

VOLUME 5 ■ MARCH 2003

## **NCSBN Research Brief**

**Report of Findings from the**

# **Practice and Professional Issues Survey**

**Winter 2002**

**June Smith, PhD, RN**

**Lynda Crawford, PhD, RN, CAE**

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



**Report of Findings from the**  
**Practice and**  
**Professional Issues**  
**Survey**  
**Winter 2002**

**June Smith, PhD, RN**  
**Lynda Crawford, PhD, RN, CAE**

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

Copyright © 2003 National Council of State Boards of Nursing, Inc. (NCSBN)

All rights reserved.

The NCSBN logo, NCLEX<sup>®</sup>, NCLEX-RN<sup>®</sup> and NCLEX-PN<sup>®</sup> are registered trademarks of NCSBN and may not be used or reproduced without written permission from NCSBN. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form by any means (electronic, mechanical, photocopying, recording, or otherwise now known or to be invented) for any commercial or for-profit use or purpose without written permission from NCSBN.

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.

Printed in the United States of America

ISBN# 0-9720273-4-3

# Table of Contents

<b>List of Tables</b> .....	<b>v</b>
<b>List of Figures</b> .....	<b>vi</b>
<b>Acknowledgments</b> .....	<b>1</b>
<b>Executive Summary</b> .....	<b>3</b>
<b>I. Background of Study</b> .....	<b>11</b>
<b>II. Methodology</b> .....	<b>12</b>
Sample Selection and Data Collection Procedures .....	12
Data Collection Instrument .....	12
Rating Scale Used .....	13
Confidentiality .....	13
Representativeness of Sample .....	13
Summary .....	13
<b>Survey Participants: Demographics, Educational/Experiential Backgrounds and Work Environments</b> .....	<b>14</b>
Demographic Information .....	14
Educational Backgrounds .....	14
Past Experience .....	14
Length of Employment and Hours Worked .....	16
Employing Facilities .....	17
Work Settings .....	19
Summary .....	19
<b>III. Survey Findings</b> .....	<b>21</b>
Care of Pediatric Clients .....	21
Mathematical Calculations Performed .....	21
Use of Nursing Diagnoses .....	23
RN Educational Preparation for Selected Competencies .....	25
Characteristics of Typical Work Day .....	26
Hours, Clients and Nursing Associates .....	26
Activities Performed .....	26
Qualitative Analysis of Narrative Statements .....	26
Summary .....	29
<b>VI. Conclusions</b> .....	<b>31</b>
<b>VII. References</b> .....	<b>31</b>
<b>Appendix A: Survey Tool</b> .....	<b>32</b>



WINTER 2002 PPI SURVEY

# List of Tables

1. Educational Preparation – RN .....	16
2. Work Status of Respondents .....	17
3. Overtime Worked .....	17
4. Employing Facilities .....	18
5. RN Work Settings .....	18
6. LPN/VN Work Settings .....	20
7. Settings in Which New RNs and LPN/VNs Provided Care to Pediatric Clients .....	22
8. Types of Pediatric Clients to Whom New RNs and LPN/VNs Provided Care .....	22
9. Frequency of Use of Mathematical Calculations by New RNs and LPN/VNs .....	23
10. Educational Preparation for Selected Competencies .....	24
11. Perceived Importance of Selected Competencies in Practice Settings .....	25
12. Numbers of Clients .....	27
13. Hours/Proportion of Time Spent on Classifications of Activities .....	27

# List of Figures

1. Gender of Respondents .....	15
2. Age of Respondents .....	15
3. Ethnic/Racial Backgrounds of Respondents.....	15
4. Past LPN/VN and Nurse Aide Experience .....	16
5. Mandatory Overtime .....	17
6. Use of Nursing Diagnoses in Work Settings .....	24



# Acknowledgments

This study would not have been possible without the support provided by the 891 newly licensed registered and licensed practical/vocational nurses who expended time and energy to complete lengthy surveys. The information they provided will contribute to the understanding of many current practice and professional issues. The authors gratefully acknowledge that the assistance of Lamika Obichere and Amy Bird in the preparation of this document was essential to completion of this study.

J.S., L.C.



# Executive Summary

## Background

Practice and Professional Issues Surveys are conducted twice a year by the National Council of State Boards of Nursing, Inc. (NCSBN) to collect information from entry-level nurses on specific practice activities and current professional issues. Data is collected from nurses during their first six months of practice on activities they are performing as nurses and on selected issues surrounding that practice. This study was conducted October through December 2001.

## Methodology

Separate surveys were constructed for RNs and LPN/VNs with most of the survey questions identical across the two questionnaires. Information was collected regarding care provided to pediatric clients, mathematical calculations used in work settings, the use of nursing diagnoses, perceptions of the adequacy of educational preparation for selected RN competencies, and the parameters of a typical nurse's work day.

## Survey Process

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN® or NCLEX-PN® examinations between May 1 and July 31, 2001. A three-stage mailing process was used to engage the participants in the study. The survey with a cover letter and postage-paid return envelope was sent to subjects in the sample the first week in January 2002. One week later a postcard was sent to all participants,

reiterating the importance of the study, and urging participation. Approximately three weeks after the reminder postcard, a second survey was mailed to continued nonrespondents.

## Return Rates

Of the 1,000 surveys sent to RNs, 22 were mailed to bad addresses, and 431 usable surveys were returned for a 44% return rate. Of the 1,000 surveys sent to LPN/VNs, 33 were sent to bad addresses and 460 usable forms were returned for a return rate of 47.5%.

This sample size was calculated as adequate to provide proportional estimates at +/-2.5% of the true rate.

## Sample

### Demographic Data

The majority (90% of the RNs and 93% of the LPN/VNs) of these new nurses were female. Both RNs and LPN/VNs averaged a little over 30 years of age. The associate degree graduate respondents averaged 32.4 years of age, and the baccalaureate degree graduates averaged 27.1 years of age.

### Educational Backgrounds – RN

The basic nursing education programs reported by the newly licensed RNs were: associate degree (58.7%) and baccalaureate degree (37.7%), diploma (1.4%), and education outside the United States (1.7%). One (.2%) of the respondents to the current survey reported graduation from a master's program and one (.2%) reported graduating from a doctoral program.

**Past Experience**

About 21% of the RNs reported previously working as an LPN/VN for an average of 5.2 years (SD 5.1 years). Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides, and 60% of the RNs and 63% of the LPN/VNs reported such past work. The RNs had been aides or assistants for 0 to 15 years, average 2.6 (SD 2.7 years), and the LPN/VNs had been aides or assistants for 0 to 24 years, average 4.6 (SD 4.5 years).

**Length of Employment and Hours Worked**

Most (95% of the RN and 90% of the LPN/VN) respondents reported current employment in nursing. For RNs family or personal situations (for six respondents) and returning to or remaining in school (for seven respondents) were the most frequently cited reasons for remaining unemployed. Returning to or remaining in school was the most frequently cited reason (for 22 respondents) for nonemployment by LPN/VNs. For the remainder of the survey respondents, the RNs had been employed an average of about 6.2 months and LPN/VNs had been employed for an average of 5.7 months. The RNs worked an average of 36.9 nonovertime hours per week, and the LPN/VNs worked 33.2 hours. The LPN/VNs and RNs both averaged about 4.5 hours of overtime per week. Only 15% of these newly licensed RNs and 13% of the LPN/VNs reported working mandatory overtime. For those reporting working such hours, the RNs worked an average of 6.17 hours and the LPN/VNs worked an average of 7.98 hours.

**Employing Facilities**

Most (84%) newly licensed RNs continued to be employed in hospitals. Seven percent of the RNs reported working in long-term care and 6% reported employment in community-based or ambulatory care settings. The LPN/VNs were most frequently (41%) employed in long-term care facilities, and less likely to report working in hospitals (38%). About 17% of the LPN/VNs reported employment in community-based or ambulatory care settings.

**Work Settings**

The five work settings most frequently reported by the newly licensed RNs were medical surgical (35.9%), critical care (32.3%), pediatrics (8.3%), labor and delivery (6.8%), and nursing homes (6.8%).

The five work settings most frequently reported by the newly licensed LPN/VNs were nursing home (41.3%), medical surgical (27.9%), rehabilitation (8.7%), other long-term care (7.7%) and critical care (5.5%).

**Findings****Care of Pediatric Clients**

Respondents were asked if they provided care to clients aged newborn to 18 years, where they provided the care, and what types of pediatric clients were under their care. Care was provided to pediatric clients by 46.7% of the RNs and 26.8% of the LPN/VNs. The RNs reporting caring for pediatric clients were more likely to provide that care in acute care settings: maternity or obstetric wards (24.7%), pediatric departments (18.8%) or emergency departments (17.7%). The LPN/

VNs were most likely to report providing care to pediatric clients in outpatient settings (28.1%), although 18.3% reported caring for such clients in pediatric departments of acute care institutions.

The RN respondents reported providing care to acutely ill infants, children or adolescents (49.5%), infants, children or adolescents with minor injuries or illnesses (38.2%) and healthy newborns (32.8%). The LPN/VNs provided care to the same types of clients in different proportions: acutely ill infants, children or adolescents (33.3%), infants, children or adolescents with minor injuries or illnesses (55.6%), and healthy newborns (29.9%).

#### **Mathematical Calculations Performed**

Respondents were asked about the types of mathematical calculations they performed, the average frequency with which they performed the different types of calculations, and the methods used to perform them. Both RNs and LPN/VNs were most likely to “Calculate the number of cc’s or ml’s of liquid for a dose of medication” (RNs – 91.1%; LPN/VNs – 82.7%). Large percentages of both groups also “Calculated the number of capsules or tablets for an oral dose” (RNs – 86.2%; LPN/VNs – 80.7%). Predictably the RNs were more likely than LPN/VNs to calculate IV drip rates in drops per minute (RNs – 68.4%; LPN/VNs – 43.5%) or cc’s per hour (RNs – 79%; LPN/VNs – 48%).

A calculator was reportedly used to perform mathematical calculations by 72% of the RNs and 51% of the LPN/VNs.

#### **Use of Nursing Diagnoses**

The survey contained questions related to the use of nursing diagnoses and methods of care planning. Fifteen percent of the RN and 12% of the LPN/VN respondents reported that nursing diagnoses were not used in their work settings. The RN respondents were most likely to report the use of preselected nursing diagnoses contained in standardized plans of care (RNs – 54%; LPN/VNs – 45%), rather than the use of nurse-generated lists of nursing diagnoses (RNs – 34%; LPN/VNs – 41%). The diagnoses were most often used to record clients’ progress over time (RNs – 33%; LPN/VNs – 37%).

