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Report of Findings from the **2001 RN Practice Analysis Update**

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**National Council
of State Boards of Nursing, Inc.**

® Research Services

Report of Findings from the 2001 RN Practice Analysis Update

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National Council of State Boards of Nursing, Inc.



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2001 RN PRACTICE
ANALYSIS UPDATE

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J.S.
L.C.



2001 RN PRACTICE
ANALYSIS UPDATE

Executive Summary

In the fall of 2000, the National Council of State Boards of Nursing (NCSBN) Research Services Department performed a secondary analysis of the 1999 RN Practice Analysis for differences in the entry-level practices of graduates of ADN and BSN educational programs. That analysis demonstrated that the graduates of the two types of programs were hired into the same types of positions and performed the same types of activities (Smith & Crawford, 2002; Smith, 2002). It was then decided that more current data on the status of entry-level RN activities would be beneficial. A study was designed to update RN practice analysis data with an emphasis on possible differences in the entry-level practices of graduates of ADN and BSN programs. The 1999 RN Practice Analysis Survey (Hertz, Yocom, & Gawel, 2000) was modified to include the 100 activities that were most likely to be performed by new nurses and had the greatest potential for demonstrating practice differences. The RN Practice Analysis Update was performed in June 2001.

Survey Process

A stratified random sample of 2,000 RNs was selected from lists of candidates successful on the NCLEX-RN® examination between December 1, 2000, and March 31, 2001. The sample was stratified by type of basic nursing education (ADN and BSN) and by area of the country, with

processes being used to include representative numbers of subjects from each NCSBN jurisdiction. A five-stage mailing process was used to engage the participants in the study. A letter was sent to each person selected for the sample. A week later the survey, with a cover letter and postage-paid return envelope, was mailed. One week later a postcard was sent to all participants, reiterating the importance of the study, and urging participation. Approximately a week after the first postcard, a second reminder postcard was sent to non-respondents, and two weeks later a second survey was mailed to continued non-respondents.

Results

Return Rate

Sixty-three of the 2,000 surveys were mailed to bad addresses, and 970 were returned for an overall 50% return rate. Of the 970 surveys received, 148 respondents reported that they did not provide direct care or were not working in nursing, and 11 made more than 50% errors in their answers (an error was defined as indicating that an activity did not apply to one's work setting and then providing frequency and priority ratings for that activity). A further 42 respondents reported educational preparation other than ADN or BSN. That left 769 analyzable records (40%).

Work Settings

The majority of newly licensed nurses in this study reported working in hospitals (88.7%). Only 4.7% reported working in community-based facilities and 4.6% also reported working in long-term care. The numbers reporting work in long-term care represented a statistically significant difference from the 1999 RN Practice Analysis (7% in 1999 compared to 4.6% in 2001, $X^2_{(1)} = 4.8$, $p < .02$) (Hertz et al., 2000).

Respondents reported working most in the medical/surgical (39%) and the critical care (31.5%) settings. Only 6.4% reported working in nursing homes. The percentages of respondents reporting work in various work settings remained remarkably stable from 1999 (Hertz et al., 2000) to 2001. The only statistically significant difference was a decrease in the numbers reporting work in the medical/surgical setting (43.8% in 1999 compared to 39% in 2001, $X^2_{(1)} = 4.4$, $p < .03$).

Compared to the 1999 RN Practice Analysis there were fewer differences in the work settings of ADN and BSN graduates in this study (Smith & Crawford, 2002). In 1999 significantly more BSN graduates worked in critical care and pediatrics, and more ADN graduates worked in long-term care and nursing homes (Smith & Crawford, 2002). In this study about equal numbers of ADN and BSN graduates reported working in the critical care setting (29.7% ADN and 35% BSN) and no statistically significant difference was found in the numbers reporting work in the long-term care setting (although that finding may be attributable to the very few respondents reporting work in the

long-term care setting). Differences persisted only in the numbers reporting work in pediatrics (14% BSN vs 7.5% ADN, $X^2_{(1)} = 8.7$, $p < .003$) and nursing homes (8.8% ADN vs 2.9% BSN, $X^2_{(1)} = 10.9$, $p < .001$) (Smith & Crawford, 2002).

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for acutely ill clients (62.4%), those with unstable chronic conditions (30.6%), those with stable chronic conditions (29.1%), and clients at end of life (21.3%). The only statistically significant difference from the 1999 RN Practice Analysis (Hertz et al., 2000) was a decrease in the numbers reporting care of clients with stable chronic conditions (34.2% in 1999 compared to 29.1% in 2001, $X^2_{(1)} = 5.5$, $p < .01$).

The majority of respondents reported caring for elderly clients aged 65 to 85 (59.9%), adult clients aged 31 to 64 (58.3%), and young adult clients aged 19 to 30 (21.9%). There were statistically significant increases in the numbers reporting care of newborns (9.9% in 1999 compared to 13.7% in 2001, $X^2_{(1)} = 6.7$, $p < .009$), and adolescents aged 13 to 18 (7.2% in 1999 compared to 11.6% in 2001, $X^2_{(1)} = 11.5$, $p < .001$) (Hertz et al., 2000).

As with work settings, there were fewer differences between the types and ages of clients cared for by ADN and BSN graduates in this study than in the previous practice analysis (Smith & Crawford, 2002). While the groups were found to differ significantly in the numbers of maternity, stable chronic, and acutely ill clients cared for in 1999 (Smith & Crawford, 2002), there were no

significant differences found in the types of patients to whom care was provided in 2001. Several significant differences in the ages of clients persisted from the 1999 study (Smith & Crawford, 2002). BSN graduates continued to be more likely to provide care to newborns (16.9% BSN vs. 11.4% ADN, $X^2_{(1)} = 4.7$, $p < .03$), and ADN graduates were more likely to report caring for the elderly aged 65 to 85 (ADN 64.6% vs. BSN 53.2%, $X^2_{(1)} = 10.1$, $p < .001$) and elderly over 85 years old (ADN 19.6% vs. BSN 13.4%, $X^2_{(1)} = 5.02$, $p < .02$). The differences found between the two groups in the care of infants/children (one month to 12 years of age) and young adults aged 19 to 30 in the 1999 (Smith & Crawford, 2002) study were not repeated in the current study.

Bed Size and Location of Employment Settings

Statistically significant differences continued to be found in the size and location of ADN and BSN employment settings. BSN graduates continued to work in greater numbers in larger facilities in more populated areas. These findings take on greater significance when considering the following results.

Work Roles & Administrative Activities

Respondents to the current survey continued to report spending the greatest amount of their time in direct care activities (82.4%) followed by indirect care activities (10.4%) and administrative/management activities (3.8%). Responses to the current study demonstrated a statistically significant difference in the percentages of

time reportedly spent in administrative/management duties by ADN and BSN graduates (ADN 4.6% vs. BSN 2.6%, $t_{(313)} = 2.04$, $p < .04$). The survey also asked respondents if they had administrative responsibilities, and if they did have those responsibilities, if they had a primary administrative position. There were differences found between the percentages of ADN and BSN graduates reporting having administrative responsibilities, and even greater differences were found when these findings were separated according to employing facility.

The entry-level RNs working in long-term care were five times as likely as those in hospitals to report having administrative responsibilities, and three times as likely to report having a primary administrative position. Logistic regression analyses were performed using type of education (ADN and BSN), type of facility, population of employment setting and number of facility beds as predictors of a “yes” answer to questions about administrative responsibilities and having a primary administrative position. It was found that the type and bed size of the employing facility were significant predictors of administrative responsibilities and primary administrative positions, while type of education and the population of the employment setting were not.

Activities

Respondent ratings on the 100 activities included in the 2001 Practice Analysis Update were explored for similarity with the ratings given in the 1999 RN Practice Analysis (Hertz et al., 2000). The ratings proved to be remarkably

similar. The setting-specific frequency ratings demonstrated an average difference of .09 (on a 0 to 5 scale), with a minimum of -.39 and a maximum of .65. The 1999 and 2001 average frequency ratings provided a Pearson R correlation of .99. The average priority ratings were similarly well matched over the two years. The per activity difference in priority rating averaged just .02 (on a 1–4 scale), with a minimum of -.18 and a maximum of .20. The 1999 and 2001 average priority ratings demonstrated a Pearson R correlation of .98.

The ratings of frequency of activity performance were averaged separately for ADN and BSN respondents. Thirty activity items were found to be statistically significantly different between the two groups, but only five items demonstrated differences greater than or equal to 0.5.

In further studying the average differences in activity performance it was found that BSN graduates performed 23 of the activities more frequently than the ADN graduates and for 77 activities the average frequency of ADN performance was higher.

It was found that 30% of the ADN graduates had previously practiced as LPN/VNs, compared to only 5% of BSN graduates. The data were then separated into groups reporting previous work as an LPN and those that had not been LPNs. Differences in average frequencies of performance of the nurses that had been LPN/VNs and those that had not were greater than the differences between the ADN/BSN groups. Seventeen of the activities had differences greater than or equal to 0.5 with 31 activities evidencing statistically significant differences.

Conclusions

1. ADN and BSN graduates continue to work in very similar settings with the exception of more ADN graduates evidencing employment in nursing homes and more BSN graduates working in pediatric settings. The types and ages of clients cared for are reflective of these work settings.
2. The type and size of employing facility tend to be better predictors of administrative responsibilities and primary administrative positions than educational preparation. ADN graduates tend to work in smaller facilities and nursing homes and nurses in those facilities have a greater likelihood of performing administrative duties.
3. Prior work as an LPN is related to greater frequency of performance of larger numbers of entry-level activities. The differences in frequencies between those that had and had not been LPNs were greater than the differences found between ADN and BSN graduates.

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**Report of Findings from the
2001
RN Practice
Analysis Update**

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 five territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan guiding content distribution of the licensure examination. Because changes can occur in registered nurse (RN) practice, practice analysis studies are conducted on a three-year cycle. Additional studies 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 findings from the 2001 RN Practice Analysis Update are reported here in the first of a series of monographs called NCSBN Research Briefs. These briefs provide the means to quickly disseminate NCSBN research findings.

In the fall of 2000 the NCSBN Research Services Department performed a secondary analysis of the 1999 RN Practice Analysis for differences in the entry-level practices of graduates of ADN and BSN educational programs (Smith & Crawford, 2002; Smith, 2002). That analysis demonstrated that the graduates of the two types of programs were hired into the same types of positions and performed the same types of activities (Smith & Crawford, 2002; Smith, 2002). A study was requested to update RN practice analysis data with an emphasis on possible differences in the entry-level practices of graduates of ADN and BSN programs. The 1999 RN Practice Analysis Survey (Hertz et al., 2000) was modified to include the 100 activities that were most likely to be performed by new nurses and had the greatest potential for demonstrating practice differences. The RN Practice Analysis Update study was performed in June 2001.

Methodology

This section provides a description of the methodology used to conduct a practice analysis of newly licensed RN practice. Descriptions of sample selection and data collection procedures are provided, as well as information about response rates, the data collection instrument, assurance of confidentiality, and the degree to which participants were representative of the population of newly licensed RNs.

Sample Selection and Data Collection Procedures

The 2001 RN Practice Analysis Update was a nonexperimental, descriptive study of newly licensed RN practice. A stratified random sample of 2,000 RNs was selected from lists of candidates successful on the NCLEX-RN® examination between December 1, 2000, and March 31, 2001. The sample was stratified by type of basic nursing education (ADN and BSN) and by area of the country, with processes being used to include representative numbers of subjects from each NCSBN jurisdiction. A five-stage mailing process was used to engage participants in the study. A letter was sent to each person selected for the sample. A week later the survey, with a cover letter and postage-paid return envelope, was mailed. One week later a postcard was sent to all participants, reiterating the importance of the study, and urging participation. Approximately a week after the first postcard, a second reminder postcard was sent to non-respondents, and two weeks later a second

survey was mailed to continued non-respondents.

Of the 2,000 surveys, 63 were mailed to bad addresses; 970 were returned for an overall 50% return rate. Of the 970 surveys received, 148 respondents reported that they did not provide direct care or were not working in nursing, and 11 made more than 50% errors in their answers (an error was defined as indicating that an activity did not apply to one's work setting and then providing frequency and priority ratings for that activity). A further 42 respondents reported educational preparation other than ADN or BSN. That left 769 analyzable surveys (40%).

Data Collection Instrument

The Nursing Activity Study questionnaire (*see Appendix B*) used for this study contained five sections plus a cover page. The cover page provided instructions, offered respondents the opportunity to request a letter of recognition and included questions to verify that the respondent was employed in nursing as a registered nurse. The content of Sections 1, 2, 4, and 5, as described below, was based on items contained in questionnaires used in previous practice analysis studies. Some response options were updated to reflect current terminology/practice arenas. The remaining section (Section 3) contained 100 statements reflective of activities performed by newly licensed RNs.

Section 1 of the questionnaire addressed the participant's work

environment. Questions were included about work settings (specialty area, type of facility or organization, location), characteristics of clients (age and condition) and work hours.

Section 2 contained questions related to length of work experience, previous experience as a nursing assistant or licensed practical/vocational nurse, type of orientation to the work setting that was provided by the employer, and additional course work completed or certifications received since completion of the basic education program.

Section 3 contained a list of 100 nursing activities and descriptions of functional roles and processes commonly used in nursing practice. One hundred of the 189 activities included on the 1999 practice analysis were selected for this study using the following criteria:

- All activities that demonstrated a 0.25 or greater difference in average frequency of performance between the types of graduates on the secondary analysis performed in 2000 (Smith, 2002).
- Activities that the secondary analysis showed to be most frequently performed by both types of graduates (Smith, 2002).
- Activities that reflected those areas of practice often cited as divergent between ADN and BSN curriculums, i.e., research, teaching, and managing care.

For each of the 100 nursing activity statements, a series of three questions was asked:

1. Is the activity performed in your work setting?
2. If yes to #1, how often did you personally perform the activity

on the last day you worked (0 to 5+ times)?

3. What is the priority of performing the activity compared to the performance of other nursing activities when considering the risk of unnecessary complications, impairment of function or serious distress to clients (4-point scale from lowest to highest priority)?

In this section respondents were also asked if the activities listed in the survey represented what they actually did in practice. Additional questions requested information about the percentages of time devoted to five functional areas (administration/management, direct client care, indirect client care, student education and research) and to involvement in the five components of the nursing process (assessment, analysis, planning, implementation and evaluation).

Section 4 of the questionnaire requested demographic data (gender, racial/ethnic background and educational preparation) in order to describe the characteristics of the respondent group. Section 5 provided an opportunity for respondents to write comments or suggestions about the study.

Confidentiality

All potential participants were promised confidentiality with regard to their participation and their responses. Pre-assigned code numbers were used to facilitate cost-effective follow-up mailings and for merging data files generated from scannable and non-scannable data. However, files containing mailing information were kept

separate from the data files. Letters acknowledging participation in the study were sent to employers on behalf of those who (a) requested that a personalized letter be sent to a supervisor and (b) provided the supervisor's mailing address. 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 sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, subject ethnicity and subject gender.

Summary

A data collection instrument was disseminated to 2,000 individuals selected at random from among all individuals who passed the NCLEX-RN® examination between December 1, 2000, and March 31, 2001. A 40% response rate of analyzable surveys was obtained, with 769 newly licensed nurses participating in the study.

