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NCSBN Research Brief

Report of Findings from the
Practice and
Professional Issues
Survey

Spring 2002

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

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

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Mission Statement

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

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J.S., L.C.

Executive Summary

Background

Practice and Professional Issues Surveys are conducted twice a year by the National Council of State Boards of Nursing (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 selected issues surrounding that practice.

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 the work settings of newly licensed nurses, the types and ages of clients cared for, participation in various forms of distance education, the adequacy of their educational preparation for practice, the types and effectiveness of their transition to practice activities, their involvement in errors, and their perceived difficulty with client assignments.

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 January 1 and March 31, 2002. A return rate of 65.5% (of deliverable surveys) was achieved for the RNs and 62.3% (of

deliverable surveys) for the LPN/VNs. This sample size was calculated as adequate to provide proportional estimates at +/- 2% of the true rate.

Sample

Demographic Data

The majority (92% of the RNs and 93% of the LPN/VNs) of these new nurses were female. The age of respondents averaged 31 to 32 years. The associate degree graduate respondents averaged 33 years of age, and the baccalaureate degree graduates averaged 27.2 years of age.

Educational Backgrounds – RN

The basic nursing education programs reported by the newly licensed RNs were: associate degree (55%), baccalaureate degree (35%), diploma (2.9%) and education outside the United States (5.1%). Of the respondents to the current survey, 1.3% reported graduation from a master's program.

Past Experience

About 19% of the RNs reported previously working as an LPN/VN. Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides, and 58% of the RNs and 64% of the LPN/VNs reported such past work.

Length of Employment and Hours Worked

Most respondents, 97% of the RNs and 92% of the LPN/VNs, reported current employment in nursing. For RNs, family or personal situations (for 8 respondents) and for LPN/VNs,

returning to or remaining in school (for 21 respondents) were the most frequently cited reasons for remaining unemployed. For the remainder of the survey respondents, the RNs had been employed an average of about 6.8 months and LPN/VNs had been employed for an average of 6.4 months. The RNs worked an average of 35.6 regularly scheduled hours per week, and the LPN/VNs worked 34.6 hours. The LPN/VNs averaged 4.1 hours of overtime per week and the RNs averaged about 4.5 hours. Of these newly licensed nurses, only 14% of RNs and 12% of LPN/VNs reported working mandatory overtime. For those reporting working such hours, the RNs worked an average of 6.3 hours and the LPN/VNs worked an average of 9.9 hours.

Employing Facilities

Most (87%) newly licensed RNs were employed in hospitals. Six percent of the RNs reported working in long-term care and 5% reported employment in community-based or ambulatory care settings. The LPN/VNs were most frequently employed in hospitals (40%) and long-term care facilities (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 critical care (39.4%), medical/surgical (34.3%), nursing homes (6.4%), pediatrics (5.9%) and labor & delivery (5.7%). The five work settings most frequently reported by the newly licensed LPN/VNs were nursing home (38%), medical/surgical (25.3%), rehabilitation (9.1%),

critical care (8.4%) and other long-term care (8.0%).

Findings

Distance Education

Of the four methods of distance education included on the study (Internet-enhanced, full Internet, linked classrooms and correspondence courses), the most frequently reported method for both RNs and LPN/VNs was Internet-enhanced. About 15% of the RNs acquired an average of 26% of their didactic education through full Internet courses and 5% spent an average of 38% of their clinical time in full Internet courses. About 6% of the LPN/VNs spent an average of 36% of classroom time in full Internet courses and 4% spent an average of 41% of clinical time on the Internet.

Entry-Level Workplace Outcomes

Two outcomes were explored: involvement in errors and perceived difficulty with client assignments. About 49% of the RNs and 41% of the LPN/VNs reported that they had been involved in errors. Most (75% of RNs and 71% of LPN/VNs) reported involvement in medication errors. The RN and LPN/VN respondents provided similar reports of workplace factors contributing to errors in their settings. The most frequently cited factors were inadequate staffing (by 70% of RNs and 74% of LPN/VNs) and lack of adequate communication (by 44% of both RNs and LPN/VNs). The RNs selecting inadequate staffing as a factor reported significantly higher typical client assignments. RNs and LPN/VNs reporting specific types of communication issues, such as

difficulty reading or understanding physicians' orders, were more likely to have been involved in errors.

Respondents were asked to rate the difficulty of their first and current client assignments. About one-fifth of the respondents (RN and LPN/VN) reported that their current assignments were "too difficult."

Adequacy of RN and LPN/VN Education

Respondents rated the adequacy of the clinical and classroom components of their nursing education programs. They provided separate ratings for 11 clinical preparation issues (both RN and LPN/VN) and 10 (RN) or 9 (LPN/VN) classroom preparation issues. Graduates of associate degree programs provided significantly higher ratings for clinical preparation for 10 of the 11 issues, but associate degree and baccalaureate degree ratings were nearly equal for the classroom preparation issues.

The RNs, overall, felt best prepared to "administer medications by common routes" and to "provide direct care to two or more clients." Those items with the overall lowest numbers of positive responses included "provide direct care to six or more clients," "supervise care provided by others" and "know when and how to call a client's physician."

Those RNs providing positive ratings for their educational preparation for some tasks were less likely to be involved in errors and less likely to report difficulty with their first or current client assignments. Clinical preparation for "make decisions about client care based on assessment and diagnostic testing data," "perform psychomotor skills," "supervise care provided by others,"

"work effectively within a health care team," and classroom preparation for "understand pharmacological implications of medications," and "supervise care provided by others" were significantly related to involvement in errors.

Reported difficulty with current client assignments was significantly related to clinical preparation for "administer medications by common routes," "know when and how to call a client's physician," "document a legally defensible account of care provided," and "work effectively within a health care team," and for classroom preparation for "understand the pathophysiology underlying clients' conditions," "synthesize data from multiple sources in making decisions," "use information technology to enhance care provided to clients," "teach clients," and "appropriately utilize research findings in providing care."

The LPN/VN respondents were most positive about their educational preparation for "administer medications by common routes," "provide direct care to two or more clients," "understand the rationale for nursing actions" and "work effectively within a health care team." They provided the fewest positive ratings for "provide care to six or more clients," "guide care provided by others" and "meet clients' spiritual needs."

Five of the 11 LPN/VN clinical preparation variables were significantly related to involvement with errors including: "know when and how to call a client's physician," "guide care provided by others," "document care," "teach clients" and "work effectively within a health care team." All but two of the

classroom preparation variables were significantly related to errors. All of the classroom preparation variables and four of the clinical variables were significantly related to difficulty with current client assignments. Clinical preparation for “recognize changes in client’s conditions necessitating intervention,” “know when and how to call a client’s physician,” “document care” and “work within a team” were significantly related to difficulty with current assignments.

Transition to Practice

Sixty-eight percent of the RN and 35% of the LPN/VN respondents had experienced an internship/externship, mentorship or preceptorship type of transition to practice; and 30% of the RNs and 59% of the LPN/VNs had a routine post-hire orientation. Two percent of the RNs and 6% of the LPN/VNs had no orientation or transition activities.

Respondents who had experienced an internship/externship, mentorship or preceptorship provided higher ratings of adequacy of preparation than did those experiencing a routine orientation in the areas of psychomotor skills, clinical decision-making and teamwork. Provision of a consistent mentor was found to be a key element in successful transition to practice activities.

Miscellaneous Factors Relating to Errors

Various other factors were significantly related to new nurse involvement in errors. LPN/VNs who expressed less difficulty with their client assignments were less likely to have been involved with errors. English as a second language was not related to errors for RNs but it was related to LPN/VN errors (fewer non-English speakers made errors). RNs who had been prior nurse aides were more likely to report involvement with errors, but those who had been LPN/VNs were less likely to have an involvement with errors. RNs working greater numbers of overtime hours were more likely to be involved with errors, and LPN/VNs with larger client assignments were more likely to be involved. It was further found that younger RNs were more likely to be involved with errors.

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Background of Study

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

collect information from entry-level nurses on specific practice activities and current professional issues.

The findings from the Spring 2002 Practice and Professional Issues Survey are reported here in the seventh of a series of monographs called NCSBN Research Briefs. These briefs provide the means to quickly and widely disseminate NCSBN research findings.

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

Research Design and Methodology

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

Sample Selection and Data Collection Procedures

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN® or NCLEX-PN® examinations between January 1 and March 31, 2002. A four-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 last week in July 2002. One week later a postcard was sent to all participants, reiterating the importance of the study and urging participation. A second reminder postcard was sent to nonrespondents approximately one week after the first postcard. Two weeks later, a second survey was mailed to continued nonrespondents.