RN respondents were more likely to report the use of standardized (prewritten standards or plans of care within their care settings (RNs – 69%; LPN/VNs – 52%), and LPN/VNs were more likely to report the use of individually written care plans in their care settings (RNs – 36%; LPN/VNs – 56%).

#### **RN Educational Preparation for Selected Competencies**

Six areas of competency were listed on the survey and subjects were asked to respond to two questions about each:

1. How adequate was their education in that area of competency using the “Yes, Definitely,” “Yes, Somewhat” and “No” scale?
2. How important was the area of competency in their current nursing position on a scale of 1-5 with 1 indicating the highest importance and 5 indicating the least?

The baccalaureate degree and associate degree graduates provided

the greatest percentages of “Yes, Definitely” responses for the competency “Demonstrating caring and respect to patients and families” (ADN – 81.4%; BSN – 79.5%); however the BSN respondents provided significantly more “No” responses to that question (ADN – 5.6% “No”, BSN – 12.3% “No”;  $X^2_{(2)} = 6.75$ ,  $p < .03$ ). Both ADN and BSN graduates reported the least satisfaction with their educational preparation (provided the least “Yes, Definitely” ratings) for “Maintaining an awareness of the political factors influencing the nursing profession” (ADN – 35.4%; BSN 34.7%) and “Balancing human, fiscal and material resources” (ADN – 36.1%; BSN – 32%). The BSN graduates provided significantly higher numbers of “Yes, Definitely” responses for the item “Making a commitment to professional career development” (ADN – 61.2%; BSN – 71.4%;  $X^2_{(2)} = 4.6$ ,  $p < .03$ ).

The respondents provided the highest importance ratings for “Demonstrating caring and respect to patients and families” (ADN – 1.29; BSN – 1.35) and the lowest for “Maintaining an awareness of the political factors influencing the nursing profession” (ADN – 2.48; BSN – 2.51).

### **Characteristics of a Typical Work Day**

#### ***Hours, Clients and Nursing Associates***

Respondents reported working an average of about 10 hours (RN – 10.8; LPN/VN – 9.59). The RNs were responsible for an average of 9.7 clients (median 6) overall, an average of 6.4 in acute care settings, 43.7 in long-term care and 16.5 in

community settings. The LPN/VNs were responsible for an overall average of 21.4 clients (median 18), an average of 8 in acute care settings, 32 in long-term care, and 41 in community settings. No correlations were found between the numbers of months these new nurses had worked and the numbers of clients for whom they were responsible. Twenty percent of the RN respondents reported working with LPN/VNs and about 65% of both the RNs and LPN/VNs reported working with assistive personnel.

#### ***Activities Performed***

The respondents were also asked to record the numbers of hours spent performing specific categories of activities. The hours spent on each category were then converted to proportions of total time by dividing the number of hours spent on each activity by the hours spent working. Because nurses often perform more than one type of activity at a time, such as teaching while giving medications or providing emotional support while giving routine care, the proportions were not expected to sum to 100. RNs reported spending the greatest amount of time in assessment/evaluation activities (27.96%) and working within the health care team (22.85%), and the least amount on community health activities (1.91%). The LPN/VNs reported spending the greatest amount of their time in medication-related activities (25.09%) and working within the health care team (24.05%). They reported spending a significant amount of time in assessment/evaluation activities (22.45%). The LPN/VNs also

spent the least proportion of their time on community health activities (3.93%).

### ***Qualitative Analysis of Narrative Statements***

The survey respondents were asked to write narratives describing the general characteristics of their most recent typical work day including clients cared for, types of activities performed, types of care provided to clients by LPN/VNs or assistive personnel, how assignments were made, and how they communicated with members of the health care team.

There were approximately 300 narratives written by LPN/VNs and 300 by RNs. The content of the narratives supported quantitative data collected in other parts of the survey on the numbers and types of clients for whom care was provided and the proportions of time spent on different categories of activities.

The RNs and LPN/VNs reported doing very similar types of practice within similar settings. The narratives of both RNs and LPN/VNs working in nonintensive care settings often described performance of very similar care activities. A number of both RN and LPN/VN narratives stated that the RN and LPN/VN filled the same role, providing the same types of care in the same ways.

The nurses were also asked what types of care were provided by assistive personnel. The most commonly stated activities included activities of daily living, baths, ambulation, linen changes, am or pm cares, performing blood glucose tests, doing EKGs and blood draws. Although less frequently, assistive

personnel were also placing catheters, performing bladder scans, giving medications, monitoring dialysis treatments, performing some dressing changes, and monitoring groin incisions post heart catheterization. While some of the narratives described an adequate delegatory process, most of these nurses described situations in which assistive personnel were used interchangeably without assessment of their competence for delegated tasks. Thus, this preliminary analysis identified two themes: RN and LPN/VN scope of practice and delegation.

## **Conclusions**

Newly licensed RNs continued a trend of increased employment in critical care settings.

RNs and LPN/VNs in entry-level practice performed a variety of mathematical calculations when giving medications. They were more likely to use a calculator to perform those calculations than to perform them in their heads.

About half the respondent RNs and a quarter of the respondent LPN/VNs reported care of pediatric clients. RNs were more likely to report providing that care in acute care settings for more acutely ill infants, children or adolescents. LPN/VNs were more likely to report providing the care in outpatient settings and for pediatric patients with minor injuries or illnesses.

Most of these new nurses reported the use of nursing diagnoses in their work settings. The RNs were more likely to report the use of preselected diagnoses in prewritten

standards or care plans than were the LPN/VNs. Accordingly the LPN/VNs were more likely to report that care plans were individually written within their care settings than were the RNs.

Both ADN and BSN graduates felt approximately equally prepared for selected competencies. The BSN graduates were more likely to say they were not well prepared in the area of providing caring and respect, and ADN graduates were less likely to agree that they were definitely prepared for a commitment to professional development.

Overall these new nurses were responsible for the same numbers of clients, regardless of their time in the practice setting. Those employed one month were as likely to be given an average of 10 patients for RNs or 21 patients for LPN/VNs as those employed for six or more months.

Outside of critical care settings RNs and LPN/VNs were often used to fill very similar roles.

Assistive personnel were, at times, being relied upon as the “eyes and ears” of nurses too busy to adequately monitor client status.



**Report of Findings from the**  
**Practice and**  
**Professional Issues**  
**Survey**

**Winter 2002**



# Background of Study

The National Council of State Boards of Nursing, Inc. (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 (i.e., 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 and to discover possible differences in the entry-level practices of graduates of ADN and BSN programs. The purpose of the 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 2002 Practice and Professional Issues Survey* are reported here in the fifth of a series of monographs called NCSBN Research Briefs. These publications provide the means to quickly disseminate NCSBN research findings.

During the fall of 2002, NCSBN Research Services collected current information about data most desired by NCSBN committees, member boards and staff. These efforts led to a list of topics for inclusion in the Practice and Professional Issues (PPI) biannual survey. The survey's name reflects its multiple aims, i.e., collection of data from nurses within their first six months of practice on activities performed in practice and the various issues surrounding that practice.

# 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, data collection instrument, assurance of confidentiality, and the degree to which the samples were representative of the population of newly licensed RNs and LPN/VNs.

## Sample Selection and Data Collection Procedures

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN® or NCLEX-PN® examinations between May 1 and July 31, 2001. A three-stage mailing process was used to engage participants in the study. The survey with a cover letter and postage-paid return envelope was sent to subjects in the sample the last week in January 2002. One week later a postcard was sent to all participants, reiterating the importance of the study, and urging participation. Approximately three weeks after the reminder postcard, a second survey was mailed to continued non-respondents.

Of the 1,000 surveys sent to RNs, 22 were mailed to bad addresses, and 431 usable surveys were returned for a 44% return rate. Of the 1,000 surveys sent to LPN/VNs, 33 were sent to bad addresses and

460 usable forms were returned for a return rate of 47.5%.

This sample size was calculated as adequate to provide proportional estimates at +/- 2.5% of the true rate.

## Data Collection Instrument

Separate surveys were constructed for RNs and LPN/VNs with most issues shared across the two surveys. Information was collected regarding care provided to pediatric clients, mathematical calculations used in work settings, the use of nursing diagnoses, perceptions of the adequacy of educational preparation for essential RN competencies, and the parameters of a typical nurse's work day.

The RN instrument contained five sections and the LPN instrument four. In the first section, questions related to the participant's work environment including work settings, client characteristics, work schedules and various practice activities. The second section requested information about the performance of selected activities. The third section asked respondents to describe their last typical day of work in detail. The fourth section for RNs asked about educational preparation for and practicality of components of selected areas of competence. The fourth section for LPNs and the fifth section for RNs obtained personal and educational demographic data.

## 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 their responses. Preassigned code numbers were used to facilitate cost-effective follow-up mailings but those numbers 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 RNs and LPN/VNs selected for this study were proportionally equivalent to the population from which the sample was drawn in terms of geographic areas of the country, subject ethnicity, subject gender and type of educational program.

## Summary

Data collection instruments were disseminated to 1,000 RNs and 1,000 LPN/VNs selected at random from among all individuals who passed the NCLEX-RN® and NCLEX-PN® examinations between May 1 and July 31, 2001. A 44% response rate was obtained for RNs and a 47.5% return rate for LPN/VNs. Study participants included 431 newly licensed RNs and 460 newly licensed LPN/VNs.

# Survey Participants

## Demographics, Educational/Experiential Backgrounds and Work Environments

Demographic information, including racial and ethnic backgrounds, gender, educational preparation and previous experience of the respondents are presented next, followed by descriptions of their work environments, including settings, and overtime worked.

### Demographic Information

Most (90% of the RNs and 93% of the LPN/VNs) of the respondents were female (see Figure 1). These numbers demonstrated a slight increase over those found for RNs in the July 2001 PPI (Smith & Crawford, 2002) and the 1999 RN Practice Analysis (Hertz, Yocom, & Gawel, 2000), but were reflective of those found for LPNs in the July 2001 PPI (Smith & Crawford, 2002).

RNs overall averaged 30.3 years of age (SD 8.5), and the average age of the LPN/VN respondents was 30.7 years (SD 8.6) (see Figure 2). The 243 associate degree graduate survey respondents averaged 32.4 years of age (SD 8.8), and the 159 baccalaureate degree graduates averaged 27.1 years of age (SD 6.9). The average ages of the ADN and BSN graduates differed significantly ( $t=6.4$ ,  $df=400$ ,  $p<.0001$ ).