Survey Participants

Demographics and Work Environments

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

Demographic Information

Fifty-nine percent of the respondents were ADN graduates and 41% graduated from BSN programs. Eight percent of the respondents were male. Although there were no differences in gender between ADN and BSN graduates, significant differences were found in their racial and ethnic backgrounds (*see Table 1*). BSN graduates included a larger number of those of Asian descent (BSN 7.9%; ADN 3.7%; $X^2_{(1)} = 6.4$, $p < .01$), and a smaller number of individuals of Hispanic descent (BSN 2.6%; ADN 7.7%; $X^2_{(1)} = 9.3$, $p < .002$) than ADN graduates.

Compared to the results of the 1999 RN Practice Analysis (Hertz et al., 2000) more of the 2001 respondents reported being of Asian descent (1999 4.6%; 2001 5.5%) or of black or African American descent (1999 7.3%; 2001 10.9%) (Hertz et al., 2000). Fewer of the respondents in 2001 reported being white (1999 82.7%; 2001 77.2%) (Hertz et al., 2000). There were no statistically significant differences found between the ethnic make-up of the BSN/ADN groups in 1999.

Most of the respondents (98.8%) had never worked outside the U.S. as a registered nurse. Most (62.6%) had worked as a nursing assistant or aide prior to becoming a licensed RN and usually had experience as an aide for one to three years, working 25 to 40 hours per week. Sixty percent of the ADN graduates and 66.5% of the BSN graduates had been an aide prior to becoming a licensed RN. The ADN graduates tended to have had been

Table 1. Racial/Ethnic Background

Background	1999					2001				
	Overall %	ADN		BSN		Overall %	ADN		BSN	
		n	%	n	%		n	%	n	%
American Indian/ Alaska Native	1.3	9	1.2	8	1.5	1.40	7	1.5	4	1.3
Asian*	4.6	36	4.8	23	4.4	5.50	17	3.7	25	7.9
Black/African American	7.3	59	7.8	35	6.6	10.90	46	10.1	38	12.1
Hispanic or Latino*	5.6	43	5.7	29	5.5	5.60	35	7.7	8	2.6
Native Hawaiian/Other Pacific Islander	0.1	0	0	1	0.2	0.40	1	0.2	2	0.6
White	82.7	613	81.4	447	84.5	77.24	352	77.4	242	77.1

*Significant difference in 2001 at the $p < 0.5$ level; no significant differences were found in 1999.

Table 2. Certifications Earned

Type of Certification	1999					2001				
	Overall %	ADN		BSN		Overall %	ADN		BSN	
		n	%	n	%		n	%	n	%
Advanced Cardiac Life Support	16.0	124	16.0	81	15.0	18.70	90	19.8	54	17.2
Basic Life Support	45.0	332	44.0	245	46.0	51.90	229	50.3	170	54.1
Critical Care	7.5	54	7.2	42	7.9	8.80	39	8.6	29	9.2
Coronary Care	4.0	29	3.9	22	4.2	4.30	19	4.2	14	4.5
Chemotherapy	3.0	19	2.5	22	4.2	2.30	14	3.1	4	1.3
IV Therapy ^{^*}	22.0	185	24.6	97	18.0	23	118	25.9	59	18.8
Rehabilitation	0.6	5	0.7	2	0.4	0.9	4	0.9	3	0.9
None	32.5	249	33.1	167	31.6	23.7	106	23.3	76	24.2

[^] Significantly different in 1999 at $p < .05$.

^{*} Significantly different in 2001 at $p < .05$.

aides for longer periods of time. Forty-six percent of ADN graduates had been aides for three or more years, 31% of BSN graduates reported working as an aide for less than one year, and 48% of BSN graduates had been aides for one to three years.

About one-fifth of the respondents had been an LPN/VN prior to becoming a licensed RN; of those, 41.6% had been an LPN/VN for five or more years. Thirty percent of the ADN graduates and 5.5% of the BSN graduates had been an LPN/VN prior to becoming a RN. The ADN and BSN graduates did not differ in the length of time they had previously been LPN/VNs.

When asked about certificates earned or courses completed since graduation from nursing school 19.8% of the ADN graduates and 17.2% of the BSN graduates reported earning Advanced Cardiac Life Support certification (see Table 2) and 50.3% of the ADN graduates and 54.1% of the BSN graduates had earned Basic Life Support certification.

Compared to the 1999 (Hertz et al., 2000) findings, it was evident that more of the 2001 respondents had earned certificates or completed courses (32.5% of the 1999 respon-

dents and 23.7% of 2001 respondents marked "none"). More of the 2001 respondents had earned certificates or completed courses in Advanced Life Support (1999 16%; 2001 18.7%), Basic Life Support (1999 45%; 2001 51.9%), and critical care (1999 7.5%; 2001 8.8%) compared to their 1999 (Hertz et al., 2000) counterparts. These findings may reflect the larger numbers of new graduates going to work in critical care settings.

Work Environments

The majority (88.7%) of newly licensed nurses in this study reported working in hospitals (see Table 3). Only 4.7% reported working in community-based facilities and 4.6% reported working in long-term care. The numbers reporting work in long-term care decreased 2.4% from the 1999 RN Practice Analysis (Hertz et al., 2000), and that difference was found to be statistically significant ($X^2_{(1)} = 4.8, p < .02$).

Overall, respondents reported working most in the medical/surgical (39%) and the critical care (31.5%) settings. Only 6.4% reported working in nursing homes. The percentages of respondents reporting work

Table 3. Type of Employing Facility

Facility	1999					2001				
	Overall %	ADN		BSN		Overall %	ADN		BSN	
		n	%	n	%		n	%	n	%
Hospital	87.15	619	83.42	486	92.4	88.70	385	85.56	290	93.25
Subacute Care	0.63	6	0.81	2	0.38	1.10	7	1.56	1	0.32
LTC	7.02	73	9.84	16	3.04	4.60	28	6.22	7	2.25
Community-based	4.34	34	4.58	21	3.99	4.70	24	5.33	12	3.86
Other	0.87	10	1.35	1	0.19	0.90	6	1.33	1	0.32

in various work settings remained remarkably stable from 1999 (Hertz et al., 2000) to 2001. The only statistically significant difference was a decrease in the numbers reporting work in the medical/surgical setting (43.8% in 1999 compared to 39% in 2001, $X^2_{(1)} = 4.4$, $p < .03$) (Hertz et al., 2000).

Compared to the 1999 RN Practice Analysis (Smith & Crawford, 2002) there were fewer differences in the work settings of ADN and BSN graduates in this study (see Table 4). In 1999 significantly more BSN graduates worked in critical care and pediatrics, and more ADN graduates worked in long-term care and nursing homes (Smith & Crawford, 2002). In this study about equal numbers of ADN and BSN graduates reported working in the critical care setting (29.7% ADN and 35% BSN) and no statistically significant difference was found in the numbers reporting work in the long-term care setting (although that finding may be attributable to the very few respondents reporting work in the long-term care setting). Differences persisted only in the numbers reporting work in pediatrics (14% BSN vs. 7.5% ADN, $X^2_{(1)} = 8.7$, $p < .003$) and nursing homes (8.8% ADN vs. 2.9% BSN, $X^2_{(1)} = 10.9$, $p < .001$) (Smith & Crawford, 2002).

Statistically significant differences continued to be found in the size and location of ADN and BSN employment settings (see Tables 5 and 6). BSN graduates continued to work in greater numbers in larger facilities ($X^2_{(4)} = 17$, $p < .002$) in more populated areas ($X^2_{(5)} = 18$, $p < .003$).

Shifts Worked

The shifts most commonly worked continued to be days (35.9%) and nights (36.5%). Only 10% of the ADN and 19% of the BSN graduates rotated shifts (see Table 7). Compared to the 1999 findings, in 2001 fewer of the BSN graduates reported working evening shifts than did ADN graduates (BSN 10%; ADN 16%). In both 1999 and 2001 BSN graduates were more likely than ADN graduates to report working rotating shifts (1999 ADN 12%, BSN 19%; 2001 ADN 10%, BSN 19%) (see Figure 1).

Orientation

Overall, most (57.4%) respondents received more than four weeks of orientation (see Table 8). Only 5% (ADN=6.6%, BSN=2.9%) had no orientation in their current position. Although there was an overall trend toward slightly longer orientations, ADN graduates continued to be more likely to have a shorter orientation time. In 1999, 18.4% of ADN

graduates reported receiving two weeks or less orientation compared to 7.9% of BSN graduates. In 2001, 14.9% of ADN and 6.9% of BSN graduates reported receiving two weeks or less orientation.

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for acutely ill clients (62.4%), those with unstable chronic conditions (30.6%), those with stable chronic conditions (29.1%), and clients at end of life (21.3%) (see Table 9). The only statistically significant difference between the 1999 RN Practice Analysis and the current findings was a decrease in the numbers reporting care of clients with stable chronic conditions (34.2% in 1999

compared to 29.1% in 2001, $X^2_{(1)} = 5.5, p < .01$).

See Table 10 for the ages of clients. The majority of respondents reported caring for elderly clients aged 65 to 85 (59.9%), adult clients aged 31 to 64 (58.3%), and young adult clients aged 19 to 30 (21.9%). There were statistically significant increases in the numbers reporting care of newborns (9.9% in 1999 compared to 13.7% in 2001, $X^2_{(1)} = 6.7, p < .009$), and adolescents aged 13 to 18 (7.2% in 1999 compared to 11.6% in 2001, $X^2_{(1)} = 11.5, p < .001$).

As with work settings, there were fewer differences between the types and ages of clients cared for by ADN and BSN graduates in this study than in the previous practice analysis. While the groups were

Table 4. Work Setting[†]

	1999					2001				
	Overall	ADN		BSN		Overall	ADN		BSN	
	% (n=1282)	n	%	n	%	% (n=769)	n	%	n	%
Med surg	43.76	345	46	216	41	39.01	190	41.76	110	35.03
Critical Care*	28.00	180	24	179	34	31.46	135	29.67	110	35.03
Peds* [^]	9.13	51	7	66	12	10.14	34	7.47	44	14.01
Nursing Home* [^]	8.35	85	11	22	4	6.37	40	8.79	9	2.87
Postpartum	4.76	34	5	27	5	4.81	20	4.4	17	5.41
Labor and delivery	4.91	31	4	32	6	4.59	22	4.84	21	3.69
OR	2.50	22	3	10	2	3.51	17	3.74	10	3.18
Psych	2.65	21	3	13	3	2.6	15	3.3	5	1.59
Rehab	2.41	19	3	12	2	2.21	10	2.2	7	2.23
Subacute/Transitional Care	2.96	27	4	11	2	2.08	9	1.98	7	2.23
Physician's/Dentist's Office	1.64	11	1	10	2	1.43	7	1.54	4	1.27
LTC*	1.17	13	2	2	0.4	1.17	8	1.76	1	0.32
Home Health	1.72	16	2	6	1	1.04	7	1.54	1	0.32
Out Patient Clinic	0.94	9	1	3	0.6	0.91	5	1.1	2	0.64
Pubic Health	0.31	1	0.1	3	0.6	0.91	2	0.44	5	1.59
Hospice	0.47	5	0.7	1	0.2	0.39	1	0.22	2	0.64
School Health	0.31	1	0.1	3	0.6	0.26	1	0.22	1	0.32
Prison	0.55	4	0.5	3	0.6	0	0	0	0	0
Occupational Health	0.23	2	0.3	1	0.2	0	0	0	0	0

* Significantly different in 1999; [^] significantly different in 2001.

[†] Respondents could select more than one work setting to describe their practices.

Table 5. Number of Employing Facility Beds

	1999			2001		
	Overall %	ADN (n) %	BSN (n) %	Overall %	ADN (n) %	BSN (n) %
<100 beds	11.94	(100) 14%	(43) 9%	12.00	(63) 14%	(23) 8%
100-299 beds	28.55	(222) 32%	(120) 24%	30.10	(140) 33%	(76) 26%
300-499 beds	25.54	(171) 25%	(135) 27%	23.00	(90) 21%	(75) 26%
500 or >	24.96	(147) 21%	(152) 30%	26.40	(99) 23%	(90) 30%
Don't Know	9.02	(55) 8%	(53) 11%	8.50	(31) 7%	(30) 10%

Statistically significant in 1999, chi-sq = 27.4, df=4, p<.001. Statistically significant in 2001, chi-sq = 17, df=4, p<.002.

Table 6. Population of Employment Setting

	1999			2001		
	Overall %	ADN (n) %	BSN (n) %	Overall %	ADN (n) %	BSN (n) %
< 20,000	8.54	(73) 10%	(32) 6%	6.76	(38) 9%	(12) 4%
20,000-49,999	12.36	(97) 13%	(55) 11%	13.38	(64) 15%	(35) 12%
50,000-99,999	13.01	(96) 13%	(64) 13%	12.70	(61) 14%	(33) 11%
100,000-500,000	22.76	(153) 21%	(127) 25%	22.84	(96) 22%	(73) 24%
> 500,000	21.95	(139) 19%	(131) 26%	21.22	(75) 17%	(82) 27%
Don't Know	21.38	(163) 23%	(100) 20%	23.11	(106) 24%	(65) 22%

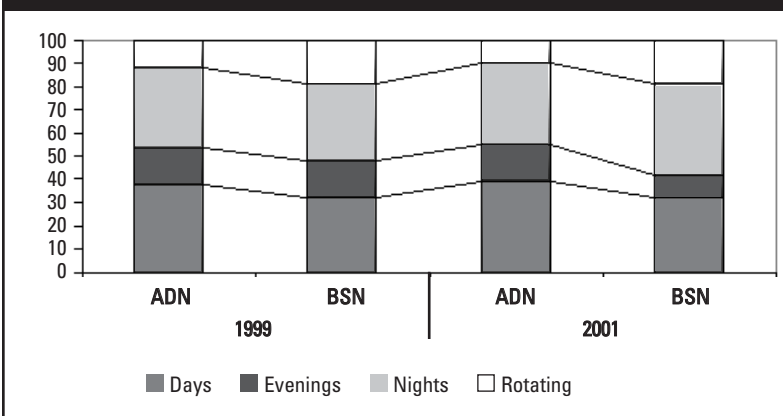
Statistically significant in 1999, chi-sq = 15.7, df=5, p<.008. Statistically significant in 2001, chi-sq = 18, df=5, p<.003.

Table 7. Shifts Worked

	1999			2001		
	Overall %	ADN (n) %	BSN (n) %	Overall %	ADN (n) %	BSN (n) %
Days	35.22	(280) 38%	(168) 32%	35.87	(174) 39%	(99) 32%
Evenings	16.04	(120) 16%	(84) 16%	13.80	(73) 16%	(32) 10%
Nights	33.73	(255) 34%	(174) 33%	36.53	(157) 35%	(121) 39%
Rotating	15.02	(90) 12%	(101) 19%	13.80	(46) 10%	(59) 19%

Statistically significant in 1999, chi-sq = 13.3, df=3, p=.004. Statistically significant in 2001, chi-sq = 18, df=3, p<.001.

Figure 1. Comparison of Shifts Worked – 1999 and 2001



found to differ significantly in the numbers of maternity, stable chronic, and acutely ill clients cared for in 1999, there were no significant differences found in the types of patients to whom care was provided in 2001. Several significant differences in the ages of clients cared for persisted from the 1999 study. BSN graduates continued to be more likely to provide care to newborns (16.9% BSN vs. 11.4% ADN, $X^2_{(1)} = 4.7$, $p < .03$), and ADN graduates were more likely to report caring for the elderly aged 65 to 85 (ADN 64.6% vs. BSN 53.2%, $X^2_{(1)} = 10.1$, $p < .001$) and elderly over 85 years old (ADN 19.6% vs. BSN 13.4%, $X^2_{(1)} = 5.02$, $p < .02$). The differences found between the two groups in the care of infants/children (one month to 12 years of age) and young adults aged 19 to 30 in the 1999 study (Smith & Crawford, 2002) were not repeated in the current study.

