

**Nebraska Nursing Employer Vacancy
Survey Report***
2006

* Specific data for this study is available upon request.

PURPOSE

The purpose of the employer survey was to assess the nursing positions staffing needs in the State of Nebraska as a

means to evaluate and report the current status of the nursing shortage.

OBJECTIVES

- Compare staffing levels with previous year's report and evaluate nursing shortage trends for the State of Nebraska.
- Compare Nebraska's nursing shortage with national data.
- Identify geographic areas with the most serious shortage of nurses.
- Disseminate findings to stakeholders and policy makers.
- Develop and implement strategies and policies that will decrease the nursing shortage.

METHODOLOGY

The Nebraska Center for Nursing developed a survey that was mailed on the 31st of March 2006, to all licensed facilities (n=891) that employs RNs, LPNs and UAPs (Unlicensed Assistive Personnel) in the state of Nebraska. Surveys were mailed to the nursing administrators of eight types of nursing facilities [(Assisted Living Facility

(ALF), Hospice, Hospital, Nursing Home, Health Clinic, Home Health Agency, End Stage Renal Dialysis (ESRD), and Ambulatory Surgical Center (ASC)]. Follow up consisted of a reminder letter, an additional survey mailed to facilities that did not respond by the due date on the survey, phone calls, faxes and e-mails.

RESULTS

Response Rate

A total of 543 surveys were returned by August 8, 2006 for a response rate of 60.9% (Table 1). The maximum sampling error associated with the entire sample of 543 does not exceed $\pm 4.2\%$ at the 95% confidence level ($p \leq 0.5$). Facilities with the highest response rate were Hospitals (70.8%)

and Nursing Homes (70.4%). The lowest survey return rate came from Hospices (47.4%) and ESRDs (46.9%). Complete list in Table 2. A higher percentage of facilities located in rural areas responded (55.9%) than those in urban areas (44.1%).

Table 1 Survey Responses by Date

| Date | Number of Surveys | Percentage | TOTAL SURVEYS |
|--|-------------------|------------|---------------|
| Received ON or BEFORE 4/21/2006 | 283 | 31.8 | 891 |
| Received BETWEEN 4/22/2006 and 5/5/2006 | 32 | 3.6 | |
| Received BETWEEN 5/6/2006 and 5/22/2006 | 188 | 21.1 | |
| Follow-up calls/E-mails (5/23/2006 – 07/25/2006) | 39 | 4.4 | |
| Subtotal | 543 | 60.9 | |

Table 2 Facility Response Rate

| FACILITY | Response | Total | Percentage |
|--------------------|----------|-------|------------|
| ESRD | 15 | 32 | 46.9 |
| Hospice | 18 | 38 | 47.4 |
| ALF | 148 | 274 | 54.0 |
| Home Health Agency | 66 | 119 | 55.5 |
| Health Clinic | 16 | 28 | 57.1 |
| ASC | 24 | 37 | 64.9 |
| Nursing Home | 164 | 233 | 70.4 |
| Hospital | 92 | 130 | 70.8 |

Vacancy Rates

Nebraska continues to have a nursing shortage; however the reported vacancy rate was lower for RNs in 2006 than in 2002. LPNs and UAPs experienced increased vacancy rates in comparison to 2002. See Tables 3, 4 and 5.

The average respondent has 18.6 FTE RN positions approved (5.9% vacancy rate, Table 3), 7.0 FTE LPN positions approved (6.7% vacancy rate, Table 4)

and an average of 17.8 FTE UAP positions approved (5.4% vacancy rate, Table 5). The overall reported vacancy rate for RNs was 0.6% less than the reported vacancy rate in 2002. LPNs experienced an increase in 2.9% of vacancy rates in comparison to 2002. UAPs experienced a slight increase in vacancy rates, from 4.8% in 2002 to the current 5.4%.

