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NURSING MEDICAL CAREERS

LRMC Fights a Continual Staffing Battle Amid a National Nurse Shortage

By [Robin Williams Adams](#)

The Ledger

LAKELAND -- Nurses are the heart of good patient care. And Lakeland Regional Medical Center, where nearly 1,400 nurses work, has a never-ending need for them.

Its patient load is growing. More patients means more nurses needed -- stat.

But Florida and the United States are in a nursing shortage that hits hospitals hard and is expected to get worse as the many "baby boomer" nurses retire.

With an average age of 43 for its 1,145 registered nurses and 40 for 223 licensed practical nurses, LRMC knows those demographics all too well.

Polk County's biggest hospital had a nurse vacancy rate of 10 percent in 2004, lower than in 2002, but still a critical concern.

"We're feeling a little eased, but for the long term it's still a major dilemma," said LRMC Vice President Janet Fansler, who is president of the Florida Organization of Nurse Executives.

How well LRMC can meet its need for nurses now and in the future is crucial to the care of the hospital's patients.

To do that, LRMC continually needs to concentrate on reducing turnover, reducing the number of temporary nurses hired through agencies, ensuring pay and working conditions are competitive, and listening to its nurses and other employees.

This two-day installment of The Ledger's



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SCOTT WHEELER / THE LEDGER

Jeanne Prine, left, and Diane Glass, both registered nurses, prime tubing in preparation for patients at Lakeland Regional Medical Center. The hospital is among many in the United States facing a shortage of nurses that is expected only to worsen.

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ABOUT THIS SERIES

Today The Ledger continues a more than yearlong examination of the quality of care and challenges faced by Lakeland Regional Medical Center. As Florida's fourth-busiest hospital and a major economic engine here, LRMC is one of the community's most important institutions. Previous installments in this series explored cleanliness at the hospital (Jan. 18, 2004); doctors' and nurses' responses to a Ledger survey about hospital issues (Feb. 15, 2004); fighting infections (March 14-16, 2004); how LRMC scored on various quality reports (May 16, 2004); ensuring patient safety (July 18-19); how heart technology has become a major focus at LRMC (Sept. 19); obstetrics and neonatal care (Oct. 10); a look at the hospital's finances and new building projects (Dec. 19-20); LRMC's cancer treatment center (Jan. 16); and the Emergency Department (March 21-22). As always, The Ledger editors welcome reader feedback about this topic.

TODAY: Hiring and keeping nurses is among LRMC's biggest challenges.



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LRMC series will look at how the hospital deals with nurses and other employees:

- What it does to attract and keep them.
- How it attracts nurses.
- How it decides the number of nurses needed each day.
- The importance of giving nurses a say in patient care.

LRMC has done well in some areas, noticeably reducing its nursing turnover rate from nearly 21 percent to almost 7 percent, but not as well in others, such as reaching its goal of 2 percent contract employees.

Meeting those goals involves potentially conflicting agendas:

- Control costs without compromising quality.
- Cooperate with other hospitals to fight the shortage while competing with them for the best nurses.

Although other health fields are important too, nursing is where many researchers focus in measuring a hospital's care.

"As nurses, we strive for excellence in patient care every day," said Kathy Hunt, a registered nurse who oversees professional nursing development at LRMC.

"You're the facilitator," she tells nurses. "You're the coordinators of the patients' care."

GETTING NURSES TO STAY

Patients who come to LRMC are, understandably, more concerned about what happens to them than they are about whether nurses like working there.

But the two go hand in hand.

Nurses who like their job are more likely to stay with it, which means more experienced nurses.

Hospitals save by having to spend less on replacing nurses.

"If a hospital is a good place for nurses to work, it's usually good for patients' care," said Lynn Unruh, a registered nurse with a doctorate in economics.

She works at the University of Central Florida and also with the Florida Center for Nursing.

LRMC officials attribute the decrease in turnover to intense effort to listen to nurses' concerns and create a better workplace.

MONDAY: LRMC looked outside for help to reverse problems with turnover and morale.

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The hospital's registered nurse vacancy rate went down during the same two-year period that its turnover was decreasing.