Return rates for both the RN and LPN/VN surveys were higher than expected considering the

length and complexity of the survey questionnaires. Of the 1,000 surveys sent to RNs, 34 were mailed to bad addresses, and 633 usable surveys were completed for a 65.5% return rate. Of the 1,000 surveys sent to LPN/VNs, 36 were sent to bad addresses and 601 usable forms were completed for a return rate of 62.3%.

This sample size was calculated as adequate to provide proportional estimates at +/- 2.0% 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 the types of distance education included in the nurses' education programs, entry-level nursing outcomes, the adequacy of educational preparation for practice, the types and effectiveness of transition to practice activities, and factors related to involvement with errors.

Both the RN and LPN/VN instruments contained four sections. 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 education of the nurse and the type of transition to practice activities in which they participated. The third section asked respondents about their involvement in errors,

and the size and difficulty of their client assignments. The fourth section 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 to 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 with 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 comparable to the populations from which the samples were drawn in terms of area of the country, subject ethnicity, subject gender and type of educational program.

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 January 1 and March 31, 2002. A 65.5% response rate was obtained for RNs and a 62.3% return rate was obtained for LPN/VNs. Study participants included 633 newly licensed RNs and 601 newly licensed LPN/VNs.

Survey Participants

Demographics, Educational/Experiential Backgrounds and Work Environments of Participants

Demographic information, including ethnic/racial 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

About 92% of the RNs and 93% of the LPN/VNs were female. These numbers demonstrated a slight increase over those found for RNs in the Spring 2001 PPI (Smith & Crawford, 2002) and the Winter 2002 PPI (Smith & Crawford, 2003), but were reflective of those found for LPN/VNs in both those studies (Smith & Crawford, 2002; Smith & Crawford, 2003). See Figure 1.

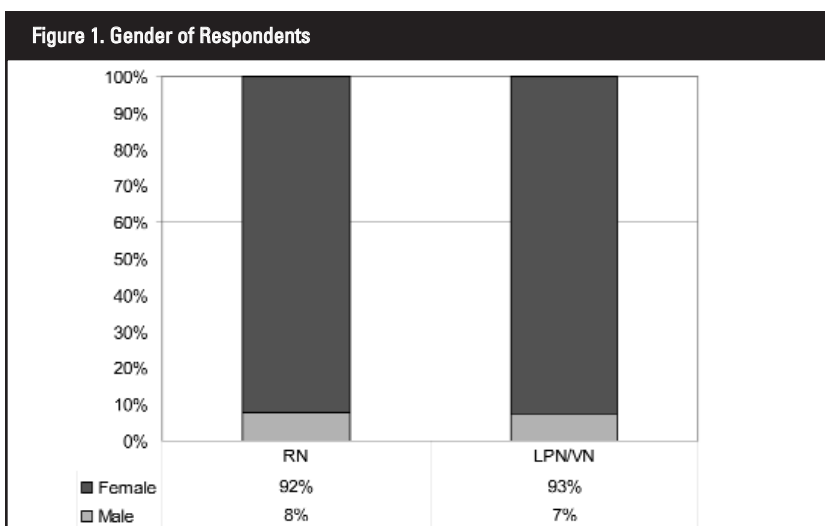
LPN/VNs averaged 32 years of age (SD 8.8), and the overall age of the RN respondents was 30.9 years

(SD 8.1). The 346 associate degree graduate respondents averaged 33 years of age (SD 8.6), and the 221 baccalaureate degree graduates averaged 27.2 years of age (SD 6.1). The average ages of the ADN and BSN graduates differed significantly ($t=8.8$, $df=565$, $p<.0001$). See Figure 2.

Figure 3 shows the ethnic/racial backgrounds of the respondents. While the majority of respondents to this survey were white (RN – 73% and LPN/VN – 65%), the numbers of Asian and Hispanic respondents were higher than those reported in 1999 (Hertz, Yocom & Gawel, 2000).

Educational Backgrounds

The basic nursing education programs reported by the newly licensed RNs reflected percentages of associate degree (55%) and baccalaureate



degree (35%) education comparable to those reported in the Spring 2001 (Smith & Crawford, 2002) and the Winter 2002 (Smith & Crawford, 2003) PPI Surveys. The percentage of diploma graduates (2.9%) decreased 1.7% from July of 2001 (Smith & Crawford, 2002). About 5% of the RN respondents to this survey were educated outside the U.S. compared to about 1.5% in previous PPI surveys (Smith & Crawford, 2002; Smith & Crawford, 2003). See Table 1.

Past Experience

The RN respondents were asked if they had worked as an LPN/VN prior to becoming an RN. About 19% reported working as an LPN/VN. Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides, and 58% of the RNs and 64% of the LPN/VNs reported such past work (see Figure 4).

Length of Employment and Hours Worked

About 97% of the RN and 92% of the LPN/VN respondents reported current employment in nursing. For RNs, family or personal situations most frequently prevented employment (for 8 respondents), and returning to or remaining in school was the most frequently cited reason (for 21 respondents) for non-employment by LPN/VNs. For the remainder of the survey respondents, the RNs had been employed an average of about 6.8 months (SD 2.2) and the LPN/VNs had been employed for an average of 6.4 months (SD 2.8). See Table 2.

The RNs worked an average of 35.6 (SD 7.1) regularly scheduled

Figure 2. Age of Respondents

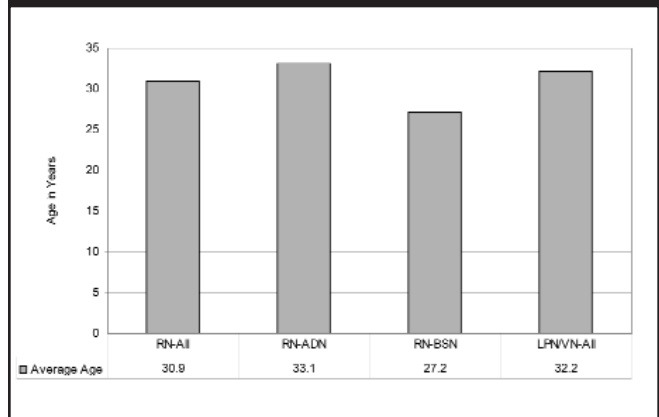


Figure 3. Ethnic/Racial Backgrounds of Respondents

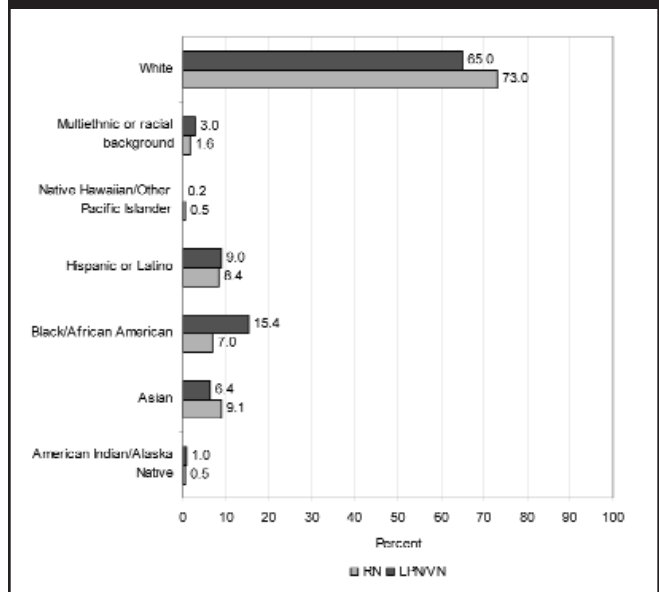


Table 1. Educational Preparation – RN

	Jul 2002 %	Jan 2001 %	Jul 2001 %
Diploma	2.9	1.4	4.2
Associate Degree	55.3	58.7	54.2
Baccalaureate Degree	35.2	37.7	37.5
RN – Generic Master's	1.3	0.2	1.0
RN – Generic Doctorate	0	0.2	1.3
Outside of U.S.	5.1	1.7	1.3

Table 2. Work Status of Respondents

	RN		LPN/VN	
	n	%	n	%
Currently working in nursing	6.7	96.8	542	91.6
No entry-level positions available in area	1		1	
Unable to find the type of nursing position desired	2		4	
Returning to or remaining in school	2		21	
Family or personal situation prevents employment	8		12	
Other	3		5	
Don't desire to work in nursing at this time	4		3	

Table 3. Overtime Worked

	RN		LPN/VN	
	Ave	SD	Ave	SD
Regular nonovertime hours worked in average week	35.6	7.1	34.6	9.9
OT hours worked in average week	4.6	4.9	4.1	4.7

Table 4. Employing Facilities

	RN		LPN/VN	
	%		%	
Hospital	87.4		40.3	
Long-term care facility	6.2		37.5	
Community-based or ambulatory care	4.9		16.8	
Other	1.5		5.2	

Table 5. Location of Employment Setting

	RN		LPN/VN	
	%		%	
Urban/metropolitan area	62.5		46.3	
Suburban area	26.8		30.3	
Rural area	10.7		23.4	

hours per week and the LPN/VNs worked 34.6 (SD 9.9) hours. The LPN/VNs reported working an average of 4.1 hours of overtime per week and the RNs averaged 4.6 hours (see Table 3).

