

North Dakota Nursing Needs Study

Licensed Nurse Survey Results

Center for Rural Health

North Dakota Center for Health Workforce Data

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Executive Summary

Background

The Nursing Needs study was mandated by the NDCC 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 School of Medicine and Health Sciences, University of North Dakota to conduct the Nursing Needs study.

This study initiated in 2002, 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. During the first year of the study, data collection includes four projects. The first is a facility survey which was sent to all hospitals, long-term care facilities, clinics, home health and regional public health facilities in order to determine demand for nurses and recruitment and retention efforts. The second project was a survey of RNs and LPNs throughout North Dakota. The third project involved conducting several focus groups separately with students and nurses throughout the state. The nursing (RN and LPN) focus groups centered on determining job satisfaction and identifying changes that would encourage nurses to work in North Dakota facilities especially those in rural areas. The focus groups with nursing students (RN and LPN) included questions such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. The fourth project was a survey of nursing program faculty and questions included their views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and changes that may improve the nursing workforce as a whole.

Licensed Nurse Survey Results

This report includes the results from the licensed nurse survey which was sent to a 20% random sample of RNs (1,700) and LPNs (640) throughout North Dakota. A total of 1,295 surveys were returned (298 LPNs, 997 RNs). The RN sample included a small number of Advanced Practice nurses. This survey was designed to examine issues of recruitment, retention and supply.

- **Demographics**

Average age for nurses in North Dakota is 46.28 years which is similar to the National Sample Survey (HRSA, 2000) average RN age of 45.2 years.

96% of nurses are female with slightly less males (4%) than the national average of 5.4% males. 96% of nurses are also White, not of Hispanic origin with the largest minority group (2%) consisting of American Indian/Alaskan Native nurses.

LPNs most frequently reported an income between \$20,001 and \$30,000, RNs most frequently reported an income between \$30,000 and \$40,000, and Advanced Practice nurses above \$100,000. The national average income for RNs is \$46,782.

The average number of years working as a nurse is 19.91 years for LPNs, 20.09 years for RNs and 19.74 years for Advanced Practice nurses.

- **Education**

Over half (56%) of the LPNs have earned a diploma in nursing and 36% have an associate degree in nursing. A quarter (24%) of RNs have a diploma, 15% an associate degree and 46% a baccalaureate degree in nursing. In a national sample, 26% of RNs have a diploma, 43% of RNs have an associate degree and 30% have earned a baccalaureate degree. Compared to national data a greater percentage of RNs have earned a baccalaureate degree and fewer RNs have earned an associate degree. Most of the Advanced Practice nurses (58%) have completed a nurse practitioner program. In the National Sample Survey (Spratley et al., 2000), 45% of Advanced Practice nurses were nurse practitioners. Few nurses are currently enrolled in an education program.

- **Primary Employment Setting**

Most LPNs work in long-term care settings, most RNs and Advanced Practice nurses work in hospital settings. Most LPNs working in hospitals work in medical/surgical. Most RNs working in hospitals work in medical/surgical or acute care/ER. Most Advanced Practice nurses in hospitals work in the operating room.

One third of nurses work part-time (< 32 hours/week). Almost half work more than 40 hours/week. The majority of nurses work an eight hour shift during the day. About 1/4 also have a second job. This is more than the national average found in the American Nurses Association Staffing Survey (2001) where 6.4% of RNs have a second job.

Recent changes nurses have identified in their employment setting include an increase in patient care load for RNs, voluntary overtime to cover staffing needs and the assignment of non-patient care, administrative duties to RNs. Increased involvement in decision-making was indicated least frequently.

- **Retirement Plans**

41% of currently licensed LPNs plan to stop providing direct care by 2012 growing to 81% by 2022. 51% of RNs plan to stop providing direct care by 2012 growing to 87% by 2022. 43% of Advanced Practice nurses also plan to stop providing direct care by 2012 growing to 85% by 2022.

Most nurses plan to retire before age 65. 22% of LPNs, 23% of RNs and 19% of Advanced Practice nurses will reach retirement age (age 65) by 2012 growing to 63% of LPNs, 60% of RNs and 62% of Advanced Practice nurses by 2022.

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.

- **Job Satisfaction**

Most nurses reported either moderate or extreme satisfaction with their job. Reasons nurses cited for staying in their current position included good colleague and physician relations, location, good benefits and pay, opportunity to provide high quality care, flexible scheduling and a job for spouse in area. Reasons that were less frequently cited included the ability to work in a variety of settings, adequate staffing levels, only nursing employer in town and advancement opportunities.

- **Nursing Supply**

Most nurses (LPNs, RNs and Advanced Practice) thought that the nursing supply in their patient care setting was either adequate or very adequate. However, when asked specifically about their clinical specialty most nurses responded that there is a shortage.

- **Nursing Shortage Solutions**

Suggestions by nurses in alleviating a shortage included more education financial aid, graduating more nurses, adequate RN staffing, better management relations, an improved work environment and improved benefits and pay. Nurses also suggested that improved benefit packages including health and retirement benefits, maintaining appropriate nurse to patient ratios, more flexibility and fairness in scheduling and more respect my management, physicians and patients would improve retention.

North Dakota Nursing Needs Study Introduction

The Nursing Needs study was mandated by the NDCC 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 School of Medicine and Health Sciences, University of North Dakota to conduct the Nursing Needs study.

This study, initiated in 2002, 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. During the first year of the study, data collection includes four projects. The first is a facility survey which was sent to all hospitals, long-term care facilities, clinics, home health and regional public health facilities in order to determine demand for nurses and recruitment and retention efforts. The second project was a survey of RNs and LPNs throughout North Dakota. The third project involved conducting several focus groups separately with students and nurses throughout the state. The nursing (RN and LPN) focus groups centered on determining job satisfaction and identifying changes that would encourage nurses to work in North Dakota facilities especially those in rural areas. The focus groups with nursing students (RN and LPN) included questions such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. The fourth project was a survey of nursing program faculty and questions included their views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and changes that may improve the nursing workforce as a whole.

Licensed Nurse Survey Results

The licensed nurse survey was designed to examine recruitment and retention issues. This survey was developed using the minimum data set from the Colleagues in Caring Project (2002) and questions were also derived from the National Sample Survey of the Registered Nurse Population (Spratley, Johnson, Sochalski, Fritz & Spencer, 2000), the National Survey of Registered Nurses (NurseWeek/AONE, 2002), the American Nurses Association Staffing Survey (2001) and other state nursing surveys. The four-page survey was printed onto scannable forms readable by a red-ink Optiscan 4.

The mailing list was obtained from the North Dakota Board of Nursing. From a total of 8,292 RNs and 3,114 LPNs, the survey was sent to approximately 20% of the RNs (1,700 RNs) and LPN (640 LPNs). Nurses were randomly selected according to size of city with the same number of nurses sampled from urban, semi-rural and rural areas in North Dakota. This was to ensure equivalent representation from all areas of North Dakota. This resulted in 500 surveys sent to urban RNs, 500 surveys sent to semi-rural RNs, 500 surveys sent to rural RNs and 200 surveys sent to RNs with addresses outside North Dakota. A similar ratio was also developed for the LPN nurses with 200 urban LPNs receiving the survey, along with 200 semi-rural LPNs, 200 rural LPNs and 40 LPNs outside North Dakota.

The survey was sent out October 2002 and a second mailing to those individuals that had not responded occurred November 2002. A total of 1,295 surveys were returned by January 2003 representing a response rate of 55%. A total of 301 LPNs returned the survey (47% response rate) and 994 RNs (58% response rate) Out of the 1,295 returned surveys, 23% were returned by LPNs, 74% by RNs and 3% by Advanced Practice RNs.

When appropriate, data were divided by Urban Influence Codes (Ghelfi & Parker, 1997). Urban Influence Codes are a method of classifying U.S. counties according to the size of metropolitan areas, proximity to metropolitan areas and the population of the largest city within the county. There are nine codes including two metropolitan county categories and seven non-metropolitan county categories. Due to the rural nature of North Dakota, several of the urban influence code categories include 0 counties and some categories have a small number of counties represented. North Dakota counties were collapsed as follows into three larger categories based on their original Urban Influence Codes.

- **Urban counties:** Those small metropolitan counties with fewer than one million residents (4 counties).
- **Semi-rural counties:** Those non-metropolitan counties adjacent or not adjacent to a small metropolitan county with a town containing at least 2,500 residents (20 counties).
- **Rural counties:** Those areas not adjacent to a small metropolitan area, which do not contain a town with at least 2,500 residents (29 counties).
- **Out of state:** Those nurses that listed their residence zip code in a county outside of North Dakota.

Percentages are determined by dividing by the total number of respondents that responded to a particular question. Not all respondents completed all questions and many questions included multiple possible answers, so percentages may not add to 100%. Data is also presented divided into LPN, RN and Advanced Practice nurse categories as determined by their licensure status. This survey did not specifically target Advanced Practice nurses, so readers are cautioned that the sample size of Advanced Practice nurses is small (n=53).

Demographics

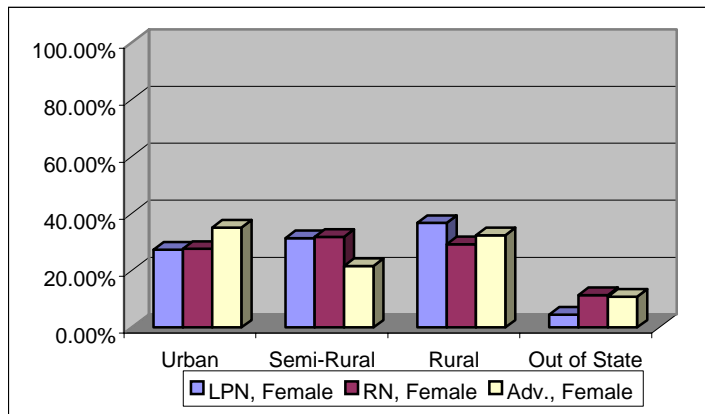
- Nurses across urban-rural categories have similar mean ages with the Advanced Practice nurses and the rural and out-of-state nurses having the oldest average ages. Overall mean age is 46.28 years (see Table 1). The American Nurses Association Staffing Survey (2001), a national, online survey including a total of 7,300 nurses, found 43% of RNs were between 41 and 50 years old. The findings from the National Sample Survey of Registered Nurses “The Registered Nurse Population” (Spratley et al., 2000) included data from 35,579 RNs throughout the United States. The results from the National Sample Survey found an average age of RNs of 45.2 years.

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

	Urban	Semi-Rural	Rural	Out of State	Total
LPN	46.12	45.52	47.39	44.62	45.91
RN	44.54	47.00	47.70	43.99	45.81
Adv. Prac. License	46.83	47.42	45.25	49.00	47.13
Total	45.83	46.65	46.78	45.87	46.28

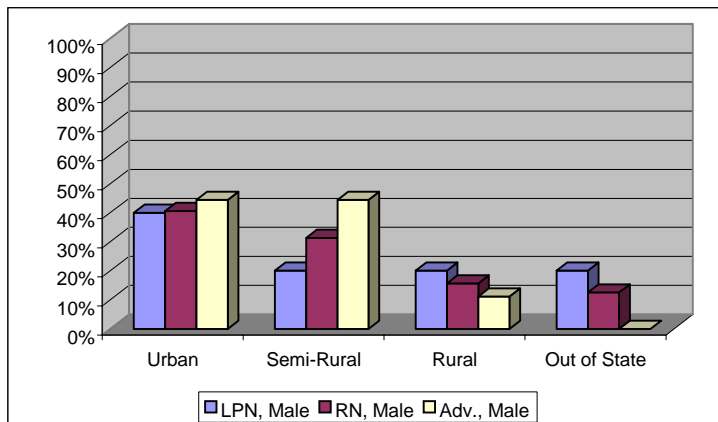
- The majority of nurses are female representing 96% of the surveys returned. Female nurses are divided approximately evenly across urban-rural status with slightly more LPNs in rural settings and slightly more Advanced Practice nurses in urban settings (see Figure 1). Male LPNs and RNs tend towards urban settings, with an equal percentage of male Advanced Practice nurses in urban and semi-rural settings (see Figure 2). The National Sample Survey of Registered Nurses (Spratley et al., 2000) found 5.4% of RNs were male.

Figure 1: Percentage of Female Nurses by Urban-Rural Status



Note. Data is represented as the percentage of each licensure status (LPN, RN, Advanced Practice) within each urban-rural status category.

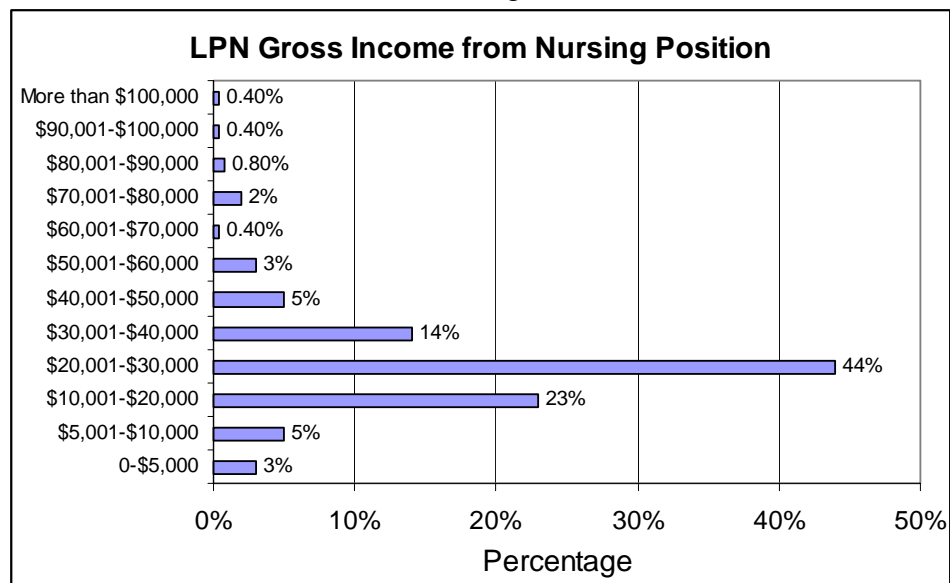
Figure 2: Percentage of Male Nurses by Urban-Rural Status



Note. Data is represented as the percentage of each licensure status (LPN, RN, Advanced Practice) within each urban-rural status category.

