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NCSBN Research Brief

Report of Findings from the

2003 Employers Survey

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

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Mission Statement

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

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Table of Contents

List of Tables

List of Figures

Acknowledgments

This study would not have been possible without the dedicated participation of more than 1,200 nursing administrators from health care facilities across the country. The data they provided has improved our understanding of entry-level practices of newly licensed nurses and employment practices governing the work of assistive personnel. The authors gratefully acknowledge Lamika Obichere for her oversight of this research project and her work in preparing the manuscript for this research brief. Matt Diehl is also acknowledged for his patient handling of study materials. Finally, the assistance of Rosemary Gahl in preparation of this document was essential to completion of this study.

J.S., L.C.

Executive Summary

Background

During the past two years, the National Council of State Boards of Nursing (NCSBN) has collected a wealth of information on a variety of regulatory topics. Prominent among those topics has been the preparation of new nurses for the practice setting and the issues surrounding the appropriate preparation and utilization of assistive personnel. Information has been gleaned on these topics from newly licensed nurses and assistive personnel. This study was designed to obtain the unique perspectives of health care employers on these issues.

Survey Tool

A survey instrument was created specifically for this study. The questionnaire contained five sections. The first section included demographic questions for the nursing administrator completing the survey. The second section was composed of questions related to the numbers of entry-level nurses hired in the last 12 months, their educational preparation, the preference of the respondents' employing institution for graduates of one or more types of nursing education program, and the relative importance of several factors in evaluating a newly licensed nurse for possible employment. Section Three asked respondents about post-employment issues including transition activities offered to new nurses, the importance of different skill sets to successful practice in their work settings, and the overall preparation of new nurses to provide safe, effective care. Section Four covered topics related to the employment of assistive personnel and included questions about types of assistive persons employed, training required and provided, tasks performed, and care delivery policies governing the management of assistive personnel. The last section (Section Five) asked the respondents to provide comments on three specific topics: the working relationship between RNs and LPN/VNs in their employing facility; newly licensed nurses recently hired; and the use of assistive personnel in their settings.

Sample

Surveys were sent to 1,001 hospitals, 1,015 nursing homes and 510 home health care agencies from across the United States. Twenty acute care facilities were randomly selected from each state's listing in Healthcare QuickDisc, a software product available from the American Hospital Association that provided the names and mailing addresses for acute care facilities. Twenty nursing homes were randomly selected from those listed for each state in a database of federally certified nursing homes downloaded from the Medicare Web site, and ten home health agencies were randomly selected from those listed for each state in the Centers for Medicare and Medicaid Services Public Use Files – Providers of Services File. The survey was addressed to the nursing administrator of each

facility. A cover letter sent with the survey asked the administrator to pass the survey to someone in his or her facility who directly managed the delivery of care.

Survey Process

A five-stage mailing process was used to collect data. A preletter was sent announcing the eminent arrival of the survey and explaining its purpose. The survey was sent five days after the preletter. One week after the initial survey mailing a reminder postcard was sent to all participants. A second postcard was mailed about one week later to nonrespondents. Another survey, cover letter and return envelope was mailed to continued nonrespondents two weeks following the second postcard.

Return Rates

A total of 65 surveys were mailed to bad addresses, and completed surveys were received from 1,230 overall respondents for a 50% return rate. This report contains results from data supplied by the 1189 respondents who identified their agencies within the survey as hospitals (532), nursing homes or long-term care facilities (494), or home health care facilities (163).

The number of participant hospitals was calculated as adequate to provide proportional estimates at +/- 2.0% of the true rate. The number of nursing home respondents was adequate to provide estimates at +/- 2.5% of the true rate, and the number of home health care agencies responding was adequate to provide estimates at +/- 3.5% of the true rate.

Respondent Demographics

The majority of the respondents (62% overall, 45.7% acute care, 81.3% long-term care and 57.1% home health care) reported holding the title of director. The respondents reported an average of 13.4 years in management, and 5.8 years in their current positions. The nursing administrators completing the surveys were asked to report the highest educational degree they had earned. Overall, a total of about 36% of the respondents held nonbaccalaureate degrees. Nonnursing bachelor degrees were held by about 6% of the overall respondents, and the remainder (58.4%) held bachelor degrees in nursing or graduate degrees.