Only 14% of these newly licensed RNs and 12% of the LPN/VNs reported working mandatory overtime. For those reporting working such hours, the RNs worked an average of 6.3 hours (SD 3.6) and the LPN/VNs worked an average of 9.9 hours (SD 6.4). See Figure 5.

Employing Facilities

The new RNs were employed primarily in hospitals (87%), with 6% reporting employment in long-term care facilities and 5% reporting employment in community or ambulatory care settings. The LPN/VN respondents were mostly employed in long-term care facilities (38%) and hospitals (40%), with 17% employed in community or ambulatory settings (see Table 4). These results were very similar to those found in previous PPI studies (Smith & Crawford, 2002; Smith & Crawford, 2003).

The RN respondents to this survey were more likely to be employed in urban/metropolitan areas (63%) compared to the LPN/VN survey respondents (46%). See Table 5 for locations of RN and LPN/VN work settings.

Work Settings

The RNs in this study continued a trend of employment in critical care settings (39%) and 34% reported working in medical/surgical units and 6% in nursing homes. The LPN/VNs continued to work mostly

in nursing homes (38%) although the numbers taking positions in hospital settings appear to have increased in the past year (currently 25% reported working in medical/surgical units and 8% in critical care). See Tables 6 and 7 for work settings and Tables 8 and 9 for the ages and types of clients cared for by these newly licensed RNs and LPN/VNs.

Summary

Ninety-seven percent of the RN and 92% of the LPN/VN respondents reported current employment in nursing. About 19% 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 6.8 months (SD 2.2) and the LPN/VNs had been employed for an average of 6.4 months (SD 2.8). The RNs worked an average of 35.6 (SD 7.1) regularly scheduled hours per week, and the LPN/VNs worked a similar 34.6 (SD 9.9) hours. Only 14% of these newly licensed RNs and 12% of the LPN/VNs reported working mandatory overtime. RNs, overall, averaged 30.9 years of age (SD 8.4), and the average age of the LPN/VN respondents was 32 years (SD 8.8). The newly licensed RNs were employed primarily in hospitals, while about equal percentages of LPN/VN respondents were working in long-term care facilities and hospitals. 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.

Figure 4. Past LPN/VN and Nurse Aide Experience

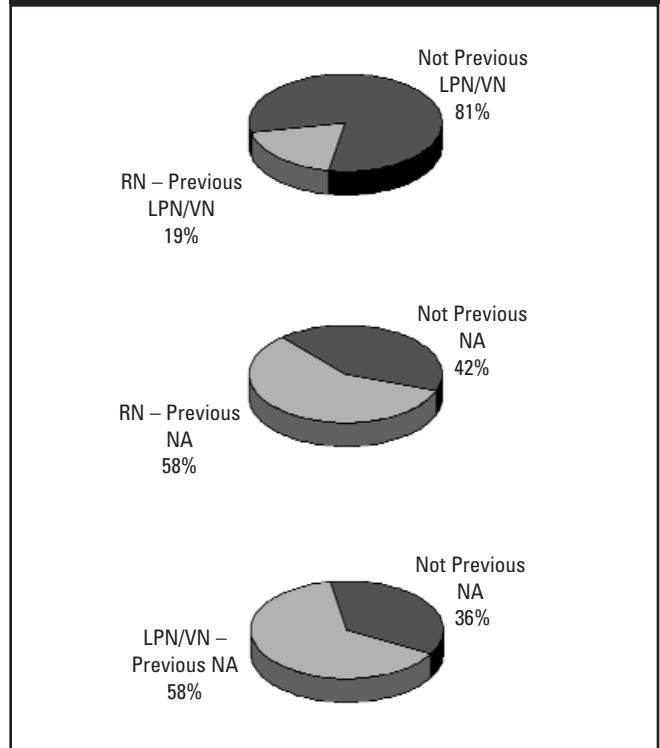


Figure 5. Mandatory Overtime

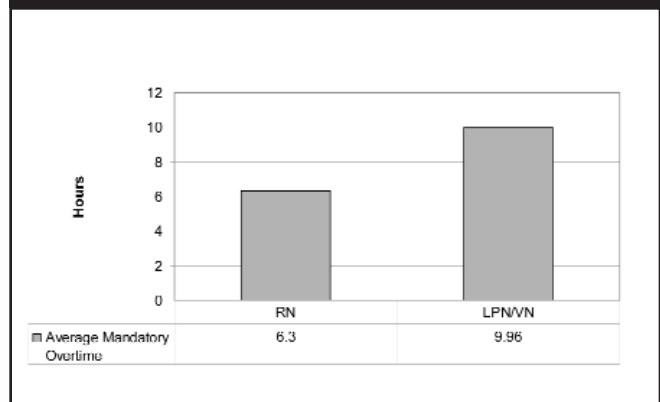


Table 6. RN Work Settings

	July 02 % (n=633)	Jan 02 % (n=431)	July 01 % (n=769)
Critical care	39.4	32.30	31.46
Medical/surgical unit	34.3	35.90	39.01
Nursing home	6.4	6.80	6.37
Pediatrics	5.9	8.30	10.14
Labor and delivery	5.7	6.80	4.59
Postpartum	4.6	5.90	4.81
Psychiatry or subspecialties	3.8	2.90	2.60
Operating room	2.6	5.10	3.51
Rehabilitation	2.6	1.70	2.21
Physician's/dentist's office	1.8	1.70	1.43
Subacute	1.8	0.70	2.08 [^]
Hospice	1.5	0.70	0.39
Transitional care	1.0	0.70	[^]
Outpatient clinic	0.8	1.00	0.91
Other long-term care	0.8	0.50	1.17
Home health	0.7	2.00	1.04
School health	0.5	0.50	0.26
Prison	0.2	0.20	0
Occupational health	0.2	0.00	0
Public health	0	1.00	0.91

[^]Subacute and transitional care combined in these surveys

Table 8. Ages of RN & LPN/VN Respondents' Clients

	RN %	LPN/VN %
Newborns (less than 1 month)	11.5	4.9
Infants/children (1 month-12 years)	10.6	7.6
Adolescents (ages 13-18)	7.7	8.2
Young adults (ages 19-30)	20.1	14.0
Adults (ages 31-64)	48.8	42.4
Adults (ages 65-85)	57.1	67.5
Adults (over the age of 85)	13.4	31.3

Table 7. LPN/VN Work Settings

	July 02 % (n=601)	Jan 02 % (n=460)	July 01 % (n=618)
Nursing home	38.0	41.30	42.19
Medical/surgical unit	25.3	27.90	22.70
Rehabilitation	9.1	8.70	9.98
Critical care	8.4	5.50	7.27
Other long-term care	8.0	7.70	9.43
Physician's/dentist's office	7.5	5.30	9.39
Psychiatry or subspecialties	5.5	4.30	3.55
Pediatrics	4.7	5.30	5.53
Subacute	4.2	2.40	6.54
Home health	4.0	5.30	2.47
Outpatient clinic	3.8	2.90	1.24
Hospice care	2.7	3.10	1.97
Transitional care	1.6	2.40	1.42
Postpartum	1.3	1.70	2.31
Prison	1.1	1.00	1.25
Operating room	0.9	1.00	1.05
Student/school health	0.9	1.00	0.18
Public health	0.7	1.20	0.54
Labor and delivery	0.4	1.00	1.92
Occupational health	0.0	1.00	0.18

Table 9. Types of Clients Cared for by Respondents

	RN %	LPN/VN %
Well clients, possibly with minor illnesses	10.0	18.0
OB (maternity) clients	9.8	4.6
Clients with stabilized chronic conditions	27.1	43.4
Clients with unstabilized chronic conditions	26.8	21.5
Clients with acute conditions, including clients with medical, surgical or critical conditions	66.1	38.6
Clients at end of life (e.g., terminally ill, seriously ill, etc.)	17.5	28.8
Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)	15.5	31.9
Other	8.3	13.5

Survey Findings

This study solicited information from newly licensed RNs and LPN/VNs regarding the adequacy of their educational preparation for practice, the types and effectiveness of their transitions to practice activities, their participation in distance education, their involvement in errors and their perceptions of the difficulty of their client assignments.

