

Role Clarity

47. a) In the past year, has your facility shifted some of the tasks traditionally performed by RNs to unlicensed assistive personnel?

☐ Yes ☐ No *Skip to Question 48*

b) If YES, what tasks?

48. a) In the past year, has your facility shifted some of the tasks traditionally performed by RNs to LPN/VNs?

☐ Yes ☐ No

b) If YES, what tasks?

Demographics

Please provide the following demographic information. Remember that all of your responses to this survey will be kept completely confidential. No individual data will be reported. Data will only be presented by aggregating all participants’ responses. Please respond accurately and honestly. Thank you!

1. What **best** describes your title at your employing facility?

(mark only one answer)

- ☐ Chief Nursing Officer
- ☐ Vice President of Nursing or equivalent
- ☐ Director of Nursing or equivalent
- ☐ Manager of Nursing or equivalent
- ☐ Assistant Manager of Nursing or equivalent
- ☐ Supervisor of Nursing or equivalent
- ☐ Other, please specify

2. What type of license/credentials do you hold?

- ☐ LPN/VN
- ☐ RN
- ☐ APRN
- ☐ I am not a nurse

Workforce

The Workforce section of this questionnaire was designed to address critical questions related to the nursing workforce. The questions were designed to collect information on nurse vacancies, recruitment, hiring, and retention.

Vacancies

3. How many nursing positions are currently **filled** at your facility? (please do not put ranges)

LPN/VN
 # RN

4. How many nursing positions are currently **vacant** at your facility? (please do not put ranges)

LPN/VN
 # RN

5. In the past year, what negative consequences, if any, has your facility experienced as a result of an inadequate supply of nurses? (mark ALL that apply)

- ☐ None
- ☐ Increased voluntary overtime
- ☐ Increased involuntary overtime
- ☐ Increased workloads
- ☐ Increased rates of errors
- ☐ Low nursing staff morale
- ☐ Increased use of temp/agency nurses
- ☐ Wage increases
- ☐ Inability to expand services
- ☐ Admissions delayed

- ☐ Referrals delayed
- ☐ Increased patient/family complaints
- ☐ Increased absenteeism
- ☐ Increased turnover
- ☐ Recruiting difficulties
- ☐ Decreased quality of care
- ☐ Delays in patient transfers
- ☐ Other, please specify

Thank you for your participation in this important work!

If you have any questions, call 312.525.3658
Please return your completed questionnaire in the postage-paid envelope to:
NCSBN, 111 E. Wacker Dr., Suite 2900, Chicago, IL 60601

Recruitment

6. Currently, how easy or difficult is it to recruit RNs to work in your facility? (N/A = Not Applicable)

	VERY DIFFICULT	SOMEWHAT DIFFICULT	NEITHER EASY NOR DIFFICULT	SOMEWHAT EASY	VERY EASY	N/A
a) Newly-licensed RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Experienced RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your facility need nurses with specialized skills, experience, or educational preparation that are not currently available?

	YES	NO	If YES, please describe your needs
a) Specialized Skills	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
b) Experience	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
c) Educational preparation	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Hiring

8. Approximately how many newly-licensed (defined as licensed for 12 months or less) nurses have been hired by your facility in the last 12 months? (please do not put ranges)

- # LPN/VN Graduates
- # Diploma Graduates
- # AD Graduates
- # BSN/BA/BS Graduates
- # MSN or Master's Graduates
- # PhD or Doctoral Graduates
- # Total

☐ No newly-licensed nurses were hired

9. a) Does your facility prefer to not hire newly-licensed nurses?

☐ Yes ☐ No Skip to Question 10

b) If YES, why does your facility prefer to not hire newly-licensed nurses?

