

**REPORT OF THE
DEPARTMENT OF PERSONNEL
AND TRAINING ON**

**The Compensation of
Nursing Professionals
Employed by the
Commonwealth**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 17

**COMMONWEALTH OF VIRGINIA
RICHMOND
1990**



COMMONWEALTH of VIRGINIA
Department of Personnel and Training

December 27, 1989

TO: The Honorable Gerald L. Baliles
 Governor of Virginia

 and

 The General Assembly of Virginia

The 1989 General Assembly, by Senate Joint Resolution 140, requested the Department of Personnel and Training to study the revision and upgrading of salary schedules for all nurses employed by the Commonwealth.

Enclosed for your review and consideration is the report that has been prepared in response to this resolution.

Respectfully submitted,

Karen Washabau

Karen F. Washabau, Acting Director
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I. EXECUTIVE SUMMARY

During the 1989 session of the General Assembly, Senate Joint Resolution 140 was approved requesting that the Department of Personnel and Training study certain issues relating to the compensation of nurses employed by the Commonwealth. The study is to include:

- o A study of the revision and upgrading of salary schedules for all nurses employed by the Commonwealth in the Departments of Health; Corrections; Mental Health, Mental Retardation, and Substance Abuse Services; Correctional Education; the Medical College of Virginia; and the University of Virginia Medical Center,
- o The establishment of a mechanism for incremental salary increases commensurate with qualifications and years of service, and
- o The provision of parity among nurses employed by state agencies, taking into consideration the complexities of job responsibilities, education, and experiential requirements and qualifications of the staff, and the risks, hazards, and liability associated with the position.

DPT met with each agency which utilizes nursing classes to identify the nursing classes they use and to determine what salary problems they were having with the classes. The agencies included the Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Department of Health, and the Department of Corrections. Although the nursing classes at UVA and MCV are being exempted from the Virginia Personnel Act, DPT also identified problems that MCV and UVA are experiencing with their nursing classes.

The following classes were identified for inclusion in the study:

CLASS	GRADE
Registered Nurse	9
Registered Nurse Clinician A	10
Registered Nurse Clinician B	11
Registered Nurse Coordinator	12
Registered Nurse Manager A	14
Registered Nurse Manager B	15
Registered Clinical Nurse Specialist	14
Anesthetist	16
Anesthetist Head	17

<u>CLASS</u>	<u>GRADE</u>
Certified Nurse Practitioner A	12
Certified Nurse Practitioner B	13
Public Health Nurse	10
Public Health Nurse Supervisor	11
Public Health Nurse Manager A	12
Public Health Nurse Manager B	13
Public Health Nurse Consultant	13
Public Health Nurse Regional Manager	15
Public Health Nurse Director	16
Practical Nurse A	5
Practical Nurse B	6
Psychiatric Practical Nurse	7
Corrections Nurse Technician	7

The study included an analysis of internal alignment, as well as a review of external salary data. Internal alignment was studied to determine the appropriate alignment of the nursing classes in order to ensure parity among the nursing classes.

Also included was a review of the salary history of each class; a review of the literature relating to the compensation of nursing professionals; an analysis of turnover and starting pay data to identify recruitment and retention problems associated with each of the classes; and a review of external salary data and pay practices. Survey data was obtained from the following sources:

- o DPT salary survey of regional states.
- o The 1989/90 Hospital and Health Care Report, which is published by Executive Compensation Services, a nationwide survey involving over 400 medical care facilities.
- o The Spring, 1989 Compensation Practices Survey Results of Health Care Institutions, published by the University of Virginia, which surveyed over 50 health care institutions, located primarily in the southeastern United States. Most of the survey participants were teaching hospitals.
- o The 1988 Virginia Hospital Association Nursing Survey, published by the Virginia Hospital Association, which surveyed over seventy Virginia hospitals to identify issues relating to the utilization of nursing personnel, staffing/care delivery, salary and benefits, and recruitment strategies.

In considering external salary data, the midpoint is typically used as the point of comparison. Using the midpoint as a point of comparison provides a single reference figure for comparison and helps standardize the variable range spreads among survey participants.

On the following pages, summary data is presented for each nursing series which was studied. Included is a summary of turnover, starting pay, and external salary data. Study recommendations follow the summary data.

NURSING SURVEY RESULTS

	TURNOVER	STARTING PAY	EXTERNAL SALARY DATA *					
			MINIMUM	MIDPOINT	MAXIMUM			
Registered Nurse. (Page 6)	32% - 1 1/2 times the national average of 20%	90% of the new hires are started above the first step	DPT Survey Average	21.7	27.1	32.4		
			Va. Range	20.5	24.25	28		
			Va. Deviation	-5.9%	-11.6%	-15.8%		
			ECS 1989/90 Hospital and Health Care Report All Hospitals, Southeast, 500 Beds and Over					
			ECS Average Range	22.7	27.6	32.5		
			Va. Range	20.5	24.25	28		
			Va. Deviation	-10.7%	-13.8%	-16.1%		
			ECS 1989/90 Hospital and Health Care Report All Hospitals, United States, 500 Beds and Over					
			ECS Average Range	24	29.1	34.1		
			Va. Range	20.5	24.25	28		
			Va. Deviation	-17.1%	-20.0%	-21.8%		
			Spring, 1989 UVA Hospital Salary Survey					
			UVA Average Range	23.6	29.2	34.8		
Va. Range	20.5	24.25	28					
Va. Deviation	-15.1%	-20.4%	-24.3%					
Statewide Averages **	11%	46% of the new hires are started above the first step						

* Salaries are expressed in thousands of dollars.

** Statewide averages reflect turnover and starting pay statistics for the entire population of classified state employees.

	TURNOVER	STARTING PAY	EXTERNAL SALARY DATA *			
			MINIMUM	MIDPOINT	MAXIMUM	
Nurse Anesthetist (Page 22)	24%	100% of the new hires are started above the first step	DPT Survey Average	40.1	52.1	64
			Va. Range	38.2	45.2	52.2
			Va. Deviation	-5.1%	-15.2%	-22.5%
			ECS 1989/90 Hospital and Health Care Report All Hospitals, Southeast, 500 Beds and Over			
			ECS Average Range	42.8	51.45	60.1
			Va. Range	38.2	45.2	52.2
			Va. Deviation	-12.0%	-13.8%	-15.1%
			ECS 1989/90 Hospital and Health Care Report All Hospitals, United States, 500 Beds and Over			
			ECS Average Range	39.7	48.4	57.1
			Va. Range	38.2	45.2	52.2
			Va. Deviation	-3.9%	-7.1%	-9.4%
			Spring, 1989 UVA Hospital Salary Survey			
			UVA Average Range	38.4	45.85	53.3
Va. Range	38.2	45.2	52.2			
Va. Deviation	-0.5%	-1.4%	-2.1%			
Statewide Averages **	11%	46% of the new hires are started above the first step				

* Salaries are expressed in thousands of dollars.

** Statewide averages reflect turnover and starting pay statistics for the entire population of classified state employees.

	TURNOVER	STARTING PAY	EXTERNAL SALARY DATA *			
			MINIMUM	MIDPOINT	MAXIMUM	
Practical Nurse (Page 35)	23%	70% of the new hires are started above the first step	DPT Survey Average	15.6	19.2	22.7
			Va. Range	14.3	16.95	19.6
			Va. Deviation	-9.4%	-13.0%	-15.7%
			ECS 1989/90 Hospital and Health Care Report All Hospitals, Southeast			
			ECS Average Range	14.9	17.95	21
			Va. Range	14.3	16.95	19.6
			Va. Deviation	-4.2%	-5.9%	-7.1%
			ECS 1989/90 Hospital and Health Care Report All Hospitals, United States			
			ECS Average Range	16	19.1	22.1
			Va. Range	14.3	16.95	19.6
			Va. Deviation	-11.9%	-12.7%	-12.8%
			Spring, 1989 UVA Hospital Salary Survey			
			UVA Average Range	15.2	18.4	21.6
			Va. Range	14.3	16.95	19.6
			Va. Deviation	-6.3%	-8.6%	-10.2%
Statewide Averages **	11%	46% of the new hires are started above the first step				

* Salaries are expressed in thousands of dollars.

** Statewide averages reflect turnover and starting pay statistics for the entire population of classified state employees.

	TURNOVER	STARTING PAY	EXTERNAL SALARY DATA *			
			MINIMUM	MIDPOINT	MAXIMUM	
Public Health Nurse (Page 26)	11%	51% of the new hires are started above the first step	DPT Survey Average Va. Range Va. Deviation	20.7 22.4 7.7%	26.2 26.5 1.1%	31.7 30.6 -3.7%
Certified Nurse Practitioner (Page 17)	13%	75% of the new hires are started above the first step	DPT Survey Average Va. Range Va. Deviation	24.4 26.7 8.6%	31.5 31.6 0.3%	38.6 36.5 -5.7%
			Spring, 1989 UVA Hospital Salary Survey			
			UVA Average Range Va. Range Va. Deviation	28.1 26.7 -5.2%	34.6 31.6 -9.5%	41.1 36.5 -12.6%
Statewide Averages **	11%	46% of the new hires are started above the first step				

* Salaries are expressed in thousands of dollars.

** Statewide averages reflect turnover and starting pay statistics for the entire population of classified state employees.

RECOMMENDATIONS

REGISTERED NURSE SERIES

Turnover - for Registered Nurse class is three times the statewide average and 1 1/2 times the national average for hospital-based nurses. Turnover problems most serious in DMH/MR/SAS, Corrections, MCV and UVA.

Starting Pay - 46% of new hires are started above step one on a statewide bases. 90% of the new hires in the Registered Nurse class are started above the first step.

External Salary Data

Salaries for hospital-based Registered Nurses are rising twice as fast as those of other health professionals. At the midpoint, Registered Nurse salaries range from 11.6% behind to 20.4 % behind, depending on the salary survey.

Recommendation: A one grade increase is recommended for classes in the Registered Nurse Series.

