

NCSBN Research Brief

Report of Findings from the

Practice and Professional Issues Survey

Winter 2003

Topics covered include:

- **Nurse Preparation for Practice**
- **Nursing Errors**
- **Nurses Educated Outside the United States**

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National Council of State Boards of Nursing, Inc. (NCSBN)

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Mission Statement

The National Council of State Boards of Nursing, composed of member boards, provides leadership to advance regulatory excellence for public protection.

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J.S., L.C.

Executive Summary

Background

The purpose of the Practice and Professional Issues (PPI) survey is to collect information from entry-level nurses on specific practice activities and current professional issues. The Winter 2003 PPI was designed to collect data from entry-level nurses educated in the United States and from nurses educated in foreign countries who had recently been licensed to practice in the United States. Data were collected from these two groups for two basic reasons: (1) to learn about the processes necessary for a nurse educated in a foreign country to obtain a license to practice nursing in the United States; and (2) to compare practice setting data and educational preparation ratings obtained from nurses educated in the U.S. and in other countries. The NCSBN Testing Department, the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the NCSBN staff member representing the Practice, Regulation & Education (PR&E) Subcommittee on Nurses Educated in Foreign Countries were consulted about the content of the survey and reviewed the survey tool before it was sent.

Survey Process

Stratified random samples of 1,000 RNs and 500 LPN/VNs educated in the United States and 1,000 RNs and 500 LPN/VNs educated in targeted foreign countries were selected from lists of candidates successful on the NCLEX-RN® and NCLEX-PN® examinations between September 1 and

November 30, 2002. The targeted foreign countries included (as closely as possible): Philippines (20%), India (20%), Canada (10%), South Korea (10%), Nigeria (10%), England (10%), Commonwealth of States – USSR (10%) and China (10%). In order to select adequate numbers of subjects for the LPN/VN group educated in foreign countries, it was necessary to include all subjects educated in the targeted countries for the 9-month period prior to the survey.

Results

Return Rates

RNs educated in the U.S. (U.S. RNs) had a 58.7% return rate, RNs educated in foreign countries (FEN RNs) produced a return rate of 45.5%. LPN/VNs educated in the U.S. (U.S. LPNs) had a 59.2% return rate, and those LPN/VNs educated in foreign countries (FEN LPNs) had a 60% return rate.

US Educational Programs

U.S. RNs were mostly educated in associate degree (55.6%) and baccalaureate degree (36.6%) programs. Only 7.4% were educated in diploma RN programs. Approximately 86% of the U.S. LPNs were educated in diploma programs, 9% were educated in associate degree programs and 5% had completed RN education programs.

FEN Countries

Respondents educated outside the U.S. most frequently reported being educated in the Philippines (39.6% RNs and 66.5% LPN/VNs), India

(18.8% RNs and 12.9% LPN/VNs), Canada (11.6% RNs and 2.9% LPN/VNs), and Nigeria (9.3% RNs and 6.6% LPN/VNs). However, at the time of application for U.S. RN licensure, the United States was the most commonly reported country of residence (46% RNs and 63.3% LPN/VNs), with the Philippines (21.3% RNs and 24.6% LPN/VNs) and Canada (10.1% RNs and 1.5% LPN/VNs) as the second and third most selected countries.

Work Status

About 95% of the U.S. RNs reported current employment in nursing. About 85% of the FEN RNs and U.S. and FEN LPN/VNs reported current employment. For the remainder of the survey respondents, the U.S. RNs had been employed an average of about 7.2 months and the FEN RNs had been employed in the United States for an average of 5.8 months. Both the U.S. and FEN LPN/VNs reported an average of 6.7 months of U.S. employment. The FEN RNs reported working an average of 7.7 years as a nurse before becoming licensed in the U.S. and the FEN LPN/VNs reported a similar 7.5 years.

All respondent groups reported an average of 34 to 36 hours of regularly scheduled work per week. The U.S. and FEN RNs and the U.S. LPN/VNs reported working an average of 4 to 5 hours of overtime per week, while the FEN LPN/VNs worked about 6.4 hours of overtime on average. Only 11% of the U.S. RNs and 16% of the FEN RNs reported working mandated overtime, with the U.S. RNs averaging 5.5 hours per week and the FEN RNs averaging 7.4 hours per week. About 18% of U.S. LPN/VNs reported working an average of 6.4 hours of

mandated overtime and 31% of FEN LPN/VNs reported working an average of 8.7 hours.

Employing Facilities

The newly licensed U.S. RNs were employed primarily in hospitals (88.7%), with 5% employed in long-term care facilities and 5% employed in community or ambulatory care settings. The FEN RN respondents were somewhat less likely than their U.S. counterparts to be employed in hospitals (71.6%), and 20.3% were employed in long-term care and 3.9% in ambulatory settings. By contrast, LPN/VNs were much more likely to be employed in long-term care facilities with 43.3% of the U.S. graduates and 62.9% of the foreign graduates in long-term care, and 37.1% of U.S. and 25.9% of FEN LPN/VNs employed in hospitals.

The FEN RN and LPN/VN respondents selected similar types of employment locations with the majority working in urban/metropolitan areas (62% FEN RNs and 66.5% FEN LPN/VNs) and some in rural areas (6.7% FEN RNs and 6.3% FEN LPN/VNs). The U.S. RN graduates reported similar employment locations with 60.3% in urban/metropolitan areas and 12.7% in rural settings. However, the U.S. LPN/VNs were evenly divided between locations, with 32.3% in urban/metropolitan areas, 30.6% in suburban areas and 37% in rural settings.

Work Settings

Of the U.S. RNs in this study, 29.8% were employed in critical care settings, 42.7% in medical/surgical units and 4.4% in nursing homes. Fewer of the FEN RNs reported working in critical care (16.6%),

41.4% worked in medical/surgical units and 21.6% reported working in nursing homes.

The most common work setting selected by both U.S. and FEN LPN/VNs was nursing homes (43.9% U.S. LPN/VNs and 61.4% FEN LPN/VNs). Other commonly-selected settings for U.S. LPN/VNs were medical/surgical units (28%) and physician or dental offices (9.8%), while 21.6% of the FEN LPN/VNs worked in other long-term care settings and 20.8% reported working in medical/surgical units.

Demographic Data

Similar proportions of the U.S. RNs (92%), FEN RNs (93%) and U.S. LPN/VNs (93%) were female, while many more of the FEN LPN/VNs were male (13%).

The overall average age of U.S. RN respondents was 31.2 years. The U.S. LPN/VNs averaged 32.1 years of age. The average age of FEN RNs was 34.1 years and FEN LPN/VNs averaged 35.4 years of age.

The majority of U.S. RN (72.6%) and U.S. LPN/VN (72.4%) respondents were white, and most of the FEN RN (71.8%) and FEN LPN/VN (86.8%) respondents reported being of Asian background.

Respondents to this survey were asked if English was their first language. Of the U.S.-educated nurses responding to the survey, 10.2% of the RNs and 8.4% of the LPN/VNs reported that English was their second language, compared with 73.5% of the FEN RNs and 80.9% of the FEN LPN/VNs.

A corollary question asked about the types of communication problems that new nurses might experience. The respondents to this survey were much more likely to

report problems understanding non-English-speaking clients or staff (51.6% of U.S. RNs, 29.7% of U.S. LPN/VNs, 27.2% of FEN RNs and 28.9% of FEN LPN/VNs) than problems understanding English-speaking clients or staff (2.0% of U.S. RNs, 2.1% of U.S. LPN/VNs, 12.1% of FEN RNs and 9.2% of FEN LPN/VNs).

The respondents were also asked if they had been involved with errors. U.S. RNs were significantly less likely to be involved with errors if they selected “no communication problems” and significantly more likely to be involved with errors if they selected the following on the survey: problems understanding non-English-speaking clients or staff, or problems with physicians’ orders. The FEN RNs who reported communication problems overall or those reporting problems understanding English-speaking clients or staff were significantly more likely to be involved with errors.

The U.S. LPN/VNs who reported having communication problems and those who indicated problems reading or understanding physicians’ orders were significantly more likely to be involved with errors. There was no significant correlation between communication problems and errors for the FEN LPN/VNs.

FEN Path to RN Licensure in the U.S.

A little more than a third (34.5%) of the FEN RN respondents reported working with a recruiter. The approximate number of months from the start of the process to completion of the review of credentials averaged 8.4 months for FEN RNs

working with a recruiter and 6.3 months for those without a recruiter. The approximate number of months from the start of application for permission to take the NCLEX-RN examination to the first exam attempt averaged 5.1 months with a recruiter and 6.2 without a recruiter. The entire process from start to receipt of a U.S. RN license averaged 19.3 months with a recruiter and 24.8 months without a recruiter. It was found that retaking the NCLEX-RN examination often added many months to the total time required to achieve RN U.S. licensure.

Approximately 16.5% of the FEN LPN/VNs reported using a recruiter to help them become licensed in the U.S. The times reported by the FEN LPN/VN respondents were similar to those reported by the FEN RN respondents except that the times from application to first administration of the NCLEX-PN examination. FEN LPN/VNs were about 1.5 to 2 months longer on average than those reported by the FEN RNs. Comments from the FEN LPN/VNs indicated that many had attempted the NCLEX-RN examination before applying for and taking the NCLEX-PN examination. This phenomena may account for the longer average times.

The survey also asked respondents to report the month and year that the CGFNS examination was taken. The overall average time from CGFNS examination to the first NCLEX-RN examination was 5.6 years and was 5.9 years from CGFNS to the first NCLEX-PN examination.

The average overall cost (in U.S. dollars) of obtaining U.S. RN licensure was \$2,513 for FEN RNs and \$1,600 for FEN LPN/VNs. About 24%

of the FEN RN and 6% of the FEN LPN/VN respondents reported having expenses paid by a recruiter. All expenses were paid for 6% of all the FEN RNs and 2% of the FEN LPN/VNs. Travel expenses were paid for 11% of the FEN RNs and 1% of the FEN LPN/VNs, examination fees were paid for 8% of FEN RNs and 3% of the FEN LPN/VNs, credential verification fees were paid for 5% of the FEN RNs and 1.5% of the FEN LPN/VNs, and license fees were paid for 5% of the FEN RNs and 2% of the FEN LPN/VNs.

The FEN RNs and LPN/VNs were asked the reasons nurses from other countries take the NCLEX-RN or NCLEX-PN examinations. Most (76% of FEN RNs and 68% of FEN LPN/VNs) reported that the examinations were taken only to obtain licensure in the United States. Six percent of FEN RNs and 16% of FEN LPN/VNs said the exam was taken to demonstrate advanced knowledge or skill, and 6% of the FEN RNs and 14% of the FEN LPN/VNs said nurses were encouraged to take the exam. The NCLEX examination was reported as a requirement for some jobs in other countries by 15% of FEN RN and 24% of FEN LPN/VN respondents.

The FEN RNs reported that the primary reason for coming to the U.S. was to work as a nurse (46%), to live in the U.S. (16%), to remain with family members who were going to the U.S. (19%) and for other reasons (19%). The FEN LPN/VNs reported that the primary reason for coming to the U.S. was to work as a nurse (31%), to live in the U.S. (26%), to remain with family members who were going to the U.S. (27%) and for other reasons (16%).

Comparison of U.S. and FEN Findings

Client Assignments

Respondents were asked to record the number of days from starting their nursing position to their first assignment to provide care to clients (either independently or with assistance). The FEN RNs reported an average time to assignment in hospitals of 18.9 days compared to 10.1 days for the U.S. RNs. In long-term care, the U.S. RNs reported 10.3 days and the FEN RNs reported 9.9 days to assignment. The FEN RNs were assigned about 1 patient more on average than the U.S. RNs for both first and current assignments in hospitals. In nursing homes, U.S. RNs were assigned an average of 5 patients more in their first assignment and about 2.5 patients more in their current assignments.

The FEN LPN/VN respondents reported a slightly longer time to assignment than did the U.S. LPN/VNs in hospitals (10.7 days for U.S. LPN/VNs and 13 days for FEN LPN/VNs) and nearly twice the time to assignment in nursing homes (5.6 days for U.S. LPN/VNs and 10.8 days for FEN LPN/VNs). Average beginning assignments for FEN LPN/VNs in hospitals were two times as large as those of U.S. LPN/VNs (8 for FEN LPN/VN and 3.9 for U.S. LPN/VNs) and current assignments were 3-4 patients higher for FEN LPN/VNs (7.1 for U.S. LPN/VNs and 10.8 for FEN LPN/VNs).

Of those subjects who worked in settings with identified client assignments, 25% of the U.S. RNs, 29% of FEN RNs, 23% of U.S. LPN/VNs and 33.5% of FEN LPN/VNs perceived their assignments to be “too difficult or challenging.”

Involvement in Errors

Over half (53%) of the U.S. RNs, 30% of the FEN RNs, 40% of the U.S. LPN/VNs and 21% of the FEN LPN/VNs reported that they had been involved in errors, either by making errors themselves or by being involved in the errors made by others. Most of the new nurses reported being involved in medication errors (78.3% of U.S. RNs, 56.7% of FEN RNs, 78.7% of U.S. LPN/VNs and 45.1% of FEN LPN/VNs reported being involved with errors) and client falls (38.1% U.S. RNs, 44.2% FEN RNs, 52.1% of U.S. LPN/VNs and 52.9% of FEN LPN/VNs). Delays in care or treatments were reported by 37.1% of U.S. RNs, 43.3% of FEN RNs, 33% of U.S. LPN/VNs and 31.4% of FEN LPN/VNs who had been involved with errors.

About two-thirds to three fourths of the newly licensed nurses reported that inadequate staffing contributed to errors in their work settings. Lack of adequate communication was selected as a factor influencing errors by about 46.8% of U.S. RNs, 39.1% of FEN RNs, 47% of U.S. LPN/VNs and 42.9% of FEN LPN/VNs. Inadequate orientation was reported by more foreign-educated nurses (27.1% of U.S. RNs, 27.8% of U.S. LPN/VNs, 32.1% of FEN RNs and 45% of FEN LPN/VNs).

Adequacy of Education

U.S. RNs felt best prepared to administer medications, provide direct care to two clients, teach clients, work within a team and understand the pathophysiology underlying a client's conditions. They felt least prepared to administer medications to groups of clients, provide direct care to six or more clients, supervise care provided by others, know when

and how to call a physician, and meet clients' spiritual needs.

The education preparation ratings from FEN RNs were higher than those of the U.S. RNs. However, the overall pattern of high and low ratings was similar to that of the U.S. RNs except that many more FEN RNs than U.S. RNs felt prepared to perform psychomotor skills, call physicians, document care provided and understand pharmacological implications of medications.

Seven of the 11 variables rating preparation by the clinical component of nursing education were correlated with error involvement for U.S. RNs and 8 of the 11 were correlated for FEN RNs. For variables rating didactic preparation, all 10 of the variables were correlated to errors for U.S. RNs and 7 of the 10 were correlated with errors for the FEN RNs. Overall, 12 of the 21 preparation variables were correlated to difficulty with current assignments for the U.S. RNs, but only 1 of the 21 variables was correlated to difficulty with assignments for FEN RNs.