Table 3 RN Reported in FTEs Approved Positions, Vacant Positions, and Vacancy Rates

| Year | 2000 | 2002 | 2006 |
|--------------------|------|------|------|
| Approved Positions | 8823 | 8887 | 7578 |
| Vacant Positions | 883 | 574 | 444 |
| Vacancy Rate (%) | 10.0 | 6.5 | 5.9 |

Table 4 LPN Reported in FTEs Approved Positions, Vacant Positions, and Vacancy Rates

| Year | 2000 | 2002 | 2006 |
|--------------------|------|------|------|
| Approved Positions | 2845 | 3605 | 2434 |
| Vacant Positions | 291 | 137 | 162 |
| Vacancy Rate (%) | 10.2 | 3.8 | 6.7 |

Table 5 UAP Reported in FTEs Approved Positions, Vacant Positions, and Vacancy Rates

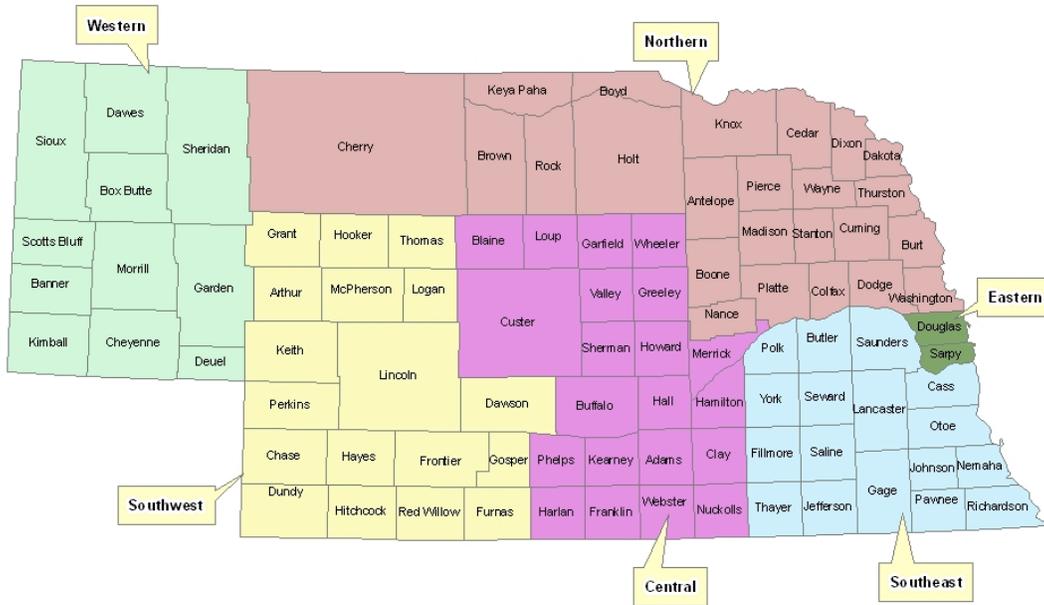
| Year | 2000 | 2002 | 2006 |
|--------------------|------|------|------|
| Approved Positions | 9014 | 8497 | 7079 |
| Vacant Positions | 714 | 405 | 385 |
| Vacancy Rate (%) | 7.9 | 4.8 | 5.4 |

Vacancy Rates According to the Nebraska Health Planning Regions (HPR)

An overall vacancy rate gives an idea of the general situation of the nursing workforce for the State of Nebraska. However, the social and economical differences in the State of Nebraska make it necessary to address and evaluate how these differences are geographically expressed, and how they will eventually affect the nursing workforce. To take these differences

into consideration, the Nebraska Health and Human Services System divided the State of Nebraska into 6 Health Planning Regions as follows: Region I – Western, Region II – Southwest, Region III – Central, Region IV – Northern, Region V – Southeast, and Region VI – Eastern (Map 1). Results of the vacancy rates are expressed according to these geographical areas.

