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New Hampshire Nursing Workforce Initiative **Executive Summary Report**

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What is the Foundation for Healthy Communities?

The Foundation is a non-profit corporation that exists to improve health and health care. It was formed in 1968 by the New Hampshire Hospital Association as an education and research organization for hospitals. In 1996, it was re-organized with a new and broader mission to be an innovator with the potential to affect people's health beyond the hospital. Today, the Foundation for Healthy Communities is a partnership involving northern New England acute care hospitals, health plans, clinicians, home care agencies and many other organizations supporting community health activities.

More detailed information about the nursing workforce study is available at:
www.healthynh.com (Workforce)

New Hampshire Nursing Workforce Initiative **Executive Summary Report**

The Foundation for Healthy Communities undertook a project to assess the increasing difficulty in recruiting and retaining registered nurses (RNs) and licensed practical nurses (LPNs) in New Hampshire. The project sought to (1) describe RNs and LPNs in the state, including those who currently practice and those whose licenses have lapsed; (2) examine turnover, vacancy, recruitment and retention issues; (3) identify critical concerns and attitudes of nurses; and (4) identify best practices for recruitment and retention in New Hampshire and elsewhere. The study contained the following components:

- Focus groups of nurses, nurse/human resource administrators;
- A random sample survey of practicing nurses;
- A random sample survey of lapsed license nurses (NH licenses lapsed); and
- Vacancy & turnover survey in hospitals, home care, long-term care.

Both the practicing nurse and lapsed license surveys included quantitative and qualitative questions in six major areas: practice characteristics; nursing as a career choice; daily work environment; compensation and recognition; job satisfaction and what factors of work and the working environment are important to nurses; and demographic characteristics.

The practicing nurse survey was administered October-December 2001 to a random sample of about 10% of practicing nurses in the state (n=1,987) using a stratified random sample by practice setting. Nurses in non-hospital settings were over-sampled to ensure adequate responses for data analysis. Surveys were distributed using the Foundation's extensive network of providers and a process that facilitated buy-in from the leadership of participating organizations. Respondents mailed the survey directly back to the Foundation for Healthy Communities to maintain confidentiality. We received 798 completed valid surveys, giving a 40% overall response rate. This accounts for approximately 4% of practicing nurses in New Hampshire and represents a good distribution among provider groups. There are approximately 17,000 licensed RNs and 3,000 licensed LPNs in New Hampshire. Hospitals represent the largest employer of nurses in the state.

The survey of nurses whose New Hampshire nursing licenses lapsed was administered in collaboration with the NH Board of Nursing. All nurses whose license lapsed between July 1999 and June 2000 were included. There were 425 surveys distributed by mail in October – December 2001. Ninety surveys were returned with incorrect addresses. Addresses were all at least two years old since that is the length of time for the renewal period. The final n=335 surveys. There were 191 completed surveys returned for a 57% response rate.

The vacancy and turnover surveys were administered in October 2001 to all hospitals, home care agencies and long-term care facilities in New Hampshire. There are 22 hospitals (69% response rate), 26 home care agencies (66% response rate) and 10 long-term care facilities (12% response rate) in the sample.

Key findings from the surveys include:

Who Are They?

- The average age of the respondents was 44.5 years; a third were aged 50 and older while only 9% were under the age of 30. The majority of respondents were female (96%), RN's (88%), and had annual nursing incomes of less than \$40,000 (64%). Most respondents worked direct patient care (77%), full-time (71%), and during the day (64%). Fifty-nine percent have less than a baccalaureate level education.

Practice Characteristics

- Nurses have been working in the profession from less than 6 months to 50 years, with a median of 19 years; however one third of nurses (33%) have been working for 25 years or more. Nurses new to the profession – defined as employed in the nursing profession for less than 5 years -- represent only 12% respondents.
- Thirty-five percent of the respondents maintain licenses in other states, with 4 out of 5 (28%) of those nurses holding licenses in the neighboring states of Massachusetts (18%), Maine (7%), and Vermont (5%). These data thus suggest that a substantial proportion of practicing RNs and LPNs in New Hampshire have the option to practice in neighboring states.