The U.S. LPN/VNs felt best prepared to administer medications, provide direct care to two clients, work within a team, understand the rationale for nursing actions and use knowledge of clients' conditions in making care decisions. Their lowest ratings were for providing medications to groups of clients, providing direct care to six or more clients, calling physicians, guiding care provided by others and meeting clients' spiritual needs.

The FEN LPN/VNs expressed high ratings for most of the educational preparation variables. Their lowest ratings were given to guiding care provided by others, understanding

clients' cultural needs, meeting clients' spiritual needs and using information technology.

For U.S. LPN/VNs, 7 of the 20 preparation ratings were significantly related to involvement with errors and 1 of the 20 preparation ratings was significantly related to difficulty with current client assignments. For FEN LPN/VNs, 8 of the 20 preparation ratings were significantly related to involvement with errors and none of the ratings was significantly related to difficulty with current client assignments.

Survey Comments

FEN respondents were given two spaces for comments: one space to comment about the NCLEX-RN or NCLEX-PN examination and/or the process they went through to become licensed in the U.S., and the other space was for overall comments. U.S. RNs were given space for general comments at the end of their survey.

Overall, 124 comments were written by U.S. RNs. Many of these (37) addressed understaffing or the need to care for too many clients, 17 of which mentioned being burned out, thinking of quitting nursing or changing jobs. Twenty-three of these newly licensed RNs criticized how their education program prepared them for practice and only four provided favorable comments about their preparation.

The FEN RNs wrote a total of 160 comments about taking the NCLEX-RN examination or the process they went through to become licensed as an RN in the U.S. Many of those comments (46) were negative comments about the

CGFNS credential verification process. The NCLEX-RN examination was criticized in 19 of the comments and praised in 30 comments. Other comments addressed the credential verification process used by various state boards of nursing (8 praising and 20 criticizing), the overall length of the process to become licensed without mentioning CGFNS or a state board of nursing (27 comments), the cost of becoming licensed in the U.S. (18 comments), review courses or other aides to pass the NCLEX-RN examination (27 comments), and complaints regarding the lack of awareness or information about the process needed for U.S. licensure (10 comments).

Of the 287 U.S. LPN/VN respondents, 53 wrote comments. Most of these addressed preparation for practice (17 comments), continuing on to RN nursing education (13 comments) and poor staffing or long hours encountered in practice settings (12 comments).

Comments were written by 111 of the FEN LPN/VNs. Most of these addressed the perceived difficulty of the NCLEX-RN examination (31 comments), while many elaborated about taking the NCLEX-PN examination after failing the RN examination (17 comments). Other popular topics of the FEN LPN/VN comments included the length and difficulty of the processes necessary

for U.S. licensure (19 comments), CGFNS examination or credential reviews (9 comments), the expense of becoming licensed in the U.S. (10 comments), and the difficulties they had adjusting to living and practicing nursing in the U.S. (8 comments).

Conclusions

1. FEN RNs required an average of approximately 22.6 months and \$2,500 to become licensed in the U.S.
2. FEN LPN/VNs required an average of approximately 23.4 months and \$1,600 to become licensed in the U.S. and those using a recruiter spent an average of about \$1,500 more than those who did not.
3. The FEN RNs needing to retake the NCLEX-RN examination required significantly longer time to become licensed.
4. FEN RNs reported problems with CGFNS credential reviews.
5. Most nurses educated in foreign countries averaged 7 to 8 years of experience in nursing before U.S. licensure.
6. Newly licensed U.S. RNs continue to express, through quantitative and qualitative data, their lack of preparation for various aspects of practice.

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Background of Study

The National Council of State Boards of Nursing (NCSBN) is responsible to its members, the boards of nursing in the United States and its five territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (job analysis) studies assists NCSBN in evaluating the validity of the test plans that guide content distribution of the licensure examinations. Because changes can occur in practice, practice analysis studies are conducted on a three-year cycle. Additional studies, such as the Practice and Professional Issues surveys, are conducted each year to scan the practice environment for emerging changes, to explore current practice issues and to discover possible differences in the entry-level practices of graduates of ADN and BSN programs. The purpose of each Practice and Professional Issues survey is to collect information from entry-level nurses on specific practice activities and current professional issues.

The findings from the *Winter 2003 Practice and Professional Issues Survey* are reported here as one in the series of monographs called NCSBN Research Briefs. These briefs provide the means to quickly and widely disseminate NCSBN research findings.

Through ongoing communication with the members and standing

committees of NCSBN, the Research Services Department discovers current regulatory issues for which information is needed. Questions pertinent to those issues are included in a Practice and Professional Issues (PPI) biannual survey. The survey's name reflects its multiple aims, i.e., the collection of data from nurses within their first six months of practice on activities performed in practice and the various issues surrounding that practice.

The Winter 2003 PPI was designed to collect data from entry-level nurses educated in the United States and from nurses educated in foreign countries who had recently been licensed to practice in the United States. Data were collected from these two groups for two basic reasons: (1) to learn about the processes necessary for a nurse educated in a foreign country to obtain a license to practice nursing in the United States; and (2) to compare practice setting data obtained from nurses educated in the U.S. and in other countries.

The NCSBN Testing Department, the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the NCSBN staff member representing the Practice, Regulation & Education (PR&E) Subcommittee on Nurses Educated in Foreign Countries were consulted about the content of the survey and reviewed the survey tool before it was sent.

Research Design and Methodology

This section provides a description of the methodology used to conduct this Practice and Professional Issues survey. Descriptions of the sample selection and data collection procedures are provided, as well as information about response rates, the data collection instrument, assurance of confidentiality and the degree to which the samples were representative of the population of newly licensed RNs & LPN/VNs.

Sample Selection and Data Collection Procedures

Stratified random samples of 1,000 RNs and 500 LPN/VNs educated in the United States and 1,000 RNs and 500 LPN/VNs educated in targeted foreign countries were selected from lists of candidates successful on the NCLEX-RN or NCLEX-PN examinations between September 1 and November 30, 2002. The targeted foreign countries included (as closely as possible): Philippines (20%), India (20%), Canada (10%), South Korea (10%), Nigeria (10%), United Kingdom (10%), Commonwealth of States – USSR (10%) and China (10%). In order to select adequate numbers of subjects for the LPN/VN group educated in foreign countries, it was necessary to include all subjects educated in the targeted countries for the 9-month period prior to the survey.

A four-stage mailing process was used to engage the participants in the study. The survey, cover letter and postage-paid return envelope

were sent to subjects in the sample mid March 2003. One week later a postcard was sent to all participants, reiterating the importance of the study and urging participation. A second reminder postcard was sent about one week after the first to nonrespondents, and two weeks later a second survey was mailed to continued nonrespondents.

Of the 1,000 surveys sent to RNs educated in the U.S. (U.S. RN), 29 were mailed to bad addresses, and 570 surveys were completed for a 58.7% return rate. Of the 1,000 surveys sent to RNs educated in foreign countries (FEN RN), 118 were sent to bad addresses and 401 surveys were completed for a return rate of 45.5%. Of the 500 surveys sent to LPN/VNs educated in the U.S. (U.S. LPN), 15 were mailed to bad addresses and 287 were completed for a 59.2% return rate. There were 38 surveys sent to bad addresses for the LPN/VNs educated in foreign countries (FEN LPN) and 277 surveys were completed for a 60% return rate.

The U.S. RN and U.S. LPN/VN sample sizes were calculated as adequate to provide proportional estimates at +/- 2.0% and +/- 3.0%, respectively, of the true rate. The FEN RN and FEN LPN/VN samples were adequate to provide estimates at +/- 2.25% of the true rate.

Data Collection Instrument

Four separate surveys were constructed for this study. Information was collected from all respondents

about their current work situations, preparation for the practice setting, involvement in errors, difficulty with current client assignments and demographics. The LPN/VN surveys, both U.S. and FEN, differed from the RN surveys only in relevant wording of practice preparation and demographic questions related to experience. The FEN RN and FEN LPN/VN surveys contained an additional section with questions about the processes required to achieve U.S. nursing licensure.

Rating Scale Used

Because the literature has demonstrated that the five point, “Excellent,” “Very Good,” “Good,” “Fair,” “Poor” scale, and other similar scales tend to demonstrate a ceiling effect (i.e., most respondents answer “Very Good” or “Excellent” even when they are actually not satisfied), the rating scale used for selected questions within this study was “Yes, definitely,” “Yes, somewhat,” and “No.” This scale, commonly used by the well-known Picker Commonwealth Foundation in its patient satisfaction surveys, has been found to overcome the tendency toward falsely high scores and provide more reliable data. The scale is generally converted to dichotomous designations with “Yes, definitely” considered the desired answer and the percent of the sum of the “Yes, somewhat” and “No” responses representing “problems” or “opportunities for improvement.”

Confidentiality

All potential participants were promised confidentiality with regard

to their participation and responses. Preassigned code numbers were used to facilitate cost-effective follow-up mailings but were not used to identify individual participants in any other way. Files containing mailing information were kept separate from the data files. The study protocol was reviewed by NCSBN’s executive director for compliance with organizational guidelines for research studies involving human subjects.

Representativeness of Sample

The samples of newly licensed U.S. RNs and U.S. LPN/VNs selected for this study were proportionally comparable to the populations from which the samples were drawn in terms of area of the country, subject ethnicity, subject gender and type of educational program. The samples of nurses educated in foreign countries were proportionally equivalent to the percentages of individuals in targeted countries who passed the NCLEX-RN or NCLEX-PN examinations in the designated time periods.

Summary

Data collection instruments were disseminated to 1,000 RNs and 500 LPN/VNs educated in the U.S. and 1,000 RNs and 500 LPN/VNs educated in foreign countries. Sample participants were selected at random from among relevant groups of individuals who passed the NCLEX-RN or NCLEX-PN examinations between September 1 and November 30, 2002. A 58.7% return rate was achieved for U.S. RNs, 45.5% for FEN RNs, 59.2% for U.S. LPN/VNs, and 60% for FEN LPN/VNs.

Survey Participants

Demographics, Educational/Experiential Backgrounds and Work Environments of Participants

Employment and demographic information, including educational programs of U.S. graduates, the countries of education of FEN graduates, racial and ethnic backgrounds, gender, and previous experience of the respondents are presented next, along with descriptions of their work environments, including settings and hours worked.

U.S. Educational Programs

The basic nursing education programs reported by the newly licensed U.S. RNs reflected percentages of associate degree (55.6%) and baccalaureate degree (36.6%) education comparable to those reported in the last three Practice and Professional Issues Surveys (Smith & Crawford, 2002; Smith & Crawford, 2003a; Smith & Crawford, 2003b). However, the percentage of diploma graduates (7.4%) was much larger than had been found in the previous surveys. There were 0.3% of U.S. RN respondents reporting graduation from a generic nursing masters program. See Table 1 for RN educational programs.

Approximately 86% of the U.S. LPN/VNs were educated in diploma programs, 9% in associate degree programs and 5% had completed RN education programs.

FEN Countries

The FEN RN and FEN LPN/VN surveys asked each respondent to record

their country of education and their country of residence at time of application for U.S. licensure. Respondents most frequently reported being educated in the Philippines (39.6% RN and 66.5% LPN/VN), India (18.8% RN and 12.9% LPN/VN), Canada (11.6% RN and 2.9% LPN/VN) and Nigeria (9.3% RN and 6.6% LPN/VN). However, at time of application for U.S. RN licensure, the United States was the most commonly reported country of residence (46% RN and 63.3% LPN/VN), with the Philippines (21.3% RN and 24.6% LPN/VN) and Canada (10.1% RN and 1.5% LPN/VN) as the second and third most selected countries, respectively. See Table 2 for countries reported by respondents.

Work Status

About 95% of the U.S. RNs reported current employment in nursing. Surprisingly, only 85% of the FEN RNs reported current employment in nursing. The U.S. and FEN LPN/VNs also each reported 85% current employment (see Table 3). For the remainder of the survey respondents, the U.S. RNs had been employed an average of about 7.2 months (SD 2.4) and the FEN RNs had been employed in the United States for an average of 5.8 months (SD 2.7). The U.S. LPN/VNs and FEN LPN/VNs each reported an average of 6.7 months (U.S. LPN/VN SD 2.3 and FEN LPN/VN SD 3.5) of employment. The FEN RNs reported working an average of 7.7

years (SD 6.9 years) as a nurse before becoming licensed in the U.S. and the FEN LPN/VNs reported a similar 7.5 years (SD 6.5).

The U.S. RNs reported working an average of 34.8 (SD 8.0) regularly scheduled hours per week, and the FEN RNs worked a similar 35.8 (SD 7.8) hours. The U.S. RNs reported working an average of 4.2 hours of overtime per week and the FEN RNs averaged 4.9 hours. Only 11% of the U.S. RNs and 16% of the FEN RNs reported working mandated overtime with the U.S. RNs averaging 5.5 hours per week and the FEN RNs averaging 7.4 hours (*see Table 4*).

The U.S. LPN/VNs reported working an average of 34 (SD 9.4) regularly scheduled hours per week, while the FEN LPN/VNs reported an average of 36.6 (SD 7.3). The FEN LPN/VNs reported working more overtime than the U.S. LPN/VNs (6.4 hours FEN LPN/VN and 4.7 hours U.S. LPN/VN). Almost twice as many FEN LPN/VNs as U.S. LPN/VNs reported working mandatory overtime (18% of U.S. LPN/VNs reported working an average of 6.4 hours and 31% of FEN LPN/VNs reported working an average of 8.7 hours). See Table 4.

