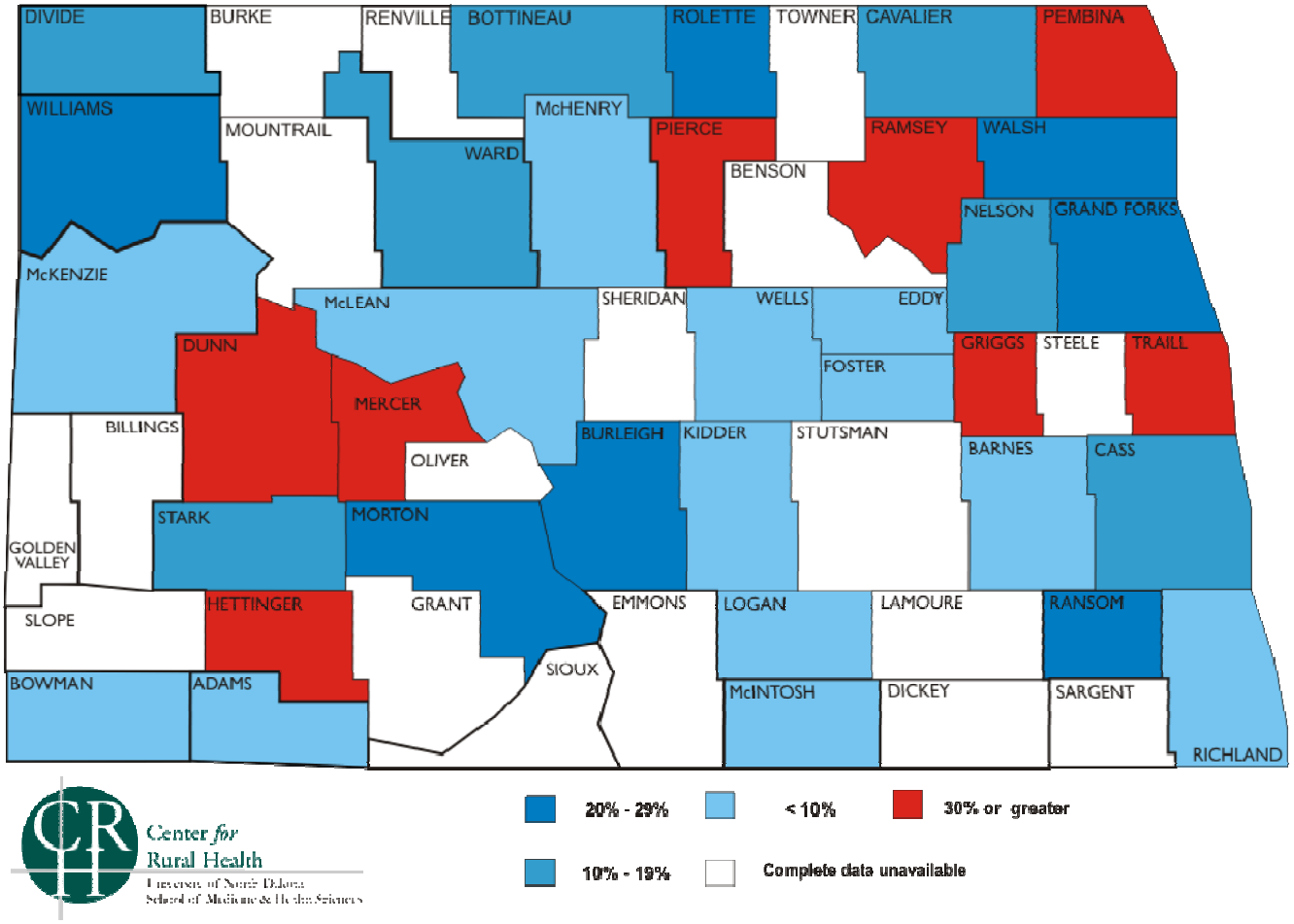
Note. Vacancy rates include all responding health care facilities within each county (hospital, long-term care, clinic, home health and public health). Source: North Dakota Nursing Needs Study: Facility Survey Results (2005).