Compensation and Recognition

- Only one third (36%) felt they were being paid a fair wage. Sixty-two percent reported that their annual salary was less than \$40,000. However, as would be expected, 88% of the nurses working part-time reported annual salaries under \$40,000, while only 51% of nurses working full-time reported annual salaries under \$40,000. Nurses who are the primary income earners in their household were significantly more likely to earn higher annual salaries. 45% of the study population reported being primary income earners, and 82% of those individuals reported working full-time. Salaries for nursing in New Hampshire were reported by many respondents as being lower than in the neighboring states.
- More than a third (35%) have not received professional recognition within the past 5 years. Nurses report that they were significantly more likely to receive recognition from their patients and the patients' families than from their supervisors or physicians. Job satisfaction could be generally equated with better working conditions
- Nurses report that a raise in pay, health insurance benefits, helping patients and support and understanding about burnout are very important to continuing their nursing career and of value in their work environment.

Experience and Expectations

- Nurses consistently cited paperwork, staff shortages, and lack of respect as their primary workplace concerns. They uniformly cited helping patients and their families and feeling like they made a difference in people's lives as positive attributes of their work.

- Most respondents (55%) reported that nursing met their expectations well or very well. Forty-three percent reported nursing somewhat met their expectations and only 3% reported that nursing did not meet their expectations.
- Fifty-three percent of the nurses reported that their education prepared them well or very well for their work. More than a third (39%) of the nurses felt their education somewhat prepared them and eight percent of the nurses reported that their education did not provide sufficient clinical or practical experience. Concerns expressed about education were that it was too much based in theory and that certain skills (e.g., telephone triage, dealing with insurance requirements and computer skills) were not taught at all or they were not adequately trained for these tasks in the workplace.
- The data suggest that educational and field experiences for nurses in training provide valuable insight into finding the right “niche” in nursing. Many nurses reported that once they found the right place, they were very satisfied with the profession and their jobs. The data also suggest that new entrants have a different set of values and attitudes towards nursing than other groups. It points to areas of the nursing profession that may need change if the profession is to be able to improve recruitment. These areas are predominantly interpersonal and organizational in nature – those issues that revolve around recognition, support and positive feedback by administrators and other workers in positions of authority, developing trust and respect with those in positions of authority and addressing differences in work expectations.

What Matters?

The survey data clearly demonstrate substantial differences among nurses by age and practice setting.

- Generational differences were identified. Older nurses, age 60 and older, were significantly more likely to choose nursing because it was the best option at the time, compared to nurses under age 30, who were more likely to say they entered nursing for its job flexibility and security. Nurses new to the profession are less likely to feel trust and respect with administration or valued.
- Nurses in *hospitals* tend to be younger, have higher salaries and are more likely to have received a raise in the past 3 years. Hospital nurses reported that trust and respect with administrators, physicians, other nurses and paraprofessionals all tend to be low. They also report acute staff shortages and high levels of stress.
- Nurses in *long-term care facilities* presented the most problematic situation of the major practice settings. These nurses are generally older, they have been working longer and they work longer hours. They are the least satisfied with their jobs and least likely to feel valued at work. They are also the least likely of all the groups to have trust and respect with others. They report having fewer resources for patient care as well as for themselves.
- *Home health and visiting nurses* care more about their autonomy, their ability to make decisions for patient care, job flexibility, and personal growth than the working

environment or promotion opportunities. They feel the most valued for their work of any nursing group.

- Nurses working in *physician offices* receive the lowest salaries and there are fewer primary income earners working in physician offices than in other settings. A good work environment, opportunities for education and training, and opportunities for personal growth are important to them. They are fairly satisfied with their jobs and feel valued at work.

