North Dakota Nursing Needs Study: Licensed Nurse Survey – Year 2

Center for Rural Health
North Dakota Center for Health Workforce Data

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TABLE OF CONTENTS

Executive Summary

Background

The Nursing Needs Study was mandated by the North Dakota Century Code Nurse Practices Act 43-12.1-08.2 in which the North Dakota Board of Nursing was directed to address issues of supply and demand including issues of recruitment, retention and utilization of nurses. The North Dakota Board of Nursing then contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences to conduct the Nursing Needs Study.

This study was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. Results from the first year of the study are available at http://medicine.nodak.edu/crh. During the second year of the study, data collection includes four projects. The facility survey was developed to provide a comprehensive picture of the nature of nursing employment and potential shortages throughout the state and to enable comparisons to be drawn between health care facilities; rural and urban areas and North Dakota and national data.   The second project is a survey of registered nurses (RN), licensed practical nurses (LPN) and advanced practice nurses (APN) throughout North Dakota. The third project is a survey of students, distributed to all nursing programs. This survey inquires about career plans. The fourth project uses focus groups with nursing program faculty to examine program capacity and recruitment and retention issues of students and faculty.

Licensed Nurse Survey Results

This report includes the results from the licensed nurse survey which was sent to a random sample of nurses. A total of 1,164 surveys were returned representing a response rate of 55%. 97% of the nurse respondents were currently licensed.

- **Demographics**

  Average age for nurses in North Dakota is 47 which is similar to the National Sample Survey (HRSA, 2000) average RN age of 45 years. 96% of nurses are female with slightly more males (7%) than the national average of 5% males. 96% of nurses are Caucasian, not of Hispanic origin with the largest minority group (2%) consisting of American Indian/Alaskan Native nurses.

- **Income**

  The average income for all nurses was $45,509. LPNs in rural settings report an income 23% lower than that reported by LPNs in urban settings. RNs in rural settings report an income that is 9% lower than that reported by RNs in urban areas. APNs in rural settings report earning 9% less than APNs in urban areas.

- **Pursing a Faculty Role**

  Few nurses plan to pursue a nursing faculty role sometime in the future. Barriers included a disinterest in a faculty position, meeting educational requirements and better pay outside of educational settings.

- **Part-Time Employment**

  One-quarter of nurses in all employment settings work part-time due to preference or taking care of home and family.

- **Primary Employment Setting**

  Most LPNs work in long-term care settings, most RNs and APNs work in hospital settings. Most LPNs working in hospitals work in medical or surgical areas. Almost half of nurses report that they work between 16-20 hours a week in their primary employment setting

- **Direct Patient Care**

  The majority of nurses provide direct patient care. LPNs most frequently provide care for more than 20 patients per shift whereas most RNs provide patient care to five or fewer patients per shift.

- **Secondary Employment Setting**

  More than one-third of nurses reported working in a secondary employment setting which is more than the national average of 6% of RNs.

- **Retirement Plans**

  Most nurses plan to retire before age 65. Over 20% of LPNs, RNs, and APNs plan to retire by 2012 growing to over 80% of LPNs, 60% of RNs and 80% of APNs by 2025. Nurses suggested that the ability to work part-time with benefits, flexible scheduling and adjustment of staffing levels would encourage them to work for more years.

- **Workplace Environment**

  Recent changes nurses have identified in their employment setting include an increase in patient care load and voluntary overtime to cover staffing needs. Almost one-half of nurses indicated that staffing at their primary setting was adequate and that they were neither more or less satisfied with their position compared to last year. Nurses were most satisfied with the professional role and direct-care aspects of their job and least satisfied with pay.

- **Nursing Shortage Solutions**

  Solutions that would significantly alleviate the nursing shortage included more flexible hours, a higher status in the work environment, adequate nurse staffing, improved pay, graduating more nurses and offering more financial aid.

NORTH DAKOTA NURSING NEEDS STUDY INTRODUCTION

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Licensed Nurse Survey Results

This survey was designed to examine issues of recruitment, retention, and supply of licensed nurses. The mailing list was obtained from the North Dakota Board of Nursing. From a total of 7,112 RNs, 2,838 LPNs and 433 APNs, the survey was sent to approximately 20% of the RNs (1,500), 20% of the LPNs (600), and 100% of the APNs. Home postal zip codes were used to randomly select nurses according to the population of the county from which each zip code was derived. Therefore, nurses were sampled from urban, rural and semi-rural areas of the state. Approximately 700 surveys were sent to those nurses from urban areas, approximately 700 to those from semi-rural areas, and approximately 700 to those from rural areas. Over-sampling of nurses from rural areas ensured equivalent representation from all areas of North Dakota. The survey was mailed in October 2003. Those nurses who had not returned surveys received a second mailing in November 2003. A total of 1,164 surveys were returned by January, 2004 representing a response rate of 55%. 97% of the respondents were currently licensed in nursing. Of those, 18% (203) were LPNs, 61% (703) were RNs, and 20% (230) were APNs.

Percentages were calculated using the total number of nurses that completed each item. Where possible data is compared with national numbers, however little data exists on LPN and APN level nurses. When appropriate, data were also divided by Urban Influence Codes (Ghelfi & Parker, 1997). Urban Influence Codes are used to classify rurality of U.S. counties according to the size of neighboring metropolitan areas, proximity to metropolitan areas, and the population of the largest city within the county. There are nine Urban Influence Codes including two metropolitan county categories and seven non-metropolitan county categories. Due to the rural nature of the state, several of the categories include no counties of North Dakota, and some categories have only a small number of the state's counties included. Therefore, North Dakota counties were collapsed as follows into three larger categories based upon their Urban Influence Codes.

- **Urban counties:** Those small metropolitan counties (fewer than one million residents) (Four North Dakota counties).

- **Semi-rural counties**: Those non-metropolitan counties with a town of at least 2,500 residents adjacent or not adjacent to a small metropolitan county (20 North Dakota counties).

- **Rural counties:** Those counties that do not contain a town with at least 2,500 residents and are not adjacent to a small metropolitan area (29 North Dakota counties).

DEMOGRAPHICS

- Average age for nurses in North Dakota is 47 years which is slightly older than the National Sample Survey (HRSA, 2000) average RN age of 45 years. The national average LPN age is 43 years (Seago et al., 2004). Nurses in urban areas were younger than nurses in semi-rural and rural areas (see table 1). The American Nurses Association Staffing Survey (2001), a national online survey including a total of 7,300 nurses, found 43% of RNs were between 41 and 50 years old. Nurses in rural areas on average were older than nurses in urban areas.

Table 1: Mean Age by Urban-Rural Status and License

	Urban	Semi-Rural	Rural	Overall
LPN	45	46	48	46
RN	43	47	46	45
APN	47	51	52	50
Overall	45	48	49	47

- 91% are female and 7% are male. The number of male nurses is slightly higher than the national average of 5% (Spratley et al., 2000).

- 96% are Caucasian, not of Hispanic origin. 2% are American Indian/ Alaskan Native. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found that 12% of RNs were from racial and ethnic minority background of which 4% were American Indian or Alaskan Native.
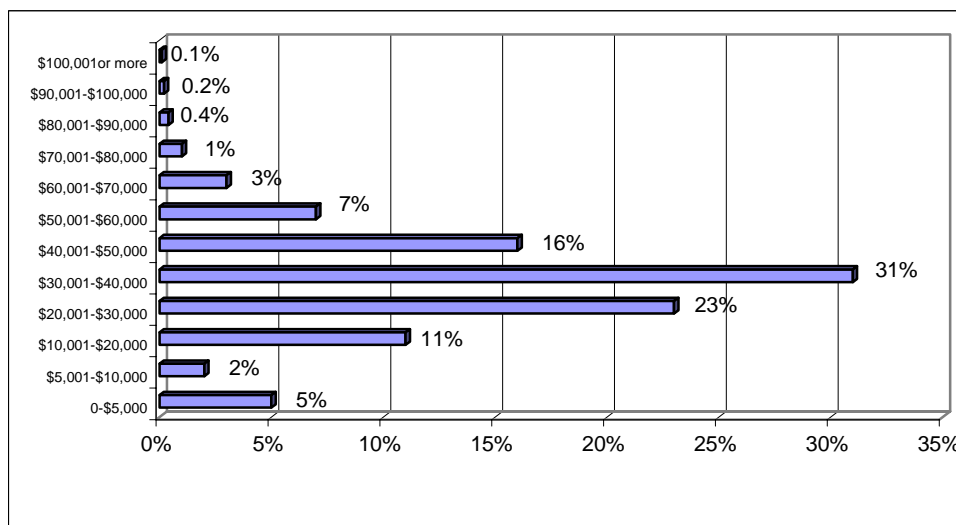
INCOME

- LPNs most often reported an income of between $20,001 and $30,000 (50%) (see figure 1). Of these, 30% were in urban areas, 26% were in semi-rural areas, and 45% were in rural areas.

**Figure 1: LPN Gross Income from Nursing Position**
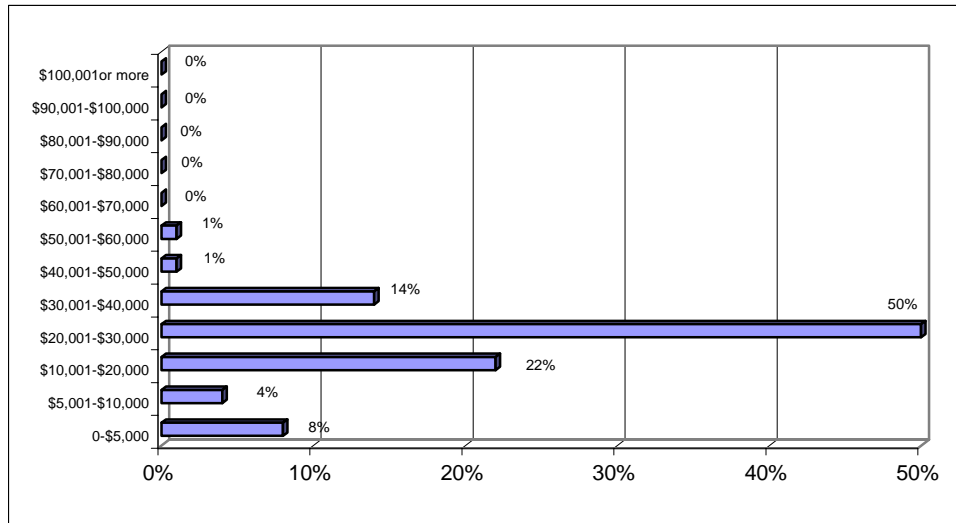
- RNs most often reported an income of between $30,001 and $40,000 (31%) (see figure 2). The second most frequently reported income was between $20,001 and $30,000. Urban RNs most frequently reported incomes in the $30,001 to $40,000 range. Semi-rural and rural RNs most frequently reported incomes between $20,001 and $30,000 or $30,001 and $40,000 well below the national average. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found an average annual salary of $46,782 for RNs.