Distance Education

Respondents were asked to report the approximate percentages of didactic and/or clinical components of education completed through distance learning. Four methods of distance education were defined on the survey: Internet- or Web-enhanced, full Internet, linked or distributed classrooms, and correspondence courses. Internet-enhanced didactic education was reported by the largest percentages of RN (54.6%) and LPN/VN (30.1%) respondents. Participation in full Internet didactic courses was reported by 15% of the RN respondents and they spent an average of 26% of their class time in such courses. Perhaps more importantly, only 5% reported spending an average of 38% of clinical time through full Internet courses. Smaller proportions of the LPN/VNs reported participating in full Internet courses; 6% of LPN/VN respondents reported spending an average of 36% of class time in full Internet courses and 4% spent an average of 41% of clinical time in full Internet courses. See Table 10 for complete data collected about distance education.

Entry-Level Workplace Outcomes

An assortment of data was collected related to the respondents' educational preparation and their participation in various processes designed to help them transition into the practice setting. Several potential outcomes of care were also included. This allowed an exploration of the relationship between the processes used to prepare the nurse for practice and the outcomes achieved within the entry-level practice setting.

Errors

The outcomes explored in this survey were involvement in errors and perception of the difficulty of client assignments. Forty-nine percent of the RNs and 41% of the LPN/VNs reported that they had been involved in errors either by making errors themselves or being involved in the errors made by others. The respondents were additionally asked about the types of errors they had experienced and their opinions of the workplace factors contributing to errors in their settings. Most of the new nurses reported being involved in medication errors (75% of RNs and 71% of LPN/VNs who had reported being involved with errors), and client falls (40% RNs and 47% LPN/VNs). Delays in care or treatments were reported by about a third of both the RNs and LPN/VNs who had been involved with errors.

The RNs and LPN/VNs listed similar factors contributing to workplace errors. About 74% of the

Table 10. Respondent Experiences With Distance Education

	% Experiencing Method for Didactic Education	% Experiencing Method for Clinical Education	Average % of Didactic Education*	Average % of Clinical Education*	Average Satisfaction Rating[^]
Method					
RN					
Internet- or Web-enhanced courses (the Internet is used to post assignments or readings, or perform projects, but students meet together in a classroom).	54.6	32.8	39	36	1.6
Full Internet courses (students interact on the Internet or by posting messages via e-mail and never or seldom meet in a classroom).	14.8	5.2	26	38	1.9
Linked or distributed classrooms (students in classrooms at different sites receive the same course from the same instructor(s) through the use of video or audio conferencing).	16.5	8.7	53	61	1.8
Correspondence courses (materials are mailed to and from the student and the institution. Students never or seldom meet in a classroom).	7.2	5.4	53	59	1.8
Method					
LPN/VN					
Internet- or Web-enhanced courses (the Internet is used to post assignments or readings, or perform projects, but students meet together in a classroom).	30.1	18.3	39.6	41.9	1.5
Full Internet courses (students interact on the Internet or by posting messages via e-mail and never or seldom meet in a classroom).	6.2	4.3	35.8	41.4	1.7
Linked or distributed classrooms (students in classrooms at different sites receive the same course from the same instructor(s) through the use of video or audio conferencing).	15.8	12.5	54.9	57.2	1.5
Correspondence courses (materials are mailed to and from the student and the institution. Students never or seldom meet in a classroom).	4.4	4.0	42.5	50.7	1.5

*Average proportion of nursing education completed through the distance education methodology – only for those respondents who experienced that method of distance education

[^]Rating on scale of 1-3 with lower ratings indicating more satisfaction

Figure 6. Types and Causes of Errors

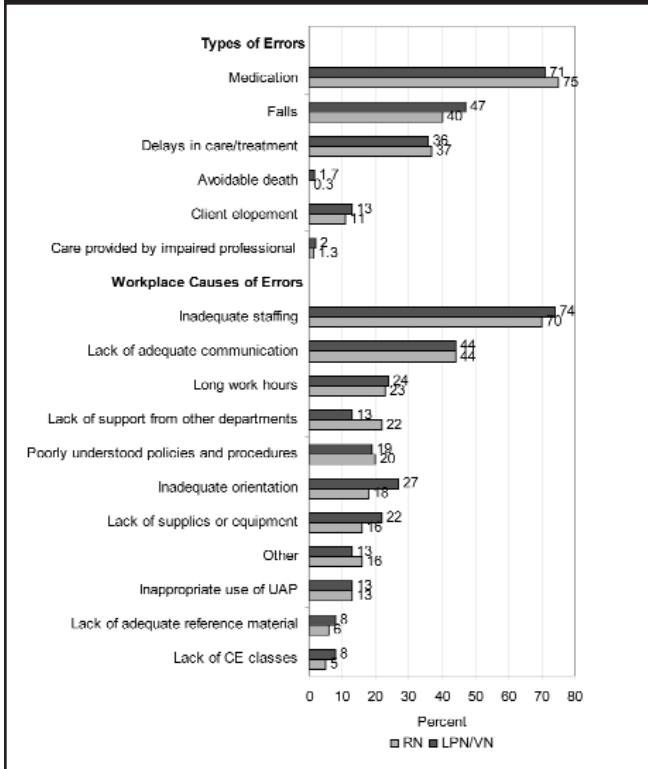
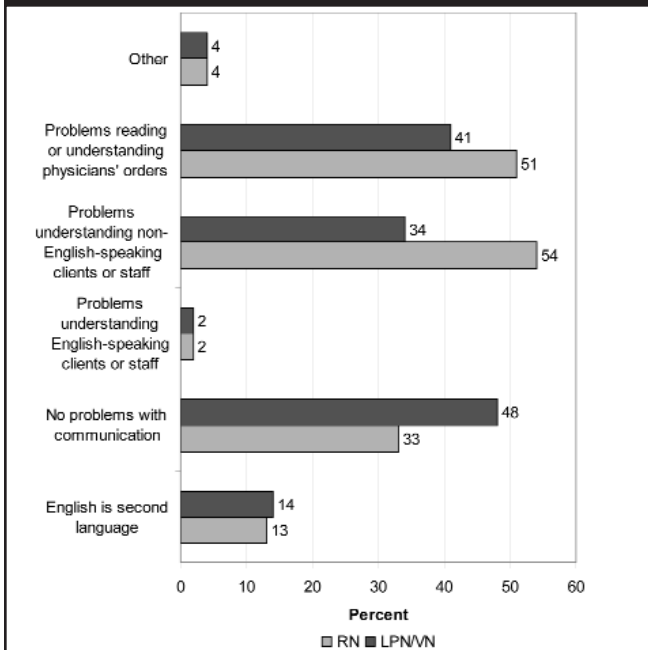


Figure 7. Communication Issues for Entry-Level Nurses



LPN/VNs and 70% of the RNs contended that inadequate staffing contributed to errors. The RNs who selected this contributing factor were assigned to significantly more clients on average than those who did not select it (7.5 clients for those selecting and 5.1 clients for those not selecting). Although LPN/VNs selecting the factor were assigned, on average, to four more clients than those who didn't select the factor, the difference was not found to be statistically significant. Lack of adequate communication was selected as a factor influencing errors by 44% of both RNs and LPN/VNs. About one-fourth of both RNs and LPN/VNs selected long work hours as a factor influencing errors. It should be noted that while the regularly scheduled hours were not different for those selecting or not selecting this factor, the amount of overtime worked was 1.7 hours greater for RNs and one hour greater for LPN/VNs selecting this as a contributing factor (the differences found in overtime were statistically significant). See Figure 6 for a complete list of types and workplace causes of errors.

Respondents to this survey were asked if English was their first language. Thirteen percent of the RNs and 14% of the LPN/VNs reported that English was their second language (see Figure 7). A corollary question asked about the types of communication problems that new nurses might experience. Only 2% of both RNs and LPN/VNs reported that they had problems understanding English-speaking clients or staff; however, 54% of RNs and 34% of LPN/VNs reported having problems understanding non-English-speaking clients or

staff. The RNs reporting problems with understanding English-speaking or non-English-speaking clients or staff were significantly more likely to be involved in errors.

Respondents were also asked if they had problems reading or understanding physicians' orders; 51% of the RNs and 41% of the LPN/VNs answered that they had. Both the RNs and LPN/VNs who reported difficulty reading or understanding physicians' orders were more likely to be involved with errors.