10. Approximately how may experienced nurses (defined as licensed for more than 12 months) have been hired by your facility in the last 12 months? (please do not put ranges)

- # LPN/VN Graduates
- # Diploma Graduates
- # AD Graduates
- # BSN/BA/BS Graduates
- # MSN or Master's Graduates
- # PhD or Doctoral Graduates
- # Total

☐ No newly-licensed nurses were hired

11. Approximately how many foreign-educated nurses (and from what country(s)) have been hired by your facility in the last 12 months? (please do not put ranges)

- # foreign educated Country:
- # foreign educated Country:
- # foreign educated Country:
- ☐ No foreign-educated nurses were hired

Retention

12. On average, how long do foreign-educated nurses typically stay employed in your facility?

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ Greater than 4 years
- ☐ Not Applicable

13. On average, how long do newly-licensed nurses typically stay employed in your facility?

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ Greater than 4 years
- ☐ Not Applicable

b) In general, what hours do most errors occur? (check one)

- ☐ 7am - 3pm
- ☐ 3pm - 11pm
- ☐ 11pm - 7am
- ☐ The number of errors are equally distributed throughout the day
- ☐ Don't Know
- c) In general, are errors more likely during weekdays or weekends? (check one)
- ☐ Weekdays
- ☐ Weekends
- ☐ Errors are not more likely during weekdays or weekends
- ☐ Don't Know

39. How strongly do you agree or disagree that newly-licensed nurses are more likely to make errors versus more experienced nurses? (check one)

- ☐ 1. Strongly Disagree
- ☐ 2. Disagree
- ☐ 3. Neither Agree nor Disagree
- ☐ 4. Agree
- ☐ 5. Strongly Agree
- ☐ My facility does not hire newly-licensed nurses

Discipline

40. How many nurses did your facility report for disciplinary action to the Board of Nursing in the past year?

nurses reported

Shift Length/Scheduling

41. Does your facility limit shift length to no more than 12 consecutive hours in a 24 hour period?

☐ Yes ☐ No ☐ Not Applicable

42. How many hours of overtime (the number of hours beyond 40 hours per week) does your facility allow?

- ☐ Zero/None
- ☐ 1 - 5
- ☐ 6 - 10
- ☐ 11 - 15
- ☐ 16 - 20
- ☐ 21 - 25
- ☐ 26 - 30
- ☐ 31 - 35
- ☐ 36 - 40
- ☐ Greater than 40
- ☐ No Limit

Communication

43. Please answer the following questions on communication:

a) Does your facility have a written checklist/protocol for patient handoffs?

☐ Yes ☐ No ☐ Don't know

b) Does your facility use a read-back system for verbal orders?

☐ Yes ☐ No ☐ Don't know

c) At your facility are nurses instructed to verify questionable orders that do not make sense given a patient's procedure, condition, and/or indication for use?

☐ Yes ☐ No ☐ Don't know

44. How strongly do you agree or disagree that foreign-educated nurses have difficulty clearly communicating with patients? (check one)

- ☐ 1. Strongly Disagree
- ☐ 2. Disagree
- ☐ 3. Neither Agree nor Disagree
- ☐ 4. Agree
- ☐ 5. Strongly Agree
- ☐ Don't Know/Not Applicable

45. How strongly do you agree or disagree that foreign-educated nurses have difficulty clearly communicating with other health care providers? (check one)

- ☐ 1. Strongly Disagree
- ☐ 2. Disagree
- ☐ 3. Neither Agree nor Disagree
- ☐ 4. Agree
- ☐ 5. Strongly Agree
- ☐ Don't Know/Not Applicable

Organizational Characteristics

46. Does your facility . . .

a) take an interdisciplinary care team (a team of health care workers from different departments) approach?

☐ Yes ☐ No ☐ Don't know

b) have computerized order entry?

☐ Yes ☐ No ☐ Don't know

c) have electronic medical records?

☐ Yes ☐ No ☐ Don't know

27. Does your facility’s orientation, mentorship, transition to practice programs, or other programs include coverage/discussion of your state’s nurse practice act?