Respondents to the Winter 2002 Practice and Professional Issues Survey primarily reported being white (RNs 84.2%; LPN/VNs 67.3%). Asian background was reported by 5% of the RN and 2.9%

of the LPN/VN respondents; 5.3% of the RNs and 15.1% of the LPN/VNs reported being black or African American; and 4.3% of the RNs and 8.9% of the LPN/VNs reported being Hispanic or Latino (see Figure 3).

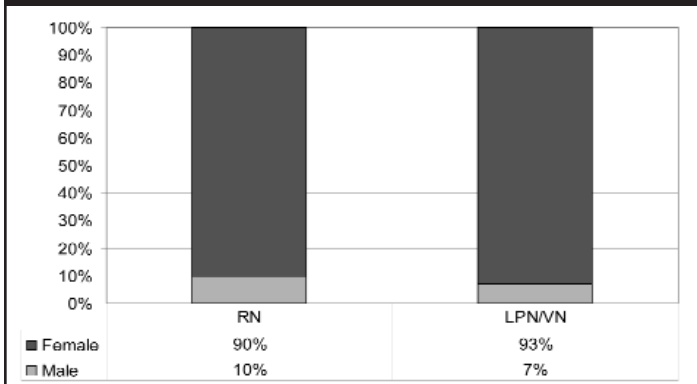
### Educational Backgrounds

The basic nursing education programs reported by the newly licensed RNs reflected percentages of associate degree (58.7%) and baccalaureate degree (37.7%) education comparable to those reported in the 1999 RN Practice Analysis (see Table 1) (Hertz et al., 2000). The percentages of diploma graduates (1.4%) were 3% lower than those found in the 1999 RN Practice Analysis (Hertz et al., 2000) or the July 2001 PPI (Smith & Crawford, 2002). One (.2%) of the respondents to the current survey reported graduation from a master's program, 1 (.2%) reported graduating from a doctoral program and 7 (1.7%) were educated outside of the U.S.

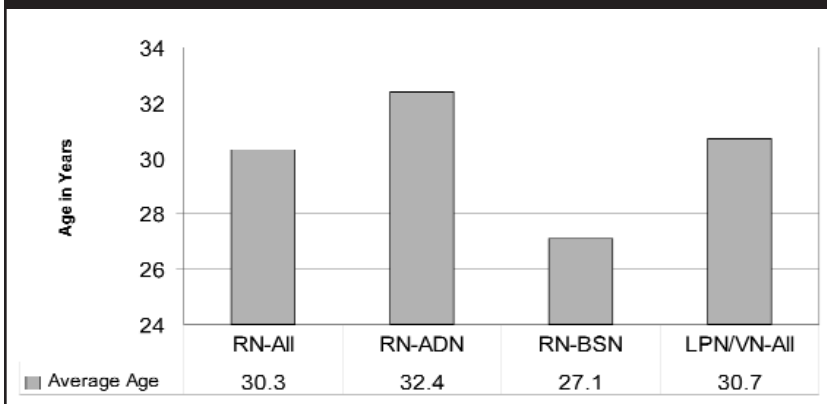
### Past Experience

The RN respondents were asked if they had worked as an LPN/VN prior to becoming an RN. About 21% reported working as an LPN/VN for an average of 5.2 years (SD 5.1 years). Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides, and 60% of the RNs and 63% of the LPN/VNs

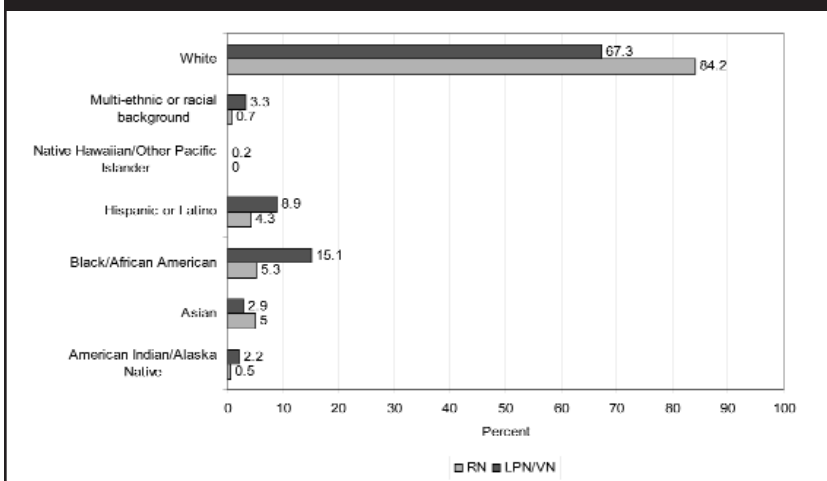
**Figure 1. Gender of Respondents**



**Figure 2. Age of Respondents**

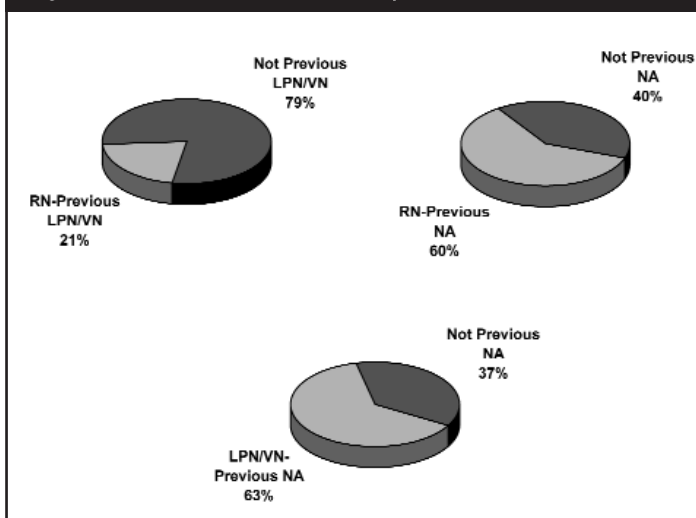


**Figure 3. Ethnic/Racial Backgrounds of Respondents**



**Table 1. Educational Preparation - RN**

	Jan 2001 %	Jul 2001 %	1999 %
Diploma	1.4	4.2	5.4
Associate Degree	58.7	54.2	54.8
Baccalaureate Degree	37.7	37.5	38.5
RN – Generic Master's	0.2	1.0	0.2
RN – Generic Doctorate	0.2	1.3	0
Outside of U.S.	1.7	1.3	1.0

**Figure 4. Past LPN/VN and Nurse Aide Experience**

reported such past work. The RNs had been aides or assistants for 0 to 15 years, average 2.6 (SD 2.7 years), and the LPN/VNs had been aides or assistants for 0 to 24 years, average 4.6 (SD 4.5 years). (See Figure 4.)

### Length of Employment and Hours Worked

Most (95% of the RN and 90% of the LPN/VN) respondents reported current employment in nursing (see Table 2). Returning to or remaining in school was the most frequently cited reason for non-

employment (for 7 RN and 22 LPN/VN respondents), and family or personal situations accounted for nonemployment for 6 RN and 5 LPN/VN respondents. For the remainder of the survey respondents, the RNs had been employed an average of about 6.2 months (SD 1.9) and LPN/VNs had been employed for an average of 5.7 months (SD 2.1).

The RNs worked an average of 36.9 (SD 10) nonovertime hours per week, and the LPN/VNs worked 33.2 (SD 12.4) hours (see Table 3). In this study the RNs and LPN/VNs reported working about an equal amount of



Figure 5. Mandatory Overtime

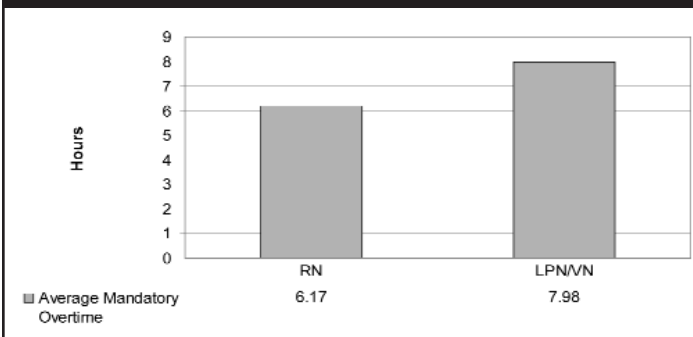


Table 2. Work Status of Respondents

	RN		LPN/VN	
	n	%	n	%
Currently working in nursing	402	95	404	90
No entry-level positions available in area	0		1	
Unable to find the type of nursing position desired	2		3	
Returned to or remain in school	7		22	
Family or personal situation prevents employment	6		5	
Other	3		9	
Don't desire to work in nursing at this time	1		2	

Table 3. Overtime Worked

	RN		LPN/VN	
	Ave	SD	Ave	SD
Regular nonovertime hours worked in average week (hours)	36.9	10	33.2	12.4
OT worked in average week (hours)	4.3	4.6	4.5	5.5

overtime per week (LPN/VNs average 4.5, SD 5.5; RN average 4.3, SD 4.6).

Only 15% of these newly licensed RNs and 13% of the LPN/VNs reported working mandatory overtime (see Figure 5). For those reporting working such hours, the RNs worked an average of 6.17 hours (SD 3.98) and the LPN/VNs worked an average of 7.98 hours (SD 4.7) (See Figure 5).

## Employing Facilities

Most (84%) newly licensed RNs continued to be employed in hospitals. This is the same percentage found in the July 2001 PPI (Smith & Crawford, 2002), and is a 3% decrease over the 1999 RN Practice Analysis (Hertz et al., 2000). Seven percent of the RNs reported working in long-term care and 6% reported employment in community-based or

**Table 4. Employing Facilities**

	RN %	LPN/VN %
Hospital	84	38
Long-Term Care Facility	7	41
Community-Based or Ambulatory Care	6	17
Other	3.2	3.4

**Table 5. RN Work Settings**

	Jan 2002 % (n=431)	Jul 2001 % (n=769)	1999 % (n=1282)
Medical/Surgical Unit	35.90	39.01	43.76
Critical Care	32.30	31.46	28.00
Pediatrics	8.30	10.14	9.13
Labor and Delivery	6.80	4.59	4.91
Nursing Home	6.80	6.37	8.35
Postpartum	5.90	4.81	4.76
Operating Room	5.10	3.51	2.50
Psychiatry or Subspecialties	2.90	2.60	2.65
Home Health	2.00	1.04	1.72
Rehabilitation	1.70	2.21	2.41
Physician's/Dentist's Office	1.70	1.43	1.64
Outpatient Clinic	1.00	0.91	0.94
Public Health	1.00	0.91	0.31
Subacute	0.70	2.08 <sup>^</sup>	2.96 <sup>^</sup>
Transitional Care	0.70	<sup>^</sup>	<sup>^</sup>
Hospice	0.70	0.39	0.47
Other Long-Term Care	0.50	1.17	1.17
School Health	0.50	0.26	0.31
Prison	0.20	0	0.55
Occupational Health	0.00	0	0.23

<sup>^</sup>Subacute and transitional care combined in these surveys

ambulatory care settings. This represented a slight decrease in the numbers of new RNs reporting work in community-based settings compared to the July 2001 PPI (Smith & Crawford, 2002).