Difficulty with Client Assignments

The other outcome selected for exploration was the new nurses' perceptions of difficulty with client assignments. In order to better understand the data collected about assignment difficulty, respondents were first asked to record the number of days from starting their nursing position to their first client assignment, and the size of their beginning and current assignments. They were also asked the size of assignment routinely given to experienced nurses in their settings. Both RNs and LPN/VNs reported an average of eight days to first assignment in hospital positions and

six days to first assignment in nursing homes. The hospital RNs were assigned to an average of three clients in the first assignment and an average of five in their current assignments, which mirrored the numbers of clients they reported were assigned to experienced nurses in their settings. The LPN/VNs were given larger first and current assignments (first assignments averaged 4 and current assignments averaged 7) and their current assignments were also the same as experienced nurses. In nursing homes RNs averaged 25 clients in the first assignment and 27 current clients, while LPN/VNs averaged 26 first assignments and 32 current assignments. See Table 11 for client assignment data.

The respondents were asked if first client assignments had been "not challenging enough," "just right" or "too challenging or difficult." They were asked the same question about current client assignments. About 13% of the RNs felt the first assignment was too difficult and 20% reported that current assignments were too difficult. About 18% of LPN/VNs felt that both the first and current assignments were too difficult.

Table 11. Client Assignments in Hospitals and Nursing Homes or LTC

	Hospital		Nursing Home/LTC	
	RN	LPN/VN	RN	LPN/VN
Average days to first assignment	8	8	6	6
Average clients in first assignment	3	4	25	26
Average clients in current assignment	5	7	27	32
Average clients assigned to experienced staff	5	7	27	30

Adequacy of RN and LPN/VN Educational Preparation

The survey respondents were asked to record if the clinical and classroom components of their nursing education programs had adequately prepared them to perform specified practice setting tasks. They were asked to respond with “Yes, definitely,” “Yes, somewhat,” or “No.” The RNs provided ratings on 11 clinical and 10 classroom variables and the LPN/VNs provided ratings on 11 clinical and nine classroom

variables. The “Yes, definitely” answers were summed to represent the percentages of respondents who felt adequately prepared to perform each of the tasks listed in the survey.

The RN responses were aggregated separately for the graduates of ADN and BSN programs to better represent those types of educational preparation. Because previous studies have demonstrated that prior work as an LPN/VN benefited new RNs, this data was also aggregated separately for those nurses who were prior LPN/VNs and those who were

Table 12. RN Educational Preparation for the Practice Setting

The CLINICAL component of my nursing education program adequately prepared me to:	ADN %*	BSN %*	Prior PN %*	Not Prior PN %*	Significantly Related to Involvement in Errors	Significantly Related to Difficulty with 1st Clinical Assignment	Significantly Related to Difficulty with Current Assignments
Administer medications by common routes (PO, SQ, IM, IV, etc.) [†]	86.8	73.8	91.8	79.6		X	X
Administer medications to large groups of clients (10 or more) [†]	30.9	19.0	45.2	25.3			
Make decisions about client care based on assessment and diagnostic testing data [†]	57.3	49.3	72.7	50.7	X	X	
Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.) [†]	66.3	49.5	75.5	55.4	X		
Provide direct care to two or more clients [†]	78	67.6	85.2	72.7			
Provide direct care to six or more clients [†]	30.7	16.5	43.0	24.7			
Supervise care provided by others (LPNs or assistive personnel) [†]	35.3	20.6	49.1	27.8	X		
Know when and how to call a client's physician [†]	53.4	38.1	67.3	45.4	X		X
Document a legally defensible account of care provided [†]	57.5	43.8	65.8	51.4		X	X
Teach clients	64.0	60.1	75.5	62.3			
Work effectively within a health care team [†]	69.4	55.8	76.4	63.5	X		X

*Percent of “Yes, definitely” responses

[†]ADN/BSN significantly different by Chi Square analysis, df=1, p<=0.5

[†]Prior PN/Not Prior PN significantly different by Chi Square analysis, df=1, p<=0.05

not. The RNs, overall, felt best prepared to “administer medication by common routes” and “provide direct care to two or more clients.” Those items with the overall lowest numbers of positive responses included “provide direct care to six or more clients,” “supervise care provided by others” and “know when and how to call a client’s physician.”

There were statistically significant differences found between the percentage of positive responses given by ADN and BSN graduates for 10 of the 11 clinical variables and

three of the classroom variables. In only one instance (for “understand clients’ cultural needs”) was the BSN percentage greater than the ADN. Similarly, the RNs who had previously worked as LPN/VNs provided significantly greater percentages of “Yes, definitely” ratings than did those who hadn’t been LPN/VNs for nine of the 11 clinical variables and one of the 10 classroom variables.

The ratings of adequacy of educational practice take on greater meaning when compared to answers provided about involvement with

Table 12, continued

The CLASSROOM component of my nursing education program adequately prepared me to:	ADN %*	BSN %*	Prior PN %*	Not Prior PN %*	Significantly Related to Involvement in Errors	Significantly Related to Difficulty with 1st Clinical Assignment	Significantly Related to Difficulty with Current Assignments
Meet clients’ emotional/psychological needs	48.8	51.7	53.6	51.6			
Understand clients’ cultural needs [^]	42.6	52.2	45.5	47.7			
Meet clients’ spiritual needs	37.9	40.7	42.5	39.8			
Understand the pathophysiology underlying clients’ conditions	65.4	62.7	66.7	65.1	X		
Understand the pharmacological implications of medications [^]	57.1	48.1	60.4	53.9	X	X	
Synthesize data from multiple sources in making decisions	52.1	46	57.3	49.6		X	X
Use information technology (books, journals, computers, videos, audio tapes, etc) to enhance care provided to clients	58.9	55	65.2	56.6		X	
Supervise the care provided by others (LPNs or assistive personnel) ^{^†}	33.3	23.8	40.5	28.8	X		
Teach clients	61.4	57.4	67.6	59.1		X	X
Appropriately utilize research findings in providing care	40.1	44.2	47.7	41.5			X

*Percent of “Yes, definitely” responses

[^]ADN/BSN significantly different by Chi Square analysis, $df=1$, $p<=0.5$

[†]Prior PN/Not Prior PN significantly different by Chi Square analysis, $df=1$, $p<=0.05$

errors and difficulty with assignments. Those RNs providing “Yes, definitely” ratings on some tasks were less likely to be involved in errors and less likely to report difficulty with their first or their current client assignments. Tasks that were significantly related to involvement in errors included clinical preparation for “make decisions about client care based on assessment and diagnostic testing data,” “perform psychomotor skills,” “supervise care provided by others,” “work effectively within a health care team,” and classroom preparation for “understand pharmacological implications of medications” and “supervise care provided by others.”

Reported difficulty with current client assignments was significantly related to clinical preparation for “administer medications by common routes,” “know when and how to call a client’s physician,” “document a legally defensible account of care provided,” and “work effectively within a health care team,” and to classroom preparation for “understand the pathophysiology underlying clients’ conditions,” “synthesize data from multiple sources in making decisions,” “use information technology to enhance care provided to clients,” “teach clients” and “appropriately utilize research findings in providing care.” See Table 12 for a complete listing of these findings.

The LPN/VN respondents were most positive about their educational preparation for “administer medications by common routes,” “provide direct care to two or more clients,” “understand the rationale for nursing actions” and “work

effectively within a health care team.” They provided the fewest positive ratings for “provide care to six or more clients,” “guide care provided by others” and “meet clients’ spiritual needs.”

Five of the 11 LPN/VN clinical preparation variables were significantly related to involvement with errors including: “know when and how to call a client’s physician,” “guide care provided by others,” “document care,” “teach clients” and “work effectively within a health care team.” All but two of the classroom preparation variables were significantly related to errors (see Table 13). All of the classroom preparation variables and four of the clinical variables were significantly related to difficulty with current client assignments. Clinical preparation for “recognize changes in client’s conditions necessitating intervention,” “know when and how to call a client’s physician,” “document care” and “work within a team” were significantly related to difficulty with current assignments.