Figure 2: RN Gross Income from Nursing Position

- APNs most often reported an income of $100,000 or more (see figure 3). The next most frequently reported income range for APNs was between $50,001 and 60,000.

Figure 3: APN Gross Income from Nursing Position
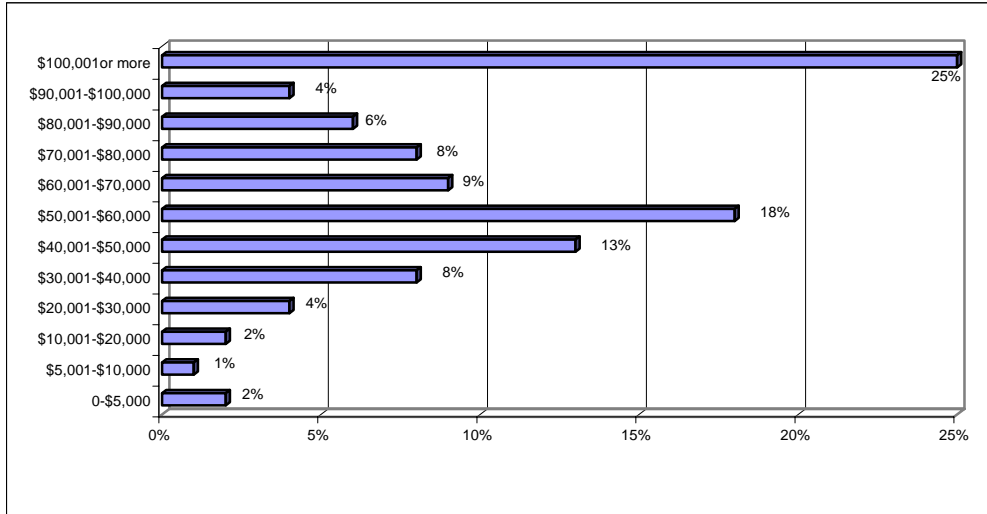
- LPNs in rural settings report an income 23% lower than that reported by LPNs in urban settings. RNs in rural settings report an income that is 9% lower than that reported by RNs in urban areas. APNs in rural settings report earning 9% less than APNs in urban areas. According to the U.S. Department of Labor (2001), the national average income for RNs is $48,240 and LPNs is $31,490.

Table 2: Average Income by Urban-Rural Status and License

	Urban	Semi-Rural	Rural	Overall Mean
LPN	$28,408	$25,285	$21,941	$25,211
RN	$37,577	$34,487	$34,117	$35,394
APN	$80,340	$75,066	$72,357	$75,921
Overall Mean	$48,775	$44,946	$42,805	$45,509

PURSUING A FACULTY ROLE

- A small percentage of LPNs (1%), RNs (9%), APNs (5%) indicated they would be interested in pursuing a nursing faculty role sometime in the future because of perceived satisfaction in teaching and sharing knowledge. Of those who were interested, 6% within the upcoming year, 49% in 1 - 5 years, 32% in 6 - 10 years and 13% over 10 years plan to pursue a faculty role.

- Nurses indicated the major barriers that prevented them from considering teaching in nursing included disinterest in a faculty position (48%), disinterest in obtaining the required education (22%), and better pay outside of educational settings (19%) (see figure 4). Additional barriers to considering a faculty position included age, time and/or money constraints, education or employment opportunities unavailable in rural settings, family priorities and other career plans.

Figure 4: Barriers Preventing Consideration of a Faculty Position in Nursing

9
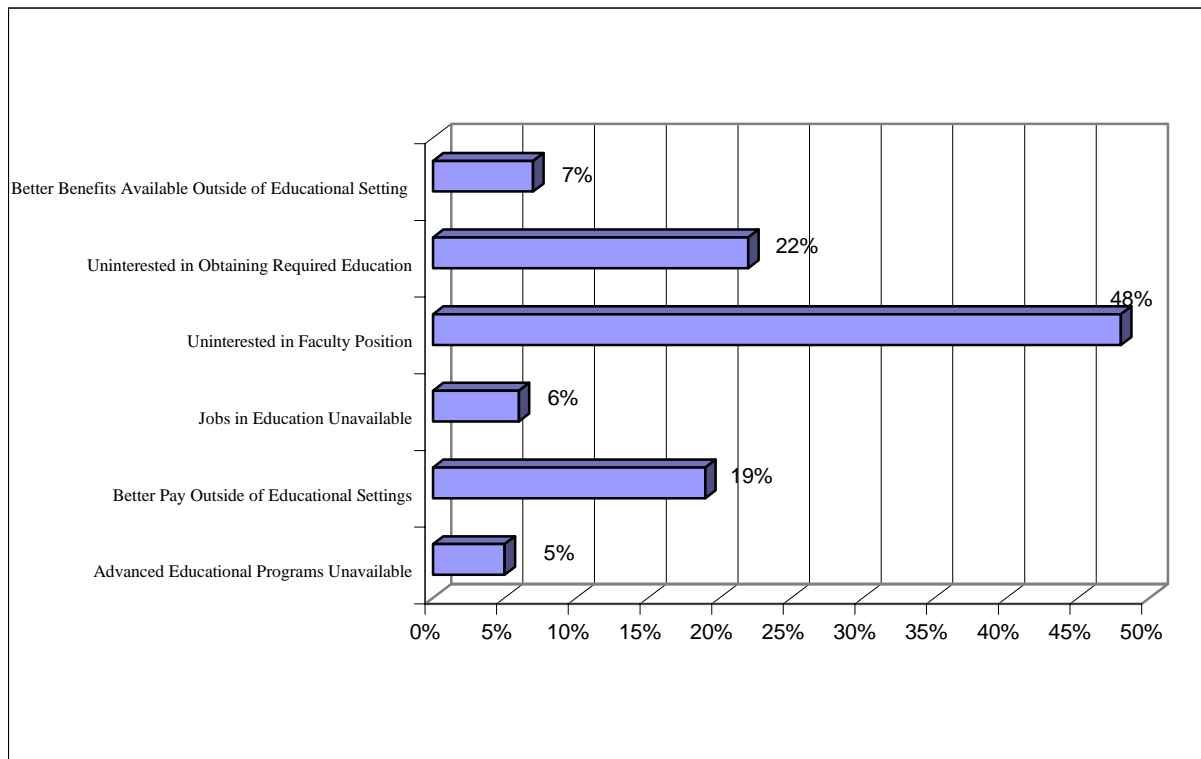
PART-TIME EMPLOYMENT

- Nurses working part-time (24%) most frequently indicated a preference for part-time work or they had home and family responsibilities. Nurses most frequently indicated that they prefer to work part-time or they are taking care of home and family. Other reasons included that working part-time minimizes stress, allows for scheduling flexibility and that finances allowed part-time employment (see figure 5).

Figure 5: Most Frequently Cited Reasons for Working Part-Time
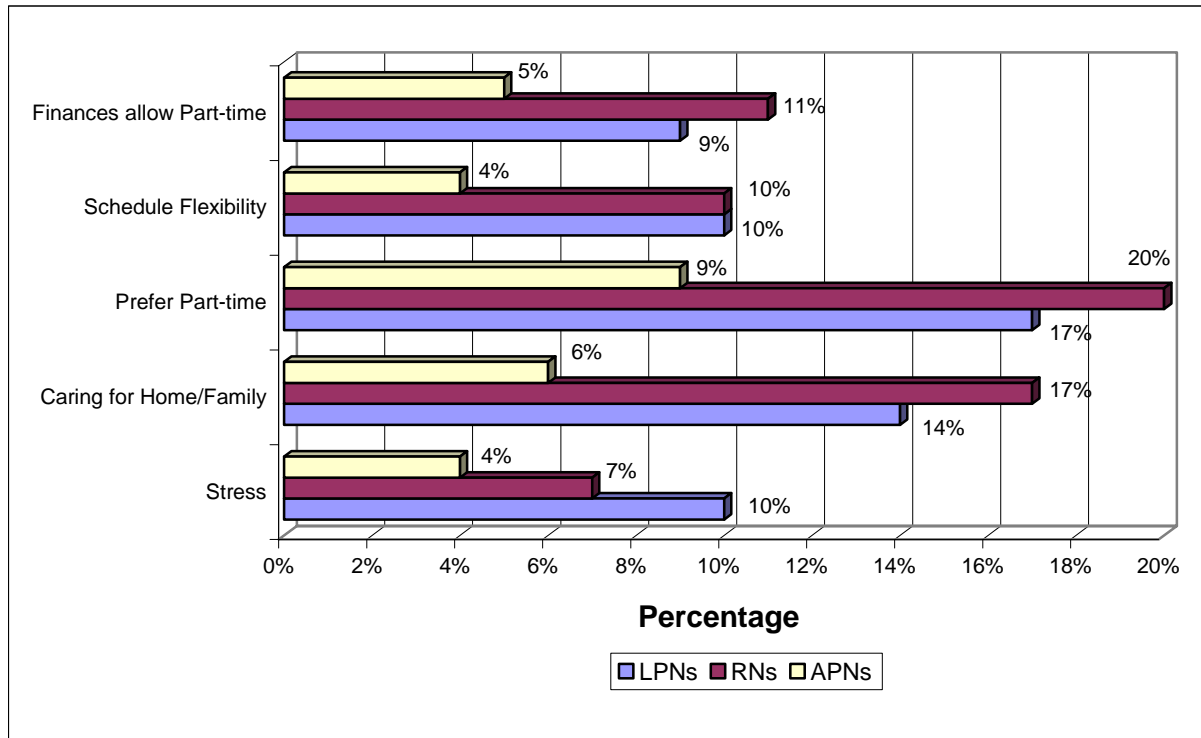
PRIMARY EMPLOYMENT SETTING

- Nurses who did not work as a nurse in the last year (9 %) were asked why. The most frequently cited reason was retirement. Other reasons cited were stress (2%), home and family responsibilities (2%), and poor health (1%).