Employment

Employing Facilities

The newly licensed U.S. RNs were employed primarily in hospitals (88.7%), with 5% reporting employment in long-term care facilities and 5% reporting employment in community or ambulatory care settings. The FEN RN respondents were somewhat less likely than their U.S. counterparts to be employed in hospitals (71.6%), were more likely to be employed in long-term care (20.3%) and were less likely to

Table 1. Educational Preparation – U.S. RNs

	Apr 2003 %	Jul 2002 %	Jan 2001 %	Jul 2001 %
Diploma	7.4	2.9	1.4	4.2
Associate Degree	55.6	55.3	58.7	54.2
Baccalaureate Degree	36.6	35.2	37.7	37.5
RN – Generic Masters	0.3	1.3	0.2	1.0
RN – Generic Doctorate	0	0	0.2	1.3
Outside of U.S.	0	5.1	1.7	1.3

Table 2. FEN Countries

FEN Countries of Education	RN %	LPN/VN %
Canada	11.6	2.9
China	5.9	6.3
India	18.8	12.9
South Korea	6.2	0.7
Nigeria	9.3	6.6
Philippines	39.6	66.5
Russia	1.5	2.2
Ukraine	0.3	0.4
United Kingdom	4.9	0.4
FEN Countries of Residence at Time of Licensure Application	%	%
Canada	10.1	1.5
Cape Verde	0.3	
India	5.5	1.9
South Korea	2.3	
Kuwait	0.5	1.1
Maldives	0.3	
New Zealand	0.3	
Nigeria	2.6	0.4
Oman	0.5	0.4
Philippines	21.3	24.6
Qatar	0.3	0.4
Saudi Arabia	3.1	2.3
Singapore	1.6	
United Arab Emirates	1.8	0.4
United Kingdom	3.6	1.1
United States	46.0	63.3

Table 3. Work Status of Respondents

	RN				LPN/VN			
	US		FEN		US		FEN	
	n	%	n	%	n	%	n	%
Currently working in nursing	570	95.4	401	85.1	244	85	231	84.9
No entry-level positions available in area			3		2		3	
Unable to find the type of nursing position desired	4		2		1		1	
Returned to or remain in school	1		5		20		2	
Family or personal situation prevents employment	7		18		10		17	
Other	8		28		4		17	
Do not desire to work in nursing at this time	3				2		1	

Table 4. Regular and Overtime Hours Worked

	RN				LPN/VN			
	US		FEN		US		FEN	
	Ave	SD	Ave	SD	Ave	SD	Ave	SD
Regular nonovertime worked in week (hours)	34.8	8.0	35.8	7.8	34	9.4	36.6	7.3
Overtime worked in average week (hours)	4.2	4.7	4.9	5.6	4.7	5.1	6.4	5.7
Mandatory Overtime*	5.5	3.7	7.4	4.2	6.4	3.5	8.7	5.8

*11% of US-RN & 16% of FEN-RN; 18% US-LPN & 31% of FEN-LPN

Table 5. Employing Facilities

	RN		LPN/VN	
	US (%)	FEN (%)	US (%)	FEN (%)
Hospital	88.7	71.6	37.1	25.9
Long-term care facility	5.0	20.3	43.3	62.9
Community-based or ambulatory care	5.0	3.9	16.3	7.1
Other	1.3	4.2	3.3	4.0

be employed in community or ambulatory settings (3.9%). By contrast, LPN/VNs were much more likely to be employed in long-term care with 43.3% of the U.S. graduates and 62.9% of the foreign graduates in long-term care, and 37.1% of U.S. and 25.9% of foreign educated LPN/VNs employed in hospitals (see Table 5).

Location

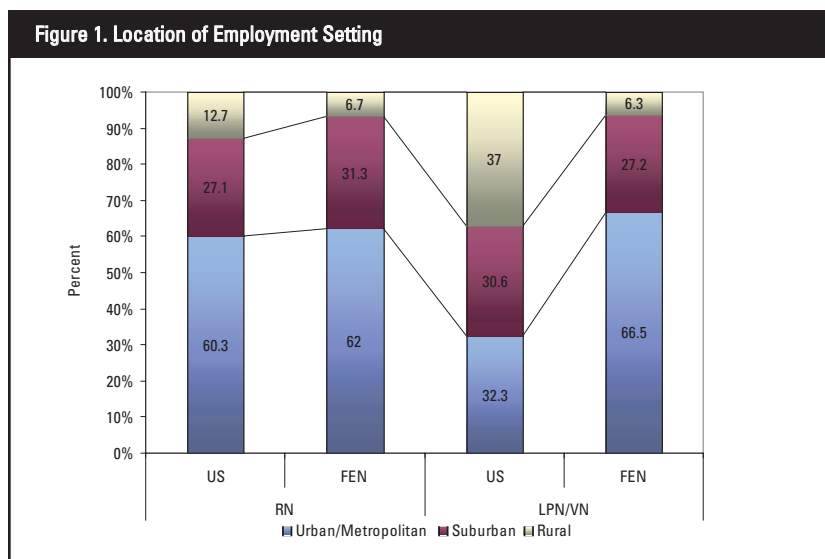
The FEN RN and FEN LPN/VN respondents reported similar types of employment geographic locations with the majority working in urban/metropolitan areas (62% FEN RN and 66.5% FEN LPN/VN), about one fourth to one third working in suburban areas (31.3% FEN RN and 27.2% FEN LPN/VN) and some in rural areas (6.7% FEN RN and 6.3% FEN LPN/VN). The U.S. RN graduates reported a similar 60.3% in urban/metropolitan areas, 27.1% in suburban areas and 12.7% in rural settings. The U.S. LPN/VNs, however, were about evenly divided between locations with 32.3% in urban/

metropolitan areas, 30.6% in suburban areas and 37% in rural settings (see Figure 1).

Setting

The U.S. RNs in this study were slightly less likely to be employed in critical care settings (29.8%) than were respondents to the last three PPI studies (Smith & Crawford, 2002; Smith & Crawford, 2003a; Smith & Crawford, 2003b) and 42.7% reported working in medical/surgical units and 4.4% in nursing homes. Fewer of the FEN RNs reported work in critical care (16.6%) and 41.4% worked in medical/surgical units. As indicated by the reported employment facilities, 21.6% of the FEN RNs reported working in nursing homes. See Table 6 for a complete listing of U.S. and FEN RN work settings.

The most frequently selected work setting for both U.S. and FEN LPN/VNs was nursing home (43.9% U.S. LPN/VN and 61.4% FEN LPN/VN). U.S. LPN/VNs' next most selected settings were medical/surgical units



(28%) and physician or dental offices (9.8%), while 21.6% of the FEN LPN/VNs worked in other long-term care settings and 20.8% reported working in medical/surgical units. See Table 7 for a complete listing of U.S. and FEN LPN/VN work settings.

Demographic Data

Similar proportions of the U.S. RN (92%), FEN RN (93%) and U.S. LPN/VNs (93%) were female, while many more of the FEN LPN/VNs were male (13%). See Figure 2.

The overall average age of the U.S. RN respondents was 31.2 years. The associate degree U.S. RN survey respondents averaged 32.8 years of age, and U.S. RN baccalaureate degree graduates averaged 28.1 years of age. The U.S. LPN/VNs averaged 32.1 years of age. The average age of the FEN RNs was 34.1 years and the FEN LPN/VNs averaged 35.4 years of age (see Figure 3).

The majority of U.S. RN (72.6%) and U.S. LPN/VN (72.4%) respon-

dents were white and most of the FEN RN (71.8%) and FEN LPN/VN (86.8%) respondents reported an Asian background. A little over 11% of both U.S. and FEN RNs, 14% of U.S. LPN/VNs, and 7% of FEN LPN/VNs reported being Black/African/African American. About 7-8% of both U.S. RNs and U.S. LPN/VNs reported being of Hispanic descent, while less than 1% of each of FEN RN and FEN LPN/VN respondent groups reported the same (see Table 8 for ethnicity of respondents).

Respondents to this survey were asked if English was their first language. Of the U.S.-educated nurses responding to the survey, 10.2% of the RNs and 8.4% of the LPN/VNs reported that English was their second language, compared with 73.5% of FEN RNs and 80.9% of the FEN LPN/VNs (see Tables 9 & 10).

A corollary question asked about the types of communication problems that newly licensed nurses might experience. The respondents to this survey were much more

Figure 2. Gender

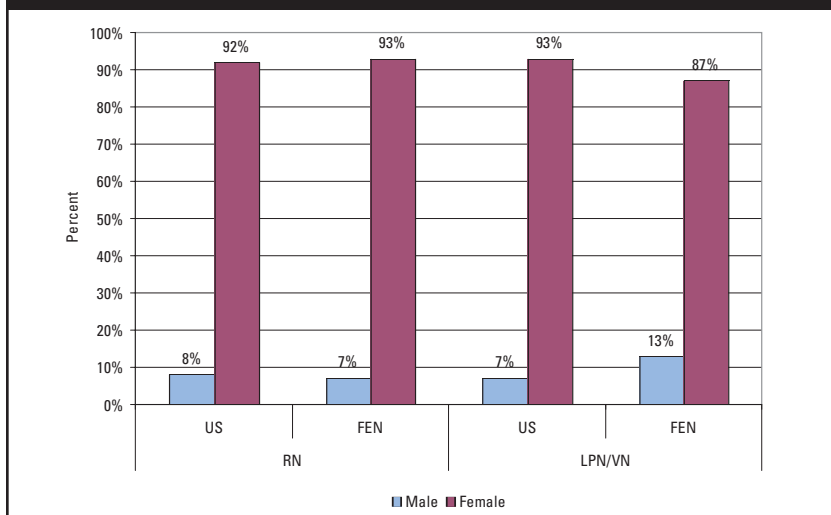


Table 6. RN Work Settings*

	RN - US				RN - FEN Apr '03 % (n =401)
	Apr '03 % (n=570)	Jul '02 % (n=633)	Jan '02 % (n=431)	July '01 % (n=769)	
Critical care	29.8	39.4	32.30	31.46	16.6
Medical/surgical unit	42.7	34.3	35.90	39.01	41.4
Nursing home	4.4	6.4	6.80	6.37	21.6
Pediatrics	9.4	5.9	8.30	10.14	6.8
Labor and delivery	5.7	5.7	6.80	4.59	2.1
Postpartum	5.7	4.6	5.90	4.81	3.8
Psychiatry or subspecialties	4.4	3.8	2.90	2.60	3.6
Operating room	2.8	2.6	5.10	3.51	4.4
Rehabilitation	1.3	2.6	1.70	2.21	7.1
Physician's/dentist's office	1.8	1.8	1.70	1.43	0.6
Subacute	1.7	1.8	0.70	2.08 [^]	5.3
Hospice	1.3	1.5	0.70	0.39	1.5
Transitional care	1.3	1.0	0.70	[^]	1.5
Outpatient clinic	0.6	0.8	1.00	0.91	1.5
Other long-term care	0.9	0.8	0.50	1.17	6.2
Home health	0.9	0.7	2.00	1.04	2.1
School health	0.7	0.5	0.50	0.26	0.3
Prison	0.7	0.2	0.20	0	0
Occupational Health	0	0.2	0.00	0	0.6
Public health	0.4	0	1.00	0.91	0.3

[^]Subacute and transitional care combined in these surveys.

*Respondents could select more than one setting to describe their practice.

Figure 3. Average Age

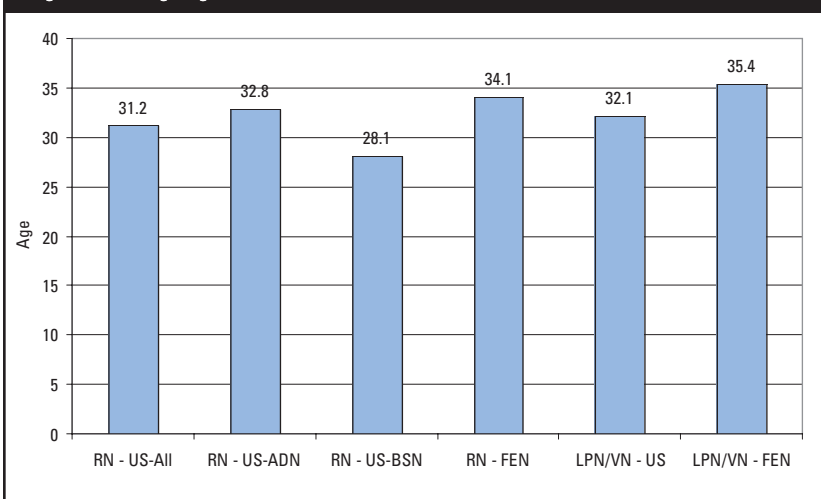


Table 7. LPN/VN Work Settings*					
	Apr 03 % (n=287)	LPN/VN – US			LPN – FEN Apr 03 % (n =277)
		Jul 02 %(n=601)	Jan 02 %(n=460)	July 01 % (n=618)	
Nursing home	43.9	38.0	41.30	42.19	61.4
Medical/surgical unit	28	25.3	27.90	22.70	20.8
Physician's/dentist's office	9.8	7.5	5.30	9.39	0.4
Other long-term care	6.9	8.0	7.70	9.43	21.6
Rehabilitation	5.7	9.1	8.70	9.98	10.2
Critical care	5.7	8.4	5.50	7.27	4.2
Pediatrics	3.3	4.7	5.30	5.53	4.7
Home health	2.8	4.0	5.30	2.47	4.7
Outpatient clinic	2.8	3.8	2.90	1.24	1.7
Subacute	2.4	4.2	2.40	6.54	8.5
Hospice care	2.4	2.7	3.10	1.97	6.4
Transitional care	1.6	1.6	2.40	1.42	2.5
Postpartum	1.6	1.3	1.70	2.31	2.1
Psychiatry or subspecialties	1.2	5.5	4.30	3.55	3.4
Prison	1.2	1.1	1.00	1.25	0
Labor and delivery	0.8	0.4	1.00	1.92	0.8
Public health	0.4	0.7	1.20	0.54	0
Occupational health	0.4	0.0	1.00	0.18	0
Operating room	0	0.9	1.00	1.05	0.8
Student/school health	0	0.9	1.00	0.18	0

*Respondents could select more than one setting to describe their practice.

Table 8. Ethnicity				
	RN		LPN/VN	
	US %	FEN %	US %	FEN %
American Indian/Alaska Native	0.9	1	1.1	0
Asian	6.6	71.8	1.8	86.8
Black/African/African American	11.7	11.5	14.1	7
Hispanic or Latino	7	0.3	7.8	0.4
Native Hawaiian/Other Pacific Islander	0	0.3	0	0
Multiethnic or racial background	1.2	1.3	2.8	1.1
White	72.6	14.5	72.4	4.8

likely to report problems understanding non-English-speaking clients or staff (51.6% of U.S. RNs, 29.7% of U.S. LPN/VNs, 27.2% of FEN RNs and 28.9% of FEN LPN/VNs) than problems understanding English-speaking clients or staff (2.0% of U.S. RNs, 2.1% of U.S. LPN/VNs, 12.1% of FEN RNs and 9.2% of FEN LPN/VNs). Respondents were also asked if they had problems reading or understanding physicians' orders with 53.2% of the U.S. RNs, 41.3% of the U.S. LPN/VNs, and only 12.1% of the FEN RNs and 9.5% of the FEN LPN/VNs answering that they had (see *Tables 9 & 10*).

The respondents were also asked if they had been involved with errors. U.S. RNs were significantly less likely to be involved with errors if they selected "no communication problems" and significantly more likely to be involved with errors if they selected the following on the survey: problems understanding non-English-speaking clients or staff, or problems with physicians' orders. The FEN RNs who reported communication problems overall or those reporting problems understanding English-speaking clients or staff were significantly more likely to be involved with errors (see *Table 9*).

The U.S. LPN/VNs who reported having communication problems and those who indicated problems reading or understanding physicians' orders were significantly more likely to be involved with errors. There was no significant correlation between communication problems and errors for the FEN LPN/VNs (see *Table 10*).