Transition to Practice

A variety of methods are used to help transition new nurses from school to the work setting. Respondents to this survey were asked if they had experienced an internship/externship, preceptorship or mentorship (“Ship”) or had a routine post-hire orientation (defined as usually including some skills lab or classroom work and/or supervised work with clients without an assigned mentor or preceptor). Sixty-eight percent of the RNs and 35% of the LPN/VNs had experienced a “Ship” and 30% of the RNs and

Table 13. LPN/VN Educational Preparation for the Practice Setting

The CLINICAL component of my nursing education program adequately prepared me to:	% Yes, Definitely	Significantly Related to Involvement in Errors	Significantly Related to Difficulty with 1st Clinical Assignment	Significantly Related to Difficulty with Current Assignments
Administer medications by common routes (PO, SQ, IM, topical, etc.)	88.3			
Administer medications to large groups of clients (10 or more)	49.1			
Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)	72.6			
Recognize changes in client's conditions necessitating intervention	64.3			X
Provide direct care to two or more clients	77.7			
Provide direct care to six or more clients	41.3			
Know when and how to call a client's physician	52	X		X
Guide care provided by others (assistive personnel)	48.3	X		
Document a legally defensible account of care provided	64.8	X	X	X
Teach clients	65.7	X		
Work effectively within a health care team	74.4	X	X	X
The CLASSROOM component of my nursing education program adequately prepared me to:				
Meet clients' emotional/psychological needs	62	X		X
Understand clients' cultural needs	53	X		X
Meet clients' spiritual needs	45.5	X		X
Understand the rationale for nursing actions	77.1	X	X	X
Recognize the desired actions and side effects of medications	68.4	X	X	X
Use knowledge about clients' conditions in making care decisions	68.4	X	X	X
Use information technology (books, journals, computers, videos, audio tapes, etc.) to enhance care provided to clients	68.2			X
Guide care provided by others (assistive personnel)	50.7		X	X
Teach clients	66.7	X	X	X

59% of the LPN/VNs had a routine post-hire orientation. Two percent of the RNs and 6% of the LPN/VNs had no "Ship" or orientation (see Figures 8 and 9).

The respondents were asked to describe the components of their "Ships" (see Table 14). About a third of both RNs and LPN/VNs had their "Ship" experience before graduation and about half the RNs and 38% of the LPN/VNs experienced the "Ship" before licensure. Most were paid while taking part in "Ship" experiences.

For the RNs, a factor analysis revealed two pertinent factors: the types of knowledge covered by the "Ship" (general or specialty specific) and the provision of the same

mentor with the same schedule. The RNs reporting experience with a "Ship" were divided into four groups: (1) Had the same mentor with the same schedule throughout the "Ship" and the "Ship" addressed general nursing knowledge only; (2) Had the same mentor with the same schedule and addressed specialty knowledge with or without the addition of general knowledge; (3) Had the same mentor with the same schedule and the type of knowledge addressed was not specified; and (4) Did not have the same mentor with the same schedule throughout the "Ship." An overall score for adequacy of preparation by "Ship" was compared among the four groups. The average score for group

Figure 8. Type of Transition to or Preparation for RN Practice

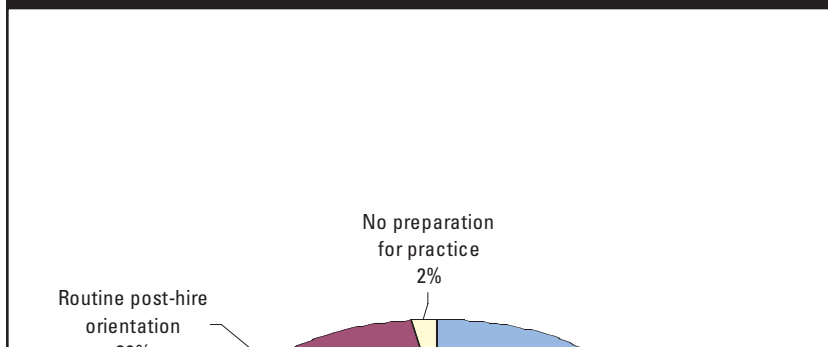
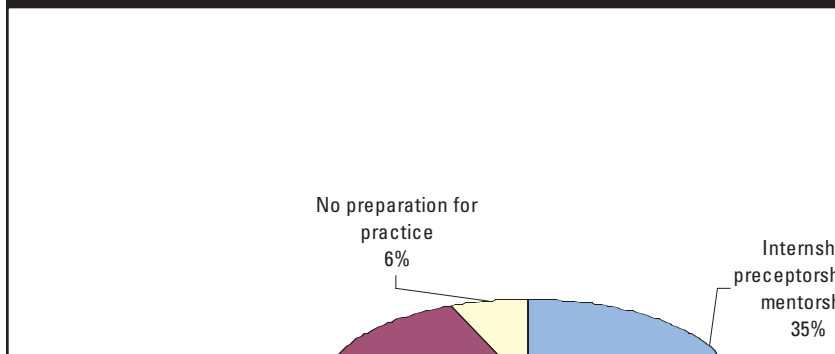


Figure 9. Type of Transition to or Preparation for LPN/VN Practice



4 (without the same mentor and with the same schedule) was significantly lower than the other three groups indicating that the provision of a consistent mentor may be a key element in successful transition to practice (see Table 15).

The RN and LPN/VN respondents were asked to rate their orientations or “Ships” for adequacy of preparation for 11 clinical tasks. The proportions of “Yes, definitely” ratings were aggregated separately for those experiencing a “Ship” and those having a routine post-hire orientation. RN respondents who had experienced a “Ship” were more likely to provide “Yes, definitely” ratings in the areas of psychomotor skills, clinical decision-making, providing direct care to two or more clients, supervising care and teamwork. LPN/VNs who experienced a “Ship” were more likely to give positive ratings for their preparation in the areas of administering medications, clinical decision-making, psychomotor skills, providing direct care to two or more clients, calling physicians, documentation, teaching clients and teamwork. See Table 16 for a listing of these findings.

Miscellaneous Factors Related to Involvement with Errors

A variety of other factors were tested for relationship with involvement with errors (see Table 17). The type of transition to practice was not found to significantly relate to errors, however those LPN/VNs who expressed less difficulty with their client assignments were less likely to have been involved with errors.

Table 14. Internship/Externship, Preceptorship and Mentorship (“Ship”) Descriptors

	RN %*	LPN/VN %*
Before graduation	35.1	32.1
Before licensure	52.8	38.2
Part of post-hire orientation	63.8	60.2
Paid for work performed	76.7	54.9
Paid tuition to be in program	12.5	13.8
Voluntary	19.5	9.3
Mandatory	55.3	48
Assigned same nurse as preceptor/mentor	49.7	29.7
Assigned preceptor/mentor worked the same scheduled I worked	48.3	34.1
Designed to increase general knowledge and skills	62.0	53.3
Designed to increase specialty knowledge and skills	62.4	33.3

*Percent of those reporting a “Ship”

Table 15. Influence of Components of Transition to Practice on RN Preparation for Work Setting

	Overall Score for Orientation*
Provided same mentor/preceptor with same schedule and addressed general nursing knowledge only	27.1
Provided same mentor/preceptor with same schedule and addressed specialty-specific nursing knowledge and/or general nursing knowledge	27.3
Provided same mentor/preceptor with same schedule – did not specify type of knowledge addressed	26.9
Did not provide the same mentor/preceptor working the same schedule as new nurse [^]	24.9

*Overall score on adequacy of orientation in preparation for practice (scores range from 0-33 with higher scores indicating more adequate preparation)

[^]Significantly different, F=5.9, df=3; p = .001

Table 16. Influence of Method of Transition to Practice on Preparation for Work Setting

My routine orientation or internship (etc.) adequately prepared me to:	RN				LPN/VN			
	Orient %*	"Ship" %*	Not Performed in Work Setting %	Not Included in "Ship" %	Orient %*	"Ship" %*	Not Performed in Work Setting %	Not Included in "Ship" %
Administer medications by common routes (PO, SQ, IM, topical, etc.)	80.7	81.7	2.2	4.7	75.7	88.9	1.0	4.6
Administer medications to large groups of clients (10 or more)	33.7	21.3	24.7	17.6	54.2	47.6	9.7	11.2
Make decisions about client care based on assessment and diagnostic testing data	65.9	73.1	2.0	1.3	58.4	76.8	2.2	7.5
Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)	67.8	80.5	2.7	2	58.1	80.0	0.8	4.5
Provide direct care to two or more clients	81.1	88	2.9	2.7	73.5	82.4	3.4	5.2
Provide direct care to six or more clients	48.0	35.2	19.5	9.9	60.6	60.3	5.7	7.7
Know when and how to call a client's physician	74.6	74.0	7.3	5.2	62.1	69.5	1.8	3.2
Supervise care provided by others	45.2	51.9	1.7	1.8	59.9	63.2	2.6	3.6
Document a legally defensible account of care provided	66.9	69.9	1.7	2.2	67.2	74.7	0.6	2.6
Teach clients	65.2	69.8	2.0	2.2	58.3	74.7	1.6	3.9
Work effectively within a health care team	76.2	81.6	1.5	1.5	74.3	86.8	1.0	2.2

*Percent answering "Yes, definitely"

English as a second language was not related to errors for RNs but it was related to LPN/VN errors (fewer non-English speakers made errors). RNs who had been prior nurse aides were more likely to report involvement with errors, but those who had been LPN/VNs were less likely to have an involvement with errors. For RNs those working greater numbers of overtime hours were more likely to be involved with errors, and for LPN/VNs those with larger client assignments were more likely to be involved. The younger RNs were more likely to be involved with errors (*see Table 17*).