Estimated Costs

To all agencies except
MCV and UVA

To MCV/UVA *

To Minimum - \$80,000
+1 step - \$750,000
+2 steps - \$1,500,000

* UVA RN positions are now exempt from the Virginia Personnel Act. MCV will be exempting such positions. UVA and MCV provide differentials to their nursing classes, which vary from 7% to 12.5% to 15.5%. It is expected that a regrade would reduce differentials for the majority of their positions, with little net change in salary.

NURSE ANESTHETIST SERIES

Turnover - For the Nurse Anesthetist class, turnover is twice the statewide average.

Starting Pay - 100% of the new hires in the Nurse Anesthetist class are started above the first step.

External Salary Data

- At the midpoint, Virginia salaries range from 11.0% to 26.0% behind comparators, depending on the salary survey.

Recommendation: Data supports a 1 grade increase for the classes in the Nurse Anesthetist Series.

Estimated Costs

To UVA and MCV for series *

To Minimum - \$5,436
+1 step - \$45,730
+2 steps - \$93,547

UVA has exempted these classes from the Virginia Personnel Act. MCV will be exempting the classes.

CERTIFIED NURSE PRACTITIONER SERIES

Turnover - Turnover for classes in the Certified Nurse Practitioner classes has been at or below the statewide average for the past two years. Turnover at MCV/VCU was considerably higher than that of other agencies using nurse practitioner classes, as well as the statewide average.

Starting Pay - The majority of new hires are started above the first step of the salary range. When considered with the turnover data, most agencies utilizing nurse practitioner classes are not experiencing recruitment/retention problems.

External Salary Data

- DPT Survey Data indicates Virginia salaries are comparable to those of other states. UVA salary data indicates current Virginia nurse practitioner salaries may be low for the teaching hospitals.

Recommendation: The data indicates that Virginia nurse practitioner salaries are comparable to those of the southeastern states and that a majority of state agencies are not experiencing salary problems with nurse practitioner classes at the current salary levels. The one exception is MCV/VCU. The UVA Hospital Survey indicates that Virginia salaries are not comparable to those of other teaching hospitals. No changes in salary levels are recommended for nurse practitioner classes. However, agencies that are experiencing recruitment/retention problems with the classes, such as MCV/VCU, should continue paying a competitive differential

PUBLIC HEALTH NURSE SERIES

Turnover - Turnover for Public Health Nurse classes has been at or below the statewide average for the past three years. There are no apparent turnover problems with the classes.

Starting Pay - Starting pay statistics for some of the classes in the Public Health Nurse Series are above the statewide average, but not to a significant degree. When considered with the turnover statistics, there does not appear to be a recruitment problem with the Public Health Nurse classes.

External Salary Data

Salary data was only available from other southeastern states. Virginia Public Health Nurse salaries are comparable to those of other southeastern states. Virginia Public Health Nurse Manager salary levels are somewhat behind those of comparator states, but not to an appreciable degree. External salary data does not support increasing Public Health Nurse salaries.

Recommendation: The Department of Health is not experiencing recruitment/retention problems with Public Health Nurse classes, and the salaries of the classes appear comparable to those of other southeastern states. No changes are recommended in the salary levels of Public Health Nurse classes at this time. The salaries of Public Health Nurses will continue to be closely monitored on a regular basis and appropriate adjustments made should the situation warrant.

PRACTICAL NURSE SERIES

Turnover - Turnover for the Practical Nurse A class is twice the statewide average.

Starting Pay - 70% of the Practical Nurses A are started above the first step.

External Salary Data

- Virginia salary levels for the Licensed Practical Nurse A class range from 5.9% behind to 13.0% behind depending on the salary survey. Salary differentials are similar for the Licensed Practical Nurse B class. Virginia salaries for the Psychiatric Practical Nurse class and the Corrections Nurse Technician class are comparable to those of survey comparators. External salary data supports increases for the Licensed Practical Nurse A and B classes.

Recommendation: The Practical Nurse A class is experiencing recruitment/retention problems. External salary data supports increases for both the Practical Nurse A and B classes. A one grade increase is recommended for the Practical Nurse A and B classes.

Estimated Costs

To all agencies except
MCV and UVA

To Minimum - \$50,000
+1 step - \$500,000
+2 steps - \$1,000,000

To MCV/UVA *

To Minimum - \$40,000
+1 step - \$400,000
+2 steps - \$750,000

* UVA practical nurse positions are now exempt from the Virginia Personnel Act. MCV will be exempting such positions.

NURSING PAY PRACTICES

Included in Senate Joint Resolution 140 was a request to establish a mechanism for incremental salary increases commensurate with qualifications and years of service. To determine how such mechanisms are implemented in other states, the Department of Personnel and Training surveyed the southeastern states.

None of the responding states paid a wage differential to Registered Nurses, based on credentials. One of the seven states paid a differential of 5% of base pay to Public Health Nurses who hold a Baccalaureate Degree. None of the states paid a differential to Public Health Nurses who hold a Masters Degree or a specialty certification.

Three of the seven states paid longevity pay to Registered Nurses and Public Health Nurses, but the longevity pay was not limited to the nurses. In the three states, all state employees received the same longevity pay as nurses. Nurse classes were not singled out for longevity pay.

The pay practices of hospitals in Virginia were also considered. In their 1988 Nursing Survey, the Virginia Hospital Association surveyed Virginia hospitals to determine their pay practices with regards to differentials for educational preparation and specialty certification. Payment of a differential for educational preparation and specialty certification was reported by few hospitals.

In 1988, the Department of Personnel and Training approved a one year pilot program at the University of Virginia to provide continued education incentive for Registered Nurses. A one step increase for Registered Nurses who completed a Bachelor's, Masters, or PhD program was made available. UVA had few people who qualified for the program because most of the individuals who received degrees were at the top of the scale.

DPT recommends not establishing a mechanism for nursing salary increases commensurate with qualifications and years of service. It is presently not standard practice in other states or in the hospitals of the Commonwealth to pay a differential for qualifications and years of service.

In addition, such differentials are not in keeping with the concept of "equal pay for equal work", where the emphasis is on the type and level of work performed, rather than the educational qualifications of the individuals performing the work.

Should the General Assembly wish to establish such a differential, it is suggested that a mechanism similar to that used by the teaching profession be considered. In the teaching profession, the standard practice is to pay a teacher a \$1,000 differential per year when he/she obtains a Masters Degree. The differential is not a part of base salary, but rather is in addition to base salary.

The educational data on nurses is not available to determine the cost of implementing such a differential. However, this information could be developed if needed for additional consideration of this alternative.

II. BACKGROUND

During the 1989 session of the General Assembly, Senate Joint Resolution 140 was approved requesting that the Department of Personnel and Training study certain issues relating to the compensation of nurses employed by the Commonwealth. The study is to include:

- o A study of the revision and upgrading of salary schedules for all nurses employed by the Commonwealth in the Departments of Health; Corrections; Mental Health, Mental Retardation, and Substance Abuse Services; Correctional Education; the Medical College of Virginia; and the University of Virginia Medical Center,
- o The establishment of a mechanism for incremental salary increases commensurate with qualifications and years of service, and
- o The provision of parity among nurses employed by state agencies, taking into consideration the complexities of job responsibilities, education, and experiential requirements and qualifications of the staff, and the risks, hazards, and liability associated with the position.

METHODOLOGY

In preparation for this study, discussions were held with each agency utilizing nursing classes to determine which classes should be included in the study and to identify the salary problems each agency was having with these classes. The following classes were identified for inclusion in the study:

<u>CLASS</u>	<u>GRADE</u>
Registered Nurse	9
Registered Nurse Clinician A	10
Registered Nurse Clinician B	11
Registered Nurse Coordinator	12
Registered Nurse Manager A	14
Registered Nurse Manager B	15
Registered Clinical Nurse Specialist	14
Anesthetist	16
Anesthetist Head	17
Certified Nurse Practitioner A	12
Certified Nurse Practitioner B	13

<u>CLASS</u>	<u>GRADE</u>
Public Health Nurse	10
Public Health Nurse Supervisor	11
Public Health Nurse Manager A	12
Public Health Nurse Manager B	13
Public Health Nurse Consultant	13
Public Health Nurse Regional Manager	15
Public Health Nurse Director	16
Practical Nurse A	5
Practical Nurse B	6
Psychiatric Practical Nurse	7
Corrections Nurse Technician	7

In assessing compensation issues, compensation professionals utilize a set of general principles, guidelines, and processes that are consistent and widely accepted among its practitioners. Salary surveys are conducted in the marketplace matching jobs of similar duties, responsibilities, skills, and abilities. Analysis of the data provides a position relative to the market and an informed decision can be made on the need for the adjustment in salary.

Turnover rates and ease of recruitment are considered to determine the level of competitiveness with similar jobs in the marketplace. Alignment with other classes and the availability of funds are also major factors in determining whether classes of positions are appropriately compensated. Before a decision is made as to whether to adjust salaries, turnover and starting pay data, internal alignment, and external salary data are analyzed to determine whether there is sufficient support to adjust the salary.

External Salary Data

In conducting the nursing study, salary data was obtained for a number of benchmark nursing classes in each nursing series. Because of staffing and other considerations, personnel professionals are reluctant to participate in salary surveys that are complex or ask for too much detailed information. Rather than surveying for all classes in a series, the common practice is to survey for selected benchmark classes, which represent the range of responsibilities in each series.

The salary survey included a survey of pay practices. This part of the survey focused on how survey participants compensate nursing professionals for credentials and for years of service.

Normally the states in the southeastern region of the United States are considered as representing the relevant labor market for the Commonwealth. The eight primary states are Maryland, West Virginia, Tennessee, Kentucky, North Carolina, South Carolina, Georgia, and Florida. These states have been found to provide a good source of salary and benefits information and are considered in most compensation studies. Information on salaries and pay practices for nursing classes was obtained from each of the states.

Recognizing that the agencies of the Commonwealth are competing for nurses with hospitals from within and outside of the state, salary and pay practices data was also obtained from a number of state and national surveys of hospital salary and pay practices.

