

Appendix 1



HEALTH PROFESSIONALS SUPPLY SURVEY

Hospital: _____

Contact: _____

POSITION	NUMBER OF FTEs ON STAFF	NUMBER OF FTEs VACANT
I. NURSING		
RN (all RNs, including ICU, OR and ER)		
RN (ICU)		
RN (OR)		
RN (ER)		
LPN		
Certified/Licensed Nurse Assistant		
CRNA (Nurse Anesthetist)		
II. REHABILITATION		
Physical Therapist		
Occupational Therapist		
Respiratory Therapist		
Speech Therapist		
III. TECHNICAL		
Medical Technician		
Medical Laboratory Technician		
Pharmacist		
Pharmacy Technician		
Radiology Technician		
Nuclear Medicine Technologist		
IV. MEDICAL RECORDS		
Coder/Abstractor		
Transcriptionist		
Abstractor		
V. SOCIAL SERVICES		
Social Worker - MSW		
Social Worker - BS		
Social Worker - AS		

Please use data from the week of July 1st and e-mail back to Debbie Augustine at daugustine@nhha.org by July 17, 2002.

A Survey of Practicing Nurses In New Hampshire

Please check or circle the appropriate box for each response. In some cases you may be asked to fill in a number, make choices as to your preferences, or write a few sentences.

A. Your Current Work as a Nurse:

1. How many years total have you been an LPN or RN? Please include all experience in clinical practice, teaching nursing to others, and administration.

Years: _____

2. On average, how many hours per week do you work?

- 1. Less than 16 hours/week
- 2. 16-32 hours/week
- 3. 33-40 hours/week
- 4. More than 40 hours/week (overtime)

3. During the past month, at what time did you generally work? (Check only one)

- 1. Day (up to 6 pm)
- 2. Evenings
- 3. Night
- 4. Weekends only
- 5. Per diem
- 6. Combination (please describe) _____

4. What best describes your PRIMARY PLACE of employment at this time? (Check ONLY one. If you work in more than one setting, please choose the one that you spend the most time in.)

- 1. Hospital-inpatient
- 2. Hospital-outpatient
- 3. Physician office
- 4. Long-term care facility
- 5. Home health/VNA/Hospice
- 6. Community health center
- 7. School
- 8. Other (please specify) _____

5. What is your PRIMARY ACTIVITY in your current job? (Check ONLY one. If you are engaged in multiple activities, please choose the one the activity you spend the most time doing.)

- 1. Provide or supervise direct patient care
- 2. Administration
- 3. Other (please specify) _____

B. How You View Nursing as a Career Choice:

6. What was the PRIMARY reason you chose to go into nursing? (Check only one)

- 1. Service, to help people
- 2. Job flexibility
- 3. Job security
- 4. Good pay
- 5. Good Benefits
- 6. Nursing was the best career available at the time
- 7. Other (please specify) _____

7. How well did your nursing education prepare you to practice in your current work environment? (Circle one)

Not At All
Very Well
 1.....2.....3.....4.....5.....6

8. Please clarify _____

On a scale of 1 to 6, with 1= Not Important and 6=Very Important, rate how important each of the following is to you in terms of your desire to continue working in nursing (circle one answer for each item)

		Not Important		Very Important	
9.	My relationships with work colleagues	1.....2.....3.....	4.....5.....6		
10.	Helping patients and their families	1.....2.....3.....	4.....5.....6		
11.	Flexible work schedule	1.....2.....3.....	4.....5.....6		
12.	Autonomy of practice	1.....2.....3.....	4.....5.....6		
13.	Decision-making ability in patient care	1.....2.....3.....	4.....5.....6		
14.	Flexibility to move among types of nursing roles	1.....2.....3.....	4.....5.....6		
15.	The physical work environment	1.....2.....3.....	4.....5.....6		
16.	The care delivery model	1.....2.....3.....	4.....5.....6		
17.	Salary (pay)	1.....2.....3.....	4.....5.....6		
18.	Benefits(health insurance, retirement, paid leave)	1.....2.....3.....	4.....5.....6		
19.	Opportunities for promotion, career advancement	1.....2.....3.....	4.....5.....6		
20.	Opportunities for education and training	1.....2.....3.....	4.....5.....6		
21.	Opportunities for personal growth	1.....2.....3.....	4.....5.....6		
22.	Recognition from supervisors and peers	1.....2.....3.....	4.....5.....6		
23.	Other (please specify) _____	1.....2.....3.....	4.....5.....6		