Summary

The majority of newly licensed nurses reported working in hospitals, mostly in medical-surgical and critical care settings. There were few differences found in the work settings of ADN and BSN graduates. BSN graduates continued to work in greater numbers in larger facilities in more populated areas. Newly licensed nurses cared most frequently for acutely ill clients; and a few significant differences were found between the ages of clients cared for by ADN and BSN graduates: BSN graduates provided care for more newborns and ADN graduates cared for more clients over the age of 65.

Table 8. Length of Orientation

Length-Orientation	1999					2001				
	Overall %	ADN		BSN		Overall %	ADN		BSN	
		n	%	n	%		n	%		
< 1 week	5.8	58	8.5	11	2.2	3.4	22	5.2	3	1.0
1-2 weeks	8.1	68	9.9	29	5.7	8.1	41	9.7	18	5.9
3-4 weeks	18.4	133	19.4	86	17.0	13.9	61	14.5	40	13.1
> 4 weeks	55.2	349	50.9	308	61.0	57.4	234	55.5	183	60.0
Other	12.5	78	11.4	71	14.1	17.2	64	15.2	61	20.0

Table 9. Types of Clients[†]

	1999					2001 [^]				
	Overall %	ADN		BSN		Overall %	ADN		BSN	
		n	%	n	%		n	%		
Well	11.86	79	10	73	14	14.56	72	15.82	40	12.74
Maternity*	9.59	56	7	67	13	9.88	39	8.57	37	11.78
Stable chronic*	34.17	284	38	154	29	29.13	140	30.77	84	26.75
Unstable chronic	30.03	227	30	158	30	30.56	142	31.21	93	29.62
Acutely ill*	59.52	424	56	339	64	62.42	274	60.22	206	65.61
End of life	22.00	178	24	104	20	21.33	100	21.98	64	20.38
Behavior/emotional conditions	12.79	107	14	57	11	11.44	57	12.53	31	9.87

* Significantly different in 1999; [^] none of the variables were significantly different in 2001.

[†] Respondents could select more than one type and/or age of client to describe their practice.

Table 10. Ages of Clients[†]

	1999					2001				
	Overall %	ADN		BSN		Overall %	ADN		BSN	
		n	%	n	%		n	%		
Newborns* [^]	9.91	59	8	68	13	13.65	52	11.43	53	16.88
Infants/children (1 mo to 12 yrs)*	11.31	66	9	79	15	13.52	55	12.09	49	15.61
Adolescents (ages 13-18)	7.18	49	7	43	8	11.57	46	10.11	43	13.69
Young adults (ages 19-30)*	20.98	138	18	131	25	21.98	101	22.2	68	21.66
Adults (31-64)	57.88	438	58	304	57	58.26	272	59.78	176	56.05
Elderly (65-85)* [^]	62.40	506	67	294	56	59.95	294	64.62	167	53.18
Elderly (>85)* [^]	18.56	167	22	71	13	17.04	89	19.56	42	13.38

* Significantly different in 1999; [^] significantly different in 2001.

[†] Respondents could select more than one type and/or age of client to describe their practices.

Practice Characteristics and Activity Performance Findings

Time spent in work roles, administrative responsibilities, and time spent on each area of the nursing process are presented next, followed by the frequencies and priorities of activities performed.

Practice Characteristics

Respondents to the current survey continued to report spending the greatest amount of their time in direct care activities (82.4%) followed by indirect care activities (10.4%) and administrative/management activities (3.8%) (see Table 11). Responses to the current study demonstrated a statistically significant difference in the percentages of time spent in administrative/management duties by ADN and BSN graduates (ADN 4.6% vs. BSN 2.6%, $t_{(313)} = 2.04$, $p < .04$).

The survey also asked respondents if they had administrative responsibilities, and if they did have those responsibilities if they had a primary administrative position (see Tables 12 and 13). There were a few differences found between the percentages of ADN and BSN graduates reporting having administrative responsibilities, but greater differences were found among the amount of such responsibility reported by those in different types of facilities. Those working in long-term care were five times as likely as those in hospitals to report having administrative responsibilities, and three

times as likely to report having a primary administrative position.

A logistic regression was performed using type of education (ADN and BSN), type of facility, population of employment setting and number of facility beds as predictors of a “yes” answer to questions about administrative responsibilities and having a primary administrative position. It was found that the type and bed size of the employing facility were significant predictors of administrative responsibilities and primary administrative positions (Type of facility and administrative responsibilities: Wald $X^2 = 39.2$, $p < .0001$; type of facility and primary administrative position: Wald $X^2 = 10.7$, $p < .001$. Bed size and administrative responsibilities: Wald $X^2 = 4.8$, $p < .02$; bed size and primary administrative position: Wald $X^2 = 6.2$, $p < .01$.), while type of education and the population of the employment setting were not.

Little difference was seen between 1999 (Hertz et al., 2000) and 2001 in the relative time spent in each step of the nursing process (see Table 14). Most (32.7%) time was spent in assessment, followed by implementation (27.8%). There were no statistical differences between ADN and BSN graduates in average time spent in steps of the nursing process.

Table 11. Average Time Spent in Work Roles

	1999			2001		
	Overall %	ADN %	BSN %	Overall %	ADN %	BSN %
Administrative/Mgt [^]	3.6	4.3	2.8	3.8	4.6	2.6
Direct client care	81.6	80.1	83.4	82.4	81	84.4
Indirect client care	10.8	10.9	10.8	10.4	11	9.5
Education of students	1.04	0.9	1.1	0.56	0.53	0.59
Research*	1.49	2.2	0.7	1.4	1.3	1.4
Other	1.91	2.6	1.2	1.5	1.4	1.7

* Significantly different in 1999, $t=3.1$, $df = 412$, $p = .002$.

[^]Significantly different in 2001, $t=2.04$, $df=313$, $p<.04$.

Table 12. Administrative Responsibilities

	1999			2001		
	Overall %	ADN (n) %	BSN (n) %	Overall %	ADN (n) %	BSN (n) %
All Facilities* [^]	20.11	(193) 25.87	(63) 11.95	20.81	(109) 24.06	(50) 16.08
Hospital*	13.74	(106) 17.24	(45) 9.30	15.80	(62) 16.19	(44) 15.28
Long-Term Care [^]	80.68	(58) 80.56	(13) 81.25	82.35	(25) 89.29	(3) 50.00
Community-Based	26.42	(11) 34.38	(3) 14.29	27.78	(7) 29.17	(3) 25.00

*Significant in 1999 $p<.05$.

[^]Significant in 2001 $p<.05$ Chi sq analysis.

Table 13. Primary Administrative Position

	1999			2001		
	Overall %	ADN (n) %	BSN (n) %	Overall %	ADN (n) %	BSN (n) %
All Facilities*	41.76	(91) 46.67	(18) 27.27	35.98	(40) 36.7	(19) 34.55
Hospital	26.58	(33) 30.00	(9) 18.75	22.61	(11) 16.67	(15) 30.04
Long-Term Care*	72.06	(43) 78.18	(6) 46.15	76.00	(17) 77.27	(2) 66.67
Community-Based	40.00	(5) 41.67	(1) 33.33	60.00	(4) 57.14	(2) 66.67

*Significant In 1999 $p<.05$; none of the variables were statistically significant in 2001.

Logistic regression performed on the 2001 data demonstrated that the newly licensed nurse's employing facility and the bedsize of that facility were significant predictors of administrative responsibilities and having administrative responsibilities as the primary position. Type of educational preparation was not a significant predictor.

Administrative Responsibilities:

Facility – Wald Chi-sq = 39.19, $p<.0001$.

Bedsizes – Wald Chi-sq = 4.83, $p<.02$.

Type of education – Did not meet probability criteria for entry into the logistic model.

Population of setting – Did not meet probability criteria for entry into the logistic model.

Primary Administrative Position:

Facility – Wald Chi-sq = 10.7, $p<.001$.

Bedsizes – Wald Chi-sq = 6.23, $p<.01$.

Type of education – Wald Chi sq = 2.67, $p=.10$.

Population of setting – Did not meet probability criteria for entry into the logistic model.

Activity Performance Characteristics

Participants were asked if performance of each activity applied to their work settings. If performance of a specific activity did apply to their work settings, participants were instructed to answer the subsequent questions about how frequently they performed the activity during the last day they worked and the priority of performance in terms of client well-being. If a specific activity did not apply to the individual's practice, participants were instructed to go on to the next activity statement.

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire forms represented what they actually did in their positions. A large majority (93.6%) indicated that the activities were representative of their current practice.

Applicability of Activity to Practice Setting

Respondents were asked if each of the activities was applicable to his or her work setting. The percentage of newly licensed nurses reporting that the activities were applicable is reported in Table 15. The activities ranged from 10% applicability (10% of the respondents reported that the activity was performed within their work settings) to 100% (all of the respondents reported the activity was performed within their work setting).

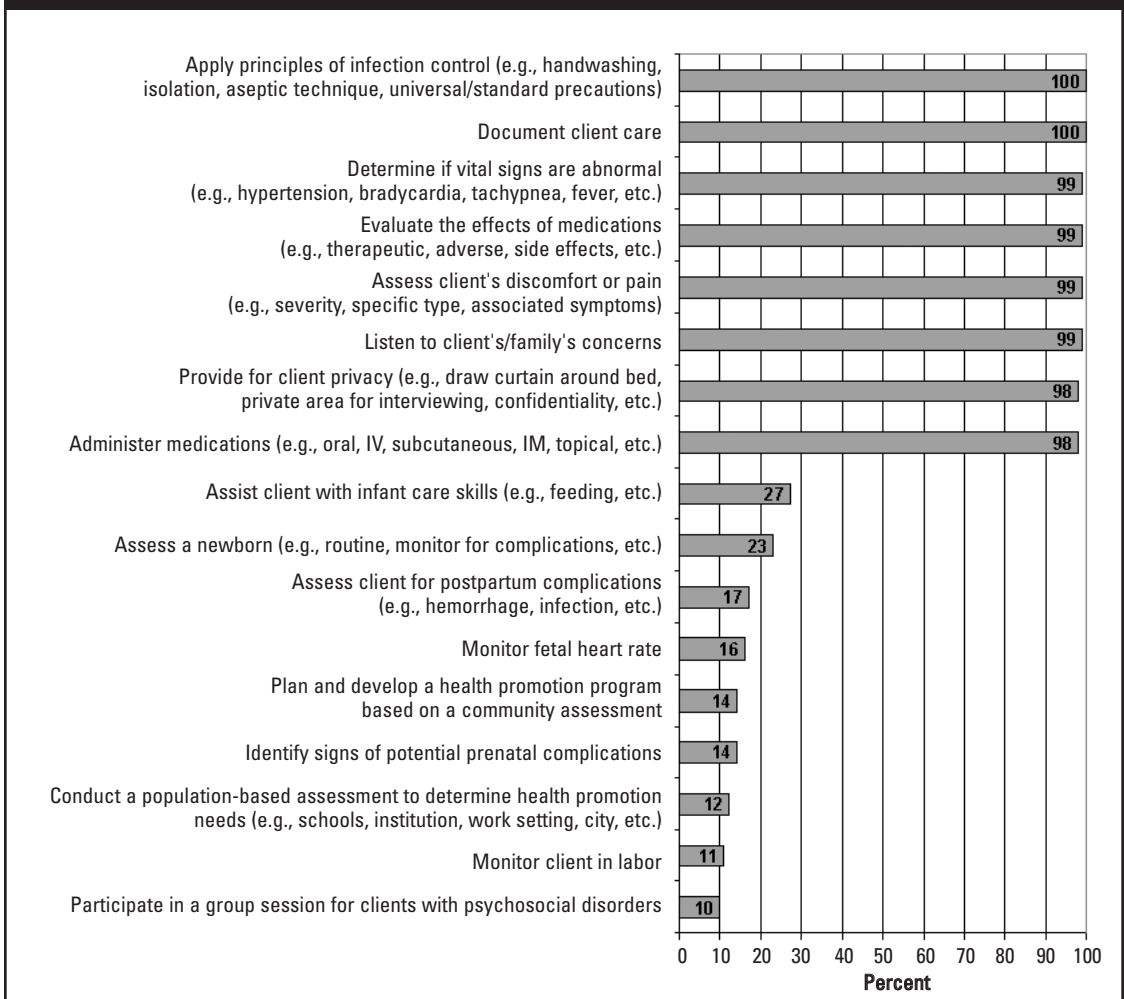
Of the 100 activities included on the questionnaire, the activities reported to apply to the setting of the lowest number of participants were related to care of maternity clients and newborns, planning community programs, and participating in group sessions with clients with psychosocial disorders. The activities with the highest number of participants reporting performance applied to their work settings were those related to the provision of basic care such as determining if vital signs were normal, applying principles of infections control, administering medications and assessing their effectiveness, etc. (see Figure 2).

Frequency of Activity Performance

Respondents were asked to rate the frequency of performance of all activities they adjudged to be applicable to their work settings. They reported how frequently they performed the activity on the last day they worked on a six-point scale: "0 times" to "5 times or more." Average frequency statistics were calculated using the data of participants who provided ratings. These statistics represented setting-specific frequencies, or how frequently each activity was performed within applicable settings. Average frequencies ranged from 0.35 to 4.93. The activities performed with the lowest frequencies were "identify and report client abuse," "prepare for and implement emergency response plans (i.e., internal/external disaster plans)" and "identify and intervene in life-threatening situations (e.g., perform

Table 14. Average Time Spent in Steps of Nursing Process

	1999			2001		
	Overall %	ADN %	BSN %	Overall %	ADN %	BSN %
Assessment	32.8	32.2	33.9	32.7	33.9	30.8
Analysis	12.3	12.5	12.1	12.9	12.3	13.8
Planning	12.5	12.5	12.5	12.7	12.8	12.6
Implementation	28.7	29.3	28.1	27.8	26.9	29.3
Evaluation	13.5	13.5	13.5	13.6	13.8	13.3

Figure 2. Most and Least Performed Activities

cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress).” The activities with the highest average frequencies of performance were “apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions),” “document client care” and “administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.).” The average frequency rating for each of the 100 activities is reported in Table 15 and activities are rank ordered from highest to lowest frequency of performance in Appendix C.

Priority of Activity Performance

The priority of performing each nursing activity in regard to the maintenance of client safety and well-being was determined by participants’ responses to the following question: “What is the priority of performing this nursing activity compared to the performance of other nursing activities?” Participants were further requested to consider the priority of activity performance in terms of client safety, namely risk of unnecessary complications, impairment of function, or serious distress to clients.

Priority ratings were calculated only for participants who stated that the activity applied to their setting. Priority ratings were recorded using a four-point scale: “1” (lowest priority) to “4” (highest priority). The average priority values for the 100 nursing activities ranged from a low of 2.22 to a high of 3.77. The activities with the lowest priority ratings were “integrate complementary

modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.),” “assist client to accept dependence on others, as appropriate” and “conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.).” The activities with the highest priority ratings were “identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress),” “apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)” and “determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.).” The average priority rating for each of the 100 activities is reported in Table 15 and activities are rank ordered from highest to lowest priority rating in Appendix D.