MAP 1. Nebraska and Health Planning Regions



RNs' vacancy rates show a minimum of 2.4% in the Northern Region and a maximum of 7.6% in the Eastern Region. Low RN vacancy rates were also present in the Central (3.3%) and

Southwest (4.6%) Regions. Higher RN vacancy rates were observed as well for the Southeast (7.1%) and Western (7.4%) Regions (Table 6).

Table 6 RNs Vacancy Rates by HPR

| HPR | RN FTE Approved | RN FTE Vacant | RN Vacancy Rate |
|------------|----------------------------|--------------------------|----------------------------|
| Northern | 1128 | 27 | 2.4 |
| Central | 809 | 27 | 3.3 |
| Southwest | 428 | 20 | 4.6 |
| Southeast | 2320 | 164 | 7.1 |
| Western | 190 | 14 | 7.4 |
| Eastern | 2534 | 192 | 7.6 |

LPNs' vacancy rates show three HPR with similarly low vacancy rates, Southwest (4.0%), Northern (4.3%), and Eastern (4.4%). Two HPR concentrated the highest vacancy rates, Western

(11.2%), and Central (12.7%). The Southeast HPR shows an average vacancy rate between both extremes (7.5%). Table 7.

Table 7 LPNs Vacancy Rates by HPR

| HPR | LPN FTE Approved | LPN FTE Vacant | LPN Vacancy Rate |
|------------|-----------------------------|---------------------------|---------------------------------|
| Southwest | 297 | 12 | 4.0 |
| Northern | 573 | 25 | 4.3 |
| Eastern | 404 | 18 | 4.4 |
| Southeast | 680 | 51 | 7.5 |
| Western | 148 | 17 | 11.2 |
| Central | 315 | 40 | 12.7 |

UAPs' vacancy rates are characterized by two HPR having the lowest vacancy rates, Eastern (3.4%) and Northern (4.0), an intermediate group with very

similar vacancy rates, Southeast (6.7%), Southwest (6.7%) and Central (6.8%). The highest vacancy rate was located in the Western HPR (8.2%). Table 8.

Table 8 UAPs Vacancy Rates by HPR

| HPR | UAP FTE Approved | UAP FTE Vacant | UAP Vacancy Rate |
|------------|-----------------------------|---------------------------|-----------------------------|
| Eastern | 1853 | 63 | 3.4 |
| Northern | 1290 | 51 | 4.0 |
| Southeast | 1755 | 117 | 6.7 |
| Southwest | 841 | 57 | 6.7 |
| Central | 1070 | 73 | 6.8 |
| Western | 231 | 19 | 8.2 |

Vacancy Rates According to Urban-Rural Facility Location

Of the total surveys received, 52% of facilities are located in rural communities (cities under 10,000 inhabitants) and 48% in urban environments. RNs have almost the same vacancy rate for both rural and

urban facilities, 5.9% and 6.0% respectively. LPNs show a higher vacancy rate for rural (8.0%) than for urban facilities (5.7%). UAPs have a slightly higher vacancy rate for rural (5.8%) than for urban facilities (5.2%).

Table 9 RNs Vacancy Rate According to Rural-Urban Location

| | RN FTE Approved | RN FTE Vacant | Vacancy Rate |
|-------|----------------------------|--------------------------|-------------------------|
| RURAL | 1298 | 76 | 5.9 |
| URBAN | 6112 | 368 | 6.0 |

Table 10 LPNs Vacancy Rate According to Rural-Urban Location

| | LPN FTE Approved | LPN FTE Vacant | Vacancy Rate |
|-------|-----------------------------|---------------------------|-------------------------|
| RURAL | 1023 | 82 | 8.0 |
| URBAN | 1394 | 80 | 5.7 |

Table 11 UAPs Vacancy Rate According to Rural-Urban Location

| | UAP FTE_ Approved | UAP FTE Vacant | Vacancy Rate |
|-------|------------------------------|---------------------------|-------------------------|
| RURAL | 2478 | 143 | 5.8 |
| URBAN | 4562 | 237 | 5.2 |

BARRIERS

Nursing administrators were asked to identify the primary barriers to recruitment and retention for nursing staff. Four main barriers were

identified: 1) Economic, 2) Location, 3) Education, and 4) Work Environment. Each barrier was subdivided into categories that are depicted in Table 12.