- o The 1989/90 Hospital and Health Care Report, published by Executive Compensation Services (ECS), is a nationwide survey involving over 400 medical care facilities.
- o The Spring, 1989 Compensation Practices Survey Results of Health Care Institutions, published by the University of Virginia, surveyed over 50 health care institutions, located primarily in the southeastern United States. Most of the survey participants were teaching hospitals.
- o The 1988 Virginia Hospital Association Nursing Survey, published by the Virginia Hospital Association, surveyed over seventy Virginia hospitals to identify issues relating to the utilization of nursing personnel, staffing/care delivery, salary and benefits, and recruitment strategies.

In the survey of southeastern states, the minimum, midpoint, and maximum values of the salary range are presented for each comparator state. The salaries are averaged and a Virginia differential is calculated to indicate the percentage that the Virginia salary range deviates from the average. Average salary ranges are presented for the ECS and UVA salary surveys and a Virginia differential is calculated for each class. All salaries are expressed in thousands of dollars.

In considering external salary data, the midpoint is most often used as the point of comparison. The midpoint is a salary half-way between the minimum and maximum salary for a given range. Salary ranges among survey participants vary to a large degree. Theoretically, in any salary plan, the midpoint for a given class represents the salary of a fully qualified employee. Using the midpoint as the point of comparison provides a single reference figure for comparison

and helps standardize the variable range spreads among survey participants.

Turnover

Turnover is a major factor in evaluating compensation issues. While some degree of turnover may be healthy for an organization, excessive turnover may be an indicator of a possible problem with pay or pay practices. Since turnover related to pay issues is the main concern during compensation studies, turnover for reasons such as retirement, death, spousal transfer, standards of conduct, ill health, home responsibilities, return to school, and other non-pay reasons are generally discounted as not germane to the turnover issue.

Normally, turnover for reasons of resigning for a better job or dissatisfaction are pay related. Promotions or transfers between state agencies are not considered in turnover analysis because such movements are normally career-related and not pay-related.

Turnover data for each class in the survey is compared with turnover statistics for the entire population of classified state employees. Using statewide turnover statistics as the norm, such comparisons provide an indication of the degree of turnover problems being experienced by the class.

Starting Pay/Recruitment

Recruitment and starting pay are viewed in conjunction with turnover data. The Commonwealth's starting pay policy permits an agency to hire employees up to the eighth step of the salary range, depending upon qualifications, experience, and previous salary. Consistent hiring up in the range, therefore, may indicate that an agency is attracting fully-qualified applicants for the job. This is not considered a pay problem. Consistent hiring up in the range, particularly when turnover is high, may also indicate that an agency is unable to attract applicants at the first step of the pay range, suggesting that the entry-level salary may be too low.

Starting pay data for each class in the survey is also compared with statewide starting pay averages to provide an indication of the degree of recruitment problems being experienced by the class.

Internal/External Alignment

Alignment is a major consideration in most compensation studies. The Commonwealth pay and classification structure is based on equal pay for equal work. Therefore, relationships are established between comparable jobs and classes across agencies and within agencies. To allow one agency to pay more for the same kind of work would cause morale problems and could result in unfair competition for employees among agencies.

There must be clear and significant differences in duties and responsibilities between jobs to justify a pay grade difference. It is recognized that small differences affecting classification factors between classes will exist. However, with a 9.3% salary difference between grades, these differences may not be sufficient to warrant adjustment.

Organization of the Report

The report is organized by nursing series. Study findings for each nursing series are discussed separately. Included in the discussion of each series is an evaluation of alignment/equity issues among nursing classes. The last part of the report explores the pay practices of survey participants as they relate to the compensation of nursing professionals for credentials and years of service.

III. REGISTERED NURSE SERIES

BACKGROUND

Positions in the Registered Nurse Series are employed by a number of state agencies, but primarily by the Medical College of Virginia, the University of Virginia Medical Center, the Department of Corrections, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services. The following classes are assigned to the Registered Nurse Series:

- Registered Nurse
- Registered Nurse Clinician A
- Registered Nurse Clinician B
- Registered Nurse Coordinator
- Registered Nurse Manager A
- Registered Nurse Manager B
- Registered Clinical Nurse Specialist

Positions in the Registered Nurse class provide direct patient care in general or psychiatric hospitals, clinics, training centers for the mentally retarded or developmentally disabled, rehabilitation facilities, or correctional institutions. The Registered Nurse Clinician A class typically provides specialized nursing care to a specific patient group or serves in an administrative capacity as a charge nurse, while the Registered Nurse Clinician B class provides a higher level of specialized nursing care to patients in one or more units or serves as a shift supervisor.

Positions in the Registered Nurse Manager A class typically direct nursing services in one or more hospital departments or may serve as Nursing Services Director in a small facility. The Registered Nurse Manager B class serves as the principle assistant to the Director of Nursing Services in a large teaching hospital or as the Nursing Services Director in a large non-teaching hospital or facility. The Registered Clinical Nurse Specialist class performs highly skilled nursing care in a specialty area and advises on clinical nursing in a major service of a large teaching hospital or other major facility.

Since the establishment of the graded pay plan in 1980, there have been a number of adjustments, based on the results of salary surveys, to the salary ranges of classes in the Registered Nurse Series in order to allow the classes to remain competitive with the marketplace. In 1980, the salary ranges of all nursing classes in the series were increased. In 1981, the salary ranges of the Registered Nurse Manager A and B were increased one grade level. In 1982, the salary range for the Registered Clinical Nurse Specialist was

increased one grade level. Again in 1987, the salary ranges of all classes in the Registered Nurse Series were increased one grade level.

In addition to adjustments to the salary ranges, the Commonwealth has utilized other methods to maintain the competitiveness of nursing salaries. Where specific agencies experience problems in attracting and retaining nurses, competitive differentials have been applied to the salaries. At the Medical College of Virginia and the University of Virginia Hospital, for example, nurses working in inpatient, tertiary care receive a 12.5% differential, while nurses working in ambulatory, research, and administrative areas receive an 8.5% differential. Nurses in the teaching hospitals, and in some mental health facilities, receive overtime pay and shift differentials, and in certain situations on-call pay. Because of the difficulty in attracting nurses to work weekend duty, the University of Virginia Hospital and Central State Hospital have implemented a modified Baylor Plan, where nurses can work three twelve-hour shifts from Friday to Monday and be paid for a forty hour work week.

STUDY FINDINGS

Turnover

CLASS	Turnover (%)		
	86-87	87-88	88-89
Registered Nurse	39.24	38.28	32.08
Registered Nurse Clinician A	21.81	18.97	18.82
Registered Nurse Clinician B	12.28	12.75	14.79
Registered Nurse Coordinator	9.35	9.72	7.04
Registered Nurse Manager A	5.88	-0-	54.83
Registered Nurse Manager B	-0-	-0-	-0-
Reg. Clin. Nurse Specialist	12.12	8.33	8.33
Statewide	11.21	10.97	11.34

Turnover for the Registered Nurse class is three to four times the statewide average, and is one and one half times the nationwide turnover rate for Registered Nurses. In The Report on the Shortage of Registered Nurses in the Health Care Community, the Executive Compensation Service (ECS) reports that as of July, 1988, the nationwide turnover rate for Registered Nurses in the hospital setting was 19.7%, while the turnover rate for the southeast region was 21.3%.⁴

Listed below are the 1988/89 turnover rates for Registered Nurses in selected agencies with five or more Registered Nurse positions.

<u>Agency</u>	<u># Positions</u>	<u>Turnover (%)</u>
William and Mary	7	14.29
MCV	446	31.61
UVA Hosp.	456	33.55
UVA	6	50.00
VPI	12	8.33
JMU	8	12.50
Eastern State Hospital	14	28.57
Southwestern State Hospital	9	33.33
Western State	9	11.11
Southwest Virginia Training Center	8	37.50
Northern Region Corr. Fld. Units	5	60.00

The data reveals that, for the most part, the largest problem with Registered Nurse turnover is in the hospital setting. Hospitals are having significant problems retaining employees in classes in the Registered Nurse Series.

Turnover data would support increasing the grade levels of classes in the Registered Nurse Series.

Starting Pay

Registered Nurse

STEPS	86-87	87-88	88-89
2-4	63%	56%	50%
5-8	19%	26%	40%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Registered Nurse Clinician A

STEPS	86-87	87-88	88-89
2-4	45%	47%	38%
5-8	40%	50%	55%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Registered Nurse Clinician B

STEPS	86-87	87-88	88-89
2-4	27%	35%	30%
5-8	68%	61%	66%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Registered Nurse Coordinator

STEPS	86-87	87-88	88-89
2-4	-0-	29%	8%
5-8	100%	65%	92%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Registered Nurse Manager A

STEPS	86-87	87-88	88-89
2-4	-0-	-0-	-0-
5-8	100%	100%	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Registered Nurse Manager B

STEPS	86-87	87-88	88-89
2-4	-0-	-0-	-0-
5-8	-0-	100%	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Registered Clinical Nurse Specialist

STEPS	86-87	87-88	88-89
2-4	100%	60%	57%
5-8	-0-	30%	29%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Starting pay data indicates that agencies are consistently having to hire Registered Nurses above the first step in the salary range. Such data suggests that the beginning steps of the salary ranges for Registered Nurse classes are low. Over 90% of the new hires in each Registered Nurse class are started above the first step of the salary range, which is well above the statewide average.

In the higher level nursing classes, agencies are having to hire the majority of the applicants above the fifth step of the salary range.

Starting pay data would support increasing the grade levels of Registered Nurse classes.

EXTERNAL SALARY DATA

Salary survey data is presented for those classes where matches were found. Matches for all surveyed classes were obtained in the survey of the southeastern states. The ECS 1989/90 Hospital and Health Care Report contained a match for the Registered Nurse class. Matches for the Register Nurse class, the Registered Nurse Clinician A class, and the Registered Nurse Coordinator class were found in the Spring, 1989, UVA Hospital Salary Survey.

CLASS: Registered Nurse

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	22.5	29.3	36.1 *
Georgia	21.1	27.3	33.5
West Virginia	NCC	NCC	NCC
Tennessee	17.9	22.25	26.6
Maryland	24.9	30.1	35.3
South Carolina	21.3	26.6	31.9
Kentucky	25.7	29.05	32.4
Florida	18.5	24.8	31.1
Average	21.7	27.1	32.4
Va. Range	20.5	24.25	28
Va. Differential	-5.9%	-11.6%	-15.8%

NCC = No Comparable Class

* Salaries are expressed in thousands of dollars.