The LPN/VNs were most frequently (41%) employed in long-term care facilities, and less likely to report working in hospitals (38%). These numbers are the same as those found in the July 2001 PPI (Smith & Crawford, 2002), and show a 6% decrease in long-term care employment and a 3% increase in hospital employment from the 2000 LPN/VN Practice Analysis (Smith, Crawford, & Gawel, 2001). About 17% of the LPN/VNs reported employment in community-based or ambulatory care settings, and this was about the same percentage reporting such employment in the July 2001 PPI (Smith & Crawford, 2002) and the 2000 LPN/VN Practice Analysis (Smith et al., 2001). See Table 4 for complete employing facility information.

## Work Settings

The five work settings most frequently reported by the newly licensed RNs were medical/surgical (35.9%), critical care (32.3%), pediatrics (8.3%), labor and delivery (6.8%), and nursing homes (6.8%). These numbers represented a medical surgical employment decrease of 3% from the July 2001 PPI survey (Smith & Crawford, 2002) and 8% from the 1999 RN Practice Analysis (Hertz et al., 2000). The critical care and nursing home percentages have stayed stable from July of 2001 (Smith & Crawford, 2002), while

pediatric employment has decreased slightly and the labor and delivery employment has increased about 2%. See Table 5 for a complete listing of RN work settings.

The five work settings most frequently reported by the newly licensed LPN/VNs were nursing home (41.3%), medical/surgical (27.9%), rehabilitation (8.7%), other long-term care (7.7%) and critical care (5.5%). The percentages employed in nursing homes was approximately the same as that in July 2001 and about 6% lower than that reported in the 2000 LPN/VN Practice Analysis (Smith et al., 2001). Employment in medical/surgical units was up about 5% over the July 2001 PPI (Smith & Crawford, 2002) and the 2000 LPN/VN Practice Analysis (Smith et al., 2001). The rehabilitation employment percentage was reflective of that found in the July 2001 PPI survey (Smith & Crawford, 2002) and approximately 4% higher than the 2000 LPN/VN Practice Analysis (Smith et al., 2001). Other long-term care and critical care employment demonstrated a tendency to return to the levels found in 2000 (Smith et al., 2001) after slight increases in July of 2001 (Smith & Crawford, 2002). See Table 6 for a complete listing of LPN/VN work settings.

## Summary

Ninety-five percent of the RNs and 90% of the LPN/VN respondents reported current employment in nursing. About 21% of the RNs reported previous work as an LPN/VN, and about 60% of both the

RN and LPN/VN respondents reported past work as a nursing assistant or aide. The RNs had been employed an average of about 6.2 months (SD 1.9) and LPN/VNs had been employed for an average of 5.7 months (SD 2.1). The RNs worked an average of 36.9 (SD 10) nonovertime hours per week, and the LPN/VNs worked a similar 33.2 (SD 12.4) hours. Only 15% of these newly licensed RNs and 13% of the LPN/VNs reported working mandatory overtime. RNs, overall,

averaged 30.3 years of age (SD 8.5), and the age of the LPN/VN respondents was 30.7 years (SD 8.6). The new RNs were employed primarily in hospitals, while the LPN/VN respondents were most employed in long-term care facilities. Most of the RN respondents were employed in medical surgical or critical care settings, and most of the LPN/VN respondents reported employment in nursing homes and medical surgical units.

**Table 6. LPN/VN Work Settings**

	<b>Jan 2002</b> <b>%(n=460)</b>	<b>Jul 2001</b> <b>%(n=618)</b>	<b>2000</b> <b>%(n=920)</b>
Nursing Home	41.30	42.19	47.60
Medical/Surgical Unit	27.90	22.70	23.30
Rehabilitation	8.70	9.98	4.60
Other Long-Term Care	7.70	9.43	5.90
Critical Care	5.50	7.27	4.50
Physician's/Dentist's Office	5.30	9.39	7.00
Pediatrics	5.30	5.53	5.40
Home Health	5.30	2.47	4.50
Psychiatry or Subspecialties	4.30	3.55	2.70
Hospice Care	3.10	1.97	1.20
Outpatient Clinic	2.90	1.24	2.50
Subacute	2.40	6.54	3.40
Transitional Care	2.40	1.42	1.40
Postpartum	1.70	2.31	2.50
Public Health	1.20	0.54	0.40
Labor and Delivery	1.00	1.92	1.00
Prison	1.00	1.25	0.90
Operating Room	1.00	1.05	0.20
Occupational Health	1.00	0.18	0.30
Student/School Health	1.00	0.18	0.70

# Survey Findings

This study solicited information from newly licensed RNs and LPN/VNs regarding the care provided to pediatric clients, the types of mathematical calculations performed, use of nursing diagnoses, RN educational preparation for selected competencies and the characteristics of a typical work day for a new nurse.

## Care of Pediatric Clients

Respondents were asked if they provided care to clients aged newborn to 18 years, where they provided the care, and what types of pediatric clients were under their care. Care was reportedly provided to pediatric clients by 46.7% of the RNs and 26.8% of the LPN/VNs. Those RNs providing such care were more likely to do so in acute care settings: maternity/obstetric wards (24.7%), pediatric departments (18.8%) or emergency departments (17.7%). The LPN/VNs providing such care were most likely to report doing so in outpatient settings (28.1%), although 18.3% reported caring for such clients in pediatric departments of acute care institutions. See Table 7 for the percentages of RNs and LPN/VNs providing care to pediatric clients in various health care settings.

The RN respondents reported providing care mostly to acutely ill infants, children or adolescents (49.5%), infants, children or adolescents with minor injuries or illnesses (38.2%), and healthy newborns (32.8%). The LPN/VNs provided care to the same types of clients in

different proportions: acutely ill infants, children or adolescents (33.3%), infants, children or adolescents with minor injuries or illnesses (55.6%), and healthy newborns (29.9%). See Table 8 for the types of pediatric clients to whom new RNs and LPN/VNs provided care.

## Mathematical Calculations Performed

Respondents were asked about the types of mathematical calculations they performed, the average frequency with which they performed the different types of calculations, and the methods used to perform them. A fairly large number of the RN and LPN/VN respondents reported performing each of the listed calculations. Both RNs and LPN/VNs were most likely to “calculate the number of cc’s or ml’s of liquid for a dose of medication” (RNs – 91.1%; LPN/VNs – 82.7%). Large percentages of both groups also “Calculate the number of capsules or tablets for an oral dose” (RNs – 86.2%; LPN/VNs – 80.7%). Predictably the RNs were more likely than LPN/VNs to calculate IV drip rates in drops per minute (RNs – 68.4%; LPN/VNs – 43.5%) or cc’s per hour (RNs – 79%; LPN/VNs – 48%).

The RN respondents reported performing “Calculate the number of capsules or tablets for an oral dose” with the highest average frequency (average 2.6 times per day), followed by “Calculate the number of cc’s or ml’s of liquid for a dose of medication” (average 2.3 times per

**Table 7. Settings in Which New RNs and LPN/VNs Provided Care to Pediatric Clients**

	RN		LPN/VN	
	%*	n	%*	n
<b>Provide care to pediatric clients (newborn to 18 years)</b>	<b>46.7</b>	<b>190</b>	<b>26.8</b>	<b>109</b>
Maternity or obstetrics department (including nursery)	24.7	46	9.6	11
Pediatric department of acute care hospital or medical center	18.8	35	18.3	21
Emergency department	17.7	33	7.9	9
Critical care unit (all ages)	12.9	24	0.9	1
Neonatal critical care unit (NICU)	11.8	22	0.9	1
Inpatient surgery department	10.2	19	3.5	4
Outpatient setting	7.5	14	28.1	32
In the patient's or client's home setting	2.2	4	12.3	14
School setting	1.6	3	2.6	3
Nursing home or long-term care	0	0	1.8	2
Other	12.4	23	18.4	21

\*Percent of those reporting care of pediatric clients

**Table 8. Types of Pediatric Clients to Whom New RNs and LPN/VNs Provided Care**

	RN		LPN/VN	
	%*	n	%*	n
Acutely ill infants, children, or adolescents	49.5	92	33.3	39
Infants, children or adolescents with minor injuries or illness	38.2	71	55.6	65
Healthy newborns	32.8	61	29.9	35
Newborns with health problems (including prematurity)	29.6	55	17.9	21
Infants, children or adolescents with chronic physical conditions	26.3	49	29.1	34
Infants, children or adolescents with chronic emotional or behavioral conditions	10.2	19	18.8	22
Well infants, children or adolescents getting routine checkups	5.9	11	21.4	25
Other	10.2	19	6.0	7

\*Percent of those reporting care of pediatric clients

**Table 9. Frequency of Use of Mathematical Calculations by New RNs and LPN/VNs**

	RN			LPN/VN		
	%	Ave Freq	n	%	Ave Freq	n
Calculate IV drip rate (drop per minute)	68.4	1.3	270	43.5	0.89	175
Calculate IV rate in cc's per hour	79.0	2.1	313	48.0	1.19	194
Calculate number of cc's or ml's of liquid for a dose of medication	91.1	2.3	367	82.7	2.4	334
Calculate the number of capsules or tablets for an oral dose	86.2	2.6	344	80.7	2.9	326
Calculate a dosage based on weight (gm/kg; cc or ml/kg, etc.)	76.8	1.4	308	53.3	0.61	212
Convert doses to household measures (ml to teaspoons; ml to ounces, etc.)	70.4	0.95	278	68.2	1.39	274
Convert grains to mg, or mg to grains	58.3	0.4	231	53.4	0.65	214
Dose titration	73.9	1.22	283	47.9	0.54	179
Other	9.4	1.88	35	3.0	1.9	22

day) and “Calculate IV rate in cc’s per hour” (average 2.1 times per day). They performed “Calculate IV drip rate (drops per minute)” much less frequently (average 1.3 times per day). These findings may have reflected the shift from gravity flow IV infusions to the use of various types of infusion pumps.

