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Mission Statement

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SPRING 2003 PPI SURVEY



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This study would not have been possible without the support provided by the 1,075 newly licensed registered and licensed practical/vocational nurses who expended time and energy to complete lengthy surveys. The information they provided will contribute to the understanding of many current practice and professional issues. The authors also gratefully acknowledge the assistance of Lamika Obichere in coordinating the study, and the work of Matt Diehl in organizing the study's materials and entering data. Finally, the assistance of Rosemary Gahl in the preparation of this document was essential to completion of this study.

J.S., L.C.

Practice and Professional Issues Surveys are conducted twice a year by the National Council of State Boards of Nursing (NCSBN) to collect information from entry-level nurses on specific practice activities and current professional issues.

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SURVEY INSTRUMENTS

Separate surveys were constructed for RNs and LPN/VNs, with most of the survey questions identical across the two questionnaires. Information was collected regarding the work settings of newly licensed nurses, the types and ages of clients cared for, the types and lengths of their transition to practice activities, their involvement in telemedicine, training received for HIPAA regulations, the importance of various skill sets in different practice settings, and various issues related to nurse/assistive personnel relationships.

SURVEY PROCESS

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN® or NCLEX-PN® examinations. Because the nature of the questions included in this survey required the comparison of very new nurses with more experienced nurses, approximately half of each sample was drawn from successful candidates from July 1 through July 31, 2002, and the other half was drawn from candidates who passed the examinations between May 1 and June 31, 2003.

A return rate of 64% (of deliverable surveys) was achieved for the RNs and 51.2% (of deliverable surveys) for the LPN/VNs. This sample size was calculated as adequate to provide proportional estimates at +/- 2% of the true rate for the RNs and +/- 2.25% for the LPN/VNs.

DEMOGRAPHIC DATA

The majority, 91% of both RNs and LPN/VNs, of these new nurses were female. The average age was 31.1 years for RN respondents and was 32.7 years for LPN/VN respondents. The majority of these nurses reported being white (83.5% of RNs and 71.2% of LPN/VNs). There were 6.1% of RNs and 12.7% of LPN/VNs who reported being African American, 4.5% of RNs and 9.2% of LPN/VNs who reported being of Hispanic or Latino descent, and about 4.2% of both RNs and LPN/VNs who reported being of Asian descent.

EDUCATIONAL BACKGROUNDS – RN

The basic nursing education programs reported by the newly licensed RNs were: associate degree (61.1%), baccalaureate degree (33.3%), diploma (2.7%) and education outside the United States (2.4%).

PAST EXPERIENCE

About 19% of the RNs reported previously working as an LPN/VN. Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides and 60% of the RNs and 62% of

the LPN/VNs reported such past work. About 8% of the RN respondents reported that they had previously worked as an LPN/VN in their current employing facility, and 26% of the LPN/VN respondents reported previous work as a nurse aide/assistant in their current employing facility.

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TRANSITION TO PRACTICE

Most of the respondents reported receiving transition activities consisting of a preceptorship (61.9% of RNs and 65.1% of LPN/VNs), while 21.1% of the RNs and 19.1% of the LPN/VNs reported an orientation with supervised work with clients and 7.1% of RNs and 1.6% of LPN/VNs were given formal internships. Approximately 5.7% of the RNs and 8.6% of the LPN/VNs did not receive a formal orientation.

About 17% of the RNs who had worked in their current employing facility as an LPN/VN did not receive an orientation compared to 5% of those who were new to their facilities. However, no orientation was given to about 8.5% of both the LPN/VNs who were new to their facilities and those who had previously worked in their current facilities as CNAs. RNs new to facilities spent an average of about 11 weeks in orientation or preceptorship activities while those who had previously worked in the facility spent an average of 6 weeks in orientation or preceptorship. All LPN/VNs spent an average of approximately 3 weeks in orientation, whether or not they were new to the facility or former CNAs.

Overall, about 56% of the RNs reported that their employers standardized their transition activities (activities were the same or similar for all nurses hired into the same area), 36% reported their employers customized transition activities to their individual needs, 7% reported that they only knew how their own transition activities were planned and had no basis for comparison,

and about 1% said that no transition activities were offered to newly licensed nurses.

About 53% of the LPN/VN respondents reported that their facilities standardized transition activities, about 29% reported customized activities, 14% reported that they only knew how their own transition was planned, and 4% reported that no transition activities were offered to newly licensed nurses.

INVOLVEMENT IN TELEHEALTH SERVICES

Respondents were asked if they were involved in telehealth services in their current positions. (Telehealth services were defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections). About 4.5% of the RNs and 5.5% of the LPN/VNs reported providing such services.

SOURCES OF HIPAA TRAINING

About half, 46% of RNs and 50.8% of LPN/VNs, of the respondents reported learning about HIPAA regulations from their nursing education programs, while 85.4% of RNs and 78.1% of the LPN/VNs reported that their employers had provided training. About 1.2% of the RNs and 2.1% of the LPN/VNs reported that they had not received training.

PERCENTAGES OF TIME SPENT ON PAPERWORK

Respondents to the study reported spending about one third of their working hours doing various types of paperwork.

RELATIVE IMPORTANCE OF SKILL SETS

Respondents were asked to distribute 10 points among five basic sets of skills according to the relative importance of those skill sets in their current practice settings. The RN respondents overall provided the most points to critical-thinking/clinical decision-making skills (2.6 points), with medication administration skills (2.1), psychomotor skills (1.9) and therapeutic relationship skills (1.8) all receiving similar numbers of points. Management/leadership skills (1.6) received the least amount of points. Respondents working in hospitals, long-term care and community settings assigned varying numbers of points to

urinary catheters, performed oral suctioning and/or removed IV lines.

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The National Council of State Boards of Nursing (NCSBN) is responsible to its members, the boards of nursing in the United States and its five territories, for the collection of data beneficial to their mission of public protection through safe nursing practice. Many studies are performed to inform the multiple objectives of nursing regulation. The periodic performance of practice analysis (job analysis) studies assists NCSBN in evaluating the validity of the NCLEX-RN® and NCLEX-PN®

organizational guidelines for research studies involving human subjects.

The samples of newly licensed RNs and LPN/VNs selected for this study were proportionally comparable to the populations from which the samples were drawn in terms of area of the country, subject ethnicity, subject gender and type of educational program.

Data collection instruments were disseminated to 1,000 RNs and 1,000 LPN/VNs selected at random from all

individuals who passed the NCLEX-RN and NCLEX-PN examinations, with half of each sample drawn from candidates successful July 1 through July 31, 2002, and the other half drawn from May 1 to June 31, 2003. A 64% return rate was obtained for RNs and a 51.2% return rate was obtained for LPN/VNs. Study participants included 592 newly licensed RNs and 483 newly licensed LPN/VNs.

Demographic information, including racial and ethnic backgrounds, gender, educational preparation and previous experience of the respondents are presented next, followed by descriptions of their work environments, including settings, shifts and overtime worked.