ECS 1989/90 Hospital and Health Care Report
All Hospitals, Southeast, 500 Beds and Over

ECS Average Range	22.7	27.6	32.5
Va. Range	20.5	24.25	28
Va. Differential	-10.7%	-13.8%	-16.1%

ECS 1989/90 Hospital and Health Care Report
All Hospitals, United States, 500 Beds and Over

ECS Average Range	24.0	29.1	34.1
Va. Range	20.5	24.25	28
Va. Differential	-17.1%	-20.0%	-21.8%

Spring, 1989, UVA Hospital Salary Survey
 UVA Average Range 23.6 29.2 34.8
 Va. Range 20.5 24.25 28
 Va. Differential -15.1% -20.4% -24.3%

CLASS: Registered Nurse Clinician A

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	24.6	32.1	39.6
Georgia	NCC	NCC	NCC
West Virginia	NCC	NCC	NCC
Tennessee	19.5	24.25	29
Maryland	28.9	33.45	38
South Carolina	23.9	29.9	35.9
Kentucky	34.4	38.9	43.4
Florida	23.1	31.3	39.5
Average	25.7	31.7	37.6
Va. Range	22.4	26.5	30.6
Va. Differential	-14.9%	-19.4%	-22.8%

Spring, 1989, UVA Hospital Salary Survey
 UVA Average Range 26.3 32.5 38.7
 Va. Range 22.4 26.5 30.6
 Va. Differential -17.4% -22.6% -26.5%

XX

CLASS: Registered Nurse Coordinator

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	29.2	38.4	47.6
Georgia	27.1	35.15	43.2
West Virginia	NCC	NCC	NCC
Tennessee	22.3	27.55	32.8
Maryland	33.8	39.05	44.3
South Carolina	25.9	32.35	38.8
Kentucky	31.2	35.25	39.3
Florida	26.1	35.55	45
Average	27.9	34.8	41.6
Va. Range	26.7	31.6	36.5
Va. Differential	-4.7%	-10.0%	-13.9%

Spring, 1989, UVA Hospital Salary Survey
 UVA Average Range 31.0 37.65 44.3
 Va. Range 26.7 31.6 36.5
 Va. Differential -16.1% -19.1% -21.4%

CLASS: Registered Nurse Manager A

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	33.6	44.2	54.8
Georgia	30.7	40	49.3
West Virginia	NCC	NCC	NCC
Tennessee	25.4	31.55	37.7
Maryland	39.4	45.55	51.7
South Carolina	30.3	37.85	45.4
Kentucky	37.9	42.85	47.8
Florida	27.7	37.8	47.9
Average	32.1	40.0	47.8
Va. Range	32	37.85	43.7
Va. Differential	-0.4%	-5.6%	-9.4%

ECS reports that salaries for Registered Nurses are growing at almost twice the rate of other health care professions. From 7/1/87 to 6/30/88, Registered Nurse salaries grew 9.8% in the southeast. During this same period, the average annual increase for other health professionals in the southeast was 5.6%.⁵

Current salary survey data tends to support these findings. Salary deviations for the Registered Nurse class, at the midpoint, vary from -11.6% to -20.4%, depending on the salary survey. Salary data for the ECS 1989/90 Hospital and Health Care Report is deemed to be the most accurate representation of Registered Nurse salaries in the general hospital setting. Survey participants included non-government/not-for-profit hospitals, government hospitals, and for profit hospitals. ECS salary data is presented for the Southeastern Region, as well as the United States. At the midpoint, Registered Nurse salaries in the southeastern states lagged those reported by ECS by 2.2% and this is to be expected. State government salaries typically lag those of the private sector.

Salaries reported in the Spring, 1989, UVA Hospital Salary Survey were ahead of those reported by the southeastern states and ECS and this is also to be expected. Participants in the UVA survey were primarily large teaching hospitals which typically perform the most complex procedures and require the most qualified nursing personnel. Higher than average salaries are required to attract such personnel.

Registered Nurse salary data for southeastern state salaries indicate that, at the midpoint, the Commonwealth is more than one grade behind those of other states. The deviation increases when one considers ECS and UVA survey data. Salary deviations for the Registered Nurse Clinician A class and the Registered Nurse Coordinator class are similar

to those of the Registered Nurse class. While the salary deviation for the Registered Nurse Manager A class is somewhat less, it is still more than one step behind the salaries of other states.

The salary deviations reported in the survey data are significant for all classes included in the survey. The external salary data would support an increase for the Registered Nurse Series.

INTERNAL ALIGNMENT

Historically, the Registered Nurse Series has been compared with the Public Health Nurse Series for alignment purposes. Both series require licensure as a Registered Nurse in Virginia and positions in both series provide comparable levels of nursing care.

The primary difference between the two series is the setting where care is provided and the focus of the work. Positions in the Registered Nurse Series work primarily in a hospital setting and the focus of the work is on direct patient care.

Public health nursing primarily takes place in the community and the focus of public health nursing is on preventative health care. While Public Health Nurses may function in a clinic setting, public health nursing activities include home visits, home care, medical and community relations, and health education. Such positions organize and conduct classes in child care, prenatal and postnatal care, and food and nutrition, as well as perform the more typical nursing services.

In the past, the Public Health Nurse class has been compensated one grade higher than the Registered Nurse class. This alignment was based upon the independence of action of Public Health Nurses, working in a community setting, where direct medical supervision is often unavailable.

Generally, comparator states do not recognize the Public Health Nurse class as being compensably higher than the Registered Nurse class. Of the five states with comparable Public Health Nurse classes, two pay Public Health Nurses and Registered Nurses the same rate, two pay Public Health Nurses lower than Registered Nurses, and one pays Public Health Nurses higher than Registered Nurses.

RECOMMENDATIONS

From the data, it is clear that the Commonwealth is experiencing significant problems attracting and retaining Registered Nurses. That the Virginia turnover rate is 1 1/2 times the national average, indicates Virginia is not keeping pace with the rest of the nation in retaining Registered Nurses. Starting pay data suggests that Virginia entry level salaries are too low for classes in the Registered Nurse Series. The salary data indicates that the Commonwealth is at least one grade behind the salaries provided by comparator states and hospitals for each class surveyed. Turnover, starting pay, and external salary data support higher salaries for classes in the Registered Nurse Series. The data supports increases in Registered Nurse salaries.

The following actions are recommended to help alleviate the salary problems of the Registered Nurse Series.

- o In order to be competitive, Virginia should raise Registered Nurse salaries. It is recommended that salary levels for all classes within the Registered Nurse Series be increased one grade level.

Estimated Costs

To all agencies except
MCV and UVA

To MCV/UVA *

To Minimum - \$80,000
+1 step - \$750,000
+2 steps - \$1,500,000

* UVA RN positions are now exempt from the Virginia Personnel Act. MCV will be exempting such positions. UVA and MCV provide differentials to their nursing classes, which vary from 7% to 12.5% to 15.5%. It is expected that a regrade would reduce differentials for the majority of their positions, with little net change in salary.

- o Registered Nurse salaries should be closely monitored. Given the rate of increase in Registered Nurse salaries on the national and regional level, it is also recommended Registered Nurse salaries and pay problems be closely monitored. When problems develop with specific institutions, competitive differentials should be established to allow the institution to attract and retain Registered Nurses.
- o Each agency should evaluate the salary problems specific to the agency and develop a compensation strategy to help alleviate the problem. Base compensation is only one tool to attract and retain

nurses. While some agencies utilize shift differentials and overtime pay to attract and retain nurses, many agencies do not. Such agencies must recognize that base pay, alone, may not be sufficient to attract and retain nurses. Other forms of compensation may be necessary to reduce retention and recruitment problems. Other forms of compensation, such as flexible working hours and scholarship programs, may also be necessary.

It should also be recognized that salaries alone are not going to solve the Registered Nurse recruitment and retention problems. According to Jim Williams, worldwide director of the Hay Group's health industry consulting practice,

Nurses are the most visible retention problem in the healthcare system...But the "old" solutions - more aggressive pay and recruiting strategies - aren't solving the problem. We've found that the best solutions involve highly tailored approaches for each hospital's unique situation. These typically incorporate job redesign, innovative reward programs, career development, and employee involvement.⁶

IV. CERTIFIED NURSE PRACTITIONER SERIES

BACKGROUND

Positions in the Certified Nurse Practitioner A and B classes are employed by a number of state agencies, but primarily by the University of Virginia, the University of Virginia Hospital, Virginia Commonwealth University, the Medical College of Virginia, the Department of Health, and the Department of Corrections.

Positions in the Certified Nurse Practitioner A class (grade 12) provide primary health care and treatment to patients in health department clinics, mental health hospitals, and other facilities where physician coverage is usually readily available. Positions in this class take health histories; perform physical examinations; initiate screening and diagnostic procedures; and manage minor trauma and acute health problems.

The Certified Nurse Practitioner B class (grade 13) typically provides health care in a setting where physician availability is limited. In addition to performing the duties of a Certified Nurse Practitioner A, the Practitioner B collaborates with physicians in setting objectives and standards for nurse practitioner care and acts as a resource person, role model, and consultant for other nurse practitioners and registered nurses. In order to qualify as a Certified Nurse Practitioner A and B, the classes require licensure as a Registered Nurse in Virginia and certification by the State Board of Nursing and Medicine as a Nurse Practitioner.

Salary ranges for the Certified Nurse Practitioner classes were adjusted when Registered Nurse salaries were adjusted. The salary ranges for both classes were adjusted upward in 1980, and again in 1987.

STUDY FINDINGS

Turnover

CLASS	Turnover (%)		
	86-87	87-88	88-89
Certified Nurse Pract. A	20.58	11.66	13.23
Certified Nurse Pract. B	6.25	13.04	3.84
Statewide	11.21	10.97	11.34

Turnover for the Certified Nurse Practitioner A class has been near the statewide turnover rate for the past two

years. Turnover for the Certified Nurse Practitioner B class was well below the statewide average in FY 1988/89. The salary adjustment in 1987 appears to have had a positive impact on the turnover rate for both classes.