The LPN/VN respondents reported performing “Calculate the number of capsules or tablets for an oral dose” with the highest average frequency (average 2.9 times per day), and “Calculate the number of cc’s or ml’s of liquid for a dose of medication” slightly less frequently (average of 2.4 times per day). The LPN/VNs performed “Calculate IV rate in cc’s per hour” (average 1.19 times per day) and “Calculate IV drip rate (drops per minute)” (average .89 times per day) much less frequently than the new RNs. See Table 9 for a complete listing of mathematical calculations, the percentages of new RNs and

LPN/VNs performing them and the average daily frequency of their use.

A calculator was used to perform mathematical calculations by 72% of the RNs and 51% of the LPN/VNs.

## Use of Nursing Diagnoses

The survey contained questions related to the use of nursing diagnoses and methods of care planning. A small proportion, 15% of the RN and 12% of the LPN/VN respondents, reported that nursing diagnoses were not used in their work settings. The RN respondents were most likely to report the use of preselected nursing diagnoses contained in standardized plans of care (RNs – 54%; LPN/VNs – 45%), rather than the use of nurse-generated lists of nursing diagnoses (RNs – 34%; LPN/VNs – 41%). The diagnoses were most often used to record clients’ progress over time (RNs – 33%; LPN/VNs – 37%) and to

Figure 6. Use of Nursing Diagnoses in Work Settings

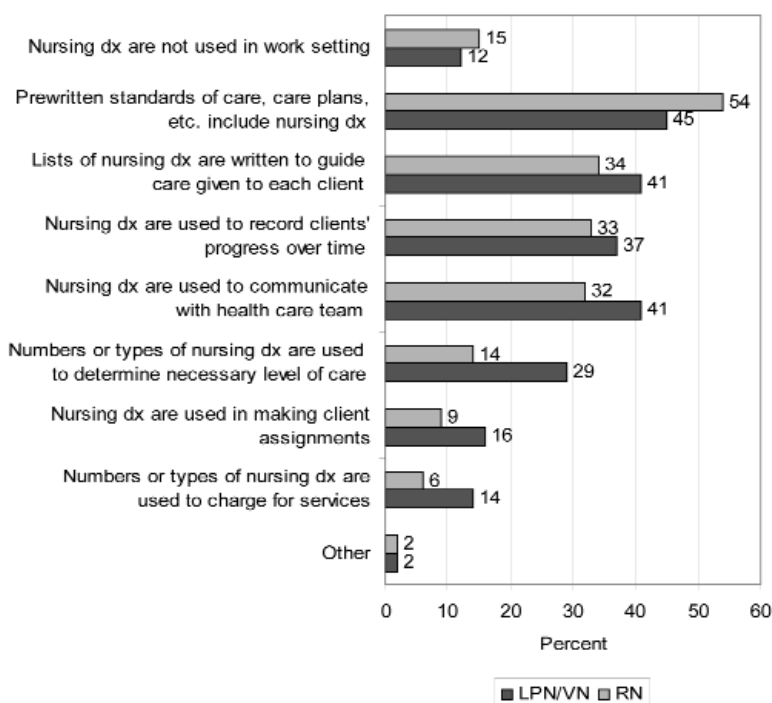


Table 10. Educational Preparation for Selected Competencies

Area of Competence	ADN			BSN		
	% Yes, Definitely	% Yes, Somewhat	% No	% Yes, Definitely	% Yes, Somewhat	% No
Recognizing and addressing cultural differences important to the provision of care	61.8	33.9	4.3	58.5	32.7	8.8
Demonstrating caring and respect to patients and families <sup>^</sup>	81.4	13.0	5.6	79.5	8.2	12.3
Maintaining an awareness of the political factors influencing the nursing profession	35.4	53.1	11.5	34.7	56.9	8.3
Balancing human, fiscal and material resources	36.1	48.0	15.9	32.0	55.8	12.2
Using traditional and developing methods of discovering, retrieving and managing information in nursing practice	50.0	43.0	7.0	52.8	36.8	10.4
Making a commitment to professional career development <sup>^</sup>	61.2	29.3	9.5	71.4	18.4	10.2

<sup>^</sup>ADN/BSN significantly different, chi-squ, p<.05



communicate with other health care team members about client needs (RNs – 32%; LPN/VNs – 41%); however 14% of the RNs and 29% of the LPN/VNs reported the use of nursing diagnoses in their care settings to determine the necessary level of care, and 6% of the RNs and 14% of the LPN/VNs reported their use in charging for services provided. See Figure 6 for all listed uses of nursing diagnoses.

RN respondents were more likely to report the use of standardized (prewritten standards or plans of care within their care settings (RNs – 69%; LPN/VNs – 52%), while the LPN/VNs reported an almost even split between the use of individually written care plans (LPN/VNs – 56%; RNs – 36%) and the use of standardized (prewritten) standards or plans of care in their practice settings.

## RN Educational Preparation for Selected Competencies

Six areas of competency were listed on the survey and RN respondents were asked to answer two questions about each:

1. How adequate was their education in that area of competency using the “Yes, Definitely,” “Yes, Somewhat” and “No” scale?
2. How important was the area of competency in their current nursing positions on a scale of 1-5, with 1 indicating the highest importance and 5 indicating the least? Responses were averaged separately for the baccalaureate degree and associate degree respondents and compared.

The baccalaureate degree and associate degree graduates provided

**Table 11. Perceived Importance of Selected Competencies in Practice Settings~**

Area of Competence	ADN	BSN
Recognizing and addressing cultural differences important to the provision of care	2.15	2.10
Demonstrating caring and respect to patients and families	1.29	1.35
Maintaining an awareness of the political factors influencing the nursing profession	2.48	2.51
Balancing human, fiscal and material resources	2.23	2.28
Using traditional and developing methods of discovering, retrieving and managing information in nursing practice	1.96	2.09
Making a commitment to professional career development	1.75	1.81

the greatest percentages of “Yes, Definitely” responses for the competency “Demonstrating caring and respect to patients and families” (ADN – 81.4%; BSN – 79.5%); however the BSN respondents provided significantly more “No” responses to that question (ADN – 5.6% “No”; BSN – 12.3% “No”;  $X^2_{(2)} = 6.75$ ,  $p < .03$ ). Both ADN and BSN graduates reported the least satisfaction with their educational preparation (provided the least “Yes, Definitely” ratings) for “Maintaining an awareness of the political factors influencing the nursing profession” (ADN – 35.4%; BSN 34.7%) and “Balancing human, fiscal and material resources” (ADN – 36.1%; BSN – 32%). The BSN graduates provided significantly higher numbers of “Yes, Definitely” responses for the item “Making a commitment to professional career development” (ADN – 61.2%; BSN – 71.4%,  $X^2_{(2)} = 4.6$ ,  $p < .03$ ). See Table 10 for ADN and BSN responses, i.e., the adequacy of their educational preparation for selected competencies.

The respondents provided the highest importance ratings for

*~Importance measured on a scale of 1-5 with 1 indicating the most importance and 5 the least.*

“Demonstrating caring and respect to patients and families” (ADN – 1.29; BSN – 1.35) and the lowest for “Maintaining an awareness of the political factors influencing the nursing profession” (ADN – 2.48; BSN – 2.51). See Table 11 for the importance ratings given to the six selected competencies.

## Characteristics of a Typical Work Day

### Hours, Clients and Nursing Associates

Respondents reported working an average of about 10 hours (RN – 10.8; LPN/VN – 9.59) in a typical day. The RNs were responsible for an average of 9.7 clients (median 6) overall, an average of 6.4 in acute care settings, 43.7 in long-term care and 16.5 in community settings. The LPN/VNs were responsible for an overall average of 21.4 clients (median 18), an average of 8 in acute care settings, 32 in long-term care, and 41 in community settings. No correlations were found between the numbers of months these new nurses had worked and the numbers of clients for whom they were responsible. See Table 12 for the average numbers of clients in various settings.

The RN survey respondents were asked if LPN/VNs were assigned to provide care to clients for whom they had responsibility, and both RNs and LPN/VNs were asked if nursing assistants provided care to their clients. Twenty percent of the RN respondents reported working with LPN/VNs, and about 65% of both the RNs and LPN/VNs reported working with assistive personnel.

### Activities Performed

The respondents were also asked to record the numbers of hours spent performing specific categories of activities. The hours spent were then converted to proportions of total time by dividing the number of hours spent on each activity by the hours spent working. Because nurses often perform more than one type of activity at a time, such as teaching while giving medications or providing emotional support while giving routine care, the proportions were not expected to sum to 100. The RNs reported spending the greatest amount of time in assessment/evaluation activities (27.96%) and working within the health care team (22.85%) and the least amount on community health activities (1.91%). The LPN/VNs reported spending the greatest amount of their time in medication-related activities (25.09%) and working within the health care team (24.05%). They also reported spending a significant amount of time in assessment/evaluation activities (22.45%). The LPN/VNs also spent the least proportion of their time on community health activities (3.93%). See Table 13 for the average numbers of hours and proportion of work day spent in each type of activity.

### Qualitative Analysis of Narrative Statements

The following questions were included in the RN and LPN/VN Winter 2002 Practice and Professional Issues Surveys.