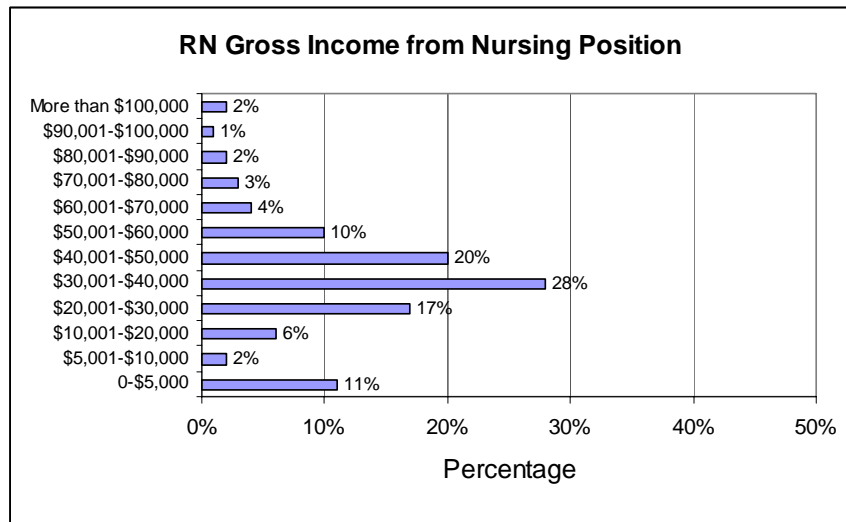
- 96% of nurses are White, not of Hispanic origin, 2% are American Indian/Alaskan Native, .3% are Asian/Pacific Islander and .5% are Hispanic, Multi-racial or other. All of the American Indian/Alaskan Native nurses reside in semi-rural and rural areas. White, not of Hispanic origin nurses reside approximately equally across urban-rural settings. 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.
- 78% of nurses have access to the internet at work or at home.
- One LPN and nine RNs surveyed are from another country and practicing in North Dakota on a visa
- When asked how many people lived in their household, 11% of LPNs reported 1, 35% reported 2, 19% reported 4 and 18% reported a household size of 5 or greater. Larger household sizes are found for LPNs in semi-rural and rural areas. 10% of RNs reported a household size of 1, 37% reported 2, 21% reported 4 and 17% reported a household size of 5 or greater. 23% of Advanced practice nurses reported a household size of 1, 30% reported 2, 20% reported 4 and 9% reported a household size of 5 or greater. RN and Advanced Practice nurses are divided approximately equally across urban-rural settings.
- 44% of LPNs reported a gross income between \$20,001 and \$30,000 (see figure 3). Of these LPNs 40% were in rural areas, 32% in semi-rural areas and 28% in urban areas. 23% of LPNs reported a gross income between \$10,001 and \$20,000 with 23% in urban settings, 33% in semi-rural settings, and 37% in urban settings.

Figure 3: LPN Gross Income from Nursing Position



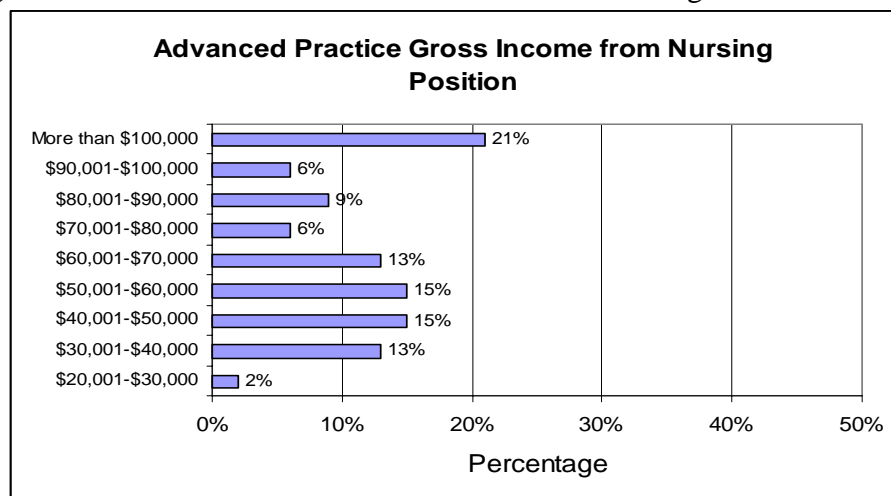
28% of RNs reported a gross income between \$30,001-\$40,000 (see figure 4) with 32% from urban settings, 33% from semi-rural settings and 26% from rural settings. 20% of RNs reported a gross income between \$40,001-\$50,000 with 35% in urban settings, 29% in semi-rural settings and 22% in rural settings. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found an average annual salary of \$46,782 for RNs.

Figure 4: RN Gross Income from Nursing Position



21% of Advanced Practice nurses reported a gross income of more than \$100,000 (see Figure 5) with 30% in urban settings, 50% in semi-rural settings and 20% in rural settings. 15% reported a gross income of either \$50,001-\$60,000 with 29% in urban settings, 14% in semi-rural settings and 43% in rural settings or \$40,001-\$50,000 with 71% in urban settings, 14% in semi-rural settings and 14% in rural settings. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found an average salary for Master's prepared nurses of \$61,262.

Figure 5: Advanced Practice Gross Income from Nursing Position



- Nurses were asked how many years they have worked as a nurse. The overall average of years worked is 20. Nurses with the greatest mean years are urban LPNs (22 years), semi-rural RNs (20 years) and semi-rural Advanced Practice nurses (21 years). The greatest number of nurses with less than one year are in the urban setting (seen Table 2). 38% of RNs having been working for 25 or more years. The American Nurses Association Staffing Survey (2001) found that 23% of RNs had been working for 25 or more years.

Table 2: Mean Number of Years as a Nurse by Urban-Rural Status and License

	Urban	Semi-Rural	Rural	Out of State	Totals
LPN	22 (74)	18 (83)	19 (99)	21 (11)	20 (267)
# <1 year	2	1	4	2	9
RN	19 (241)	20 (275)	22 (250)	19 (95)	20 (861)
# <1 year	11	7	5	5	28
Advanced	20 (18)	21 (12)	17 (13)	21 (4)	20 (47)
# <1 year	0	0	0	0	0
Totals	21 (333)	20 (370)	19 (362)	20 (110)	20 (1175)
# <1 year	13	8	9	7	37

Note. Numbers in parenthesis are number of nurses, #<1 year is the number of nurses indicating that they have worked as a nurse for less than 1 year.

Education

- 56% of LPNs have earned a diploma degree in nursing, 36% an associate degree in nursing, and 3% an associate degree in another field. Many of the LPN diploma and associate degree nurses are in rural settings.

24% of RNs have earned a diploma in nursing, 15% an associate degree in nursing, 3% an associate degree in another field, 46% a baccalaureate degree in nursing and 4% a baccalaureate degree in another field. Educational background of RN nurses are divided evenly among urban-rural categories. The American Nurses Association Staffing Survey (2001) found 27% of RNs held an associate degree in nursing and 39% a baccalaureate degree in nursing, 19% a masters degree and 1.2% a doctoral degree in nursing. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found that 43% of RNs employed in nursing have an associate's degree, 26% have a diploma and 30% have earned a baccalaureate degree. Compared to national data a greater percentage of RNs have earned a baccalaureate degree and fewer RNs have earned an associate degree.

37% of advanced practice nurses have earned a baccalaureate degree in nursing, 36% a master's degree in nursing and 5% a master's degree in another field. Most of the Advanced Practice nurses are in urban settings. 58% of Advanced Practice nurses have completed a nurse practitioner program, 29% a certified nurses anesthetist program, 11% a clinical nurse specialist program and 2% a certified nurse midwife program. The greatest number of nurse practitioners are in rural settings, and the greatest number of

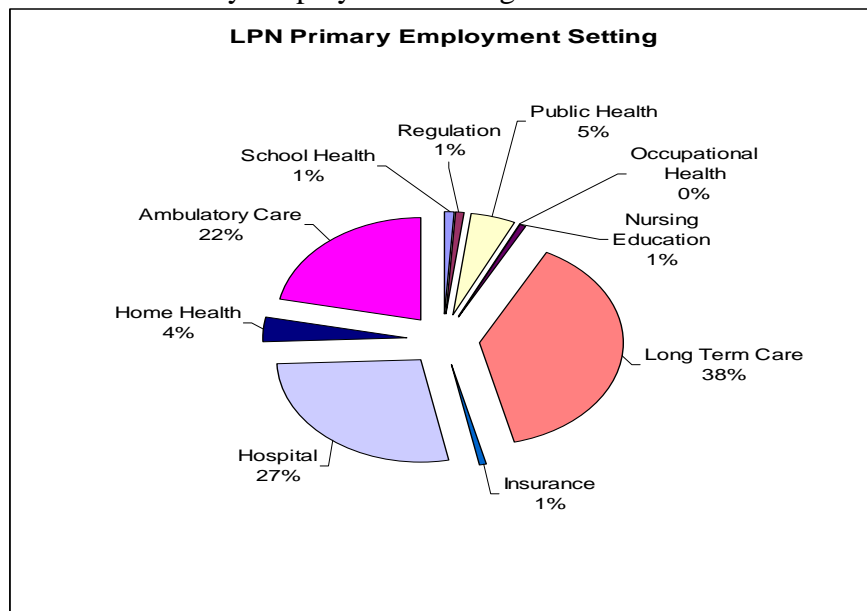
certified nurse anesthetists are in semi-rural settings. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found that 45% of Advanced Practice nurses were trained as Nurse Practitioners, 15% nurse anesthetists, 28% clinical nurse specialists and 5% nurse midwives.

- A small percentage of nurses are currently enrolled in an educational program (LPN=9%; RN=4%; Advanced Practice=5%). Of those nurses enrolled in an educational program, 46% of LPNs, 34% of RNs and 0% of Advanced Practice nurses attend full-time.
- Nurses attending an education program most frequently reported financing their tuition and fees using personal and family resources (44%) and less frequently employer tuition reimbursement (20%) and federal loans (15%).

Primary Employment Setting

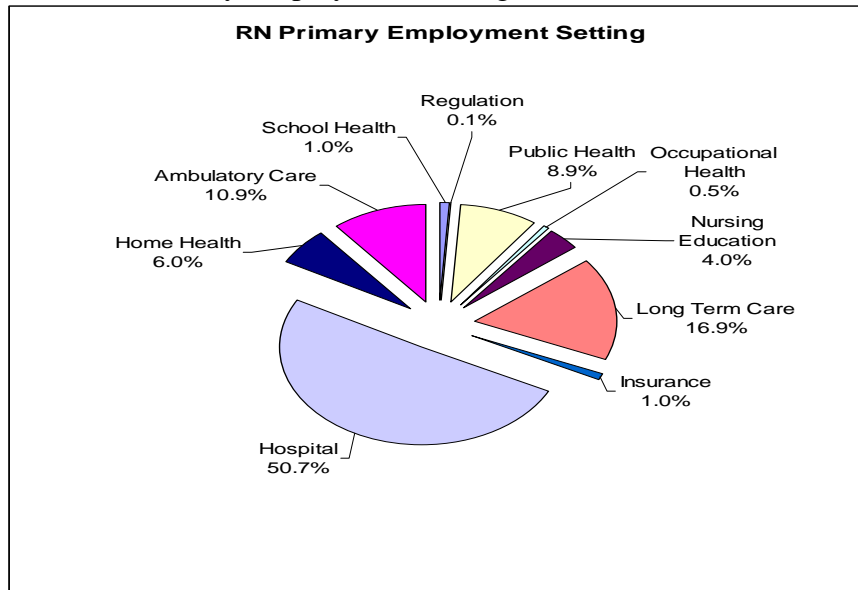
- 94% of LPNs, 92% of RNs and 98% of Advanced Practice nurses are currently employed in nursing. The greatest number of LPNs employed in nursing are in rural areas (38%), the greatest number of RNs employed in nursing are in semi-rural areas (32%) and the greatest number of Advanced Practice nurses are in urban areas (36%).
- Nurses were also asked to indicate their primary employment setting. 38% of LPNs work in a long-term care setting, 27% in a hospital and 22% in ambulatory care. 49% of LPNs working in long-term care are in rural areas. 46% of LPNs working in ambulatory care work in urban areas. Few (1% or less) work in school health, regulation, occupational health, nursing education and insurance (see Figure 6).

Figure 6: LPN Primary Employment Setting



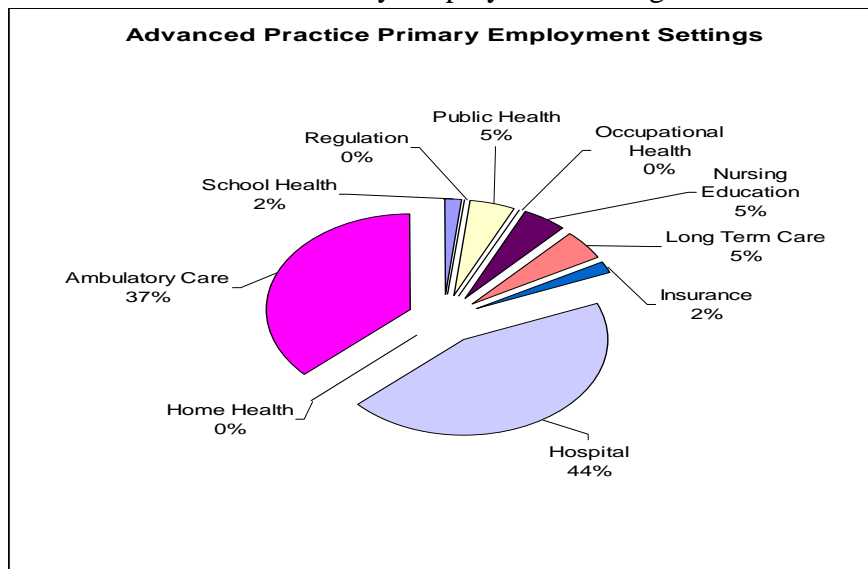
51% of RNs work in a hospital, 17% in long term care and 11% in ambulatory care. Of RNs working in long-term care, 43% work in semi-rural and 43% work in rural settings. Few (1% or less) work in school health, regulation, occupational health and insurance (see Figure 7). The American Nurses Association 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



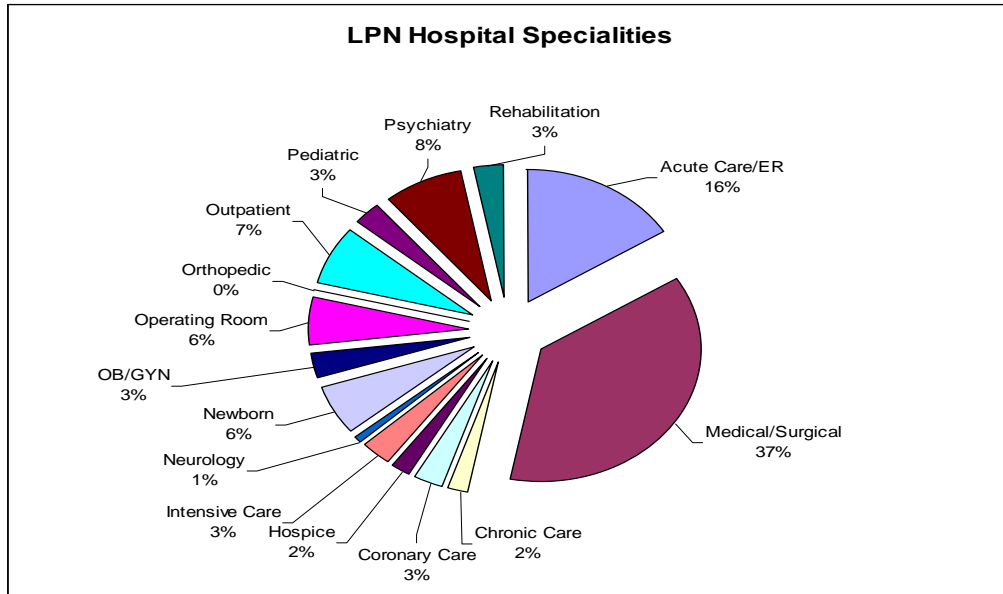
44% of Advanced Practice nurses work in hospitals and 37% in ambulatory care. 47% of Advanced Practice nurses that work in hospitals are in urban areas. 50% of Advanced Practice nurses that work in ambulatory care work in rural areas. Few (1% or less) work in regulation, occupational health and home health (see Figure 8).