TURNOVER RATES

- Turnover rate is defined as the number of resignations or terminations 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 percent for RNs in hospitals with a range of 10 to 30 percent. Turnover rates reflect fluctuation in staffing at a facility

- The statewide turnover rate for LPNs is 21 percent, which is an increase from 17 percent in 2003 and 20 percent in 2004. When divided by county, eight counties had LPN turnover rates 30 percent or greater in 2005.

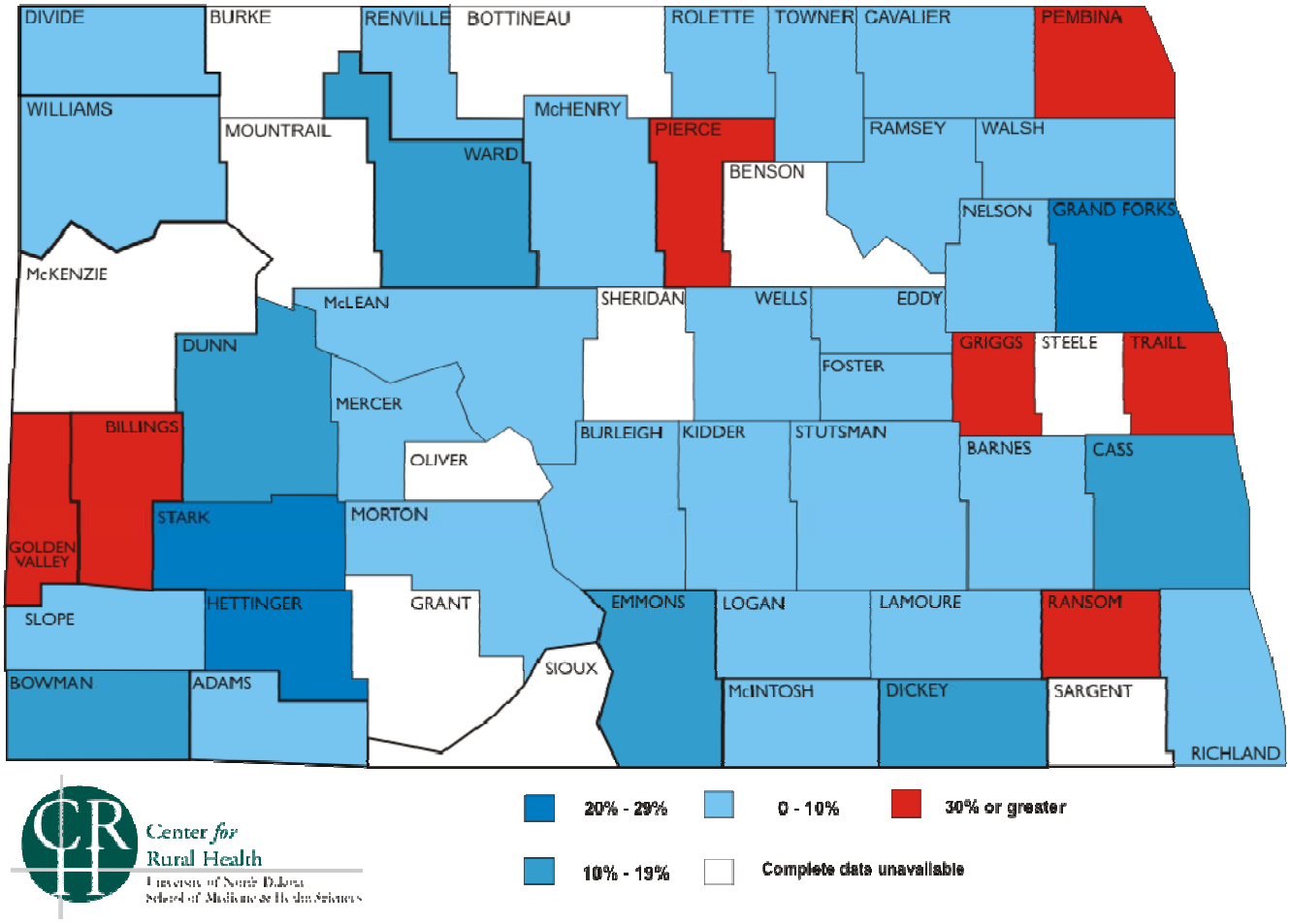
Figure 11: North Dakota LPN Health Care Facility Turnover Rates



Note. Turnover rates include all responding health care facilities within each county (hospital, long-term care, clinic, home health and public health). Source: North Dakota Nursing Needs Study: Facility Survey Results (2005).