Comparing Practicing Nurses and Lapsed License Nurses

- Some demographic and practice characteristics of lapsed license nurses (LLN) were significantly different from those of practicing nurses: 51% of LLN were over the age of 60, compared to only 6% of practicing nurses; 30% of LLNs were Licensed Practical Nurses, compared to only 12% for the sample of practicing nurses; because of the higher proportion of LPNs, more LLN respondents reported lower levels of education and lower salaries.
- More than half (55%) of LLNs worked for 25 years or more in nursing while 20% worked for less than 15 years. Two out of five (43%) of LLNs are currently working and a majority of those working are full-time in the health care field.
- No differences were found between the two groups with respect to gender, primary activity while in nursing, reason for entering nursing, number of hours per week working (for those still working); how well their education had prepared them for the workplace, feeling valued on the job, the extent to which they would recommend nursing as a career; what they liked about nursing and what they found most stressful.
- With regard to what would keep them in nursing, the issues were the same, but their priorities were slightly different. The top three issues were raise in pay (#1 for practicing nurses, #3 for LLNs); more time for patient care (#2 for practicing nurses, #1 for LLNs); and more understanding from administrators and supervisors about burnout (#3 for practicing nurses, #1 for LLNs).

Vacancy and Turnover

- Vacancy and turnover rates are key indicators of workforce availability. The RN vacancy rate in New Hampshire for hospitals was 9.6%, compared to 6.7% in home care agencies and 12.5% in long term care facilities. For LPNs, the vacancy rates ranged from 4.2% for home care agencies to 6% in hospitals and 8% in long term care facilities. Hospitals experienced the highest vacancy rate for Licensed Nursing Assistants at 10.6%, compared to 3.4% for home care and 7.4% in long term care.
- Turnover rates in long term care facilities are much higher for RNs and LPNs than hospitals or home care agencies. The turnover rate for RNs in long term care facilities is 28.8% compared to 11.7% in hospitals and 16.1% in home care agencies. Similarly, the turnover rates for LPNs in long term care is 26.8%, 18.4% for hospitals and 13% for

home care. Licensed Nursing Assistant turnover rates for long term care are far higher at 38.1% compared to 19.8% for hospitals and 20.1% for home care.

Conclusions

- Recruitment of new nurses is critical to meet the needs for patient care in diverse health care delivery organizations. Targeted recruitment policies and programs need to be developed to appeal to young people who have a wide range of career choices.
- New strategies to retain nurses are needed. Salary is an important issue but not the only issue. Work conditions, professional relationships and recognition by administrators and employer organizations are important.

Figure A: Vacancy Rate Comparisons (October 2001)

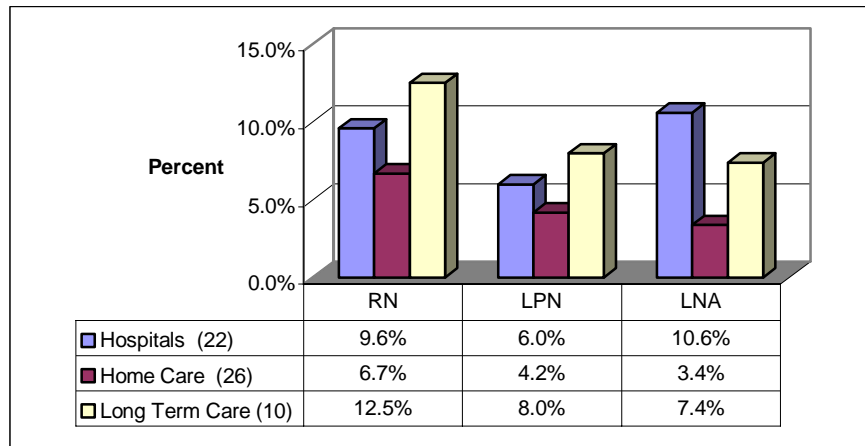


Figure B: Turnover Rate Comparisons (October 2001)