Table 12 Barriers for Recruitment and Retention

| <u>BARRIERS</u> |
|--|
| <u>ECONOMIC</u> |
| Insufficient Salary |
| High Cost of Living |
| Inadequate Benefits Package |
| Lack of employment opportunity for spouse/significant other |
| Lack of funds for on-site interviews |
| Other |
| |
| <u>LOCATION</u> |
| Remote/Isolated Location |
| Housing Not Available |
| Other |
| |
| <u>EDUCATION</u> |
| Available Personnel lack Experience/Education Required |
| Lack of Specific Language Skills |
| Lack of opportunity for, money for, or availability of educational advancement |
| Other |
| |
| <u>WORK ENVIRONMENT</u> |
| Inadequate Numbers of Available Nursing Personnel |
| Lack of opportunity for Upward Mobility in the Organization |
| Unwilling to Practice in Multiple Clinical Areas |
| Unwilling to Work Without Backup Staff |
| Required Shifts/Weekends/Holidays |
| Physician Interaction |
| Other |

For analysis purposes, nursing administrators were asked to select the top two barriers faced for economic, education and work environment

factors, and the most prominent barrier for location, both for recruitment and retention.

RECRUITMENT

Economic barriers to recruitment

Over 79% of the nursing administrators identified economic barriers for recruitment. The most important barriers identified were: 1) Insufficient salary (33.6% of responses), 2) Inadequate benefits package (25.7% of responses), and 3) Lack of employment opportunity for spouse/significant other (19.4% of responses). Adding up these the first two barriers, it gives a subtotal

of 59.3%. That is to say almost 2 out of 3 nursing administrators think that salaries and benefit packages are not good enough to recruit new personnel. Although the salaries for nurses have increased around \$10,000 in the last 10 years, this barrier is still considered one of the most important impediments for recruitment (Table 13).

Table 13 Economic barriers to recruitment

| ECONOMIC - RECRUITMENT | Percentage |
|---|-------------------|
| Lack of funds for on-site interviews | 2.0 |
| High Cost of Living | 7.9 |
| Other | 11.4 |
| Lack of employment opportunity for spouse/significant other | 19.4 |
| ❖ Inadequate Benefits Package | 25.7 |
| ❖ Insufficient Salary | 33.6 |
| Total | |
| | 100 |

Location barriers to recruitment

Most of the nursing administrators (70.4%) admitted that one of the most important location barriers for recruitment is the isolation or remote

environment where the facility is located. This is not a surprise since 55.9% of the facilities that responded are located in rural areas. Table 14.

Table 14 Location barriers to recruitment

| LOCATION - RECRUITMENT | Percentage |
|-------------------------------|-------------------|
| Housing Not Available | 6.3 |
| Other | 23.3 |
| ❖ Remote/Isolated Location | 70.4 |
| Total | |
| | 100 |

Education-related barriers to recruitment

The most important education-related barriers for recruitment were “Lack of opportunity for, money for, or availability of educational advancement” (35.6%), and “Available personnel lack experience / education required” (46.4%). It was also noticeable that over

7% of the respondents indicated “Lack of specific language skills” as a barrier for recruitment, as in many locations a second language is necessary to address the presence of minorities that do not speak English as their primary language. Table 15.