- 92% of LPNs, 92% of RNs, and 95% of APNs are employed in nursing. The greatest number of LPNs (45%) and RNs (37%) are employed in rural areas. The greatest number of APNs (59%) are employed in urban settings.

- Most LPNs work in long-term care (45%) or hospital settings (30%). 12% work in public health, 5% in home health and 2% in each of the following settings: schools, regulation, insurance and education (see figure 6).

Figure 6: LPN Primary Employment Setting
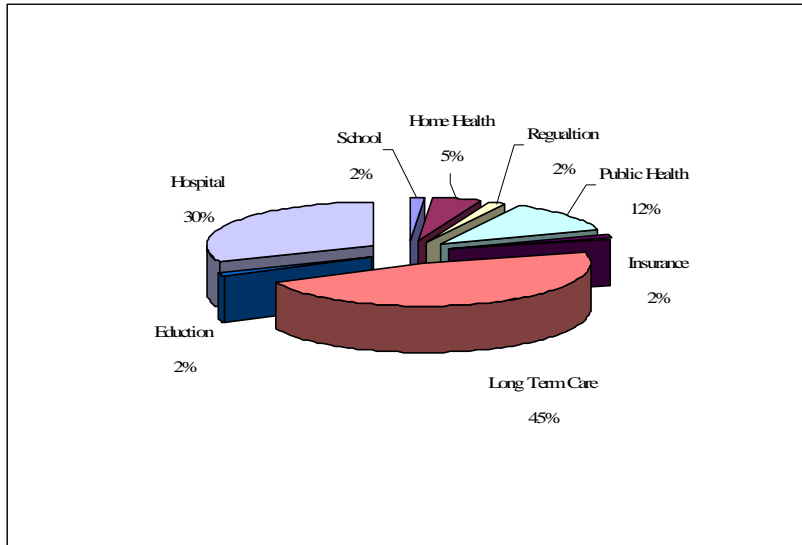
- Most RNs work in hospital (60%) and long-term care settings (20%). 9% work in public health, 5% in home health, 2% in nursing education and insurance, and 1% work in regulation and school settings (see figure 7). The American Nurses Association Staffing Survey (2001) found that most RNs (70%) work in hospitals. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found the greatest percentage of RNs (59%) work in hospitals.

Figure 7: RN Primary Employment Setting
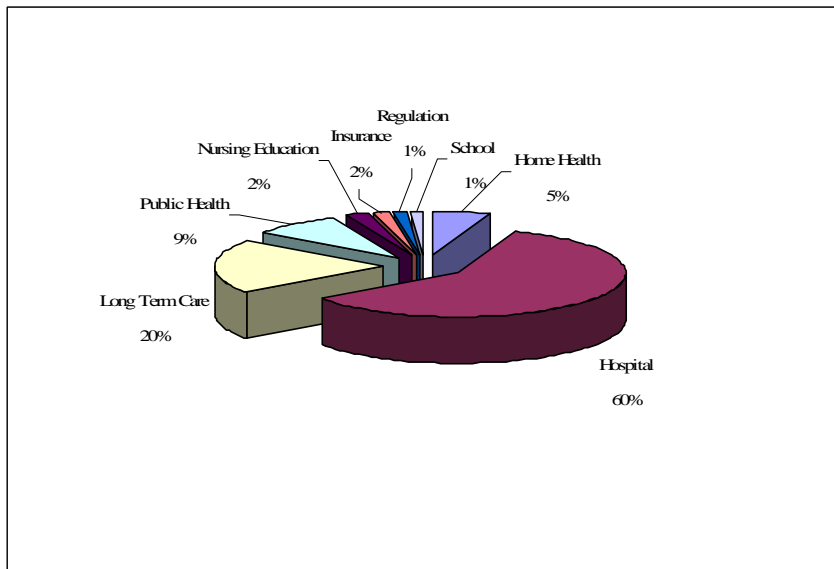
- Most APNs report working in hospital settings (46%) or in ambulatory care (41%). 7% work in nursing education, and 2% work in public health, long term care or other settings (see figure 8).

Figure 8: APN Primary Care Setting
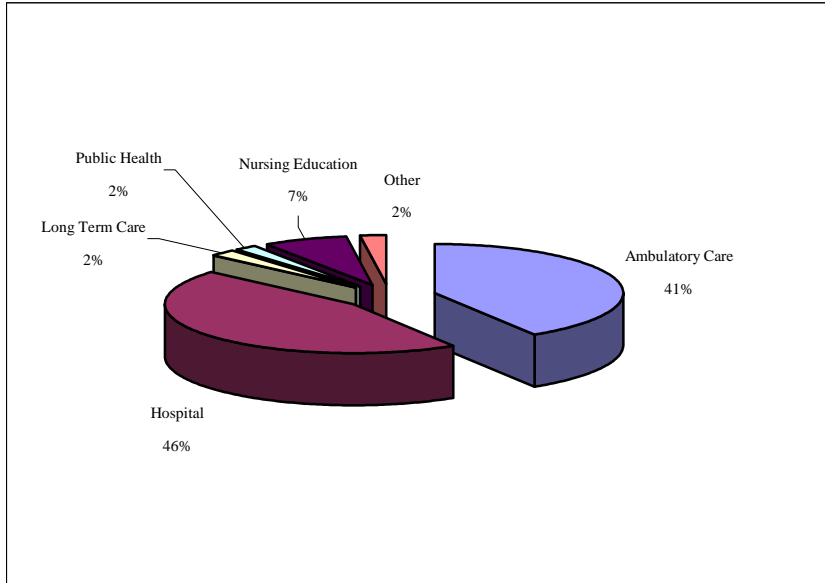
- Nurses working in hospitals were asked in what area of the hospital they work. 29% of LPNs work in medical or surgical areas, and 15% in acute care or emergency rooms. No LPNs work in hospice care, intensive care, or worked in multiple areas.

- 26% of RNs work in acute care, 20% in medical or surgical areas, 7% in intensive care, 7% in obstetrics or gynecology and 7% in the operating room.

- 53% of APNs work in the operating room, 10% in acute care, and 12% in psychiatric areas.

- LPNS (25%) and RNs (32%) worked as nurse in their primary work setting between one and five years. APNs (31%) worked in their primary work setting between 21 and 25 years (see figure 9).

**Figure 9: Number of Years Worked in Primary Nursing Setting**
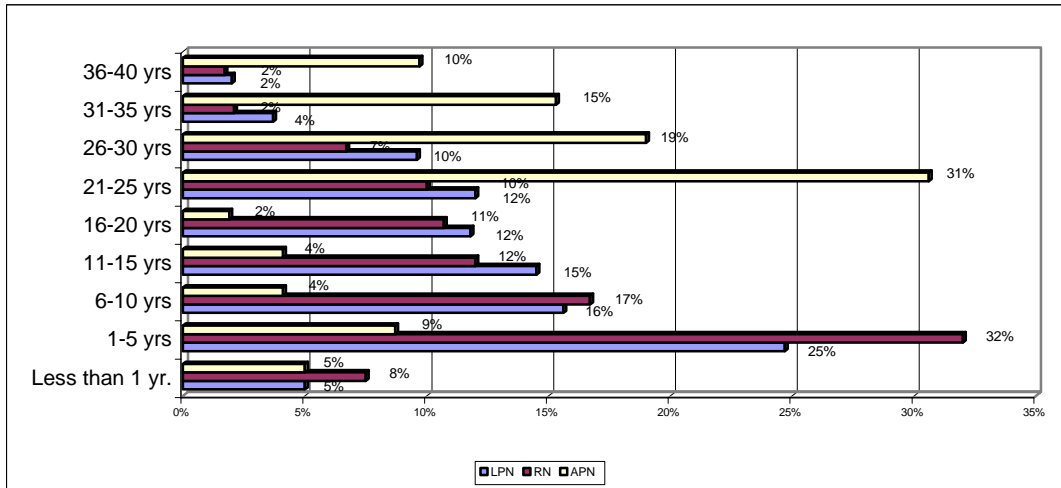
- 42% of nurses reported working between 16-20 hours/week in there primary employment setting (see figure 10).

Figure 10: Number of Hours Worked in Primary Setting

13
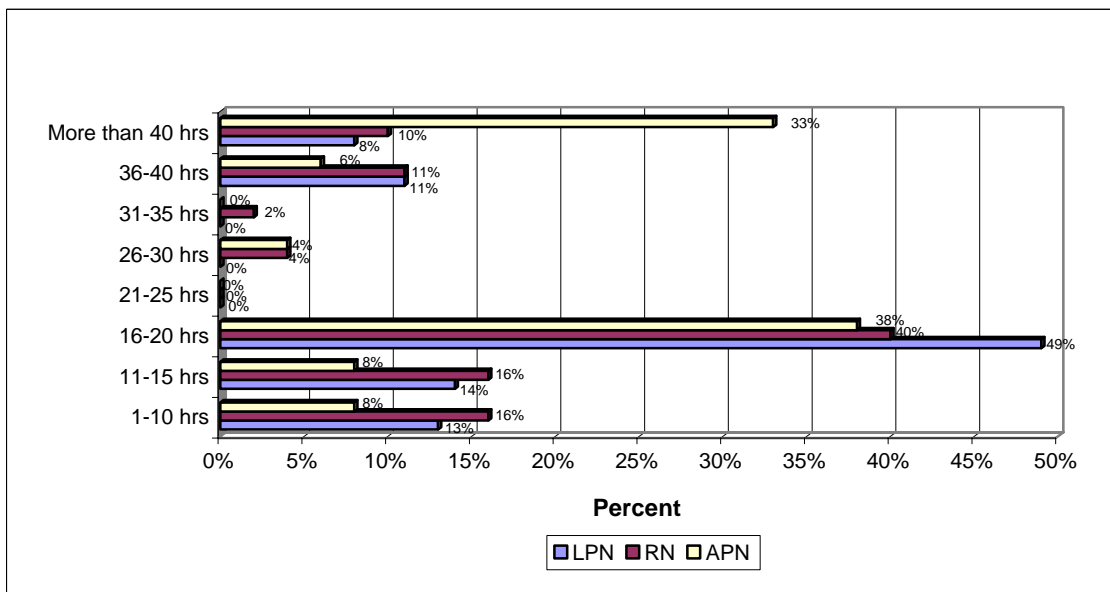
- Nurses were asked to report which shift they usually work in their primary employment setting. 60% of LPNs, 62% of RNs, and 87% of APNs work day shifts (see figure 11).