#### RN

Please describe below the general characteristics of your *most recent*

**Table 12. Numbers of Clients**

	RN		LPN/VN	
	n	Clients	n	Clients
All Settings Average	406	9.7	403	21.4
All Settings Median	406	6	403	18
Acute Care Average	366	6.4	158	8
LTC Average	30	43.7	176	32
Community Setting Average	25	16.5	70	41

**Table 13. Hours/Proportion of Time Spent on Classifications of Activities**

		RN Ave Hours	RN Ave Proportion	LPN/VN Ave Hours	LPN/VN Ave Proportion
Medication-Related Activities	Perform activities necessary for safe medication administration (check for incompatibilities, give medications by appropriate routes, check for side effects and/or desired effects, etc.)	1.77	16.4	2.38	25.09
Psychological Needs Activities	Perform activities related to the psychological needs of clients (assess for client and family psychological needs; provide support and interventions to assist with coping; and maintenance or improvement of psychological functioning; etc.)	1.72	16.1	1.79	18.65
Assessment/Evaluation Activities	Perform activities related to assessment and/or evaluation of patients (assess physical status, evaluate lab results, monitor treatment effects, etc.)	3.06	27.96	2.13	22.45
Routine Care/Procedure Activities	Perform routine patient care activities (provide routine cares such as baths, VSs, ambulation, etc.; perform procedures such as wound care, placing urinary catheters, starting IVs, etc.)	2.28	20.62	1.85	19.02
Care Environment Activities	Perform activities related to the care environment (assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, etc.)	0.94	8.78	1.04	10.91
Education Activities	Provide educational support to clients and families (assess level of knowledge, teach about condition and interventions, provide information about caring for others, etc.)	1.41	13.27	1.17	12.51
Health Care Team Activities	Work effectively within a health care team (supervise or guide care provided to clients by other staff; communicate with physician, dietician, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members; etc.)	2.41	22.85	2.3	24.05
Community Health Activities	Perform activities related to the health of the community (participate in community health promotion activities such as blood pressure testing or group screenings; assess community health needs; etc.)	0.18	1.91	0.34	3.93
Ethical/Legal	Perform activities related to the ethical or legal aspects of care (enquire about clients' advance directives; provide for client privacy, act as a client advocate, etc.)	1.17	11.07	1.38	14.39

**typical work day.** What general types of care did you provide to what types of clients or patients? What proportion of your day did you spend in various activities such as direct care, documentation, supervision of others, or non-nursing activities? If you worked with LPN/VNs and/or nursing assistants or assistive personnel, what types of care did they provide to the clients or patients for whom you were responsible? How were assignments made? How did you communicate with those working with you and others on the health care team? What activities took up most of your time, etc.?

#### LPN/VN

Please describe below the general characteristics of your **most recent typical work day.** What general types of care did you provide to what types of clients or patients? What proportion of your day did you spend in various activities such as direct care, documentation, supervision of others, or non-nursing activities? If you worked with nursing assistants or assistive personnel, what types of care did they provide to your assigned clients or patients? How were assignments made? How did you communicate with those working with you and others on the health care team? What activities took up most of your time, etc.?

Approximately 300 each RNs and LPN/VNs wrote the requested narratives. A preliminary analysis of those narratives has been completed. What was written supported quantitative data collected in other parts of the survey on the numbers and types of clients for whom care was provided and the proportions of time spent on different categories of

activities. The strength of these narratives, however, was the overview they provided of the daily lives of RNs and LPN/VNs working all over the country in all types of practice settings.

These new/novice nurses wrote narratives that were task-focused. They either wrote narratives describing the tasks completed within their workdays or they gave chronologic or bullet-pointed lists of activities completed within a typical day of nursing. It was apparent that these nurses performed many different types of nursing. Many of the RNs worked in critical care type areas: ICUs, CCUs, Emergency Departments, NICUs, etc. They also worked in medical and medical/surgical units (or subspecialties of same) and long-term care facilities. Others reported work in clinics, schools, prisons, offices, etc. The LPN/VNs worked more frequently in long-term care, but they also reported work in medical and medical/surgical units in acute care, in offices, clinics, prisons, community settings, etc. Overall these nurses reported dividing their time between direct client care (including treatments and procedures), documentation, medication administration, assessments/evaluations, and, where applicable, the supervision of nursing assistants. Teaching and providing emotional support were mentioned, but with less frequency.

The RNs and LPN/VNs reported doing very similar types of practice within similar settings. The narratives of RNs in critical care units differed most markedly from LPN/VN narratives. RNs in critical care settings reported caring for critically ill individuals with complex monitoring devices, numerous diagnostic

tests, and titrated drug doses. No LPN/VN respondent reported care rising to that level of complexity. However, narratives of both RNs and LPN/VNs working in somewhat less intense settings (including a few emergency departments) often described performance of very similar care activities.

Most state practice acts grant the RN a full scope of nursing practice and give the LPN/VN a “directed role” that limits the LPN/VN in several major aspects of care. Generally the LPN/VN “collects data” that contributes to client assessment and care planning, reinforces client education, and practices under the direction of an RN or other licensed care provider. These narratives contained phrases that demonstrated some possible deviance from this intended relationship. For example, RN respondents wrote:

- “LPN/VNs have their own patients, as RNs we assist them in duties they are not allowed to do, e.g., IV push, administer narcotics, initiate IVs, etc.”
- “LPNs do the same as I do.”
- “When I work with LPNs, I may give an IV push med or 2. They do direct, total care at this hospital.”
- “I work in a ped office... LPNs and MAs work with us, but they do the same thing we do. The only care they do not provide is phone triage.”

The LPN/VN narratives included statements about the equivalence of RN and LPN roles. The following are examples of these statements:

- “RNs/LPNs assigned pts. equally.”
- “I currently work on a step down unit; the nurse pt ratio is 1:4. The LPN’s on our unit work independently. I have my IV cert. I enlist

an RN for hanging critical drips, I am responsible for monitoring these drips.”

- “You do everything an RN does except hang blood or do IV pushes. Half of the floor are RNs and the other half LPNs.”

In some instances the LPN/VNs reported that they were not allowed by training/practice act/facility mandate to perform assessments (admission assessments or daily assessments) or administration of IV medications; however, a large number of LPN/VNs reported performing both of these activities.

The nurses were also asked for types of care provided to their clients by assistive personnel. The most commonly stated activities included activities of daily living, baths, ambulation, linen changes, am or pm cares, performing blood glucose tests, doing EKGs and blood draws. Although less frequently, assistive personnel were also placing catheters, performing bladder scans, giving medications, monitoring dialysis treatments, performing some dressing changes, and monitoring groin incisions post heart catheterization. One nurse reported that mental health aides were leading client group sessions. Thus, this preliminary analysis identified two themes: RN and LPN/VN scope of practice and delegation.

## Summary

About half of the RN and a fourth of the LPN/VN respondents to this survey reported providing care to pediatric clients. The settings in which care was provided to pediatric clients were different for the RNs and LPN/VNs. The survey

respondents reported performing a variety of mathematical calculations with more RNs than LPN/VNs using calculators to perform those calculations. Most of these respondents also reported using nursing diagnoses within their work settings, usually to record clients' progress over time. The RN respondents varied in their perceptions of their educational preparation for selected competencies, expressing low percentages of positive ratings for competencies

relating to political awareness and the use of resources. Exploration of these new nurses' typical work days demonstrated no correlations between the numbers of months of employment by the nurse and the numbers of clients to whom the nurse was assigned. Qualitative analysis of narratives written about the typical work day also revealed themes relating to RN and LPN/VN scopes of practice and delegation to assistive personnel.

# Conclusions

Newly licensed RNs continued a trend of increased employment in critical care settings.

RNs and LPN/VNs in entry-level practice performed a variety of mathematical calculations when giving medications. They were more likely to use a calculator to perform those calculations than to perform them in their heads.

About half the respondent RNs and a quarter of the respondent LPN/VNs reported care of pediatric clients. RNs were more likely to report providing that care in acute care settings for more acutely ill infants, children or adolescents. LPN/VNs were more likely to report providing the care in outpatient settings and for pediatric patients with minor injuries or illnesses.

Most of these new nurses reported the use of nursing diagnoses in their work settings. The RNs were more likely to report the use of preselected diagnoses in prewritten standards or care plans than were the LPN/VNs. Accordingly the LPN/VNs were more likely to report that care plans were individually written within their care settings than were the RNs.

Both ADN and BSN graduates felt approximately equally prepared for selected competencies. The BSN graduates were more likely to say they were not well prepared in the area of providing caring and respect and ADN graduates were less likely to agree that they were definitely prepared for a commitment to professional development.

Overall these new nurses were being made responsible for the same numbers of clients regardless of their time in the practice setting. Those employed one month were as likely to be given an average of 10 patients for RNs or 21 patients for LPN/VNs as those employed for six or more months.

Outside of the critical care setting RNs and LPN/VNs were often being used to fill very similar roles.

Assistive personnel were, at times, being relied upon as the “eyes and ears” of nurses too busy to adequately assess client status.

## References

- Hertz, J. E., Yocom, C. J., & Gawel, S. H. (2000). *1999 Practice Analysis of Newly Licensed Registered Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.
- Smith, J. E., Crawford, L. H., & Gawel, S. H. (2001). *2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.
- Smith, J. E. & Crawford, L. H. (2002). *Report of Findings from the 2001 Practice and Professional Issues Survey, Spring 2001*, NCSBN Research Brief, (2). Chicago: National Council of State Boards of Nursing.

# Appendix A: Survey Tool

## NEWLY LICENSED NURSE PRACTICE AND PROFESSIONAL ISSUES

Registered Nurse  
December 2001

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.

### SECTION ONE: Professional Employment

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

(Select all that apply)

- 1 LPN/VN  
 2 RN

2. Are you currently employed in nursing?

- 1 Yes; → skip to Question #4  
 2 No; → continue with Question #3, Then skip to Section Five

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)

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

3. 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)

- 1 The stressful nature of the work  
 2 Nursing salaries  
 3 Shift work  
 4 Working on holidays  
 5 Changes in your career goals  
 6 Other, please specify: \_\_\_\_\_

4. How many months have you been employed as a **licensed** nurse 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

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

\_\_\_\_\_ Hours of overtime worked per week, on average

5. 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)
- 1 Newborns (less than 1 month)
  - 2 Infants/children (1 month-12 years)
  - 3 Adolescents (ages 13-18)
  - 4 Young Adults (ages 19-30)
  - 5 Adults (ages 31-64)
  - 6 Adults (ages 65-85)
  - 7 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)
- 1 Well clients, possibly with minor illnesses
  - 2 OB (Maternity) clients
  - 3 Clients with stabilized chronic conditions
  - 4 Clients with unstabilized chronic conditions
  - 5 Clients with acute conditions, including clients with medical, surgical or critical conditions
  - 6 Clients at end of life (e.g., terminally ill, seriously ill, etc.)
  - 7 Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
  - 8 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)
- 1 Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
  - 2 Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology, etc.)
  - 3 Pediatrics or nursery
  - 4 Labor and delivery
  - 5 Postpartum unit
  - 6 Psychiatry or any of its sub-specialties (e.g., detox, etc.)
  - 7 Operating room, including outpatient surgery and surgicenters
  - 8 Nursing home, skilled or intermediate care
  - 9 Other long term care (e.g., residential care, developmental disability/mental retardation care, etc.)
  - 10 Rehabilitation
  - 11 Subacute unit
  - 12 Transitional care unit
  - 13 Physician's/dentist's office
  - 14 Occupational health
  - 15 Outpatient clinic
  - 16 Home health, including visiting nurses associations
  - 17 Public health
  - 18 Student/school health
  - 19 Hospice care
  - 20 Prison
  - 21 Other, please specify: \_\_\_\_\_
9. Which of the following **best** describes the type of facility/organization in which you work **best** of the time?  
(Select ONE answer)
- 1 Hospital
  - 2 Long term care facility
  - 3 Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
  - 4 Other, please specify \_\_\_\_\_