Comparison with 1999 RN Practice Analysis

Respondent ratings on the 100 activities included in the 2001 Practice Analysis Update were explored for similarity with the ratings given in the 1999 RN Practice Analysis (Hertz et al., 2000). The ratings proved to be remarkably similar (*see Appendix A*). The setting specific frequency ratings demonstrated an average difference of .09 (on a 0 to 5 scale), with a minimum of -.39 and a maximum of .65. The 1999 and 2001 average frequency ratings provided a Pearson R correlation of .99. The average priority ratings were similarly well matched

Table 15. Overall Average Activity Ratings

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
1	Document client care	100	4.77	3.25
2	Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	100	4.93	3.75
3	Assess a newborn (e.g., routine, monitor for complications, etc.)	23	2.70	3.55
4	Conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.)	12	1.30	2.32
5	Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	84	2.29	2.67
6	Identify changes in client's mental status	90	2.95	3.26
7	Plan nursing measures to promote client sleep or rest	89	2.92	2.64
8	Monitor client in labor	11	2.93	3.38
9	Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	98	4.70	3.64
10	Assess characteristics of bowel sounds	93	3.97	2.88
11	Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	39	2.43	3.57
12	Counsel/teach client about managing his/her health deviation/problem (e.g., AIDs, chronic illness, etc.)	80	2.31	2.77
13	Identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	80	0.73	3.77
14	Assign, delegate or supervise delivery of client care by other nursing personnel	84	3.21	2.74
15	Follow procedures for handling bio-hazardous materials (e.g., chemotherapeutic agents, radiation sources, etc.)	58	1.84	3.19
16	Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	17	2.66	3.54
17	Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	54	2.25	2.88
18	Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	82	2.13	2.75
19	Assess dynamics of family interactions	84	2.10	2.35
20	Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	78	2.87	2.76
21	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	90	3.80	3.32
22	Prescribe a medication (identify need, dosage, frequency, route, etc.)	43	2.79	3.26
23	Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	41	2.17	3.38
24	Recommend change in treatment based upon client's response	91	2.03	3.09
25	Identify and report client abuse	76	0.35	3.34
26	Prepare for and implement emergency response plans (i.e., internal/external disaster)	73	0.39	3.02

continued on next page

Table 15, continued: Overall Average Activity Ratings

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
27	Assist client with infant care skills (e.g., feeding, etc.)	27	2.27	2.99
28	Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	38	2.44	2.77
29	Participate in a group session for clients with psychosocial disorders	10	1.17	2.64
30	Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	27	1.13	2.96
31	Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	97	3.59	3.58
32	Identify signs of potential prenatal complications	14	1.61	3.39
33	Plan and develop a health promotion program based on a community assessment	14	1.03	2.44
34	Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	48	1.73	2.69
35	Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	89	1.70	2.71
36	Modify approaches to care in accordance with client's developmental stage	73	2.21	2.74
37	Monitor fetal heart rate	16	2.36	3.30
38	Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	56	1.47	2.77
39	Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	87	3.61	2.95
40	Coordinate transfer of client to another setting/unit	89	1.51	2.65
41	Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	77	1.61	2.58
42	Discuss treatment options/decisions with client/family	83	1.71	2.75
43	Protect client from injury (e.g., protect from another individual, falls, environmental hazards, etc.)	96	3.76	3.58
44	Compare a client's psychosocial/behavioral/physical development to norms for age/stage	72	2.21	2.48
45	Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	77	2.07	2.49
46	Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	60	2.90	3.62
47	Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	92	2.93	3.04
48	Participate in discharge planning process	87	2.38	2.85
49	Encourage client/family involvement in the health care decision-making process	92	2.31	2.89
50	Instruct client about self-administration of medications	82	1.72	2.99
51	Explain/teach about scheduled treatments/procedures	92	2.55	2.97
52	Listen to client's/family's concerns	99	3.51	3.21

continued on next page

Table 15, continued: Overall Average Activity Ratings

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
53	Provide ostomy care (e.g., ileostomy, colostomy, etc.)	75	0.97	2.61
54	Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	89	2.40	3.52
55	Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	88	3.03	3.34
56	Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	85	1.35	2.69
57	Promote independence by client/family	88	2.49	2.84
58	Participate in continuous quality improvement/assurance program	74	1.51	2.46
59	Use research literature or other resources in planning care	81	1.45	2.54
60	Act as a client advocate	97	3.15	3.43
61	Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	96	3.53	3.45
62	Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	53	1.50	2.56
63	Assess the environment in which care is delivered	89	3.35	2.95
64	Assess client's ability to eat (e.g., chewing, swallowing, etc.)	84	2.38	3.17
65	Administer total parenteral nutrition	74	1.39	3.06
66	Assess for peripheral edema	94	3.76	3.14
67	Consult with other health care providers about client care	97	3.58	3.19
68	Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	85	2.89	2.80
69	Use therapeutic interventions to increase client understanding of his/her behavior	73	2.08	2.64
70	Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	99	4.48	3.63
71	Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	99	4.33	3.62
72	Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	99	4.68	3.75
73	Evaluate effectiveness of care provided by others	91	3.18	2.89
74	Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	90	2.28	3.55
75	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	97	4.19	3.39
76	Manage care of client with a peripheral IV	94	4.05	3.28
77	Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	86	2.51	3.41
78	Serve as a resource person to other staff	92	2.33	2.61
79	Teach primary caregivers specific techniques for client care (e.g., colostomy)	75	1.03	2.72
80	Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	77	1.83	2.50

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Table 15, continued: Overall Average Activity Ratings

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
81	Use clinical pathways/care maps/care plans to guide and evaluate client care	85	3.04	2.71
82	Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	90	2.73	3.16
83	Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	96	4.10	3.17
84	Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	80	1.76	2.94
85	Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	83	2.13	2.73
86	Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	62	1.27	2.22
87	Assist client to accept dependence on others, as appropriate	75	1.36	2.28
88	Orient client to reality	82	2.13	2.77
89	Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	79	2.08	2.81
90	Assess/triage clients to prioritize the order of care delivery	66	3.15	3.29
91	Evaluate client care environment for safety hazards	92	3.46	3.26
92	Participate in developing an interdisciplinary plan of care	78	2.17	2.78
93	Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	92	3.49	3.05
94	Participate in educating staff	70	1.10	2.59
95	Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams etc.)	73	1.44	2.63
96	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	86	1.34	2.80
97	Identify potential for skin breakdown (e.g., immobility, nutritional status, incontinence, etc.)	88	3.15	3.12
98	Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	98	4.33	3.31
99	Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	86	2.37	2.89
100	Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	91	2.45	3.18

over the two years. The average per activity difference in priority rating was just .02 (on a 1 to 4 scale), with a minimum of -.18 and a maximum of .20. The 1999 and 2001 average priority ratings demonstrated a Pearson R correlation of .98.

Comparison of ADN and BSN Graduates

The frequency ratings were averaged separately for ADN and BSN respondents. Thirty activity items were found to have statistically significant different average frequencies for ADN and BSN graduates. Only five of those 30 items demonstrated differences greater than or equal to 0.5, and three of those five activities related to the maternal child setting (see Figure 3).

In further studying the differences in ADN and BSN average frequencies of activity performance it was found that for 23 of the 100 activities BSN respondents reported performing the activity more frequently than the ADN respondents and for the remaining 77 activities the ADN respondents reported a greater frequency of performance. Average frequencies of activity performance rank ordered from highest to lowest ADN minus BSN difference are reported in Table 16.

Influence of Previous Experience

It was found that 30% of the ADN graduates had previously practiced as LPN/VNs, compared to only 5% of BSN graduates. Frequency of activity performance was averaged separately for respondents reporting

previous work as an LPN and for those that had not been LPN/VNs. Greater differences were found in the frequency ratings provided by those two groups than by the ADN/BSN groups. Of the activities performed more frequently by those RNs who had previously been LPN/VNs, 17 had differences greater than or equal to 0.5, and 31 of the 100 activities evidenced statistically significant differences. Figure 4 illustrates the 17 activities with the greatest differences in frequency of performance due to prior experience and Table 17 provides the complete list of activities rank ordered by differences in the prior PN and not prior PN groups.

Summary

Frequency of activity performance and priority ratings were presented for 100 entry-level nursing activities. The frequency and priority ratings found in this 2001 RN Practice Analysis Update were very similar to those found in the NCSBN 1999 RN Practice Analysis. The average frequencies of activity performance of ADN and BSN graduates were compared and it was found that ADN graduates performed a majority of the activities at higher frequencies than BSN graduates. It was also found that 30% of the ADN graduates had formerly been LPN/VNs compared to 5% of the BSN graduates. The average frequencies of activity performance were compared for those respondents that had been LPN/VNs and those that had not. Greater differences were found between the prior PN/not prior PN groups than for the ADN/BSN groups.

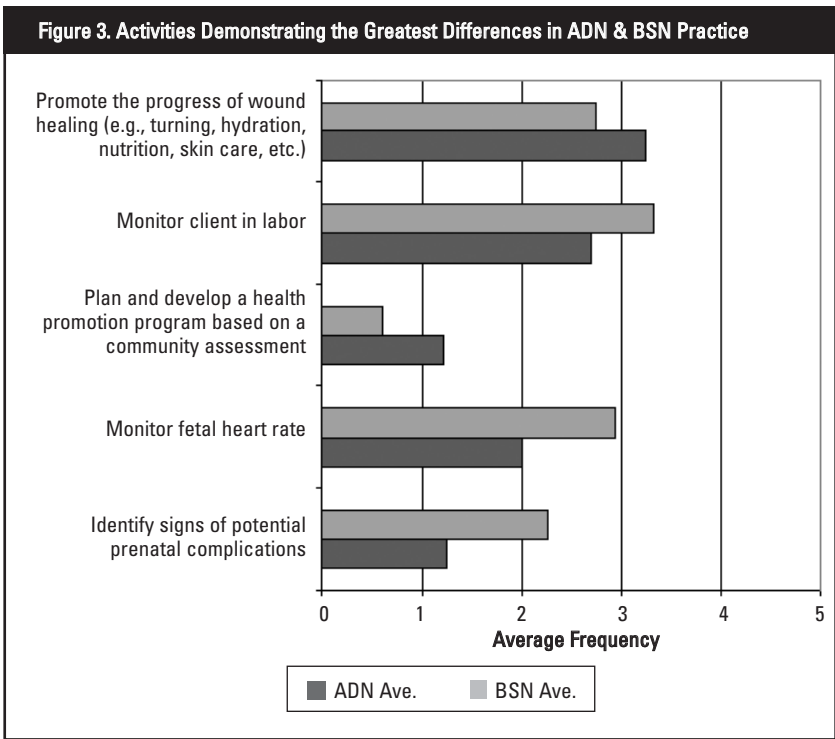


Table 16. Comparison of ADN and BSN Graduate Average Frequencies

Item #	Activity Statements	2001			ADN-BSN	t-value	p
		Overall Average Frequency	ADN Average Frequency	BSN Average Frequency			
33	Plan and develop a health promotion program based on a community assessment	1.03	1.22	0.6	0.62	2.29	0.0243
55	Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	3.03	3.24	2.74	0.5	3.52	0.0005
50	Instruct client about self-administration of medications	1.72	1.91	1.42	0.49	3.42	0.0007
100	Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	2.45	2.64	2.17	0.47	3.26	0.0012
30	Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	1.13	1.29	0.82	0.47	1.65	0.0991
29	Participate in a group session for clients with psychosocial disorders	1.17	1.28	0.84	0.44	0.93	0.35
90	Assess/triage clients to prioritize the order of care delivery	3.15	3.33	2.89	0.44	2.44	0.015
18	Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	2.13	2.31	1.88	0.43	3.12	0.0019
34	Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	1.73	1.89	1.48	0.41	2.3	0.0216
40	Coordinate transfer of client to another setting/unit	1.51	1.68	1.27	0.41	3.28	0.0011
31	Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	3.59	3.76	3.35	0.41	3.5	0.0005
94	Participate in educating staff	1.10	1.27	0.87	0.4	3.02	0.0026
14	Assign, delegate or supervise delivery of client care by other nursing personnel	3.21	3.37	2.99	0.38	2.62	0.0089
89	Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	2.08	2.22	1.86	0.36	2.45	0.0143
45	Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	2.07	2.21	1.85	0.36	2.41	0.016

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Table 16, continued: Comparison of ADN and BSN Graduate Average Frequencies

Item #	Activity Statements	2001			ADN-BSN	t-value	p
		Overall Average Frequency	ADN Average Frequency	BSN Average Frequency			
23	Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	2.17	2.29	1.94	0.35	1.56	0.11
56	Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	1.35	1.5	1.15	0.35	2.89	0.0038
98	Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	4.33	4.46	4.14	0.32	3.47	0.0005
53	Provide ostomy care (e.g., ileostomy, colostomy, etc.)	0.97	1.1	0.78	0.32	2.63	0.0088
73	Evaluate effectiveness of care provided by others	3.18	3.31	3.01	0.3	2.1	0.0355
48	Participate in discharge planning process	2.38	2.51	2.21	0.3	1.99	0.0465
51	Explain/teach about scheduled treatments/procedures	2.55	2.67	2.37	0.3	2.2	0.0279
28	Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	2.44	2.55	2.26	0.29	1.14	0.25
59	Use research literature or other resources in planning care	1.45	1.57	1.28	0.29	2.11	0.0352
68	Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	2.89	3.01	2.72	0.29	1.94	0.0523
12	Counsel/teach client about managing his/her health deviation/problem (e.g., AIDs, chronic illness, etc.)	2.31	2.43	2.15	0.28	2.04	0.04
64	Assess client's ability to eat (e.g., chewing, swallowing, etc.)	2.38	2.49	2.21	0.28	1.96	0.0499
15	Follow procedures for handling bio-hazardous materials (e.g., chemotherapeutic agents, radiation sources, etc.)	1.84	1.95	1.67	0.28	1.48	0.13
24	Recommend change in treatment based upon client's response	2.03	2.14	1.86	0.28	2.33	0.0196
80	Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	1.83	1.95	1.67	0.28	1.81	0.0694
22	Prescribe a medication (identify need, dosage, frequency, route, etc.)	2.79	2.9	2.63	0.27	1.16	0.24
58	Participate in continuous quality improvement/assurance program	1.51	1.62	1.35	0.27	1.72	0.0848

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Table 16, continued: Comparison of ADN and BSN Graduate Average Frequencies

Item #	Activity Statements	2001	ADN	BSN	ADN-BSN	t-value	p
		Overall Average Frequency	Average Frequency	Average Frequency			
54	Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	2.40	2.51	2.24	0.27	1.91	0.0557
61	Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	3.53	3.64	3.38	0.26	2.08	0.0371
82	Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	2.73	2.83	2.57	0.26	1.95	0.0514
63	Assess the environment in which care is delivered	3.35	3.46	3.2	0.26	1.87	0.0611
93	Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	3.49	3.59	3.33	0.26	2.03	0.0418
85	Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	2.13	2.24	1.99	0.25	1.67	0.0952
38	Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	1.47	1.56	1.32	0.24	1.48	0.13
35	Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	1.70	1.8	1.57	0.23	1.83	0.0667
21	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	3.80	3.89	3.67	0.22	1.84	0.06
79	Teach primary caregivers specific techniques for client care (e.g., colostomy)	1.03	1.12	0.9	0.22	1.65	0.098
26	Prepare for and implement emergency response plans (i.e., internal/external disaster)	0.39	0.47	0.26	0.21	2.62	0.009
41	Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	1.61	1.7	1.49	0.21	1.56	0.11
43	Protect client from injury (e.g., protect from another individual, falls, environmental hazards, etc.)	3.76	3.85	3.64	0.21	1.8	0.0723
65	Administer total parenteral nutrition	1.39	1.48	1.27	0.21	1.43	0.15
96	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	1.34	1.42	1.21	0.21	1.65	0.098
57	Promote independence by client/family	2.49	2.57	2.37	0.2	1.48	0.13
92	Participate in developing an interdisciplinary plan of care	2.17	2.25	2.07	0.18	1.13	0.25