Summary

About 95% of U.S. RNs and about 85% of FEN RNs, U.S. LPN/VNs and FEN LPN/VNs reported current employment in nursing. The U.S. RNs had been employed an average of 7.2 months, the FEN RNs had been employed in the United States for an average of 5.8 months, and both the U.S. LPN/VNs and FEN LPN/VNs reported an average of 6.7 months of U.S. employment. The FEN RNs reported working an average of 7.7 years as a nurse before becoming licensed in the U.S. and the FEN LPN/VNs reported a similar average of 7.5 years. The RN and LPN/VN respondents (U.S. and FEN) worked approximately 34-36 nonovertime hours per week. The U.S. and FEN RNs and the U.S. LPN/VNs worked an average of 4 to 5 hours of regular overtime per week, while the FEN LPN/VNs worked an average of over 6 hours. Similarly, the FEN LPN/VNs were much more likely to report working mandatory overtime and reported working more hours of mandatory overtime than the other groups of respondents. U.S. RNs averaged 31 years of age and U.S. LPN/VNs averaged 32 years. FEN RNs and FEN LPN/VNs were, on average, 3 years older than their U.S. counterparts. The newly licensed U.S. RNs were employed primarily in hospitals, while the FEN RNs and U.S. and FEN LPN/VN respondents were more likely to be employed in long-term care facilities. When asked about communication problems, all respondent groups were more likely to report experiencing difficulty understanding non-English-speaking clients or staff than problems with English-speaking clients or staff.

Table 9. Communication - RN Respondents

	RN – US %	Related to Errors	RN – FEN %	Related to Errors
English is second language	10.2		73.5	
No problems with communication	30.6	X	61.5	X
Problems understanding English-speaking clients or staff	2		12.1	X
Problems understanding non-English-speaking clients or staff	51.6	X	27.2	
Problems reading or understanding physicians' orders	53.2	X	12.1	
Other	3.2		6.2	

Table 10. Communication - LPN/VN Respondents

	LPN – US %	Related to Errors	LPN – FEN %	Related to Errors
English is second language	8.4		80.9	
No problems with communication	45.6	X	68.1	
Problems understanding English- speaking clients or staff	2.1		9.2	
Problems understanding non-English-speaking clients or staff	29.7		28.9	
Problems reading or understanding physicians' orders	41.3	X	9.5	
Other	1.8		2.2	

Findings Related to FEN Path to Licensure in the U.S

This study solicited information from FEN RNs and LPN/VNs about issues related to becoming licensed to practice nursing in the U.S. This section contains data related to the time and cost required to complete the processes necessary for U.S. licensure, how the NCLEX Examinations are used in other countries, and the reasons nurses educated in foreign countries have for coming to the U.S.

Time and Cost

The FEN RNs and LPN/VNs responding to the survey were asked to record the month and year in which each step necessary for U.S. RN licensure was completed. They were also asked if they had worked with a recruiter. A little more than a third (34.5%) of the FEN RN respondents reported working with a recruiter. The approximate number of months from the start of the process to completion of the review of credentials averaged 8.4 months for FEN RNs working with a recruiter and 6.3 months for those without a recruiter. The approximate number of months from the start of application for permission to take the NCLEX-RN examination to the first exam attempt averaged 5.1 months with a recruiter and 6.2 without a recruiter. The entire process from start to receipt of a U.S. RN license averaged 19.3 months with a recruiter and 24.8 months without a recruiter. The cost of obtaining U.S. RN licensure averaged \$2,513 for FEN RNs

overall, and was about \$700 higher for those with a recruiter (\$2,974 with a recruiter and \$2,251 for those without a recruiter). See Table 11.

The time needed for credential review was subtracted from the total time to achieve a RN license in the U.S. This demonstrated that some factor other than credential review or taking the NCLEX-RN examination for the first time was creating large differences in the time needed to achieve licensure. The times reported for getting social security numbers and completing tests of English proficiency did not appear to account for the difference. It was found, however, that the numbers of respondents who needed to retake the NCLEX-RN examination varied significantly between those with and without a recruiter (21% of those with a recruiter and 38% of those without a recruiter retook the NCLEX-RN examination ($\chi^2_{(1)} = 11.3$, $p < .0001$). When average times to achieve each needed step were recalculated for only those who passed the NCLEX-RN examination on the first try, the differences between times for those with and without a recruiter were markedly decreased. See Table 11.

Approximately 16.5% of the FEN LPN/VNs reported using a recruiter to help them become licensed in the U.S. The times reported by the FEN LPN/VN respondents were similar to those reported by the FEN RN respondents except the times from application to first

Table 11. Time Required to Complete Steps for U.S. Nursing Licensure – RN Respondents

	With Recruiter[^] – All Average Months	Without Recruiter – All Average Months	NCLEX Passed 1st Try Average Months	NCLEX Retaken Average Months	Recruiter – No Retake Average Months	No Recruiter – No Retake Average Months	Total Group Average Months
Start of process to get SSN	15.6	13.50	15.9	12.4	15.8	15.9	14.98
Start of process to complete credential review	8.4	6.30	7.2	6.6	8.3	6.5	7.02
Start of process to complete English testing	12.4	12.0	12.7	11.7	11.8	13.6	12.5
Application for permission to test to first NCLEX-RN test	5.1	6.2	5.5	6.6	4.9	5.9	5.8
Start of process to receipt of U.S. RN license	19.3*	24.8*	19.2*	31.4*	18.8*	19.9*	22.6
Total time to achieve license minus time to complete credential review	11.2	16.3	11.3	24.3	9.4	12.8	14.2
Cost	2,974	2,251	2,475	2,600	2,729	2,358	2,513

[^]34.5% of respondents reported working with a recruiter.

*21% of those with a recruiter and 38% of those without a recruiter needed to retake the NCLEX (significant: chi-squ = 11.3, df = 1, p < .001).

Table 12. Time Required to Complete Steps for U.S. Nursing Licensure – LPN/VN Respondents

	With Recruiter[^] – All Average Months	Without Recruiter – All Average Months	NCLEX Passed 1st Try Average Months	NCLEX Retaken Average Months	Recruiter- No Retake Average Months	No Recruiter – No Retake Average Months	Total Group Average Months
Start of process to get SSN	16.2	15.9	12.5	19.7	13	12.2	16
Start of process to complete credential review	7.7	6.1	4.8	8.7	5.4	4.7	6.4
Start of process to complete English testing	15.9	13.9	11.3	15.4	11.8	11	14.7
Application for permission to test to first NCLEX-PN test	7	8	7.8	8.1	7.4	7.8	7.9
Start of process to receipt of U.S. PN license	21.6	23.8	16.2	30.4	17	16.1	23.4
Total time to achieve license minus time to complete credential review	18.1	17.9	12.9	23.5	14.7	12.7	18
Cost	2,783	1,338	1,410	1,785	3,637	990	1,596

[^]16.5% of respondents reported working with a recruiter.

*56% of those with a recruiter and 50% of those without a recruiter needed to retake the NCLEX.

administration of the NCLEX-PN examination were about 1.5 to 2 months longer on average than those reported by the FEN RNs. Comments from the FEN LPN/VN indicated that many had attempted the NCLEX-RN examination before applying for and taking the NCLEX-PN examination and this phenomena may account for the longer average times. Costs for the FEN LPN/VNs appeared to be mostly dependent on the use of a recruiter. Overall, FEN LPN/VNs paid an average of about \$1,600 to become licensed in the U.S.; however, those who used a recruiter paid an average of \$2,783 and those who did not use a recruiter paid an average of \$1,338. Approximately half of all of the FEN LPN/VNs needed to retake the NCLEX-PN examination (56% with a recruiter and 50% without a recruiter), and retaking the exam added very little to the average cost (\$1,410 for those passing on their first try and \$1,785 for those who needed to retake). See Table 12.

Time and expense required to achieve RN licensure were calculated by country of education. Overall, Canadian nurses demonstrated the shortest average time (11 months) to become licensed and nurses from the United Kingdom had the second shortest at 20.5 months. Nurses from the remaining countries averaged almost 2 years to achieve U.S. licensure. Nurses educated in the Philippines reported spending the most money (\$3,087) to become licensed, with nurses from the United Kingdom spending an average of \$2,707, those from India spending \$2,448, nurses from

Nigeria spending \$1,872 and nurses from Canada spending an average of \$1,145.

The survey also asked respondents to report the month and year that the CGFNS examination was taken. The dates given by most of the respondents indicated that the CGFNS examination was taken many months or years before the respondent started the process to become licensed to practice nursing in the U.S. The overall average time from CGFNS examination to the first NCLEX-RN examination was 5.6 years and was 5.9 years from CGFNS to the first NCLEX-PN examination. RN respondents from Canada and the United Kingdom demonstrated the least time between the examinations (1.6 years on average for Canada and .42 years on average for the United Kingdom). RN respondents from the Philippines demonstrated the greatest length of time between exams (6.5 years on average) with respondents from Nigeria averaging 5.5 years and those from India averaging 4.7 years.

About 24% of the FEN RN and 6% of the FEN LPN/VN respondents reported having some or all expenses paid by a recruiter or a nursing employer. All expenses were paid for 6% of all the FEN RN and 2% of the FEN LPN/VN respondents. Travel expenses were paid for 11% of the FEN RNs and 1% of the FEN LPN/VNs, examination fees for 8% of FEN RNs and 3% of the FEN LPN/VNs, credential verification fees for 5% of the FEN RNs and 1.5% of the FEN LPN/VNs, and license fees for 5% of the FEN RNs and 2% of the FEN LPN/VNs (see Figure 4).

FEN and the NCLEX Examinations

The FEN RNs and LPN/VNs were asked the reasons nurses from other countries take the NCLEX-RN or NCLEX-PN examinations. Most (76% of FEN RNs and 68% of FEN LPN/VNs) reported that the exam was taken only to obtain RN licensure in the United States. Six percent of FEN RNs and 16% of FEN LPN/VNs said the exam was taken to demonstrate advanced knowledge or skill and 6% of FEN RNs and 14% of FEN LPN/VNs

said nurses were encouraged to take the exam. The NCLEX examination was reported as required for some jobs in other countries by 15% of FEN RN and 24% of FEN LPN/VN respondents (see Table 14).

FEN Reasons for Coming to the U.S.

The primary reason FEN RNs reported for coming to the U.S. was to work as a nurse (46%), to live in the U.S. (16%), to remain with family members who were going to the U.S.

Table 13. Time Required to Complete Steps for U.S. RN Licensure by Country* of Education

	Canada Average Months	India Average Months	Nigeria Average Months	Philippines Average Months	United Kingdom Average Months
Start of process to get SSN	4.88	14.90	8.1	19.1	12.6
Start of process to complete credential review	5.9	5.40	4.6	9.4	5.8
Start of process to complete English testing		10.9	8.1	13.6	
Application for permission to test to first NCLEX-RN test	5.2	5.8	5.9	5.6	4.9
Start of process to receipt of U.S. RN license	11.3	23.2	25.6	25.4	20.5
Total time to achieve license minus time to complete credential review	8.8	13.75	17.5	15.4	13.3
% retaking the NCLEX	14%	33%	60%	31%	11%
Cost	1,145	2,448	1,872	3,087	2,707

*Table includes countries with at least 10 data points for all (or most) variables

Table 14. Reasons for Taking NCLEX Examination in Other Countries

	RN (%)	LPN/VN (%)
Only to practice in U.S.	76	68
To show advanced knowledge or skill	6	16
Encouraged to take exam	6	14
Required to take exam to get some jobs	15	24
Other	10	10

Figure 4. Expenses Paid by Recruiter

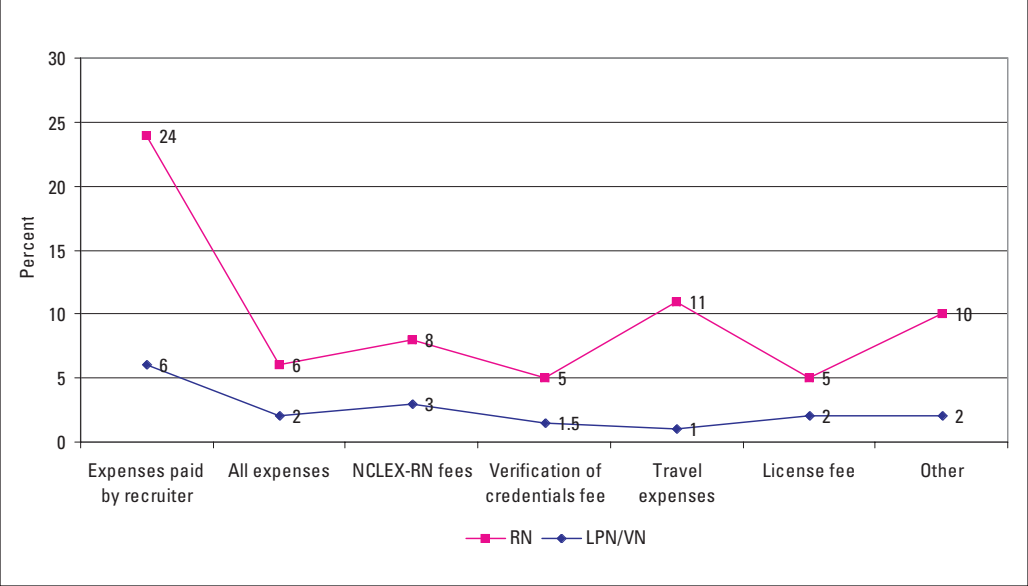
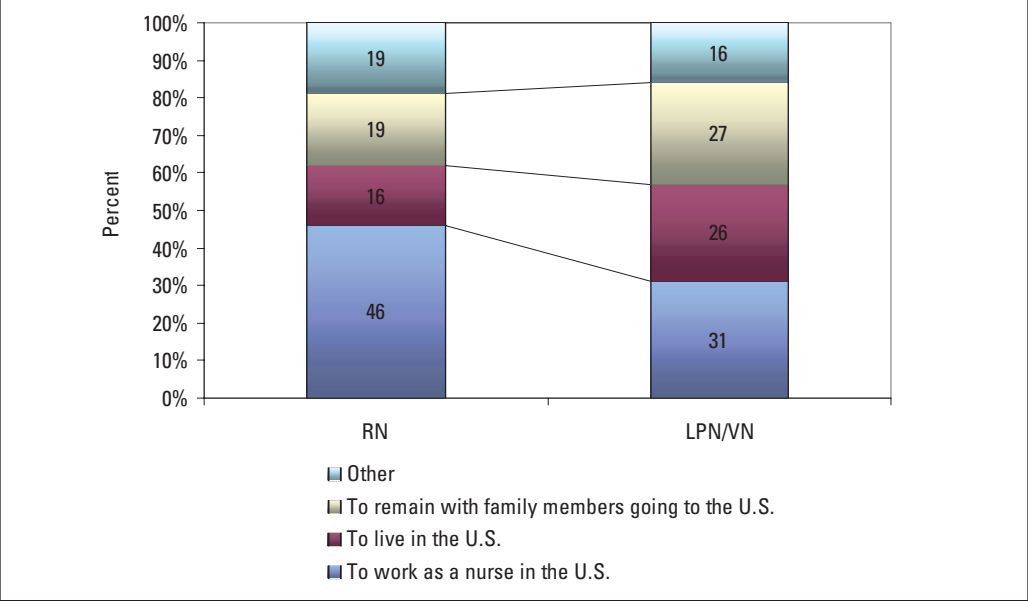


Figure 5. Primary Reasons for Coming to the U.S.