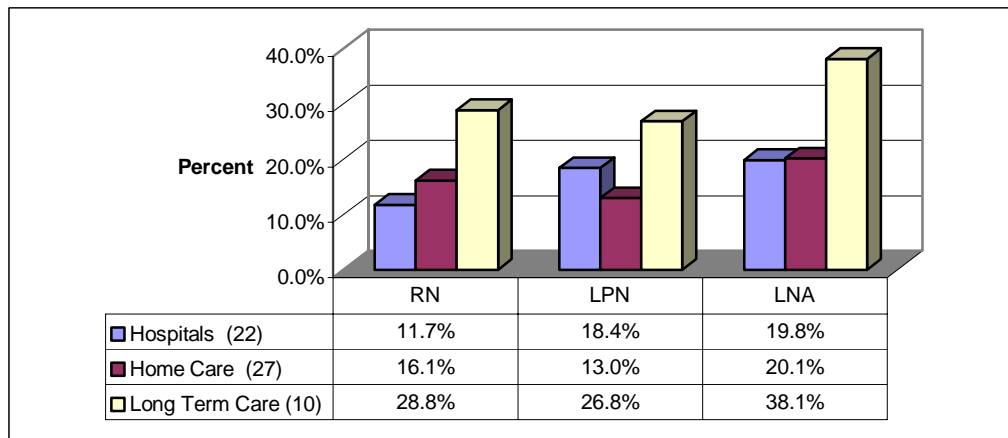
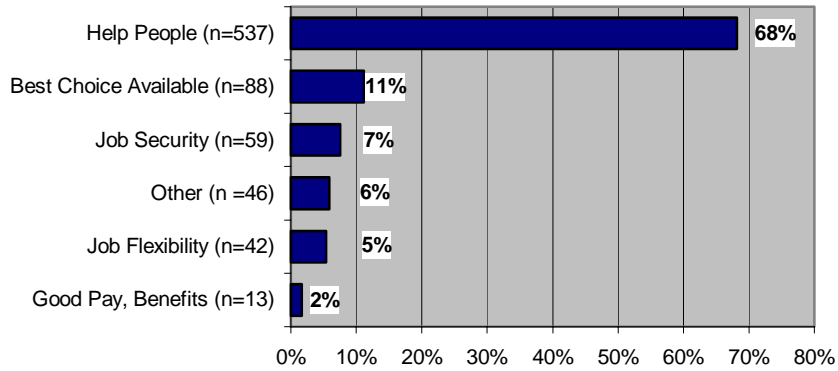


Figure C: Reasons for Entering Nursing



* For older respondents, nursing was the best choice available
* Nurses <30 entered for flexible hours, job security (p=<.0001)

