

Registered Nurse Vacancies in Federally Funded Health Centers

Background

Federally funded health centers (HCs) are the backbone of the nation's formal safety net, with over 5,000 health care delivery sites. The Federal government is expanding the capacity of HCs to provide care to rural and urban underserved populations.

Methods

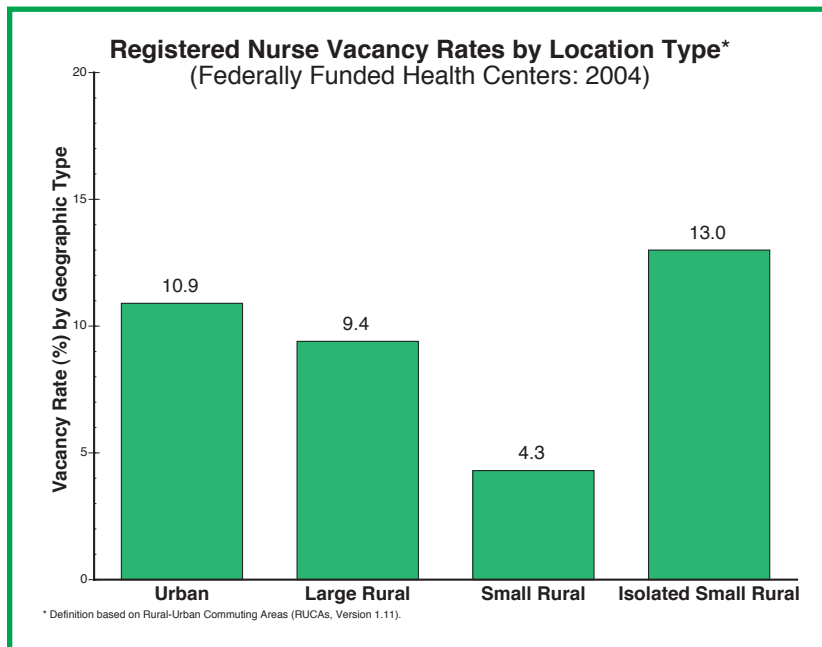
During 2004, all of the nation's HCs were surveyed regarding their workforce circumstances and issues. The questionnaire included questions on the supply of specific types of health care providers, provider vacancy rates, reasons for difficulty recruiting providers, and providers currently working off Federal and State service obligations. The response rate was 79% of the 846 HC grantees that met the survey inclusion criteria (98% of the rural HCs responded). Response data were linked to the Bureau of Primary Health Care's (BPHC's) Uniform Data Set on the HCs and other community data. Weights were created to make the findings nationally representative. Full-time equivalent (FTE) vacancies are defined as positions for which there are current and active recruitment activities.

Selected Survey Findings Regarding Registered Nurses

The HCs had 3,429 RN FTEs practicing in them. For comparison, there were 6,561 physician, 1,125 dentist, 2,103 nurse practitioner (NP), 1,095 physician assistant (PA), 439 pharmacist, and 383 certified nurse midwife FTEs.

Key findings include the following:

- The overall RN vacancy rate was 10.4%. The comparable overall national hospital vacancy rate for RNs is approximately 12%. Comparable HC vacancy rates from the survey were 13.3% for family physicians, 18.3% for dentists, 9.2% for NPs, and 7.3% for PAs.
- There were 379 vacancies for which RNs were currently being recruited (the comparable figures for family physicians 426, dentists 310, NPs 195, and PAs 80).
- RN vacancy rates varied by degree of rurality (see graph). Urban and isolated small rural area rates were highest, with those in small rural towns lowest. By contrast, findings for physicians were lowest in urban areas and highest in small and isolated small rural areas.



- RN vacancy rates varied dramatically across the nation's states (e.g., Alaska 27%, Arizona 24%, and Florida 6%—overall mean of 10%).
- While 23.9% of the urban HC administrators reported that RNs were the most difficult provider type to recruit, only 9.8% of large rural, 4.8% of small rural, and 8.2% of isolated small rural administrators reported this.

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- Fewer than 3% of RNs practicing in HCs were currently fulfilling nurse education loan service obligations. By comparison, the figure for physicians was 30% and for dentists 26%.
- HC administrators with RN vacancies indicated that the most important reasons for their difficulty in recruiting RNs were, in order of importance: inadequate compensation, too heavy a workload, and poor opportunities within the area for spousal employment.

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For questions about this study and results, contact Gary Hart, PhD, at the WWAMI Rural Health Research Center.

Policy Implications: HCs face many challenges in providing care for the nation's underserved populations as their role is being expanded. It is clear that the HCs employ significant numbers of RNs and that there are significant numbers of vacancies, especially within urban and isolated small rural areas. RNs are in as much of a short supply in HCs as in the rest of the nation, and those shortages differ greatly from state to state. Nationally, RN vacancy rates are expected to increase. As the HCs expand their capacity, the need for a well-trained supply of RNs and other health care providers will increase. It is necessary that actions be taken to assure their adequate supply of RNs at salaries that the HCs can afford. While there is a wide array of policy options available that need to vary by region and state, action is necessary to facilitate the current and expanded role of the HCs to fulfill their mission to provide health care to the nation's underserved.



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