☐ Yes☐ No☐ Not Applicable

28. How strongly do you agree or disagree that your facility’s staff nurses understand your state’s nurse practice act? (check one)

☐ 1. Strongly Disagree☐ 2. Disagree☐ 3. Neither Agree nor Disagree☐ 4. Agree☐ 5. Strongly Agree☐ Don’t Know

29. How strongly do you agree or disagree that foreign-educated nurses have difficulty transitioning to practice in the United States? (check one)

☐ 1. Strongly Disagree☐ 2. Disagree☐ 3. Neither Agree nor Disagree☐ 4. Agree☐ 5. Strongly Agree☐ Don’t Know / Not Applicable

30. Please provide comments about transitioning foreign-educated nurses to practice in the United States:

Professional Development

31. Does your facility provide nurses with ongoing medication safety training and development (e.g., knowledge on side-effects, dosage guidelines, drug interactions)?

☐ Yes☐ No

32. Does your facility have any type of patient safety training and development program for nurses?

☐ Yes☐ No

33. Does your facility use simulation training and development for nurses?

☐ Yes☐ No

Patient Safety

The last section of this questionnaire was designed to collect broad information on specific topics related to patient safety. These topics include: licensure, errors, discipline, shift length/scheduling, communication, organizational characteristics, and role clarity.

Licensure

34. Does your facility check to determine if nurse licenses have been renewed?

☐ Yes☐ No

35. In the past 5 years has your facility found a nurse practicing without a license at your facility?

☐ Yes☐ No

36. Has your facility found any nurse imposters practicing at your facility? (imposters = people who have not attended or completed a nursing education program or are not eligible for licensure, however, indicate that they are licensed to practice nursing)

☐ Yes☐ No

Errors

37. Does your facility have a culture that supports the reporting of errors using an open and non-punitive approach?

☐ Yes☐ No

38. a) In general, which shift are errors most likely to occur? (check one)

☐ 8 hour shifts☐ 10 hour shifts☐ 12 hour shifts☐ On call☐ Errors are not more likely during any shift☐ Don’t Know☐ Other, please specify

14. On average, how long do experienced nurses typically stay employed in your facility?

☐ Less than 1 year☐ 1 year☐ 2 years☐ 3 years

☐ 4 years☐ Greater than 4 years☐ Not Applicable

15. Please indicate your perceptions about nurse turnover at your facility. (N/A = Not Applicable)

	VERY DIFFICULT	SOMEWHAT DIFFICULT	NEITHER EASY NOR DIFFICULT	SOMEWHAT EASY	VERY EASY	N/A
a) Turnover of newly-licensed LPN/VNs is a problem in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Turnover of newly-licensed RNs is a problem in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Turnover of experienced LPN/VNs is a problem in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Turnover of experienced RNs is a problem in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. What steps is your facility taking to reduce nurse turnover?

☐ Continually developing the work environment/climate/culture☐ Participation in decision making☐ Professional development opportunities☐ Training opportunities☐ Professional autonomy☐ Access to information and resources☐ Recognition programs☐ Flexible scheduling

☐ Collegial nurse/physician relationships☐ Adequate nurse-patient ratios (reduced workload)☐ Increased compensation☐ Enhanced fringe benefits packages☐ Transition to practice programs☐ None☐ Other, please specify

Educational Preparation

The Educational Preparation section of this questionnaire builds off the Workforce section by addressing questions related to employers’ perceptions of, and preferences for, the educational preparation of nurses. The questions were designed to collect information on clinical education, nursing program preferences, degree preference, and general preparation to practice.

Clinical Education

17. Please rate how important or unimportant clinical experience (i.e., direct patient care experience obtained during nursing school) is when evaluating a newly-licensed nurse for hire. (check one)

☐ 1. Very Unimportant☐ 2. Unimportant☐ 3. Neither important nor unimportant☐ 4. Important☐ 5. Very Important☐ My facility does not hire newly-licensed nurses

18. How strongly do you agree or disagree that newly-licensed nurses would be better prepared to provide safe, effective care to clients if they had obtained more clinical experience (direct patient care) in school? (check one)

☐ 1. Strongly Disagree☐ 2. Disagree☐ 3. Neither Agree nor Disagree☐ 4. Agree☐ 5. Strongly Agree

Nursing Program Preferences

19. Are there graduates from specific types of nursing programs your facility won't hire?

☐ Yes

☐ No *Skip to Question 21*

20. a) If YES, what nursing programs will you not hire from?
(mark ALL that apply)

☐ Excelsior

☐ Online programs

☐ Accelerated BSN programs (e.g., 1-year BSN programs for students who already have a non-nursing BA/BS degree)

☐ Accelerated MSN programs

☐ Other, please specify

20. b) Why will you not hire from the type(s) of programs you selected in question #20(a)?