Figure D: Recommend Nursing Career

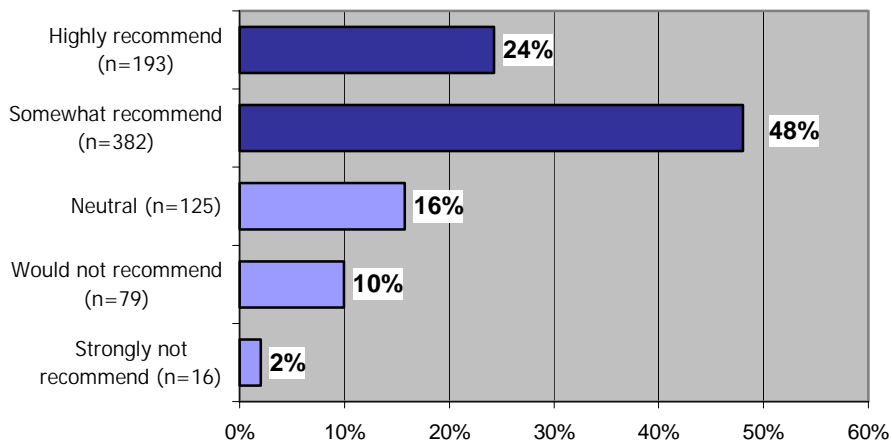
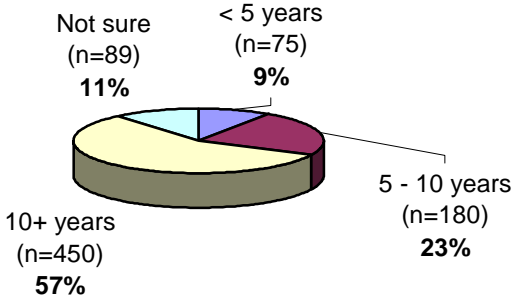
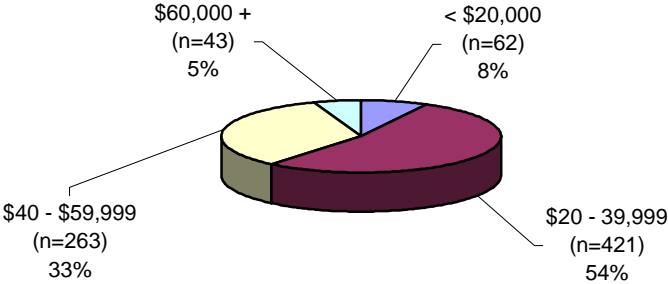


Figure E: Anticipated Years Left (n=794)



* Older nurses expected to retire; younger nurses expected to leave due to burnout or family considerations (p=<.0001).

Figure F: Compensation



- *62% earn less than \$40,000 per year
- * 45% are primary income earners
- * Only 36% feel they are paid a fair wage (significantly different for primary income earners p=<.0001)

Figure G: Benefits Received at Job (n=798)