Figure 8: Advanced Practice Primary Employment Setting



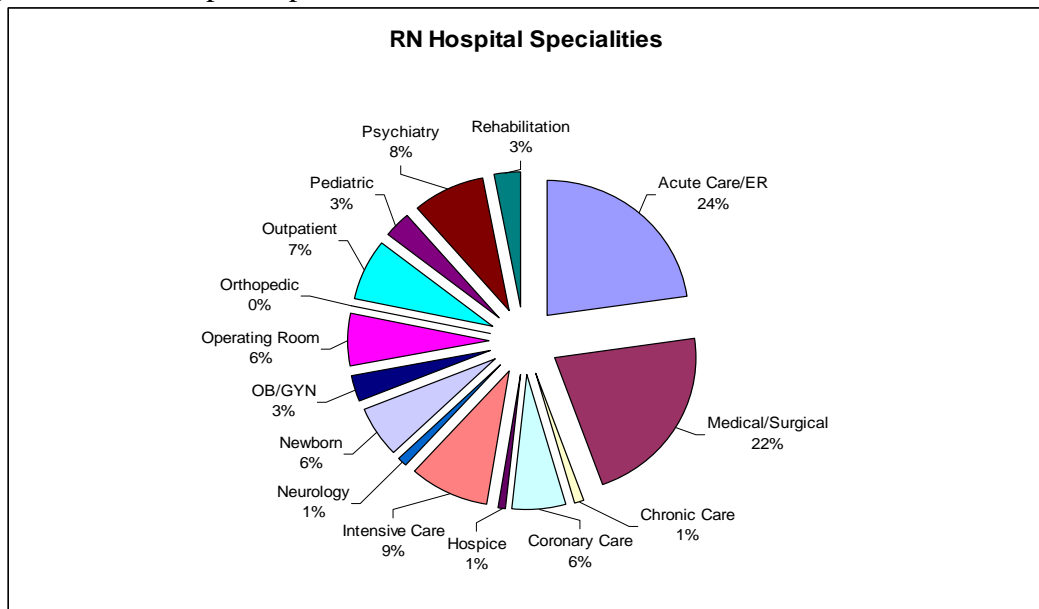
- Nurses working in hospitals were also asked to indicate what type of patients for which they normally care. 37% of LPNs work in basic medical/surgical and 16% in acute care (emergency room). Few LPNs (3% or fewer) work in orthopedic, neurology, rehabilitation, pediatric, OB-GYN, intensive care, hospice, coronary care and chronic care (see Figure 9).

Figure 9: LPN Hospital Specialties



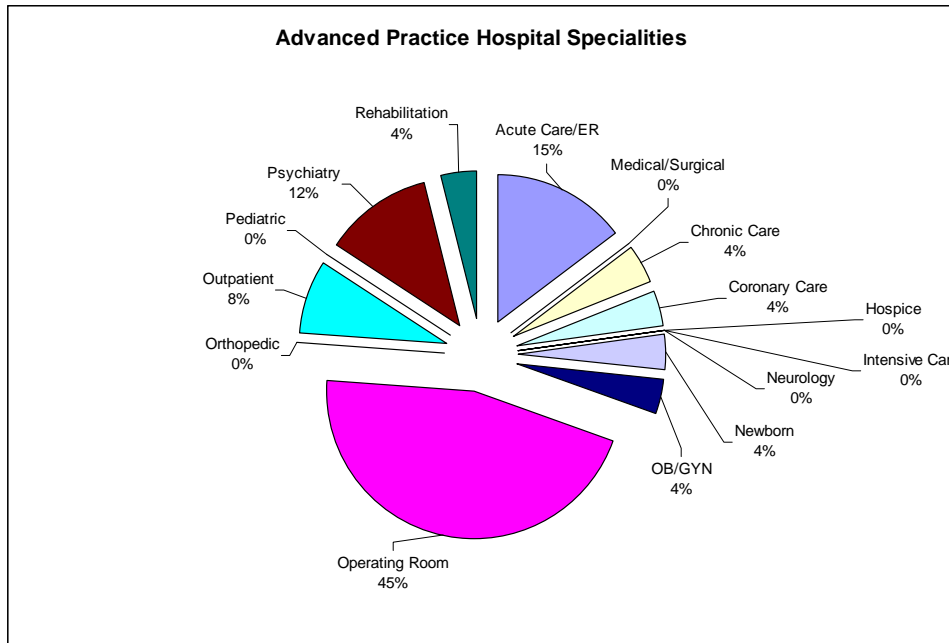
24% of RNs work in acute care (emergency room) across all setting with 43% in rural areas. 22% of RNs work in basic medical or surgical. (3% or less) work in rehabilitation, pediatric, orthopedic, OB-GYN, neurology, hospice, or chronic care (see Figure 10).

Figure 10: RN Hospital Specialties



58% of Advanced Practice nurses work in semi-rural or rural settings. 45% of Advanced Practice nurses work in the operating room. Few (3% or less) work in medical/surgical, pediatric, orthopedic, hospice, intensive care and neurology (see Figure 11).

Figure 11: Advanced Practice Hospital Specialties



- The mean number of years worked in primary setting of employment is 11.19 years for all nurses. The mean number of primary setting years for LPNs is roughly equivalent across Urban-Rural settings. However, the number of years of RNs in semi-rural settings is slightly more than urban and rural settings. The number of years for Advanced Practice nurses in semi-rural settings is greater than urban and rural settings. The greatest number of nurses with less than one year in their primary setting is in urban areas (see Table 3).

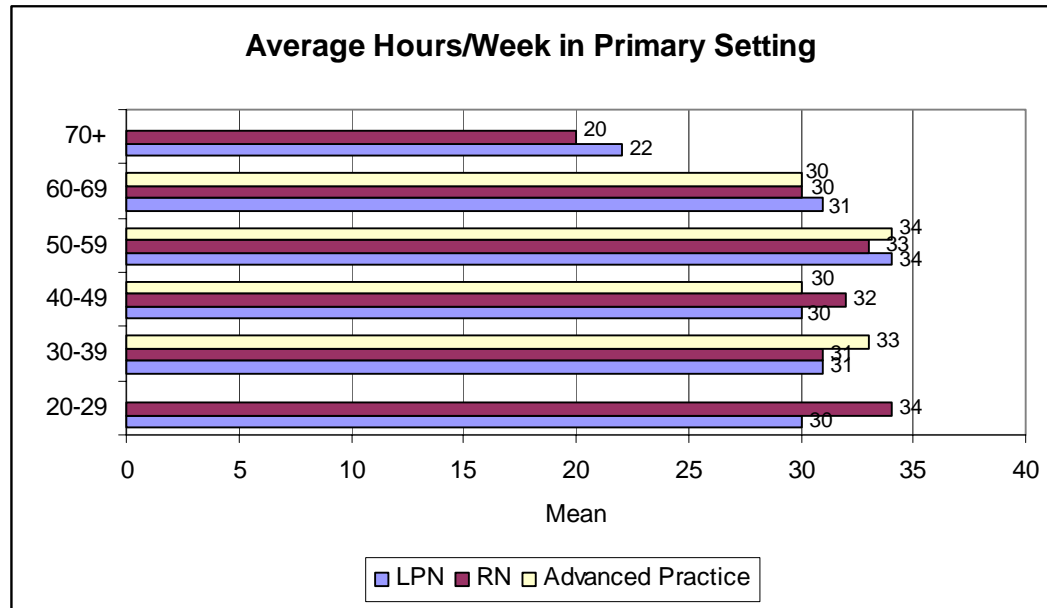
Table 3: Mean Number of Years in Primary Setting by Urban-Rural Status and License

	Urban	Semi-Rural	Rural	Out of State	Totals
LPN	13 (69)	13 (76)	13(92)	14(11)	13 (248)
# <1 year	6	2	4	1	13
RN	11(212)	12 (239)	11 (219)	10 (80)	11 (750)
#<1 year	20	20	17	14	71
Advanced	8 (16)	11(12)	7 (12)	5 (3)	8 (43)
#<1 year	2	0	2	1	5
Totals	10 (297)	12 (327)	11 (323)	9 (94)	11 (1041)
#<1 year	28	22	23	16	89

Note. Numbers in parenthesis are number of nurses. #<1 year is the number of nurses indicating that they have worked as a nurse for less than 1 year.

- LPNs work an average of 31 hours/week; RNs an average of 32 hours/week and Advanced Practice nurses an average of 32 hours/week in their primary position. 31% of LPNs, 32% of RNs and 32% of Advanced Practice Nurses work part-time or less than 32 hours/week in their primary nursing position. 39% of LPNs, 41% of RNs and 48% of Advanced Practice nurses work 40 or more hours/week in their primary nursing position. The American Nurses Association Staffing Survey (2001) found 61% of RNs have a full-time nursing position and 6% hold two jobs. When hours/week is separated by age, LPNs 50-59 years, RNs 20-29 years and Advanced Practice nurses 50-59 years of age work the greatest average hours/week. RNs and LPNs above 70 years work the least average hours/week (see Figure 12).

Figure 12: Average Hours/Week in Primary Setting



- 79% of LPNs classified their primary nursing position as a staff/general duty nurse and were most likely in semi-rural and rural settings. 12% were team leaders, charge nurses, managers or head nurses with most of these nurses in rural settings. 9% indicated one of the other position descriptions (discharge planner, educator, administrator, quality assurance or infection control, researcher or utilization review and other insurance related roles).

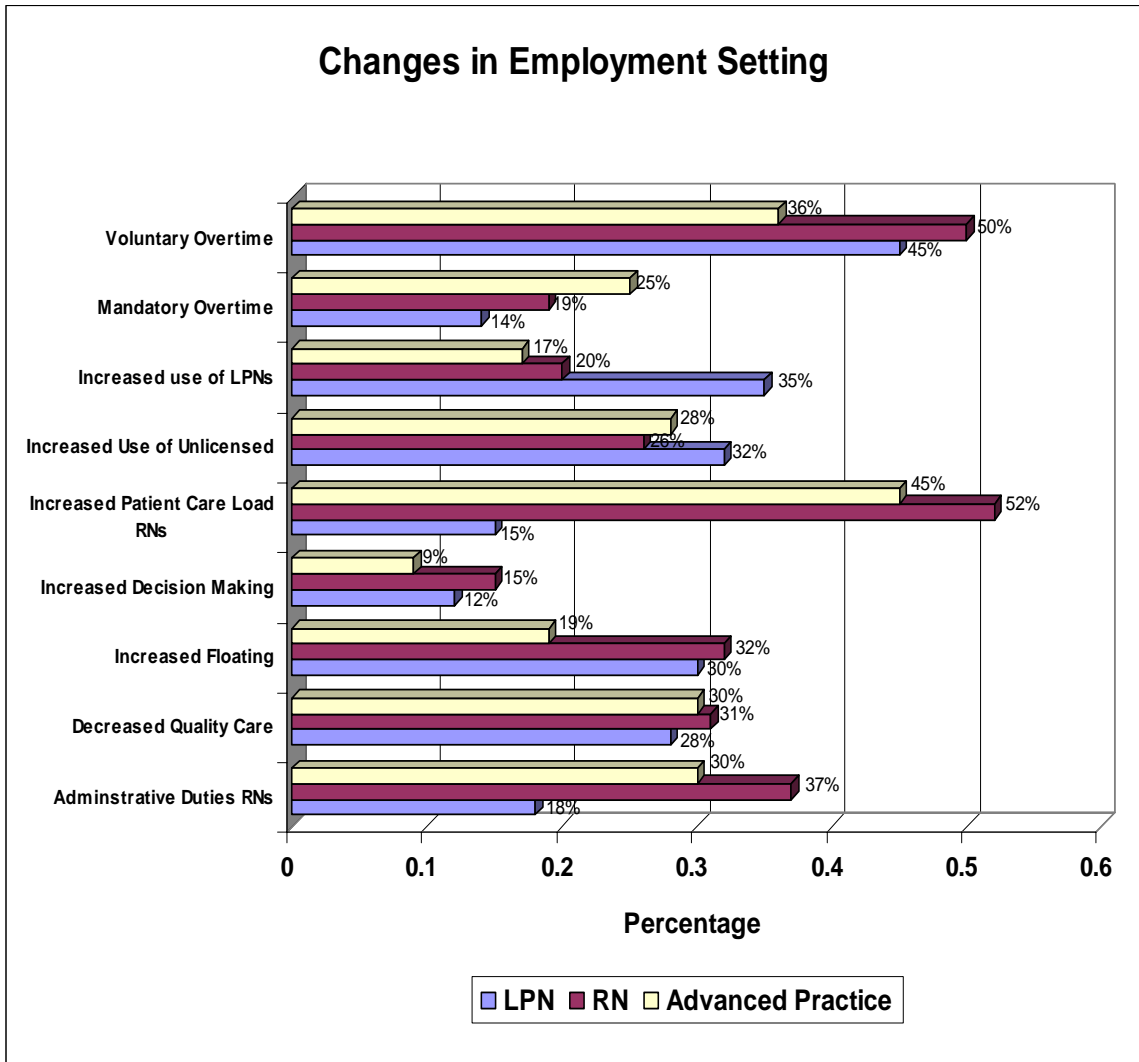
57% of RNs classified their primary nursing position as staff/general duty nurse and were most likely in urban and semi-rural settings. 18% were team leaders, charge nurses, managers or head nurses with many of these nurses in rural settings. 11% were facility/nursing department administration or a supervisor with most of these nurses in semi-rural settings. 6% were educators with many of these nurses in urban and semi-rural areas. 8% indicated one of the other position descriptions (discharge planner, nurse practitioner, certified nurse midwife, clinical nurse specialist or nurse anesthetist, quality assurance and infection control, researcher and utilization review and other insurance related roles).