10. Which of the following **best** describes the location of your employment setting?

(Select **ONE** answer)

- 1 Urban/Metropolitan area  
 2 Suburban area  
 3 Rural area

**SECTION TWO:** Description of selected activities

1. A. Do you provide care to **pediatric clients** (aged newborn to 18)?

- 1 Yes  
 2 No; → skip to Question #2

1. B. If **YES**, in which of the following **settings** do you provide that care?

(Select **ALL** that apply)

- 1 Pediatric Department of acute care hospital or medical center  
 2 Critical Care Unit (all ages)  
 3 Neonatal Critical Care Unit (NICU)  
 4 Emergency Department  
 5 Maternity or Obstetrics Department (including the nursery) of acute care hospital or medical center  
 6 Inpatient Surgery Department  
 7 Outpatient setting (includes physician or dental office, outpatient surgery department, clinic, etc.)  
 8 In the patient or client's home setting  
 9 School setting  
 10 Nursing home or long term care  
 11 Other, please specify \_\_\_\_\_

1. C. Which of the following best describe the **types** of the pediatric patients for whom you provide care?

(Select **ALL** that apply)

- 1 Healthy newborns  
 2 Newborns with health problems (including pre-maturity)  
 3 Well infants, children, or adolescents getting routine check-ups  
 4 Infants, children or adolescents with minor injuries or illness  
 5 Acutely ill infants, children, or adolescents  
 6 Infants, children or adolescents with chronic physical conditions  
 7 Infants, children or adolescents with chronic emotional or behavioral conditions (i.e., psychiatric illnesses, mental retardation, etc)  
 8 Other, please specify \_\_\_\_\_

2. How often did you perform the following mathematical calculations on your last day of work? Check the "NA" column if the calculation is never performed in your work setting, the "0" column if you did not perform the calculation on your last day of work, the "1" column if you performed it once, the "2" column if you performed that type of calculation twice, and so on for the "3" and "4" columns. Mark the "5+" column if you performed that type of calculation 5 or more times.

	Mathematical Calculation	Times Performed on Last Day of Work						
		NA	0	1	2	3	4	5+
1	Calculate IV drip rate (drops per minute)							
2	Calculate IV rate in cc's or ml per hour							
3	Calculate the number of cc's or ml of liquid for a dose of medication							
4	Calculate the number of capsules or tablets for an oral dosage							
5	Calculate a dosage based on weight (gm/kg; cc or ml/kg, etc.)							
6	Convert doses to household measures (ml to teaspoons; ml to ounces, etc.)							
7	Convert grains to mg. or mg. to grains							
8	Dose titration							
9	Other, please specify							
10	Other, please specify							

3. When you perform mathematical calculations, what method(s) do you use?

(Choose all that apply.)

- 1 Calculate in head  
 2 Use paper & pencil  
 3 Use a calculator  
 4 Other, please specify: \_\_\_\_\_

4. In which of the following ways do you use **nursing diagnoses** in your work setting(s)?

(Select ALL that apply)

- 1 Lists of nursing diagnoses are written to guide the care given to each client  
 2 Pre-written standards of care/care plans/care maps/clinical pathways include pre-selected nursing diagnoses  
 3 Numbers and/or types of nursing diagnoses are used to determine the necessary level of care  
 4 Numbers and/or types of nursing diagnoses are used to charge for services provided  
 5 Nursing diagnoses are used to communicate with other health care team members about client needs  
 6 Nursing diagnoses are used to record client/patients' progress over time  
 7 Nursing diagnoses are used in making client/patient assignments  
 8 Other, please specify \_\_\_\_\_  
 9 Nursing diagnoses are not used in my work setting(s)

5. How is care planning typically performed in your primary work setting?

(Select ALL that apply)

- 1 Each care plan is individually written  
 2 Standardized (pre-written) standards of care, care maps, clinical pathways, or care plans are used to guide care  
 3 Other, please specify \_\_\_\_\_

**SECTION THREE: Description of your most recent typical work day.** \_\_\_\_\_

1. How many hours did you work on your **most recent typical work day**?

\_\_\_\_\_ Number of hours worked

2. At what time of day did you start work on your **most recent typical work day**?

\_\_\_\_\_ Time started work

3. For how many patients/clients were you responsible on your **most recent typical work day**? This includes clients or patients to whom you were assigned to provided direct care, indirect care (provided through others such as licensed practical nurses or nursing assistants), or any performance of tasks or other responsibility for care during all or any part of your time in the work setting.

\_\_\_\_\_ Number of patients/clients for whom you were responsible or provided some type of care

4. On your **most recent typical work day** did any licensed practical/vocational nurses (LPNs or LVNs) provide care to the clients/patients for whom you had responsibility?

- 1 Yes \_\_\_\_\_ ► How many LPN/LVNs  
 2 No

5. On your **most recent typical work day** did any nursing assistants (NAs) or other assistive personnel provide care to the clients/patients for whom you had responsibility?

- 1 Yes \_\_\_\_\_ ► How many NAs or assistive personnel \_\_\_\_\_  
 2 No

6. Please describe below the general characteristics of your **most recent typical work day**. What general types of care did you provide to what types of clients or patients? What proportion of your day did you spend in various activities such as direct care, documentation, supervision of others, or non-nursing activities? If you worked with LPN/LVNs and/or nursing assistants or assistive personnel, what types of care did they provide to the clients or patients for whom you were responsible. How were assignments made? How did you communicate with those working with you and others on the health care team. What activities took up most of your time, etc.

7. Which of the following sets of activities did you personally perform on your **most recent typical work day**? For each of the sets of activities please mark "yes" if you performed that type of activity (but not, necessarily, all of the listed activities), "no" if you did not perform that type of activity on your last day of work, and "NA" if that type of activity is never performed in your work setting. Then please rate the approximate amount of time you spent on that type of activity on your last typical day of work using the following scale:

- <1 = less than 1 hour
- 1 = approximately 1 hour
- 2 = approximately 2 hours (more than 1 ½ and less than 2 ½ hours)
- 3 = approximately 3 hours (more than 2 ½ and less than 3 ½ hours)
- 4 = approximately 4 hours (more than 3 ½ and less than 4 ½ hours)
- 5 = approximately 5 hours (more than 4 ½ and less than 5 ½ hours)
- 6 = approximately 6 hours (more than 5 ½ and less than 6 ½ hours)
- 7 = greater than 6 ½ hours

	Sets of Activities	Set of Activities Performed?			Approximate Amount of Time Spent on Set of Activities								
		Yes	No	NA	<1	1	2	3	4	5	6	7	
1	Perform activities necessary for safe medication administration (check for incompatibilities, give medications by appropriate routes, check for side effects and/or desired effects, etc.)												
2	Perform activities related to the psychological needs of clients (assess for client and family psychological needs; provide support and interventions to assist with coping, and maintenance or improvement of psychological functioning; etc.)												
3	Perform activities related to assessment and/or evaluation of patients (assess physical status, evaluate lab results, monitor treatment effects, etc.)												
4	Perform routine patient care activities (provide routine cares such as baths, VSs, ambulation, etc.; perform procedures such as wound care, placing urinary catheters, starting IVs, etc.)												
5	Perform activities related to the care environment (assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, etc.)												
6	Provide educational support to clients and families (assess level of knowledge, teach about condition and interventions, provide information about caring for others, etc.)												
7	Work effectively within a health care team (supervise or guide care provided to clients by other staff; communicate with physician, dietician, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members, etc.)												
8	Perform activities related to the health of the community (participate in community health promotion activities such as blood pressure testing, or group screenings; assess community health needs; etc.)												
9	Perform activities related to the ethical or legal aspects of care (enquire about clients' advanced directives; provide for client privacy, act as a client advocate, etc.)												
10	Other activities not covered by above – write in below												
11													
12													

**SECTION FOUR: Educational Preparation**

Several areas of nursing competence are listed in the following table. For each area of competence please provide two ratings. First report on the adequacy of your nursing education in that area of competence using the following scale:

1 = Yes, my educational program adequately covered this area of competence

2 = Yes, my educational program somewhat covered this area of competence

3 = No, my educational program did not cover this area of competence

Next, please indicate how important each of the areas of competence are to you in your current nursing position (i.e., how often you need the competence in the provision of care and/or in pursuing your own nursing career) using a scale of 1-5 with 1 equaling very important and 5 equaling very little importance.

	Area of Competence	Rating of Education			Very Important-----Little Importance					
		1	2	3	1	2	3	4	5	
1	Recognizing and addressing cultural differences important to the provision of care									
2	Demonstrating caring and respect to patients and their families									
3	Maintaining an awareness of the political factors influencing the nursing profession									
4	Balancing human, fiscal, and material resources									
5	Using traditional and developing methods of discovering, retrieving, and managing information in nursing practice									
6	Making a commitment to professional career development									

**SECTION FIVE: Demographic Data**

1. Gender:

1 Male

2 Female

2. Age in years \_\_\_\_\_ **YEARS**

3. Select below the answer **most descriptive** of your racial/ethnic background

**(Select ONE answer)**

1 American Indian/Alaska Native

2 Asian (e.g., Filipino, Japanese, Chinese, etc.)

3 Black/African American

4 White Hispanic or Latino

5 Non-white Hispanic or Latino

6 Native Hawaiian/Other Pacific Islander

7 White

8 Multi-ethnic or racial background

4. Is English the first language you learned to speak?

1 Yes

2 No

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

1 Yes

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

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

\_\_\_\_\_ Years as nursing assistant/aide

6. A. Did you work as a LPN/VN prior to becoming a RN?

- 1 Yes  
 2 No-----Skip to Question #7

6.B. If **YES**, for how many years did you work as a LPN/VN?

\_\_\_\_\_ Years as LPN/VN

7. 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

### Licensed Practical/Vocational Nurse December 2001

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.