(19%) and for other reasons (19%). The primary reason FEN LPN/VNs reported for coming to the U.S. was to work as a nurse (31%), to live in the U.S. (26%), to remain with family members who were going to the U.S. (27%) and for other reasons (16%). See Figure 5.

Summary

It required an average of about 23 months and \$2,500 for a nurse educated in a foreign country to obtain RN licensure in the U.S. and about 23 months and \$1,600 to obtain LPN or LVN licensure. Nurses educated in Canada required the least time and

those educated in the Philippines made the largest financial outlay. Only about one fourth of the FEN RNs were given assistance with some expenses and only 6% had all expenses paid. FEN LPN/VNs were less than half as likely to get financial assistance. While most nurses educated in foreign countries reported that the NCLEX is only taken by nurses in their country if the nurse wishes to come to the U.S., about 15% report that the exam is required for some jobs in their home countries. About 46% of FEN RNs and 31% of FEN LPN/VNs immigrated to the U.S. for the primary purpose of working as a nurse.

Comparison of U.S. and FEN Data

This section contains data related to educational preparation for practice, involvement in errors and perceived difficulty with client assignments. Comparisons are made between the answers provided by newly licensed nurses educated in the U.S. and nurses educated in foreign countries and recently licensed to practice nursing in the U.S.

Client Assignments

Respondents were asked to record the number of days from starting their nursing position to their first assignment to provide care to clients (either independently or with assistance). FEN RNs reported an average time to assignment in hospitals that

was about 9 days longer than that reported by U.S. RNs (10.1 days for U.S. RNs and 18.9 days for FEN RNs), and about the same time in nursing homes (10.3 days for U.S. RNs and 9.9 days for FEN RNs). FEN RNs were assigned about 1 patient more on average than U.S. RNs for both first and current assignments in hospitals. In nursing homes, U.S. RNs were assigned an average of 5 patients more in their first assignment and about 2.5 patients more in their current assignments (*see Table 15*).

FEN LPN/VN respondents reported a slightly longer time to assignment than did U.S. LPN/VNs in hospitals (10.7 days for U.S. LPN/VNs and 13 days for FEN LPN/VNs) and nearly twice the time to assignment

Table 15. Client Assignments in Hospitals and Nursing Homes or LTC – RN

	Hospital		Nursing Home/LTC	
	RN – US	RN – FEN	RN – US	RN – FEN
Average days to first assignment	10.1	18.9	10.3	9.9
Average clients in first assignment	3.3	4.4	27.3	22.0
Average clients in current assignment	5.4	6.6	31.0	28.6
Average clients assigned to experience staff	5.6	6.9	26.5	26.9

Table 16. Client Assignments in Hospitals and Nursing Homes or LTC - LPN/VN

	Hospital		Nursing Home/LTC	
	LPN – US	LPN – FEN	LPN – US	LPN – FEN
Average days to first assignment	10.7	13.0	5.6	10.8
Average clients in first assignment	3.9	8.0	25.8	26.3
Average clients in current assignment	7.1	10.8	30.5	30.2
Average clients assigned to experience staff	7.3	9.7	30.7	30.0

Table 17. Errors

	RN		LPN/VN	
	US %	FEN %	US %	FEN %
Involved in errors	53	30	40	21
Types of errors				
Medication	78.3	56.7	78.7	45.1
Delays in care/treatment	37.1	43.3	33	31.4
Falls	38.1	44.2	52.1	52.9
Client elopement	12.6	6.7	11.7	2
Care provided by impaired professional	1.7	1.9	2.1	0
Avoidable death	0	2.9	1.1	0
Workplace causes of errors				
Inadequate staffing	67.8	66.9	62.6	73.5
Lack of adequate communication	46.8	39.1	47	42.9
Inadequate orientation	27.1	32.1	27.8	45
Lack of support from other departments	21.2	8.6	9.6	7.9
Long work hours	19.5	14.9	23.9	20.6
Lack of supplies or equipment	18.5	11.3	20.9	16.9
Poorly understood policies and procedures	18.1	17.9	18.7	16.9
Other	15.0	12.3	11.3	7.4
Inappropriate use of UAP	12.3	15.9	12.2	23.8
Lack of CE classes	7.2	10.3	7.8	13.8
Lack of adequate reference material	6	7	6.5	12.7

in nursing homes (5.6 days for U.S. LPN/VNs and 10.8 days for FEN LPN/VNs). Average beginning assignments for FEN LPN/VNs in hospitals were two times as large as those of U.S. LPN/VNs (8 for FEN LPN/VN and 3.9 for U.S. LPN/VNs) and current assignments were 3-4 patients higher for FEN LPN/VNs (7.1 for U.S. LPN/VNs and 10.8 for FEN LPN/VNs). Average assignment sizes in nursing homes or LTC were the same for U.S. and FEN LPN/VNs (see Table 16).

A survey question asked respondents to rate their perceived difficulty with current clinical assignments. They were asked if their client assignments were "too easy," "just right," or "too difficult or challenging." Of those subjects who worked in settings with identified client assignments, 25% of the U.S. RNs, 29% of the FEN RNs, 23% of the U.S. LPN/VNs and 34% of the FEN LPN/VNs perceived their assignments to be "too difficult or challenging."

Involvement in Errors

Fifty-three percent of U.S. RNs, 30% of FEN RNs, 40% of U.S. LPN/VNs and 21% of FEN LPN/VNs reported that they had been involved in errors either by making errors themselves or being involved in the errors made by others. The respondents were additionally asked about the types of errors they had experienced and their opinions of the workplace factors contributing to errors in their settings. Most of the new nurses reported being involved in medication errors (78.3% of U.S. RNs, 56.7% of FEN RNs, 78.7% of U.S. LPN/VNs and 45.1% of FEN LPN/VNs) and client falls (38.1% U.S. RNs, 44.2% FEN RNs, 52.1% of U.S.

LPN/VNs and 52.9% of FEN LPN/VNs). Delays in care or treatment were reported by 37.1% the U.S. RNs, 43.3% of the FEN RNs, 33% of the U.S. LPN/VNs and 31.4% of the FEN LPN/VNs who had been involved with errors (see Table 17).

U.S. and FEN newly licensed nurses listed similar factors contributing to workplace errors. About two-thirds to three fourths of the newly licensed nurses contended that inadequate staffing contributed to errors. Lack of adequate communication was selected as a factor influencing errors by about 46.8% of U.S. RNs, 39.1% of FEN RNs, 47% of U.S. LPN/VNs and 42.9% of FEN LPN/VNs. Inadequate orientation was reported by more FEN RNs and LPN/VNs than those educated in the U.S. (27.1% of U.S. RNs, 27.8% of U.S. LPN/VNs, 32.1% of FEN RNs and 45% of FEN LPN/VNs). See Table 17.

Adequacy of Educational Preparation

Survey respondents were asked to record if the clinical and classroom components of their nursing education programs had adequately prepared them to perform specified practice setting tasks. They were asked to respond with “Yes, definitely”, “Yes, somewhat”, or “No.” The “Yes, definitely” answers were summed to represent the percentages of respondents who felt adequately prepared to perform each of the tasks listed in the survey.

The findings of adequacy of educational preparation for U.S. RNs were reflective of those found in the July 2002 PPI (Smith & Crawford, 2003). They felt themselves best prepared to administer medications,

provide direct care to two clients, teach clients, work within a team and understand the pathophysiology underlying client's conditions. They felt least prepared to administer medications to groups of clients, provide direct care to six or more clients, supervise care provided by others, know when and how to call a physician, and meet clients' spiritual needs (see Table 18).

The education preparation ratings from FEN RNs were higher than those of U.S. RNs, but the overall pattern of high and low ratings was similar to that of U.S. RNs except that many more FEN RNs than U.S. RNs felt prepared to perform psychomotor skills, call physicians, document a legally defensible account of care provided and understand the pharmacological implications of medications (see Table 18).

Preparation ratings were correlated with respondent answers about involvement with errors and reports of difficulty with current clinical assignments. For the clinical preparation variables, 7 of the 11 variables were correlated with error involvement for U.S. RNs and 8 of the 11 were correlated for FEN RNs. For the classroom preparation variables all ten of the variables were correlated to errors for U.S. RNs and 7 of the 10 were correlated with errors for FEN RNs. Overall, 12 of the 21 preparation variables were correlated to difficulty with current assignments for U.S. RNs, but only 1 of the 21 variables was correlated to difficulty with assignments for FEN RNs (see Table 18).

U.S. LPN/VN educational preparation ratings were similar to U.S. RN ratings. U.S. LPN/VNs also felt best

prepared to administer medications, provide direct care to two clients, work within a team and understand the rationale for nursing actions. They additionally felt well prepared to use knowledge of a client's condition in making care decisions. Their lowest ratings were also similar to the lowest ratings provided by U.S. RNs. U.S. LPN/VNs felt least prepared to provide medications to groups of clients, provide direct care to six or more clients, call physicians, guide care provided by others and meet clients' spiritual needs. See Table 19.

FEN LPN/VNs expressed high ratings for most of the educational preparation variables. Their lowest ratings were given to guiding care provided by others, understanding clients' cultural needs, meeting clients' spiritual needs and using information technology.

For U.S. LPN/VNs, 7 of the 20 preparation ratings were significantly related to involvement with errors and 1 of the 20 preparation ratings was significantly related to difficulty with current client assignments. For FEN LPN/VNs, 8 of the 20 preparation ratings were significantly related to involvement with errors and none of the ratings were significantly related to difficulty with current client assignments (*see Table 19*).

Survey Comments

Survey subjects are always given the opportunity to write comments. In this survey, FEN respondents were given two spaces for comments: one space to comment about the NCLEX-RN or NCLEX-PN examination and/or the process they went through to become licensed in the U.S. and the other space for overall comments.

U.S. RNs and LPN/VNs were given space for general comments at the end of their surveys.

Overall, 124 comments were written by U.S. RNs. Many of these (37 comments) addressed understaffing or the need to care for too many clients, 17 of which mentioned being burned out, thinking of quitting nursing or changing jobs. These nurses wrote that they were frequently overwhelmed by having to take care of too many clients, that friends or classmates had quit their jobs and that if they had not spent so much time and money on their education they would be tempted to leave the profession.

Twenty-three of these newly licensed RNs criticized how their education program prepared them for practice and only four provided favorable comments about their preparation. Comments included many references to the difference between the educational experience and the "real" world. Some felt that more realistic assignments in nursing school might have assisted with the transition, but several stated that nothing could have prepared them for their current jobs.

FEN RNs wrote a total of 160 comments about taking the NCLEX-RN examination or the process they went through to become licensed as an RN in the U.S. Many of those comments (46) were negative comments about the CGFNS credential verification process. Most comments about CGFNS related to the time needed for credential verification and frustrations with trying to communicate with the organization by phone. Several respondents wrote of experiencing lost or misplaced documents.

The NCLEX-RN examination was criticized in 19 of the comments and praised in 30 comments. Some respondents noted some difficulties taking the examination by computer and others found the computer administration to be a positive aspect of the experience. Some comments remarked on the utility of the examination for preparing nurses for the type of practice performed in the U.S.

Other comments addressed the credential verification process used by various state boards (8 praising and 20 criticizing), the overall length of the process to become licensed without mentioning CGFNS or a state board (27 comments), the cost of becoming licensed in the U.S. (18 comments), review courses or other aides to passing the NCLEX-RN examination (27 comments) and complaints regarding the lack of awareness or information about the process needed for U.S. licensure (10 comments).

Of the 287 U.S. LPN/VN respondents, 53 wrote comments. Most of these comments addressed their preparation for practice (17 comments). Like the RN respondents, many of these nurses felt that their schooling should have included more realistic clinical activities.

Several U.S. LPN/VNs wrote comments about continuing on to RN nursing education (13 comments) and poor staffing or long hours encountered in their practice settings (12 comments).

Comments were written by 111 of the FEN LPN/VNs, and most addressed the perceived difficulty of the NCLEX-RN examination (31

comments), while many elaborated about taking the NCLEX-PN examination after failing the RN examination (17 comments). Other popular topics of FEN LPN/VN comments included the length and difficulty of the processes necessary for U.S. licensure (19 comments), CGFNS examination or credential reviews (9 comments), the expense of becoming licensed in the U.S. (10 comments) and the difficulties they had experienced adjusting to living and practicing nursing in the U.S. (8 comments).

Summary

Employers, on average, allowed foreign-educated nurses longer periods of time before being given client assignments. Once assignments began, however, foreign-educated nurses tended to be assigned to care for larger numbers of clients. More U.S.-educated than foreign-educated nurses reported involvement with errors. Foreign-educated nurses provided higher ratings of the adequacy of their educational preparation, but the U.S.- and foreign-educated nurses provided the highest and lowest educational preparation ratings for similar variables. Comments from U.S. RNs and LPN/VNs often related to stressful working conditions and a lack of preparation for the reality of practice. Comments from FEN RNs often related to the time-consuming and costly processes required for becoming licensed in the U.S. and comments from FEN LPN/VNs often related to their difficulties in attempting to pass the NCLEX-RN examination.

Table 18. RN Educational Preparation for the Practice Setting

The CLINICAL component of my nursing education program adequately prepared me to:	RN – US %*	Preparation Significantly Related to Errors	Preparation Significantly Related to Assign. Difficulty[^]	RN – FEN %*	Preparation Significantly Related to Errors	Preparation Significantly Related to Assign. Difficulty[^]
Administer medications by common routes (e.g., PO, SQ, IM, IV, etc.)	82.3		x	93.8		
Administer medications to large groups of clients (10 or more)	22.6	x		64.8		
Make decisions about client care based on assessment and diagnostic testing data	54.4	x	x	74.2	x	
Perform psychomotor skills (e.g., dressing changes, IV starts, catheterizations, etc.)	57		x	83.7		x
Provide direct care to two or more clients	75.2			90.6	x	
Provide direct care to six or more clients	24.5	x		63.8	x	
Supervise care provided by others (LPNs or assistive personnel)	28.7	x		59.9	x	
Know when and how to call a client's physician	45.7	x	x	83.1	x	
Document a legally defensible account of care provided	55.2		x	80.4	x	
Teach clients	64.0	x	x	85.5	x	
Work effectively within a health care team	63.3	x	x	90.4	x	
The CLASSROOM component of my nursing education program adequately prepared me to:						
Meet clients' emotional/psychological needs	55.4	x		76.6	x	
Understand clients' cultural needs	49.3	x		63.6	x	
Meet clients' spiritual needs	39.9	x		59.1	x	
Understand the pathophysiology underlying clients' conditions	65	x	x	88		
Understand the pharmacological implications of medications	55.7	x	x	82.8		
Synthesize data from multiple sources in making decisions	50.8	x	x	68.6	x	
Use information technology (e.g., books, journals, computers, videos, audio tapes, etc) to enhance care provided to clients	61.4	x	x	71.1		
Supervise the care provided by others (LPNs or assistive personnel)	30.5	x		55	x	
Teach clients	62.5	x		84	x	
Appropriately utilize research findings in providing care	46.8	x	x	62.3	x	

*Percent of "Yes, Definitely" responses.