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Table 16, continued: Comparison of ADN and BSN Graduate Average Frequencies

Item #	Activity Statements	2001	ADN	BSN	ADN-BSN	t-value	p
		Overall Average Frequency	Average Frequency	Average Frequency			
99	Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	2.37	2.44	2.26	0.18	1.21	0.22
25	Identify and report client abuse	0.35	0.43	0.25	0.18	2.27	0.023
86	Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	1.27	1.34	1.17	0.17	1.05	0.29
6	Identify changes in client's mental status	2.95	3.02	2.85	0.17	1.28	0.2
77	Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	2.51	2.57	2.42	0.15	0.99	0.31
60	Act as a client advocate	3.15	3.21	3.07	0.14	1.03	0.29
91	Evaluate client care environment for safety hazards	3.46	3.52	3.38	0.14	1.01	0.3
87	Assist client to accept dependence on others, as appropriate	1.36	1.41	1.27	0.14	1.06	0.28
47	Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	2.93	2.99	2.86	0.13	0.89	0.36
97	Identify potential for skin breakdown (e.g., immobility, nutritional status, incontinence, etc.)	3.15	3.2	3.08	0.12	0.83	0.4
13	Identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	0.73	0.78	0.66	0.12	1.22	0.22
95	Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams, etc.)	1.44	1.49	1.37	0.12	0.86	0.38
69	Use therapeutic interventions to increase client understanding of his/her behavior	2.08	2.12	2.01	0.11	0.67	0.49
81	Use clinical pathways/care maps/care plans to guide and evaluate client care	3.04	3.09	2.98	0.11	0.69	0.48
84	Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	1.76	1.8	1.7	0.1	0.61	0.53
42	Discuss treatment options/decisions with client/family	1.71	1.77	1.68	0.09	0.73	0.46
39	Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	3.61	3.64	3.58	0.06	0.45	0.65
78	Serve as a resource person to other staff	2.33	2.35	2.3	0.05	0.34	0.72

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Table 16, continued: Comparison of ADN and BSN Graduate Average Frequencies

Item #	Activity Statements	2001	ADN	BSN	ADN-BSN	t-value	p
		Overall Average Frequency	Average Frequency	Average Frequency			
17	Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	2.25	2.27	2.22	0.05	0.25	0.79
66	Assess for peripheral edema	3.76	3.76	3.71	0.05	0.65	0.51
20	Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	2.87	2.89	2.85	0.04	0.2	0.83
49	Encourage client/family involvement in the health care decision-making process	2.31	2.33	2.29	0.04	0.28	0.77
74	Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	2.28	2.3	2.26	0.04	0.22	0.82
88	Orient client to reality	2.13	2.14	2.11	0.03	0.23	0.81
67	Consult with other health care providers about client care	3.58	3.59	3.57	0.02	0.18	0.85
71	Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	4.33	4.34	4.32	0.02	0.13	0.88
11	Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	2.43	2.43	2.42	0.01	0.05	0.95
75	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	4.19	4.2	4.19	0.01	0.11	0.9
19	Assess dynamics of family interactions	2.10	2.09	2.11	-0.02	-0.11	0.9
1	Document client care	4.77	4.76	4.78	-0.02	-0.32	0.74
2	Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	4.93	4.92	4.94	-0.02	-0.7	0.47
52	Listen to client's/family's concerns	3.51	3.49	3.53	-0.04	-0.29	0.76
5	Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	2.29	2.27	2.31	-0.04	-0.32	0.74
70	Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	4.48	4.46	4.5	-0.04	-0.51	0.61
72	Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	4.68	4.66	4.7	-0.04	-0.56	0.57
9	Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	4.70	4.73	4.78	-0.05	-0.9	0.36
36	Modify approaches to care in accordance with client's developmental stage	2.21	2.19	2.24	-0.05	-0.29	0.76
76	Manage care of client with a peripheral IV	4.05	4.02	4.09	-0.07	-0.57	0.56

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Table 16, continued: Comparison of ADN and BSN Graduate Average Frequencies

Item #	Activity Statements	2001	ADN	BSN	ADN-BSN	t-value	p
		Overall Average Frequency	Average Frequency	Average Frequency			
10	Assess characteristics of bowel sounds	3.97	3.92	4.03	-0.11	-0.98	0.32
3	Assess a newborn (e.g., routine, monitor for complications, etc.)	2.70	2.65	2.77	-0.12	-0.36	0.71
7	Plan nursing measures to promote client sleep or rest	2.92	2.87	2.99	-0.12	-0.94	0.34
44	Compare a client's psychosocial/behavioral/physical development to norms for age/stage	2.21	2.16	2.29	-0.13	-0.79	0.42
83	Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	4.10	4.04	4.18	-0.14	-1.28	0.19
62	Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	1.50	1.43	1.6	-0.17	-0.91	0.36
16	Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	2.66	2.57	2.8	-0.23	-0.6	0.54
27	Assist client with infant care skills (e.g., feeding, etc.)	2.27	2.15	2.43	-0.28	-0.99	0.31
4	Conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.)	1.30	1.26	1.56	-0.3	-0.98	0.32
46	Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	2.90	2.74	3.13	-0.39	-2.01	0.0477
8	Monitor client in labor	2.93	2.7	3.32	-0.62	-1.32	0.18
37	Monitor fetal heart rate	2.36	2.01	2.93	-0.92	-2.32	0.0221
32	Identify signs of potential prenatal complications	1.61	1.25	2.26	-1.01	-2.18	0.0061

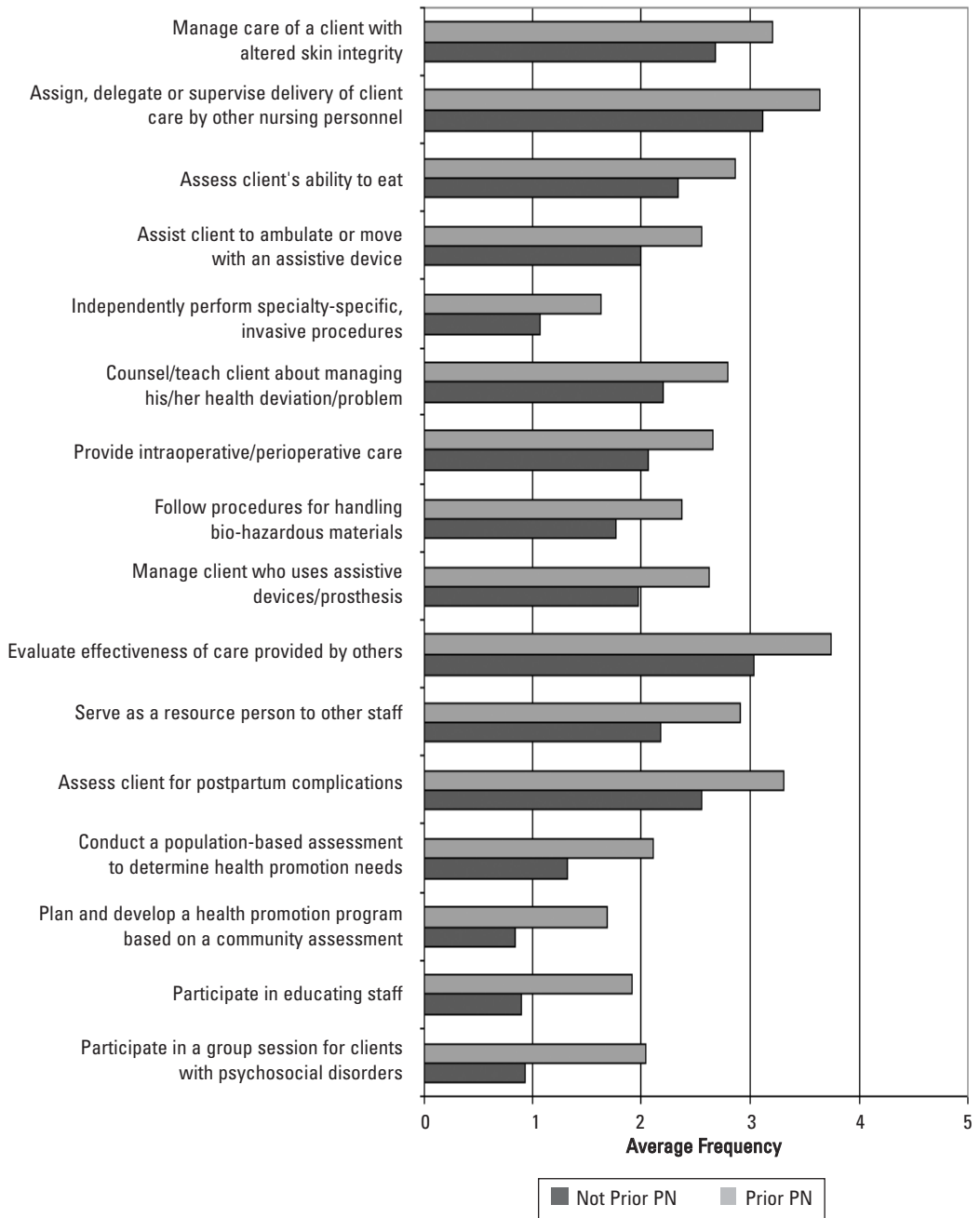
Figure 4. Activities Demonstrating the Greatest Differences Due to Prior Experience

Table 17. Comparison of Frequencies of Prior LPN/VNs and Those That Had Not Been LPN/VNs

Item #	Activity Statements	2001 Overall Average Frequency	Not Prior PN	Prior PN	Prior PN Minus Not Prior PN	t value	p
29	Participate in a group session for clients with psychosocial disorders	1.17	0.93	2.04	1.11	-2.53	0.0132
94	Participate in educating staff	1.10	0.89	1.91	1.02	-5.69	0.0001
33	Plan and develop a health promotion program based on a community assessment	1.03	0.84	1.68	0.84	-2.64	0.0093
4	Conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.)	1.30	1.32	2.11	0.79	-2.11	0.03
16	Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	2.66	2.55	3.31	0.76	-1.3	0.15
78	Serve as a resource person to other staff	2.33	2.17	2.91	0.74	-4.57	0.00001
73	Evaluate effectiveness of care provided by others	3.18	3.04	3.74	0.7	-4.5	0.0001
45	Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	2.07	1.98	2.63	0.65	-3.66	0.0003
15	Follow procedures for handling bio-hazardous materials (e.g., chemotherapeutic agents, radiation sources, etc.)	1.84	1.76	2.37	0.61	-2.59	0.0066
23	Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	2.17	2.06	2.66	0.6	-2.37	0.0183
12	Counsel/teach client about managing his/her health deviation/problem (e.g., AIDs, chronic illness, etc.)	2.31	2.21	2.79	0.58	-3.31	0.0011
30	Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	1.13	1.07	1.63	0.56	-1.94	0.0526
89	Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	2.08	2	2.55	0.55	-3.13	0.0018
64	Assess client's ability to eat (e.g., chewing, swallowing, etc.)	2.38	2.34	2.87	0.53	-2.96	0.0031
14	Assign, delegate or supervise delivery of client care by other nursing personnel	3.21	3.12	3.64	0.52	-3.03	0.0027
82	Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	2.73	2.68	3.2	0.52	-3.18	0.0015

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Table 17, continued: Comparison of Frequencies of Prior LPN/VNs and Those That Had Not Been LPN/VNs

Item #	Activity Statements	2001 Overall Average Frequency	Not Prior PN	Prior PN	Prior PN Minus Not Prior PN	t value	p
28	Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	2.44	2.38	2.86	0.48	-1.77	0.0763
55	Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	3.03	2.98	3.4	0.42	-2.46	0.0138
79	Teach primary caregivers specific techniques for client care (e.g., colostomy)	1.03	0.97	1.39	0.42	-2.71	0.0068
96	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	1.34	1.32	1.74	0.42	-2.3	0.02
84	Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	1.76	1.71	2.12	0.41	-2.09	0.0361
26	Prepare for and implement emergency response plans (i.e., internal/external disaster)	0.39	0.35	0.76	0.41	-3.007	0.0031
63	Assess the environment in which care is delivered	3.35	3.24	3.65	0.41	-2.45	0.0144
38	Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	1.47	1.42	1.82	0.4	-2.03	0.04
53	Provide ostomy care (e.g., ileostomy, colostomy, etc.)	0.97	0.93	1.33	0.4	-2.2788	0.0241
56	Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	1.35	1.3	1.7	0.4	-2.41	0.0166
77	Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	2.51	2.48	2.87	0.39	-2.13	0.0332
100	Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	2.45	2.42	2.79	0.37	-2.15	0.0317
65	Administer total parenteral nutrition	1.39	1.36	1.73	0.37	-1.98	0.0479
47	Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	2.93	2.89	3.26	0.37	-2.1	0.0352
22	Prescribe a medication (identify need, dosage, frequency, route, etc.)	2.79	2.76	3.12	0.36	-1.27	0.2
58	Participate in continuous quality improvement/assurance program	1.51	1.47	1.83	0.36	-1.7	0.0901

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Table 17, continued: Comparison of Frequencies of Prior LPN/VNs and Those That Had Not Been LPN/VNs

Item #	Activity Statements	2001 Overall Average Frequency	Not Prior PN	Prior PN	Prior PN Minus Not Prior PN	t value	p
50	Instruct client about self-administration of medications	1.72	1.66	2	0.34	-1.91	0.0557
18	Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	2.13	2.1	2.44	0.34	-2.01	0.04
92	Participate in developing an interdisciplinary plan of care	2.17	2.12	2.45	0.33	-1.66	0.09
41	Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	1.61	1.56	1.89	0.33	-1.96	0.0501
57	Promote independence by client/family	2.49	2.42	2.74	0.32	-1.89	0.059
34	Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	1.73	1.66	1.98	0.32	-1.6	0.1
87	Assist client to accept dependence on others, as appropriate	1.36	1.3	1.6	0.3	-1.88	0.0598
3	Assess a newborn (e.g., routine, monitor for complications, etc.)	2.70	2.66	2.96	0.3	-0.72	0.47
68	Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	2.89	2.85	3.15	0.3	-1.68	0.0925
5	Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	2.29	2.24	2.53	0.29	-1.96	0.051
24	Recommend change in treatment based upon client's response	2.03	1.98	2.26	0.28	-1.95	0.051
80	Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	1.83	1.83	2.11	0.28	-1.43	0.15
88	Orient client to reality	2.13	2.12	2.4	0.28	-1.59	0.11
44	Compare a client's psychosocial/behavioral/physical development to norms for age/stage	2.21	2.18	2.45	0.27	-1.39	0.16
62	Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	1.50	1.45	1.72	0.27	-1.1	0.27
6	Identify changes in client's mental status	2.95	2.94	3.2	0.26	-1.69	0.09
61	Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	3.53	3.49	3.75	0.26	-1.7	0.0888
42	Discuss treatment options/decisions with client/family	1.71	1.71	1.96	0.25	-1.55	0.12

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Table 17, continued: Comparison of Frequencies of Prior LPN/VNs and Those That Had Not Been LPN/VNs