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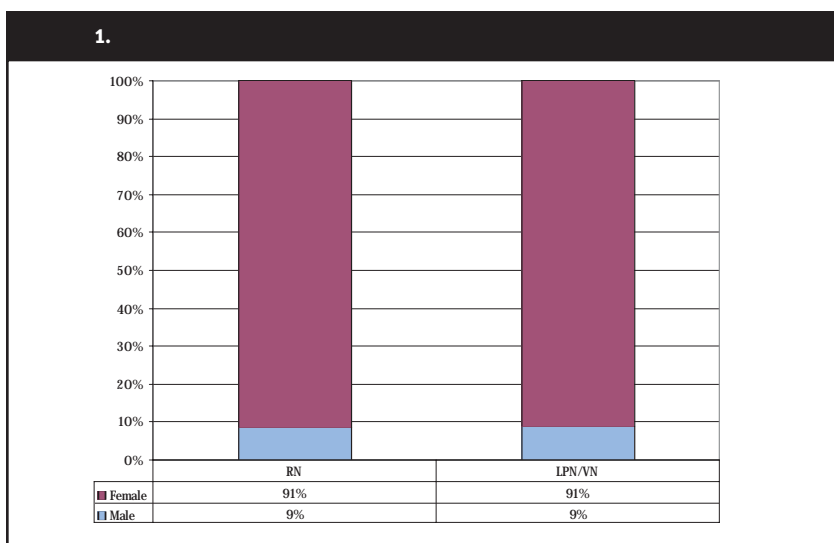
About 91% of the RNs and the LPN/VNs were female (see *Figure 1*). The percentage of female RN respondents was similar to those found in the 2002 PPI studies, while the percentage of female LPN/VNs was slightly higher than those found in the same studies (Smith & Crawford, 2003a, Smith & Crawford, 2003b).

LPN/VNs averaged 32.7 years of age (SD 9.5), and the overall age of the RN respondents was 31.1 years (SD 8.9). The 358 associate degree graduate respondents averaged 33.4 years of

age (SD 9.2), and the 195 baccalaureate degree graduates averaged 26.2 years of age (SD 5.5). The average ages of the ADN and BSN graduates differed significantly ($t=11.5$, $df=545$, $p<.0001$). See *Figure 2*.

Figure 3 shows the ethnic/racial backgrounds of the respondents. The majority of respondents (83.5% of RNs and 71.2% of LPN/VNs) were white, 4.5% of RNs and 9.2% of LPN/VNs were of Hispanic or Latino background, 6.1% of RNs and 12.7% of LPN/VNs were of African American descent, and a little over 4% of both RNs and LPN/VNs were of Asian descent.

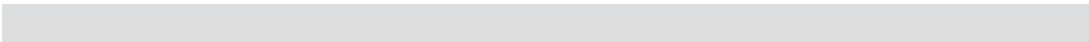
The percentage (61.1%) of newly licensed RNs who reported associate degree education was higher than in the 2002 PPI studies, while the percentage of diploma graduates (2.7%)





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		%	/	%
Currently working in nursing	585	98.8	435	90.1
No entry-level positions available in area				



4.		
	(%)	/ (%)
Hospital	88.1	35.7
Long-term care facility	4.8	43.8
Community-based or ambulatory care	4.7	14.1
Other	2.4	6.5

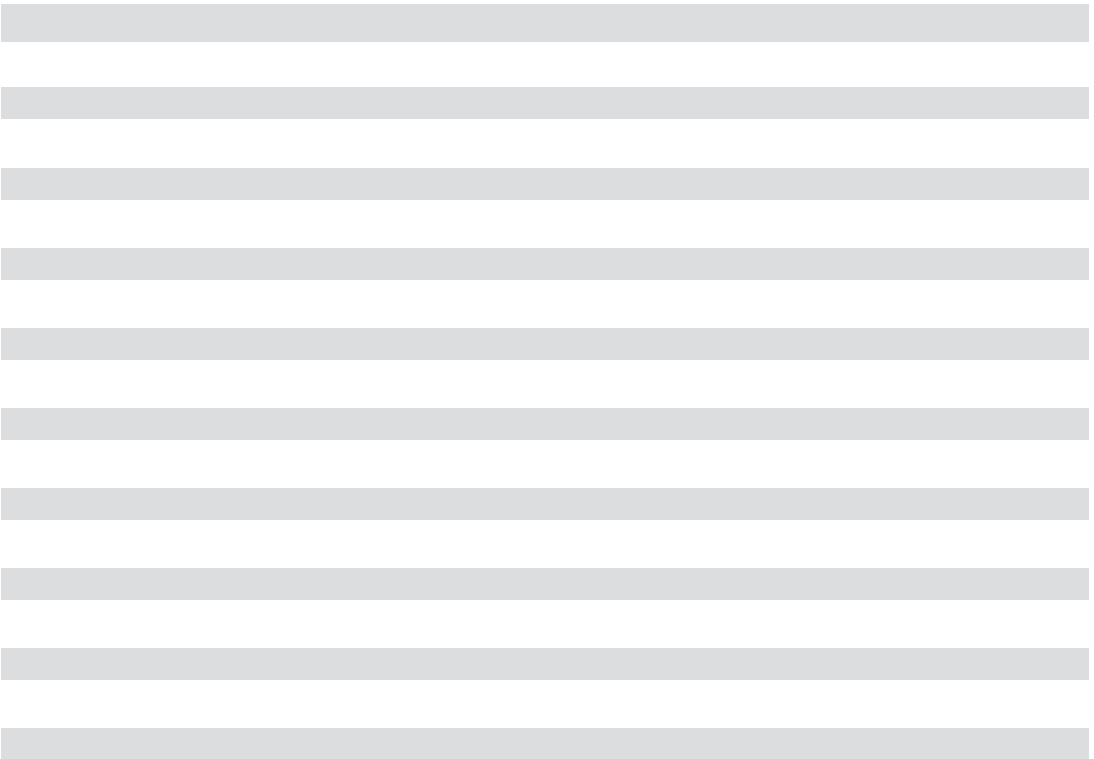
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	(%)	/ (%)
Urban/metropolitan area	55.2	35.5
Suburban area	27.1	31.3
Rural area	17.7	33.2

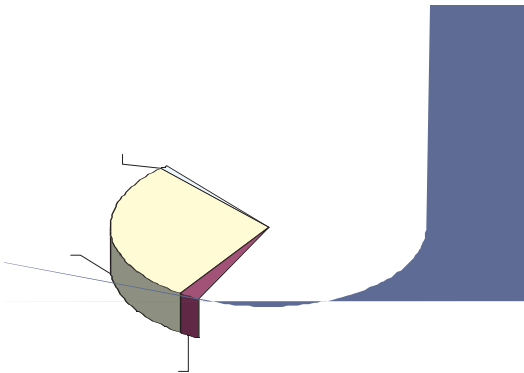
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	03 % (2)	W 03 % (0)	02 % (33)	W 02 % (431)	01 % ()
Medical/surgical unit	37.2	42.7	34.3	35.9	39.0
Critical care	35.8	29.8	39.4	32.3	31.5
Pediatrics	10.2	9.4	5.9	8.3	10.1
Operating room	5.2	2.8	2.6	5.1	3.5
Nursing home	5.0	4.4	6.4	6.8	6.4
Postpartum	5.0	5.7	4.6	5.9	4.8
Labor and delivery	4.7	5.7	5.7	6.8	4.6
Psychiatry or subspecialties	2.4	4.4	3.8	2.9	2.6
Rehabilitation	1.9	1.3	2.6	1.7	2.2
Subacute	1.9	1.7	1.8	0.7	2.1^
Outpatient clinic	1.7	0.6	0.8	1.0	0.9
Physician's/dentist's office	1.4	1.8	1.8	1.7	1.4
Home health	1.2	0.9	0.7	2.0	1.0
Hospice	1.0	1.3	1.5	0.7	0.4
Transitional care	1.0	1.3	1.0	0.7	^
Other long-term care	0.7	0.9	0.8	0.5	1.2
School health	0.3	0.7	0.5	0.5	0.3
Occupational health	0.3	0	0.2	0.0	0.0
Public health	0.3	0.4	0	1.0	0.9
Prison	0.2	0.7	0.2	0.2	0.0

^Subacute and transitional care combined in these surveys.