Figure 11: Shifts Worked in Primary Employment Setting
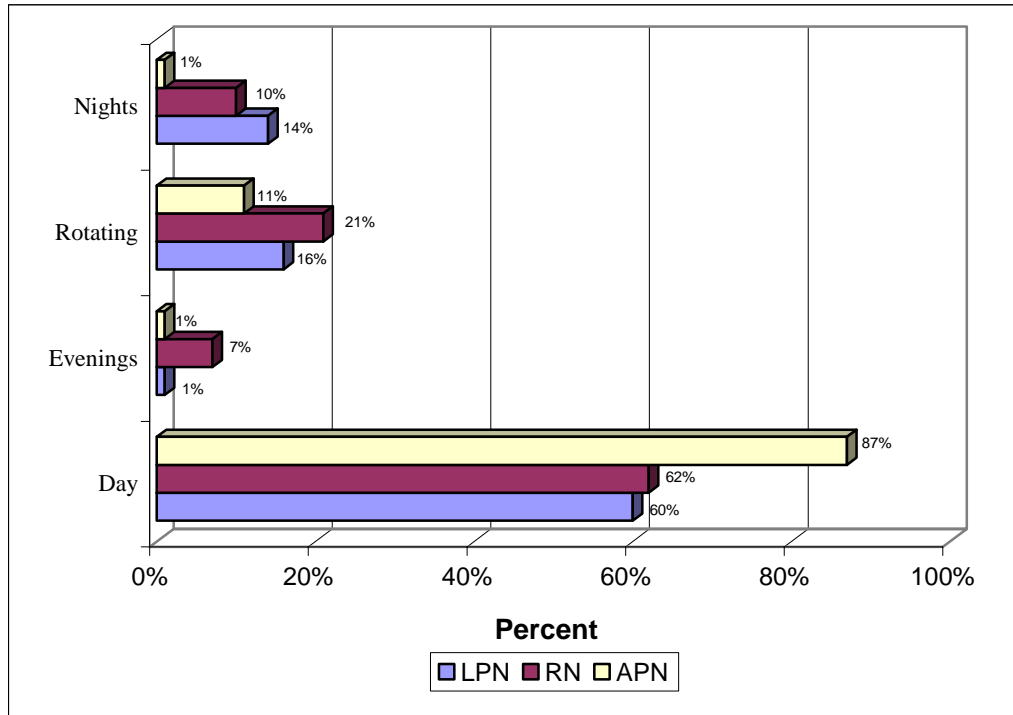
SECONDARY EMPLOYMENT SETTING

- 38% of nurses are employed in a secondary setting. Of those, 52% work the day shift, 17% work rotation shifts, 14% work evening shifts, and 9% work night shifts. Secondary employment is higher than the national average (American Nurses Association Staffing Survey, 2001) where 6.4% of RNs have a second job.

- 22% of nurses work in the hospital as their secondary setting, 14% long term care, 11% ambulatory care, 6% home health care, 5% public or community health and 4% nursing education.

- Of those nurses who work in the hospital setting as the secondary setting, 66% were RNs. Of those, many (36%) reported working in acute care areas or in medical or surgical areas, 20% in chronic care or out-patient settings, 11% in obstetrics or gynecology, and 8% in the operating room.

DIRECT PATIENT CARE

- 69% of nurses provide direct care.

- 23% of LPNs provide direct care on their last shift for five or fewer patients, 25% six to 10 patients, 5% 11 - 20 patients, and 42% for more than 20 patients.

- Most RNs (62%) provide direct care on their last shift for five or fewer patients, 30% for six to 10 patients, 6% for 11 - 20 patients, and 2% for more than 20 patients.

- 36% of LPNs and 32% of RNs worked with a nurse aide during their last shift. 9% shared this aide with another nurse, 8% with two nurses, and 11% with three or more nurses.

RETIREMENT PLANS

- Nurses were asked to estimate the age at which they intend to retire and the age at which they plan to stop providing direct care (see table 3). The planned average retirement age was 62. Most nurses plan to end direct care between one and three years before retirement. Nurses in urban areas plan to stop providing direct care earlier than nurses in semi-rural and rural areas.

Table 3: Average Age at Which Nurses Plan to Stop Providing Direct Care and Retire

|	Urban		Semi-Rural		Rural	
	End Direct Care	Retire	End Direct Care	Retire	End Direct Care	Retire
LPN	61	63	61	64	61	63
RN	57	60	59	61	60	62
APN	59	62	62	63	62	61
Overall	59	62	61	63	61	62

- 30% of LPNs plan to retire by 2013, 56% by 2020 and 80% by 2025 (see figure 12).

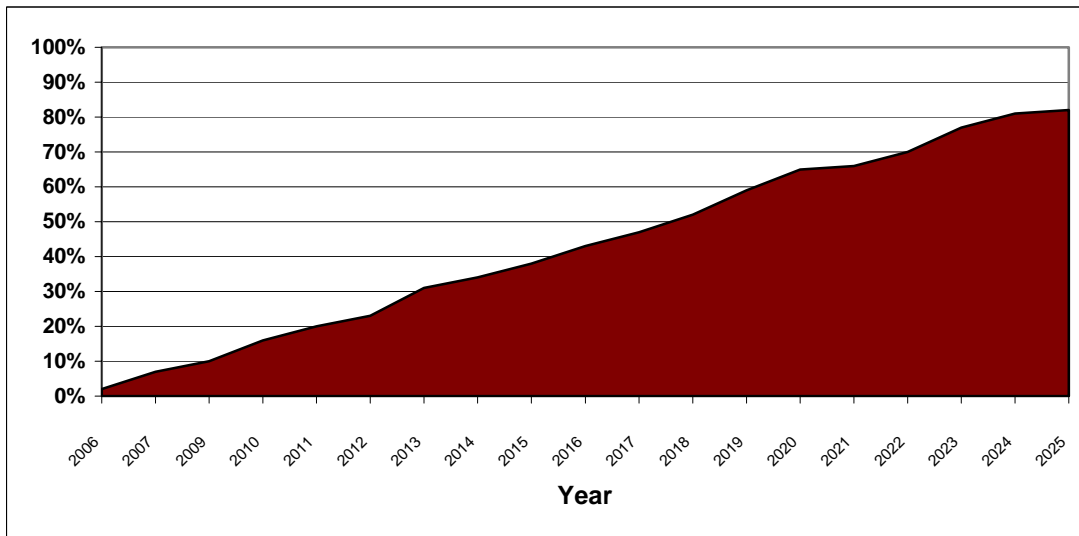**Figure 12: Cumulative Percentage of LPNs Planning to Retire in a Given Year**
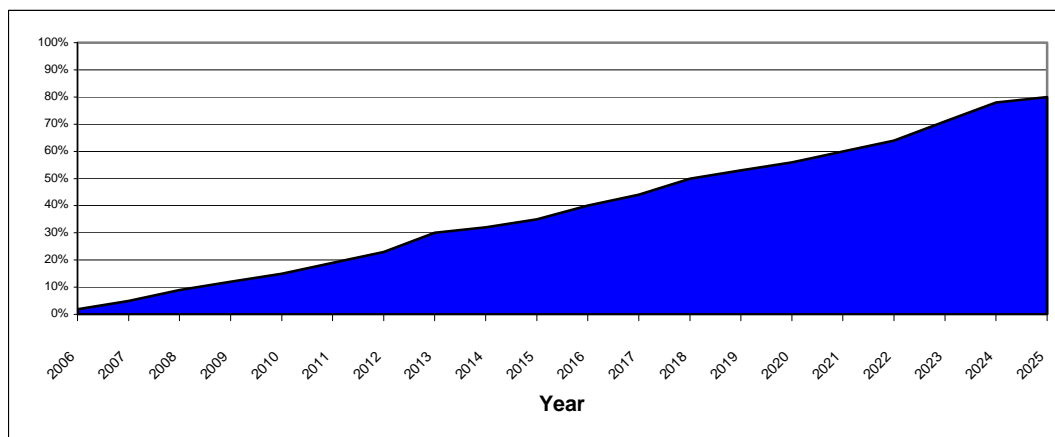
- 27% of RNs plan to retire by 2013, 52% by 2020 and 68% by 2025 (see Figure 13).

Figure 13: Cumulative Percentage of RNs Planning to Retire in a Given Year
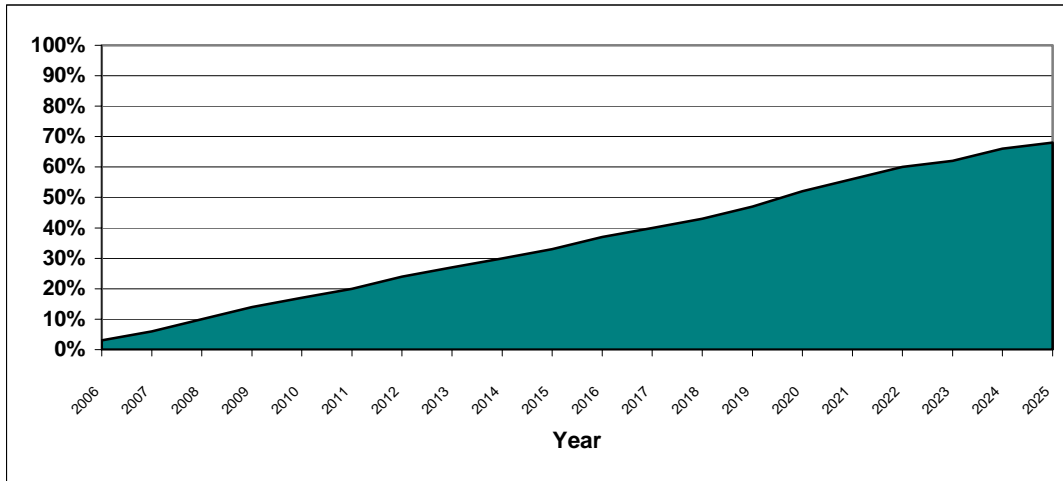
- 31% of APNs plan to retire by 2013, 65% by 2020 and 82% by 2025 (see figure 14).

Figure 14: Cumulative Percentage of APNs Planning to Retire in a Given Year

- Nurses were asked what workplace change(s) might encourage them to work longer as nurses (see figure 15). Most LPNs (55%) and RNs (55%) indicated increased pay. Many APNs (48%), RNs (47%) and LPNs (45%) indicated the ability to work part-time. Other frequent responses included retaining benefits and flexible scheduling.