[^]25% of U.S. RNs and 29% of FEN RNs reported current assignments were "Too difficult or challenging."

Table 19. LPN/VN Educational Preparation for the Practice Setting

The CLINICAL component of my nursing education program adequately prepared me to:	LPN – US %*	Preparation Significantly Related to Errors	Preparation Significantly Related to Assign. Difficulty^	LPN – FEN %*	Preparation Significantly Related to Errors	Preparation Significantly Related to Assign. Difficulty^
Administer medications by common routes (e.g., PO, SQ, IM, topical, etc.)	88.8			96		
Administer medications to large groups of clients (10 or more)	47			87.5		
Perform psychomotor skills (e.g., dressing changes, IV starts, catheterizations, etc.)	65.7			80.6	x	
Recognize changes in clients' conditions necessitating intervention	59.6			89.9		
Provide direct care to two or more clients	77.5			83.8	x	
Provide direct care to six or more clients	40.1	x	x	80.5		
Know when and how to call a client's physician	47	x		89.4		
Guide care provided by others (assistive personnel)	41.4			72.6		
Document a legally defensible account of care provided	61			85.5	x	
Teach clients	58.8			85.3		
Work effectively within a health care team	74.9			96.1	x	
The CLASSROOM component of my nursing education program adequately prepared me to:						
Meet clients' emotional/psychological needs	57.6	x		86.6	x	
Understand clients' cultural needs	48.3	x		77.6		
Meet clients' spiritual needs	38.5	x		72.8	x	
Understand the rationale for nursing actions	76.5			95.2		
Recognize the desired actions and side effects of medications	64.9	x		93.1		
Use knowledge about clients' conditions in making care decisions	70.4			92.1		
Use information technology (e.g., books, journals, computers, videos, audio tapes, etc) to enhance care provided to clients	67.2			74	x	
Guide care provided by others (LPNs or assistive personnel)	50.2	x		74.6	x	
Teach clients	64.6			86.1		

*Percent of "Yes, Definitely" responses.

^23% of U.S. LPN/VNs and 34% of FEN LPN/VNs reported current assignments were "Too difficult or challenging."

Conclusions

1. FEN RNs required an average of approximately 22.6 months and \$2,500 to become licensed in the U.S.
2. FEN LPN/VNs required an average of approximately 23.4 months and \$1,600 to become licensed in the U.S. and those using a recruiter spent an average of about \$1,500 more than those who did not.
3. Those FEN RNs needing to retake the NCLEX-RN examination required significantly longer times to become licensed.
4. FEN RNs reported problems with CGFNS credential reviews.
5. Most FENs average 7 to 8 years of experience in nursing before U.S. licensure.
6. New U.S. RNs continue to express, through quantitative and qualitative data, their lack of preparation for various aspects of practice.

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Appendix A: Survey Tool

Newly Licensed Nurse Practice and Professional Issues

Registered Nurse Practice and Issues April 2003

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

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

SECTION ONE: Professional Employment

1. What type(s) of nursing license do you hold?

(Select all that apply.)

- LPN/VN
 ORN

2. Are you currently employed in nursing?

- Yes; → skip to Question #4
 No; → continue with Question #3, then skip to Section Four

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

- I have not been able to find the type of nursing position that I want
 No entry-level nursing positions are available in my geographic area
 A family or personal situation prevents my employment at this time
 I have returned to or am remaining in school
 I don't desire to work in nursing at this time --- Please Complete Question 3B.
 Other, please describe: _____

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

(Select ALL that apply)

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

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

5. A. How many regular (non-overtime) hours are you **SCHEDULED** to work in an average week?

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

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

_____ Hours of overtime worked per week, on average

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

_____ Hours of employer **MANDATED** overtime

6. Which of the following **best** describes the ages of **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Newborns (less than 1 month)
 - Infants/children (1 month-12 years)
 - Adolescents (ages 13-18)
 - Young Adults (ages 19-30)
 - Adults (ages 31-64)
 - Adults (ages 65-85)
 - Adults (over the age of 85)
7. Which of the following **best** describes **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Well clients, possibly with minor illnesses
 - OB (Maternity) clients
 - Clients with stabilized chronic conditions
 - Clients with unstabilized chronic conditions
 - Clients with acute conditions, including clients with medical, surgical or critical conditions
 - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 - Other, please specify _____
8. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked?** If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.
(Select no more than two answers)
- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
 - Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
 - Pediatrics or nursery
 - Labor and delivery
 - Postpartum unit
 - Psychiatry or any of its subspecialties (e.g., detox, etc.)
 - Operating room, including outpatient surgery and surgicenters
 - Nursing home, skilled or intermediate care
 - Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
 - Rehabilitation
 - Subacute unit
 - Transitional care unit
 - Physician's/dentist's office
 - Occupational health
 - Outpatient clinic
 - Home health, including visiting nurses associations
 - Public health
 - Student/school health
 - Hospice care
 - Prison
 - Other, please specify _____
9. Which of the following **best** describes the type of facility/organization in which you work most of the time?
(Select ONE answer)
- Hospital
 - Long-term care facility
 - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)

- Other, please specify _____
10. Which of the following **best** describes the location of your employment setting?
(Select ONE answer)
- Urban/Metropolitan area
 - Suburban area
 - Rural area
11. Which of the following most closely describes the **shift(s)** you **usually work**?
- 12 hour Day Shift
 - 12 hour Night Shift
 - 12 hour Rotating Shift
 - 8 or 10 hour Day Shift
 - 8 or 10 hour Evening Shift
 - 8 or 10 hour Night Shift
 - 8 or 10 hour Rotating Shift including Day and Evening hours
 - 8 or 10 hour Rotating Shift including Night hours plus either Day or Evening hours
 - Less than 8 hour Day Shift (between 6:00 a.m. and 6:00 p.m.)
 - Less than 8 hour Evening Shift (between 5:00 p.m. and 11:00 p.m.)
 - Less than 8 hour Night Shift (between 11:00 p.m. and 6:00 a.m.)
 - Less than 8 hour Rotating Shift including Day and Evening hours
 - Less than 8 hour Rotating Shift including Night hours plus either Day or Evening hours

SECTION TWO: Preparation for the Practice Setting

1. Please answer the following questions about **the clinical component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
- 2 = Yes, somewhat
- 3 = No
- 4 = Activity is not performed in my work setting

The clinical component of my nursing education program adequately prepared me to:

Administer medications by common routes (PO, SQ, IM, IV, etc.)	1	2	3	4
Administer medications to large groups of clients (10 or more)	1	2	3	4
Make decisions about client care based on assessment and diagnostic testing data	1	2	3	4
Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.)	1	2	3	4
Provide direct care to two or more clients	1	2	3	4
Provide direct care to six or more clients	1	2	3	4
Supervise care provided by others (LPNs or assistive personnel)	1	2	3	4
Know when and how to call a client's physician	1	2	3	4
Document a legally defensible account of care provided	1	2	3	4
Teach clients	1	2	3	4
Work effectively within a health care team	1	2	3	4

2. Please answer the following questions about **the classroom component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
 2 = Yes, somewhat
 3 = No
 4 = Activity is not performed in my work setting

The classroom component of my nursing education program adequately prepared me to:

Meet clients' emotional/psychological needs	1	2	3	4
Understand clients' cultural needs	1	2	3	4
Meet clients' spiritual needs	1	2	3	4
Understand the pathophysiology underlying clients' conditions	1	2	3	4
Understand the pharmacological implications of medications	1	2	3	4
Synthesize data from multiple sources in making decisions	1	2	3	4
Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients	1	2	3	4
Supervise the care provided by others (LPNs or assistive personnel)	1	2	3	4
Teach clients	1	2	3	4
Appropriately utilize research findings in providing care	1	2	3	4

SECTION THREE: Practice Issues

1. How many days (work days) after you started your current nursing position were you first assigned to provide care to clients (either independently or with assistance)?

_____ Days before first client care assignment

2. A. To how many clients were you assigned to provide direct care in your **first client care assignment**? (Note: Direct care is defined as any part of hands-on care such as giving medications, performing procedures, giving basic care, teaching, etc.)

_____ # of clients in first assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- B. To how many clients are you **now typically assigned** to provide direct care?

_____ # of clients in current typical assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- C. To how many clients are **experienced nurses in your practice setting assigned** to provide direct care?

_____ # of clients typically assigned to experienced nurses

I see clients in an office, outpatient clinic, emergency department, etc. – no direct care client assignments are made

3. In your opinion, are your **current** typical client care assignments:
 - Not challenging enough
 - Just right
 - Too challenging or difficult
 - This question is not applicable to my work situation

4. Since starting your current position have you been involved in any errors? We are defining errors as incidents or occurrences that resulted in harm to clients or had the potential to place a client at risk for harm. You may have been involved as the one making the error, the supervisor of others making errors, or as the one discovering errors made by others.
 - Yes, I have made errors or been involved in some way in errors made by others
 - No, I have no knowledge of errors made at my institution — **Skip to Question 6**

5. If you have been involved in errors, which of the following types of errors/incidents or occurrences have taken place? **(Select ALL that apply)**
 - Medication errors
 - Client falls
 - Delays in treatment
 - Avoidable client death (including client suicides)
 - Client elopement (unauthorized departure of client from facility)
 - Care provided by impaired professional (health care provider abusing alcohol or controlled substances)
 - Other, please specify _____

6. In your opinion, which of the following factors tend to contribute to the numbers of errors made in your institution? **(Select ALL that apply)**
 - Inadequate orientation (too short or not thorough)
 - Inadequate staffing
 - Inappropriate use of assistive personnel such as nursing assistants or medication aides
 - Lack of adequate communication among health care staff
 - Lack of adequate reference materials for looking up new medications or procedures
 - Lack of continuing education classes
 - Lack of supplies or equipment
 - Lack of support from other departments such as pharmacy or food service
 - Long work hours
 - Poorly understood policies and procedures
 - Other, please specify _____

SECTION FOUR: Nurses Educated Outside the United States

This survey is being sent to a randomly-selected sample of nurses educated outside the United States. We would like to know what nurses educated outside the United States think about some issues. We are interested in knowing about the process you used to obtain your license to practice in the United States, how passage of the NCLEX-RN examination may be viewed in other countries, and how we might be able to best assist nurses educated outside the United States in becoming licensed within the United States. The information you provide will be kept **confidential**. No one will be told the answers you give. Only combined data from groups of survey respondents will be reported.

1. When you came to the United States, did you work with a nurse recruiter?
 - Yes
 - No

2. To which state in the United States did you apply for permission to take the licensure examination (NCLEX-RN examination)?

_____ State

3. All of the following steps must be done to obtain a license to practice nursing in the United States. Please write in the spaces the month and year (as closely as you can remember) you started the process to get a license to practice nursing in the U.S. and then the month and year you were able to complete each listed step (leave blank those steps that do not apply to you):

	Month	Year
What was the month and year you started the process of applying to practice nursing in the U.S.?	_____	_____
Steps:		
Obtain a United States Social Security Number	_____	_____
Verification of credentials (including review of school transcript and other required credentials by the state board of nursing or by the Commission on Graduates of Foreign Nursing Schools (CGFNS))	_____	_____
Taking CGFNS Qualifying Exam (if applicable)	_____	_____
Retaking the CGFNS examination (if needed)	_____	_____
Take an examination on written and/or spoken English	_____	_____
Apply for permission to take the NCLEX-RN examination	_____	_____
Obtain a visa for entry into the United States	_____	_____
Take the NCLEX-RN examination	_____	_____
Retake the NCLEX-RN examination (if needed)	_____	_____
Second retake of NCLEX-RN examination (if needed)	_____	_____
Complete immigration to United States	_____	_____
Receive a license to practice nursing in the United States	_____	_____

4. About how long did it take you to get a nursing job after you received your license to practice nursing in the United States?

(Select ONLY ONE best answer)

- I had a nursing job before I moving to the U.S.
- I have not yet gotten a nursing job in the U.S.
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- More than 11 months

5. About how much did it cost you to get your license to practice nursing in the United States (include travel costs if you were not living in the United States when you applied for a U.S. nursing license)?
- _____ Approximate cost in American dollars to become licensed
6. Were any of your expenses paid by a recruiter or a nursing employer?
- Yes → **Please answer Question 6A**
- No → **skip to Question 7**
- 6a. What part of your expenses were paid by the recruiter or nursing employer?
- (Select ALL that apply)**
- All expenses
 - The NCLEX-RN examination fee(s)
 - Verification of Credentials fee (Commission on Graduates of Foreign Nursing Schools)
 - Travel expenses
 - License fee
 - Other, please specify _____
7. How is the NCLEX-RN examination used in the country you came from?
- (Select ALL that apply)**
- Nurses only take the examination if they want to practice nursing in the U.S.
 - Nurses may take the examination to show advanced knowledge or skills
 - Nurses are **encouraged** to take the examination
 - Nurses are **required** to take the examination to get some jobs
 - Other, please specify _____
8. What was the **main reason** you came to the United States?
- (Select ONE answer)**
- To work as a nurse in the U.S.
 - To live in the U.S.
 - To remain with family members who were going to the U.S.
 - Other, please specify _____
9. In which country did you receive your nursing education?
- _____ Country of nursing education
10. In which country were you living when you applied to practice nursing in the U.S.?
- _____ Country you lived in when you applied to practice nursing in the U.S.
11. For how many years had you practiced nursing before coming the U.S.?
- _____ Years of nursing practice before coming to the U.S.
12. Please write below (and on the back of the page if needed) any comments you may have about taking the NCLEX-RN examination or the process you went through to become licensed to practice nursing in the United States.

SECTION FIVE: Demographic Data

1. Gender:
- Male
 - Female
2. Age in years _____ **YEARS**

3. Select below the answer **most descriptive** of your racial/ethnic background
(**Select ONE answer**)
- American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African/African American
 - White Hispanic or Latino
 - Non-white Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White
 - Multi-ethnic or racial background
4. A. Is English the first language you learned to speak?
- Yes
 - No
- B. Have you had any of the following problems with communication in your nursing position?
(**Select ALL that apply**)
- I have not had any problems with communication
 - I have had problems understanding English-speaking clients or staff
 - I have had problems understanding non-English-speaking clients or staff
 - I have had problems reading or understanding orders written by physicians
 - Other, please specify _____
5. A. Did you work as a nursing assistant/aide, etc. prior to becoming an RN?
- Yes
 - No----**Skip to Question #6**
- B. If **YES**, for how many years did you work as a nursing assistant/aide?
- _____ Years as nursing assistant/aide
6. Type of **basic** nursing education program most recently completed:
(**Select ONE answer**)
- LPN/VN - Diploma/Certificate in U.S.
 - LPN/VN - Associate Degree in U.S.
 - RN - Diploma in U.S.
 - RN - Associate Degree in U.S.
 - RN - Baccalaureate Degree in U.S.
 - RN - Generic Master's Degree in U.S .
 - RN - Generic Doctorate in U.S. (e.g., ND)
 - Any nursing program NOT located in the U.S.