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This section contains survey results related to a variety of nursing practice issues including the types of transition to practice activities offered to new nurses, the number of nurses involved in providing telehealth services, methods of training for HIPAA regulations, time spent completing paperwork and the relative importance of various skill sets in different practice settings.

Study respondents were asked the type of orientation they experienced in their work settings and the length of those activities. Most respondents reported receiving a preceptorship (61.9% of RNs and 65.1% of LPN/VNs), while 21.1% of RNs and 19.1% of LPN/VNs reported an orientation of supervised work with clients, and 7.1% of RNs and 1.6% of LPN/VNs were given formal internships. About 5.7% of the RNs and

8.6% of the LPN/VNs did not receive a formal orientation (see *Table 8*).

The respondents were asked if they had worked previously in the same facility as an LPN/VN (for RNs) or as a certified nursing assistant (CNA) (for LPN/VNs). For RNs, this distinction made a large difference in transition activities. About 17% of the RNs who had worked in the same facility as an LPN/VN did not receive an orientation compared to 5% of those who were new to their facilities. However, no orientation was given to about 8.5% of both the LPN/VNs who were new to their facilities and those who had previously worked in their current facilities as CNAs. Length of RN transition activities was also affected by previous experience in the facility. RNs new to

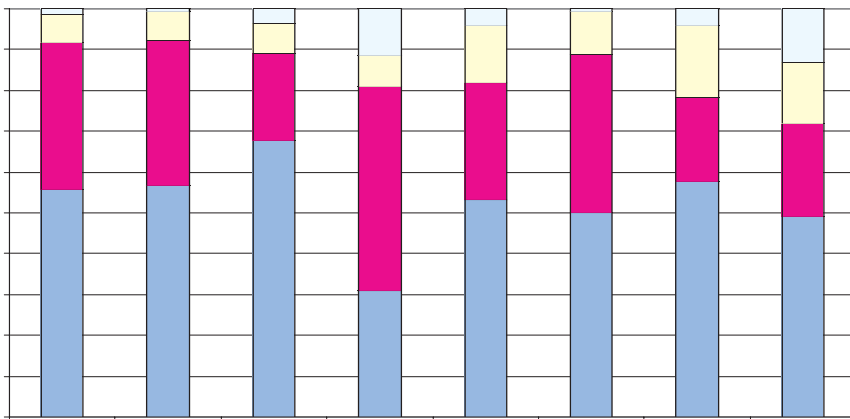


ously worked in the facility spent an average of about 6-7 weeks in orientation or preceptorship. This relationship was not present for the LPN/VNs, who spent an average of approximately 3 weeks in orientation or preceptorship whether they were new to the facility or former CNAs (see Table 8).

Respondents were also asked if their employing facility standardized transition activities or customized the activities to the needs of the individual nurse and the setting for which the nurse was hired. Overall, about 56% of the RNs reported their transition activities were standardized (performed similarly for all nurses hired into the same area), 36% reported that transition activities were customized to their individual needs and the needs of the unit on which they worked, 7% reported that they only knew how their own transition activities were planned and had no basis for comparison and about 1% said that no transition activities were offered to newly licensed nurses. Those RNs working in nursing homes

were most likely to report standardized transition activities (68%) and those working in community settings were most likely to report customized transition activities (50%) and no transition activities offered to new nurses (12%). See Figure 10.

About 53% of the LPN/VN respondents reported that their facilities standardized their transition activities, about 29% reported customized activities, 14% reported that they only knew how their own transition was planned and 4% reported that no transition activities were offered to newly licensed nurses. LPN/VNs employed in hospitals were most likely to report having customized transition activities (39%), while those in nursing homes (21%) and community-based settings (23%) were least likely to report customized transition activities. Community-based LPN/VNs were also most likely (13%) to report that no transition activities were offered to new nurses in their agency (see Figure 10).

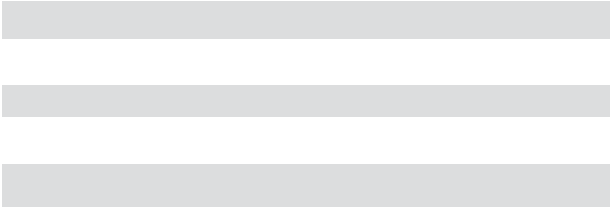


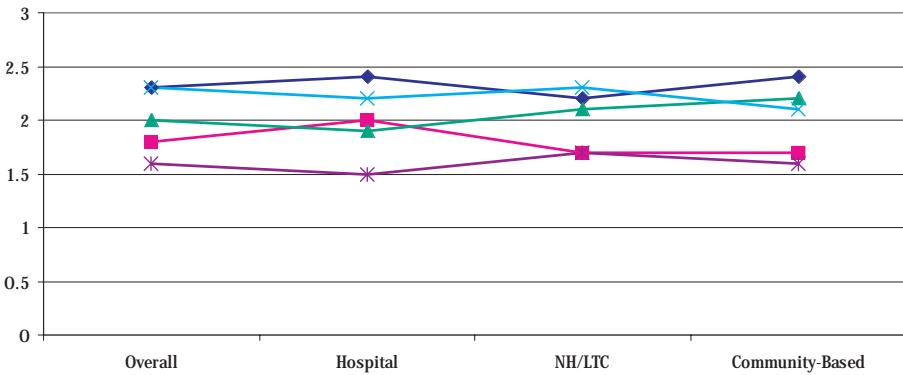
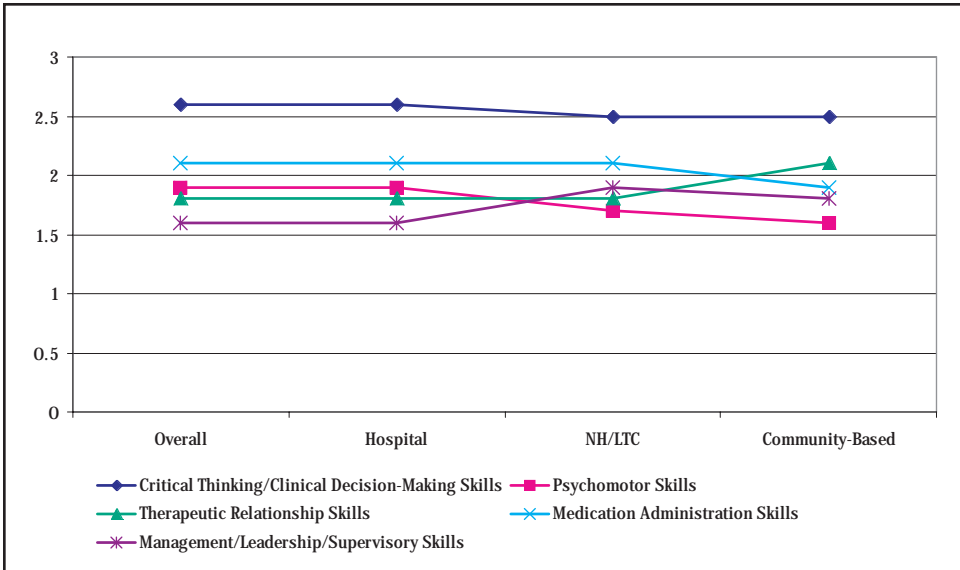
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Respondents were asked if they were involved in telehealth services in their current positions with telehealth services defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections. About 4.5% of the RNs and 5.5% of the LPN/VNs reported providing such services (see *Figure 11*).