Listed below are the 1988/89 turnover rates, by agency, for the Certified Nurse Practitioner A class:

<u>Agency</u>	<u># Positions</u>	<u>Turnover (%)</u>
MCV	10	20.00
VCU	7	57.14
Department of Health	29	10.34

The data reveals that of the ten agencies which utilize the Certified Nurse Practitioner A class, only three experienced turnover in FY 1988/89. The Department of Health, with the largest number of Certified Nurse Practitioner A positions, had turnover which was approximately equal to the statewide average. The only agency which experienced significant turnover problems was MCV/VCU.

The turnover data does not support adjusting the salaries of the Certified Nurse Practitioner A and B classes.

Starting Pay

Certified Nurse Practitioner A

STEPS	86-87	87-88	88-89
2-4	33%	33%	6%
5-8	50%	67%	69%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Certified Nurse Practitioner B

STEPS	86-87	87-88	88-89
2-4	-0-	67%	75%
5-8	-0-	33%	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Starting pay statistics indicate that the majority of new hires are hired above the first step into both classes. This is not unusual when classes requiring advanced degrees and advanced certifications are involved. When considered with the turnover data, the starting pay data does not provide sufficient support for an adjustment in the salaries of the subject classes.

External Salary Data

CLASS: Certified Nurse Practitioner A

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	25.6	33.5	41.4 *
Georgia	27.1	35.15	43.2
West Virginia	NCC	NCC	NCC
Tennessee	21.3	26.4	31.5
Maryland	NCC	NCC	NCC
South Carolina	24.9	31.1	37.3
Kentucky	NCC	NCC	NCC
Florida	23.1	31.3	39.5
Average	24.4	31.5	38.6
Va. Range	26.7	31.6	36.5
Va. Differential	8.6%	0.3%	-5.7%

NCC = No Comparable Class

* Salaries are expressed in thousands of dollars.

Spring, 1989 UVA Hospital Salary Survey

UVA Average Range	28.1	34.6	41.1
Va. Range	26.7	31.6	36.5
Va. Differential	-5.2%	-9.5%	-12.6%

Salary data for the Certified Nurse Practitioner A class was obtained from the salary survey of the southeastern states and from the Spring, 1989 UVA Hospital Survey. The salary survey of the southeastern states indicates that, at the midpoint, Virginia salaries are .3% ahead of comparator states.

The UVA Salary Survey indicates Virginia salaries are 9.5% behind, at the midpoint. Salaries reported in the UVA Hospital Salary Survey were ahead of those reported by the southeastern states and, as with the Registered Nurse survey, this is to be expected. Participants in the UVA survey were primarily large teaching hospitals which typically perform the most complex procedures and require the most qualified nursing personnel. Higher than average salaries are required to attract such personnel.

When considered in light of turnover and starting pay data, current nurse practitioner salaries seem appropriate. The external salary data does not support an increase for Certified Nurse Practitioner salaries.

Internal Alignment

Historically, the Certified Nurse Practitioner A class has been aligned with the Physician's Assistant, Category I class (grade 12). The Physician's Assistant, Category I class functions as an assistant to a licensed physician in providing primary health care to patients in hospitals, clinics, or other health facilities. Responsibilities include taking medical histories; performing physical examinations; assisting with screening and diagnostic procedures; management of minor trauma; and instituting emergency medical treatment procedures. The class requires graduation from an approved training program for physician assistants, satisfactory completion of a qualifying exam given by the National Commission for Certification of Physicians' Assistants, and approval by the State Board of Medicine.

Comparisons reveal that both the Certified Nurse Practitioner A class and the Physician's Assistant, Category I class receive similar levels of supervision from a licensed physician. Both classes provide health care in similar settings and have similar responsibilities: taking health histories; performing physical examinations; initiating screening and diagnostic procedures; and managing minor trauma and health problems.

Both classes continue to compare favorably, with few compensable differences between the classes. Internal alignment supports the same grade level for both classes, which is currently grade 12.

Recommendations

The data supports the current grade levels for the Certified Nurse Practitioner A and B classes. Turnover is not significantly above the statewide average, but starting pay data is higher than the statewide average. The external salary data supports existing salary levels, as does internal alignment. While starting pay data is higher than the statewide average, this is not sufficient reason to increase the salary levels. No changes in salary are recommended for the classes.

The salary data from the UVA Salary Survey indicates that nurse practitioner salaries may be behind in the teaching hospital setting. Turnover data indicates that the salary problem is isolated to one or two agencies. It is recommended that, in situations where an agency is having problems attracting and retaining nurse practitioners, a competitive differential be applied to the salary level of nurse practitioners in that agency, to reduce the recruitment and retention problems.

V. NURSE ANESTHETIST SERIES

Background

Positions in the Anesthetist Series are employed by the University of Virginia Hospital and the Medical College of Virginia. The series includes the Anesthetist class and the Anesthetist, Head class.

Positions in the Anesthetist Class (grade 16) administer general and regional anesthetics to patients during surgery or other therapeutic or diagnostic procedures. The class requires licensure as a Registered Nurse and qualification as a Certified Registered Nurse Anesthetist Practitioner. The Anesthetist, Head (grade 17) supervises a group of Anesthetists and performs anesthetist duties.

Since the establishment of the graded pay plan in 1980, there have been a number of adjustments to the salary levels of classes in the Anesthetist Series. In 1981, the salary level of the Anesthetist class was raised from grade 12 to grade 13. In 1982, the salary level of both the Anesthetist class and the Anesthetist, Head class were raised one grade level. Salary levels for both classes were raised again in 1988.

As with Registered Nurse classes, the Commonwealth has utilized competitive differentials to maintain the competitiveness of Anesthetist salaries. For example, positions in the classes typically receive on-call pay, shift differentials, and overtime pay.

STUDY FINDINGS

Turnover

CLASS	Turnover (%)		
	86-87	87-88	88-89
Anesthetist	10.52	23.52	23.52
Anesthetist, Head	-0-	-0-	100.00
Statewide	11.21	10.97	11.34

Turnover for the Anesthetist class has been twice the statewide average for the past two years, despite a salary increase in 1988. Turnover for the Anesthetist, Head class was even higher, but the small number of Anesthetist, Head positions tends to skew the data. There are only two positions in the class. Turnover data clearly supports higher salaries for the classes.

Starting Pay

Starting pay statistics are presented only for those classes which had new hires above step 1 during the period under review.

Anesthetist

STEPS	86-87	87-88	88-89
2-4	-0-	75%	67%
5-8	-0-	25%	33%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

One hundred percent (100%) of the new hires for the Anesthetist class were hired above the first step. There were no new hires in the Anesthetist, Head class, because vacant positions were filled by promotion from within. When considered with turnover data, starting pay data would support a salary increase for the subject classes.

External Salary Data

CLASS: Nurse Anesthetist

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	38.5	50.8	63.1 *
Georgia	45.1	59.35	73.6
West Virginia	NCC	NCC	NCC
Tennessee	NCC	NCC	NCC
Maryland	NCC	NCC	NCC
South Carolina	36.8	46	55.2
Kentucky	NCC	NCC	NCC
Florida	NCC	NCC	NCC
Average	40.1	52.1	64.0
Va. Range	38.2	45.2	52.2
Va. Differential	-5.1%	-15.2%	-22.5%

NCC = No Comparable Class

* Salaries are expressed in thousands of dollars.

ECS 1989/90 Hospital and Health Care Report			
All Hospitals, Southeast, 500 Beds and Over			
ECS Average Range	42.8	51.45	60.1
Va. Range	38.2	45.2	52.2
Va. Differential	-12.0%	-13.8%	-15.1%
ECS 1989/90 Hospital and Health Care Report			
All Hospitals, United States, 500 Beds and Over			
ECS Average Range	39.7	48.4	57.1
Va. Range	38.2	45.2	52.2
Va. Differential	-3.9%	-7.1%	-9.4%
Spring, 1989 UVA Hospital Salary Survey			
UVA Average Range	38.4	45.85	53.3
Va. Range	38.2	45.2	52.2
Va. Differential	-0.5%	-1.4%	-2.1%

There were only three matches for the Nurse Anesthetist class among the southeastern states. This is primarily due to the fact that, in most states, the hospitals in which Anesthetists are located are not under the state personnel system. The data reveals, that at the midpoint, Virginia salaries are 15.2% behind those of comparator states. Although there were only three matches, ECS survey data tends to validate the southeastern states data. At the midpoint, Virginia salaries are behind ECS survey data by 13.8% for the Southeastern Region. On a national basis, Virginia salaries trail ECS average salaries by 7.1% at the midpoint. The salary differences are not as significant in the UVA Hospital Salary Survey. External salary data supports increasing the salary ranges of classes in the Anesthetist Series.

Internal Alignment

The specialized nature of the Anesthetist classes, as well as the rapidly increasing salaries of the classes, makes internal alignment comparisons meaningless. The salary requirements of the profession, not internal alignment, are driving the salary levels of the Anesthetist classes.

Recommendations

Turnover, starting pay, and external salary data support increasing the salary levels of the Nurse Anesthetist classes. Pursuant to Section 4-6.01, 1989 Appropriations Act, the University of Virginia Hospital has exempted Nurse Anesthetist classes from the Virginia Personnel Act. The Medical College of Virginia is in the process of exempting the classes. As the classes are now exempt from the Virginia Personnel Act, each teaching hospital will be setting its own salary levels for the exempt classes to meet the salary

requirements of its labor market. Therefore, while salary increases are supported, the Nurse Anesthetist Study will not impact classes in the State Compensation Plan.

VI. PUBLIC HEALTH NURSE SERIES

BACKGROUND

The Virginia Department of Health is the only agency which employs Public Health Nurses. The Public Health Nurse Series contains the following classes:

- Public Health Nurse
- Public Health Nurse Supervisor
- Public Health Nurse Manager A
- Public Health Nurse Manager B
- Public Health Nurse Consultant
- Public Health Nurse Regional Manager
- Public Health Nurse Director

Positions in the Public Health Nurse class (grade 10) provide nursing services to patients in their homes, in clinics, in schools, and in community locations. Positions also promote health and well-being by teaching families how to keep well and assist in programs for the prevention of disease. The Public Health Nurse Supervisor class (grade 11) supervises or coordinates activities of nursing personnel engaged in public health nursing services.