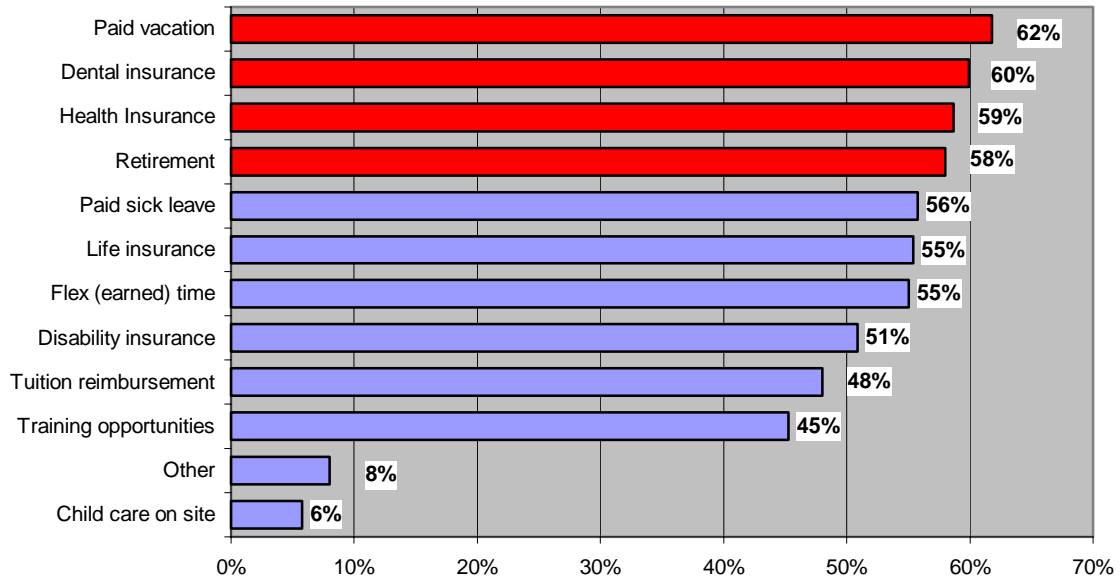


Figure H: Professional Recognition

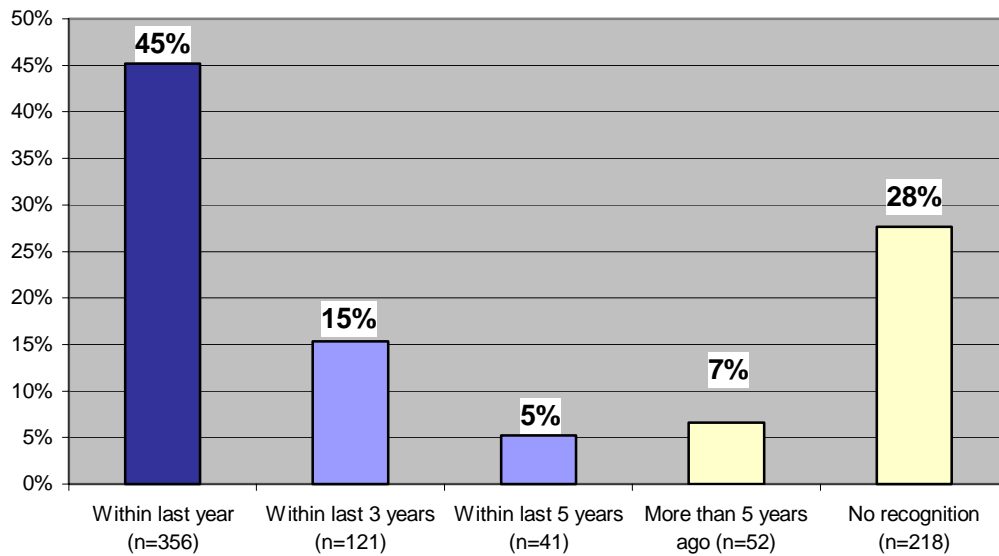


Figure I: What Would Help Retention?