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Another professional issue included in





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In this section, findings are presented about many aspects of nurse and assistive personnel (AP) interactions, including the types of AP working in the respondents' settings and the nurses' knowledge of AP training and competency assessments. The policies and routines that act to define nurse/AP relationships in the practice setting are also explored.

About 92% of RNs and 89% of LPN/VNs reported that their employing facilities also employed AP. Most reported working with certified nursing assistants (64.6% of RNs and 86.9% of LPN/VNs), nurse aides or assistants without certification (30.9% of RNs and 24.3% of LPN/VNs), or patient care assistants or techs (44% of RNs and 17.5% of LPN/VNs). More LPN/VNs (19.4%) than RNs (5.4%) reported working with certified medication aides. About 4% of RNs and 7% of LPN/VNs worked with home health aides and 5% of RNs and 8% of LPN/VNs worked with medical assistants (see *Table 10*).

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Respondents were asked if AP in their facilities were required to have training and if the facility provided training. "Don't know" was one response option. All of the RNs working in nursing homes were able to report whether or not AP were required to have training. Only 5% of less experienced RNs did not know if their nursing homes

provided training to AP. There were, however, about 10% of the RNs working in hospitals or community settings who did not know if AP were required to have training and about 26% of those in hospitals (19% of those with more experience) who did not know if their employers provided training to AP. In community settings, almost 38% of less experience nurses did not know if their employers provided AP training. Findings were similar for the LPN/VNs. Very few (6% of RNs and 12% of LPN/VNs) were able to provide an estimate of the numbers of hours of training required of, or provided to, AP (see *Table 11*).

Survey respondents were also asked about the frequency of AP competency evaluations with "don't know" as one response option. About 1 in 3 of the RNs and LPN/VNs with 0-9 months of experience did not know about the frequency of AP competency evaluations. For those with more than 9 months of experience, about 25%, or 1 in 4, reported that they did not know about the frequency of competency evaluations (see *Table 12*).

Respondents reported the types of tasks performed by AP in their facilities. Most respondents working in hospitals or nursing homes reported that AP performed usual activities such as basic care, transporting, feeding and taking vitals signs, while those working in community-based settings were less likely to report AP

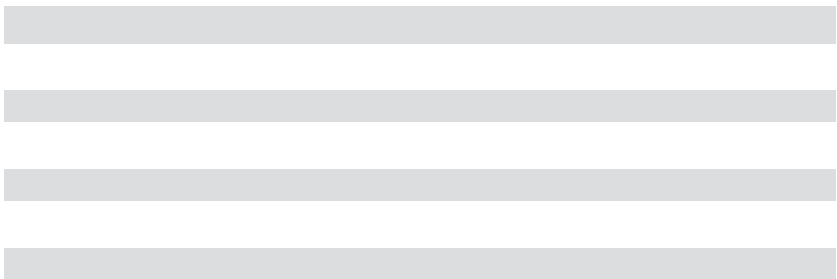
performing those activities. The RNs and LPN/VNs working in nursing homes and community settings were 10 to 25 times more likely than those working in hospitals to report AP were giving medications (oral, topical or rectal). Respondents working in hospitals were several times more likely to report AP inserted or removed urinary catheters, performed oral suctioning, and/or removed IV lines than were those working in long-term care or community settings (see *Table 13*).

assignments (4.6% of those with 0-9 months experience and 8.3% of those with more than 9 months experience).

Only 8% of RNs and 10.1(9.7%)0o81 Tfe0o81 Tf(cu abouone-9(f)9.6uported

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The study included several questions about specific policy issues governing the nurse/AP relationship. Respondents were asked about how AP client assignments were made. The majority (52-62%) reported that charge nurses made assignments with more experienced RNs being more likely than those with less experience to report that work assignments were always the same for AP (8.3% of those with 0-9 months experience and 12.5% of those with more than 9 months experience). More experienced LPN/VNs were more likely than less experienced LPN/VNs to report that AP made their own



11. / w				
	M		w	
Employed in hospitals				
Yes	86.2	87.2	82.2	76.3
No	2.6	3.2	7.9	7.9
Don't know	11.2	9.6	9.9	15.8
Employed in NH/LTC				
Yes	95.0	100.0	87.4	90.0
No	5.0	0	4.2	10.0
Don't know	0	0	8.4	0.0
Employed in community-based settings				
Yes	87.5	70.0	70.4	40.0
No	0	20.0	3.7	0
Don't know	12.5	10.0	25.9	60.0
Employed in hospitals				
Yes	68.7	75.0	69.3	65.8
No	5.6	5.9	7.9	13.2
Don't know	25.7	19.1	22.8	21.1
Employed in NH/LTC				
Yes	80.0	83.3	59.3	78.3
No	15.0	16.7	22	13.3
Don't know	5.0	0	18.6	8.3
Employed in community-based settings				
Yes	62.5	80.0	57.7	40.0
No	0	20.0	11.5	20.0
Don't know	37.5	0	30.8	40.0

The survey also asked nurse respondents if they were held accountable for certain activities related to AP practice. About 51% of RN and 44.1% of LPN/VNs with 0-9 months of experience and 59.5% of RNs and 58.9% of LPN/VNs with more than 9 months of experience reported that they were accountable for changing the assignment of AP due to lack of competence to perform a task or tasks. There were about 77% of less experienced RNs and LPN/VNs and 84.4% of RNs and 86.9% of LPN/VNs with more experience who reported they were accountable for counseling/teaching AP. About 34.5% of RNs and 38.7% of LPN/VNs with less experience and 37.6% of RNs and 42.1% of LPN/VNs who had more than 9 months experience reported being accountable for contributing to AP performance evaluations (see Table 16).

Respondents were also asked who in their facilities was considered primarily responsible for the day-to-day care provided to clients by AP. The RNs with more experience and all LPN/VNs were more likely than other respondents to report that the AP was responsible (5% of RNs with 0-9 months experience, 10.7% of RNs with more than 9 months and 14% of LPN/VNs regardless of experience). New RNs and all LPN/VNs were more likely than other respondents to report that the charge nurse was responsible (11.3% of RNs with 0-9 months experience, 7.8% of RNs with more than 9 months experience and about 19% of all LPN/VNs). Most interesting, however, was that only about 78% of the RNs and 59% of the LPN/VNs reported that the licensed nurse assigned to the clients to whom the AP was providing care was responsible for that care (see Table 17).