Item #	Activity Statements	2001 Overall Average Frequency	Not Prior PN	Prior PN	Prior PN Minus Not Prior PN	t value	p
54	Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	2.40	2.4	2.65	0.25	-1.42	0.15
99	Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	2.37	2.33	2.58	0.25	-1.4	0.15
85	Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	2.13	2.09	2.33	0.24	-1.26	0.2
20	Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	2.87	2.81	3.04	0.23	-1.29	0.19
48	Participate in discharge planning process	2.38	2.34	2.57	0.23	-1.25	0.21
90	Assess/triage clients to prioritize the order of care delivery	3.15	3.12	3.35	0.23	-1.1	0.27
25	Identify and report client abuse	0.35	0.34	0.57	0.23	-1.85	0.06
11	Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	2.43	2.42	2.64	0.22	-0.67	0.5
97	Identify potential for skin breakdown, (e.g., immobility, nutritional status, incontinence, etc.)	3.15	3.14	3.36	0.22	-1.2	0.94
69	Use therapeutic interventions to increase client understanding of his/her behavior	2.08	2.06	2.26	0.2	-1.003	0.31
40	Coordinate transfer of client to another setting/unit	1.51	1.49	1.68	0.19	-1.16	0.24
98	Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	4.33	4.3	4.48	0.18	-1.66	0.09
59	Use research literature or other resources in planning care	1.45	1.44	1.62	0.18	-1.01	0.31
13	Identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	0.73	0.75	0.93	0.18	-1.14	0.25
8	Monitor client in labor	2.93	2.97	3.15	0.18	-0.3	0.75
60	Act as a client advocate	3.15	3.13	3.28	0.15	-0.93	0.35
31	Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	3.59	3.56	3.7	0.14	-0.99	0.32
95	Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams etc.)	1.44	1.41	1.54	0.13	-0.68	0.49

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Table 17, continued: Comparison of Frequencies of Prior LPN/VNs and Those That Had Not Been LPN/VNs

Item #	Activity Statements	2001 Overall Average Frequency	Not Prior PN	Prior PN	Prior PN Minus Not Prior PN	t value	p
17	Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	2.25	2.25	2.36	0.11	-0.47	0.63
21	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	3.80	3.81	3.91	0.1	-0.74	0.45
91	Evaluate client care environment for safety hazards	3.46	3.45	3.55	0.1	-0.6	0.54
35	Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	1.70	1.73	1.82	0.09	-0.6	0.54
36	Modify approaches to care in accordance with client's developmental stage	2.21	2.21	2.29	0.08	-0.39	0.68
86	Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	1.27	1.3	1.38	0.08	-0.4	0.68
19	Assess dynamics of family interactions	2.10	2.07	2.14	0.07	-0.43	0.66
93	Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	3.49	3.49	3.55	0.06	-0.32	0.74
74	Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	2.28	2.31	2.36	0.05	-0.29	0.76
43	Protect client from injury (e.g., protect from another individual, falls, environmental hazards, etc.)	3.76	3.76	3.8	0.04	-0.57	0.56
51	Explain/teach about scheduled treatments/procedures	2.55	2.56	2.6	0.04	-0.2792	0.78
52	Listen to client's/family's concerns	3.51	3.5	3.54	0.04	-0.31	0.75
39	Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	3.61	3.6	3.62	0.02	-0.13	0.89
32	Identify signs of potential prenatal complications	1.61	1.6	1.6	0	0.005	0.99
71	Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	4.33	4.34	4.32	-0.02	0.18	0.85
70	Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	4.48	4.48	4.46	-0.02	0.16	0.86
27	Assist client with infant care skills (e.g., feeding, etc.)	2.27	2.28	2.24	-0.04	0.11	0.9

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Table 17, continued: Comparison of Frequencies of Prior LPN/VNs and Those That Had Not Been LPN/VNs

Item #	Activity Statements	2001 Overall Average Frequency	Not Prior PN	Prior PN	Prior PN Minus Not Prior PN	t value	p
2	Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	4.93	4.94	4.9	-0.04	1.03	0.3
67	Consult with other health care providers about client care	3.58	3.6	3.55	-0.05	0.31	0.75
66	Assess for peripheral edema	3.76	3.76	3.7	-0.06	0.39	0.69
7	Plan nursing measures to promote client sleep or rest	2.92	2.97	2.88	-0.09	0.55	0.57
49	Encourage client/family involvement in the health care decision-making process	2.31	2.33	2.23	-0.1	0.62	0.53
81	Use clinical pathways/care maps/care plans to guide and evaluate client care	3.04	3.08	2.98	-0.1	0.51	0.6
9	Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	4.70	4.77	4.65	-0.12	1.51	0.13
37	Monitor fetal heart rate	2.36	2.39	2.25	-0.14	0.29	0.76
1	Document client care	4.77	4.78	4.63	-0.15	1.2	0.22
72	Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	4.68	4.72	4.55	-0.17	1.75	0.08
75	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	4.19	4.25	4.08	-0.17	1.3	0.19
76	Manage care of client with a peripheral IV	4.05	4.13	3.74	-0.39	2.37	0.0184
83	Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	4.10	4.19	3.77	-0.42	2.67	0.0082
46	Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	2.90	2.95	2.48	-0.47	1.91	0.0557
10	Assess characteristics of bowel sounds	3.97	4.05	3.53	-0.52	3.23	0.0014

Conclusions

1. Newly licensed registered nurses continue to work mostly in medical-surgical and critical care settings of hospitals, caring most frequently for acutely ill clients. ADN and BSN graduates work in very similar settings with the exception of more ADN graduates evidencing employment in nursing homes and more BSN graduates working in pediatric settings. BSN and ADN graduates tend to care for the same types of clients.
2. Newly licensed nurses spend the greatest amount of their time in direct care activities.
3. The type and size of employing facility are better predictors of administrative responsibilities and primary administrative positions than educational preparation. More ADN graduates work in smaller facilities and nursing homes and nurses in those facilities have a greater likelihood of performing administrative duties. Those working in long-term care are five times as likely as those in hospitals to report having administrative responsibilities and three times as likely to report having a primary administrative position.
4. Newly licensed nurses most frequently perform activities related to basic care measures such as evaluation of vital signs, documentation of care, and application of infection control measures within their entry-level nursing positions.
5. Prior work as an LPN/VN is related to greater frequency of activity performance. Previous experience as an LPN/VN has more of an influence on frequency of activity performance than type of educational preparation of the nurse.
6. This RN practice analysis update demonstrated that RN practice has remained relatively stable since the performance of the last major RN practice analysis in 1999. The differences found in the practices of newly licensed RNs with different types of educational preparation were minimal and, in most cases, related to the setting-specific nature of the specific task or the previous health care experience of the nurse. The analysis of RN practice will remain a priority for the National Council of State Boards of Nursing.

References

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- Smith, J. E. & Crawford, L. H. (2002). "The Link Between Entry-Level RN Practice and the NCLEX-RN[®] examination." *NurseEducator*, Vol. 27, pp. 109-112.
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Appendix A: Activity Statements

Appendix A. Activity Statements				
Item #	Activity Statements	2001 Overall Average Frequency	1999 Overall Average Frequency	Overall Difference 2001-1999
1	Document client care	4.77	4.78	-0.01
2	Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	4.93	4.96	-0.03
3	Assess a newborn (e.g., routine, monitor for complications, etc.)	2.70	2.44	0.26
4	Conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.)	1.30	1.32	-0.02
5	Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	2.29	2.14	0.15
6	Identify changes in client's mental status	2.95	3.00	-0.05
7	Plan nursing measures to promote client sleep or rest	2.92	2.91	0.01
8	Monitor client in labor	2.93	2.81	0.12
9	Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	4.70	4.72	-0.02
10	Assess characteristics of bowel sounds	3.97	3.94	0.03
11	Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	2.43	2.15	0.28
12	Counsel/teach client about managing his/her health deviation/problem (e.g., AIDs, chronic illness, etc.)	2.31	2.31	0.00
13	Identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	0.73	0.54	0.19
14	Assign, delegate or supervise delivery of client care by other nursing personnel	3.21	3.05	0.16
15	Follow procedures for handling bio-hazardous materials (e.g., chemotherapeutic agents, radiation sources, etc.)	1.84	1.78	0.06
16	Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	2.66	2.51	0.15
17	Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	2.25	2.13	0.12
18	Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	2.13	1.91	0.22
19	Assess dynamics of family interactions	2.10	2.05	0.05
20	Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	2.87	2.92	-0.05
21	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	3.80	3.75	0.05
22	Prescribe a medication (identify need, dosage, frequency, route, etc.)	2.79	2.47	0.32
23	Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	2.17	2.03	0.14

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Appendix A, continued: Activity Statements

Item #	Activity Statements	2001 Overall Average Frequency	1999 Overall Average Frequency	Overall Difference 2001-1999
24	Recommend change in treatment based upon client's response	2.03	1.86	0.17
25	Identify and report client abuse	0.35	0.20	0.15
26	Prepare for and implement emergency response plans (i.e., internal/ external disaster)	0.39	0.34	0.05
27	Assist client with infant care skills (e.g., feeding, etc.)	2.27	2.08	0.19
28	Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	2.44	2.24	0.20
29	Participate in a group session for clients with psychosocial disorders	1.17	0.66	0.51
30	Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	1.13	0.99	0.14
31	Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	3.59	3.59	0.00
32	Identify signs of potential prenatal complications	1.61	1.60	0.01
33	Plan and develop a health promotion program based on a community assessment	1.03	0.78	0.25
34	Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	1.73	1.49	0.24
35	Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	1.70	1.62	0.08
36	Modify approaches to care in accordance with client's developmental stage	2.21	1.83	0.38
37	Monitor fetal heart rate	2.36	2.15	0.21
38	Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	1.47	1.29	0.18
39	Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	3.61	3.65	-0.04
40	Coordinate transfer of client to another setting/unit	1.51	1.38	0.13
41	Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	1.61	1.39	0.22
42	Discuss treatment options/decisions with client/family	1.71	1.82	-0.11
43	Protect client from injury (e.g., protect from another individual, falls, environmental hazards, etc.)	3.76	3.71	0.05
44	Compare a client's psychosocial/behavioral/physical development to norms for age/stage	2.21	2.12	0.09
45	Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	2.07	2.2	-0.13
46	Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	2.90	2.52	0.38
47	Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	2.93	3.07	-0.14
48	Participate in discharge planning process	2.38	2.05	0.33

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Appendix A, continued: Activity Statements

Item #	Activity Statements	2001 Overall Average Frequency	1999 Overall Average Frequency	Overall Difference 2001-1999
49	Encourage client/family involvement in the health care decision-making process	2.31	2.42	-0.11
50	Instruct client about self-administration of medications	1.72	1.52	0.20
51	Explain/teach about scheduled treatments/procedures	2.55	2.76	-0.21
52	Listen to client's/family's concerns	3.51	3.44	0.07
53	Provide ostomy care (e.g., ileostomy, colostomy, etc.)	0.97	0.81	0.16
54	Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	2.40	2.41	-0.01
55	Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	3.03	3.33	-0.30
56	Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	1.35	1.17	0.18
57	Promote independence by client/family	2.49	2.49	0.00
58	Participate in continuous quality improvement/assurance program	1.51	1.29	0.22
59	Use research literature or other resources in planning care	1.45	1.15	0.30
60	Act as a client advocate	3.15	3.08	0.07
61	Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	3.53	3.67	-0.14
62	Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	1.50	1.41	0.09
63	Assess the environment in which care is delivered	3.35	3.42	-0.07
64	Assess client's ability to eat (e.g., chewing, swallowing, etc.)	2.38	2.23	0.15
65	Administer total parenteral nutrition	1.39	1.11	0.28
66	Assess for peripheral edema	3.76	3.74	0.02
67	Consult with other health care providers about client care	3.58	3.54	0.04
68	Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	2.89	3.27	-0.38
69	Use therapeutic interventions to increase client understanding of his/her behavior	2.08	1.68	0.40
70	Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	4.48	4.29	0.19
71	Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	4.33	4.31	0.02
72	Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	4.68	4.55	0.13
73	Evaluate effectiveness of care provided by others	3.18	2.78	0.40
74	Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	2.28	1.63	0.65
75	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	4.19	4.22	-0.03
76	Manage care of client with a peripheral IV	4.05	3.98	0.07
77	Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	2.51	2.42	0.09

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Appendix A, continued: Activity Statements

Item #	Activity Statements	2001 Overall Average Frequency	1999 Overall Average Frequency	Overall Difference 2001-1999
78	Serve as a resource person to other staff	2.33	2.01	0.32
79	Teach primary caregivers specific techniques for client care (e.g., colostomy)	1.03	0.94	0.09
80	Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	1.83	1.69	0.14
81	Use clinical pathways/care maps/care plans to guide and evaluate client care	3.04	3.14	-0.10
82	Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	2.73	2.46	0.27
83	Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	4.10	4.21	-0.11
84	Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	1.76	1.65	0.11
85	Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	2.13	2.44	-0.31
86	Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	1.27	1.66	-0.39
87	Assist client to accept dependence on others, as appropriate	1.36	1.59	-0.23
88	Orient client to reality	2.13	2.51	-0.38
89	Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	2.08	2.42	-0.34
90	Assess/triage clients to prioritize the order of care delivery	3.15	2.87	0.28
91	Evaluate client care environment for safety hazards	3.46	3.4	0.06
92	Participate in developing an interdisciplinary plan of care	2.17	1.95	0.22
93	Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	3.49	3.23	0.26
94	Participate in educating staff	1.10	0.78	0.32
95	Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams etc.)	1.44	1.2	0.24
96	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	1.34	1.27	0.07
97	Identify potential for skin breakdown (e.g., immobility, nutritional status, incontinence, etc.)	3.15	3.13	0.02
98	Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	4.33	4.26	0.07
99	Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	2.37	2.02	0.35
100	Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	2.45	2.42	0.03

2001 ADN and BSN freq averages Pearson R of .97

5>/= 0.5

Average= 0.09

Min= -.39

Max= .65

Appendix B: Survey Tool



NATIONAL COUNCIL OF STATE BOARDS OF NURSING

NURSING ACTIVITY STUDY

This questionnaire is part of a comprehensive study of the practice of newly licensed nurses in the United States. The study is being performed by the National Council of State Boards of Nursing.

INSTRUCTIONS

Please read each question carefully and respond by filling in the oval of the response which most closely represents your answer.

- Use only pencil or black or blue pen.
- Make heavy dark marks that fill the oval completely.
- If you wish to change an answer, erase cleanly if you use pencil. If you use pen, place an "X" over the first mark, and fill in the oval for your preferred answer.



Most questions have several alternative answers. Choose the answer that best applies to your practice and fill in the appropriate oval(s). A few questions ask you to write in information. Print your answer legibly in the space provided following the question.

Your answers will be kept confidential. Your individual responses to the questions will not be released.

If you want a letter acknowledging your participation to be sent to your employer or another person of your choice, please PRINT COMPLETE ADDRESS below:

Name: _____ Institution: _____

Address: _____ City/State/Zip: _____

1. If we need additional information in order to clarify the results of this study, we may call some participants. If you would be willing to answer a few additional questions by phone, please provide a number where you can be reached during the day or early evening.

Write the number in the boxes.

Then fill in the matching oval below each box.

Phone Number									
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

2. Are you currently working in nursing?
 ① Yes
 ② No → Skip to Section 4. Personal Information
3. Are you currently working as a Registered Nurse in the United States?
 ① Yes
 ② No → Skip to Section 4. Personal Information

DO NOT WRITE IN THIS AREA

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continued on next page

SECTION 1. WORK ENVIRONMENT

1a. Which of the following **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. (Choose no more than two.)