24. To what extent has nursing as a career met your expectations? (Circle one)
 Not Met At All Met completely
 1.....2.....3.....4.....5.....6

25. If nursing has not met your expectations, please tell us why not. _____

26. Would you recommend nursing as a career?

<input type="checkbox"/> 1. Highly recommend	<input type="checkbox"/> 3. Neutral
<input type="checkbox"/> 2. Somewhat recommend or recommend with qualifications	<input type="checkbox"/> 4. Would not recommend
	<input type="checkbox"/> 5. Would strongly advise <u>not</u> entering nursing field

27. How many years do you expect to remain in the nursing field?

- 1. Less than 5 years
- 2. 5-10 years
- 3. 10+ years
- 4. Don't know, not sure

28. What would be your primary reason for leaving the nursing profession?
- 1. Retirement
 - 2. Career change to pursue different career
 - 3. Burnout or job related stress
 - 4. Family considerations, needs
 - 5. Other reason not related to nursing
-

C. Your Daily Work Environment:

29. Overall, how satisfied are you with your current job? (Circle one)
- Not at all Satisfied Very Satisfied
- 1.....2.....3.....4.....5.....6

Using a scale of 1-6, with 1=Very Poor and 6=Excellent, rate the following aspects of your work environment

	Very Poor	Excellent	NA
30. The physical work environment	1.....2.....3.....4.....5.....6		9
31. The level of daily stress	1.....2.....3.....4.....5.....6		9
32. Amount of physical activity on the job	1.....2.....3.....4.....5.....6		9
33. Resources available for patient care	1.....2.....3.....4.....5.....6		9
34. Opportunities for training and education	1.....2.....3.....4.....5.....6		9
35. Opportunities for career advancement	1.....2.....3.....4.....5.....6		9
36. The level of trust and respect between nurses and administration	1.....2.....3.....4.....5.....6		9
37. The level of trust and respect among nurses	1.....2.....3.....4.....5.....6		9
38. The level of trust and respect between nurses and doctors	1.....2.....3.....4.....5.....6		9
39. The level of trust and respect between nurses and paraprofessionals	1.....2.....3.....4.....5.....6		9
40. Cultural sensitivity in your workplace	1.....2.....3.....4.....5.....6		9

41. How would you characterize the number of nurses who provide direct care where you work?

1. Too low 2. About right 3. Too high

42. How would you characterize the amount of paperwork required?

1. Too low 2. About right 3. Too high

43. What do you like most about nursing? _____
- _____
- _____

44. What do you find most stressful about your job ? _____
- _____
- _____

D. Compensation and Recognition:

45. Do you feel you are paid a fair wage?

- 1. Yes
- 2. No
- 3. Not sure

46. Are you the primary income earner for yourself and/or your family?

- 1. Yes
- 2. No

47. Over the past three years, how many times have you received a raise (including cost of living and/or merit raises)?

- 1. Once
- 2. Twice
- 3. Three times
- 4. More than 3 times
- 5. Never received a raise

What benefits do you currently receive through work? (Check all that apply)

- 48. Health insurance
- 49. Employer contribution towards retirement
- 50. Paid vacation and holidays
- 51. Paid sick leave
- 52. Life insurance
- 53. Dental insurance
- 54. Disability insurance
- 55. Flex (earned) time
- 56. Tuition Reimbursement
- 57. Training opportunities
- 58. Child care on site or financial assistance
- 59. Use of agency car
- 60. Other (please describe) _____

Regardless of what you do or don't have at your current job, what benefits are most important to you? Please indicate your top three choices by writing the corresponding number by the Choice.