When asked if AP in their facilities received report at the beginning of their shifts, respondents working in nursing homes were more likely to respond that they did (85.2% of RNs and 87.3% of LPN/VNs). LPN/VNs working in hospitals were more likely than their RN counterparts to indicate that AP received report (75.2% of RNs and 82.2% of LPN/VNs). Respondents working in community settings were much less likely to indicate that AP were given shift report (27.8% of RNs and 44.1% of LPN/VNs). See Figure 16.

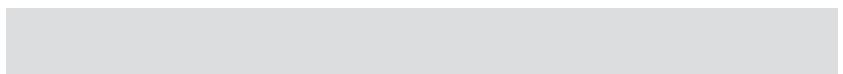
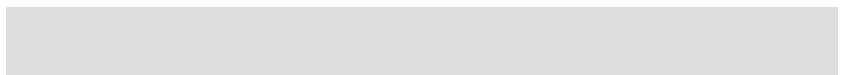
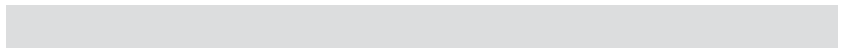
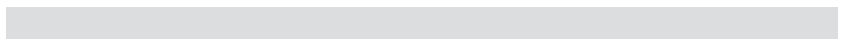
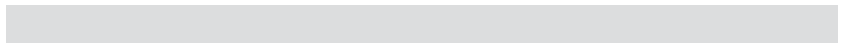
Most of the respondents reported working with AP in their employing facilities. Most worked with certified nurse aides. While many nurses reported that AP performed higher risk activities such as medication administration or catheter insertion, most nurses did not know the number of hours of training required of, or provided to, AP. Many working in hospitals and community settings did not even know if their facilities required or provided training for AP. Similar numbers were unaware of the frequency of AP competency evaluations. Care delivery policies or practices generally dictated that charge nurses make AP client assignments and only about half of the nurses reported that they could inform AP of tasks they were to perform. Similarly, only about half of the nurses felt they were accountable for changing the assignment of an AP due to lack of competence for a task or tasks. One in 4 RNs and about 1 in 2 LPN/VNs did not feel that the licensed nurse was responsible for the day-to-day care provided to their assigned clients by AP.

13.

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	%	%	%	%	%	%	%	%
Basic nurse aide skills (ADLs, VSs, bed making, etc.)	92.1	93.9	100	50.0	92.2	92.5	100	47.1
Transporting clients	78.7	80.3	85.2	35.0	77.4	76.0	83.1	47.1
Feeding clients	78.7	81.4	96.3	20.0	88.1	88.4	98.4	32.4
Taking vital signs	85.7	87.1	81.5	65.0	78.4	89.7	71	67.6



The RN and LPN/VN respondents to the study were asked to write comments on two topics: the working relationship between RNs and LPN/VNs in their employing facility and their experience of working with/supervising AP. There were 290 RNs who worked with LPN/VNs who wrote comments about their working relationships and most of those (246) worked in hospitals, with only 13 from long-term care and 15 from home health care facilities. There were 90 RNs who wrote that the quality of the relationship was "good" and 86 who reported that they worked as a "team" with LPN/VNs, without elaborating about the roles each played within that team. Of those RNs who reported on the roles played by themselves and LPN/VNs in the work setting, 68 wrote that RNs supervised the care provided by LPN/VNs and a total of 113 reported that RNs and LPN/VNs in their settings had either the exact same role or performed the same work except for specific activities that the RN performed for the LPN/VNs' clients such as admitting assessments or IV starts.

There were 261 comments written by RNs about working with AP. Most of the RNs who wrote comments worked in hospitals (240), with 15 working in long-term care and 6 in community settings. There were 87 comments lauding the work performed by AP, many stating that they couldn't imagine providing care without them. There were 35 comments referring nonspecifically to working with AP as a "team." There were a total of 166 comments indicating various difficulties encountered with the supervision of AP including

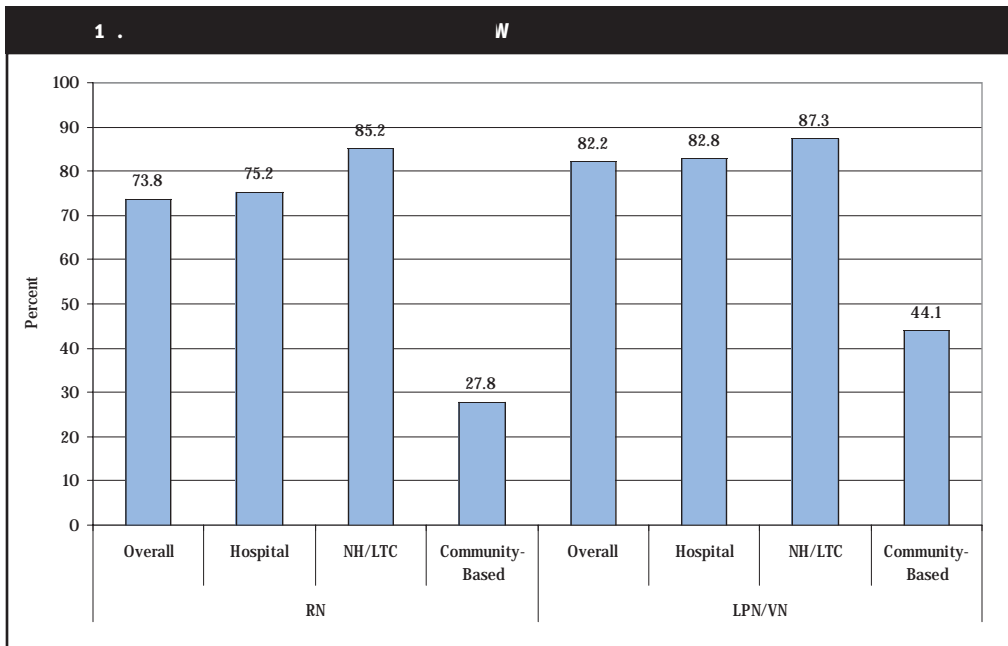
disliking being responsible for the care AP provided, difficulties with delegation, AP lack of training or competence for assigned duties and AP who resented their authority.

The LPN/VNs wrote a total of 320 comments about their working relationships with RNs with 133 working in hospitals, 137 working in long-term care and 50 in community settings. There were 93 comments that stated the quality of the relationship was "good" and 105 that reported they worked together as a "team" without describing roles held within the team. Of the LPN/VNs who described RN and LPN/VN working roles, 86 wrote that the RN supervised the LPN/VN, and a total of 94 reported that they performed the exact same roles or the same roles with the exception of specific tasks such as IV meds or assessments (33 in hospitals, 41 in long-term care and 15 in community settings).

A total of 176 LPN/VNs wrote comments about their work with AP, with 76 from hospitals, 82 from long-term care and 24 from community settings.

AJTTLPN/VN working roles(, 82 fsuper)-9.8 tals, 82 from long64)m.