- The statewide RN turnover rate is 20 percent which is an increase from 15 percent in 2003 and 18 percent in 2004. When divided by county, seven counties had turnover rates 30 percent or greater.

Figure 12: North Dakota RN Health Care Facility Turnover Rates

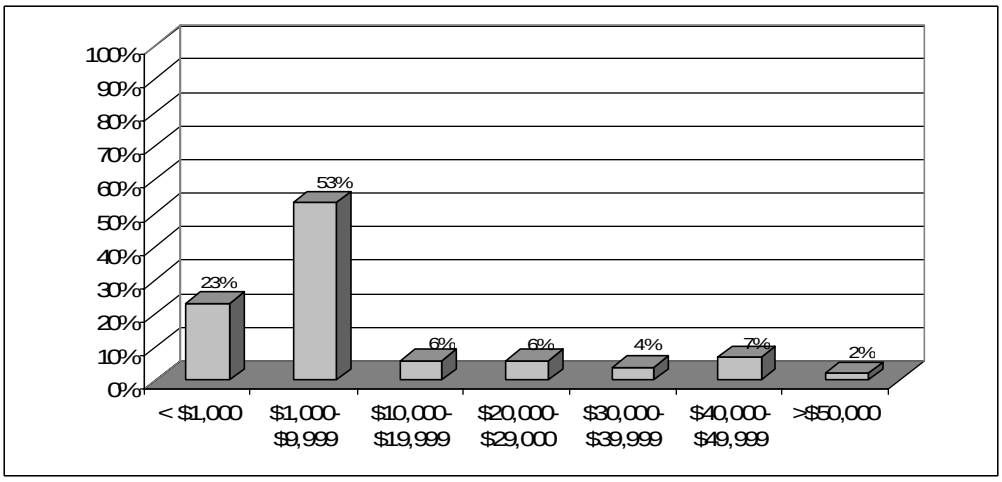


Note. Turnover rates include all responding health care facilities within each county (hospital, long-term care, clinic, home health and public health). Source: North Dakota Nursing Needs Study: Facility Survey Results (2005).

RN REPLACEMENT COSTS

- Facilities were asked to indicate the estimated cost to replace an RN at their facility. This cost included estimates for advertising, interviewing costs, education, training, preceptorships etc. The largest percentage of facilities incurred a replacement cost between $1,000-$9,999 (see Figure 12).

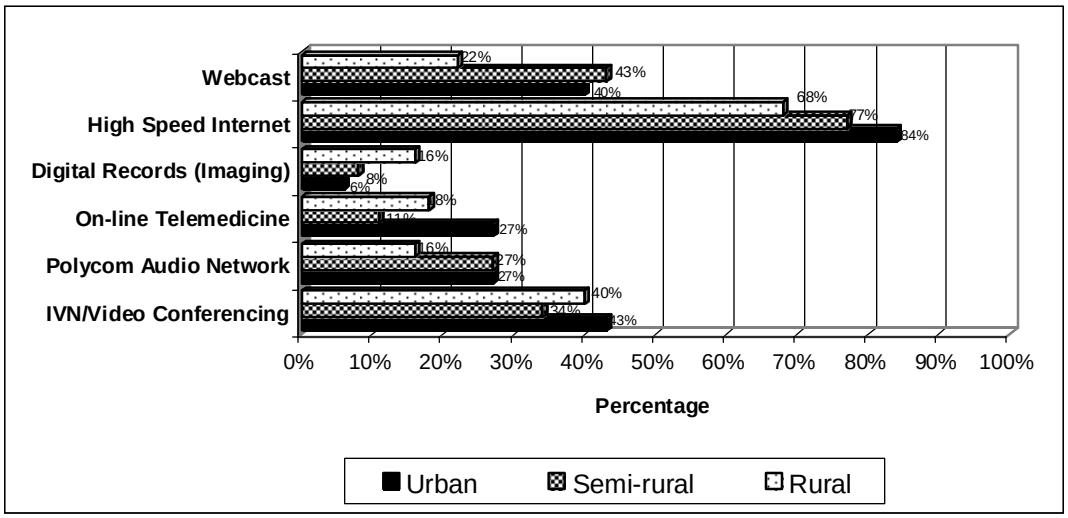
Figure 12: RN Replacement Cost



TECHNOLOGY

- Facilities were asked to indicate the types of technology available at the facility. High-speed internet access was the most frequent for all areas. Webcast was the highest in urban (40%) and semi-rural areas (43%). IVN/Video conferencing was the highest in urban (43%) and rural areas (40%).