Table 15 Education barriers to recruitment

| EDUCATION - RECRUITMENT | Percentage |
|---|-------------------|
| Lack of Specific Language Skills | 7.2 |
| Other | 10.8 |
| ❖Lack of opportunity for, money for, or availability of educational advancement | 35.6 |
| ❖Available Personnel lack Experience/Education Required | 46.4 |
| Total | 100.0 |

Work-Environment barriers to recruitment

The work environment has been identified as a key factor in recruiting and maintaining the needs for staffing. As reported in the literature, one of the causes for nurses leaving the profession is burn out from extensive working hours, inappropriate shifts, and lack of assistive personnel. Nursing

administrators identified two major barriers to recruitment related to work-environment that are consistent with the literature: 1) Inadequate numbers of available nursing personnel (23.6%) and Required shifts/weekends/holidays (35.4%). Table 16.

Table 16 Work Environment barriers to recruitment

| WORK ENVIRONMENT - RECRUITMENT | Percentage |
|---|-------------------|
| Physician Interaction | 2.2 |
| Other | 3.4 |
| Unwilling to Work Without Backup Staff | 6.9 |
| Unwilling to Practice in Multiple Clinical Areas | 14.1 |
| Lack of opportunity for Upward Mobility in the Organization | 14.4 |
| ❖Inadequate Numbers of Available Nursing Personnel | 23.6 |
| ❖Required Shifts/Weekends/Holidays | 35.4 |
| Total | 100 |

RETENTION

Economic barriers to retention

The most frequently identified economic barrier to retention is the insufficient salary that nurses receive as a compensation for their work (31.8%).

Inadequate benefits package was also frequently identified as a barrier to retention (26.1%). Table 17.

Table 17 Economic barriers to retention

| ECONOMIC RETENTION | Percentage |
|---|-------------------|
| Lack of funds for on-site interviews | 1.3 |
| High Cost of Living | 10.8 |
| Other | 12.7 |
| Lack of employment opportunity for spouse/significant other | 17.3 |
| ❖ Inadequate Benefits Package | 26.1 |
| ❖ Insufficient Salary | 31.8 |
| <hr/> | |
| Total | 100 |

Location barriers to retention

As reported in the section on recruitment, a remote/isolated location is also a primary barrier to retention. Two thirds of the nursing administrators

identified location as the biggest impediment to staffing retention. Table 18.

Table 18 Location barriers to retention

| LOCATION RETENTION | Percentage |
|---------------------------|-------------------|
| Housing Not Available | 8.1 |
| Other | 26.5 |
| Remote/Isolated Location | 65.4 |
| <hr/> | |
| Total | 100.0 |

Education-related barriers to retention

As seen with recruitment, both “Available personnel lack of experience” (38.8%) and “Lack of opportunity for, money for, or availability of education

advancement” (42.6%) were identified as the major barriers to retention. Table 19.

Table 19 Education barriers to retention

| EDUCATION RETENTION | Percentage |
|--|-------------------|
| Lack of Specific Language Skills | 5.6 |
| Other | 13.1 |
| Available Personnel lack Experience/Education Required | 38.8 |
| Lack of opportunity for, money for, or availability of educational advancement | 42.6 |
| Total | 100 |

Work-Environment barriers to retention

Nursing administrators identified that “Required shifts/weekends/holidays” as one of the most important barriers to retention (31.6%). The second most frequently identified barrier was “Lack

of opportunity for upward mobility in the organization” (23%). This barrier has not been identified in previous surveys as relevant for retention. Table 20.

Table 20 Work/Environment barriers to retention

| WORK ENVIRONMENT RETENTION | Percentage |
|---|-------------------|
| Physician Interaction | 3.8 |
| Other | 5.1 |
| Unwilling to Work Without Backup Staff | 7.7 |
| Unwilling to Practice in Multiple Clinical Areas | 11.6 |
| Inadequate Numbers of Available Nursing Personnel | 17.2 |
| Lack of opportunity for Upward Mobility in the Organization | 23.0 |
| Required Shifts/Weekends/Holidays | 31.6 |
| Total | 100 |

Challenges for Recruiting and Retaining Ethnic Minorities

The recruitment and retention of ethnic minorities has become an important factor to be considered for nursing staffing because the minority population in the State of Nebraska is growing, especially Hispanics and Asians. The

survey asked administrators to identify specific challenges they have faced in recruiting and retaining ethnic minorities. The most frequently identified challenges were: language barrier (10.3%), understood as the

inability of understanding English commands for specific duties at the work place, and the inability of effective communication with patients. Also identified as a challenge for recruitment and retention of ethnic minorities is that they simply do not apply for positions

(17.0%) and the lack of a diversified population where the facility is located (17.3%). Over 30% of the nursing administrators answered that there were not any challenges in recruiting and retaining ethnic minorities. Table 21.