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

1b. Which of the following **best** describes the type of facility/organization in which the previously identified employment setting/specialty area is located? (Fill in only one oval)

- ① Hospital
- ② Subacute Care Facility
- ③ Long Term Care Facility
- ④ Community-Based or Ambulatory Care Facility/ Organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
- ⑤ Other (please specify): _____

2. If you work in a hospital or nursing home, how large is it?

- ① Under 100 beds
- ② 100 - 299 beds
- ③ 300 - 499 beds
- ④ 500 or more beds
- ⑤ Don't know

3. Which of the following descriptions **best** describes the location and size of your employment setting?

a. Location

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

b. Population

- ① Less than 20,000
- ② 20,000 to 49,999
- ③ 50,000 to 99,999
- ④ 100,000 to 500,000
- ⑤ Greater than 500,000
- ⑥ Don't know

4. Which of the following **best** describes **most** of your clients on the last day you worked? (You may choose more than one)

- ① Well clients, possibly with minor illnesses
- ② Maternity clients
- ③ Clients with stabilized chronic conditions
- ④ Clients with unstabilized chronic conditions
- ⑤ Clients with acute conditions, including surgical or critically ill clients
- ⑥ Clients at end of life (e.g., terminally ill, seriously ill, etc.)
- ⑦ Clients with behavioral/emotional conditions
- ⑧ Other (please specify): _____

5. Which of the following **best** describes the ages of **most** of your clients on the last day you worked? (You may choose more than one)

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

6. Which of the following **best** describes the hours you work? (Fill in only one oval)

- ① Days (8, 10, or 12 hour shifts)
- ② Evenings (8, 10, or 12 hour shifts)
- ③ Nights (8, 10, or 12 hour shifts)
- ④ Rotating shifts

SECTION 2. EXPERIENCE AND ORIENTATION

1. What is the total number of months you have worked in the U.S. as a licensed Registered Nurse?

Write the number in the boxes.

Then fill in the matching oval below each box.

Months	
Ⓐ Ⓐ	Ⓐ Ⓐ
Ⓑ Ⓑ	Ⓑ Ⓑ
Ⓒ Ⓒ	Ⓒ Ⓒ
Ⓓ Ⓓ	Ⓓ Ⓓ
Ⓔ Ⓔ	Ⓔ Ⓔ
Ⓕ Ⓕ	Ⓕ Ⓕ
Ⓖ Ⓖ	Ⓖ Ⓖ
Ⓗ Ⓗ	Ⓗ Ⓗ
Ⓘ Ⓘ	Ⓘ Ⓘ

2. Have you ever worked outside the U.S. as a Registered Nurse?

- No → Skip to question 3
 Yes

If yes, what is the total number of months you worked outside the U.S. as a Registered Nurse?

Months	

3. Did you work as a nursing assistant/alde, etc. prior to becoming a licensed RN?

- No → Skip to question 4
 Yes

If yes, for how many years and months?

- 1 Less than 1 year 2 3 yrs. to less than 5 yrs.
 3 1 yr. to less than 3 yrs. 4 5 or more years

If yes, what was the average number of hours worked per week?

- 1 0 - 12 hours 3 25 - 40 hours
 2 13 - 24 hours 4 More than 40 hours

4. Did you work as a LPN/VN prior to becoming a licensed RN?

- No → Skip to question 5
 Yes

If yes, for how many years and months?

- 1 Less than 1 year 3 3 yrs. to less than 5 yrs.
 2 1 yr. to less than 3 yrs. 4 5 or more years

If yes, what was the average number of hours worked per week?

- 1 0 - 12 hours 3 25 - 40 hours
 2 13 - 24 hours 4 More than 40 hours

5. What kind of orientation did you receive in your current position? (Fill in as many ovals as are appropriate.)

- 1 No formal orientation → Skip to question 7
 2 Classroom instruction/skills laboratory
 3 Preceptorship
 4 Evaluation with reference to a checklist
 5 Internship
 6 Competency-based orientation/competency testing
 7 Other (please specify): _____

6. If you had an orientation period, how long was it?

- 1 Less than 1 week
 2 1 - 2 weeks
 3 3 - 4 weeks
 4 Over 4 weeks
 5 Other (please specify): _____

7. Which of the following types of certificates have you earned or courses have you completed since graduation? (Fill in as many ovals as are appropriate.)

- 1 Advanced Cardiac Life Support
 2 Basic Life Support
 3 Critical Care
 4 Coronary Care
 5 Chemotherapy
 6 Intravenous therapy
 7 Rehabilitation
 8 None
 9 Other (please specify): _____

8. In your current position, do you give nursing care directly to clients? Note: Faculty supervision of student clinical experiences is not considered "direct care".

- Yes, 20 or more hours per week, on average → Continue to Section 3; Nursing Care Activities
 Yes, less than 20 hours per week, on average → Skip to Section 4; Personal Information
 No → Skip to Section 4; Personal Information



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SECTION 3. NURSING CARE ACTIVITIES

Part A.

NOTE: As used here, 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".

This section contains a list of activities that describe nursing practice in a variety of settings. Do not be surprised if some activities do not apply to your setting. For each activity, three questions are asked.

QUESTION A - DOES NOT APPLY: If performance of the activity **does not apply to your setting** (i.e., the activity is not performed by any nursing personnel in your clinical setting), mark the oval in column A and skip to the next activity. If the activity **does apply** to your setting, leave the oval in column A blank and answer questions B and C.

QUESTION B - FREQUENCY: How often did you **personally** perform the activity the last day you worked? Fill in the oval that corresponds to the number of times you performed the activity (0 to 5 or more).

QUESTION C - PRIORITY: What is the priority of performing this nursing activity compared to the performance of other nursing activities? All activities are designed to help clients, but some activities are more important than others in regard to client safety.

- **Low Priority.** The activity has a low priority relative to other nursing activities you perform when considering risk of unnecessary complications, impairment of function, or serious distress to clients.
- **High Priority.** The activity has a high priority relative to other nursing activities you perform when considering risk of unnecessary complications, impairment of functions, or serious distress to clients.

For each item, fill in one oval for your priority rating, between a 1 (lowest priority) and a 4 (highest priority).

For each statement, you should either answer question A or mark questions B and C. Example I and II show how to respond.

Question A - Mark oval in column A **only** if activity performance **does not** apply to your setting.

Question B - If activity performance applies to your setting, indicate how often you **personally** performed the activity on the last day you worked; AND continue with question C.

Question C - Indicate the priority of performing this activity: 1 = lowest, 2 = low, 3 = high, 4 = highest

EXAMPLE I:

Represents an activity that **does not apply** to your setting. The oval under A is filled in. No other responses are made for this activity.

EXAMPLE II:

Represents an activity that **applies** to your setting (oval A is left blank). The response to question B indicates that you performed the activity 5 or more times on the last day you worked. The response to question C indicates that this activity has a moderately high priority (3) relative to other nursing activities you perform.

A	B FREQUENCY					C PRIORITY			
	Number of Times					Low/High			
	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more times	Lowest	Low	Highest
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to the top of the next page to begin answering Section 3.

Question A - Mark oval in column A **only** if activity performance **does not** apply to your setting.

Question B - If activity performance applies to your setting, indicate how often you **personally** performed the activity on the last day you worked; **AND** continue with question C.

Question C - Indicate the priority of performing this activity: 1 = lowest, 2 = low, 3 = high, 4 = highest

	A Does Not Apply	B FREQUENCY Number of Times					C PRIORITY Low/High				
		0 Times	1 Time	2 Times	3 Times	4 Times	5 or more times	Lowest	Low	High	Highest
1. Document client care	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
2. Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
3. Assess a newborn (e.g., routine, monitor for complications, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
4. Conduct a population-based assessment to determine health promotion needs (e.g., school, institution, work setting, city, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
5. Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
6. Identify changes in client's mental status	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
7. Plan nursing measures to promote client sleep or rest	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
8. Monitor client in labor	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
9. Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
10. Assess characteristics of bowel sounds	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
11. Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
12. Counsel/teach client about managing his/her health deviation/problem (e.g., AIDS, chronic illness, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
13. Identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
14. Assign, delegate or supervise delivery of client care by other nursing personnel	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
15. Follow procedures for handling bio-hazardous materials (e.g., chemotherapeutic agents, radiation sources, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
16. Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
17. Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
18. Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
19. Assess dynamics of family interactions	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
20. Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
21. Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
22. Prescribe a medication (identify need, dosage, frequency, route, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
23. Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
24. Recommend change in treatment based upon client's response	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
25. Identify and report client abuse	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
26. Prepare for and implement emergency response plan (i.e., internal/external disaster)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
27. Assist client with infant care skills (e.g., feeding, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
28. Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
29. Participate in a group session for clients with psychosocial disorders	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
30. Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
31. Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
32. Identify signs of potential prenatal complications	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
33. Plan and develop a health promotion program based on a community assessment	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
34. Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4
35. Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	<input type="radio"/>	0	1	2	3	4	5	1	2	3	4

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2001 RN PRACTICE ANALYSIS UPDATE

Question A - Mark oval in column A only if activity performance does not apply to your setting.

Question B - If activity performance applies to your setting, indicate how often you personally performed the activity on the last day you worked; AND continue with question C.

Question C - Indicate the priority of performing this activity: 1 = lowest, 2 = low, 3 = high, 4 = highest

	A Does Not Apply	B FREQUENCY Number of Times					C PRIORITY Low/High				
		0 Times	1 Time	2 Times	3 Times	4 or more times	Lowest	Low	Highest		
36. Modify approaches to care in accordance with client's developmental stage	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
37. Monitor fetal heart rate	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
38. Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
39. Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
40. Coordinate transfer of client to another setting/unit	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
41. Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
42. Discuss treatment options/decisions with client/family	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
43. Protect client from injury, (e.g., protect from another individual, falls, environmental hazards, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
44. Compare a client's psychosocial/behavioral/physical development to norms for age/stage	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
45. Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
46. Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
47. Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
48. Participate in discharge planning process	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
49. Encourage client/family involvement in the health care decision-making process	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
50. Instruct client about self-administration of medications	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
51. Explain/teach about scheduled treatments/procedures	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
52. Listen to client's/family's concerns	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
53. Provide ostomy care (e.g., ileostomy, colostomy, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
54. Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
55. Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
56. Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
57. Promote independence by client/family	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
58. Participate in continuous quality improvement/assurance program	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
59. Use research literature or other resources in planning care	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
60. Act as a client advocate	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
61. Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
62. Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
63. Assess the environment in which care is delivered	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
64. Assess client's ability to eat (e.g., chewing, swallowing, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
65. Administer total parenteral nutrition	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
66. Assess for peripheral edema	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
67. Consult with other health care providers about client care	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
68. Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
69. Use therapeutic interventions to increase client understanding of his/her behavior	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
70. Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
71. Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
72. Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
73. Evaluate effectiveness of care provided by others	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4



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Question A - Mark oval in column A only if activity performance does not apply to your setting.

Question B - If activity performance applies to your setting, indicate how often you personally performed the activity on the last day you worked; AND continue with question C.

Question C - Indicate the priority of performing this activity: 1 = lowest, 2 = low, 3 = high, 4 = highest

A	B FREQUENCY Number of Times					C PRIORITY Low/High					
	Does Not Apply	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more Times	Lowest	Low	High	Highest
		0	1	2	3	4	5*	1	2	3	4
74. Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
75. Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
76. Manage care of client with a peripheral IV	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
77. Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
78. Serve as a resource person to other staff	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
79. Teach primary caregivers specific techniques for client care (e.g., colostomy)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
80. Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
81. Use clinical pathways/care maps/care plans to guide and evaluate client care	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
82. Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
83. Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
84. Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
85. Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
86. Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
87. Assist client to accept dependency on others, as appropriate	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
88. Orient client to reality	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
89. Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
90. Assess/triage clients to prioritize the order of care delivery	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
91. Evaluate client care environment for safety hazards	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
92. Participate in developing an interdisciplinary plan of care	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
93. Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
94. Participate in educating staff	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
95. Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
96. Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
97. Identify potential for skin breakdown, (e.g., immobility, nutritional status, incontinence, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
98. Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
99. Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4
100. Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	<input type="checkbox"/>	0	1	2	3	4	5*	1	2	3	4

Part B.

1. Do the activities listed in Part A represent what you actually do in your position?

- Yes If no, what important activity(ies) was (were)
 No missing from this survey? (Please specify): _____

2. Approximately what percentage of your time is spent on each of the following functions during a typical work week? The total *must* equal 100%.

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
a. Administration/ Management	0	1	2	3	4	5	6	7	8	9	10
b. Direct client care (hands-on care and charting)	0	1	2	3	4	5	6	7	8	9	10
c. Indirect client care (e.g., planning, consulting/referral making, assigning and teaching staff, evaluating care)	0	1	2	3	4	5	6	7	8	9	10
d. Education of students (including preparation time)	0	1	2	3	4	5	6	7	8	9	10
e. Research	0	1	2	3	4	5	6	7	8	9	10
f. Other (please specify below):	0	1	2	3	4	5	6	7	8	9	10
TOTAL = 100%											

3. On a regular basis, do you have administrative responsibilities (e.g., Unit Manager, Team Leader, Charge Nurse, Coordinator, etc.)?

① No → Skip to question 5 ② Yes

If yes, is this your primary position?

① Yes ② No

4. Approximately what percentage of your time is spent on each of the following steps of the Nursing Process during a typical work week? The total *must* equal 100%.

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
a. Assessment	0	1	2	3	4	5	6	7	8	9	10
b. Analysis	0	1	2	3	4	5	6	7	8	9	10
c. Planning	0	1	2	3	4	5	6	7	8	9	10
d. Implementation	0	1	2	3	4	5	6	7	8	9	10
e. Evaluation	0	1	2	3	4	5	6	7	8	9	10
TOTAL = 100%											

5. a. Are you required to know about nursing diagnoses in your practice?

① Yes ② No

- b. Do you actually use nursing diagnoses in your practice (e.g., to document, plan care, communicate with others, etc.)?

① Yes ② No

SECTION 4. PERSONAL INFORMATION

In this section, you are asked to provide background information that will be summarized to describe the group that completed this questionnaire. No individual responses will be reported.

1. Gender:

① Male ② Female

2. Racial/Ethnic Background (Choose all that apply):

① American Indian/Alaska Native
 ② Asian (e.g., Filipino, Japanese, Chinese, etc.)
 ③ Black/African American
 ④ Hispanic or Latino
 ⑤ Native Hawaiian/Other Pacific Islander
 ⑥ White

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

① Yes ② No

4. Type of basic nursing education program most recently completed.

① RN - Diploma in U.S.
 ② RN - Associate Degree in U.S.
 ③ RN - Baccalaureate Degree in U.S.
 ④ RN - Generic Master's Degree in U.S.
 ⑤ RN - Generic Doctorate in U.S. (e.g., ND)
 ⑥ Any nursing program NOT located in the U.S.
 ⑦ Other program (please specify):

SECTION 5. COMMENTS/SUGGESTIONS

You may write any comments or suggestions that you have in the space below.

THANK YOU FOR PARTICIPATING IN THIS STUDY!



