



OREGON CENTER FOR NURSING 2015 SURVEY OF NURSE EMPLOYERS Acute / Long Term / Home Health / Hospice Care

Dear Colleague,

The Oregon Center for Nursing (OCN) is presently conducting a survey of nurse employers in Oregon. As part of this effort, we are asking acute, long term, home health, and hospice care employers throughout Oregon to complete and return the attached questionnaire concerning demand for and recruitment of nursing personnel. **If you do not represent an acute care organization which offers long term care, home health or hospice services in Oregon, please contact us at ilic@up.edu or (503) 342-4048.**

Your participation, while voluntary, is essential to the richness and accuracy of survey findings. All information provided will remain **completely confidential** and will be released only in summary form. Individual organizations will not be identifiable. Return of a completed survey will be considered your consent to participate in this study.

Individuals returning a completed survey will be entered in a drawing to win one of two \$250 cash prizes.

Before you begin, please note:

- **If you do not have the information required to complete this survey, please contact us at ilic@up.edu or (503) 342-4048.**
- The attached document can be completed electronically. Saving the document to a secure location will allow you to save your responses at any point during survey completion, enabling you to exit the survey and resume the completion process at your convenience.
- If you prefer to complete a paper version of this survey, you can print the document and enter responses by hand.
- Please provide us with your contact information so we can follow up on your responses if necessary.

Please submit your completed survey by **October 26, 2015**. Surveys may be sent one of three ways:

1. E-mail the completed survey to ilic@up.edu
2. Fax the completed survey to 971-239-0627
3. Submit the completed survey via U.S. mail to:

Oregon Center for Nursing
5000 North Willamette Boulevard, MSC 192
Portland, OR 97203-5743

On behalf of the Oregon Center for Nursing, thank you for your contribution in this crucial research. We appreciate your participation as we continue to conduct research to support a well-prepared, diverse and exceptional nursing workforce. Please contact us at ilic@up.edu or (503) 342-4048 with any questions regarding our nursing demand study or completion of this survey.

Sincerely,

Jana R. Bitton, MPA
Executive Director
Oregon Center for Nursing
www.oregoncenterfornursing.org



OREGON CENTER FOR NURSING 2015 SURVEY OF NURSE EMPLOYERS Acute / Long Term / Home Health / Hospice Care

1. Which of the following types of **licensed nurses** does your organization employ? **Check all that apply.**

- Licensed Practical Nurses (LPN)
- Registered Nurses (RN)
- Certified Registered Nurse Anesthetists (CRNA)
- Clinical Nurse Specialists (CNS)
- Nurse Practitioners (NP)

If your organization does not employ any of the licensed nurses listed in Item 1, please stop here and return this survey to the Oregon Center for Nursing.

Otherwise, please continue with Item 2.

The remainder of this survey pertains to licensed nursing personnel employed by your organization. Please provide responses for acute care/inpatient/emergency care settings and long term care/home health/hospice settings separately where instructed.

2. Please indicate all practice settings for which your organization employs **licensed nurses**. **Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Ambulatory care clinic | <input type="checkbox"/> Military treatment facility |
| <input type="checkbox"/> Ambulatory surgical center | <input type="checkbox"/> Nursing facility/Nursing home |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Psychiatric facility – Inpatient/Outpatient |
| <input type="checkbox"/> Birthing center | <input type="checkbox"/> Public health clinic |
| <input type="checkbox"/> Emergency department | <input type="checkbox"/> Rural health clinic |
| <input type="checkbox"/> Federally qualified health center | <input type="checkbox"/> Rehabilitation care |
| <input type="checkbox"/> Home health | <input type="checkbox"/> Residential group home |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Skilled nursing facility |
| <input type="checkbox"/> Hospital - Inpatient | <input type="checkbox"/> Urgent care facility |
| <input type="checkbox"/> Hospital - Outpatient | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental/Behavioral health facility | |

If “Other”, please specify:

Continue on the next page →

3. Some employers hire **agency and/or temporary staff, also known as contract labor**, to fill budgeted nursing positions.
- a. Please indicate if your organization currently employs any of the following types of contract labor to fill **budgeted registered nurse (RN) and/or licensed practical nurse (LPN)** positions by checking the appropriate boxes. **Check all that apply.**

	Acute Care / Inpatient / Emergency Care Settings		Long Term Care / Home Health / Hospice Settings	
	RNs	LPNs	RNs	LPNs
Traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization does NOT currently use contract labor to fill these positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. If your organization currently uses contract labor to fill budgeted RN or LPN positions, please indicate the approximate **percentage of all budgeted RN and LPN positions filled by contract labor.**

If your organization *does not* currently use contract labor to fill budgeted RN or LPN positions, please skip to Item 3c.

Acute Care / Inpatient / Emergency Care Settings		Long Term Care / Home Health / Hospice Settings	
RNs	LPNs	RNs	LPNs
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

- c. Given your plans for the foreseeable future, please indicate if you anticipate your organization's **use of contract labor** to fill budgeted RN and/or LPN positions will increase, decrease, or not change **over the next 2 years.**

	Acute Care / Inpatient / Emergency Care Settings		Long Term Care / Home Health / Hospice Settings	
	RNs	LPNs	RNs	LPNs
Increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure/Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Now we will ask a series of questions about the number of **nursing positions** in your organization. Before completing this section, please familiarize yourself with the information we will be asking you to provide **by reviewing the “Nursing Positions” table on the next page.**

a. Before completing the “Nursing Positions” table, please indicate **how your organization defines full-time positions** (e.g., 36 hours per week, 64 hours per bi-weekly period).