Most, 83% of the Advanced Practice nurses described their nursing position as nurse practitioner, certified nurse midwife, clinical nurse specialist or nurse anesthetist. 17% described their position as educator, staff/general duty nurse, team leader, charge nurse, manager or head nurse and utilization review and other insurance related roles.

- Nurses were also asked to estimate the number of years that they plan to stay in their primary nursing position. LPNs planned to stay in their primary nursing position for an average of 12 years, RNs for 11 years and Advanced Practice nurses for 12 years. The American Nurses Association Survey (2001) found
- 61% of LPNs, 66% of RNs, and 90% of Advanced Practice nurses work during the day shift. 16% of LPNs, 7% of RNs and 2% of Advanced Practice nurses work during the evening shift. 12% of LPNs, 12% of RNs and 0% of Advanced Practice nurses work during the night shift. 11% of LPNs, 15% of RNs and 9% of Advanced Practice nurses work rotating, weekend or other shifts.
- Most of the nurses reported working 8 hour shifts: 64% of LPNs, 56% of RNs and 49% of Advanced Practice nurses. 12 hour shifts were reported by 19% of LPNs, 23% of RNs and 7% of Advanced Practice nurses. 6% of LPNs, 8% of RNs and 18% of Advanced Practice Nurses reported variable or other shifts.
- Nurses were asked to indicate changes that had occurred in their primary employment setting within the last two years. There were nine choices and nurses could select more than one change. Nurses most frequently indicated an increase in patient care load for RNs with RNs (52%) indicating this most frequently. Voluntary overtime to cover staffing needs was also indicated with RNs most frequently (50%). Over 25% of nurses also indicated increased use of unlicensed aides and techs, increased use of “floating” between departments, decrease in quality care and the assignment of administrative duties to RNs. Increased involvement of nurses in organizational decisions was indicated least frequently with 15% or less of nurses (see Figure 13).

The National Survey of Registered Nurses (Nurseweek & AONE, 2002) was a random sampled of 4,108 nurses throughout the United States who completed the survey on paper or on the internet. In this survey, 68% of RNs had observed 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. In the National Survey of Registered Nurses (Nurseweek & AONE, 2002), 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% administrative and other non-patient care activities assigned to staff RNs, 40% increased use of “floating” between departments, 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 13: Changes in Employment Setting



Secondary Employment Setting

- 23% of LPNs, 23% of RNs and 38% of Advanced Practice Nurses indicated that they also work in a secondary employment setting with a mean of 11 years. Nurses who had two employment settings (primary and secondary) have had both jobs for almost the same number of years. LPNs in urban settings, RNs in rural settings and Advanced Practice nurses in semi-rural settings have the greatest mean years in their secondary employment setting (see Table 4). The American Nurses Association Staffing Survey (2001) found that 6.4% of RNs held two nursing jobs.

Table 4: Mean Number of Years in Secondary Setting by Urban-Rural Status and License

	Urban	Semi-Rural	Rural	Out of State	Totals
LPN	11.54 (26)	9.38 (32)	8.74 (31)	11.25 (4)	10.23 (93)
# <1 year	3	5	4	0	12
RN	9.54 (78)	11.14 (97)	12.04 (113)	12.55 (31)	11.32 (319)
#<1 year	13	13	13	5	44
Advanced	10.67 (9)	12.33 (6)	12.25 (8)	7.00 (1)	10.56 (24)
#<1 year	1	0	2	0	3
Totals	10.58(113)	10.95 (135)	11.01 (152)	10.27 (36)	10.70 (436)
#<1 year	17	18	19	5	

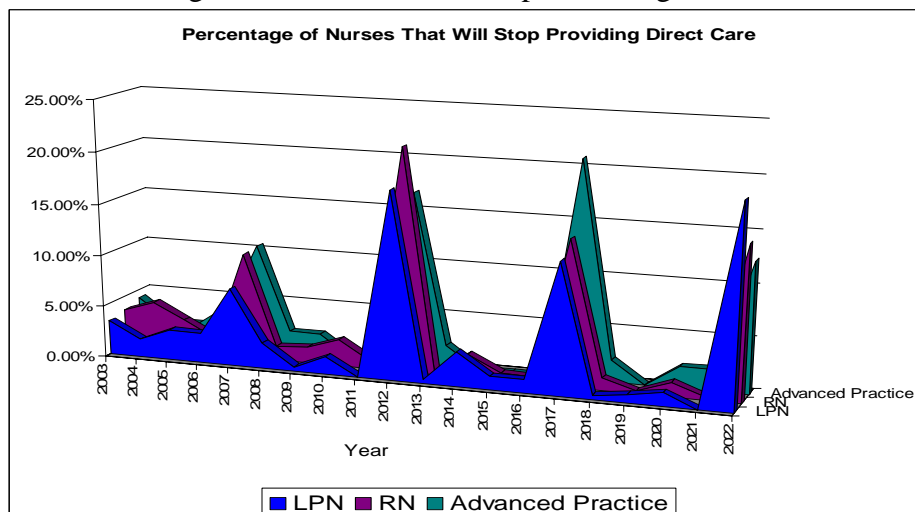
Note. Numbers in parenthesis are number of nurses. #<1 year is the number of nurses indicating that they have worked as a nurse for less than 1 year.

- In secondary positions LPNs work an average of 17 hours/week; RNs an average of 15 hours/week and Advanced Practice nurses an average of 12 hours/week.

Retirement Plans

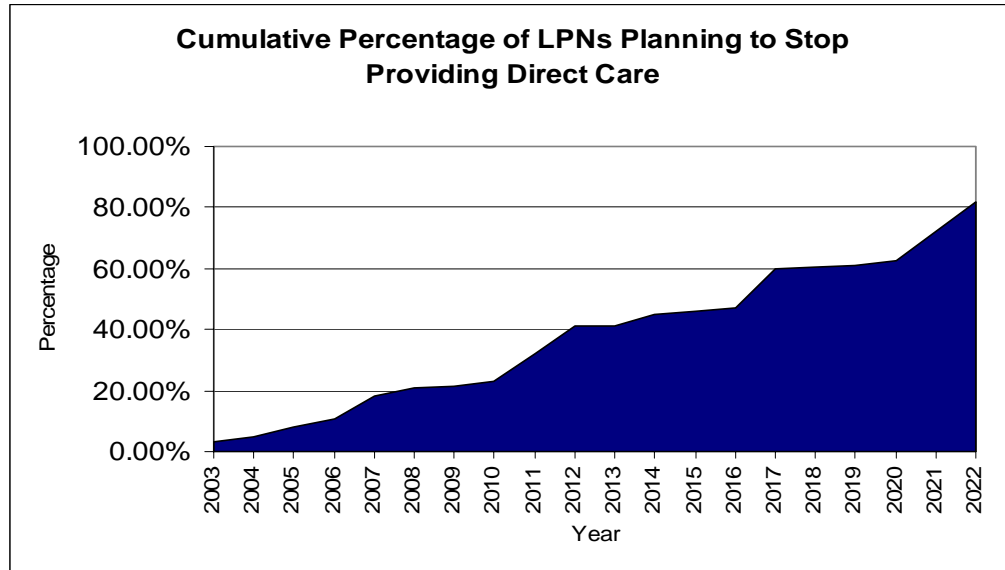
- Nurses were asked to estimate the number of years they plan to continue providing direct patient care. 91% of LPNs, 87% of RNs and 98% of Advanced Practice nurses provide direct patient care. LPNs planned to provide direct patient care for an average of 15 more years, RNs for 14 years and Advanced Practice nurses for 14 years.
- Nurses planning to stop providing direct care each year from 2003-2022 are plotted in figure 14. Between 2007-2008 approximately 5% of LPNs and 10% of RNs and Advanced Practice nurses plan to stop providing care. Between 2012-2013 over 15% of LPNs, and Advanced Practice nurses and 20% of RNs plan to stop providing direct care. Between 2017-2018 another 10% of LPNs, 14% of RNs and 20% of Advanced Practice nurses will also end direct care. The last peak will be in 2022 with greater than 10% of RNs, Advanced Practice Nurses and greater than 15% of LPNs leaving direct care.

Figure 14: Percentage of Nurses that Will Stop Providing Direct Care



- Figure 15 displays the cumulative percentage of LPNs with plans to stop providing direct care between 2003 and 2022. 41% will leave by 2012, 50% by 2017 and 81% by 2022.

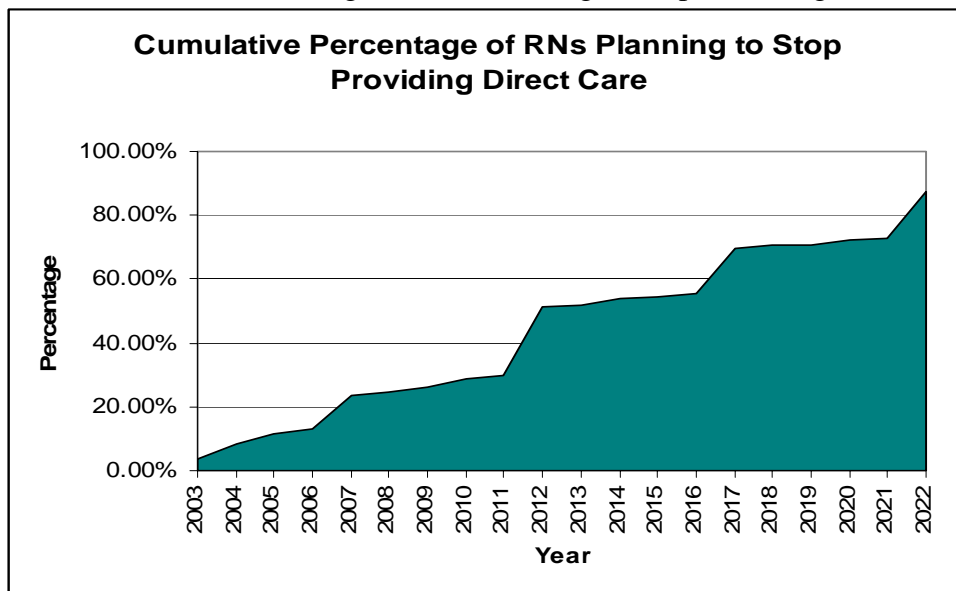
Figure 15: Cumulative Percentage of LPNs Planning to Stop Providing Direct Care



Note. Years with missing data were filled in with the median of surrounding years (2011, 2021).

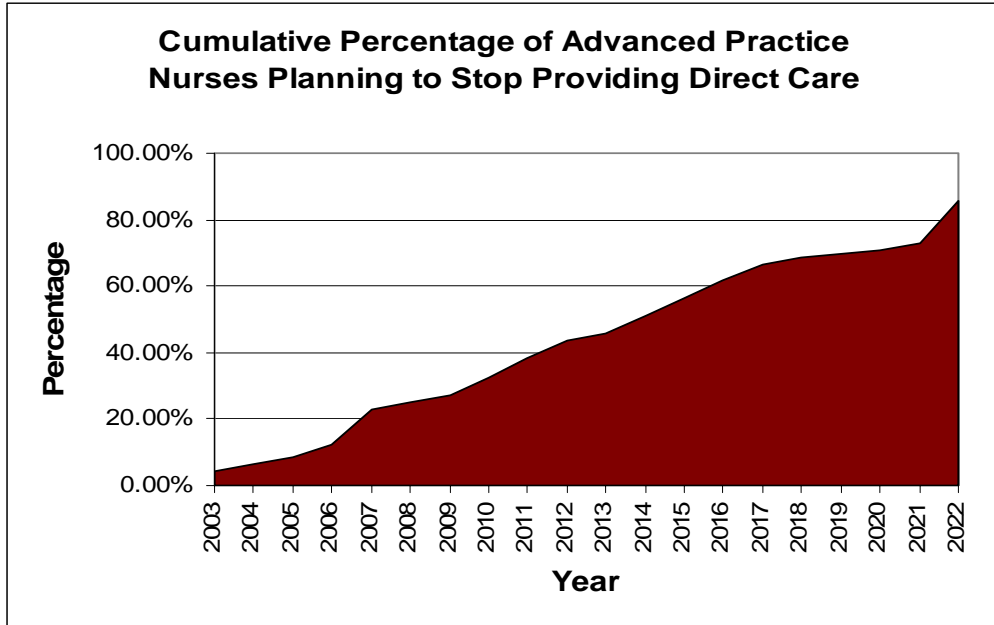
- Figure 16 displays the cumulative percentage of RNs planning to stop providing direct patient care between 2003 and 2022. 51% will leave by 2012, 70% by 2017 and 87% by 2022.

Figure 16: Cumulative Percentage of RNs Planning to Stop Providing Direct Care



- Figure 17 displays the cumulative percentage of Advanced Practice nurses planning to stop providing direct patient care. 22% plan to leave by 2007, 43% by 2012, 67% by 2017 and 85% by 2022.