**Figure 15: Workplace Changes That Would Delay Retirement**
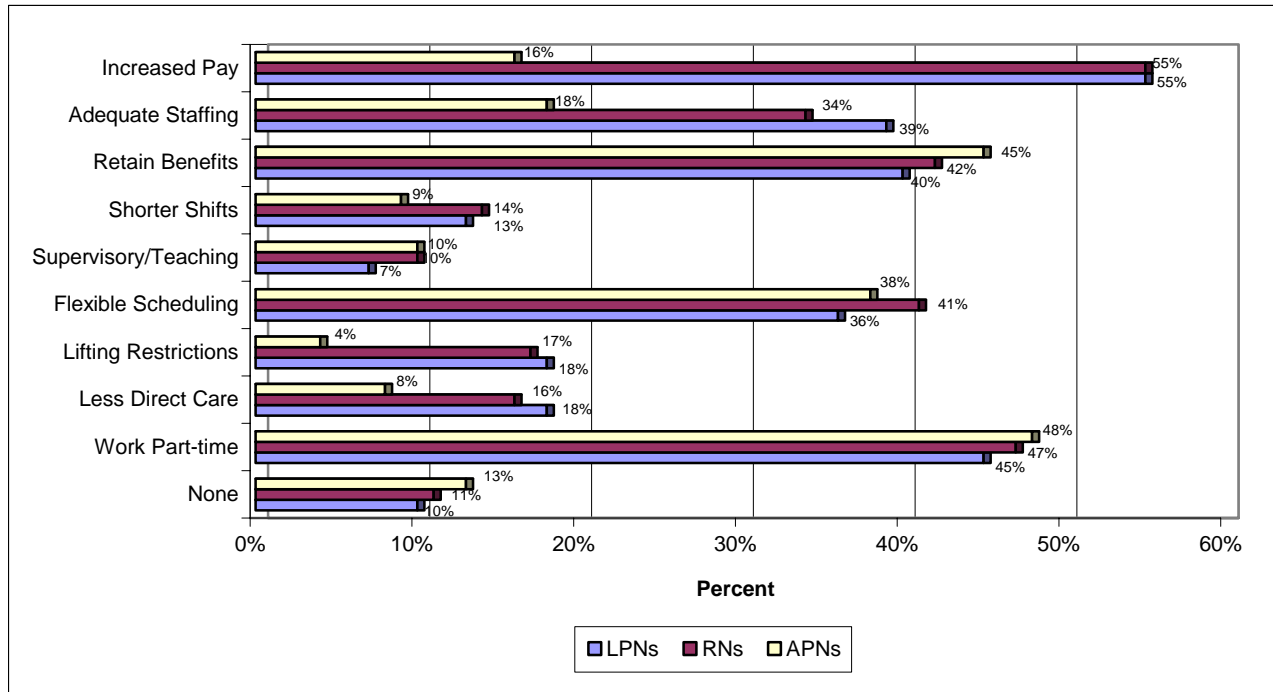
WORKPLACE ENVIRONMENT

- Nurses were asked about change(s) in their primary employment setting within the past two years (see figure 16). LPNs (37%), RNs (47%), and APNs (53%) indicated larger patient care loads over the past two years. LPNs (41%), RNs (42%), and APNs (28%) also reported voluntary overtime to cover staffing needs.

  The National Survey of Registered Nurses (Nurseweek & AONE, 2002) found 68% of RNs with a greater number of patients per nurse in the past year, 66% had observed increases in overtime or double-shifts and 57% had observed increases in the use of agency, internal float pool or traveling nurses. Also, 56% of RNs rated opportunities to influence decisions about workplace organization as fair or poor. The American Nurses Association Staffing Survey (2001) found that over 50% of RNs have experienced increased patient care load, 40% increased use of "floating" between departments, and 30% mandatory overtime in their work setting in the past two years. 75% of RNs also responded that the quality of nursing care has declined in the last two years. Over 40% of RNs have also worked overtime on a voluntary basis.

**Figure 16: Workplace Changes Observed in the Last Two Years**
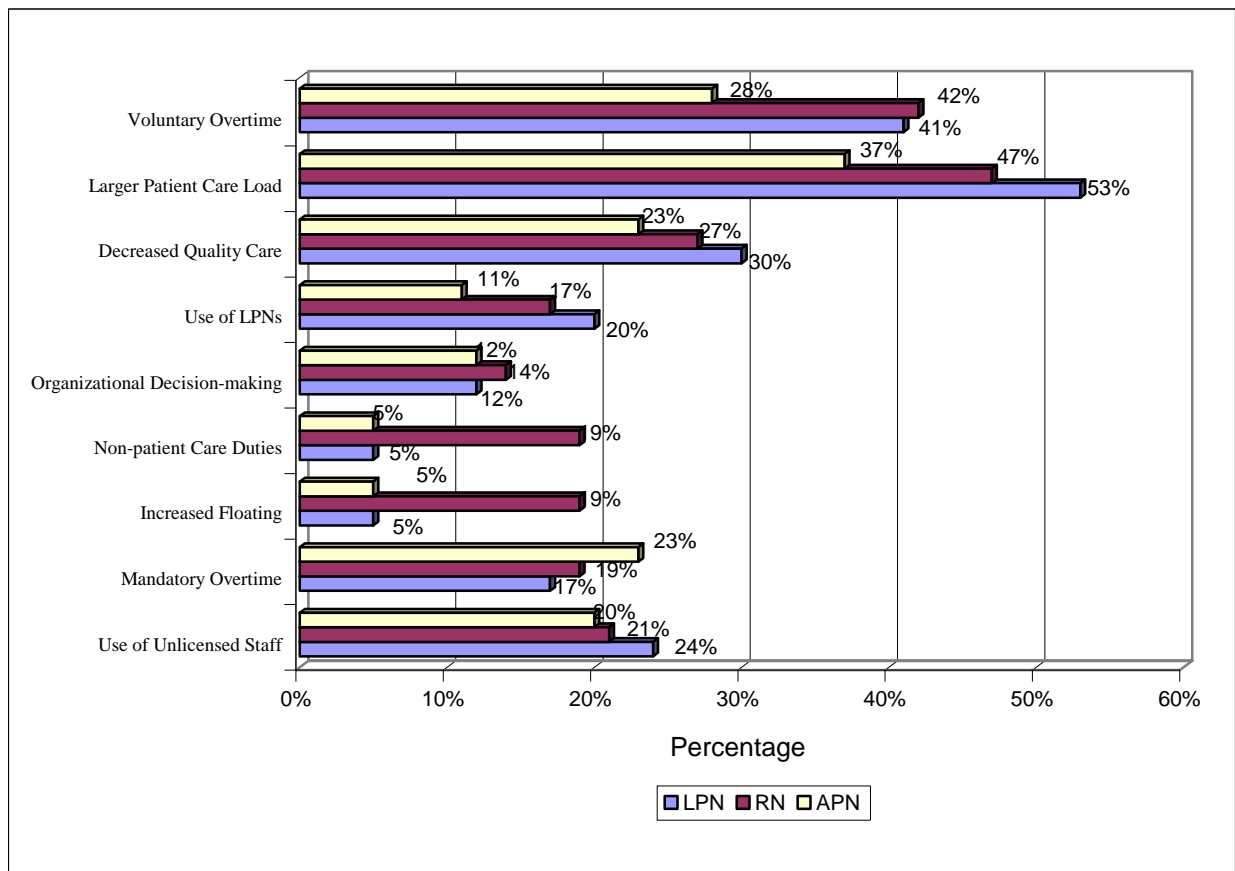
- Nurses were also asked to evaluate staffing at their primary setting on a scale from very inadequate to very adequate (see figure 17). 42% of LPNs, 45% of RNs, and 50% of APNs rated staffing as adequate. A smaller, but substantial portion, of LPNs (42%), RNs (40%), and APNs (37%) rated staffing as somewhat inadequate.

**Figure 17: Staffing Adequacy in the Primary Work Setting**
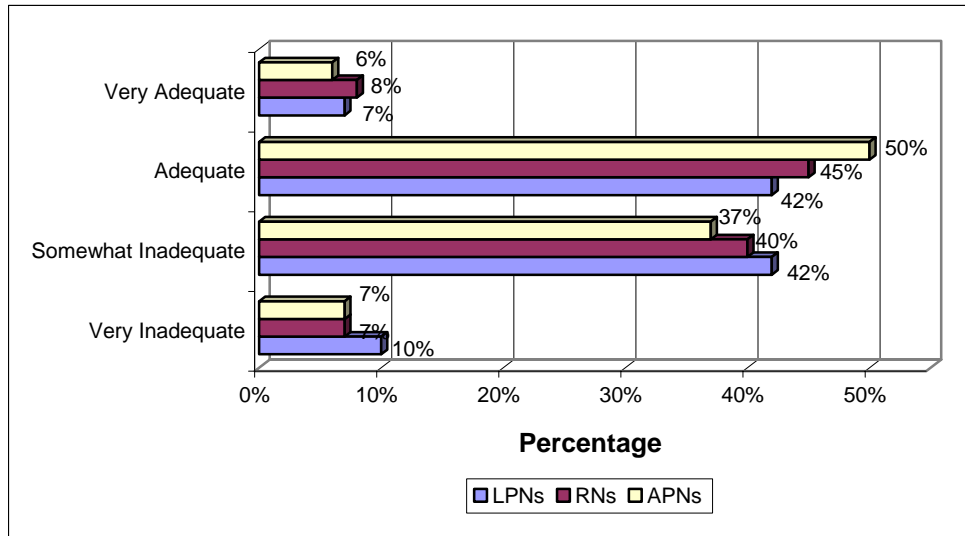
- Nurses were asked to rate their overall level of satisfaction with their job this year as compared to last year on a five-point scale (see figure 18). Most LPNs (50%), RNs (51%), and APNs (52%) reported feeling neither more satisfied or more dissatisfied than last year. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found that 70% of nurses reported being satisfied in their current position.