New Nurse Practice Results

Hiring of Newly Licensed Nurses by Respondents

Of those responding to the survey, 13.7% reported hiring diploma graduates in the past 12 months, 60.3% reported hiring ADN graduates, 42.3% reported hiring BSN graduates, and 55.9% of the respondents reported hiring LPN/VNs. The respondents' institutions had hired a total of 760 diploma RNs; 5,101 ADN graduates; 2,742 BSN graduates; and 2,356 LPN/VNs. On average, 4.8 (SD 7.2) diploma, 7.3 ADN (SD 12.6), 5.6 BSN (SD 10.6), and 3.6 LPN/VN (SD 3.9) newly licensed graduates had been hired in the past 12 months.

Educational Level Preferences When Hiring Newly Licensed Nurses

Respondent nursing administrators were asked if they required a BSN for all or some of the nursing positions

in their employing facility. Overall, only 0.8% of the respondents reported requiring a BSN for all nursing positions and an additional 2% reported requiring a BSN for some specific positions. About 17% percent reported having a preference for a specific type or types of educational preparation when hiring newly licensed RNs. Of all respondents, 2.7% cited a preference for diploma and/or ADN graduates, 1.7% preferred BSN and either ADNs or diploma graduates, and 11.6% cited a preference only for BSN graduates.

Adequacy of Educational Preparation

The employers were asked if the various groups of newly licensed nurses were prepared to provide safe, effective care. Positive ratings were given to both ADN and BSN graduates by 41.9% of overall respondents, to diploma graduates by 48.8%, and to LPN/VN graduates by 32.9%.

Relative Importance of Factors in Evaluating a Newly Licensed Nurse for Employment

Respondents were asked to rank four factors according to their importance in evaluating a newly licensed nurse for possible employment in their practice settings. Respondents rank ordered the factors separately for RNs and LPN/VNs. The nurse administrators in LTC and home health gave the highest ranking to "previous health care experience of the nurse," while the respondents working in hospitals gave the highest ranking to "traits demonstrated during the employment interview." In all settings, administrators provided the same factor rankings for RNs and LPN/VNs.

Transition Activities for Newly Licensed Nurses

The survey instrument included questions about the types and lengths of orientations/preceptorships/internships offered to new RNs and LPN/VNs by respondent employers. Overall, most (69.1%) employers offered preceptorships that lasted an average of 6.7 weeks. Preceptorships were most common in hospitals (80.9%) and home health agencies (72.9%). Long-term care facilities were more likely to offer orientations (66.8%) that lasted an average of 3.1 weeks. Overall, LPN/VNs were given the same types of transition activities, although their orientations or preceptorships tended to be shorter than those given to RNs.

Overall, about 64% of respondents reported that transition activities were customized to the individual needs of both newly licensed RNs and LPN/VNs. Long-term care facilities were more likely to report offering standardized transition activities to both RNs (44.2%) and LPN/VNs (43.4%) than were hospitals (31% RN and 33.5% LPN/VNs) or home health agencies (26.9% RNs and 32.2% LPN/VNs).

Importance of Skill Sets in Practice Settings

Respondents were asked to identify the relative importance of five different sets of skills to entry-level nurse practice. They were asked to distribute 10 points among the skill sets according to their importance, giving the most important skills the greatest number of points. In considering the relative importance of the skills for RN practice, the

employers awarded the greatest number of points on average (2.7 points) to "critical thinking or clinical decision-making skills," with "therapeutic relationship skills" receiving the next highest average points (2.0 points).

In regard to LPN/VN practice, the employers also awarded the most average points (2.4) to "critical thinking or clinical decision making." Similar numbers of points were given to "medication administration skills" (2.2 points), "therapeutic relationship skills" (2.1 points) and "psychomotor skills" (1.9 points). The least amount of points were awarded to "management/leadership/supervisory skills" (1.4 points).

Assistive Personnel Results

Type of Assistive Personnel Employed by Respondents' Facilities

Overall, 92% of respondent facilities employed AP. This included 94% of respondent hospitals, 90% of respondent long-term care facilities and 91% of respondent home health agencies.

Respondents were asked to indicate the types of assistive personnel employed. All settings were most likely to report employing certified nursing assistants (85.5% of hospitals, 96.8% of LTC and 72.4% of home health). Medication aides with or without certification were most likely to be employed in LTC (26.8%), and patient care assistants or aides were more likely to be employed by hospitals (29.6%).

AP Training

The majority of respondents (86.8%) reported requiring assistive personnel to have an average of 98 hours of training. Fewer respondents (63.4% overall) reported providing training. About 64% of hospitals and 66% LTC facilities reported providing training (hospitals provided an average of 102 hours and LTC provided an average of 74 hours). Home health agencies were less likely to report providing training. About 54% reported providing an average of 41 hours of training.