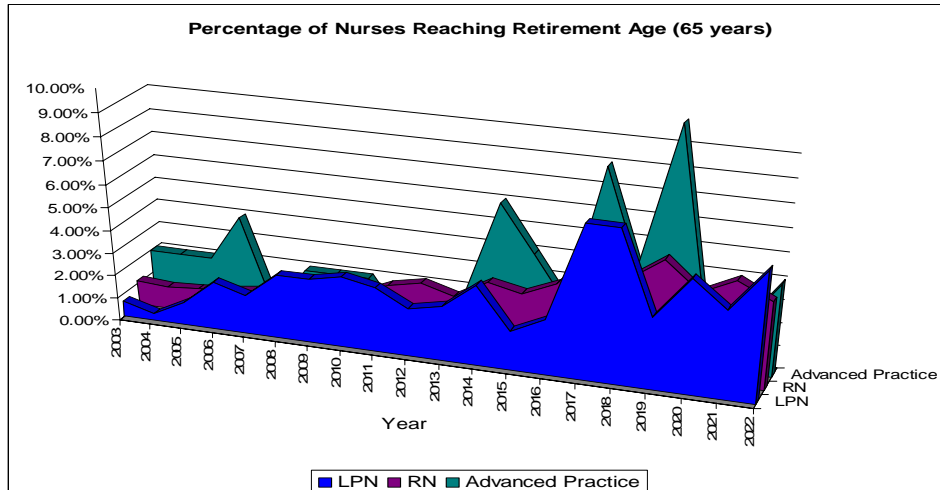
Figure 17: Cumulative Percentage of RNs Planning to Stop Providing Direct Care



Note. Years with missing data were filled in with the median of surrounding years (2010, 2011, 2014, 2015, 2016, 2019).

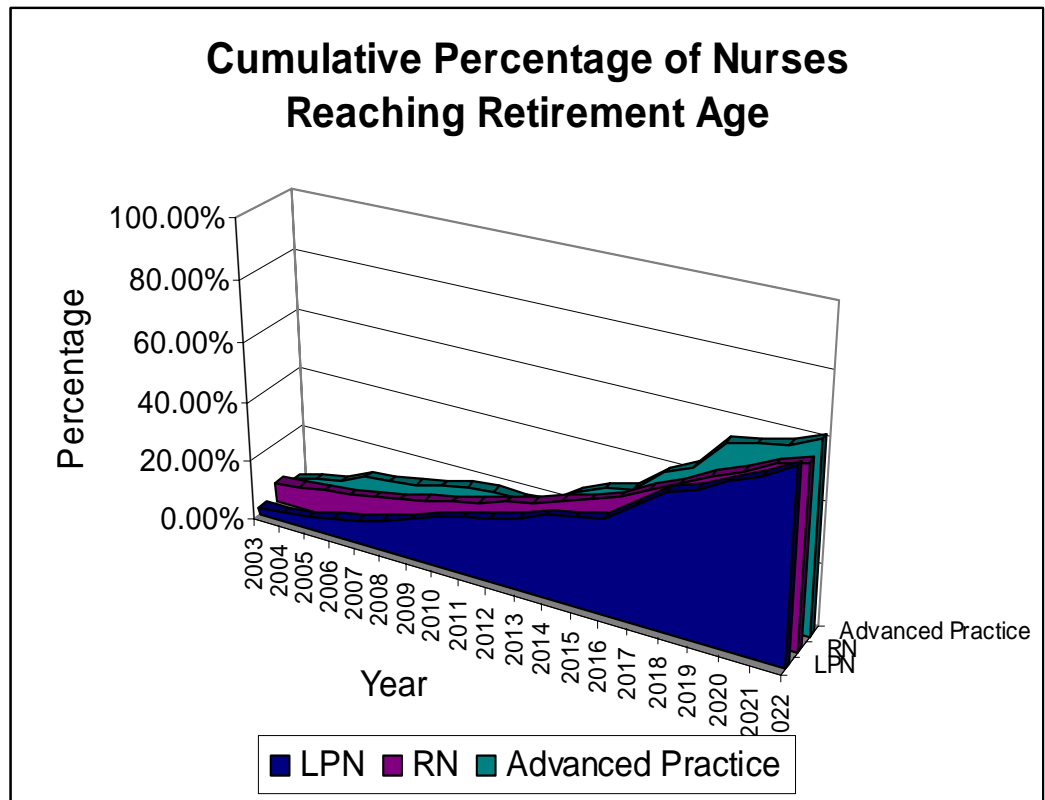
- 68% of LPNs, 74% of RNs and 81% of Advanced Practice nurses indicated that they plan to retire before age 65.
- The percentage of nurses that will reach retirement age (age 65) is displayed from 2003-2022 (see Figure 18). Peak years for LPNs are 2017 (6.6%) and 2018 (6.6%); for RNs 2017 (5%) and 2019 (5%); and for Advanced Practice nurses 2017 (8%) and 2019 (10%).

Figure 18: Percentage of Nurses Reaching Retirement Age (65 years)



- Figure 19 displays the cumulative percentage of nurses reaching retirement age (65 years of age). 22% of LPNs, 23% of RNs and 19% of Advanced Practice nurses will reach retirement age by 2012 growing to 63% of LPNs, 60% of RNs and 62% of Advanced Practice nurses by 2022.

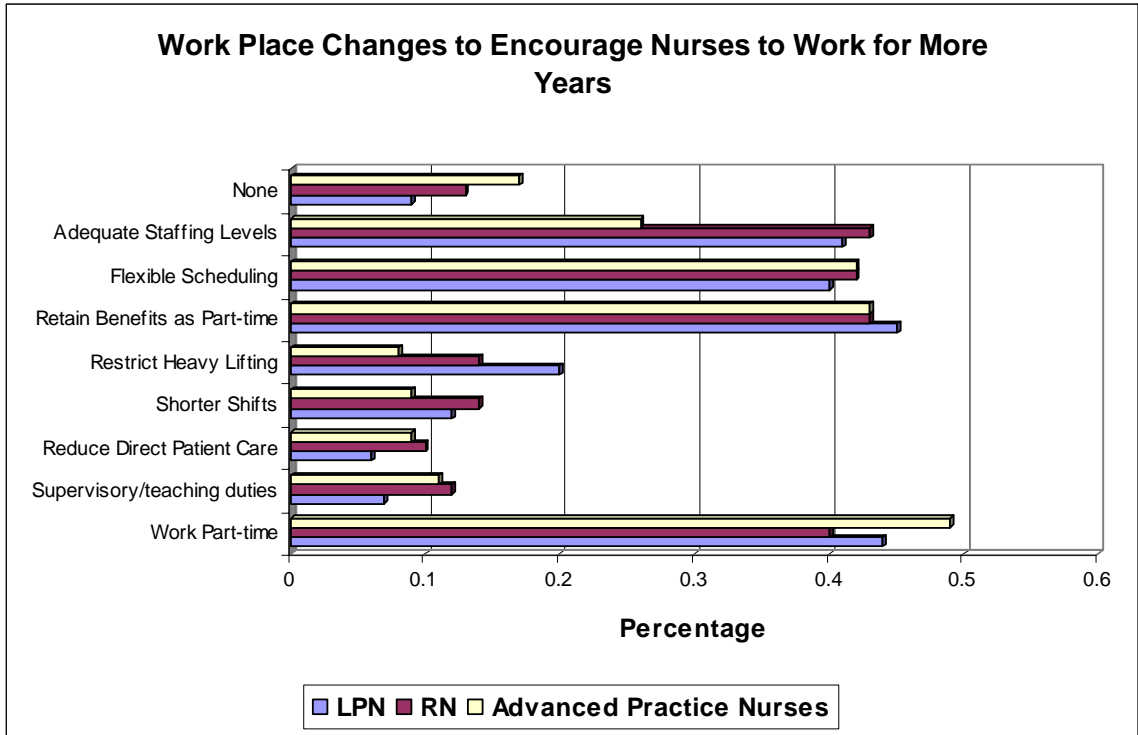
Figure 19: Cumulative Percentage of Nurses Reaching Retirement Age (Age 65)



Note. Years with missing data were filled in with the median of surrounding years (2007, 2011, 2012).

- Nurses were asked what types of changes would help encourage nurses to work for more years as a nurse. Nurses most frequently indicated that the ability to work part-time (LPN= 44%, RN=40%; Advanced Practice=49%), to continue to receive benefits while working part-time (LPN=45%; RN=43%; Advanced Practice=43%), flexible scheduling (LPN= 40%; RN=42%; Advanced Practice=42%) and adequate staffing levels (LPN=41%, RN=43%; Advanced Practice=26%) would encourage them to work for more years. Part-time work was especially indicated by RNs in urban areas (57%). LPNs in semi-rural areas frequently indicated assignment in supervisor or teaching roles (60%) (see Figure 20).

Figure 20: Workplace Changes to Encourage Nurses to Work for More Years



- Figure 21 displays the four most frequent changes (part-time position, part –time benefits, flexible scheduling and adequate staffing levels) that would encourage LPNs to work for more years, divided by age. 20-29 year old LPNs most frequently cited adequate staffing levels, 30-39 and 50-59 year old LPNs cited part-time benefits, 40-49 and 60+ year olds cited part-time positions as encouragement to work more years.

Figure 21: Workplace Changes to Encourage LPNs to Work for More Years

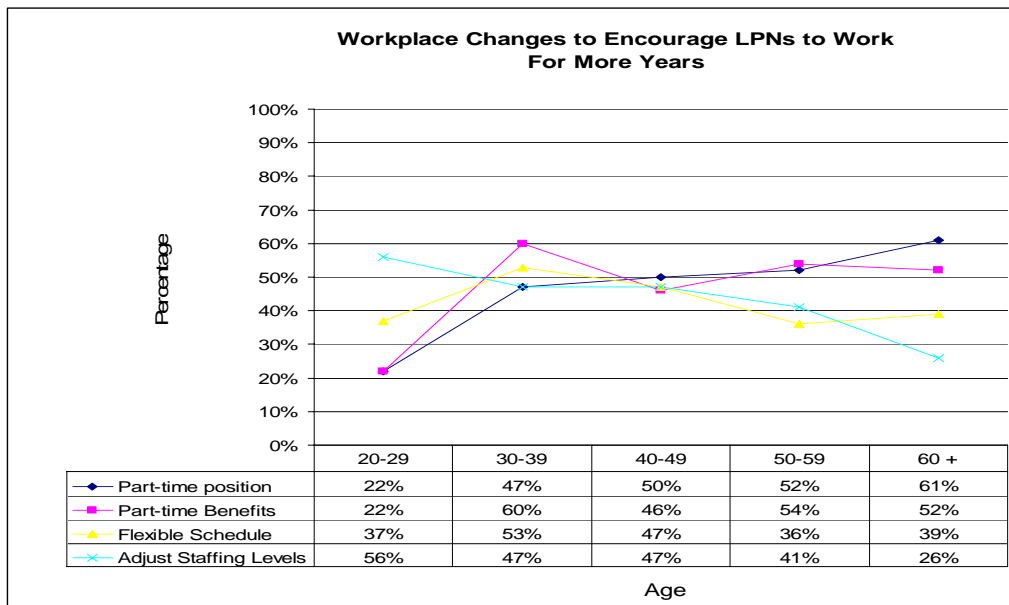


Figure 22 displays the top four workplace changes for RNS. 20-29 year olds again cited adjustment of staffing levels, 30-39 year olds cited flexible scheduling, 40-49 year olds cited flexible scheduling and part-time benefits, 50-59 and 60+ year olds cited part-time positions and part-time benefits.

Figure 22: Workplace Changes to Encourage RNs to Work for More Years by Age

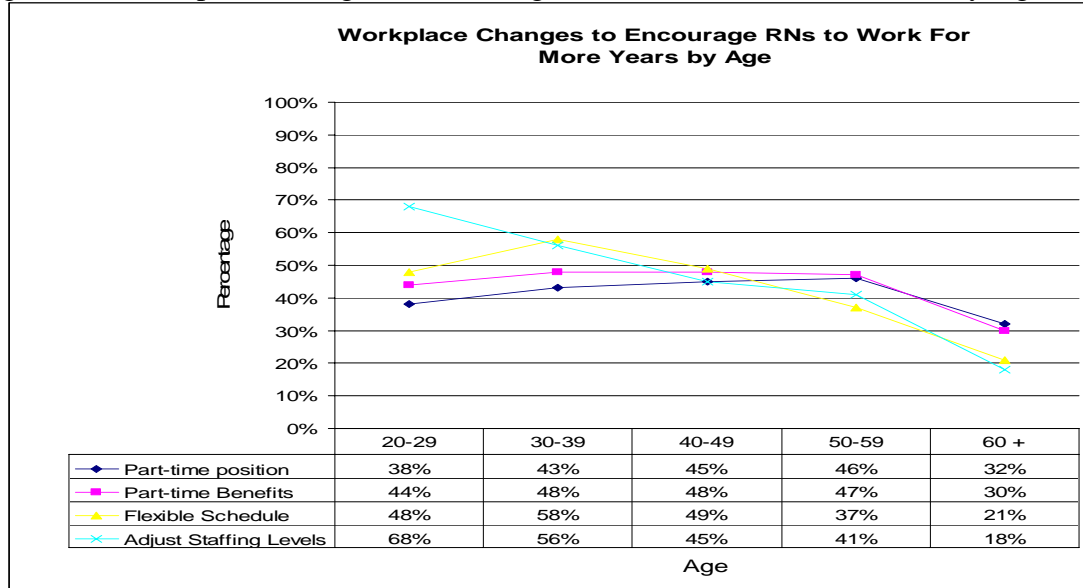
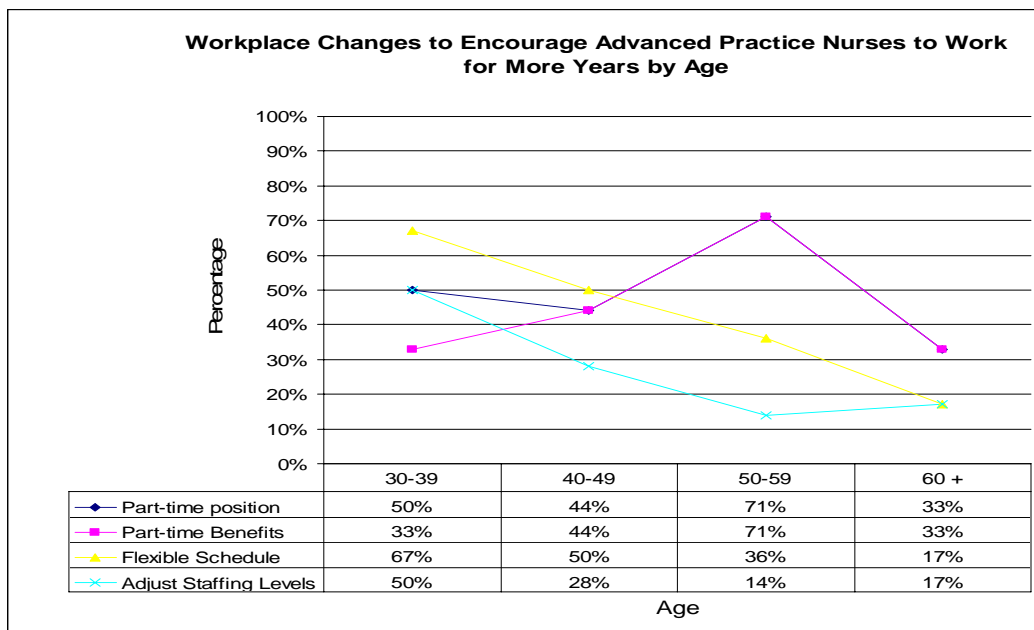


Figure 23 displays the top four workplace changes for Advanced Practice Nurses. 30-39 and 40-49 year old Advance Practice nurses cited flexible scheduling. 50-59 and 60+ cited part-time benefits as a reason to work for more years.