Positions in the Public Health Nurse Manager A class (grade 12) manage public health nursing programs in a small to medium health district. Positions exercise line authority over Public Health Nurse Supervisors, and job duties are dominated by responsibility for planning, developing, and managing nursing programs and services. Positions in the Public Health Nurse Manager B class (grade 13) manage public health nursing programs in a large health district.

Positions in the Public Health Nurse Consultant class (grade 13) provide consultation in a nursing specialty program or programs on a regional or statewide basis. The positions develop and conduct nurse staff development and in-service training activities; interpret program policies; promote modern nursing practices and standards of performance; evaluate the quality and effectiveness of nursing programs; and stimulate local department nursing staff to develop better programs.

The Public Health Regional Manager class (grade 14) exercises program and technical authority over all health district nursing programs in a health region. The single position, Public Health Nursing Director class (grade 16) is responsible for defining the direction of public health nursing in Virginia, developing policies and procedures for the statewide public health nursing program, and evaluating health care delivery systems for the Department of Health.

Since the establishment of the graded pay plan, the grade levels for the classes in the Public Health Nurse Series have been adjusted one time. In July, 1988, the grade levels of public health nursing classes were adjusted upward one grade level.

STUDY FINDINGS

Turnover

CLASS	Turnover (%)		
	86-87	87-88	88-89
Public Health Nurse	9.63	10.42	11.04
Public Health Nurse Supv.	10.00	2.85	10.21
Public Health Nurse Mgr. A	5.71	8.57	2.85
Public Health Nurse Consult.	10.00	33.33	-0-
Public Health Nurse Mgr. B	11.11	-0-	-0-
Public Health Nurse Reg. Mgr.	-0-	28.57	-0-
Statewide	11.21	10.97	11.34

The Public Health Nurse Director class was recently established, therefore turnover data is not available for this class. Turnover for the other Public Health Nurse classes has been at or below the statewide average for the past three years. Turnover for the Public Health Nurse Consultant class and the Public Health Nurse Regional Manager class was high in 1987/88, but this is due, in part, to the small number of employees in each class. There is no pattern to indicate that there are turnover problems with any of the classes in the Public Health Nurse Series.

Starting Pay

Starting pay statistics are presented only for those classes which had new hires above step 1 during the period under review.

Public Health Nurse

STEPS	86-87	87-88	88-89
2-4	40%	62%	50%
5-8	2%	11%	1%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Public Health Nurse Supervisor

STEPS	86-87	87-88	88-89
2-4	50%	33%	50%
5-8	50%	33%	50%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Public Health Nurse Manager A

STEPS	86-87	87-88	88-89
2-4	-0-	-0-	100%
5-8	-0-	-0-	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Public Health Nurse Consultant

STEPS	86-87	87-88	88-89
2-4	-0-	100%	-0-
5-8	-0-	-0-	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Public Health Nurse Manager B

STEPS	86-87	87-88	88-89
2-4	-0-	-0-	-0-
5-8	-0-	100%	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

XX

Public Health Nurse Regional Manager

STEPS	86-87	87-88	88-89
2-4	-0-	100%	-0-
5-8	-0-	-0-	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Starting pay statistics for some of the classes in the Public Health Nurse Series are above the statewide average, but not to a significant degree. When considered with the turnover statistics, there does not appear to be a recruitment/retention problem with the Public Health Nurse Series.

External Salary Data

CLASS: Public Health Nurse

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	NCC	NCC	NCC
Georgia	21.1	27.3	33.5 *
West Virginia	NCC	NCC	NCC
Tennessee	17.1	21.25	25.4
Maryland	23.2	28	32.8
South Carolina	21.3	26.6	31.9
Kentucky	NCC	NCC	NCC
Florida	20.7	27.9	35.1
Average	20.7	26.2	31.7
Va. Range	22.4	26.5	30.6
Va. Differential	7.7%	1.1%	-3.7%

NCC = No Comparable Class

* Salaries are expressed in thousands of dollars.

XX

CLASS: Public Health Nurse Supervisor

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	NCC	NCC	NCC
Georgia	22	28.45	34.9
West Virginia	NCC	NCC	NCC
Tennessee	18.7	23.1	27.5
Maryland	26.9	31.1	35.3
South Carolina	23	28.75	34.5
Kentucky	NCC	NCC	NCC
Florida	21.9	29.6	37.3
Average	22.5	28.2	33.9
Va. Range	24.5	28.95	33.4
Va. Differential	8.2%	2.6%	-1.5%

CLASS: Public Health Nurse Manager A

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	NCC	NCC	NCC
Georgia	30.7	40	49.3
West Virginia	NCC	NCC	NCC
Tennessee	20.4	25.05	29.7
Maryland	33.8	39.05	44.3
South Carolina	NCC	NCC	NCC
Kentucky	NCC	NCC	NCC
Florida	24.6	33.4	42.2
Average	27.4	34.4	41.4
Va. Range	26.7	31.6	36.5
Va. Differential	-2.6%	-8.9%	-13.4%

XX

CLASS: Public Health Nurse Regional Manager

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	30.6	40.25	49.9
Georgia	NCC	NCC	NCC
West Virginia	NCC	NCC	NCC
Tennessee	24.3	29.95	35.6
Maryland	NCC	NCC	NCC
South Carolina	NCC	NCC	NCC
Kentucky	NCC	NCC	NCC
Florida	NCC	NCC	NCC
Average	27.4	35.1	42.8
Va. Range	32	37.85	43.7
Va. Differential	14.4%	7.3%	2.1%

XX

CLASS: Public Health Nursing Director

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	NCC	NCC	NCC
Georgia	NCC	NCC	NCC
West Virginia	NCC	NCC	NCC
Tennessee	27.5	34.1	40.7
Maryland	NCC	NCC	NCC
South Carolina	NCC	NCC	NCC
Kentucky	NCC	NCC	NCC
Florida	NCC	NCC	NCC
Average	27.5	34.1	40.7
Va. Range	38.2	45.2	52.2
Va. Differential	28.0%	24.6	22.0%

The provision of public health nursing services is typically the province of local and state governments and the availability of salary data for public health nursing classes is normally limited to such public entities. The ECS salary survey and the UVA salary survey did not include data on public health nursing classes. The only source of such data was from the southeastern states.

States organize their public health nursing programs in a number of ways. In North Carolina, for example, Public Health Nurses are compensated by the localities, with salary ranges varying from one locality to another. Other states do not organize their public health nursing programs, as Virginia does, where there are health districts, health regions, and the central office. Because of the different organizational structures, there are not always comparable classes in other states, particularly at the higher levels.

Good matches were obtained for the Public Health Nurse class and the Public Health Nurse Supervisor class. Even though there were few matches with some of the higher level classes, salary data for the Public Health Nurse class and the Public Health Nurse Supervisor class can be used to determine whether existing grade levels for all classes appear to be appropriate. When considered with turnover and starting pay data, an informed decision can be made concerning the appropriateness of the grade levels for all classes in the Public Health Nurse series.

Five of the eight southeastern states had matches for the Public Health Nurse class and the Public Health Nurse Supervisor class. At the midpoint, Virginia's Public Health Nurse salaries are 1.1% ahead of the salaries of comparator states. It should be noted that the Tennessee salary range for the Public Health Nurse class is significantly behind that of other states. If the Tennessee salary range is removed from the data, Virginia's Public Health Nurse salaries are 3.6% behind at the midpoint. This would place Virginia salaries less than a step behind the salaries of other states, which does not appear to be sufficient justification for increasing Virginia salaries one grade level (9%).

The data is similar for the Public Health Nurse Supervisor class. At the midpoint, Virginia's Public Health Nurse Supervisor salaries are 2.6% ahead of the salaries of comparator states. Removing Tennessee salaries places Virginia's salaries 1.8% behind the salaries of comparator states, which, again does not appear to be sufficient to support an increase for Public Health Nurse Supervisor salaries.

As stated previously, few matches were found for higher level public health nursing classes. The salary data for

most of the classes indicated Virginia salaries are ahead of the salaries of comparator states. The only class in which Virginia salaries appeared behind comparator states was the Public Health Nurse Manager class, where Virginia salaries trailed by 8.9% at the midpoint. This indicates that, in relation to their Public Health Nurse classes, other states are paying their district public health nurse managers somewhat more than Virginia is paying.

External salary data supports the current salary levels for all classes in the Public Health Nurse Series, except the Public Health Nurse Manager class.

INTERNAL ALIGNMENT

As discussed in the Registered Nurse portion of the report, the Public Health Nurse Series has been compared with the Registered Nurse Series for internal alignment purposes.

In the past, classes in the Public Health Nurse Series have been compensated one grade higher than classes in the Registered Nurse Series. This alignment was based upon the independence of action of Public Health Nurses, working in a community setting, where direct medical supervision is often unavailable. Why this relationship is changing is not entirely clear. However, one reason may be the volatile labor market for nurses, particularly those serving in a hospital setting. The shortage of nurses has driven up the salaries to the point that historical salary alignment becomes increasingly difficult to maintain.

This traditional alignment does appear to be changing. Comparator states, generally, do not recognize the Public Health Nurse class as being compensably higher than Registered Nurses. Of the five states with comparable Public Health Nurse classes, two pay Public Health Nurses and Registered Nurses the same, two pay Public Health Nurses lower, and one pays Public Health Nurses higher than Registered Nurses.

RECOMMENDATIONS

Turnover and starting pay data reveal that the Commonwealth is not experiencing retention and recruitment problems with any classes in the Public Health Nurse Series. This suggests that current salary levels may be sufficient to recruit and retain qualified Public Health Nurses. The external salary data indicates Virginia salaries are comparable to those of other states. Virginia did trail comparator states by 8.9% for the Public Health Nurse Manager class, but does not appear to be experiencing recruitment/retention problems with the Public Health Manager

A class at the current salary level.