Table 21 Challenges for recruiting and retaining minorities

| Challenges-Minorities | Percentage |
|----------------------------------|------------|
| Recruiting/obtaining references | 1.5 |
| Prejudiced by elderly people | 3.0 |
| Finding and retaining | 4.3 |
| Work itself | 5.5 |
| Other | 8.8 |
| ❖Language barrier | 10.3 |
| ❖They do not apply | 17.0 |
| ❖Location/not ethnically diverse | 17.3 |
| None | 32.2 |
| Total | 100 |

Challenges for Recruiting and Retaining Men in Nursing

Nursing is one of the professions where the gender imbalance is pronounced. Only small increases in male participation in the nursing workforce have been observed in the State of Nebraska in the last 5 years, consistent with national statistics. On this survey, there were two responses that captured over 70% of the total answers: men simply “do not apply” (35.5%), and nursing administrators did not find any challenge in recruiting and/or retaining male nurses (35.8%). Two additional challenges identified dealt with gender tension, working directly with female coworkers (2.7% of total responses).

The second gender related challenge identified is that female residents do not feel comfortable being cared for by men, especially with duties related to taking baths or being escorted to the bathroom by male nurses (7.9% of responses). Another limitation that nursing administrators face when trying to hire men for nursing positions is that men nurses expect higher salaries than the regular wage for the position that they applied for. As nursing administrators cannot adjust the salaries to meet the demands of the male nurse, they simply reject the job offer due to low salary (3.6% of responses). Table 22.

Table 22 Challenges for recruitment and retaining men

| Challenges-Men | Percentage |
|------------------------------------|------------|
| Recruiting | 0.9 |
| Finding/Retaining | 1.5 |
| Work itself | 2.1 |
| ❖Working with female coworkers | 2.7 |
| ❖Low salary | 3.6 |
| Other | 3.9 |
| Location/rural area | 6.1 |
| ❖Residents do not feel comfortable | 7.9 |
| None | **35.8** |
| They do not apply | **35.5** |
| Total | 100 |

Need for Bilingual Nurses in the Facility

Most of the respondents (80%) indicated that they have met their needs with adequate bilingual nursing personnel, 20% reported they have not met the need. Nursing administrators

indicated that they did not need bilingual personnel as the community that they serve was not ethnically diverse.

Satisfaction with the Educational Mix of the Nursing Staff

Nursing administrators report a high level of satisfaction regarding the educational mix of their employees. More than two thirds indicated that their satisfaction with the educational

mix of nurses was very high or high, with less than 4% indicating that their satisfaction was low or very low. Table 23.

Table 23 Education Satisfaction Reported by Nursing Administrators

| Level of Education Satisfaction | Percentage |
|---------------------------------|------------|
| Very High | 11.8 |
| High | 53.1 |
| Medium | 31.4 |
| Low | 2.8 |
| Very Low | 0.9 |
| Total | 100.0 |

A cross tabulation analysis was conducted to evaluate if the type of facility had any statistical relationship with the level of satisfaction with the education mix. Table 24 shows that across facilities the levels of satisfaction

with the educational mix was high. There is no statistical difference in the level of satisfaction with educational mix of nursing staff between types of facilities.