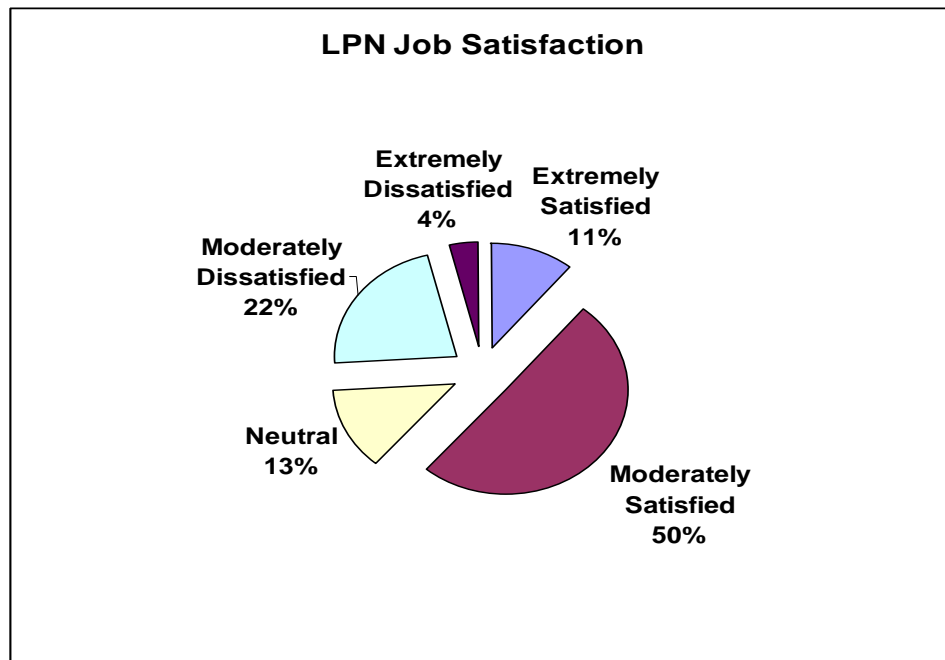
Figure 23: Workplace Changes to Encourage Advanced Practice Nurses to Work for More Years by Age



Job Satisfaction

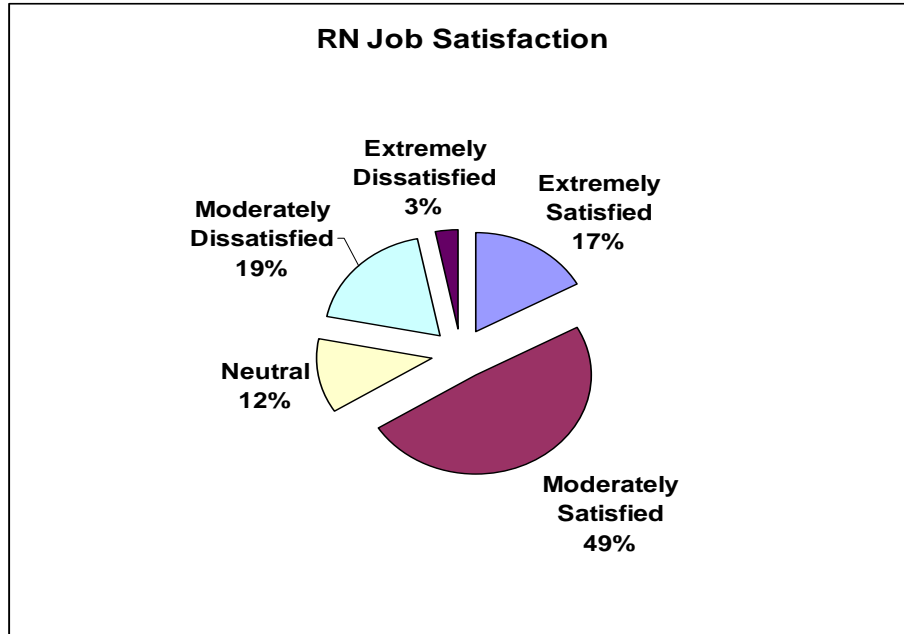
- Nurses were also asked “Compared to a year ago, how would you best describe your current feelings about your nursing job?”. Nurses could answer extremely or moderately satisfied, neutral (neither satisfied nor dissatisfied) and moderately or extremely dissatisfied. Half of the LPNs indicated that they were moderately satisfied with their job with 61% of LPNs indicating that they were moderately or extremely satisfied with their job. However, 26% indicated that they were moderately or extremely dissatisfied (see Figure 24).

Figure 24: LPN Job Satisfaction



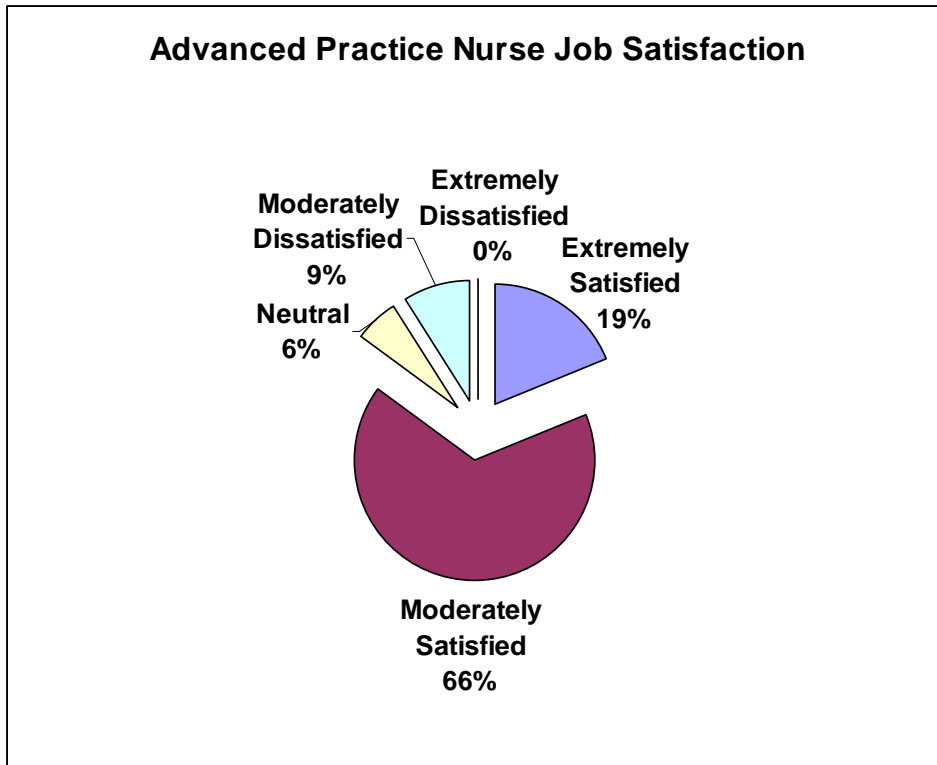
Almost half (49%) of the RNs indicated that they were moderately satisfied with their job with 17% of RNs indicated that they were extremely satisfied with their job. 22% were moderately or extremely dissatisfied (see Figure 25). In the National Survey of Registered Nurses (Nurseweek & AONE, 2002), 50% of RNs were satisfied and 21% were very satisfied with their current position. The National Sample Survey of Registered Nurses (Spratley et al., 2000) found that 70% of nurses reported being satisfied in their current position.

Figure 25: RN Job Satisfaction



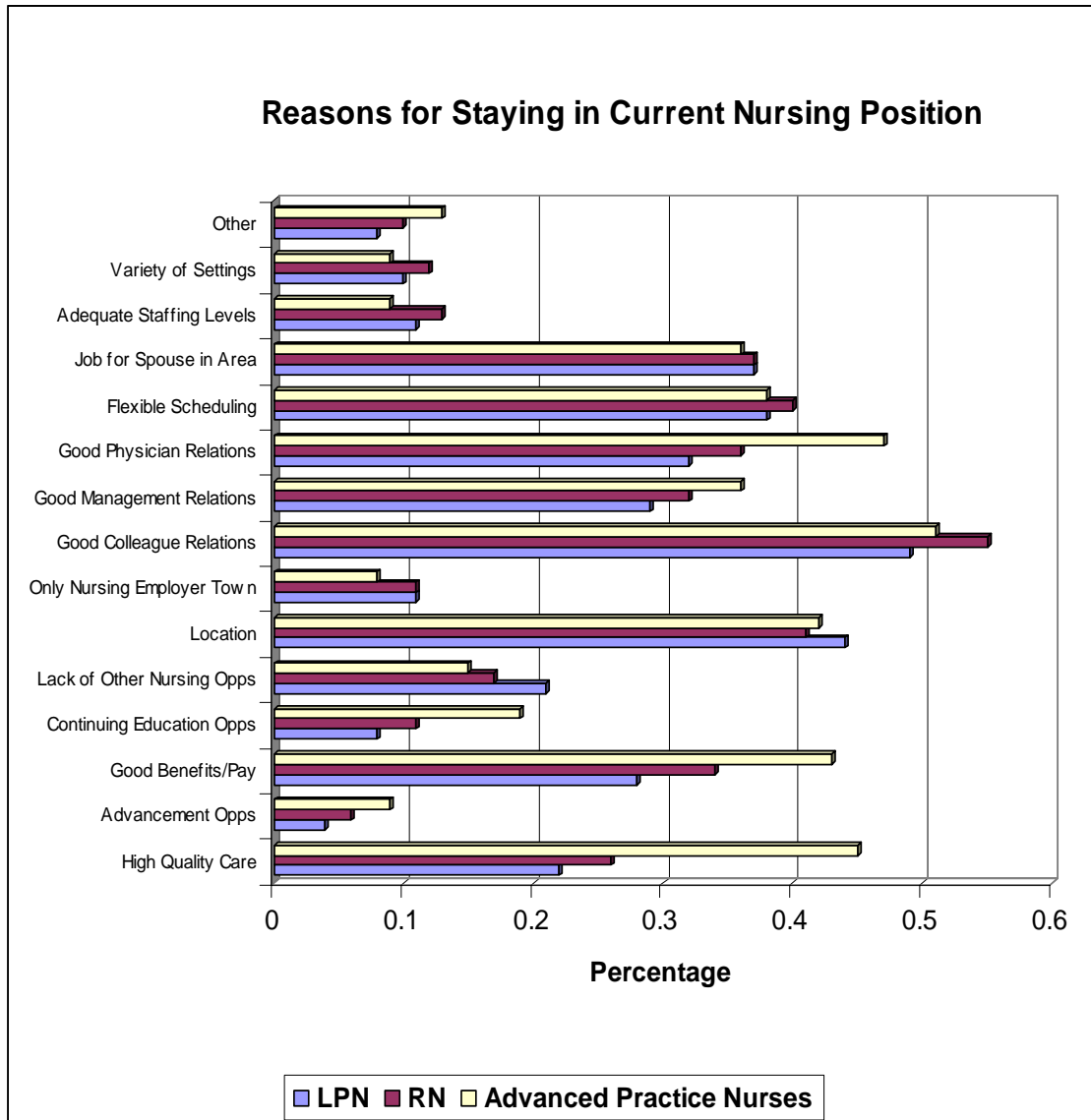
Many (66%) of Advanced Practice Nurses indicated that they were moderately satisfied with their job with 19% of Advanced Practice Nurses indicating that they were extremely satisfied with their job. 9% were moderately or extremely dissatisfied (see Figure 26).

Figure 26: Advanced Practice Nurse Job Satisfaction



- Nurses were asked to indicate their reasons for staying in their current nursing position. Nurses could mark more than one answer. Nurses most frequently indicated good colleague relations (LPN=49%; RN=55%; Advance Practice=51%). LPNs (44%) and RNs (41%) frequently cited location of facility; RNs also cited flexible scheduling (40%). Advanced Practice nurses most frequently indicated good physician relations (47%), location of facility (42%), good benefits and pay (43%) and the ability to provide high quality care (45%). Nurses least frequently cited advancement opportunities (LPN=4%; RN=6%; Advanced Practice=9%) (see Figure 27).