Figure 18: Overall Job Satisfaction This Year as Compared to Last Year

19
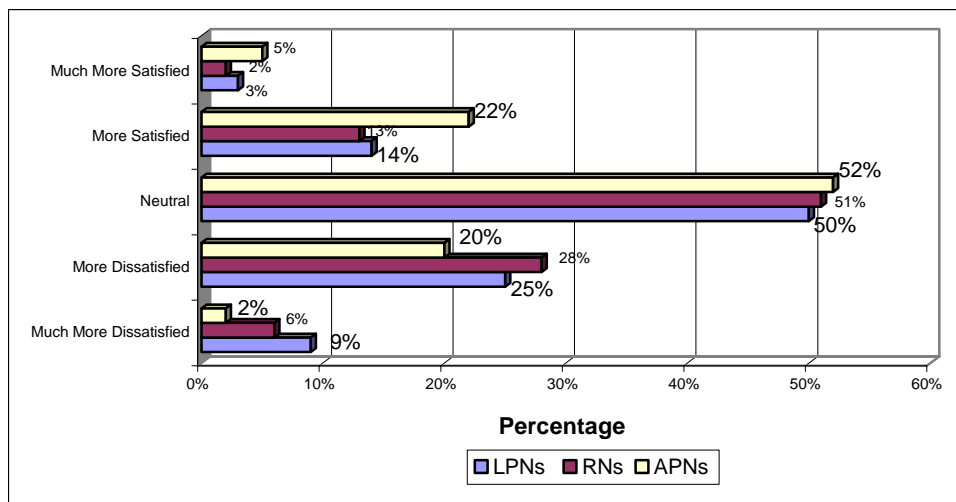
- Overall 50% of nurses said that they were neither more or less satisfied compared to one year ago (see figure 19).

Figure 19: Nurse Job Satisfaction this Year as Compared to Last Year
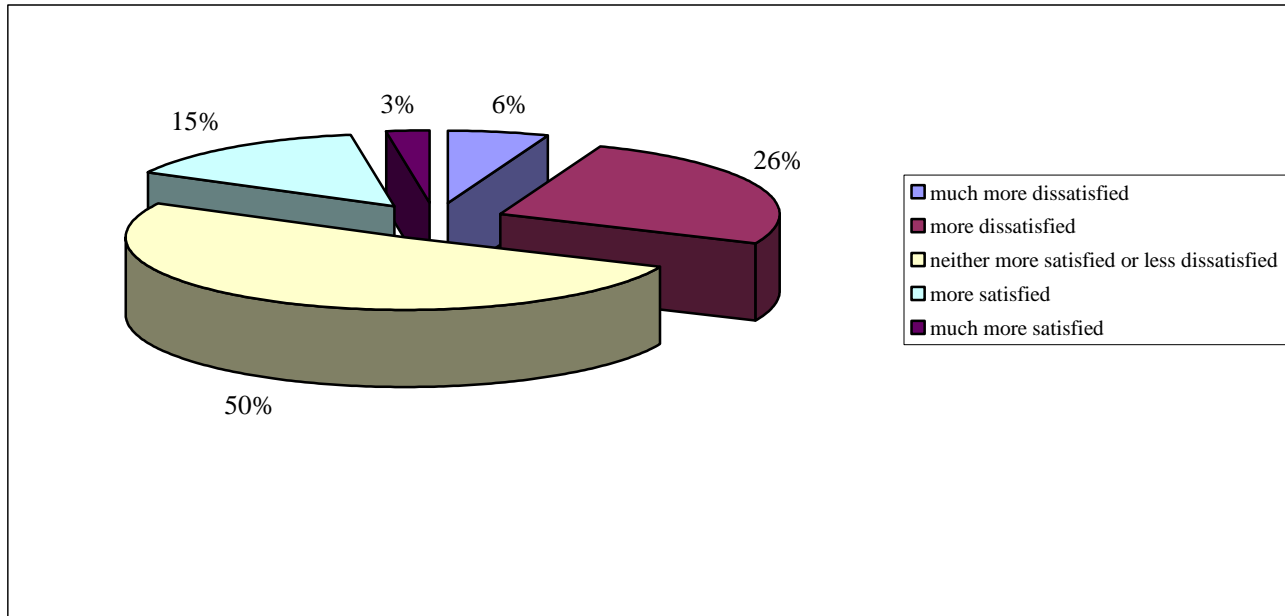
- Nurses were also asked to rank agreement with 26 statements regarding work setting and professional role satisfaction on a one to seven scale (1 = strongly agree to 7= strongly disagree). Most of the statements were derived from a nurse job satisfaction index (Stamps, 1997). Lower scores suggest greater satisfaction. The most similar statements clustered together to form five satisfaction scales: pay (6 statements, e.g., "my present salary is satisfactory"), autonomy (7 statements, e.g., "nursing staff has sufficient control over scheduling"), professional role (5 statements, e.g., "if I had the decision to make again, I would still go into nursing"), direct care (4 statements, e.g., "sufficient time for direct care), and power structures (3 statements, e.g., "opportunity for nurses to participate in the decision-making process")

Nurses were most satisfied with the professional role (2.8) and direct care (2.8) aspects of their work setting (see table 4). Nurses were least satisfied with pay (4.3).

Table 4: Average Ratings of Satisfaction on Work Setting Scales

| Scale Name	LPN	RN	APN	Overall
Pay	4.6	4.4	4.0	4.3
Autonomy	4.2	4.0	3.7	4.0
Professional Role	2.9	2.9	2.7	2.8
Direct Care	2.9	2.8	2.7	2.8
Power Structures	3.4	3.4	3.2	3.3

NURSING SHORTAGE SOLUTIONS

- Nurses were asked to what extent 20 solutions would be helpful in alleviating the nursing shortage (No help, little help, moderate help, or significant help). In the National Survey of Registered Nurses (Nurseweek & AONE, 2002), 83% of RNs cited improved working environments, 79% improved wages and benefits, 70% higher status of nurses in the hospital environment and 58% better hours as solutions that would help to solve the nursing shortage.

- Of organizational solutions, 42% of LPNs, 52% of RNs and 48% of APNs indicated more flexible hours would help (see figure 20). 56% of APNs indicated higher status in the work environment as a solution.

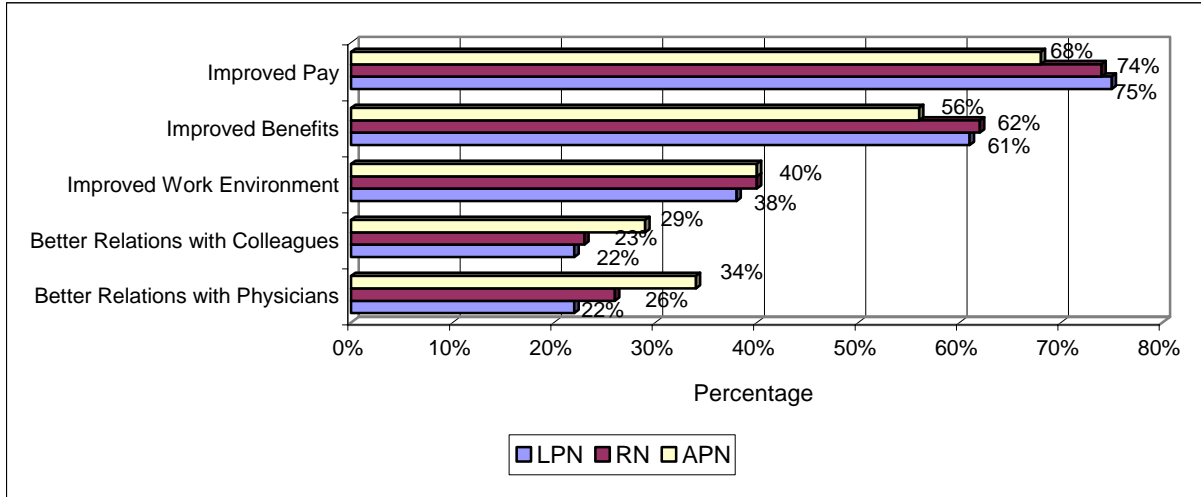**Figure 20: Organizational Solutions to Solve the Nursing Shortage**
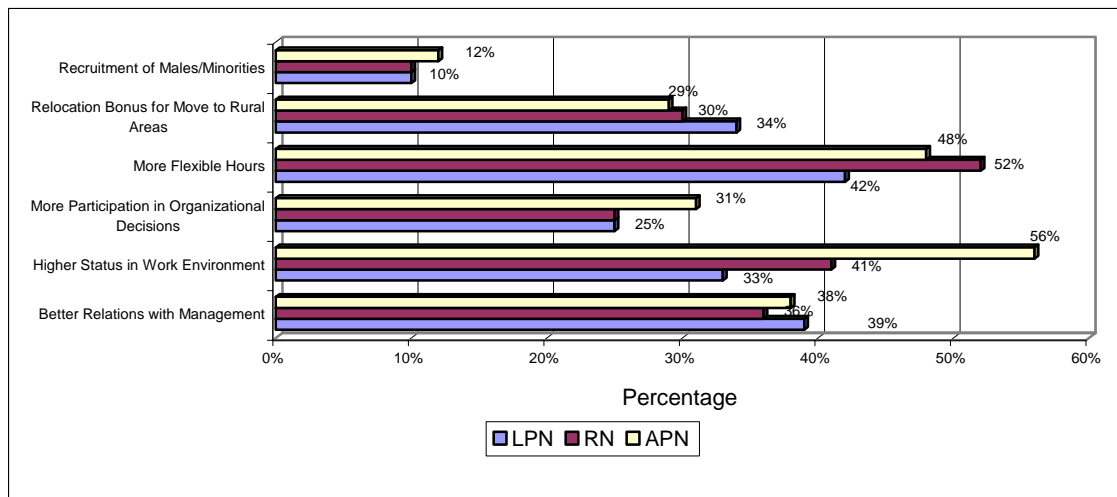
- Of staffing solutions, 61% of LPNs, 60% of RNs and 57% of APNs indicated that adequate nurse staffing would be a solution (see figure 21).