DO NOT WRITE IN THIS AREA

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Appendix C: Activities Rank Ordered by Average Frequency

Appendix C. Activities Rank Ordered by Average Frequency				
Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
2	Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	100	4.93	3.75
1	Document client care	100	4.77	3.25
9	Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	98	4.70	3.64
72	Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	99	4.68	3.75
70	Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	99	4.48	3.63
71	Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	99	4.33	3.62
98	Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	98	4.33	3.31
75	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	97	4.19	3.39
83	Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	96	4.10	3.17
76	Manage care of client with a peripheral IV	94	4.05	3.28
10	Assess characteristics of bowel sounds	93	3.97	2.88
21	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	90	3.80	3.32
43	Protect client from injury (e.g., protect from another individual, falls, environmental hazards, etc.)	96	3.76	3.58
66	Assess for peripheral edema	94	3.76	3.14
39	Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	87	3.61	2.95
31	Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	97	3.59	3.58
67	Consult with other health care providers about client care	97	3.58	3.19
61	Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	96	3.53	3.45
52	Listen to client's/family's concerns	99	3.51	3.21
93	Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	92	3.49	3.05
91	Evaluate client care environment for safety hazards	92	3.46	3.26
63	Assess the environment in which care is delivered	89	3.35	2.95
14	Assign, delegate or supervise delivery of client care by other nursing personnel	84	3.21	2.74
73	Evaluate effectiveness of care provided by others	91	3.18	2.89
60	Act as a client advocate	97	3.15	3.43

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Appendix C, continued: Activities Rank Ordered by Average Frequency

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
90	Assess/triage clients to prioritize the order of care delivery	66	3.15	3.29
97	Identify potential for skin breakdown (e.g., immobility, nutritional status, incontinence, etc.)	88	3.15	3.12
81	Use clinical pathways/care maps/care plans to guide and evaluate client care	85	3.04	2.71
55	Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	88	3.03	3.34
6	Identify changes in client's mental status	90	2.95	3.26
8	Monitor client in labor	11	2.93	3.38
47	Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	92	2.93	3.04
7	Plan nursing measures to promote client sleep or rest	89	2.92	2.64
46	Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	60	2.90	3.62
68	Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	85	2.89	2.80
20	Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	78	2.87	2.76
22	Prescribe a medication (identify need, dosage, frequency, route, etc.)	43	2.79	3.26
82	Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	90	2.73	3.16
3	Assess a newborn (e.g., routine, monitor for complications, etc.)	23	2.70	3.55
16	Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	17	2.66	3.54
51	Explain/teach about scheduled treatments/procedures	92	2.55	2.97
77	Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	86	2.51	3.41
57	Promote independence by client/family	88	2.49	2.84
100	Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	91	2.45	3.18
28	Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	38	2.44	2.77
11	Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	39	2.43	3.57
54	Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	89	2.40	3.52
48	Participate in discharge planning process	87	2.38	2.85
64	Assess client's ability to eat (e.g., chewing, swallowing, etc.)	84	2.38	3.17
99	Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	86	2.37	2.89
37	Monitor fetal heart rate	16	2.36	3.30
78	Serve as a resource person to other staff	92	2.33	2.61

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Appendix C, continued: Activities Rank Ordered by Average Frequency

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
12	Counsel/teach client about managing his/her health deviation/problem (e.g., AIDs, chronic illness, etc.)	80	2.31	2.77
49	Encourage client/family involvement in the health care decision-making process	92	2.31	2.89
5	Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	84	2.29	2.67
74	Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	90	2.28	3.55
27	Assist client with infant care skills (e.g., feeding, etc.)	27	2.27	2.99
17	Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	54	2.25	2.88
36	Modify approaches to care in accordance with client's developmental stage	73	2.21	2.74
44	Compare a client's psychosocial/behavioral/physical development to norms for age/stage	72	2.21	2.48
23	Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	41	2.17	3.38
92	Participate in developing an interdisciplinary plan of care	78	2.17	2.78
18	Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	82	2.13	2.75
85	Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	83	2.13	2.73
88	Orient client to reality	82	2.13	2.77
19	Assess dynamics of family interactions	84	2.10	2.35
69	Use therapeutic interventions to increase client understanding of his/her behavior	73	2.08	2.64
89	Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	79	2.08	2.81
45	Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	77	2.07	2.49
24	Recommend change in treatment based upon client's response	91	2.03	3.09
15	Follow procedures for handling bio-hazardous materials (e.g., chemo-therapeutic agents, radiation sources, etc.)	58	1.84	3.19
80	Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	77	1.83	2.50
84	Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	80	1.76	2.94
34	Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	48	1.73	2.69
50	Instruct client about self-administration of medications	82	1.72	2.99
42	Discuss treatment options/decisions with client/family	83	1.71	2.75
35	Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	89	1.70	2.71

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Appendix C, continued: Activities Rank Ordered by Average Frequency

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
32	Identify signs of potential prenatal complications	14	1.61	3.39
41	Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	77	1.61	2.58
40	Coordinate transfer of client to another setting/unit	89	1.51	2.65
58	Participate in continuous quality improvement/assurance program	74	1.51	2.46
62	Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	53	1.50	2.56
38	Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	56	1.47	2.77
59	Use research literature or other resources in planning care	81	1.45	2.54
95	Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams etc.)	73	1.44	2.63
65	Administer total parenteral nutrition	74	1.39	3.06
87	Assist client to accept dependence on others, as appropriate	75	1.36	2.28
56	Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	85	1.35	2.69
96	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	86	1.34	2.80
4	Conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.)	12	1.30	2.32
86	Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	62	1.27	2.22
29	Participate in a group session for clients with psychosocial disorders	10	1.17	2.64
30	Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	27	1.13	2.96
94	Participate in educating staff	70	1.10	2.59
33	Plan and develop a health promotion program based on a community assessment	14	1.03	2.44
79	Teach primary caregivers specific techniques for client care (e.g., colostomy)	75	1.03	2.72
53	Provide ostomy care (e.g., ileostomy, colostomy, etc.)	75	0.97	2.61
13	Identify and intervene in life-threatening situations (e.g., perform cardio-pulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	80	0.73	3.77
26	Prepare for and implement emergency response plans (i.e., internal/external disaster)	73	0.39	3.02
25	Identify and report client abuse	76	0.35	3.34

Appendix D: Activities Rank Ordered by Average Priority Rating

Appendix D. Activities Rank Ordered by Average Priority Rating				
Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
13	Identify and intervene in life-threatening situations (e.g., perform cardiopulmonary resuscitation, perform Heimlich maneuver/abdominal thrust, respond to fetal distress)	80	0.73	3.77
2	Apply principles of infection control (e.g., handwashing, isolation, aseptic technique, universal/standard precautions)	100	4.93	3.75
72	Determine if vital signs are abnormal (e.g., hypertension, bradycardia, tachypnea, fever, etc.)	99	4.68	3.75
9	Administer medications (e.g., oral, IV, subcutaneous, IM, topical, etc.)	98	4.70	3.64
70	Assess client's discomfort or pain (e.g., severity, specific type, associated symptoms)	99	4.48	3.63
46	Identify abnormalities on a client's cardiac monitor strip (e.g., sinus bradycardia, PVC, ventricular tachycardia, fibrillation, etc.)	60	2.90	3.62
71	Evaluate the effects of medications (e.g., therapeutic, adverse, side effects, etc.)	99	4.33	3.62
31	Notify others of a client's change in status (health team members, shift report, post-op report, etc.)	97	3.59	3.58
43	Protect client from injury (e.g., protect from another individual, falls, environmental hazards, etc.)	96	3.76	3.58
11	Provide care to client on a ventilator (e.g., position/move client, check settings, auscultate lungs, suction, etc.)	39	2.43	3.57
3	Assess a newborn (e.g., routine, monitor for complications, etc.)	23	2.70	3.55
74	Implement measures to manage potential circulatory complications (e.g., hemorrhage, embolus, shock, etc.)	90	2.28	3.55
16	Assess client for postpartum complications (e.g., hemorrhage, infection, etc.)	17	2.66	3.54
54	Identify potential for aspiration (e.g., feeding tube, sedation, swallowing difficulties, etc.)	89	2.40	3.52
61	Ensure safe use of equipment (e.g., oxygen, mobility aids, restraints, etc.)	96	3.53	3.45
60	Act as a client advocate	97	3.15	3.43
77	Implement measures to prevent aspiration (e.g., feed client slowly, check NG tube placement, etc.)	86	2.51	3.41
32	Identify signs of potential prenatal complications	14	1.61	3.39
75	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	97	4.19	3.39
8	Monitor client in labor	11	2.93	3.38
23	Provide intraoperative/perioperative care (positioning, maintain sterile field, operative assessment, etc.)	41	2.17	3.38
25	Identify and report client abuse	76	0.35	3.34

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Appendix D, continued: Activities Rank Ordered by Average Priority Rating

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
55	Promote the progress of wound healing (e.g., turning, hydration, nutrition, skin care, etc.)	88	3.03	3.34
21	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	90	3.80	3.32
98	Provide for client privacy (e.g., draw curtain around bed, private area for interviewing, confidentiality, etc.)	98	4.33	3.31
37	Monitor fetal heart rate	16	2.36	3.30
90	Assess/triage clients to prioritize the order of care delivery	66	3.15	3.29
76	Manage care of client with a peripheral IV	94	4.05	3.28
6	Identify changes in client's mental status	90	2.95	3.26
22	Prescribe a medication (identify need, dosage, frequency, route, etc.)	43	2.79	3.26
91	Evaluate client care environment for safety hazards	92	3.46	3.26
1	Document client care	100	4.77	3.25
52	Listen to client's/family's concerns	99	3.51	3.21
15	Follow procedures for handling bio-hazardous materials (e.g., chemo-therapeutic agents, radiation sources, etc.)	58	1.84	3.19
67	Consult with other health care providers about client care	97	3.58	3.19
100	Manage wound care (e.g., irrigation, application of dressings, wound suction devices, etc.)	91	2.45	3.18
64	Assess client's ability to eat (e.g., chewing, swallowing, etc.)	84	2.38	3.17
83	Monitor output (e.g., NG drainage, emesis, stools, urine, etc.)	96	4.10	3.17
82	Manage care of a client with altered skin integrity (e.g., decubitus ulcer, rash, incision, fistula, skin graft, etc.)	90	2.73	3.16
66	Assess for peripheral edema	94	3.76	3.14
97	Identify potential for skin breakdown (e.g., immobility, nutritional status, incontinence, etc.)	88	3.15	3.12
24	Recommend change in treatment based upon client's response	91	2.03	3.09
65	Administer total parenteral nutrition	74	1.39	3.06
93	Evaluate client's nutritional status (e.g., skin turgor, laboratory work, diet history, etc.)	92	3.49	3.05
47	Respect client's personal choices/lifestyle (e.g., sexual orientation, health care decisions, etc.)	92	2.93	3.04
26	Prepare for and implement emergency response plans (i.e., internal/external disaster)	73	0.39	3.02
27	Assist client with infant care skills (e.g., feeding, etc.)	27	2.27	2.99
50	Instruct client about self-administration of medications	82	1.72	2.99
51	Explain/teach about scheduled treatments/procedures	92	2.55	2.97
30	Independently perform specialty-specific, invasive procedures (e.g., insert endotracheal tube, insert central venous line, suture a laceration, etc.)	27	1.13	2.96
39	Provide physical care appropriate to developmental level (e.g., newborn, child, young adult, older adult, etc.)	87	3.61	2.95
63	Assess the environment in which care is delivered	89	3.35	2.95

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Appendix D, continued: Activities Rank Ordered by Average Priority Rating

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
84	Maintain desired temperature of client using external devices (e.g., hypothermia unit, blankets, ice, etc.)	80	1.76	2.94
49	Encourage client/family involvement in the health care decision-making process	92	2.31	2.89
73	Evaluate effectiveness of care provided by others	91	3.18	2.89
99	Provide non-pharmacological measures for pain relief (e.g., TENS unit, imagery, massage, repositioning, etc.)	86	2.37	2.89
10	Assess characteristics of bowel sounds	93	3.97	2.88
17	Prescribe medical treatments and therapies (identify need, type and frequency of treatment or therapies)	54	2.25	2.88
48	Participate in discharge planning process	87	2.38	2.85
57	Promote independence by client/family	88	2.49	2.84
89	Assist client to ambulate or move with an assistive device (e.g., gait belt, lift, transfer board, crutches, walker, cane, etc.)	79	2.08	2.81
68	Determine client's ability to perform self-care (e.g., feeding, dressing, hygiene, adequate resources, etc.)	85	2.89	2.80
96	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction, etc.)	86	1.34	2.80
92	Participate in developing an interdisciplinary plan of care	78	2.17	2.78
12	Counsel/teach client about managing his/her health deviation/problem (e.g., AIDs, chronic illness, etc.)	80	2.31	2.77
28	Perform age-specific screening exams (e.g., scoliosis, risk behaviors, breast exam, blood pressure, skin tests, etc.)	38	2.44	2.77
38	Provide care for client with vascular access for hemodialysis (e.g., AV shunt, fistula, etc.)	56	1.47	2.77
88	Orient client to reality	82	2.13	2.77
20	Maintain a therapeutic milieu/environment (e.g., structured environment if needed, etc.)	78	2.87	2.76
18	Perform a health history/health and risk assessment (e.g., lifestyle, family and genetic history, etc.)	82	2.13	2.75
42	Discuss treatment options/decisions with client/family	83	1.71	2.75
14	Assign, delegate or supervise delivery of client care by other nursing personnel	84	3.21	2.74
36	Modify approaches to care in accordance with client's developmental stage	73	2.21	2.74
85	Act as liaison between client and others (e.g., coordinate care, manage care, etc.)	83	2.13	2.73
79	Teach primary caregivers specific techniques for client care (e.g., colostomy)	75	1.03	2.72
35	Independently remove invasive equipment (e.g., wound suction device, chest tube, sutures, foley catheter, etc.)	89	1.70	2.71
81	Use clinical pathways/care maps/care plans to guide and evaluate client care	85	3.04	2.71

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Appendix D, continued: Activities Rank Ordered by Average Priority Rating

Item #	Activity Statements	2001 Apply to Setting %	2001 Overall Average Frequency	2001 Overall Average Priority
34	Use interventions to assist client to control behavior (e.g., contract, behavior modification, etc.)	48	1.73	2.69
56	Initiate a consultation/referral (e.g., support groups, another care provider, social service, etc.)	85	1.35	2.69
5	Assess a family's emotional reaction to client's illness (e.g., chronic disorder, terminal illness, etc.)	84	2.29	2.67
40	Coordinate transfer of client to another setting/unit	89	1.51	2.65
7	Plan nursing measures to promote client sleep or rest	89	2.92	2.64
29	Participate in a group session for clients with psychosocial disorders	10	1.17	2.64
69	Use therapeutic interventions to increase client understanding of his/her behavior	73	2.08	2.64
95	Teach client about health risks and health promotion (e.g., risky behaviors, genetic counseling, self breast/testicular exams etc.)	73	1.44	2.63
53	Provide ostomy care (e.g., ileostomy, colostomy, etc.)	75	0.97	2.61
78	Serve as a resource person to other staff	92	2.33	2.61
94	Participate in educating staff	70	1.10	2.59
41	Counsel client regarding alternative, healthy behaviors (e.g., exercise regimen, stop smoking program, etc.)	77	1.61	2.58
62	Assist client with developmental transitions (e.g., attachment to newborn, parenting, puberty, retirement, etc.)	53	1.50	2.56
59	Use research literature or other resources in planning care	81	1.45	2.54
80	Provide holistic/complementary therapy (e.g., therapeutic touch, relaxation techniques, biofeedback, etc.)	77	1.83	2.50
45	Manage client who uses assistive devices/prosthesis (e.g., eating equipment, crutches, telecommunication devices, dentures, limbs, etc.)	77	2.07	2.49
44	Compare a client's psychosocial/behavioral/physical development to norms for age/stage	72	2.21	2.48
58	Participate in continuous quality improvement/assurance program	74	1.51	2.46
33	Plan and develop a health promotion program based on a community assessment	14	1.03	2.44
19	Assess dynamics of family interactions	84	2.10	2.35
4	Conduct a population-based assessment to determine health promotion needs (e.g., schools, institution, work setting, city, etc.)	12	1.30	2.32
87	Assist client to accept dependence on others, as appropriate	75	1.36	2.28
86	Integrate complementary modalities into health promotion activities (e.g., therapeutic touch, acupressure, etc.)	62	1.27	2.22



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