It is becoming increasingly difficult to maintain the historical alignment between the Public Health Nurse Series and the Registered Nurse Series. According to ECS, the salaries of hospital-based Registered Nurses in the southeast are increasing at nearly twice the rate of other health professionals. The Commonwealth is able to attract and retain Public Health Nurses at the existing salary levels, yet is not able to attract and retain Registered Nurses at the existing salary levels. The issue becomes one of responding to increased competition in hospital-based, Registered Nurse classes.

Classes in the Public Health Nurse Series do not appear to be experiencing salary problems of the magnitude of Registered Nurses in hospitals. External salary data indicates that the current salary levels for Public Health Nurse classes are appropriate. Therefore, no changes in salary levels are recommended, at this time, for the Public Health Nurse Series. The salaries of Public Health Nurses will continue to be closely monitored on a regular basis and appropriate adjustments made should the situation warrant.

Overall data does not indicate a salary problem, but if recruitment and retention problems develop in selected parts of the state, a competitive differential can be applied to the salaries of Public Health Nurses in those areas to ensure that the Virginia Department of Health is able to attract and retain qualified nurses.

VII. PRACTICAL NURSE SERIES

BACKGROUND

The study of practical nurses included classes in two different series. The Practical Nurse Series includes the Practical Nurse A and B classes, as well as the Psychiatric Practical Nurse class. The Corrections Hospital Nurse Technician Series includes the Corrections Nurse Technician class.

The Practical Nurse A class (grade 5) is responsible for providing patient care in hospitals, clinics, home care settings, and rehabilitation facilities. Positions in the class assist with the care of all patients, including the critically ill, and perform routine treatments under well-established protocols and direct supervision. Duties include administering medications; monitoring patients for reactions and responses to medications; setting up tubing for and monitoring established IV's; and initiating emergency procedures, when necessary. The class requires state licensure as a Practical Nurse.

The Practical Nurse B class (grade 6) performs the same duties as the Practical Nurse A class, but has added responsibility for lead worker activities, administrative reporting requirements, and nursing specialization. In addition to typical nursing duties, positions assist with the development of nursing care plans and/or therapeutic treatment plans; maintain a record of controlled drugs and requisitions from the pharmacy; perform infection control functions; receive and prepare shift notes; and prepare case manager notes.

Psychiatric Practical Nurses (grade 7) provide direct patient care in psychiatric hospitals or training centers for the mentally retarded or developmentally disabled. The duties of the class include administering medications; providing routine medical treatment; maintaining nursing records; and observing the patient's progress and condition. The class requires state licensure as a Practical Nurse.

The Corrections Nurse Technician class (grade 7) provides general nursing care and related medical services for individuals incarcerated in a correctional institution. Responsibilities include administering medications and maintaining records; making sick call rounds; taking and recording patient data on charts; performing routine medical treatments and emergency care; and assisting physicians in examinations, treatments, and minor and routine surgical procedures. The class requires state licensure as a Practical Nurse or as a Physician Assistant - Category II.

Grade levels for classes in the Practical Nurse Series have not changed since the establishment of the graded pay plan in 1980. In July, 1989, the Corrections Hospital Nurse Technician class (grade 6) was combined with the Corrections Hospital Surgical Nurse Technician class (grade 7) into the new Corrections Nurse Technician class (grade 7).

STUDY FINDINGS

Turnover

CLASS	Turnover (%)		
	86-87	87-88	88-89
Practical Nurse A	24.11	26.03	22.97
Practical Nurse B	10.42	11.63	11.03
Psychiatric Practical Nurse	8.88	9.65	11.92
Corrections Nurse Tech.	14.72	20.14	17.69
Statewide	11.21	10.97	11.34

Turnover for the Practical Nurse A class has been twice the statewide average for the past three years. Turnover for the Practical Nurse B class and the Psychiatric Practical Nurse class has been at or below the statewide average. Turnover for the Corrections Nurse Technician class has been 1 1/2 times to 2 times the statewide average for the past three years. It is too early to determine the impact on turnover rates of combining the Corrections Hospital Nurse Technician class with the Corrections Hospital Surgical Nurse Technician class. When the classes were combined, most of the positions in the series were moved from grade 6 to grade 7.

Starting Pay

Practical Nurse A

STEPS	86-87	87-88	88-89
2-4	31%	26%	20%
5-8	22%	41%	50%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Practical Nurse B

STEPS	86-87	87-88	88-89
2-4	12%	29%	40%
5-8	2%	30%	33%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

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Psychiatric Practical Nurse

STEPS	86-87	87-88	88-89
2-4	25%	64%	69%
5-8	25%	9%	-0-

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

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Corrections Hospital Nurse Technician

STEPS	86-87	87-88	88-89
2-4	22%	28%	14%
5-8	11%	20%	20%

Statewide

STEPS	86-87	87-88	88-89
2-4	23%	26%	30%
5-8	9%	10%	16%

Starting pay data has been higher than the statewide average for all classes in the Practical Nurse Series. Seventy percent of the new hires for classes in this series in FY 88/89 have been started above the first step, while the statewide average is only 46%.

External Salary Data

CLASS: Practical Nurse A

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	16.1	20.65	25.2 *
Georgia	14.6	18.3	22
West Virginia	NCC	NCC	NCC
Tennessee	13.2	16.35	19.5
Maryland	16.1	19.35	22.6
South Carolina	15.5	19.4	23.3
Kentucky	19.1	20.5	21.9
Florida	14.9	19.55	24.2
Average	15.6	19.2	22.7
Va. Range	14.3	16.95	19.6
Va. Differential	-9.4%	-13.0%	-15.7%

NCC = No Comparable Class

* Salary data is expressed in thousands of dollars.

ECS 1989/90 Hospital and Health Care Report

All Hospitals, Southeast

ECS Average Range	14.9	17.95	21.0
Va. Range	14.3	16.95	19.6
Va. Differential	-4.2%	-5.9%	-7.1%

ECS 1989/90 Hospital and Health Care Report

All Hospitals, United States

ECS Average Range	16.0	19.1	22.1
Va. Range	14.3	16.95	19.6
Va. Differential	-11.9%	-12.7%	-12.8%

Spring, 1989 UVA Hospital Salary Survey

UVA Average Range	15.2	18.4	21.6
Va. Range	14.3	16.95	19.6
Va. Differential	-6.3%	-8.6%	-10.2%

CLASS: Practical Nurse B

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	17.5	22.5	27.5
Georgia	15.6	19.75	23.9
West Virginia	NCC	NCC	NCC
Tennessee	14.4	17.85	21.3
Maryland	18.6	21.45	24.3
South Carolina	NCC	NCC	NCC
Kentucky	21.1	22.6	24.1
Florida	15.7	20.65	25.6
Average	17.2	20.8	24.5
Va. Range	15.7	18.55	21.4
Va. Differential	-9.2%	-12.1%	-14.3%

Spring, 1989 UVA Hospital Salary Survey

UVA Average Range	16.1	19.75	23.4
Va. Range	15.7	18.55	21.4
Va. Differential	-2.5%	-6.5%	-9.3%

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CLASS: Psychiatric Practical Nurse

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	15.5	19.8	24.1
Georgia	NCC	NCC	NCC
West Virginia	NCC	NCC	NCC
Tennessee	NCC	NCC	NCC
Maryland	16.1	19.35	22.6
South Carolina	NCC	NCC	NCC
Kentucky	NCC	NCC	NCC
Florida	14.9	19.55	24.2
Average	15.5	19.6	23.6
Va. Range	17.1	20.25	23.4
Va. Differential	9.4%	3.4%	-1.0%

CLASS: Corrections Nurse Technician

STATE	MINIMUM	MIDPOINT	MAXIMUM
North Carolina	15.5	19.8	24.1
Georgia	15.6	19.75	23.9
West Virginia	NCC	NCC	NCC
Tennessee	NCC	NCC	NCC
Maryland	16.1	19.35	22.6
South Carolina	NCC	NCC	NCC
Kentucky	NCC	NCC	NCC
Florida	14.9	19.55	24.2
Average	15.5	19.6	23.7
Va. Range	17.1	20.25	23.4
Va. Differential	9.2%	3.1%	-1.3%

Salary data was obtained from multiple sources for the Practical Nurse A and B classes. Salary data for the Psychiatric Practical Nurse class and the Corrections Nurse Technician class was only available from the southeastern states, primarily because the functions they perform are specific to other states.

Salary data reveals that, at the midpoint, salaries for the Practical Nurse A and B classes range from 6% to 13% behind the average salaries of survey participants, depending on the salary survey. The salaries of the Practical Nurse A and B classes are more than one step behind survey participants. The salary data would support increases for these classes.

Salary data for the Psychiatric Practical Nurse class and the Corrections Nurse Technician class indicates that Virginia salaries are ahead those of the southeastern states by approximately 3%. Many of the southeastern states use Practical Nurses to perform these functions and external salary data for both classes compares favorably with the salary data for the Practical Nurse B class. The external salary data does not support increases for the Psychiatric Practical Nurse class and the Corrections Nurse Technician class.

Internal Alignment

Comparisons were made among the Practical Nurse classes and with other classes which provide technical assistance to health professional classes and which require a 2 year degree and licensure/certification by a professional organization.

Comparisons reveal that the Practical Nurse A, the Psychiatric Practical Nurse and the Corrections Nurse Technician classes are very similar in nature. All require

licensure as a Practical Nurse, or, in the case of the Corrections Nurse Practitioner, licensure as a Physician's Assistant -Category II. Each class performs duties typical of the Practical Nurse class, such as administering medications; monitoring patients for reactions and responses to medications; setting up tubing for and monitoring established IV's; and initiating emergency procedures, when necessary.