Degree Preference

21. When hiring newly-licensed RNs, does your facility have a preference for baccalaureate prepared RNs?

☐ Yes

☐ No

☐ My facility does not hire newly-licensed nurses

General Preparation to Practice

22. Please indicate your degree of agreement or disagreement with the following statement for each nurse category below . . .
“Most of the nurses hired by my facility in the last 12 months were prepared (prior to hire) to provide safe, effective care to clients.”
(N/A = Not Applicable)

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	N/A
a) Newly-licensed LPN/VN graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Newly-licensed Diploma graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Newly-licensed AD graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Newly-licensed BSN/BA/BS graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Newly-licensed MSN/Master’s Graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Newly-licensed PhD/Doctoral Graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Experienced LPN/VNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Experienced RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Foreign-educated Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Please indicate your degree of agreement or disagreement with the following statement for each nurse category below . . .
“Most of the nurses in my facility have satisfactory math/calculation skills.” *(N/A = Not Applicable)*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	N/A
a) Newly-licensed LPN/VN graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Newly-licensed Diploma graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Newly-licensed AD graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Newly-licensed BSN/BA/BS graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Newly-licensed MSN/Master’s Graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Newly-licensed PhD/Doctoral Graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Experienced LPN/VNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Experienced RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Foreign-educated Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transitioning & Professional Development

The Transitioning and Professional Development section of this questionnaire builds off the Workforce and Educational Preparation sections by addressing questions related to transitioning and training newly-hired nurses. The questions were designed to collect information on the types, lengths, and characteristics of transition programs for newly-licensed nurses, experienced nurses, and foreign-educated nurses. Additionally, questions were designed to collect information on general training and development.

Transitioning

24. Please indicate the program(s) that are offered at your facility. *(N/A = Not Applicable)*

Orientation: The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting. Orientation takes place both with new employees and when changes in nurses’ roles, responsibilities and practice settings occur.

Mentorship: A developmental, empowering, and nurturing relationship between a mentor and protégé that extends over time with growth occurring in an atmosphere of respect, collegiality, and affirmation.

Transition to Practice Program: A formal program, for a specific period of time, which incorporates active learning to support newly-licensed nurses in their progression from education to practice.

	ORIENTATION	MENTORSHIP	TRANSITION TO PRACTICE PROGRAM	OTHER, PLEASE SPECIFY	NONE	N/A
a) Newly-licensed LPN/VNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b) Newly-licensed RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c) Experienced LPN/VNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d) Experienced RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e) Foreign-educated Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

25. For each box you selected in the previous question (question #24), please specify the approximate average length (in weeks) of the program(s):

	ORIENTATION	MENTORSHIP	TRANSITION TO PRACTICE PROGRAM	OTHER
a) Newly-licensed LPN/VNs	_____ weeks	_____ weeks	_____ weeks	_____ weeks
b) Newly-licensed RNs	_____ weeks	_____ weeks	_____ weeks	_____ weeks
c) Experienced LPN/VNs	_____ weeks	_____ weeks	_____ weeks	_____ weeks
d) Experienced RNs	_____ weeks	_____ weeks	_____ weeks	_____ weeks
e) Foreign-educated Nurses	_____ weeks	_____ weeks	_____ weeks	_____ weeks

26. Is your facility willing to tailor orientation, mentorship, transition to practice programs, or other programs to meet the needs of individual nurses (for example, extend transition activities beyond the initially scheduled end point)?

☐ Yes

☐ No

☐ Not Applicable