#### SECTION ONE: Professional Employment

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

(Select all that apply)

- 1 LPN/VN
- 2 RN

2. Are you currently employed in nursing?

- 1 Yes; → skip to Question #4
- 2 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)

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

3. 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)

- 1 The stressful nature of the work
- 2 Nursing salaries
- 3 Shift work
- 4 Working on holidays
- 5 Changes in your career goals
- 6 Other, please specify: \_\_\_\_\_

4. How many months have you been employed as a **licensed** nurse 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

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

\_\_\_\_\_ Hours of overtime worked per week, on average

5. 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)**

- 1 Newborns (less than 1 month)
- 2 Infants/children (1 month-12 years)
- 3 Adolescents (ages 13-18)
- 4 Young Adults (ages 19-30)
- 5 Adults (ages 31-64)
- 6 Adults (ages 65-85)
- 7 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)**

- 1 Well clients, possibly with minor illnesses
- 2 OB (Maternity) clients
- 3 Clients with stabilized chronic conditions
- 4 Clients with unstabilized chronic conditions
- 5 Clients with acute conditions, including clients with medical, surgical or critical conditions
- 6 Clients at end of life (e.g., terminally ill, seriously ill, etc.)
- 7 Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
- 8 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)**

- 1 Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
- 2 Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology, etc.)
- 3 Pediatrics or nursery
- 4 Labor and delivery
- 5 Postpartum unit
- 6 Psychiatry or any of its sub-specialties (e.g., detox, etc.)
- 7 Operating room, including outpatient surgery and surgicenters
- 8 Nursing home, skilled or intermediate care
- 9 Other long term care (e.g., residential care, developmental disability/mental retardation care, etc.)
- 10 Rehabilitation
- 11 Subacute unit
- 12 Transitional care unit
- 13 Physician's/dentist's office
- 14 Occupational health
- 15 Outpatient clinic
- 16 Home health, including visiting nurses associations
- 17 Public health
- 18 Student/school health
- 19 Hospice care
- 20 Prison
- 21 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)**

- 1 Hospital
- 2 Long term care facility
- 3 Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
- 4 Other, please specify \_\_\_\_\_

10. Which of the following **best** describes the location of your employment setting?

(Select ONE answer)

- 1 Urban/Metropolitan area
- 2 Suburban area
- 3 Rural area

**SECTION TWO:** Description of selected activities

1. A. Do you provide care to **pediatric clients** (aged newborn to 18)?

- 1 Yes
- 2 No; → skip to Question #2

1. B. If **YES**, in which of the following **settings** do you provide that care?

(Select ALL that apply)

- 1 Pediatric Department of acute care hospital or medical center
- 2 Critical Care Unit (all ages)
- 3 Neonatal Critical Care Unit (NICU)
- 4 Emergency Department
- 5 Maternity or Obstetrics Department (including the nursery) of acute care hospital or medical center
- 6 Inpatient Surgery Department
- 7 Outpatient setting (includes physician or dental office, outpatient surgery department, clinic, etc.)
- 8 In the patient or client's home setting
- 9 School setting
- 10 Nursing home or long term care
- 11 Other, please specify \_\_\_\_\_

1. C. Which of the following best describe the **types** of the pediatric patients for whom you provide care?

(Select ALL that apply)

- 1 Healthy newborns
- 2 Newborns with health problems (including pre-maturity)
- 3 Well infants, children, or adolescents getting routine check-ups
- 4 Infants, children or adolescents with minor injuries or illness
- 5 Acutely ill infants, children, or adolescents
- 6 Infants, children or adolescents with chronic physical conditions
- 7 Infants, children or adolescents with chronic emotional or behavioral conditions (i.e., psychiatric illnesses, mental retardation, etc)
- 8 Other, please specify \_\_\_\_\_

2. How often did you perform the following mathematical calculations on your last day of work? Check the "NA" column if the calculation is never performed in your work setting, the "0" column if you did not perform the calculation on your last day of work, the "1" column if you performed it once, the "2" column if you performed that type of calculation twice, and so on for the "3" and "4" columns. Mark the "5+" column if you performed that type of calculation 5 or more times.

	Mathematical Calculation	Times Performed on Last Day of Work						
		NA	0	1	2	3	4	5+
1	Calculate IV drip rate (drops per minute)							
2	Calculate IV rate in cc's or ml per hour							
3	Calculate the number of cc's or ml of liquid for a dose of medication							
4	Calculate the number of capsules or tablets for an oral dosage							
5	Calculate a dosage based on weight (gm/kg; cc or ml/kg, etc.)							
6	Convert doses to household measures (ml to teaspoons; ml to ounces, etc.)							
7	Convert grains to mg. or mg. to grains							
8	Dose titration							
9	Other, please specify							
10	Other, please specify							

3. When you perform mathematical calculations, what method(s) do you use?

**(Choose all that apply.)**

- 1 Calculate in head
- 2 Use paper & pencil
- 3 Use a calculator
- 4 Other, please specify: \_\_\_\_\_

4. In which of the following ways do you use **nursing diagnoses** in your work setting(s)?

**(Select ALL that apply)**

- 1 Lists of nursing diagnoses are written to guide the care given to each client
- 2 Pre-written standards of care/care plans/care maps/clinical pathways include pre-selected nursing diagnoses
- 3 Numbers and/or types of nursing diagnoses are used to determine the necessary level of care
- 4 Numbers and/or types of nursing diagnoses are used to charge for services provided
- 5 Nursing diagnoses are used to communicate with other health care team members about client needs
- 6 Nursing diagnoses are used to record client/patients' progress over time
- 7 Nursing diagnoses are used in making client/patient assignments
- 8 Other, please specify \_\_\_\_\_
- 9 Nursing diagnoses are not used in my work setting(s)

5. How is care planning typically performed in your primary work setting?

**(Select ALL that apply)**

- 1 Each care plan is individually written
- 2 Standardized (pre-written) standards of care, care maps, clinical pathways, or care plans are used to guide care
- 3 Other, please specify \_\_\_\_\_

**SECTION THREE: Description of your most recent typical work day.**

1. How many hours did you work on your **most recent typical work day**?

\_\_\_\_\_ Number of hours worked

2. At what time of day did you start work on your **most recent typical work day**?

\_\_\_\_\_ Time started work

3. For how many patients/clients were you responsible on your **most recent typical work day**? This includes clients or patients to whom you were assigned to provided direct care, indirect care (provided through others such as nursing assistants), or any performance of tasks or other responsibility for care during all or any part of your time in the work setting.

\_\_\_\_\_ Number of patients/clients for whom you were responsible or provided some type of care

4. On your **most recent typical work day** did any nursing assistants (NAs) or other assistive personnel provide care to the clients/patients for whom you had responsibility?

- 1 Yes \_\_\_\_\_ → How many NAs or assistive personnel \_\_\_\_\_
- 2 No

5. Please describe below the general characteristics of your **most recent typical work day**. What general types of care did you provide to what types of clients or patients? What proportion of your day did you spend in various activities such as direct care, documentation, supervision of others, or non-nursing activities? If you worked with nursing assistants or assistive personnel, what types of care did they provide to your assigned clients or patients. How were assignments made? How did you communicate with those working with you and others on the health care team? What activities took up most of your time, etc.?

6. Which of the following sets of activities did you personally perform on your **most recent typical work day**? For each of the sets of activities please mark "yes" if you performed that type of activity (but not, necessarily, all of the listed activities), "no" if you did not perform that type of activity on your last day of work, and "NA" if that type of activity is never performed in your work setting. Then please rate the approximate amount of time you spent on that type of activity on your last typical day of work using the following scale:

- <1 = less than 1 hour
- 1 = approximately 1 hour
- 2 = approximately 2 hours (more than 1 ½ and less than 2 ½ hours)
- 3 = approximately 3 hours (more than 2 ½ and less than 3 ½ hours)
- 4 = approximately 4 hours (more than 3 ½ and less than 4 ½ hours)
- 5 = approximately 5 hours (more than 4 ½ and less than 5 ½ hours)
- 6 = approximately 6 hours (more than 5 ½ and less than 6 ½ hours)
- 7 = greater than 6 ½ hours

	Sets of Activities	Set of Activities Performed?			Approximate Amount of Time Spent on Set of Activities								
		Yes	No	NA	<1	1	2	3	4	5	6	7	
1	Perform activities necessary for safe medication administration (check for incompatibilities, give medications by appropriate routes, check for side effects and/or desired effects, etc.)												
2	Perform activities related to the psychological needs of clients (assess for client and family psychological needs; provide support and interventions to assist with coping, and maintenance or improvement of psychological functioning; etc.)												
3	Perform activities related to assessment and/or evaluation of patients (assess physical status, evaluate lab results, monitor treatment effects, etc.)												
4	Perform routine patient care activities (provide routine cares such as baths, VSs, ambulation, etc.; perform procedures such as wound care, placing urinary catheters, starting IVs, etc.)												
5	Perform activities related to the care environment (assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, etc.)												
6	Provide educational support to clients and families (assess level of knowledge, teach about condition and interventions, provide information about caring for others, etc.)												
7	Work effectively within a health care team (supervise or guide care provided to clients by other staff; communicate with physician, dietician, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members, etc.)												
8	Perform activities related to the health of the community (participate in community health promotion activities such as blood pressure testing, or group screenings; assess community health needs; etc.)												
9	Perform activities related to the ethical or legal aspects of care (enquire about clients' advanced directives; provide for client privacy, act as a client advocate, etc.)												
10	Other activities not covered by above – write in below												
11													
12													

**SECTION FOUR: Demographic Data**

1. Gender:
  - 1 Male
  - 2 Female
  
2. Age in years \_\_\_\_\_ **YEARS**
  
3. Select below the answer **most descriptive** of your racial/ethnic background  
**(Select ONE answer)**
  - 1 American Indian/Alaska Native
  - 2 Asian (e.g., Filipino, Japanese, Chinese, etc.)
  - 3 Black/African American
  - 4 White Hispanic or Latino
  - 5 Non-white Hispanic or Latino
  - 6 Native Hawaiian/Other Pacific Islander
  - 7 White
  - 8 Multi-ethnic or racial background
  
4. Is English the first language you learned to speak?
  - 1 Yes
  - 2 No
  
- 5.A. Did you work as a nursing assistant/aide, etc. prior to becoming a licensed LPN?
  - 1 Yes
  - 2 No-----**Skip to Question #6**
  
- 5.B. If **YES**, for how many years did you work as a nursing assistant/aide?  
  
\_\_\_\_\_ Years as nursing assistant/aide
  
7. 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.**





# NCSBN **Research Services**

*National Council of State Boards of Nursing*

111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277  
312.525.3600  
312.279.1032 fax  
[www.ncsbn.org](http://www.ncsbn.org)

ISBN: 0-9720273-4-3  
052.03.01