Figure 13: Technology use by Facility Rurality



SURVEY CONCLUSIONS AND POLICY RECOMMENDATIONS

Several trends emerged when comparing data from the last three years. Hospitals are having a more difficult time recruiting nurses, particularly those hospitals in semi-rural and rural areas. The percentage of hospitals with nursing representation has decreased, whereas more long-term care facilities have representation. There is little difference in the starting salary of nurses in North Dakota according to education level, but differences become apparent when examining average salary. Also, LPN starting salary has increased, whereas RN starting salary has decreased. Rural nurses have lower salaries than urban nurses. There has been little change in vacancy rates for LPNs; whereas the RN vacancy rate is steadily increasing. Both LPNs and RNs have had an increase in turnover rate which reflects an increase in the fluctuation of staffing at the facility level.

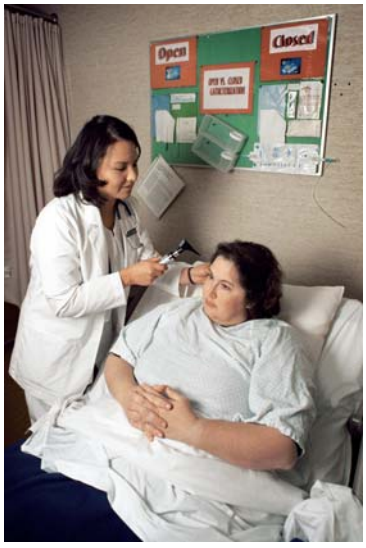
Specific Policy Recommendations

- Examine ways to increase recruitment in rural facilities. Strategies could include hosting job and health fairs, offering shadowing opportunities and participating in high school career days.

- Address differences in salary scales for nurses. Strategies could include assessing salary and benefits packages to ensure equality and increases associated with more experience and education and increasing compensation to state-wide levels.

- Encourage facilities to increase nurse representation and decision-making. Strategies could include ensuring that nurses are represented in hospital level committees and meetings and setting up nursing councils.

- Implement retention programs designed to address an increase in turnover rate. Strategies could include mentoring programs, appreciation days, negotiating equivalent compensation levels, setting up a retention committee, and designating a retention coordinator to solicit input from nurses about their work environment.



HEALTH CARE FACILITY SURVEY METHOD

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 nursing directors or administrators at all hospitals, long-term care facilities (nursing homes and basic care facilities), all regional public health facilities, home health facilities, and clinics in North Dakota.

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 questions were modified to be appropriate for LPNs. Questions on the survey were also modified to be appropriate for the various types of facilities that were queried.

Mailing lists for all health care facilitiest were derived from the 2004-2005 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 October and December 2004 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.

Definitions

[1]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 as follows into three larger categories based on their original Urban Influence Codes (see Table 1).

- Urban counties: Those small metropolitan counties with fewer than one million residents (4 counties).
- Semi-rural counties: Those 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).

[2]For each facility setting, the following options were given for level of nurses employed at that 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); public health nurses (PHRN) and advanced practice nurses (APN).

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

2004 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. **If your organization includes facilities in multiple counties**, **please complete one survey per county** including information about all of your facilities within that county. 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 Advance Practice Nurses (APNs). Please answer separately for each of these and leave blank those 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. Where is your facility/facilities located? County _____

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

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
# of weeks																				

5. Do you have a formal structure in place for nurses to participate in decision-making, including shared governance, nursing councils or nursing representatives at facility meetings? _____Yes _____No

If yes, please place an X in the corresponding box to indicate which levels of nurses participate.