Summary

Fewer than half of these new RNs and LPN/VNs reported being involved in errors and about one fifth reported that their current client assignments were “too difficult.” Key elements of preparation for practice were found to be significantly related to these practice outcomes. Those nurses who received an internship or preceptorship for transition to practice were overall more positive about their preparation than those who received a routine orientation, and provision of a consistent mentor was found to be a key element within those experiences.

Table 17. Other Factors Significantly Related to New Nurse Involvement in Errors

	RN	LPN/VN
Type of transition to practice (“Ship,” routine orientation or no orientation)*		
Perceived challenge of first client assignment		X
Perceived challenge of current client assignments		X
Gender*		
English as a second language		X
Problems understanding English-speaking clients or staff	X	
Problems understanding non-English-speaking clients or staff	X	
Problems reading or understanding orders written by physicians	X	X
Prior work as NA – those who were NAs were more likely to be involved in errors	X	
Prior PN – those who were PNs were less likely to be involved in errors	X	NA
Overtime hours – those involved in errors worked significantly more OT	X	
Mandatory overtime hours*		
Weeks spent in “Ship” or orientation – those involved in errors spent more time in orientation	X	
Days before first client assignment*		
Number of clients in first assignment*		
Number of clients in current assignment		X
Age – younger nurses more likely to be involved in errors	X	

*Yielded no relationship

Conclusions

1. The most striking message to be gained from this data is that new nurses are able to identify the gaps in their preparation for practice and those areas found lacking can be linked to their involvement in errors in the work setting and their comfort with their client assignments.
2. The experience of an internship/externship, preceptorship or mentorship does have an impact on the new nurse's adequacy of preparation and the provision of a consistent mentor within that process appears key to optimal results.

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Appendix A: Survey Tool

Newly Licensed Nurse Practice and Professional Issues

Registered Nurse Practice and Issues July 2002

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

SECTION ONE: Professional Employment Settings and Selected Activities

1. What type(s) of nursing license do you hold?
(Select all that apply.)
 - LPN/VN
 - RN

2. Are you currently employed in nursing?
 - Yes; → skip to Question #4
 - No; → continue with Question #3, then skip to Section Four

3. A. If you answered "NO" to question #2, which of the following **best** represents why you are not currently employed?
(Select the ONE best answer)
 - I have not been able to find the type of nursing position that I want
 - No entry-level nursing positions are available in my geographic area
 - A family or personal situation prevents my employment at this time
 - I have returned to or am remaining in school
 - I don't desire to work in nursing at this time --- Please Complete Question 3B.
 - Other, please describe: _____

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

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

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

5. A. How many regular (non-overtime) hours are you **SCHEDULED** to work in an average week?
 _____ Hours (non-overtime) scheduled to work per week, on average

B. How many hours of **OVERTIME** do you work in an average week?
 _____ Hours of overtime worked per week, on average

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

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

10. Which of the following **best** describes the location of your employment setting?
(Select ONE answer)
- Urban/Metropolitan area
 - Suburban area
 - Rural area
11. How is care planning typically performed in your primary work setting?
- Each care plan is individually written
 - Standardized (pre-written) standards of care, care maps, clinical pathways, or care plans are use to guide care
 - Other, please specify _____
12. Are you personally responsible for independently creating or initiating the plan of care for all or some of your assigned clients?
- Yes
 - No

SECTION TWO: Preparation for the Practice Setting

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

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

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

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

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

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

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

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

3. Listed below are some methods of education frequently referred to as "distance education." Please indicate the approximate proportion of your classroom and/or clinical nursing education completed through each of the following distance methodologies. Indicate the proportion by circling the numbers listed in the "classroom" and "clinical" columns - 0 indicates that none of your education was performed through that method and 100 indicates that all of your education was completed through that method.

	Method	Classroom Proportion	Clinical Proportion
1	Internet- or Web-enhanced courses (the Internet is used to post assignments or readings, or perform projects, but students meet together in a classroom).	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100
2	Full Internet courses (students interact on the internet or by posting messages via email and never or seldom meet in a classroom).	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100
3	Linked or distributed classrooms (students in classrooms at different sites receive the same course from the same instructor(s) through the use of video or audio conferencing).	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100
4	Correspondence courses (materials are mailed to and from the student and the institution. Students never or seldom meet in a classroom).	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100

4. For each of the "distance education" learning methods listed in question 3 please indicate your opinion of the learning achieved in your nursing education program through that methodology. Circle the number corresponding to the following scale.

- 0 = This distance education method was not used in my nursing education program
 1 = My learning was enhanced by this method of education
 2 = My learning was neither enhanced nor impaired by this method of education
 3 = My learning was impaired by this method of education

	Method	Opinion of Learning			
1	Internet- or Web-enhanced courses (the Internet is used to post assignments or readings, or perform projects, but students meet together in a classroom).	0	1	2	3
2	Full Internet courses (students interact on the internet or by posting messages via email and never or seldom meet in a classroom).	0	1	2	3
3	Linked or distributed classrooms (students in classrooms at different sites receive the same course from the same instructor(s) through the use of video or audio conferencing).	0	1	2	3
4	Correspondence courses (materials are mailed to and from the student and the institution. Students never or seldom meet in a classroom).	0	1	2	3

5. A. There are many ways that individuals may be prepared to start nursing practice. Some people have a routine orientation after being hired by a health care employer, and some participate in internships/externships, or preceptorships, or mentoring programs either before or after they start working in nursing. Which of the following best describes your preparation for nursing practice? (note: A routine orientation usually includes some skills lab or classroom work and/or supervised work with clients without an assigned mentor or preceptor.)
(Select ONE answer)
- I participated in an internship/externship, or preceptorship, or mentoring program either before or after being hired into a nursing position – **Answer Question 5B**
- I was given a routine orientation after being hired into a nursing position----**Skip to Question 6**
- I participated in an internship/preceptorship/mentoring program and was given a routine orientation after being hired into a nursing position – **Answer Question 5B**
- I did not participate in an internship/externship or a preceptorship, or a mentoring program, and I also did not receive an orientation after being hired into a nursing position----**Skip to Section Three**
- B. Which of the following describe the internship/externship, or preceptorship, or mentoring program in which you participated?
(Select ALL that apply)
- I participated in the program before I graduated from my nursing education program
- I participated in the program before I received my license to practice nursing
- The program was part of the orientation I received after being hired into a nursing program
- I was paid for the work I performed in the program
- I paid tuition while I was participating in the program
- My participation in the program was voluntary
- My participation in the program was mandatory
- While in the program I was always assigned to the same nurse for help, educational support, advice, etc.
- While in the program the nurse to whom I was assigned always worked the same schedule I worked
- The program was designed to increase my general nursing knowledge and skills
- The program was designed to prepare me for a certain nursing specialty such as critical care, pediatrics, obstetrics, etc.

6. How many total weeks did you spend in the internship/externship, or preceptorship, or mentoring program, or routine orientation described in question 5?