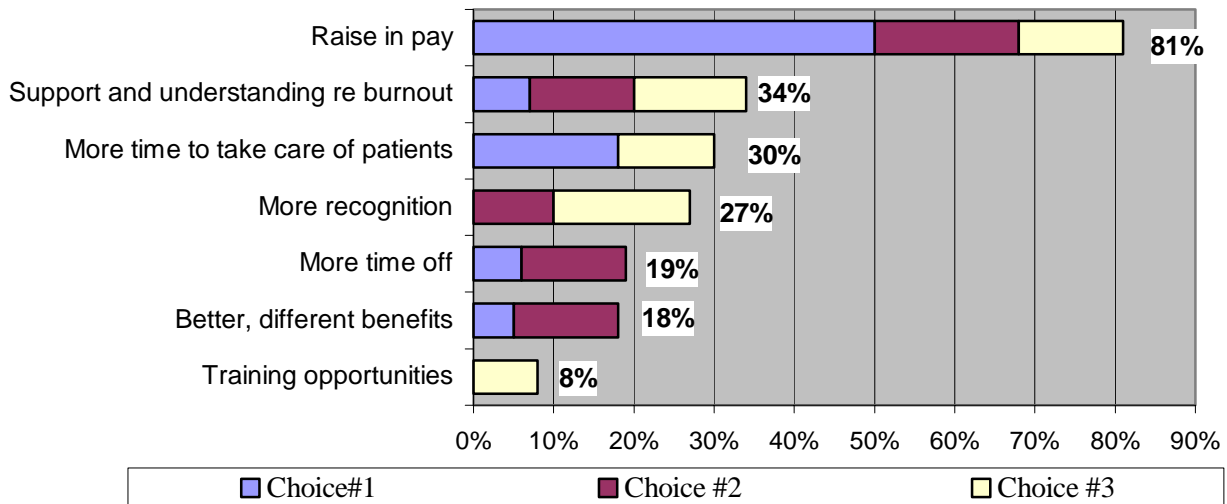


Figure J: Reasons for Leaving Nursing

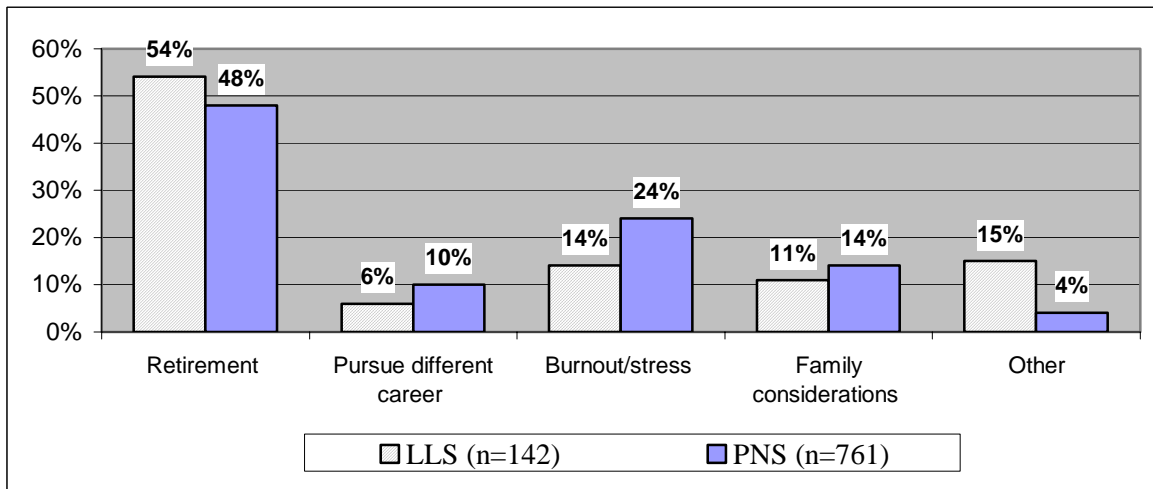
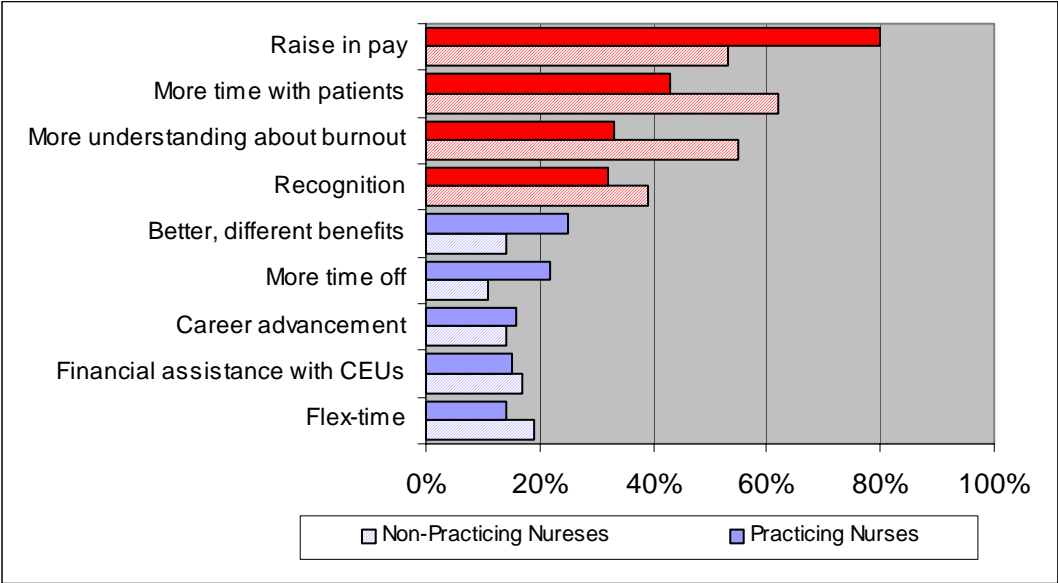


Figure K: What Would Help Keep Respondents in Nursing



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