



WV Center for Nursing - Survey of Nurse Employers in West Virginia

The West Virginia Center for Nursing is tracking the changing nature of the nursing labor market by conducting this survey. All of the information you provide will be treated confidentially. Your answers will be mixed with those of other health care facilities across the state and only the aggregate results will be reported publicly. Please visit our website at www.wvcenterfornursing.org to view the results of this survey (in the future), facts about the nursing workforce and other information about nursing in West Virginia.

Category: Urban Rural Number of Beds: _____ County Located (primary facility): _____

1. Please report the following information for each type of nursing personnel you employ:	Total number of budgeted FTE positions as of October 1, 2008	Total number of vacant FTEs being actively recruited as of October 1, 2008	Total number of budgeted FTEs expected in FY 2009	Total number of budgeted FTEs expected in FY 2010
a. Registered Nurses	_____	_____	_____	_____
b. Licensed Practical Nurses	_____	_____	_____	_____
c. Nurse aides / assistants	_____	_____	_____	_____

FY = Fiscal Year FTE = Full Time Equivalent

2. Did your health care facility employ any nursing personnel (i.e. PRN, contract, traveling, temporary, or agency nurses) as of October 1, 2006 that are not counted in the total number of budgeted positions reported above? No Yes -- please report the numbers here:
 RNs _____ LPNs _____ Aides _____

3. Has your health care facility actively recruited RNs from a foreign country in the past year? Yes – if yes, how many and from where? → # _____ Country: _____
 # _____ Country: _____
 No – go to Question 4 # _____ Country: _____

4. Approximately what percent of your last fiscal year's nursing budget was spent on:
 a. _____% Outside staffing agencies (both long and short term)
 b. _____% Over-time for nursing staff

5. Do you expect these expenditures to be higher, lower, or about the same at the end of this year's budget period?
 a. ___ higher ___ lower ___ about the same
 b. ___ higher ___ lower ___ about the same

6. The information in the next question measures turnover during your last full budget or fiscal year (the one most recently closed out). When reporting the number of persons who left, please include both voluntary and involuntary leavers. Do not count those who moved from one position to another within the hospital. Do not count persons who were hired but never reported for work.



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First, define the period you are reporting on: Our last fiscal year (the one most recently closed out) started on _____ and ended on _____

Turnover rate = # who leave divided by average # employed,

$$A \div ((B + C) / 2)$$

A. Total # of persons who left your organization during your last fiscal year period

B. Total # of persons employed as of the first day of your last fiscal year

C. Total # of persons employed as of the last day of your last fiscal year

7. How have turnover rates changed since last year?

	Increased	Stayed the Same	Decreased	Does not apply
a. Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse aides / assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please report your experience in the past year in finding and recruiting these types of nursing employees:

		Do Not Employ	No New Hires in Past Year <i>skip A and B go to C</i>	A Recruitment Difficulty					B Average number of weeks it has taken to fill these positions in the past year	C Over the next 2 years, will your organization need fewer, more or about the same number of this type of nursing personnel? <i>Please check the appropriate boxes.</i>		
				Very Easy to Recruit		Very Difficult to Recruit				Fewer	Same	More
				<i>Please circle the appropriate value.</i>								
Nurse aides / direct care assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff RNs for:												
Med-Surg / Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac cath lab / special services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre- and Post-op care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor & delivery / postpartum care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Managers / Discharge Planners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service Educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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			Very Easy to Recruit				Very Difficult to Recruit		Fewer	Same	More
			<i>Please circle the appropriate value.</i>								
Quality and Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-level Nurse Managers	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Administrators	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directors of Nursing	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP of Nursing	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Nursing Officer	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSN-prepared Clinical Nurse Specialists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Midwives	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Registered Nurse Anesthetists	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners (all types)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What consequences, if any, has your hospital suffered in the past year as a result of an inadequate supply of nurses? *Please indicate "none" if that is appropriate.*

10. Is there any other information you would like to share with the WV Center for Nursing related to your experiences with recruiting and retaining nursing staff?

Thank you for taking the time to complete this survey.