61. Choice #1 _____ 62. Choice #2 _____ 63. Choice #3 _____

- 1. Health insurance
- 2. Employer contribution towards retirement
- 3. Paid vacation and holidays
- 4. Paid sick leave
- 5. Life insurance
- 6. Dental insurance
- 7. Disability insurance
- 8. Flex (earned) time
- 9. Tuition reimbursement
- 10. Training opportunities
- 11. Child care on site or financial assistance
- 12. Use of agency car
- 13. Other (please describe) _____

64. When was the last time you received formal professional recognition or public acknowledgement for your work by your supervisor, employer or agency -- for example, a service recognition award, your name in a newsletter, or a merit raise (not a cost of living raise)? The recognition does NOT have to have money associated with it. (Check one)

- 1. Within the last year
- 2. Within the last three years
- 3. Within the last five years
- 4. More than five years ago
- 5. I have not received recognition

How often does/do (.....fill in from below.....) acknowledge the quality of the work you do? Circle appropriate number

	Never	Once in A while	Monthly	Weekly or More	Not Applicable
65. Your immediate supervisor	1.....	2.....	3.....	4.....	9
66. The doctors you work with	1.....	2.....	3.....	4.....	9
67. Your co-workers	1.....	2.....	3.....	4.....	9
68. Your patients or their families	1.....	2.....	3.....	4.....	9

69. What do you consider to be the MOST important source of recognition for your work? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> 1. Myself | <input type="checkbox"/> 4. Physician(s) |
| <input type="checkbox"/> 2. My supervisor | <input type="checkbox"/> 5. Patients and their families |
| <input type="checkbox"/> 3. My co-workers | <input type="checkbox"/> 6. Other (please describe) |

70. Overall, do you feel valued at work? (Circle appropriate answer)

- | | | | |
|------------|---------------|----------|--------------|
| Not at all | Not Very Much | Somewhat | Very Much So |
| 1..... | 2..... | 3..... | 4..... |

What would help you the most to continue your nursing career? Please indicate your top three choices by writing the corresponding number by the Choice.

71. Choice #1 _____ 72. Choice #2 _____ 73. Choice #3 _____

- | | |
|---|--|
| 1. Raise in pay | 6. Opportunity to work for overtime pay |
| 2. Provide better or different benefits
(please describe) _____
_____ | 7. Flex-time |
| 3. Better training opportunities | 8. More time to take care of patients |
| 4. Financial assistance with CEUs | 9. More opportunities for career advancement |
| 5. More time off | 10. More support and understanding from employers
about job burnout |
| | 11. More recognition for my work |

E. Please tell us about Yourself:

74. What type of New Hampshire license do you currently hold (Check highest level if you have both)

1. RN
 2. LPN

75. City or town where you LIVE _____

76. City or town where you REPORT TO WORK _____

Are you licensed to practice nursing in any other states besides New Hampshire? (Circle all that apply)

- 77. Maine
- 78. Massachusetts
- 79. Vermont
- 80. Other (please list) _____

81. In what year were you born? _____

82. Gender (Circle one)

- 1. Male
- 2. Female

83. What is your highest level of education? (check one only)

- | | |
|--|---|
| <input type="checkbox"/> 1. Diploma | <input type="checkbox"/> 4. Masters Degree |
| <input type="checkbox"/> 2. Associate Degree | <input type="checkbox"/> 5. Doctorate Degree |
| <input type="checkbox"/> 3. Bachelors Degree | <input type="checkbox"/> 6. Post Doctorate Work |

84. What is your annual salary?

- 1. Less than \$20,000
- 2. \$20,000 to \$39,999
- 3. \$40,000 to \$59,999
- 4. \$60,000 or more

85. Do you have anything else you would like us to know about nursing?

NH Nursing Workforce Survey II

Please check or circle the appropriate box for each response. In some cases you may be asked to fill in a number, make choices as to your preferences, or write a few sentences. Return survey by December 15, 2001.

A. Your Work as a Nurse

1. How many years total have you been an LPN or RN? Please include all employment experience in clinical practice, teaching nursing to others, and administration.

Years: _____

2. What best describes your PRIMARY PLACE of employment at your last nursing job? (Check ONLY one. If you worked in more than one setting, please choose the one that you spent the most time in.)