Table 24 Cross tabulation between type of facilities and level of satisfaction with educational mix

| | ALF | ASC | ESRD | Health Clinic | Home Health Agency | Hospital | Hospice | Nursing Home |
|--------------------|------|------|------|---------------|--------------------|----------|---------|--------------|
| Mode | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Average | 2.4 | 2.1 | 2.0 | 2.2 | 2.1 | 2.3 | 2.1 | 2.4 |
| Standard Deviation | 0.82 | 0.94 | 0.39 | 0.94 | 0.68 | 0.66 | 0.46 | 0.77 |
| Sample (n=) | 128 | 21 | 14 | 15 | 61 | 85 | 15 | 154 |

Caption: Mode = 2 is equivalent to high level of satisfaction, 5 being very low and 1 very high.

Strategies to Retain Nursing Staff

Nursing Administrators were asked to list the strategies utilized to retain nursing staff, including nurses 62 years of age and older. Strategies varied from improving the economic situation of nurses to stimulating participation in decision making in the facility. The most frequently identified strategies were grouped into seven categories. Results reveal that nursing administrators recognize that one of the most important strategies to retain nurses, especially nurses that fall into the 62+ years of age category is to adjust shifts and duties to fit their needs. Almost 30% of all answers established that giving a flexible schedule to nurses

was one of the most effective strategies to retain them in the workplace. Maintaining a positive work environment was also recognized as a very effective strategy to extend the tenure of nurses in the workplace (15.7% of answers). That is to say, nursing administrators do not consider direct economical benefits as being among the most important strategies to retain nurses. Promoting continuing education (12.6%), providing competitive wages (15.9%) and improved benefits plans (15.9%) were also recommended by nursing administrators as effective strategies to retain nurses. Table 25.

Table 25 Strategies to Retain Nurses in the Work Place

| STRATEGIES | Percentage |
|----------------------------|------------|
| Good Communication | 2.3 |
| Teamwork/Participation | 4.9 |
| Continuing Education | 12.6 |
| Competitive Wages | 15.9 |
| Benefits Plan | 15.9 |
| ❖Positive Work Environment | 15.7 |
| ❖Flexible Schedule | 29.0 |
| Other Strategies | 3.8 |
| Total | 100 |

Workforce Challenges in Five Years

The final question of the survey was related to the specific challenges that nursing administrators will face five years from now. Most of the nursing administrators were concerned about the capacity for recruitment and retention in order to maintain an adequate supply of nurses for their facilities (31.0%). Also, they expressed great concern about the current aging nursing population (12.8%) and the nursing shortage (6.0%) as important challenges for the health industry in the coming five years. Moreover, as many facilities are located in rural areas, they foresee that nurses will be reluctant to

work in isolated areas, with lower salaries and minimal employment opportunities for their significant others (6.5%). These four related challenges represent 56% of the total answers. Nursing Administrators also voiced concern regarding the lack of adequate training and skills that new nurses receive from their educational programs (15.5%). They identified that new nurses lack experience in basic nursing performance, technological skills and willingness to accept weekend shifts, overnight shifts, and holiday shifts. See Table 26.

Table 26 Workforce Challenges Five Years from Now

| CHALLENGES | Percentage |
|-----------------------------|------------|
| Benefits Plan | 3.0 |
| Maintain Flexible Schedule | 3.5 |
| Competitive Wages | 5.4 |
| ❖Nursing Shortage | 6.0 |
| ❖Lack Personnel Rural Areas | 6.5 |
| ❖Aging Nursing Population | 12.8 |
| ⌘Adequate Training | 15.5 |
| ❖Adequate Staffing | 31.0 |
| Other Challenges | 16.3 |

| | |
|-------|-----|
| Total | 100 |
|-------|-----|

DISCUSSION and CONCLUSIONS

Vacancy

According to the survey, vacancy rates were lower for RNs in 2006 than in 2002. However, LPNs and UAPs experienced increases in vacancy rates in the same time period. Therefore, the nursing shortage continues to be a problem. RNs positions constitute the largest number of FTEs (18.6), followed by UAPs (17.8), and LPNs (7.0).