	RN		LPN/VN	
	<=9 mon %	> 9 mon %	<=9 mon %	> 9 mon %
The assistive person	5.0	10.7	13.7	14.4
Licensed nurse assigned to clients to whom AP is providing care	78.3	77.6	59.2	58.6
Charge nurse	11.3	7.8	19.5	18.0
Nursing administrator	2.3	2.0	5.0	3.6
Other	3.0	2.0	2.7	5.4



Findings from this study support the following conclusions:

1. About 19% of new RNs were previously LPN/VNs and about half of them were employed in the same institution in which they worked as an LPN/VN. Transition activities were much shorter in length for those RNs who were previously LPN/VNs in the same facility.

Smith, J. E. & Crawford, L. H. (2002). *Report of findings from the Practice and Professional Issues Survey, Spring 2001, NCSBN Research Brief, (2)*. Chicago: National Council of State Boards of Nursing.

Smith, J.E. & Crawford, L.H. (2003a). *Report of findings from the Practice and Professional Issues Survey, Winter 2002, NCSBN Research Brief, (5)*.

W**I****NOVEMBER 2003**

Please read each of the following questions carefully and then follow the directions for selecting one or all applicable responses. Darken the oval or check the box of the answer, or answers, that you select.

NOTE: As used in this questionnaire, the “client” can be an individual, individual plus family/significant other, an aggregate/group, or community/population. “Clients” are the same as “residents” or “patients”.

I I M M

1. What type(s) of nursing license do you hold? (Mark ALL that apply)
 - " LPN/VN
 - " RN

2. Are you currently employed in nursing?
 - " Yes à skip to Question #4
 - " No à continue with Question #3, then skip to SECTION FOUR

3. A. If you answered “NO” to question #2, which of the following best represents why you are not currently employed? (Mark the ONE BEST answer)
 - " I have not been able to find the type of nursing position that I want
 - " No entry-level nursing positions are available in my geographic area
 - " A family or personal situation prevents my employment at this time
 - " I have returned to or am remaining in school
 - " I don't desire to work in nursing at this time à please complete Question 3B.
 - " Other, please describe: _____

B. If in Question 3A. you answered that you don't desire to work in nursing at this time, please mark the following factors that may have led you to make that decision. (Mark ALL that apply)

 - " The stressful nature of the work
 - " Nursing salaries
 - " Shift work
 - " Working on holidays
 - " Changes in your career goals
 - " Other, please specify: _____

4. How many months have you been employed as a registered nurse (RN) in your current position?

_____ Months

5. A. How many regular (non-overtime) hours are you SCHEDULED to work in one average week? (Even if you are scheduled to work in 2-week periods, please give the average number of hours you work in one week.)

_____ Hours (non-overtime) scheduled to work per week, on average

B. How many hours of OVERTIME do you work in one average week?

_____ Hours of overtime worked per week, on average

C. How many OVERTIME hours are MANDATED by your employer in an average week? (This means that your employer actually schedules you to work extra hours or extra shifts each week. This doesn't include the extra hours you work because your employer requires you to finish certain tasks before going home.)

_____ Hours of employer-MANDATED overtime

6. Which of the following choices best describes your EMPLOYMENT SETTING/SPECIALTY AREA on the last day you worked? If you worked mainly in one setting, mark the appropriate oval for that one setting. If you worked in more than one setting, mark the appropriate oval for all settings where you spent at least one-half of your time. (Select NO MORE THAN TWO answers)

- " Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, postanesthesia recovery unit, etc.)
- " Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
- " Pediatrics or nursery
- " Labor and delivery
- " Postpartum unit
- " Psychiatry or any of its subspecialties (e.g., detox, etc.)
- " Operating room, including outpatient surgery and surgicenters
- " Nursing home, skilled or intermediate care
- " Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
- " Rehabilitation
- " Subacute unit
- " Transitional care unit
- " Physician's/dentist's office
- " Occupational health
- " Outpatient clinic
- " Home health, including visiting nurses' associations
- " Public health
- " Student/school health
- " Hospital inpatient

7. Which of the following best describes the AGES of most of your clients on the last day you worked? (You may select more than one answer)
- " Newborns (less than 1 month)
 - " Infants/children (1 month-12 years)
 - " Adolescents (ages 13-18)
 - " Young Adults (ages 19-30)
 - " Adults (ages 31-64)
 - " Adults (ages 65-85)
 - " Adults (over the age of 85)
8. Which of the following best describes the TYPES OF CONDITIONS of most of your clients on the last day you worked? (You may select more than one answer)
- " Well clients, possibly with minor illnesses
 - " OB (Maternity) clients
 - " Clients with stabilized chronic conditions
 - " Clients with unstabilized chronic conditions
 - " Clients with acute conditions, including clients with medical, surgical or critical conditions
 - " Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - " Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 - " Other, please specify _____
9. Which of the following best describes the type of FACILITY/ORGANIZATION in which you work most of the time? (Mark ONLY ONE answer)
- " Hospital
 - " Long term care facility
 - " Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 - " Other, please specify _____
10. Which of the following best describes the LOCATION of your employment setting? (Mark ONLY ONE answer)
- " Urban/Metropolitan area
 - " Suburban area
 - " Rural area
11. Which of the following best describes the way ORIENTATIONS, PRECEPTORSHIPS OR MENTORSHIPS are planned for newly licensed RNs in your employing facility? (Mark ONLY ONE answer)
- " These activities are standardized and performed similarly for all new nurses hired into the same unit or area
 - " These activities are customized to the needs of the individual nurse and the unit or area for which the nurse was hired
 - " No orientation, preceptorship or mentorship activities are offered to newly licensed nurses
 - " I don't know how these activities are usually planned, I only know how they were planned for me

12. Which of the following best describes the **ORIENTATION YOU RECEIVED** for your current position?
(Mark **ONLY ONE** answer)

" No formal orientation – Skip to question 14

"

3. Which of the following best describes where you received training about the HIPAA regulations (Health Insurance Portability & Accountability Act (HIPAA) regulations give every health care patient the right to inspect health information, receive an account of information disclosures, and report any complaints about the way their health information is being managed). (Mark ALL that apply)
- " This is the first time I have heard of, or read about, the HIPAA regulations
 - " My nursing education program taught me about the HIPAA regulations
 - " My employer explained the HIPAA regulations to me
 - " I learned about the HIPAA regulations from a professional organization
 - "

I W W ,

1. Does your employing facility employ assistive personnel? (Assistive personnel are defined, for this study, as individuals, regardless of title, assisting with care provided to clients/residents/patients.)
 - " Yes
 - " No à Skip to Section Four

2. What types or categories of assistive personnel does your employing facility employ? (Mark ALL that apply)
 - " Nursing assistants or aides without certification
 - " Certified nursing assistants/aides (CNA)
 - " Patient care assistants/aides or technicians (PCA/PCT)
 - " Home health aides or technicians (HHA/HHT)
 - " Medication aides or technicians without certification
 - " Medication aides or technicians with certification (CMA/CMT)
 - " Medical assistants
 - " Other, please specify _____

3. Does your employing facility require assistive personnel to have training for their work in the facility?
 - " Yes
 - " No à Skip to Question 5
 - " Don't know à Skip to Question 5

4. How many hours of training are required for assistive personnel?

_____ Hours " Don't know

5. Does your employing facility provide training for assistive personnel?
 - " Yes
 - " No à Skip to Question 7
 - " Don't know à Skip to Question 7