Please write any comments you might have here or on the back of the survey.

Thank you for your participation in this important work.

Newly Licensed Nurse Practice and Professional Issues

United States Registered Nurse Practice and Issues April 2003

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

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

SECTION ONE: Professional Employment

1. What type(s) of nursing license do you hold?

(Select all that apply.)

- LPN/VN
 ORN

2. Are you currently employed in nursing?

- Yes; → skip to Question #4
 No; → continue with Question #3, then skip to Section Four

3. A. If you answered "NO" to question #2, which of the following **best** represents why you are not currently employed?

(Select the ONE best answer)

- I have not been able to find the type of nursing position that I want
 No entry-level nursing positions are available in my geographic area
 A family or personal situation prevents my employment at this time
 I have returned to or am remaining in school
 I don't desire to work in nursing at this time --- Please Complete Question 3B.
 Other, please describe: _____

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

(Select ALL that apply)

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

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

_____ Months in current position

5. A. How many regular (non-overtime) hours are you **SCHEDULED** to work in an average week?

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

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

_____ Hours of overtime worked per week, on average

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

_____ Hours of employer **MANDATED** overtime

6. Which of the following **best** describes the ages of **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Newborns (less than 1 month)
 - Infants/children (1 month-12 years)
 - Adolescents (ages 13-18)
 - Young Adults (ages 19-30)
 - Adults (ages 31-64)
 - Adults (ages 65-85)
 - Adults (over the age of 85)
7. Which of the following **best** describes **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Well clients, possibly with minor illnesses
 - OB (Maternity) clients
 - Clients with stabilized chronic conditions
 - Clients with unstabilized chronic conditions
 - Clients with acute conditions, including clients with medical, surgical or critical conditions
 - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 - Other, please specify _____
8. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked?** If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.
(Select no more than two answers)
- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
 - Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
 - Pediatrics or nursery
 - Labor and delivery
 - Postpartum unit
 - Psychiatry or any of its subspecialties (e.g., detox, etc.)
 - Operating room, including outpatient surgery and surgicenters
 - Nursing home, skilled or intermediate care
 - Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
 - Rehabilitation
 - Subacute unit
 - Transitional care unit
 - Physician's/dentist's office
 - Occupational health
 - Outpatient clinic
 - Home health, including visiting nurses associations
 - Public health
 - Student/school health
 - Hospice care
 - Prison
 - Other, please specify _____
9. Which of the following **best** describes the type of facility/organization in which you work most of the time?
(Select ONE answer)
- Hospital
 - Long-term care facility
 - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 - Other, please specify _____

10. Which of the following **best** describes the location of your employment setting?
(Select ONE answer)
- Urban/Metropolitan area
 - Suburban area
 - Rural area
11. Which of the following most closely describes the **shift(s)** you **usually work**?
- 12 hour Day Shift
 - 12 hour Night Shift
 - 12 hour Rotating Shift
 - 8 or 10 hour Day Shift
 - 8 or 10 hour Evening Shift
 - 8 or 10 hour Night Shift
 - 8 or 10 hour Rotating Shift including Day and Evening hours
 - 8 or 10 hour Rotating Shift including Night hours plus either Day or Evening hours
 - Less than 8 hour Day Shift (between 6:00 a.m. and 6:00 p.m.)
 - Less than 8 hour Evening Shift (between 5:00 p.m. and 11:00 p.m.)
 - Less than 8 hour Night Shift (between 11:00 p.m. and 6:00 a.m.)
 - Less than 8 hour Rotating Shift including Day and Evening hours
 - Less than 8 hour Rotating Shift including Night hours plus either Day or Evening hours

SECTION TWO: Preparation for the Practice Setting

1. Please answer the following questions about **the clinical component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
- 2 = Yes, somewhat
- 3 = No
- 4 = Activity is not performed in my work setting

The clinical component of my nursing education program adequately prepared me to:

Administer medications by common routes (PO, SQ, IM, IV, etc.)	1	2	3	4
Administer medications to large groups of clients (10 or more)	1	2	3	4
Make decisions about client care based on assessment and diagnostic testing data	1	2	3	4
Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.)	1	2	3	4
Provide direct care to two or more clients	1	2	3	4
Provide direct care to six or more clients	1	2	3	4
Supervise care provided by others (LPNs or assistive personnel)	1	2	3	4
Know when and how to call a client's physician	1	2	3	4
Document a legally defensible account of care provided	1	2	3	4
Teach clients	1	2	3	4
Work effectively within a health care team	1	2	3	4

2. Please answer the following questions about **the classroom component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
- 2 = Yes, somewhat
- 3 = No
- 4 = Activity is not performed in my work setting

The classroom component of my nursing education program adequately prepared me to:

Meet clients' emotional/psychological needs	1	2	3	4
Understand clients' cultural needs	1	2	3	4
Meet clients' spiritual needs	1	2	3	4
Understand the pathophysiology underlying clients' conditions	1	2	3	4
Understand the pharmacological implications of medications	1	2	3	4
Synthesize data from multiple sources in making decisions	1	2	3	4
Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients	1	2	3	4
Supervise the care provided by others (LPNs or assistive personnel)	1	2	3	4
Teach clients	1	2	3	4
Appropriately utilize research findings in providing care	1	2	3	4

SECTION THREE: Practice Issues

1. How many days (work days) after you started your current nursing position were you first assigned to provide care to clients (either independently or with assistance)?

_____ Days before first client care assignment

2. A. To how many clients were you assigned to provide direct care in your **first client care assignment**? (Note: Direct care is defined as any part of hands-on care such as giving medications, performing procedures, giving basic care, teaching, etc.)

_____ # of clients in first assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- B. To how many clients are you **now typically assigned** to provide direct care?

_____ # of clients in current typical assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- C. To how many clients are **experienced nurses in your practice setting assigned** to provide direct care?

_____ # of clients typically assigned to experienced nurses

I see clients in an office, outpatient clinic, emergency department, etc. – no direct care client assignments are made

3. In your opinion, are your **current** typical client care assignments:
- Not challenging enough
 - Just right
 - Too challenging or difficult
 - This question is not applicable to my work situation

4. Since starting your current position have you been involved in any errors? We are defining errors as incidents or occurrences that resulted in harm to clients or had the potential to place a client at risk for harm. You may have been involved as the one making the error, the supervisor of others making errors, or as the one discovering errors made by others.

- Yes, I have made errors or been involved in some way in errors made by others
 No, I have no knowledge of errors made at my institution — **Skip to Question 6**
5. If you have been involved in errors, which of the following types of errors/incidents or occurrences have taken place?
(Select ALL that apply)
- Medication errors
 - Client falls
 - Delays in treatment
 - Avoidable client death (including client suicides)
 - Client elopement (unauthorized departure of client from facility)
 - Care provided by impaired professional (health care provider abusing alcohol or controlled substances)
 - Other, please specify _____
6. In your opinion, which of the following factors tend to contribute to the numbers of errors made in your institution?
(Select ALL that apply)
- Inadequate orientation (too short or not thorough)
 - Inadequate staffing
 - Inappropriate use of assistive personnel such as nursing assistants or medication aides
 - Lack of adequate communication among health care staff
 - Lack of adequate reference materials for looking up new medications or procedures
 - Lack of continuing education classes
 - Lack of supplies or equipment
 - Lack of support from other departments such as pharmacy or food service
 - Long work hours
 - Poorly understood policies and procedures
 - Other, please specify _____

SECTION FIVE: Demographic Data

1. Gender:
- Male
 - Female
2. Age in years _____ **YEARS**
3. Select below the answer **most descriptive** of your racial/ethnic background
(Select ONE answer)
- American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African/African American
 - White Hispanic or Latino
 - Non-white Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White
 - Multi-ethnic or racial background
4. A. Is English the first language you learned to speak?
- Yes
 - No
- B. Have you had any of the following problems with communication in your nursing position?
(Select ALL that apply)
- I have not had any problems with communication
 - I have had problems understanding English-speaking clients or staff

- I have had problems understanding non-English-speaking clients or staff
 - I have had problems reading or understanding orders written by physicians
 - Other, please specify _____
5. A. Did you work as a nursing assistant/aide, etc. prior to becoming an RN?
- Yes
 - No----**Skip to Question #6**
- B. If **YES**, for how many years did you work as a nursing assistant/aide?
- _____ Years as nursing assistant/aide
6. Type of **basic** nursing education program most recently completed:
(Select ONE answer)
- LPN/VN - Diploma/Certificate in U.S.
 - LPN/VN - Associate Degree in U.S.
 - RN - Diploma in U.S.
 - RN - Associate Degree in U.S.
 - RN - Baccalaureate Degree in U.S.
 - RN - Generic Master's Degree in U.S .
 - RN - Generic Doctorate in U.S. (e.g., ND)
 - Any nursing program NOT located in the U.S.

Please write any comments you might have here or on the back of the survey.

Thank you for your participation in this important work.

Newly Licensed Nurse Practice and Professional Issues

FEN LPN Nurse Practice and Issues April 2003

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

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

SECTION ONE: Professional Employment

1. What type(s) of nursing license do you hold?

(Select all that apply.)

- LPN/VN
 ORN

2. Are you currently employed in nursing?

- Yes; → **skip to Question #4**
 No; → **continue with Question #3, then skip to Section Four**

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

- I have not been able to find the type of nursing position that I want
 No entry-level nursing positions are available in my geographic area
 A family or personal situation prevents my employment at this time
 I have returned to or am remaining in school
 I don't desire to work in nursing at this time --- **Please Complete Question 3B.**
 Other, please describe: _____

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

(Select ALL that apply)

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

4. How many months have you been employed as a **Licensed Practical or Vocational Nurse (LPN/VN)** in your current position?

_____ Months in current position

5. A. How many regular (non-overtime) hours are you **SCHEDULED** to work in an average week?

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

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

_____ Hours of overtime worked per week, on average

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

_____ Hours of employer **MANDATED** overtime

6. Which of the following **best** describes the ages of **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Newborns (less than 1 month)
 - Infants/children (1 month-12 years)
 - Adolescents (ages 13-18)
 - Young Adults (ages 19-30)
 - Adults (ages 31-64)
 - Adults (ages 65-85)
 - Adults (over the age of 85)
7. Which of the following **best** describes **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Well clients, possibly with minor illnesses
 - OB (Maternity) clients
 - Clients with stabilized chronic conditions
 - Clients with unstabilized chronic conditions
 - Clients with acute conditions, including clients with medical, surgical or critical conditions
 - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 - Other, please specify _____
8. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked?** If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.
(Select no more than two answers)
- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
 - Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
 - Pediatrics or nursery
 - Labor and delivery
 - Postpartum unit
 - Psychiatry or any of its subspecialties (e.g., detox, etc.)
 - Operating room, including outpatient surgery and surgicenters
 - Nursing home, skilled or intermediate care
 - Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
 - Rehabilitation
 - Subacute unit
 - Transitional care unit
 - Physician's/dentist's office
 - Occupational health
 - Outpatient clinic
 - Home health, including visiting nurses associations
 - Public health
 - Student/school health
 - Hospice care
 - Prison
 - Other, please specify _____
9. Which of the following **best** describes the type of facility/organization in which you work most of the time?
(Select ONE answer)
- Hospital
 - Long-term care facility
 - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 - Other, please specify _____

10. Which of the following **best** describes the location of your employment setting?
(Select ONE answer)
- Urban/Metropolitan area
 - Suburban area
 - Rural area
11. Which of the following most closely describes the **shift(s)** you **usually work**?
- 12 hour Day Shift
 - 12 hour Night Shift
 - 12 hour Rotating Shift
 - 8 or 10 hour Day Shift
 - 8 or 10 hour Evening Shift
 - 8 or 10 hour Night Shift
 - 8 or 10 hour Rotating Shift including Day and Evening hours
 - 8 or 10 hour Rotating Shift including Night hours plus either Day or Evening hours
 - Less than 8 hour Day Shift (between 6:00 a.m. and 6:00 p.m.)
 - Less than 8 hour Evening Shift (between 5:00 p.m. and 11:00 p.m.)
 - Less than 8 hour Night Shift (between 11:00 p.m. and 6:00 a.m.)
 - Less than 8 hour Rotating Shift including Day and Evening hours
 - Less than 8 hour Rotating Shift including Night hours plus either Day or Evening hours

SECTION TWO: Preparation for the Practice Setting

1. Please answer the following questions about **the clinical component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
- 2 = Yes, somewhat
- 3 = No
- 4 = Activity is not performed in my work setting

The clinical component of my nursing education program adequately prepared me to:

Administer medications by common routes (PO, SQ, IM, topical, etc.)	1	2	3	4
Administer medications to large groups of clients (10 or more)	1	2	3	4
Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)	1	2	3	4
Recognize changes in clients' conditions necessitating intervention	1	2	3	4
Provide direct care to two or more clients	1	2	3	4
Provide direct care to six or more clients	1	2	3	4
Know when and how to call a client's physician	1	2	3	4
Guide care provided by others (assistive personnel)	1	2	3	4
Document a legally defensible account of care provided	1	2	3	4
Teach clients	1	2	3	4
Work effectively within a health care team	1	2	3	4

2. Please answer the following questions about **the classroom component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
- 2 = Yes, somewhat
- 3 = No
- 4 = Activity is not performed in my work setting

The classroom component of my nursing education program adequately prepared me to:

Meet clients' emotional/psychological needs	1	2	3	4
Understand clients' cultural needs	1	2	3	4
Meet clients' spiritual needs	1	2	3	4
Understand the rationale for nursing actions	1	2	3	4
Recognize the desired actions and side effects of medications	1	2	3	4
Use knowledge about clients' conditions in making care decisions	1	2	3	4
Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients	1	2	3	4
Guide care provided by others (assistive personnel)	1	2	3	4
Teach clients	1	2	3	4

SECTION THREE: Practice Issues

1. How many days (work days) after you started your current nursing position were you first assigned to provide care to clients (either independently or with assistance)?

_____ Days before first client care assignment

2. A. To how many clients were you assigned to provide direct care in your **first client care assignment**? (Note: Direct care is defined as any part of hands-on care such as giving medications, performing procedures, giving basic care, teaching, etc.)

_____ # of clients in first assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- B. To how many clients are you **now typically assigned** to provide direct care?

_____ # of clients in current typical assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- C. To how many clients are **experienced nurses in your practice setting assigned** to provide direct care?