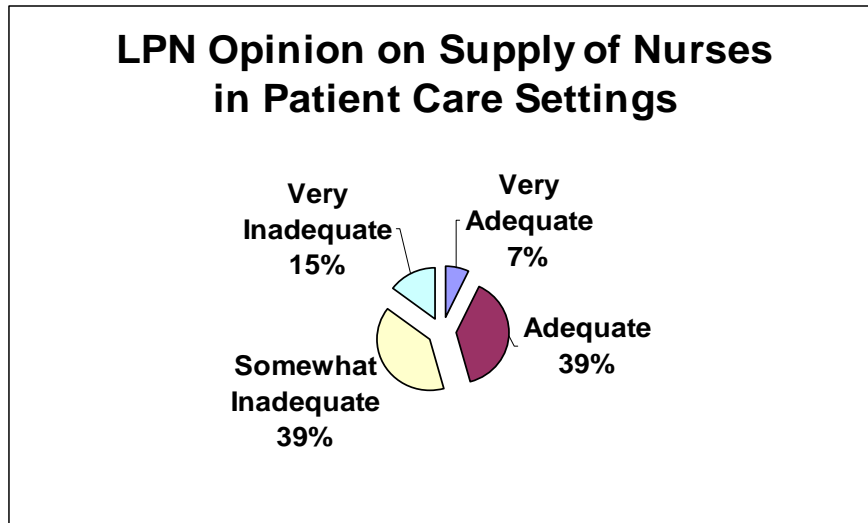
Figure 27: Reasons for Staying in Current Nursing Position



Nursing Supply

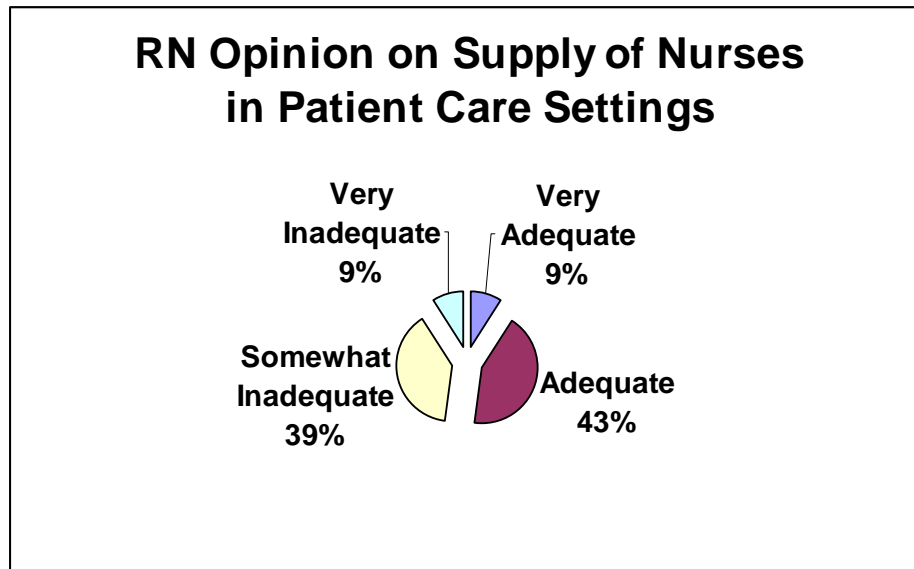
- Nurses were also asked to rate in their work setting whether the supply of nurses working in patient care was adequate. 39% of LPNs felt that supply was adequate with an equal number (39%) rating their setting as somewhat inadequate (see Figure 23). Of those LPNs that felt the supply was somewhat inadequate, 41% were from rural settings, 27% from semi-rural and 32% from urban settings.

Figure 28: LPN Opinion on Supply of Nurses in Patient Care Settings



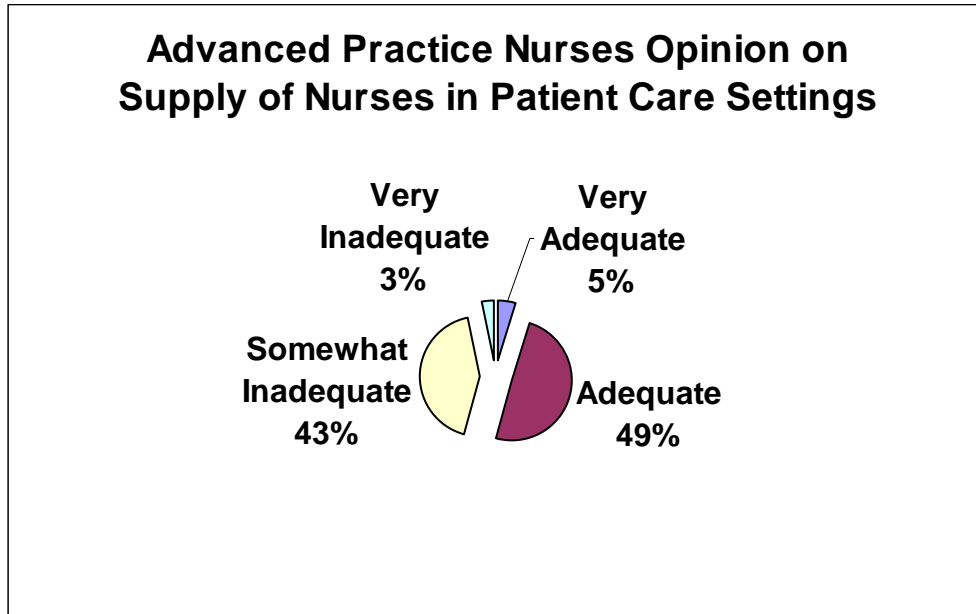
43% of RNs rated their setting as adequate with 39% of RNs indicating somewhat inadequate (see Figure 29). Of those RNs that indicated nursing supply was somewhat inadequate, 35% were from rural setting, 35% from semi-rural settings and 30% from urban settings.

Figure 29: RN Opinion on Supply of Nurses in Patient Care Settings



49% of Advanced Practice Nurses rated the supply of nurses in their setting as adequate with 43% rating the supply as somewhat inadequate (see Figure 30). Of those Advanced Practice nurses that cited supply of nurses was somewhat inadequate, 43% are from urban settings, 38% from semi-rural settings and 19% from rural settings.

Figure 30: Advanced Practice Nurses Opinion on Supply of Nurses in Patient Care Settings



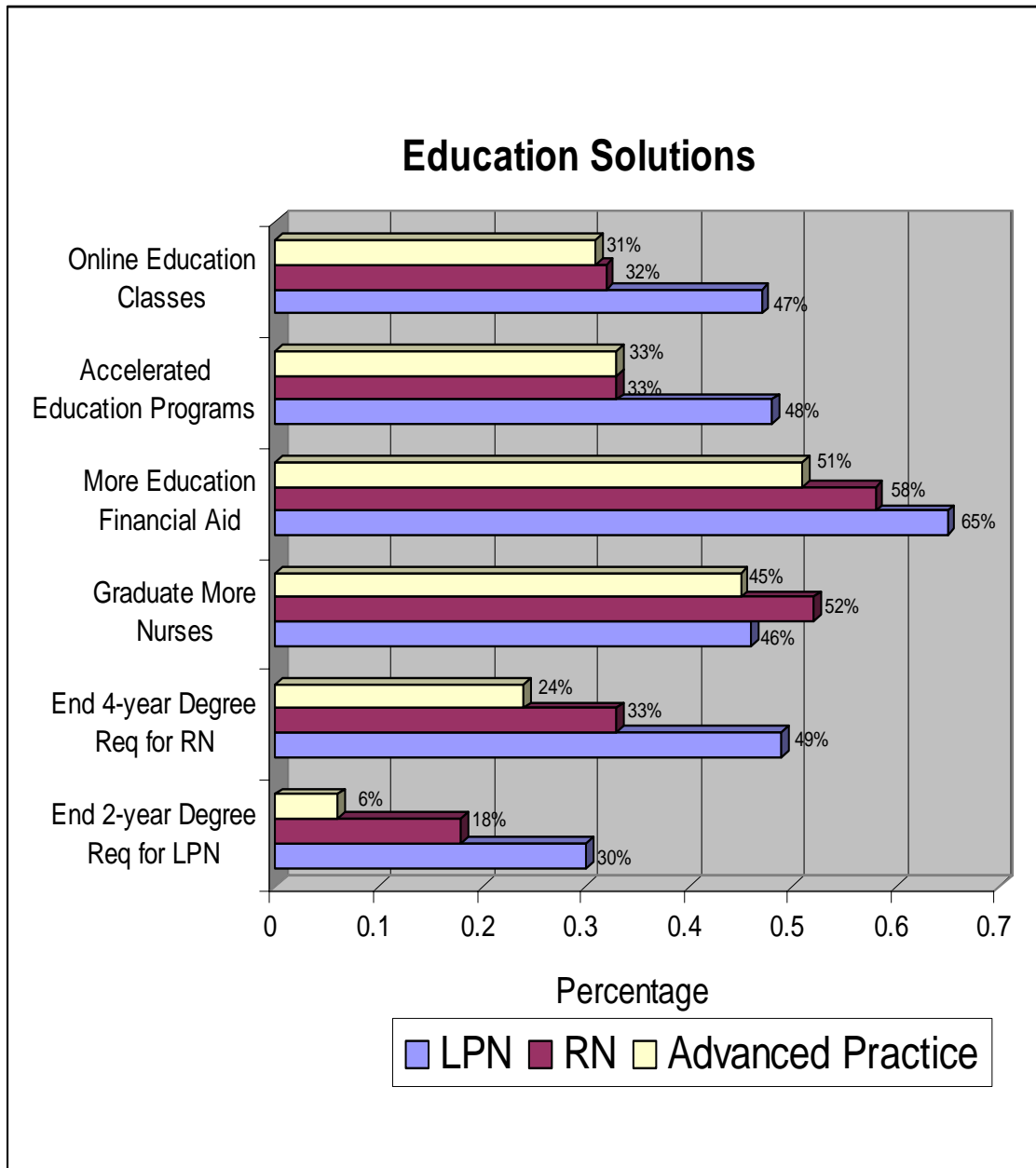
- Nurses were asked whether they felt that there is a shortage of nurses specifically in their clinical specialty within their work setting. 63% of LPNs, 62% of RNs and 56% of Advanced Practice Nurses responded yes. In the National Survey of Registered Nurses (Nurseweek & AONE, 2002), 95% of RNs reported that they believe there is a nursing shortage.

Nursing Shortage Solutions

- Nurses were asked to rank a list of possible solutions that could help alleviate the nursing shortage. The percentage of nurses ranking each solution as high in it's effectiveness in alleviating a shortage is shown in the following three graphs reflecting three themes: education, workplace and recruitment solutions.

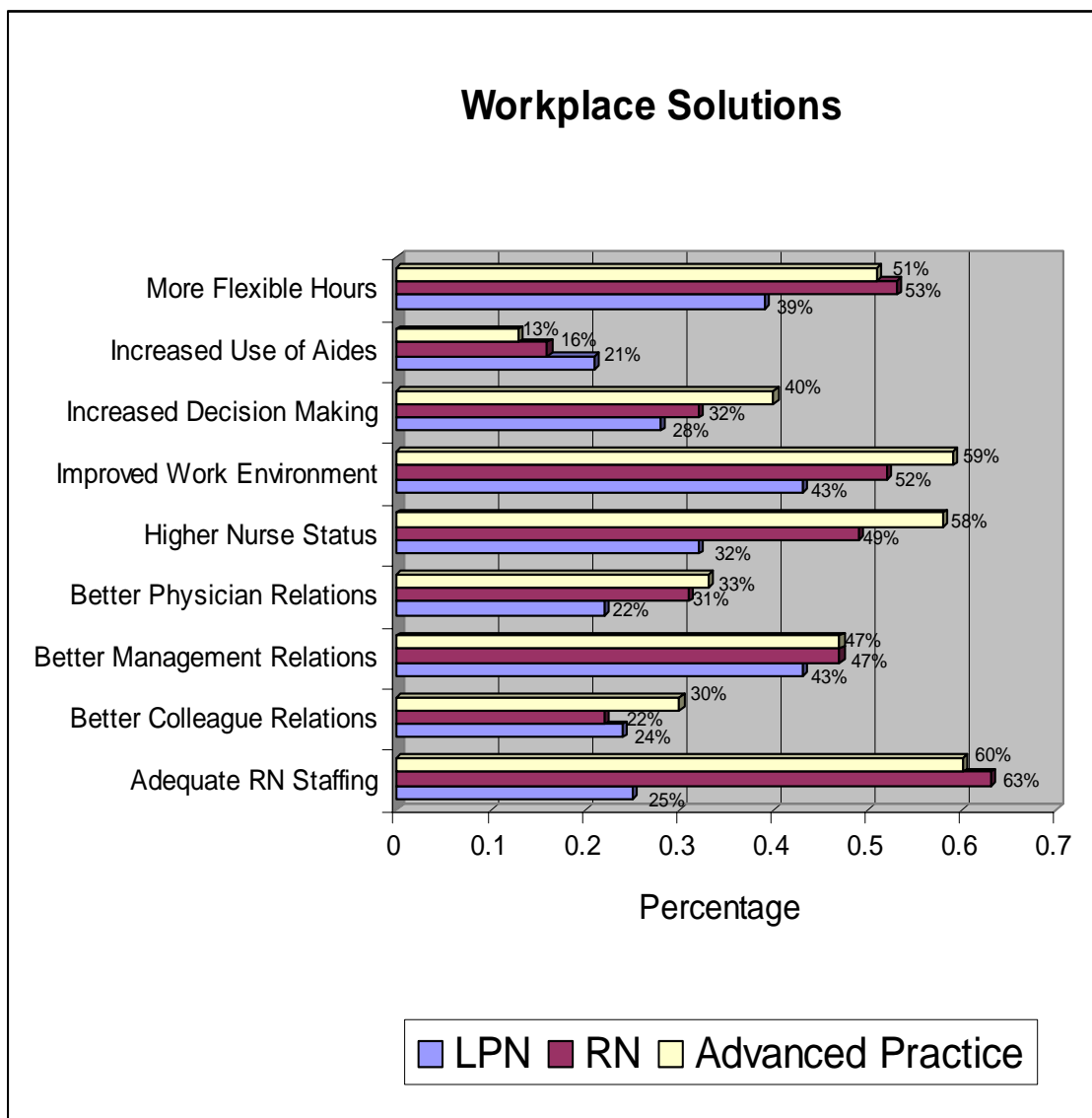
- Figure 31 displays the percentage of nurses that ranked various education solutions as high importance in alleviating a nursing shortage. LPNs, RNs and Advanced Practice nurses most frequently cited more education financial aid.