The primary difference between the Practical Nurse A class and the Psychiatric Practical Nurse class relates to the specialized knowledge required of the Psychiatric Practical Nurse class. To qualify as a Psychiatric Practical Nurse in a mental health or mental retardation program, the Practical Nurse must successfully complete an agency approved training program for Psychiatric Practical Nurses and apply psychiatric nursing techniques as an active participant in an interdisciplinary treatment team. The Practical Nurse A class does not require such specialized knowledge and is not involved in the treatment of the mentally ill. The Psychiatric Practical Nurse class compares more favorably to the Practical Nurse B class, which functions in a lead capacity or has more specialized nursing responsibilities. Internal alignment supports the Psychiatric Practical Nurse at a grade level higher than the Practical Nurse A.

The primary difference between the Practical Nurse A class and the Corrections Nurse Technician class relates to the wider range of activities required of the Corrections Nurse Technician. In addition to the typical medical care provided by a Practical Nurse A, the Corrections Nurse Technician conducts daily sick calls, serves as an operating room technician, and provides first aid treatment on a routine basis. The scope of activities of the Corrections Nurse Technician is broader than that of the typical Practical Nurse A. In addition, the Corrections Nurse Technician works in a more hostile environment, where the likelihood of physical abuse and assault is much greater. Internal alignment supports the Corrections Nurse Technician class at a higher grade level than the Practical Nurse A class.

Comparisons were also made with classes which provide technical assistance to health professional classes and which require a 2 year degree and licensure/certification by a professional organization. Two such classes are the Physical Therapist Assistant and the Occupational Therapist Assistant.

The Physical Therapist Assistant class (grade 6) administers skilled physical therapy treatments which include physical modalities, exercises, and therapeutic devices under the general supervision of a licensed physical therapist. Positions in the class observe, record, and report the patient's condition, reactions, and responses to treatment

and recommends to the physical therapist modifications of current treatment. The class requires licensure by the State Board of Medicine to practice as a physical therapist assistant in the State of Virginia.

The Occupational Therapist Assistant class (grade 6) administers skilled occupational therapy treatments under the general supervision of an Occupational Therapist. Responsibilities include determining patients' needs for occupational therapy services; administering structured or standardized evaluations under the guidance of an Occupational Therapist; and assisting with the development of long and short term goals to develop, improve, and or restore the performance of necessary functions. The class requires a two year degree in occupational therapy or certification by the American Occupational Therapy Association.

While the duties and responsibilities of the Occupational Therapist Assistant, the Physical Therapist Assistant, and the Practical Nurse A vary according to the profession, the level of responsibility is consistent among the three classes. The three classes require similar levels of education and training, and the incumbents of each class function as skilled technicians under the guidance of a professional within their occupational area. Internal alignment would suggest that the three classes be compensated at similar levels. Currently the Practical Nurse A is compensated one grade level below the Occupational Therapy Assistant and the Physical Therapy Assistant.

RECOMMENDATIONS

Practical Nurse A and B

Turnover for the Practical Nurse A class has been twice the statewide average for the past three years. More than 70% of the new hires in both the Practical Nurse A and B classes have been started above the first step, which indicates starting salaries are low.

Internal alignment supports aligning the Practical Nurse A class (grade 5) with the Occupational Therapist Assistant class (grade 6) and the Physical Therapist Assistant class (grade 6). Internal alignment supports aligning the Practical Nurse B class (grade 6) with the Psychiatric Practical Nurse class (grade 7) and the Corrections Nurse Technician class (grade 7). Internal alignment supports a one grade increase for both classes.

The one grade increase is also supported by external salary data which shows the Practical Nurse A and B classes to be more than a step behind comparator states and hospitals. Based on turnover and starting pay data, internal

alignment, and external salary data, increasing the grade level of the Practical Nurse A class from grade 5 to grade 6 and the Practical Nurse B class from grade 6 to grade 7 is supported.

Estimated Costs

To all agencies except
MCV and UVA

To MCV/UVA *

To Minimum - \$50,000
+1 step - \$500,000
+2 steps - \$1,000,000

To Minimum - \$40,000
+1 step - \$400,000
+2 steps - \$750,000

* UVA practical nurse positions are now exempt from the Virginia Personnel Act. MCV will be exempting such positions.

Psychiatric Practical Nurse

While a majority of the new hires in the Psychiatric Practical Nurse class are started above the first step, turnover for the class is low. The class aligns with the Practical Nurse B class (proposed grade 7). External salary data reveals that the existing grade level for the class is appropriate. No changes are recommended to the grade level of the Psychiatric Practical Nurse class.

Corrections Nurse Technician

Turnover for the class has been high in the past, but it is too early to evaluate the impact of combining the Corrections Hospital Nurse Technician class with the Corrections Hospital Surgical Nurse Technician class. It is expected that the turnover rate will be reduced. Starting pay data for the class is at or below the statewide average. External salary data indicates Virginia salaries are ahead of the market. No changes are recommended to the grade level of the Corrections Nurse Technician class.

VIII. NURSING PAY PRACTICES

Included in Senate Joint Resolution 140 was a request to establish a mechanism for incremental salary increases commensurate with qualifications and years of service. To determine how such mechanisms are implemented in other states, the Department of Personnel and Training surveyed the southeastern states. The survey requested information on the following:

- o Is a wage differential paid to Registered Nurses and Public Health Nurses who hold a Baccalaureate Degree? Master's Degree? and Specialty Certification, such as nurse practitioner, nurse midwife?
- o Is longevity pay, based on years of service, provided to Registered Nurses and Public Health Nurses?

None of the responding states paid a wage differential to Registered Nurses, based on credentials. One of the seven states paid a differential of 5% of base pay to Public Health Nurses who hold a Baccalaureate Degree. None of the states paid a differential to Public Health Nurses who hold a Master's Degree or a specialty certification.

Three of the seven states paid longevity pay to Registered Nurses and Public Health Nurses, but the longevity pay was not limited to nursing classes. In the three states, all state employees received the same longevity pay as nurses. Nursing classes were not singled out for longevity pay.

The pay practices of hospitals in Virginia were also considered. In their 1988 Nursing Survey, the Virginia Hospital Association surveyed Virginia hospitals to determine their pay practices with regards to differentials for educational preparation and specialty certification. The survey found:

Payment of a differential for educational preparation and specialty certification was reported by few hospitals. Thirteen respondents (of 71) paid a differential for a baccalaureate degree. Nine of those hospitals were located in the Roanoke and Blue Ridge areas. Eight respondents reported paying a masters degree differential, including five from the Blue Ridge area. Twelve hospitals pay a certification differential. Of that number, five are located in the Roanoke area. No hospitals in the Hampton Roads or Southwest Virginia area pay a BSN/MN education differential.

In 1988, the Department of Personnel and Training approved a one year pilot program at the University of

Virginia to provide continued education incentive for Registered Nurses. The purpose of the pilot project was to evaluate the effectiveness of such a program on the recruitment and retention of nurses. The program was in effect from February 1, 1988 to February 1, 1989. The project provided a one-step increase for Registered Nurses who complete a Bachelor's, Master's, or PhD program. Only three nurses qualified for the increase because most of the nurses who completed a degree program were at the top step of the range and, therefore, could not receive the increase.

From the preceding, it is clear that it is presently not standard practice in other states or in the hospitals of the Commonwealth to pay a differential for qualifications and years of service. Such differentials are not in keeping with the concept of "equal pay for equal work", where the emphasis is on the type and level of work performed, rather than the educational qualifications of the individuals performing the work.

Given the fact that the provision of a differential for qualifications and years of experience is not standard practice in the nursing industry, and that such differentials are not in keeping with the Commonwealth's policy of "equal pay for equal work", it is not recommended, at this time, that a mechanism be established for nursing salary increases commensurate with qualifications and years of service.

Should the General Assembly wish to establish such a differential, it is suggested that a mechanism similar to that used in the teaching profession be considered. In the teaching profession, the standard practice is to pay a teacher a \$1,000 differential per year when he or she obtains a Masters Degree. The differential is not a part of base salary, but is in addition to the base salary. In the nursing profession, the size of the differential could vary according to the degree. For example, when a diploma nurse receives a BSN Degree, a \$500 differential per year might be paid. When a nurse receives a Masters Degree, the differential might be increased to \$1,000 per year.

The educational data on nurses employed by the Commonwealth is not available to determine the cost of implementing such a differential. However, this information could be developed if needed for additional consideration of this alternative.

IX. NON-NURSING CLASSES IN THE COMMONWEALTH

The Joint Subcommittee studying the supply of and demand for nurses in the Commonwealth requested that the Department of Personnel and Training include in this report information about how nursing classes compare with non-nursing classes in the Commonwealth.

The Certified Nurse Practitioner A (grade 12) is in the same grade level as the following professional/management classes:

Programmer/Analyst
Staff Attorney
Accounting Manager A
Business Manager B
Budget Analyst Senior
Electrical Engineer
Civil Engineer
Epidemiologist

The Public Health Nurse class (grade 10) is in the same grade level as the following professional/management classes:

Programmer
Budget Analyst
Agency Management Analyst
Business Manager A
Clinical Social Worker
Chaplain
Speech Pathologist
Microbiologist
Architect A
Soil Scientist

Should the Registered Nurse Series be regraded, the Registered Nurse class will be at the same grade level as the Public Health Nurse class.

Should the Practical Nurse A class be regraded to grade 6, it will be in the same grade level as the following technician/skilled trades classes:

Computer Operator
Fiscal Technician
Occupational Therapist Assistant
Physical Therapist Assistant
Microbiologist Assistant
Carpenter
Electrician
Plumber

X. FOOTNOTES

1. Executive Compensation Service, Inc. 1989/90 Hospital and Health Care Report (Fort Lee, New Jersey [1989]), P. 100-122.

2. University of Virginia "Spring, 1989, University of Virginia Hospital Salary Survey", Charlottesville, 1989.

3. The Virginia Hospital Association, "1989 Nursing Survey" Richmond, April, 1989, P. 15.

4. Executive Compensation Service, Inc. The ECS Report on the Shortage of Registered Nurses in the Health Care Community (Fort Lee, New Jersey [1988]), P. 10.

5. Ibid., P. 17-18.

6. Jim Williams, worldwide director of the Hay Group's health industry consulting practice, quoted in, Compflash; New Developments in Compensation and Benefits, American Management Association, November, 1989, P. 3.

7. VHA, "1988 Nursing Survey", Richmond, April, 1989, P. 15.