_____ # of clients typically assigned to experienced nurses

I see clients in an office, outpatient clinic, emergency department, etc. – no direct care client assignments are made

3. In your opinion, are your **current** typical client care assignments:

- Not challenging enough
- Just right
- Too challenging or difficult
- This question is not applicable to my work situation

4. Since starting your current position have you been involved in any errors? We are defining errors as incidents or

occurrences that resulted in harm to clients or had the potential to place a client at risk for harm. You may have been involved as the one making the error, the supervisor of others making errors, or as the one discovering errors made by others.

- Yes, I have made errors or been involved in some way in errors made by others
- No, I have no knowledge of errors made at my institution — **Skip to Question 6**

5. If you have been involved in errors, which of the following types of errors/incidents or occurrences have taken place? **(Select ALL that apply)**

- Medication errors
- Client falls
- Delays in treatment
- Avoidable client death (including client suicides)
- Client elopement (unauthorized departure of client from facility)
- Care provided by impaired professional (health care provider abusing alcohol or controlled substances)
- Other, please specify _____

6. In your opinion, which of the following factors tend to contribute to the numbers of errors made in your institution? **(Select ALL that apply)**

- Inadequate orientation (too short or not thorough)
- Inadequate staffing
- Inappropriate use of assistive personnel such as nursing assistants or medication aides
- Lack of adequate communication among health care staff
- Lack of adequate reference materials for looking up new medications or procedures
- Lack of continuing education classes
- Lack of supplies or equipment
- Lack of support from other departments such as pharmacy or food service
- Long work hours
- Poorly understood policies and procedures
- Other, please specify _____

SECTION FOUR: Nurses Educated Outside the United States

This survey is being sent to a randomly-selected sample of nurses educated outside the United States. We would like to know what nurses educated outside the United States think about some issues. We are interested in knowing about the process you used to obtain your license to practice in the United States, how passage of the NCLEX-RN examination may be viewed in other countries, and how we might be able to best assist nurses educated outside the United States in becoming licensed within the United States. The information you provide will be kept **confidential**. No one will be told the answers you give. Only combined data from groups of survey respondents will be reported.

1. When you came to the United States, did you work with a nurse recruiter?
 - Yes
 - No
2. To which state in the United States did you apply for permission to take the licensure examination (NCLEX examination)?

_____ State

3. All of the following steps must be done to obtain a license to practice nursing in the United States. Please write in the spaces the month and year (as closely as you can remember) you started the process to get a license to practice nursing in the U.S. and then the month and year you were able to complete each listed step (leave blank those steps that do not apply to you):

	Month	Year
What was the month and year you started the process of applying to practice nursing in the U.S.?	_____	_____
Steps:		
Obtain a United States Social Security Number	_____	_____
Verification of credentials (including review of school transcript and other required credentials by the state board of nursing or by the Commission on Graduates of Foreign Nursing Schools (CGFNS))	_____	_____
Taking CGFNS Qualifying Exam (if applicable)	_____	_____
Retaking the CGFNS examination (if needed)	_____	_____
Take an examination on written and/or spoken English	_____	_____
Apply for permission to take the NCLEX examination	_____	_____
Obtain a visa for entry into the United States	_____	_____
Take the NCLEX examination	_____	_____
Retake the NCLEX examination (if needed)	_____	_____
Second retake of NCLEX examination (if needed)	_____	_____
Complete immigration to United States	_____	_____
Receive a license to practice nursing in the United States	_____	_____

4. About how long did it take you to get a nursing job after you received your license to practice nursing in the United States?

(Select ONLY ONE best answer)

- I had a nursing job before I moving to the U.S.
- I have not yet gotten a nursing job in the U.S.
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- More than 11 months

5. About how much did it cost you to get your license to practice nursing in the United States (include travel costs if you were not living in the United States when you applied for a U.S. nursing license)?

_____ Approximate cost in American dollars to become licensed

6. Were any of your expenses paid by a recruiter or a nursing employer?

- Yes → **Please answer Question 6A**
 No → **skip to Question 7**

- 6a. What part of your expenses were paid by the recruiter or nursing employer?

(Select ALL that apply)

- All expenses
 The NCLEX examination fee(s)
 Verification of Credentials fee (Commission on Graduates of Foreign Nursing Schools)
 Travel expenses
 License fee
 Other, please specify _____

7. How is the NCLEX examination used in the country you came from?

(Select ALL that apply)

- Nurses only take the examination if they want to practice nursing in the U.S.
 Nurses may take the examination to show advanced knowledge or skills
 Nurses are **encouraged** to take the examination
 Nurses are **required** to take the examination to get some jobs
 Other, please specify _____

8. What was the **main reason** you came to the United States?

(Select ONE answer)

- To work as a nurse in the U.S.
 To live in the U.S.
 To remain with family members who were going to the U.S.
 Other, please specify _____

9. In which country did you receive your nursing education?

_____ Country of nursing education

10. In which country were you living when you applied to practice nursing in the U.S.?

_____ Country you lived in when you applied to practice nursing in the U.S.

11. For how many years had you practiced nursing before coming the U.S.?

_____ Years of nursing practice before coming to the U.S.

12. Please write below (and on the back of the page if needed) any comments you may have about taking the NCLEX examination or the process you went through to become licensed to practice nursing in the United States.

SECTION FIVE – Demographic Data

1. Gender:
 Male
 Female

2. Age in years _____ **YEARS**
3. Select below the answer **most descriptive** of your racial/ethnic background
(**Select ONE answer**)
- American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African/African American
 - White Hispanic or Latino
 - Non-white Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White
 - Multi-ethnic or racial background
4. A. Is English the first language you learned to speak?
- Yes
 - No
- B. Have you had any of the following problems with communication in your nursing position?
(**Select ALL that apply**)
- I have not had any problems with communication
 - I have had problems understanding English-speaking clients or staff
 - I have had problems understanding non-English-speaking clients or staff
 - I have had problems reading or understanding orders written by physicians
 - Other, please specify _____
5. A. Did you work as a nursing assistant/aide, etc. prior to becoming an LPN/VN?
- Yes
 - No----**Skip to Question #6**
- B. If **YES**, for how many years did you work as a nursing assistant/aide?
- _____ Years as nursing assistant/aide
6. Type of **basic** nursing education program most recently completed:
(**Select ONE answer**)
- LPN/VN - Diploma/Certificate in U.S.
 - LPN/VN - Associate Degree in U.S.
 - RN - Diploma in U.S.
 - RN - Associate Degree in U.S.
 - RN - Baccalaureate Degree in U.S.
 - RN - Generic Master's Degree in U.S.
 - RN - Generic Doctorate in U.S. (e.g., ND)
 - Any nursing program NOT located in the U.S.

Please write any comments you might have here or on the back of the survey.

Thank you for your participation in this important work.

Newly Licensed Nurse Practice and Professional Issues

U.S. LPN Nurse Practice and Issues April 2003

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

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

SECTION ONE: Professional Employment

1. What type(s) of nursing license do you hold?

(Select all that apply.)

- LPN/VN
 ORN

2. Are you currently employed in nursing?

- Yes; → **skip to Question #4**
 No; → **continue with Question #3, then skip to Section Four**

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

- I have not been able to find the type of nursing position that I want
 No entry-level nursing positions are available in my geographic area
 A family or personal situation prevents my employment at this time
 I have returned to or am remaining in school
 I don't desire to work in nursing at this time --- **Please Complete Question 3B.**
 Other, please describe: _____

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

(Select ALL that apply)

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

4. How many months have you been employed as a **Licensed Practical or Vocational Nurse (LPN/VN)** in your current position?

_____ Months in current position

5. A. How many regular (non-overtime) hours are you **SCHEDULED** to work in an average week?

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

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

_____ Hours of overtime worked per week, on average

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

_____ Hours of employer **MANDATED** overtime

6. Which of the following **best** describes the ages of **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Newborns (less than 1 month)
 - Infants/children (1 month-12 years)
 - Adolescents (ages 13-18)
 - Young Adults (ages 19-30)
 - Adults (ages 31-64)
 - Adults (ages 65-85)
 - Adults (over the age of 85)
7. Which of the following **best** describes **most** of your clients **on the last day you worked?**
(You may select more than one answer)
- Well clients, possibly with minor illnesses
 - OB (Maternity) clients
 - Clients with stabilized chronic conditions
 - Clients with unstabilized chronic conditions
 - Clients with acute conditions, including clients with medical, surgical or critical conditions
 - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
 - Other, please specify _____
8. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked?** If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.
(Select no more than two answers)
- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
 - Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
 - Pediatrics or nursery
 - Labor and delivery
 - Postpartum unit
 - Psychiatry or any of its subspecialties (e.g., detox, etc.)
 - Operating room, including outpatient surgery and surgicenters
 - Nursing home, skilled or intermediate care
 - Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
 - Rehabilitation
 - Subacute unit
 - Transitional care unit
 - Physician's/dentist's office
 - Occupational health
 - Outpatient clinic
 - Home health, including visiting nurses associations
 - Public health
 - Student/school health
 - Hospice care
 - Prison
 - Other, please specify _____
9. Which of the following **best** describes the type of facility/organization in which you work most of the time?
(Select ONE answer)
- Hospital
 - Long-term care facility
 - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 - Other, please specify _____

10. Which of the following **best** describes the location of your employment setting?
(Select ONE answer)
- Urban/Metropolitan area
 - Suburban area
 - Rural area
11. Which of the following most closely describes the **shift(s)** you **usually work**?
- 12 hour Day Shift
 - 12 hour Night Shift
 - 12 hour Rotating Shift
 - 8 or 10 hour Day Shift
 - 8 or 10 hour Evening Shift
 - 8 or 10 hour Night Shift
 - 8 or 10 hour Rotating Shift including Day and Evening hours
 - 8 or 10 hour Rotating Shift including Night hours plus either Day or Evening hours
 - Less than 8 hour Day Shift (between 6:00 a.m. and 6:00 p.m.)
 - Less than 8 hour Evening Shift (between 5:00 p.m. and 11:00 p.m.)
 - Less than 8 hour Night Shift (between 11:00 p.m. and 6:00 a.m.)
 - Less than 8 hour Rotating Shift including Day and Evening hours
 - Less than 8 hour Rotating Shift including Night hours plus either Day or Evening hours

SECTION TWO: Preparation for the Practice Setting

1. Please answer the following questions about **the clinical component of your nursing education** by circling the appropriate number according to the following scale:

- 1 = Yes, definitely
- 2 = Yes, somewhat
- 3 = No
- 4 = Activity is not performed in my work setting

The clinical component of my nursing education program adequately prepared me to:

Administer medications by common routes (PO, SQ, IM, topical, etc.)	1	2	3	4
Administer medications to large groups of clients (10 or more)	1	2	3	4
Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)	1	2	3	4
Recognize changes in clients' conditions necessitating intervention	1	2	3	4
Provide direct care to two or more clients	1	2	3	4
Provide direct care to six or more clients	1	2	3	4
Know when and how to call a client's physician	1	2	3	4
Guide care provided by others (assistive personnel)	1	2	3	4
Document a legally defensible account of care provided	1	2	3	4
Teach clients	1	2	3	4
Work effectively within a health care team	1	2	3	4

2. Please answer the following questions about **the classroom component of your nursing education** by circling the appropriate number according to the following scale:

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The classroom component of my nursing education program adequately prepared me to:

Meet clients' emotional/psychological needs	1	2	3	4
Understand clients' cultural needs	1	2	3	4
Meet clients' spiritual needs	1	2	3	4
Understand the rationale for nursing actions	1	2	3	4
Recognize the desired actions and side effects of medications	1	2	3	4
Use knowledge about clients' conditions in making care decisions	1	2	3	4
Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients	1	2	3	4
Guide care provided by others (assistive personnel)	1	2	3	4
Teach clients	1	2	3	4

SECTION THREE: Practice Issues

1. How many days (work days) after you started your current nursing position were you first assigned to provide care to clients (either independently or with assistance)?

_____ Days before first client care assignment

2. A. To how many clients were you assigned to provide direct care in your **first client care assignment**? (Note: Direct care is defined as any part of hands-on care such as giving medications, performing procedures, giving basic care, teaching, etc.)

_____ # of clients in first assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- B. To how many clients are you **now typically assigned** to provide direct care?

_____ # of clients in current typical assignment

I see clients in an office, outpatient clinic, emergency department, etc. and do not have direct care client assignments

- C. To how many clients are **experienced nurses in your practice setting assigned** to provide direct care?

_____ # of clients typically assigned to experienced nurses

I see clients in an office, outpatient clinic, emergency department, etc. – no direct care client assignments are made

3. In your opinion, are your **current** typical client care assignments:

- Not challenging enough
- Just right
- Too challenging or difficult
- This question is not applicable to my work situation

4. Since starting your current position have you been involved in any errors? We are defining errors as incidents or occurrences that resulted in harm to clients or had the potential to place a client at risk for harm. You may have been involved as the one making the error, the supervisor of others making errors, or as the one discovering errors made by others.
- Yes, I have made errors or been involved in some way in errors made by others
 - No, I have no knowledge of errors made at my institution — **Skip to Question 6**
5. If you have been involved in errors, which of the following types of errors/incidents or occurrences have taken place? **(Select ALL that apply)**
- Medication errors
 - Client falls
 - Delays in treatment
 - Avoidable client death (including client suicides)
 - Client elopement (unauthorized departure of client from facility)
 - Care provided by impaired professional (health care provider abusing alcohol or controlled substances)
 - Other, please specify _____
6. In your opinion, which of the following factors tend to contribute to the numbers of errors made in your institution? **(Select ALL that apply)**
- Inadequate orientation (too short or not thorough)
 - Inadequate staffing
 - Inappropriate use of assistive personnel such as nursing assistants or medication aides
 - Lack of adequate communication among health care staff
 - Lack of adequate reference materials for looking up new medications or procedures
 - Lack of continuing education classes
 - Lack of supplies or equipment
 - Lack of support from other departments such as pharmacy or food service
 - Long work hours
 - Poorly understood policies and procedures
 - Other, please specify _____

SECTION FIVE – Demographic Data

1. Gender:
- Male
 - Female
2. Age in years _____ YEARS
3. Select below the answer **most descriptive** of your racial/ethnic background **(Select ONE answer)**
- American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African/African American
 - White Hispanic or Latino
 - Non-white Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White
 - Multi-ethnic or racial background
4. A. Is English the first language you learned to speak?
- Yes
 - No
- B. Have you had any of the following problems with communication in your nursing position? **(Select ALL that apply)**
- I have not had any problems with communication
 - I have had problems understanding English-speaking clients or staff

- I have had problems understanding non-English-speaking clients or staff
- I have had problems reading or understanding orders written by physicians
- Other, please specify _____

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

- Yes
- No----**Skip to Question #6**

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

_____ Years as nursing assistant/aide

6. Type of **basic** nursing education program most recently completed:

(Select ONE answer)

- LPN/VN - Diploma/Certificate in U.S.
- LPN/VN - Associate Degree in U.S.
- RN - Diploma in U.S.
- RN - Associate Degree in U.S.
- RN - Baccalaureate Degree in U.S.
- RN - Generic Master's Degree in U.S .
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Please write any comments you might have here or on the back of the survey.

Thank you for your participation in this important work.



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