6. How many hours of training are provided to assistive personnel by your facility?

_____ Hours " Don't know

7. Does your employing facility perform competency evaluations of assistive personnel employed in the facility?
 - " Yes
 - " No à Skip to Question 9
 - " Don't know à Skip to Question 9

8. How often are competency evaluations performed for most assistive personnel? (Mark ONLY ONE answer)
 - " Only at time of hire
 - " Every 6 to 12 months
 - " Less often than every 12 months
 - " Only as needed or indicated by poor performance
 - " Don't know

9. How are client assignments usually made for assistive personnel? (Mark ONLY ONE answer)

- " By charge nurse/manager
- " By licensed staff nurse(s) working on previous shift
- " By licensed staff nurse(s) working on the day of assignment
- " Assistive personnel make their own assignments
- " Work assignments are always the same for assistive personnel
- " Other, please specify _____

10. How are assistive personnel usually informed of the duties/tasks they are to perform? (Mark ALL that apply)

- " Job description
- " Task list
- "

14. Which of the following activities are performed by assistive personnel in your employing facility?
(Mark ALL that apply)

- " Basic care such as ADLs, ambulating and making beds
- " Transporting clients
- " Feeding clients
- " Taking vital signs
- " Giving oral medications
- " Giving topical medications - creams and ointments
- " Giving topical medications - patches
- " Giving rectal medications
- " Inserting urinary catheters
- " Removing urinary catheters
- " Oral suctioning
- " Tracheal suctioning
- " Monitoring IV infusions
- "

- B. If YES, for how many years did you work as a nursing assistant/aide?
 _____Years as nursing assistant/aide
6. A. Did you work as an LPN/VN/VN prior to becoming an RN?
 " Yes
 " No-----Skip to Question #7
- B. If YES, for how many years did you work as an LPN/VN/VN?
 _____Years as LPN/VN
- C. If YES, did you work as an LPN/VN/VN in the same facility in which you are currently employed as an RN?
 " Yes
 " No
7. Type of basic nursing education program most recently completed. (Mark ONLY ONE answer)
- " LPN/VN - Diploma/Certificate in U.S.
 " LPN/VN - Associate degree in U.S.
 " RN - Diploma in U.S.
 " RN - Associate degree in U.S.
 " RN - Baccalaureate degree in U.S.
 " RN - Generic Master's degree in U.S.
 " RN - Generic Doctorate in U.S. (e.g., ND)
 " Any nursing program NOT located in the U.S.

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In your employing facility what is the working relationship between RNs and LPNs or LVNs?

Please provide any comments you may have about working with/supervising assistive personnel.

Thank you for your participation in this important work.

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Please read each of the following questions carefully and then follow the directions for selecting one or all applicable responses. Darken the oval or check the box of the answer, or answers, that you select.

NOTE: As used in this questionnaire, the "client" can be an individual, individual plus family/significant other, an aggregate/group, or community/population. "Clients" are the same as "residents" or "patients".

I

1. What type(s) of nursing license do you hold? (Mark ALL that apply)
 - " LPN/VN
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 - " Yes à skip to Question #4
 - " No à continue with Question #3, then skip to SECTION FOUR

3. A. If you answered "NO" to question #2, which of the following best represents why you are not currently employed? (Mark the ONE BEST answer)

5. A. How many regular (nonovertime) hours are you SCHEDULED to work in one average week? (Even if you are scheduled to work in 2-week periods, please give the average number of hours you work in one week.)

_____Hours (nonovertime) scheduled to work per week, on average

- B. How many hours of OVERTIME do you work in one average week?

_____Hours of overtime worked per week, on average

- C. How many OVERTIME hours are MANDATED by your employer in an average week? (This means that your employer actually schedules you to work extra hours or extra shifts each week. This doesn't include the extra hours you work because your employer requires you to finish certain tasks before going home.)

_____Hours of employer-MANDATED overtime

6. Which of the following choices best describes your EMPLOYMENT SETTING/SPECIALTY AREA on the last day you worked? If you worked mainly in one setting, mark the appropriate oval for that one setting. If you worked in more than one setting, mark the appropriate oval for all settings where you spent at least one-half of your time. (Select NO MORE THAN TWO answers)

" Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, postanesthesia recovery unit, etc.)

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" Pediatrics or nursery

" Labor and delivery

" Postpartum unit

" Psychiatry or any of its subspecialties (e.g., detox, etc.)

" Operating room, including outpatient surgery and surgicenters

" Nursing home, skilled or intermediate care

" Other long term care (e.g., residential care, developmental disability/mental retardation care, etc.)

" Rehabilitation

" Subacute unit

" Transitional care unit

" Physician's/dentist's office

" Occupational health

" Outpatient clinic

" Home health, including visiting nurses' associations

" Public health

" Student/school health

" Hospice care

" Prison

" Other, please specify: _____

7. Which of the following best describes the AGES of most of your clients on the last day you worked?
(You may select more than one answer)
- " Newborns (less than 1 month)
 - " Infants/children (1 month-12 years)
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 - " Young Adults (ages 19-30)
 - " Adults (ages 31-64)
 - " Adults (ages 65-85)
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 - " Clients with stabilized chronic conditions
 - " Clients with unstabilized chronic conditions
 - " Clients with acute conditions, including clients with medical, surgical or critical conditions
 - " Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - " Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 - " Other, please specify _____
9. Which of the following best describes the type of FACILITY/ORGANIZATION in which you work most of the time?
(Mark ONLY ONE answer)
- " Hospital
 - " Long-term care facility
 - " Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 - " Other, please specify _____
10. Which of the following best describes the LOCATION of your employment setting? (Mark ONLY ONE answer)
- " Urban/metropolitan area
 - " Suburban area
 - " Rural area
11. Which of the following best describes the way ORIENTATIONS, PRECEPTORSHIPS OR MENTORSHIPS are planned for newly licensed LPN/VNs in your employing facility? (Mark ONLY ONE answer)
- " These activities are standardized and performed similarly for all new nurses hired into the same unit or area
 - " These activities are customized to the needs of the individual nurse and the unit or area for which the nurse was hired
 - " No orientation, preceptorship or mentorship activities are offered to newly licensed nurses
 - " I don't know how these activities are usually planned, I only know how they were planned for me

12. Which of the following best describes the **ORIENTATION YOU RECEIVED** for your current position?
(Mark **ONLY ONE** answer)

- " No formal orientation - Skip to question 14
- " Classroom instruction/skills lab work only
- " Classroom and/or skills lab plus supervised work with patients
- " Work with an assigned preceptor or mentor with or without additional classroom or skills lab work
- " A formal internship with or without additional classroom or skills lab work
- " Other, please specify: _____

13. If you had an orientation period, **HOW LONG** was it?

_____Number of days in orientation

14. Which of the following most closely describes the **SHIFT(S)** you usually work? (Mark **ONLY ONE** answer for both A and B below)

- A. Approximately how many hours are you scheduled to work in one shift?

- " 12 hours
- " 10 hours
- " 8 hours
- " Less than 8 hours

- B. What **TIME OF DAY** are your shift(s) usually scheduled?