_____ # of weeks spent in program described in question 5

7. Please answer the following questions about **your routine work orientation or internship or preceptorship or mentoring program** (whether completed before or after being hired into your current position) by circling the appropriate number from the following scale:

- 0 = Not included in my orientation or internship/externship or preceptorship or mentoring program
 1 = Yes, definitely
 2 = Yes, somewhat
 3 = No
 4 = Activity is not performed in my work setting

My nursing routine work orientation or internship or preceptorship or mentoring program adequately prepared me to:

Administer medications by common routes (PO, SQ, IM, IV, etc.)	0	1	2	3	4
Administer medications to large groups of clients (10 or more)	0	1	2	3	4
Make decisions about client care based on assessment and diagnostic testing data	0	1	2	3	4
Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.)	0	1	2	3	4
Provide direct care to two or more clients	0	1	2	3	4
Provide direct care to six or more clients	0	1	2	3	4
Supervise care provided by others (LPNs or assistive personnel)	0	1	2	3	4
Know when and how to call a client's physician	0	1	2	3	4
Document a legally defensible account of care provided	0	1	2	3	4
Teach clients	0	1	2	3	4
Work effectively within a health care team	0	1	2	3	4

SECTION THREE: Practice Issues

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

_____ Days before first client care assignment

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

_____ # of clients in first assignment

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

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

_____ # of clients in current typical assignment

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

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

_____ # of clients typically assigned to experienced nurses

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

3. In your opinion:

A. Was your **first** client care assignment:

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

B. Are your **current** typical client care assignments:

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

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

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

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

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

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

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

SECTION FOUR: Demographic Data

1. Gender:

- Male
- Female

2. Age in years _____ **YEARS**

3. Select below the answer **most descriptive** of your racial/ethnic background
(**Select ONE answer**)
- American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African American
 - White Hispanic or Latino
 - Non-white Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White
 - Multi-ethnic or racial background
4. A. Is English the first language you learned to speak?
- Yes
 - No
- B. Have you had any of the following problems with communication in your nursing position?
(**Select ALL that apply**)
- I have not had any problems with communication
 - I have had problems understanding English-speaking clients or staff
 - I have had problems understanding non-English-speaking clients or staff
 - I have had problems reading or understanding orders written by physicians
 - Other, please specify _____
5. A. Did you work as a nursing assistant/aide, etc. prior to becoming an RN?
- Yes
 - No----**Skip to Question #6**
- B. If **YES**, for how many years did you work as a nursing assistant/aide?
- _____ Years as nursing assistant/aide
6. A. Did you work as an LPN/VN prior to becoming an RN?
- Yes
 - No----**Skip to Question #7**
- B. If **YES**, for how many years did you work as an 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 Practice and Issues July 2002

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

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

SECTION ONE: Professional Employment

1. What type(s) of nursing license do you hold?
(Select ALL that apply.)
 - LPN/VN
 - RN

2. Are you currently employed in nursing?
 - Yes; → **skip to Question #4**
 - No; → **continue with Question #3, then skip to SECTION FOUR**

3. A. If you answered "**NO**" to question #2, which of the following **best** represents why you are not currently employed?
(Select the ONE best answer)
 - I have not been able to find the type of nursing position that I want
 - No entry-level nursing positions are available in my geographic area
 - A family or personal situation prevents my employment at this time
 - I have returned to or am remaining in school
 - I don't desire to work in nursing at this time — **Please Answer Question 3B.**
 - Other, please describe _____

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

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

4. How many months have you been employed as a **practical/vocational nurse (LPN/VN)** in your current position?
_____ Months in current position

5. A. How many regular (non-overtime) hours are you **SCHEDULED** to work in an average week?
_____ Hours (non-overtime) scheduled to work per week, on average

- B. How many hours of **OVERTIME** do you work in an average week?
_____ Hours of overtime worked per week, on average

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

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

10. Which of the following **best** describes the location of your employment setting?
(Select ONE answer)
- Urban/Metropolitan area
 - Suburban area
 - Rural area
11. How is care planning typically performed in your primary work setting?
- Each care plan is individually written
 - Standardized (pre-written) standards of care, care maps, clinical pathways, or care plans are use to guide care
 - Other, please specify _____
12. Are you personally responsible for independently creating or initiating the plan of care for all or some of your assigned clients?
- Yes
 - No

SECTION TWO: Preparation for the Practice Setting

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

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

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

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

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

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

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

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

3. Listed below are some methods of education frequently referred to as "distance education." Please indicate the approximate proportion of your classroom and/or clinical nursing education completed through each of the following distance methodologies. Indicate the proportion by circling the numbers listed in the "classroom" and "clinical" columns - 0 indicates that none of your education was performed through that method and 100 indicates that all of your education was completed through that method.

	Method	Classroom Proportion	Clinical Proportion
1	Internet- or Web-enhanced courses (the Internet is used to post assignments or readings, or perform projects, but students meet together in a classroom)	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100
2	Full Internet courses (students interact on the internet or by posting messages via e-mail and never or seldom meet in a classroom)	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100
3	Linked or distributed classrooms (students in classrooms at different sites receive the same course from the same instructor(s) through the use of video or audio conferencing)	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100
4	Correspondence courses (materials are mailed to and from the student and the institution. Students never or seldom meet in a classroom)	0 10 20 30 40 50 60 70 80 90 100	0 10 20 30 40 50 60 70 80 90 100

4. For each of the "distance education" learning methods listed in question 3 please indicate your opinion of the learning achieved in your nursing education program through that methodology. Circle the number corresponding to the following scale.

- 0 = This distance education method **was not used** in my nursing education program
 1 = My learning was **enhanced** by this method of education
 2 = My learning was **neither enhanced nor impaired** by this method of education
 3 = My learning was **impaired** by this method of education

	Method	Opinion of Learning			
1	Internet or Web-enhanced courses (the Internet is used to post assignments or readings, or perform projects, but students meet together in a classroom)	0	1	2	3
2	Full Internet courses (students interact on the internet or by posting messages via e-mail and never or seldom meet in a classroom)	0	1	2	3
3	Linked or distributed classrooms (students in classrooms at different sites receive the same course from the same instructor(s) through the use of video or audio conferencing)	0	1	2	3
4	Correspondence courses (materials are mailed to and from the student and the institution. Students never or seldom meet in a classroom)	0	1	2	3

5. A. There are many ways that individuals may be prepared to start nursing practice. Some people have a routine orientation after being hired by a health care employer, and some participate in internships/externships, or preceptorships, or mentoring programs either before or after they start working in nursing. Which of the following best describes your preparation for nursing practice? (note: A routine orientation usually includes some skills lab or classroom work and/or supervised work with clients without an assigned mentor or preceptor.)
(Select ONE answer)

- I participated in an internship/externship, or preceptorship, or mentoring program either before or after being hired into a nursing position – **Answer Question 5B**
- I was given a routine orientation after being hired into a nursing position----**Skip to Question 6**
- I participated in an internship/preceptorship/mentoring program and was given a routine orientation after being hired into a nursing position – **Answer Question 5B**
- I did not participate in an internship/externship or a preceptorship, or a mentoring program, and I also did not receive an orientation after being hired into a nursing position----**Skip to Section Three**

B. Which of the following describe the internship/externship, or preceptorship, or mentoring program in which you participated?

(Select ALL that apply)

- I participated in the program before I graduated from my nursing education program
- I participated in the program before I received my license to practice nursing
- The program was part of the orientation I received after being hired into a nursing program
- I was paid for the work I performed in the program
- I paid tuition while I was participating in the program
- My participation in the program was voluntary
- My participation in the program was mandatory
- While in the program I was always assigned to the same nurse for help, educational support, advice, etc.
- While in the program the nurse to whom I was assigned always worked the same schedule I worked
- The program was designed to increase my general nursing knowledge and skills
- The program was designed to prepare me for a certain nursing specialty such as critical care, pediatrics, obstetrics, etc.

6. How many total weeks did you spend in the internship/externship, or preceptorship, or mentoring program, or routine orientation described in question 5?

_____ # of weeks spent in program described in question 5

7. Please answer the following questions about **your routine work orientation or internship or preceptorship or mentoring program** (whether completed before or after being hired into your current position) by circling the appropriate number from the following scale:

- 0 = Not included in my orientation or internship/externship or preceptorship or mentoring program
 1 = Yes, definitely
 2 = Yes, somewhat
 3 = No
 4 = Activity is not performed in my work setting

My nursing routine work orientation or internship or preceptorship or mentoring program adequately prepared me to:

Administer medications by common routes (PO, SQ, IM, IV, etc.)	0	1	2	3	4
Administer medications to large groups of clients (10 or more)	0	1	2	3	4
Make decisions about client care based on assessment and diagnostic testing data	0	1	2	3	4
Perform psychomotor skills (i.e., dressing changes, IV starts, catheterizations, etc.)	0	1	2	3	4
Provide direct care to two or more clients	0	1	2	3	4
Provide direct care to six or more clients	0	1	2	3	4
Supervise care provided by others (LPNs or assistive personnel)	0	1	2	3	4
Know when and how to call a client's physician	0	1	2	3	4
Document a legally defensible account of care provided	0	1	2	3	4
Teach clients	0	1	2	3	4
Work effectively within a health care team	0	1	2	3	4

SECTION THREE: Practice Issues

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

_____ Days before first client care assignment

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

_____ # of clients in first assignment

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

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

_____ # of clients in current typical assignment

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

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

_____ # of clients typically assigned to experienced nurses

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

3. In your opinion:

A. Was your **first** client care assignment:

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

B. Are your **current** typical client care assignments:

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

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

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

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

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

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

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

SECTION FOUR: Demographic Data

1. Gender:
- Male
 - Female

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

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

Thank you for your participation in this important work.



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