An **RN** working full-time works hours per .

An **LPN** working full-time works hours per .

b. Please complete the “Nursing Positions” table below for the **most recent point in time** for which information is available. Please indicate the **date for which you will be reporting:**

As of Date: (enter in MM/DD/YYYY format)

c. Also, please indicate **whether you will be reporting positions as headcounts or full-time equivalents (FTEs)**. A headcount is the number of individual employees regardless of full-time/part-time status. An FTE is the ratio of paid hours during a period to working hours in that period. For example, an employee paid for 40 hours during a 40-hour work week counts as 1.0 FTE, an employee paid for 20 hours during a 40-hour work week counts as 0.5 FTE, and so forth.

The numbers entered in the table on the next page are:

Headcounts

Full-time equivalents (FTEs)

Continue on the next page →

d. Now, please fill in the following table about **budgeted and vacant nursing positions**.

Enter nursing positions in *acute care / inpatient / emergency care settings* and *long term care / home health / hospice settings* **separately** in the **appropriate columns**.

Enter **RN and LPN positions** in the **appropriate columns**.

Include **advanced practice nurses** in **RN position counts**.

Enter **full-time and part-time** positions **separately**.

Please **fill in every cell**. Enter “0” if zero or not applicable rather than leaving blanks.

	NURSING POSITIONS							
	Acute Care / Inpatient / Emergency Care Settings				Long Term Care / Home Health / Hospice Settings			
	RNs*		LPNs		RNs*		LPNs	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Total budgeted positions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total vacant positions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total vacant positions being recruited	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the total vacant RN positions being recruited (entered in the previous row), the number of positions for which new nursing school graduates are eligible to apply	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		

*Include advanced practice nurses in RN positions.

Continue on the next page →

5. Now we will ask a few questions about **nurses who have left your employ**.

Please complete the “Separations” table below for the **most recent twelve-month period** for which information is available. Report separations for **RNs and LPNs separately**. Also report separations for **care settings separately** (acute care / inpatient / emergency care and long term care).

Please indicate the **Start and End dates for which you will be reporting**:

Start Date: (enter in MM/DD/YYYY format)

End Date: (enter in MM/DD/YYYY format)

SEPARATIONS				
	Acute Care / Inpatient / Emergency Care Settings		Long Term Care / Home Health / Hospice Settings	
	<u>RNs</u>	<u>LPNs</u>	<u>RNs</u>	<u>LPNs</u>
Total number of nurses employed as of the “Start Date” listed above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of nurses employed as of the “End Date” listed above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of nurses who left your employ during this period Please include both voluntary resignations and separations and involuntary terminations. <u>Do not</u> count employees who moved from one position to another within your organization.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of nurses who left your employ during this period, how many separations were due to lay-off?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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6a. Given your experience over the past twelve months, please indicate **your level of difficulty with recruiting and hiring** the following types of nursing personnel **in acute care / inpatient / emergency care settings** by checking the appropriate box to the right of each type of personnel. (We will ask about long term care nurses on the next page.)

Type of Nursing Personnel	ACUTE CARE/INPATIENT/EMERGENCY CARE RECRUITING AND HIRING EXPERIENCE OVER THE PAST 12 MONTHS HAS BEEN:				
	Not Difficult	Somewhat Difficult	Very Difficult	Did not recruit	Did not employ
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New RN graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care/Critical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor & Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical / Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric / Neonatal critical care ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/post surgical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric / Mental health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case mngt/Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-level Nurse Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive / Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Nurse Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cert. Reg. Nurse Anesthetists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Leaders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6b. Given your experience over the past twelve months, please indicate **your level of difficulty with recruiting and hiring** the following types of nursing personnel **in long term care settings** by checking the appropriate box to the right of each type of personnel.

Type of Nursing Personnel	LONG TERM CARE / HOME HEALTH / HOSPICE				
	RECRUITING AND HIRING EXPERIENCE OVER THE PAST 12 MONTHS HAS BEEN:				
	Not Difficult	Somewhat Difficult	Very Difficult	Did not recruit	Did not employ
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New RN graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Nurses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers/Discharge Planners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Care Managers/ Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-level Nurse Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident Care Managers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or Adult Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. Given your expectations for the future, please indicate if you anticipate the number of **budgeted nursing positions** for the following types of nursing personnel will increase, decrease, or not change **over the next 2 years** by checking the appropriate box to the right of each type of personnel.

Type of Nursing Personnel	NUMBER OF BUDGETED NURSING POSITIONS OVER THE NEXT 2 YEARS WILL:			
	Increase	Decrease	Not change	Does not apply
ACUTE CARE/INPATIENT/ EMERGENCY CARE				
LPN.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New RN graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Associate or Diploma degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Baccalaureate degree..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Master's degree in Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Master's degree in management or administration..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's-prepared Clinical Nurse Specialist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's-prepared Clinical Nurse Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Registered Nurse Anesthetist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate in Nursing Practice....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LONG TERM CARE / HOME HEALTH / HOSPICE				
LPN.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New RN graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Associate or Diploma degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Baccalaureate degree..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Master's degree in Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN with Master's degree in management or administration..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's-prepared Clinical Nurse Specialist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's-prepared Clinical Nurse Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Registered Nurse Anesthetist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate in Nursing Practice....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8. If there is anything else you would like to tell us, please enter your comments below.
9. Your responses to this survey will remain confidential. However, please provide us with your contact information so that we can get in touch with you should we have questions about your responses and enter you in the drawing for one of two \$250 cash prizes.

Name:

Title:

Name of Organization:

E-mail address:

Phone number:

Thank you for your participation.