Figure 31: Education Solutions Ranked as High Importance in Alleviating a Nursing Shortage



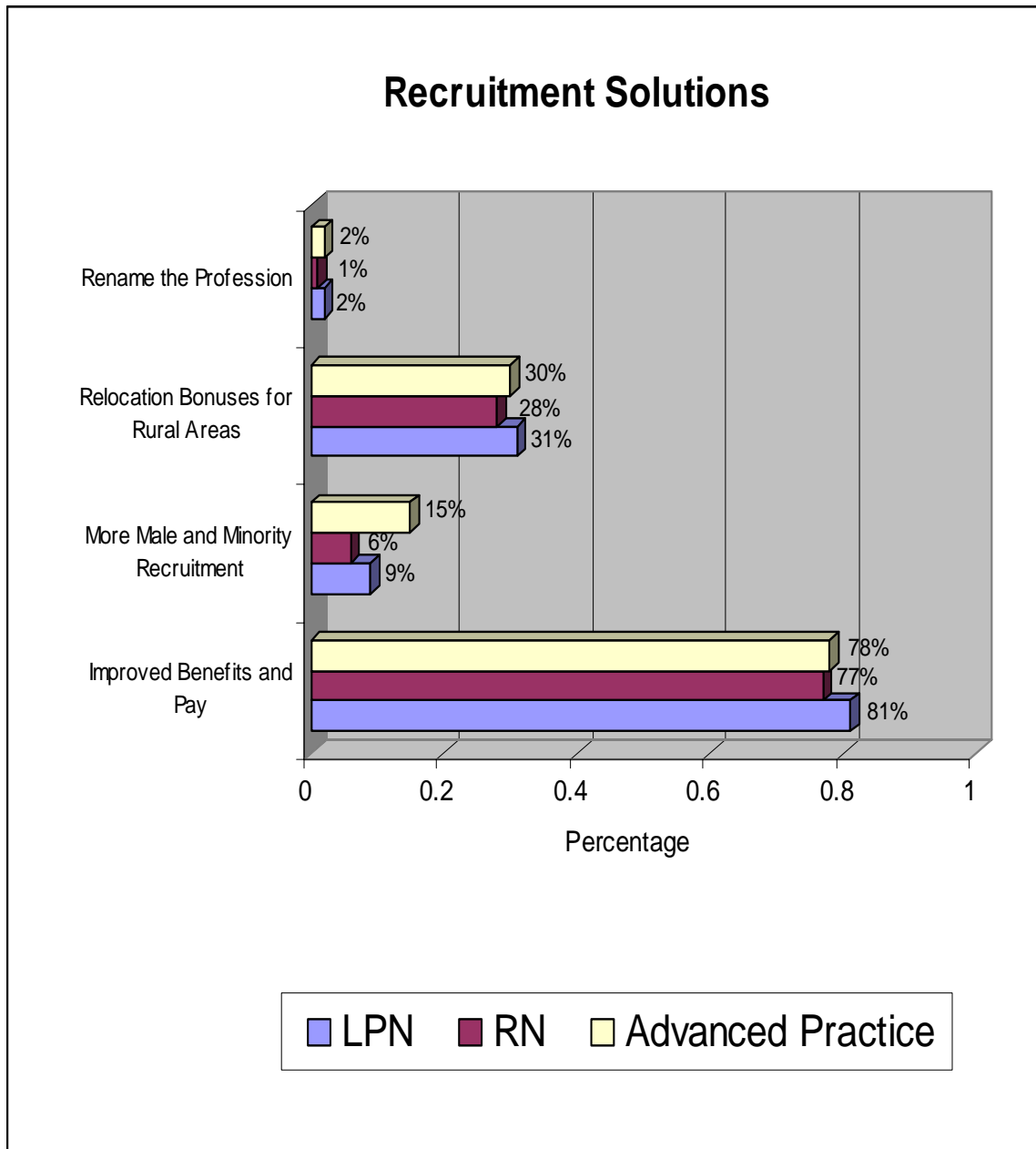
- Figure 32 displays the percentage of nurses that ranked various workplace solutions as high importance in alleviating a nursing shortage. 25% of LPNs, 63% of RNs and 60% of Advanced Practice Nurses ranked adequate RN staffing as high importance. At least half of RNs and Advanced Practice nurses ranked more flexible hours, improved work environment and higher nurse status as important solutions. 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.

Figure 32: Workplace Solutions Ranked as High Importance in Alleviating a Nursing Shortage



- Figure 33 displays the percentage of nurses that ranked various recruitment solutions as high importance in alleviating a nursing shortage. 81% of LPNs, 77% of RNs and 78% of Advanced Practice nurses indicated that improved benefits and pay would help alleviate a shortage. Few nurses ranked high renaming the profession and more male/minority recruitment.

Figure 33: Recruitment Solutions Ranked as High Importance in Alleviating a Nursing Shortage



- Nurses were also asked the question, “When you think of possible solutions to the nursing shortages, what is the one solution that you think would work best?” Answers fell into three broad areas: education and training, recruitment and image, and job satisfaction and retention.
 - **Education and Training**
 The most frequent theme regarding education was the reduction of the entry into practice for RNs and LPNs. 15% of nurses indicated that reducing the entry into practice requirements would alleviate the nursing shortage. 6% of nurses indicated that more financial aid including federal financial aid, employee reimbursement, and state reimbursement would also help. 4% suggested graduating more nurses. 2% suggested more clinical experience.
 - **Image and Recruitment**
 The most frequent theme regarding recruitment was appropriate wages for RNs and LPNs. 45% of nurses felt that paying nurses a wage comparable to others with similar education and responsibilities would alleviate the nursing shortage. 5% indicated that improvement of the image of the nursing profession would alleviate the shortage by luring more people to the field. 3% suggested actively recruiting youth in elementary, high school and colleges would also help.
 - **Job Satisfaction and Retention**
 The most frequent theme regarding satisfaction and retention was improved benefit packages for RNs and LPNs. 16% suggested increasing health and retirement benefits and 11% suggested maintaining appropriate nurse to patient ratios. 9% suggested more respect by management, physicians, and patients. 9% suggested more flexibility and fairness in scheduling. 9% suggested improving working conditions. 2% suggested greater nurse empowerment and less paperwork.

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North Dakota Licensed Nurses Survey 2002

Correct ●●● Incorrect ⊗●✓

Education/Certification

1. Indicate all educational programs completed.

- 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.

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

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 7)*

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

5. What degree are you currently working toward in this program? Baccalaureate Masters Doctorate Other

6. How are your tuition and fees financed? (Mark all that apply)

- Personal/family resources
- Employer tuition reimbursement (including VA tuition plan)
- Federally assisted loan
- Federal traineeship/scholarship/grant
- State/local government scholarship/loan/grant
- Non-government loan/scholarship
- University teaching/research fellowship
- Other resources

7. Which license(s) do you currently hold? (Mark all that apply) LPN RN RN Advanced Practice License None

8. Indicate state(s) where you are currently licensed. (Mark all that apply.) MN MT ND SD Other None

Employment

9. How many years have you worked as a nurse?

- < 1 year
- 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

10. Indicate one option that describes your CURRENT employment status

- Employed in nursing, continue with Que. 11
- Employed in another field, skip to Que. 27
- Not employed, attending college, skip to Que. 27
- TEMPORARILY Not working/not looking for a job, skip to Que. 27
- Retired OR no plans to return to work, skip to Que. 27
- Seeking nursing employment, skip to Que. 27

11. Indicate one setting that best describes your Primary and Secondary nursing employment setting. (P=Primary, S=Secondary)

- | | | | |
|---|---|---|--|
| <input type="radio"/> P <input type="radio"/> S Ambulatory care | If you marked hospital, what types of patients do you primarily care for? | <input type="radio"/> P <input type="radio"/> S Acute care/emergency room | <input type="radio"/> P <input type="radio"/> S Newborn |
| <input type="radio"/> P <input type="radio"/> S Home health care | | <input type="radio"/> P <input type="radio"/> S Basic medical/surgical | <input type="radio"/> P <input type="radio"/> S Obstetrics/gynecologic |
| <input type="radio"/> P <input type="radio"/> S Hospital | | <input type="radio"/> P <input type="radio"/> S Chronic care | <input type="radio"/> P <input type="radio"/> S Operating room |
| <input type="radio"/> P <input type="radio"/> S Insurance company | | <input type="radio"/> P <input type="radio"/> S Coronary care | <input type="radio"/> P <input type="radio"/> S Orthopedic |
| <input type="radio"/> P <input type="radio"/> S Long term care | | <input type="radio"/> P <input type="radio"/> S Hospice unit | <input type="radio"/> P <input type="radio"/> S Outpatient |
| <input type="radio"/> P <input type="radio"/> S Nursing education program | | <input type="radio"/> P <input type="radio"/> S Intensive care | <input type="radio"/> P <input type="radio"/> S Pediatric |
| <input type="radio"/> P <input type="radio"/> S Occupational health | | <input type="radio"/> P <input type="radio"/> S Neurological | <input type="radio"/> P <input type="radio"/> S Psychiatric |
| <input type="radio"/> P <input type="radio"/> S Public/community health | | | <input type="radio"/> P <input type="radio"/> S Rehabilitation |
| <input type="radio"/> P <input type="radio"/> S Regulation | | | |
| <input type="radio"/> P <input type="radio"/> S School health | | | |

12A. How many years have you worked in the above Primary setting (Que. 11)?

- < 1 year
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
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- 19
- 20
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- 25
- 26
- 27
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- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40

12B. How many years have you worked in the above Secondary setting (Que. 11)?

- < 1 year
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
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- 10
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- 14
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- 27
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- 40

13A. How many hours do you work in a typical week in your Primary setting?

- 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

13B. How many hours do you work in a typical week in your Secondary setting?

- 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

14. Indicate ONE position that best describes your role with your primary nursing employer

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

15. Does your primary nursing position involve providing direct care services to patients/families? Yes No

15A. If yes, how many more years do you expect to provide direct patient care?

- 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

16. How many years do you expect to stay in this nursing position?

- 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

17. What shift do you USUALLY work at your primary nursing position? (Mark only one.)

- Day Evening Night Rotating Weekends only Other

18. How many hours do you usually work during a shift at your primary nursing position?

- 4 hours 6 hours 8 hours 10 hours 12 hours Variable Other

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

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

20. Compared to a year ago, how would you best describe your current feelings about your nursing job?

- Extremely satisfied Moderately satisfied Neither satisfied nor dissatisfied Moderately dissatisfied Extremely dissatisfied

21. Please indicate your reason(s) for staying in your current nursing position. (Mark all that apply.)

- Able to delivery high quality care Location of facility Schedule flexibility
 Advancement opportunities Only nursing employer in town Spouse has job in the area
 Benefits/pay are good Relations with colleagues are good Staffing levels are adequate
 Continuing education opportunities Relations with management are good Variety of settings
 Lack of other nursing opportunities Relations with physicians are good Other

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

- 50 or younger 51-54 55-59 60-64 65-69 70 or older

23. What change(s) in the workplace environment might keep you working longer as a nurse? (Mark all that apply.)

- Ability to work part-time Restrictions on heavy lifting None
 Assignment to supervisory/teaching duties Retention of benefits while working part-time
 Reduction in amount of direct patient care work Schedule is flexible
 Reduction in shift length Staffing levels are adequate

Part-time/Full-time

24. Are you currently working as a nurse?

- Part-time (<32 hours/week) Full-time (32 or more hours/week)

If you are working full-time, please skip to question 31.

25. What is the reason(s) you are working PART-TIME in a nursing position? (Mark all that apply.)

- 1) Enrolled in college
- 2) Finances allow part-time work
- 3) Full-time nursing positions unavailable
- 4) Health is poor
- 5) Health of family member is poor
- 6) Less physical demand
- 7) Less stressful work environment
- 8) Not valued/respected by management
- 9) Not valued/respected by physicians
- 10) Opportunities outside nursing
- 11) Reorganization
- 12) Schedule flexibility
- 13) Taking care of home/family
- 14) Unable to provide high quality care
- 15) Volunteer work

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 Other _____

26. Under what conditions would you be willing to work additional hours at your current position? (Mark all that apply.)

- None
- Availability of speciality/setting of my choice
- Ability to provide high quality care
- Better benefits/pay
- Increase in the number of nurses
- More/better child/elder care
- More flexible hours
- Other _____

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

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

- Never Less than a year 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 years

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

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

Indicate the ONE most important reason in your decision 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 20 21 Other _____

29. Are you currently looking for a nursing position? Full-time Part-time Either Not looking

30. Under what conditions would you be willing to return to work as a nurse? (Mark all that apply.)

- None
- Ability to provide high quality care
- Better benefits/pay
- Less stressful work environment
- More/better child care
- More/better elder care
- More flexible hours
- More professionally challenging position
- Other _____

31. Overall, would you say that in your work setting, the supply of nurses working in patient care settings is...

- Very adequate Adequate Somewhat inadequate Very inadequate

32. Overall, would you say there is a shortage of nurses with your clinical speciality in your work setting? Yes No

33. To what extent would each of the following help to alleviate the nursing shortage? N=None, L=Low, M=Moderate, H=High

- | None | Low | Mod. | High | | None | Low | Mod. | High | |
|-------------------------|-------------------------|-------------------------|-------------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|---|
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Adequate RN staffing | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | More flexible hours |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Better relations with colleagues | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Recruitment of more males/minorities |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Better relations with management | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Relocation bonuses to move to rural areas |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Better relations with physicians | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Rename the profession |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Higher status of nurses in work environment | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | End 2-yr degree requirement for LPN |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Improved benefits/pay | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | End 4-yr degree requirement for RN |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Improved work environment | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Graduate more nurses |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Increased organizational decision-making | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | More financial aid for education |
| <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Increased use of aides | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Offer accelerated education programs |
| | | | | | <input type="radio"/> N | <input type="radio"/> L | <input type="radio"/> M | <input type="radio"/> H | Offer online education courses |

34. When you think of the possible solutions to nursing shortages, what is the one solution that you think would work the best

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

Demographic/Biographic Information

36. Zip Code of your PRIMARY nursing employment setting

Primary Zip				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

37. Zip Code of your SECONDARY nursing employment setting

Secondary Zip				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

38. Zip Code of your RESIDENCE

Residence Zip				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

39. Year of birth?

Year Born		
1	9	
	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

40. Racial/ethnic group

- American Indian/ Alaskan Native
 Black, not of Hispanic origin
 Multi- racial
 Other
 Asian/Pacific Islander
 Hispanic
 White, not of Hispanic origin

41. Gender Male Female

42. Total number of people living at your residence, including you
 1 2 3 4 5 6 7 8 9

43. Estimated household gross annual income (before taxes) from your nursing positions?

- \$0- \$5,000 \$20,001- \$30,000 \$50,001- \$60,000 \$80,001-\$90,000
 \$5,000- \$10,000 \$30,001- \$40,000 \$60,001- \$70,000 \$90,001 -\$100,000
 10,001- \$20,000 \$40,001- \$50,000 \$70,001- \$80,000 More than \$100,000

44. What percentage of your household's annual gross income is comprised of your nursing income?

- 1-10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 81-90 91-100

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

46. Are you a nurse from another country, practicing in the US on a Visa? Yes No

Thank you for completing our survey.

Please return the completed questionnaire to the Center for Rural Health in the enclosed postage paid envelope.

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