The geographic distribution of vacancy rates according to the Nebraska Health Planning Regions gave a better understanding of special needs for nursing workforce in these areas. In particular, it was noticeable that the Northern Region has the lowest vacancy rate for RNs, and the second lowest for LPNs and UAPs. The Eastern region

showed the highest vacancy rate for RNs, but the lowest for UAPs. The opposite can be said for the Central Region, where RNs' vacancy rates were the second lowest, but for LPNs and UAPs was one of the highest. The Southwest region shows the lowest vacancy rates for LPNs, and the Western and Central Region the highest.

No significant statistical differences were noted when comparing urban versus rural facilities in terms of vacancy rates, especially for RNs and UAPs. LPNs did show more differences between rural and urban facilities, with rural facilities at a 2.3% vacancy rate over urban facilities.

Barriers to Recruiting and Retention

One of the most important economic barriers identified for both recruitment and retention is the insufficient salary that nurses receive in compensation for their work. The State of Nebraska has increased the average salary for nurses by 25% in the last 10 years, but that is still considered insufficient for nursing administrators to attract more nurses into the workplace, and for retaining them for a longer period of time.

In terms of location barriers, the isolation or remote environment where the facility is located was considered as the most significant barrier for both recruitment and retention of nurses. The options for accommodating facilities in rural locations are limited. It is difficult to imagine how to overcome this barrier, as facilities are needed in rural areas, and as it is occurring in many locations, people are abandoning their "farm life" for better or more profitable and stable options in

urban areas. If we add to this barrier the economic barriers for retention, it is easy to understand that rural areas are facing harder challenges than those more privileged urban areas. Increasing benefit packages, especially for new nurses, as an incentive for working in isolated areas, is a suggestion.

The option "Available personnel lack experience / education required" was recognized by nursing administrators as the most significant education-related barrier when trying to recruit nurses. "Lack of opportunity for, money for, or availability of educational advancement" was recognized the most significant education-related barrier for retention. In terms of work environment barriers, "Required shifts/weekends/holidays" was selected as the most significant barrier for both recruitment and retention.

Regarding recruiting and retaining men in the nursing workforce, over 70% of nursing administrators responded that they either did not face any challenge in recruiting/retaining them, or that male nurses did not apply for positions. Both answers are highly related and gave us few options for further analysis. Therefore, it is necessary to take into account those answers that seem to have a lesser rate, as they represent a better understanding of the causes for the low

participation of men in the nursing workforce. Those answers were basically related to gender issues such as male nurses did not have good relationships with female coworkers, and female patients did not feel comfortable being cared for by the opposite sex. Also, nursing administrators responded that male nurses did not feel attracted to positions because of low salaries.

Strategies and Challenges for Retention of Nurses

Nursing administrators are aware that one of the major causes of turnover in the nursing profession is the overload of work that nurses face on regular basis. As a result providing a healthy work environment is understood to be one the most important strategies in dealing with nurses who are considering leaving the profession. Many nursing administrators expressed that creating room for active participation and a team-oriented environment benefit the relationship between patients, nurses and physicians. Also, they revealed that providing flexible schedules during

weekends for nurses is very much appreciated and creates a better work environment in the facilities, especially for those nurses with more experience. In terms of challenges, it is clear that the nursing shortage is a big concern for nursing administrators, as over 56% of the answers were related to this issue. The second most frequently identified challenge was the technological changes that the nursing profession has experienced in recent years, which will require better trained personnel with the adequate skills to perform new tasks and procedures.

Recruitment and Retention in Rural Areas

Rural areas face the biggest challenges in coping with the nursing shortage. The average rural nurse is older than the average nurse in metropolitan areas, salaries are lower than in urban areas, and the lifestyle does not meet new graduates expectations for their lives and families. Since the State of

Nebraska is mostly rural, it is crucial to address these issues at the educational level, by providing educational experiences in rural areas and at the practice level by improving salaries and benefits and providing better work conditions for those that choose to work in non-metropolitan areas.