It was 10 percent for 2004, compared to nearly 14 percent in 2002, said Doug McInnes, vice president for human resources.

That was higher than the statewide average in the annual Florida Hospital Association nursing survey, which showed an 8.2 percent registered nurse vacancy rate. The reported turnover rate for registered nurses statewide was almost 11 percent, however, higher than LRMC's nearly 7 percent.

The FHA survey is a snapshot from February 2004. The LRMC numbers are averages for the year, which means they vary at different times. At the end of December, LRMC had an 8 percent RN vacancy rate, Chief Nurse Executive Phyllis Watson said.

For licensed practical nurses at LRMC, the vacancy rate decreased from 17 percent to 3 percent and turnover dropped from 28 percent to 18 percent.

During that time, LRMC worked toward being designated an Employer of Choice, a program endorsed by VHA, the group of non-profit hospitals in which Lakeland Regional participates for quality measurements.

Turnover and vacancy rates are two "people measures" monitored in that national program.

To get more nurses, current employees in jobs such as patient-care assistant can get reimbursed for attending nursing classes. Practicing nurses get help with advanced training, such as certification review courses LRMC sponsored this month in gerontology and psychiatric nursing.

In November, 216 of LRMC's registered nurses were nationally certified in specialties they regularly practice, LRMC President Jack Stephens said at the hospital's annual public meeting.

Nurses are paid more for national specialty certification.

That incentive helps nurses, patients and the hospital, said Watson and Debbie Dease, spokeswoman for United Food and Commercial Workers Union Local 1625. UFCW Local 1625 represents non-management nurses at LRMC.

"It causes them to feel more valued," Watson said. "It's good for the patients because they get a more-trained nurse."

FINDING MORE NURSES

LRMC uses many avenues to attract people into nursing.

They include letting middle school students shadow health workers, hosting career academies for high school students and hiring students for part-time jobs like health-care intern. (See related story, page A15.)

LRMC partners with other local hospitals to help Polk Community College produce more new nurses. They give PCC money for scholarships and faculty.

Limited slots in nursing programs and the need for nursing faculty are a significant factor in the shortage, Watson said.

She, Fansler and other LRMC nurses take part in state and national efforts to increase the supply of nurses available.

A 1-in-10 vacancy rate doesn't mean 10 percent of jobs go undone. When there

aren't enough nurses to hire, LRMC and other hospitals use contract workers.

In November, the most recent month for which statistics are available, 7.4 percent of the RNs at Lakeland Regional were temporary agency or contract nurses.

The hospital's goal is to lower that number to 2 percent, although Watson said she would like the hospital to be able to eliminate their use entirely.

That would be the optimal goal, since those nurses often aren't as familiar with the hospital's patient-care procedures as ones who fill a job regularly.

Overtime pay for nurses on staff is another option. Both ways are expensive, however. An increasing number of patients, more than expected this winter, kept LRMC from reducing the percentage as much as it hoped, hospital officials said.

As a quality measure, LRMC has stopped using contract nurses on a daily basis. By hiring them for eight to 13 weeks, Watson said, LRMC has time to give them a full orientation.

And LRMC has "float pools" -- nurses employed by the hospital -- that function like an internal agency. Those nurses are scheduled to cover a shift or to cover one of four units as needed.

Staffing isn't a major problem for LRMC nurses, UCFW's Dease said.

"We get complaints, but it's usually things that are easily resolved," said Dease, a registered nurse who works weekends at LRMC. "We don't get an awful lot of complaints about that."

That's different than in 1996-1997. Back when the union was organizing nurses, UCFW supporters said nurses didn't have enough input. There were disagreements about reorganization, job duties and pay.

The union-LRMC relationship is more cordial now.

"Nurses aren't afraid to voice their concerns," Dease said.

In response to The Ledger's request for their opinions, 104 LRMC nurses responded to a survey done this spring.

More than seven in 10 said staffing is usually or always sufficient. Twenty-six percent said staffing levels were sometimes or rarely enough to let them give patients necessary care.

Written comments on staffing varied in responses to the survey sent nurses.

"The hospital demands the highest level of nursing care and patient satisfaction . . . (but) the administration does not provide adequate staff to do this," wrote a 4-to-10-year nurse who said staffing (on his or her shift) was rarely or never adequate.