- " Day shift
- " Evening shift
- " Night shift
- " Day and evening rotating shifts
- " Day and night rotating shifts
- " Day, evening and night rotating shifts
- " Evening and night rotating shifts

I W I

1. In your current nursing position are you involved in providing or coordinating any telehealth or telemedicine services (telehealth or telemedicine are defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections).

- " Yes
- " No --->Skip to Question 3
- " I don't understand the question --->Skip to Question 3

2. Please describe the telehealth or telemedicine services you provide or coordinate.

3. Which of the following best describes where you received training about the HIPAA regulations (Health Insurance Portability & Accountability Act (HIPAA) regulations give every health care patient the right to inspect health information, receive an account of information disclosures, and report any complaints about the way their health information is being managed). (Mark ALL that apply)

- " This is the first time I have heard of, or read about, the HIPAA regulations
- " My nursing education program taught me about the HIPAA regulations
- " My employer explained the HIPAA regulations to me
- " I learned about the HIPAA regulations from a professional organization
- " Other, please specify _____

4. Distribute 10 points among the following skills according to their importance to entry-level LPN/VN practice in your employing facility. Write the number of points you want to give to each skill in the box in front of the skill. [For example: if you think all five skills are equally important write a "2" by each skill; however if you believe "psychomotor skills" and "critical thinking" are the most important you might give each of those skills 3 points and distribute the rest of the points to the remaining skills.] The points must sum to 10.

	<p>Critical-thinking or clinical decision-making skills</p> <p>Psychomotor skills such as starting IV's, placing NG's, inserting catheters, and doing wound care</p> <p>Therapeutic relationship skills needed to build relationships with clients and meet their psychological, emotional, spiritual and cultural needs</p> <p>Medication administration skills</p> <p>Management/leadership/supervisory skills such as supervising care provided by others and collaborating with other disciplines in the provision of safe care</p>
10	Total points

5. Approximately how many hours per day do you usually work in your primary nursing position (please include scheduled hours plus overtime)?

_____ Hours worked per day

6. Approximately how many hours per working day do you usually spend completing paperwork (this includes documenting in client records, completing required forms, etc.)?

_____ Hours spent on paperwork

I W W ,

1. Does your employing facility employ assistive personnel? (Assistive personnel are defined, for this study, as individuals, regardless of title, assisting with care provided to clients/residents/patients.)
 - " Yes
 - " No à Skip to Section Four

2. What types or categories of assistive personnel does your employing facility employ? (Mark ALL that apply)
 - " Nursing assistants or aides without certification
 - " Certified nursing assistants/aides (CNA)
 - " Patient care assistants/aides or technicians (PCA/PCT)
 - " Home health aides or technicians (HHA/HHT)
 - " Medication aides or technicians without certification
 - " Medication aides or technicians with certification (CMA/CMT)
 - " Medical assistants
 - " Other, please specify: _____

3. Does your employing facility require assistive personnel to have training for their work in the facility?
 - " Yes
 - " No à Skip to Question 5
 - " Don't know à Skip to Question 5

4. How many hours of training are required for assistive personnel?

_____ Hours " Don't know

5. Does your employing facility provide training for assistive personnel?
 - " Yes
 - " No à Skip to Question 7
 - " Don't know à Skip to Question 7

6. How many hours of training are provided to assistive personnel by your facility?

_____ Hours " Don't know

7. Does your employing facility perform competency evaluations of assistive personnel employed in the facility?
 - " Yes
 - " No à Skip to Question 9
 - " Don't know à Skip to Question 9

8. How often are competency evaluations performed for most assistive personnel? (Mark ONLY ONE answer)
 - " Only at time of hire
 - " Every 6 to 12 months
 - " Less often than every 12 months
 - " Only as needed or indicated by poor performance
 - " Don't know

9. How are client assignments usually made for assistive personnel? (Mark ONLY ONE answer)
- " By charge nurse/manager
 - " By licensed staff nurse(s) working on previous shift
 - " By licensed staff nurse(s) working on the day of assignment
 - " Assistive personnel make their own assignments
 - " Work assignments are always the same for assistive personnel
 - " Other, please specify _____
10. How are assistive personnel usually informed of the duties/tasks they are to perform? (Mark ALL that apply)
- " Job description
 - " Task list
 - " Told what tasks to perform by licensed nurse assigned to assistive person's clients
 - " Told what tasks to perform by charge nurse or manager not assigned to assistive person's clients
 - " Other, please specify _____
11. Do assistive personnel in your employing facility receive report on their clients at the beginning of their work shift?
- " Yes
 - " No
12. For which of the following activities would you be accountable within your employing facility? (Mark ALL that apply)
- " Changing the assignment of an assistive person because of competence (or lack of competence) to perform a specific task or tasks
 - " Informally counseling/teaching an assistive person the correct way to perform tasks
 - " Contributing to the formal performance evaluation of assistive personnel
 - " Other, please specify _____
13. Within your employing facility who is considered primarily responsible for the day-to-day care provided to clients/residents/patients by assistive personnel? (Mark ONLY ONE answer)
- " The assistive person
 - " The licensed nurse assigned to the clients/residents/patients to whom the assistive person is providing care
 - " Charge nurse
 - " Nursing administrator
 - " Other, please specify _____

14. Which of the following activities are performed by assistive personnel in your employing facility?
(Mark ALL that apply)

- " Basic care such as ADLs, ambulating and making beds
- " Transporting clients
- " Feeding clients
- " Taking vital signs
- " Giving oral medications
- " Giving topical medications - creams and ointments
- " Giving topical medications - patches
- " Giving rectal medications
- " Inserting urinary catheters
- " Removing urinary catheters
- " Oral suctioning
- " Tracheal suctioning
- " Monitoring IV infusions
- " Removing IV lines
- " Other, please specify _____

I

1. Gender:

- " Male
- " Female

2. Age in years _____ YEARS

3. Select below the answer most descriptive of your racial/ethnic background. (Select ONE answer)

- " American Indian/Alaska Native
- " Asian (e.g., Filipino, Japanese, Chinese, etc.)
- " Black/African/African American
- " White Hispanic or Latino
- " Nonwhite Hispanic or Latino
- " Native Hawaiian/Other Pacific Islander
- " White
- " Multiethnic or racial background

4. Is English the first language you learned to speak?

- " Yes
- " No

5. A. Did you work as a nursing assistant/aide, etc. prior to becoming an LPN/VN/VN?

- " Yes
- " No à Skip to Question #6

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B. If YES, for how many years did you work as a nursing assistant/aide?

_____ Years as nursing assistant/aide

C. If YES, did you work as a nursing assistant/aide, etc. in the same facility in which you are currently employed as an LPN/VN/VN?

" Yes

" No

6. Type of basic nursing education program most recently completed: (Mark ONLY ONE answer)

" LPN/VN - Diploma/Certificate in U.S.

" LPN/VN - Associate Degree in U.S.

" RN - Diploma in U.S.

" RN - Associate Degree in U.S.

" RN - Baccalaureate Degree in U.S.

" RN - Generic Master's Degree in U.S.

" RN - Generic Doctorate in U.S. (e. g.: ND)

" Any nursing program NOT located in the U.S.

I I

In your employing facility what is the working relationship between RNs and LPNs or LVNs?

Please provide any comments you may have about working with/supervising assistive personnel.

Thank you for your participation in this important work.