- | | |
|---|--|
| <input type="checkbox"/> 1. Hospital-inpatient | <input type="checkbox"/> 5. Home health/VNA/Hospice |
| <input type="checkbox"/> 2. Hospital-outpatient | <input type="checkbox"/> 6. Community health center |
| <input type="checkbox"/> 3. Physician office | <input type="checkbox"/> 7. School |
| <input type="checkbox"/> 4. Long-term care facility | <input type="checkbox"/> 8. Other (please specify) _____ |

3. What was your PRIMARY ACTIVITY in your last nursing job? (Check ONLY one. If you were engaged in multiple activities, please choose the one activity you spent the most time doing.)

1. Provide or supervise direct patient care
 2. Administration
 3. Other (please specify) _____

4. What did you like most about nursing? _____

5. What did you find most stressful about your job as a nurse? _____

B. How You View Nursing as a Career Choice

6. What was the PRIMARY reason you chose to go into nursing? (Check ONLY one)

- | | |
|---|---|
| <input type="checkbox"/> 1. Service, to help people | <input type="checkbox"/> 5. Good Benefits |
| <input type="checkbox"/> 2. Job flexibility | <input type="checkbox"/> 6. Nursing was the best career available at the time |
| <input type="checkbox"/> 3. Job security | <input type="checkbox"/> 7. Other (please specify) |
| <input type="checkbox"/> 4. Good pay | _____ |

7. How well did your nursing education prepare you to practice in your current work environment? (Circle one)

Not At All Very Well
1.....2.....3.....4.....5.....6

8. To what extent has nursing as a career met your expectations? (Circle one)
 Not At All Very Well
 1.....2.....3.....4.....5.....6

9. If nursing did not meet your expectations, please tell us why not. _____

10. Would you recommend nursing as a career?

- 1. Highly recommend
- 2. Somewhat recommend or recommend with qualifications
- 3. Neutral
- 4. Would not recommend
- 5. Would strongly advise not entering nursing field

11. What was the primary reason you left the nursing profession? (Check one only)

- 1. Retirement
- 2. Career change to pursue different career
- 3. Burnout or job related stress
- 4. Family considerations, needs
- 5. Other reason not related to nursing (specify) _____

What would have helped you the most to continue your nursing career? Please indicate your top three choices by writing the corresponding number by the Choice#.

12. Choice #1 _____ 13. Choice #2 _____ 14. Choice #3 _____

- 1. Raise in pay
- 2. Provide better or different benefits (please describe) _____

- 3. Better training opportunities
- 4. Financial assistance with CEUs
- 5. More time off
- 6. Opportunity to work for overtime pay
- 7. Flex-time
- 8. More time to take care of patients
- 9. More opportunities for career advancement
- 10. More support and understanding from employers about job burnout
- 11. More recognition for my work

15. Do you feel you were paid a fair wage as a nurse? Yes No

16. At the time of your last nursing job, were you the primary income earner for yourself and/or your family?

- 1. Yes
- 2. No

17. Overall, did you feel valued at work? (Circle appropriate answer)

Not at all Not Very Much Somewhat Very Much So
 1.....2.....3.....4

C. Please Tell Us about Yourself

18. **What type of New Hampshire license did you hold (Check highest level if you have both)**

- 1. RN
- 2. LPN

19. **City or town where you live:** _____

20. **On average, how many hours per week do you currently work?**

- 1. Less than 16 hours/week
- 2. 16-32 hours/week
- 3. 33-40 hours/week
- 4. More than 40 hours/week (overtime)
- 5. I do not work at this time (**Skip to Question #23**)

21. **Do you currently work in a health-related field?**

- 1. Yes
- 2. No

22. **Are you currently the primary income earner for yourself or your family?**

- 1. Yes
- 2. No

23. **In what year were you born?** _____

24. **Gender (Circle one)**

- 1. Male
- 2. Female

25. **What is your highest level of education? (Check one only)**

- 1. Diploma
- 2. Associate Degree
- 3. Bachelors Degree
- 4. Masters Degree
- 5. Doctorate Degree
- 6. Post Doctorate Work

26. **What is your annual salary?**

- 1. Less than \$20,000
- 2. \$20,000 to \$39,999
- 3. \$40,000 to \$59,999
- 4. \$60,000 or more

27. **Do you have anything else you would like us to know about nursing?** _____