**Figure 21: Staffing Solutions to Solve the Nursing Shortage**
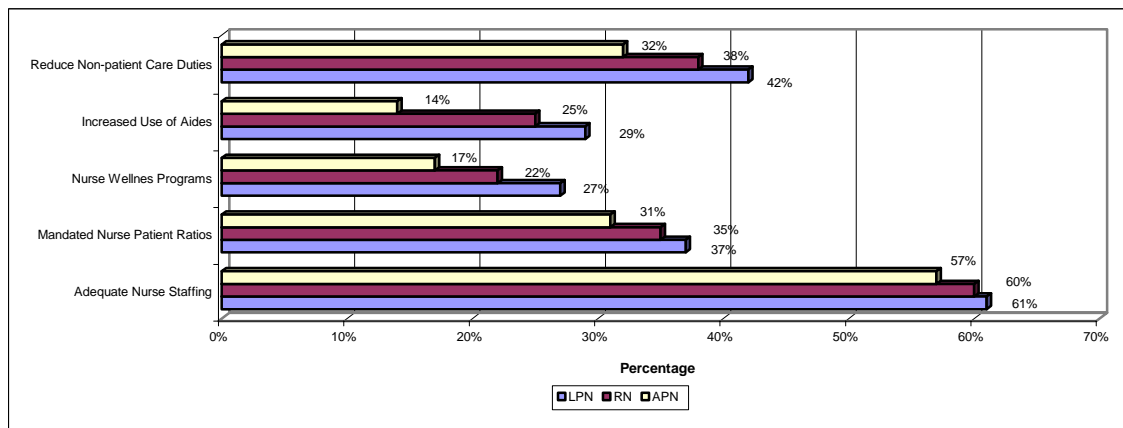
- Of compensation and relational solutions, 75% of LPNs, 74% of RNs and 68% of APNs indicated that improved pay would be a solution (see figure 22).

Figure 22: Compensation and Relational Solutions to Solve the Nursing Shortage

- Of educational solutions, 46% of LPNs, 47% of RNs and 40% of APNs indicated graduating more nurses and 48% of LPNs, 40% of RNs and 37% of APNS indicated more financial aid are important solutions (see figure 23)

Figure 23: Educational Solutions to Solve the Nursing Shortage
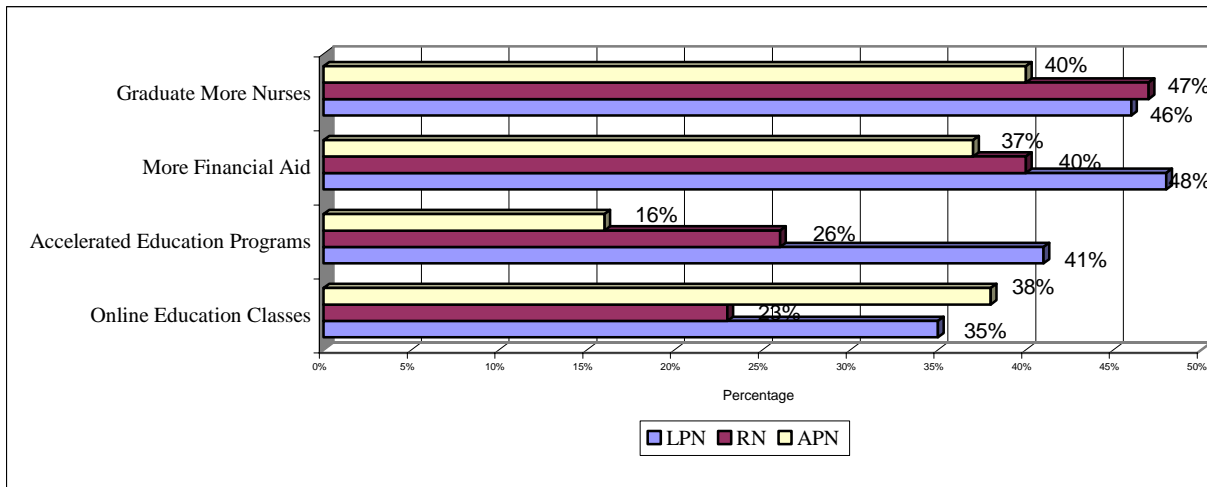
- 30% of nurses indicated the one best solution to alleviate the nursing shortage was increased pay and improved benefits would be the best solution. 15% suggested adequate nurse staffing along with better nurse/patient ratios.

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North Dakota
Licensed Nurses Survey 2003

Center for Rural Health
University of North Dakota
School of Medicine and Health Sciences

If you have any questions call Dr. Moulton at 701-777-6781

Correct Mark ●
Incorrect Marks ⊘ ⊗ ⬭ ⊙

Education

1. Indicate all educational programs completed.

- ○ Certificate in nursing
- ○ Diploma in nursing
- ○ Associate degree in nursing
- ○ Associate degree, other field
- ○ Baccalaureate degree, nursing
- ○ Baccalaureate degree, other
- ○ Masters degree, nursing
- ○ Masters degree, other
- ○ Doctoral degree, nursing
- ○ Doctoral degree, other

2. Indicate all advanced practice educational programs completed.

- ○ Nurse practitioner (NP)
- ○ Certified nurse midwife (CNM)
- ○ Clinical nurse specialist (CNS)
- ○ Certified nurse anesthetist (CRNA)

3. Are you currently enrolled in a formal education program leading to an academic degree with a major in nursing?

- ○ Yes (if yes, continue to question 4)
- ○ No (If no, skip to question 6)

4. Are you a full-time or part-time student?

- ○ Part-time
- ○ Full-time

5. What degree are you currently working toward in this program?

- ○ Associate
- ○ Baccalaureate
- ○ Masters
- ○ Doctorate
- ○ Other

6. Are you interested in pursuing a nursing faculty role sometime in the future?

- ○ Yes (if yes continue to question 7)
- ○ No (if no, skip to question 8)

7. When do you plan on pursuing employment as a nursing faculty member?

- ○ Within the next year
- ○ 1-5 years
- ○ 6-10 years
- ○ Over 10 years

Why do you want to teach in a nursing education program?
_____

8. What barriers are preventing you from considering teaching nursing? (Mark all that apply)

- ○ Advanced education programs are unavailable to me
- ○ Better pay is available outside education settings
- ○ Jobs in education are not available
- ○ Personally not interested in a faculty position
- ○ No interest in obtaining required education
- ○ Better benefits are available outside education
- ○ Other (please specify _____)

9. Mark the highest license that you hold. (Mark only one)

- ○ LPN
- ○ RN
- ○ RN Advanced Practice License
- ○ None

10. Indicate state(s) where you are currently licensed. (Mark all that apply.)

- ○ ND
- ○ SD
- ○ MN
- ○ MT
- ○ Other
- ○ None

Employment

11. Indicate one option that describes your CURRENT employment status

- ○ Employed in nursing, **continue with Ques. 12**
- ○ Employed in another field, **skip to Ques. 28**
- ○ Not employed, attending college, **skip to Ques. 28**
- ○ TEMPORARILY Not working/not looking for a job, **skip to Ques. 28**
- ○ Retired OR no plans to return to work, **skip to Ques. 28**
- ○ Seeking nursing employment, **skip to Ques. 28**

12. Indicate ONE setting that best describes your primary employment setting (P) or the employment setting in which you work the most hours. If you practice in more than 1 setting, please indicate the ONE setting which best describes your secondary setting (S). Mark only one in each column.

- Ⓟ Ⓢ Ambulatory care
- Ⓟ Ⓢ Home health care
- Ⓟ Ⓢ Hospital - If you marked hospital, what types of patients below do you primarily care for? (mark only 1 primary & 1 secondary)
- Ⓟ Ⓢ Insurance company
- Ⓟ Ⓢ Long term care
- Ⓟ Ⓢ Nursing education program
- Ⓟ Ⓢ Occupational health
- Ⓟ Ⓢ Public/community health
- Ⓟ Ⓢ Regulation
- Ⓟ Ⓢ School health

- Ⓟ Ⓢ Acute care/emergency room
- Ⓟ Ⓢ Chronic care
- Ⓟ Ⓢ Hospice unit
- Ⓟ Ⓢ Neurological
- Ⓟ Ⓢ Obstetrics/gynecologic
- Ⓟ Ⓢ Orthopedic
- Ⓟ Ⓢ Pediatric
- Ⓟ Ⓢ Rehabilitation

- Ⓟ Ⓢ Basic medical/surgical
- Ⓟ Ⓢ Coronary care
- Ⓟ Ⓢ Outpatient
- Ⓟ Ⓢ Intensive care
- Ⓟ Ⓢ Newborn
- Ⓟ Ⓢ Operating room
- Ⓟ Ⓢ Psychiatric
- Ⓟ Ⓢ Floating

PLEASE DO NOT WRITE IN THIS AREA

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13. Indicate ONE position that best describes your role with your primary and secondary nursing employer.

- (P) (S) Discharge planner, case manager
- (P) (S) Educator (school or in-service education)
- (P) (S) Nurse practitioner, certified nurse midwife, clinical nurse specialist, nurse anesthetist
- (P) (S) Quality assurance, infection control
- (P) (S) Researcher, consultant
- (P) (S) Staff/general duty nurse
- (P) (S) Team leader or charge nurse
- (P) (S) Nurse manager or head nurse
- (P) (S) Director of Nursing/Nursing Executive
- (P) (S) Utilization review, outcomes management, other insurance related roles

14. How many years have you worked in your Primary and Secondary Setting?

Primary Setting:
- ○ Less than 1 year
- Y R S ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵
- ○ More than 40 years

Secondary Setting:
- ○ Less than 1 year
- Y R S ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵
- ○ More than 40 years

15. How many hours do you work in a typical week in your Primary and Secondary setting?

Primary Setting:
- H R S ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵
- ○ More than 40 hours

Secondary Setting:
- H R S ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵
- ○ More than 40 hours

16. What shift do you USUALLY work at your primary and secondary nursing position? (Mark only one in each column.)

- (P) (S) Day
- (P) (S) Evening
- (P) (S) Night
- (P) (S) Other
- (P) (S) Rotating
- (P) (S) Weekends only

17. Does your primary or secondary nursing position involve providing direct care services to patients/families?

Primary Setting:
- ○ Yes (if yes, continue to Ques. 18)
- ○ No (if no, skip to Ques. 19)

Secondary Setting:
- ○ Yes (if yes, continue to Ques. 18)
- ○ No (if no, skip to Ques. 19)

If you have indicated that you provide direct care, how many patients did you have at the beginning of your last shift?
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳
- ○ More than 20 patients

If you have indicated that you provide direct care, how many patients did you have at the end of your last shift?
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳
- ○ More than 20 patients

Did you have a nurse aide during this shift?
- ○ Yes   ○ No

If yes, how many nurses share this aide?   ① ② ③ ④ ⑤

18. At what age do you expect to stop providing direct patient care?

19. At what age do you intend to retire from nursing?

A G E ⓪ ⓪ / ① ① / ② ② / ③ ③ / ④ ④ / ⑤ ⑤ / ⑥ ⑥ / ⑦ ⑦ / ⑧ ⑧ / ⑨ ⑨

A G E ⓪ ⓪ / ① ① / ② ② / ③ ③ / ④ ④ / ⑤ ⑤ / ⑥ ⑥ / ⑦ ⑦ / ⑧ ⑧ / ⑨ ⑨

20. What change(s) in the workplace environment might encourage you to work longer as a nurse? (Mark all that apply.)

- ○ Ability to work part-time
- ○ Reduction in amount of direct patient care work
- ○ Restrictions on heavy lifting
- ○ Flexible scheduling
- ○ No changes would encourage me to work longer
- ○ Assignment to supervisory/teaching duties
- ○ Reduction in shift length
- ○ Retention of benefits while working part-time
- ○ Adequate staffing levels
- ○ Increased pay
- ○ Other (please specify _____)

21. Which of the following have you observed in your primary and secondary setting in the past two years? (Mark all that apply.)