Others, however, said LRMC isn't at fault for staffing problems.

"Nurses everywhere are understaffed," wrote one with similar years of experience at LRMC. "It is no worse here than anywhere else."

Asked about pay, about seven in 10 thought salaries were competitive with hospitals of similar size.

A beginning registered nurse at LRMC is paid a base rate of \$20.86 an hour, according to the hospital. That would equate to \$43,389 a year for a basic 40-hour work week.

A nurse with 10 years experience is paid a base rate of \$25.03 an hour, or \$52,062

a year.

SCHEDULING NURSES

Winter is the busiest season at LRMC, but the difference between winter and spring or summer isn't as great as it used to be.

On April 21, at 8 a.m., a time of year that once would have been seen as edging into a slow summer, LRMC had 633 hospitalized patients. There were 188 registered and licensed practical nurses treating them.

That doesn't include the emergency department, outpatient units and nurses who don't give direct patient care.

Charge nurses, a step between staff nurses and unit managers, determine staffing by considering a host of factors. Those include a target patient-nurse ratio, which varies from unit to unit; number and type of patients; skills of individual nurses; and what support, such as a patient assistant, is available.

The results determine whether nurses feel their work load is equitable.

The diverse schedules that nurses work create more scheduling challenges. But varied schedules are a necessary inducement, almost a requirement.

"They want you so much they'll pretty much work with you," said Gwen Rogerson, a diabetes nurse.

Some nurses want day schedules. Some like 12-hour shifts. Others want a maximum of eight.

The hardest shift to fill is 3 to 11 p.m., which is the most disruptive for families with children.

LRMC has a policy that no one should be scheduled to work more than 16 hours in a 24-hour period.

Some nurses "who are not making errors" have been allowed to work 16 hours on a shift if they want to, Watson said, but that happens "very infrequently."

The Institute of Medicine suggests nurses who give direct patient care not work longer than 12 hours in a 24-hour period.

Watson, familiar with the IOM report, said LRMC keeps a close eye on hours worked.

"We monitor the relationship between clinical outcomes and hours worked," she said. "At this point we have not found a safety concern with our shift options. We will continue to monitor this."

GIVING NURSES A VOICE

Making independent judgments and using decision-making skills is important to nurses. So is being able to give input on policies affecting their jobs.

Involvement in decision making is an element of nursing excellence, according to the American Nurses Association.

"Lakeland is good about involving nurses," said Mary Lou Brunell, executive director of the Florida Center for Nursing.

"They have a reputation of being out front with promoting concepts that are known to be positive in a good working environment."

LRMC brings them into decision making through a "nursing governance" program. In that system, standing committees and specific task forces discuss and make recommendations.

The panels make their recommendations to Watson, who said she rarely turns down what those panels recommend.

Nurses can apply as committee slots open up. Those who aren't on committees know who is and can make suggestions to them, nursing development's Hunt said.

"This isn't a one-way street," she said. "You need to bring information to the committees and take some back."

Committees have varying responsibilities. The procedures standards committee, for example, looks at clinical policies such as use of IVs and catheters.

Separate committees examine plans for patient care, study the nursing knowledge needed in each department and find out what education employees want.

Career paths, conflict resolution and time management are areas the staff wanted to learn more about, Hunt said.

A fifth committee works on recruitment, retention and recognition. The heads of each of those five committees are on a nurse practice committee.

"Governance helps our nurses grow," said Mary Geary, the registered nurse in charge of LRMC's patient-safety program.

"Nurses love this because staff nurses are involved in every step of planning," UFCW's Dease said.

"It's an avenue to get our beliefs out . . . get our voice heard."

Through the committees come protocols and guidelines that make nurses more independent.

"I like the way the hospital works as far as what nurses are responsible for and how they get to use their skills," said Ray Anderson, respiratory therapist and recent PCC nursing graduate. "There are a lot of protocols in place here that allow nurses to be nurses."

For example, one protocol lets nurses replace an ICU patient's electrolytes if they vary from expected values, he said, adding: "They don't have to call a doctor at 2 in the morning and say, 'This patient's potassium is low.' "

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