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

6. List the starting and average hourly wage for each nurse category in your facility for each setting and category of nurse. 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**				
	1 year LPN	**2 year LPN**	**ASRN**	**BSN**	**APN**	**1 year LPN**	**2 year LPN**	**ASRN**	**BSN**	**APN**	**1 year LPN**	**2 year LPN**	**ASRN**	**BSN**	**APN**	**1 year LPN**	**2 year LPN**	**ASRN**	**BSN**	**APN**
Starting Hourly Wage																				
Average Hourly Wage																				

7. Are your LPNs classified as non-exempt? _____ Yes _____ No

   Are your RNs classified as non-exempt? _____ Yes _____ No

   Are your APNs classified as non-exempt? _____ Yes _____ No

8. Indicate the total number of FTE (Full-time equivalent) nurse resignations (voluntarily left) and terminations (fired, laid off) for 2003 (Jan 1, 2003-Dec. 31, 2003) 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 2003																				
Total # of FTE Terminations in 2003																				

9. 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																				

10. Indicate the estimated cost to replace a RN at your facility. Include estimated advertising, interviewing costs, education, training, preceptorships etc.

_____ $0 - $999	_____ $5,000-$9,999	_____ $30,000 - $34,999
_____ $1,000-$1,999	_____ $10,000-$14,999	_____ $35,000 - $39,999
_____ $2,000 - $2,999	_____ $15,000 - $19,999	_____ $40,000 - $44,999
_____ $3,000 - $3,999	_____ $20,000- $24,999	_____ $45,000 - $49,999
_____ $4,000 - $4,999	_____ $25,000 - $29,999	_____ Over $50,000

11. Indicate what types of technology you have available at your facility.

_____ Interactive Video Network (IVN)/ Video Conferencing
_____ Polycom Audio Network
_____ On-Line Telemedicine
_____ Digital Records (Imaging)
_____ High speed internet (e.g., DSL, Broadband)
_____ Webcast

12. Any other comments or suggestions?

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

Patricia Moulton, Ph.D.
Center for Rural Health
School of Medicine and Health Sciences
University of North Dakota
501 North Columbia
Box 9037
Grand Forks, ND 58202-9037

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

2004 North Dakota Nursing Needs Study Public Health 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. **If your organization includes facilities in multiple counties**, **please complete one survey per county including information about all of nurses within that county.**

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), Public Health RNs (PHRN) and Advance Practice Nurses (APNs). Please answer separately for each of these and leave blank those 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. Where is your facility/facilities located? County _____

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

   LPN: Licensed Practical Nurse DRN: Direct Care RN MRN: Manager RN PHRN: Public Health RN
   APN: Advanced Practice Nurse

	LPN	**DRN**	**MRN**	**PHRN**	**APN**
# of weeks					

4. Do you have a formal structure in place for nurses to participate in decision-making, including shared governance, nursing councils or nursing representatives at facility meetings? _____Yes _____No

   If yes, please place an X in the corresponding box to indicate which levels of nurses participate.

	LPN	**DRN**	**MRN**	**PHRN**	**APN**
Participation					

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).

	1 year LPN	**2 year LPN**	**ASRN**	**BSN**	**APN**
Starting Hourly Wage					
Average Hourly Wage					

6. Are your LPNs classified as non-exempt? _____ Yes _____ No

Are your RNs classified as non-exempt? _____ Yes _____ No

Are your APNs classified as non-exempt? _____ Yes _____ No

7. Indicate the total number of FTE (Full-time equivalent) nurse resignations (voluntarily left) and terminations (fired, laid off) for 2003 (Jan 1, 2003-Dec. 31, 2003) for your facility for each category of nurse.

	LPN	**DRN**	**MRN**	**PHRN**	**APN**
Total # of FTE Resignations in 2003					
Total # of FTE Terminations in 2003					

8. Indicate the current number of FTE (full-time equivalent- 40 hours/week) nurses for each category of nurse.

	LPN	**DRN**	**MRN**	**PHRN**	**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					

9. Indicate the estimated cost to replace a RN at your facility. Include estimated advertising, interviewing costs, education, training, preceptorships etc.

_____ $0 - $4,999
_____ $5,000-$9,999
_____ $10,000-$14,999
_____ $15,000 - $19,999
_____ $20,000- $24,999
_____ $25,000 - $29,999
_____ $30,000 - $34,999
_____ $35,000 - $39,999
_____ $40,000 - $44,999
_____ $45,000 - $49,999
_____ Over $50,000

10. Indicate what types of technology you have available at your facility.

_____ Interactive Video Network (IVN)/ Video Conferencing
_____ Polycom Audio Network
_____ On-Line Telemedicine
_____ Digital Records (Imaging)
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11. Any other comments or suggestions.

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