



OREGON CENTER FOR NURSING 2022 SURVEY OF NURSE EMPLOYERS LONG TERM CARE / HOME HEALTH / HOSPICE

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 long term care, home health, and hospice employers throughout Oregon to complete and return the attached questionnaire concerning demand for and recruitment of nursing personnel. **If you do not represent a long-term care, home health and/or hospice agency in Oregon, please contact us at rick.allgeyer@oregoncenterfornursing.org or (503) 873-6161.**

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.

Before you begin, please note:

- If your organization has multiple locations in Oregon, you will be asked to complete separate surveys for each site.
- 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.
- We estimate the questionnaire will take 30 minutes to complete.
- Please provide us with your contact information so we can follow up on your responses if necessary.

Please submit your completed survey by **July 29, 2022**. Surveys may be submitted by:

1. E-mail the completed survey to rick.allgeyer@oregoncenterfornursing.org
2. 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 rick.allgeyer@oregoncenterfornursing.org or (503) 837-6161 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 2022 SURVEY OF NURSE EMPLOYERS LONG TERM CARE / HOME HEALTH / HOSPICE

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.

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 to 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.**

	RNs	LPNs
Traveling	<input type="checkbox"/>	<input type="checkbox"/>
Agency	<input type="checkbox"/>	<input type="checkbox"/>
Per diem	<input type="checkbox"/>	<input type="checkbox"/>
My organization does NOT currently use contract labor to fill these positions	<input type="checkbox"/>	<input type="checkbox"/>

→ Please skip to Item 3c

- b. Approximately **what percentage of all budgeted RN and LPN positions** at your organization **are filled by contract labor**?

RNs	LPNs
<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**.

	RNs	LPNs
Increase	<input type="checkbox"/>	<input type="checkbox"/>
Decrease	<input type="checkbox"/>	<input type="checkbox"/>
Not change	<input type="checkbox"/>	<input type="checkbox"/>
Not sure/Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Continue to the next page →

4. Now we will ask a series of questions about the number of **nursing positions** in your organization.

- a. Now, please fill in the following table about **budgeted and vacant nursing positions** for all practice settings at your location.

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			
	<u>RN Positions*</u>		<u>LPN Positions</u>	
	Full-Time	Part-Time	Full-Time	Part-Time
Total budgeted positions	<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"/>
Total vacant positions being recruited	<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"/>		

*Include advanced practice nurses in RN positions.

- b. Please complete the “Time-to-Hire” table below for the **most recent twelve-month period** for which information is available. Time-to-hire is defined as the time in days between the opening of a position (becomes vacant or available to fill) and extending a job offer. You may refer to this a “time-to-fill/” Please indicate the **average time-to-hire for RN and LPN positions**:

	Time-to-Hire	
	<u>RN Positions*</u>	<u>LPN Positions</u>
Average number of days	<input type="text"/>	<input type="text"/>

*Include advanced practice nurses in RN positions.

Continue to 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.

	SEPARATIONS	
	<u>RNs</u>	<u>LPNs</u>
Total number of nurses who left your employ during the most recent twelve-month 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"/>
Of nurses who left your employ during this period, how many separations were due to lay-off?	<input type="text"/>	<input type="text"/>

Continue to the next page →

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

Type of Nursing Personnel	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"/>

Continue to the next page →

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
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"/>

Continue to the next page →

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.

Name:

Title:

Name of Organization:

E-mail address:

Phone number:

Thank you for your participation.