- (P) (S) Increased use of aides, techs, UAPs
- (P) (S) Mandatory overtime to cover staffing needs
- (P) (S) Increased use of "floating" between departments
- (P) (S) Assigned non-patient care activities to nurses
- (P) (S) Increased involvement of nurses in organizational decisions
- (P) (S) Increased use of LPNs
- (P) (S) Decreased quality care for patients
- (P) (S) Increased patient care load for nurses
- (P) (S) Voluntary overtime to cover staffing needs

22. Would you say that in your primary and secondary work settings, nurse staffing is…

Primary Setting:
- ○ Very inadequate
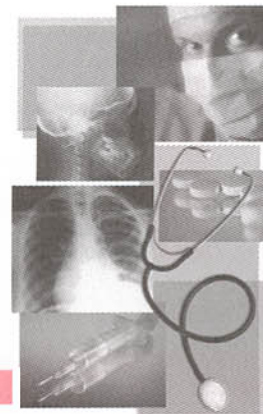- ○ Somewhat inadequate
- ○ Adequate
- ○ Very adequate

Secondary Setting:
- ○ Very inadequate
- ○ Somewhat inadequate
- ○ Adequate
- ○ Very adequate

23. Compared to a year ago, how would you best describe your current feelings about your nursing job(s)?

- ○ Much more dissatisfied
- ○ More dissatisfied
- ○ Neither more satisfied nor more dissatisfied
- ○ More satisfied
- ○ Much more satisfied

24. Fill in the circle that most closely indicates how you feel about each statement for your PRIMARY Setting.

AGREE ▽ ▽ ▽ ▽ ▽ ▽ ▽ DISAGREE

	AGREE						DISAGREE	
1. The nursing staff has sufficient control over scheduling their own shifts.	①	②	③	④	⑤	⑥	⑦	N/A
2. My present salary is satisfactory.	①	②	③	④	⑤	⑥	⑦	N/A
3. I am satisfied with the types of activities that I do on my job.	①	②	③	④	⑤	⑥	⑦	N/A
4. There is a great gap between the administration and the daily problems of the nursing service.	①	②	③	④	⑤	⑥	⑦	N/A
5. It is my impression that a lot of nursing personnel are dissatisfied with their pay.	①	②	③	④	⑤	⑥	⑦	N/A
6. I think I could do a better job if I did not have so much to do all the time.	①	②	③	④	⑤	⑥	⑦	N/A
7. There are not enough opportunities for advancement of nursing personnel.	①	②	③	④	⑤	⑥	⑦	N/A
8. Considering what is expected of nursing personnel, the pay we get is reasonable	①	②	③	④	⑤	⑥	⑦	N/A
9. There is too much "clerical" and paperwork required of nurses.	①	②	③	④	⑤	⑥	⑦	N/A
10. There is ample opportunity for nursing staff to participate in the administrative decision-making process.	①	②	③	④	⑤	⑥	⑦	N/A
11. The present rate of increase in pay for nurses is not satisfactory.	①	②	③	④	⑤	⑥	⑦	N/A
12. I have plenty of time to discuss patient care problems with other nursing service personnel.	①	②	③	④	⑤	⑥	⑦	N/A
13. Administrative decisions interfere too much with patient care.	①	②	③	④	⑤	⑥	⑦	N/A
14. From what I hear, nurses at this facility are fairly paid.	①	②	③	④	⑤	⑥	⑦	N/A
15. I have sufficient time for direct patient care.	①	②	③	④	⑤	⑥	⑦	N/A
16. I have all the voice in planning policies and procedures that I want.	①	②	③	④	⑤	⑥	⑦	N/A
17. An upgrading of pay schedules for nurses is needed at this facility.	①	②	③	④	⑤	⑥	⑦	N/A
18. I could deliver better care if I had more time with each patient.	①	②	③	④	⑤	⑥	⑦	N/A
19. The nursing administrators generally consult with staff on daily problems and procedures	①	②	③	④	⑤	⑥	⑦	N/A
20. There is a good deal of teamwork and cooperation among various levels of nurses.	①	②	③	④	⑤	⑥	⑦	N/A
21. I have the freedom in my work to make decisions as I see fit, and can count on my supervisors to back me up.	①	②	③	④	⑤	⑥	⑦	N/A
22. If I had the decision to make again, I would still go into nursing.	①	②	③	④	⑤	⑥	⑦	N/A
23. There is a lot of teamwork between nurses/doctors at my facility.	①	②	③	④	⑤	⑥	⑦	N/A
24. Patients at my facility consistently receive safe care	①	②	③	④	⑤	⑥	⑦	N/A
25. Patients at my facility consistently receive high quality care.	①	②	③	④	⑤	⑥	⑦	N/A
26. Nurses are encouraged to participate in decision making through shared governance, clinical councils, nursing representatives.	①	②	③	④	⑤	⑥	⑦	N/A

Part-time/Full-time

25. Is the total number of hours for both your primary and secondary settings combined...

○ <32 hours/week (Part-time), **continue to Ques. 26**
○ 32 or more hours/week (Full-time) **skip to question 31.**

26. What is the reason(s) you are working PART-TIME? (Mark all that apply.)

① Enrolled in college
② Full-time nursing positions unavailable
③ Health of family member is poor
④ Stressful work environment
⑤ Not valued/respected by physicians
⑥ Reorganization of facility
⑦ Taking care of home/family
⑧ Volunteer work
⑨ Have to commute long distances
⑩ Prefer to work part-time
⑪ Finances allow part-time work
⑫ Health is poor
⑬ Physical demands of nursing
⑭ Not valued/respected by management
⑮ Opportunities outside nursing
⑯ Schedule flexibility
⑰ Unable to provide high quality care
⑱ Age
⑲ Lifestyle change

27. Please indicate the ONE most important reason in your decision to work part-time from the choices in Que. 26

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲

○ Other _____

If you are currently working as a nurse, skip to question 31.

28. How long has it been since you last worked for pay as a nurse?

○ Never
○ Less than a year

Number of years
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳

29. What is the reason(s) you are not working in nursing? (Mark all that apply.)

① Unable to provide high quality care
② Enrolled in college
③ Health is poor
④ Lack of benefits
⑤ Layoff
⑥ Non-nursing position pays better
⑦ Not valued/respected by physicians
⑧ Nursing skills are not adequate
⑨ Relocation
⑩ Retired
⑪ Taking care of home/family
⑫ Volunteering
⑬ Health of family member is poor
⑭ Lack of nursing positions available
⑮ More professionally challenging position
⑯ Non-nursing position has better hours
⑰ Not valued/respected by management
⑱ Reorganization
⑲ Stressful work environment

30. Indicate the ONE most important reason you decided NOT to work as a nurse from the choices in Que. 29.

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲

○ Other _____

31. To what extent would each of the following help to alleviate the nursing shortage?

N=No Help, L=Little Help, M=Moderate Help, S=Significant Help

Ⓝ Ⓛ Ⓜ Ⓢ Adequate nurse staffing
Ⓝ Ⓛ Ⓜ Ⓢ Better relations with management
Ⓝ Ⓛ Ⓜ Ⓢ Higher status of nurses in work environment
Ⓝ Ⓛ Ⓜ Ⓢ Improved benefits
Ⓝ Ⓛ Ⓜ Ⓢ Increased participation in organizational decisions
Ⓝ Ⓛ Ⓜ Ⓢ More flexible hours
Ⓝ Ⓛ Ⓜ Ⓢ Relocation bonuses to move to rural areas
Ⓝ Ⓛ Ⓜ Ⓢ Graduate more nurses
Ⓝ Ⓛ Ⓜ Ⓢ Offer online education courses
Ⓝ Ⓛ Ⓜ Ⓢ Mandated nurse/patient ratios
Ⓝ Ⓛ Ⓜ Ⓢ Nurse Wellness Programs (i.e stress reduction)
Ⓝ Ⓛ Ⓜ Ⓢ Better relations with physicians
Ⓝ Ⓛ Ⓜ Ⓢ Better relations with colleagues
Ⓝ Ⓛ Ⓜ Ⓢ Improved work environment
Ⓝ Ⓛ Ⓜ Ⓢ Improved pay
Ⓝ Ⓛ Ⓜ Ⓢ Increased use of aides
Ⓝ Ⓛ Ⓜ Ⓢ Recruitment of more males/minorities
Ⓝ Ⓛ Ⓜ Ⓢ More financial aid for education
Ⓝ Ⓛ Ⓜ Ⓢ Offer accelerated education programs
Ⓝ Ⓛ Ⓜ Ⓢ Reduce non-patient care duties

32. When you think of the possible solutions to nursing shortages, what is the **ONE** solution that you think would work the best?

_____
_____
_____
_____
_____

33. Do you have any comments regarding current or future nursing education and/or nursing practice environments?

_____
_____
_____
_____
_____

Demographic/Biographic Information

34. Zip Code of RESIDENCE

35. # of miles to Primary work Setting from home

36. # of miles to Secondary Setting from home

37. Year of birth

19 ▢ ▢

38. Annual Gross Income (before taxes) from Nursing Position(s) in $

39. Racial/ethnic group
○ White, not of Hispanic origin
○ Hispanic
○ American Indian/ Alaskan Native
○ Black, not of Hispanic origin
○ Asian/Pacific Islander
○ Multi- racial
○ Other

40. Gender
○ Female
○ Male

41. Do you have internet access (i.e., ability to browse the Web) at work or home?
○ Yes
○ No

42. Do you have your own email account?
○ Yes
○ No

Thank you for completing our survey.

Please return to Center for Rural Health
University of North Dakota
501 N Columbia Rd Box 9037
Grand Forks N.D. 58202-9037

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