Respondents were also asked about topics included in the training either required of or provided to assistive personnel in their employment settings. LTC facilities were much more likely than hospitals or home health care facilities to report training including giving oral (18.8% LTC, 3% hospital and 8.3% HHC) or rectal (12.5% LTC, 2.8% hospital and 6.1% HHC) medications. Hospitals were more likely to include inserting urinary catheters (14.9% hospitals, 6.8% LTC and 3% HHC), oral suctioning, (21.3% hospitals, 8.7% LTC and 7.6% HHC) and finger stick glucose monitoring (45.7% hospitals, 16% LTC and 12.1% HHC).

One facility administrator checked "other" and wrote the following extensive list of AP training topics: "restraints, fall prevention, specimen collection, I & O, pulse oximetry, postmortem care, enemas, watching for abuse, infection control, watching for hypo-/hyperglycemia, lifts & transfers, TEDs & SCDs, mock Code Blues, pain awareness, diabetic care, trach care, basic IV therapy, aseptic technique, IV insertion, chest tube care, nasogastric tube insertion, central line care, injectable med administration."

AP Competency Evaluations

Respondents were asked how frequently they performed competency evaluations for AP. Overall, 90.7% of respondent administrators reported their facilities performed competency evaluations of AP. Most (80.7%) performed evaluations every 6 to 12 months, 9.5% performed evaluations only at time of hire and 3.8% performed evaluations as needed or as indicated by poor performance.

Facility Care Delivery Policies

The *2003 Employers Survey* included several questions about facility policies/processes for assigning work to assistive personnel and apportioning responsibility for the care they provided. When asked who made client assignments for AP, most (62.9% overall) respondents reported that charge nurses made assignments. A correlated question asked about methods for informing AP of duties or tasks they were to perform. Most respondents selected a variety of methods, with job description (77.3%), licensed nurse assigned to AP's clients (73.8%) and task list (57.8%) as the most frequently selected methods.

Respondent administrators were also asked if AP received reports on their clients at the beginning of their work shift. About 91% of hospital and 95% of LTC administrators reported that AP did receive reports, however, only about 39% of HHC administrators reported that their aides received reports.

About 89% of respondents reported that licensed nurses in their facilities would be accountable for changing an AP's assignment due to the AP's competence or incompetence to perform a task; about 92% held licensed nurses accountable to counsel or teach AP's how to perform tasks, and about 78% held them accountable for contributing to AP's formal performance evaluations. When asked who in their organization was responsible for the day-to-day care provided to clients by AP, 60.8% said that the licensed nurse assigned to the AP's clients bore that responsibility; 8.2% held the assistive person responsible.

Tasks Performed by AP

Respondents were asked to select, from a list, those activities performed by AP in their facilities. LTC facility administrators were more likely to report that AP gave oral (17.4%) or rectal (11.5%) medications than were hospitals (3.6% oral and 2.6% rectal) or HHC agencies (8.9% oral and 6.1% rectal medications). Hospitals were more likely to report that AP inserted (14.4%) or removed (24.7%) urinary catheters than were LTC (inserted 3.4% and removed 5.4%) or HHC agencies (inserted 3.4% and removed 5.5%).

Comments

Respondents were asked to comment on three specific topics: the working relationships of RNs and LPN/VNs in their facility, newly licensed nurses they had recently hired, and the use of AP in their setting. There were 957 comments written about RN/LPN/VN working relationships. About one-third of those comments (269 comments) were about the collegiality of RN and LPN/VN staff member relationships, and a total of 473 comments were written about the work roles of RNs and LPN/VNs in respondents'

facilities. Within those comments, 290 administrators indicated that RNs supervised the work of LPN/VN staff members. However, 183 comments described RNs and LPN/VNs as having the same roles (116) or roles that differed only to the extent that RNs performed specific tasks for clients assigned to LPN/VN staff members (67).

There were 725 comments written about recently hired newly licensed nurses. Of those comments 62 stated that the institution either by choice or policy did not hire new nurses.

Respondents provided a total of 387 comments about the preparation of new nurses for entry-level practice. There were 109 comments that stated new nurses were well prepared for practice and 278 that stated new nurses lacked adequate preparation in one or more respects.

Many (283) of the 574 comments written about assistive personnel praised their contribution to the care of clients, or provided examples of how the work of assistive personnel improved the care provided by other staff members (58 comments). Some administrators wrote of using AP to perform higher-level duties, and it was not uncommon for them to allude to the need for these workers to assess clients' progress.

Conclusions

Data from this study supports the following conclusions:

1. This study supported the findings of the *2001 Employers Survey* related to preferences for certain types of educational preparation when hiring new nurses. Few employers have a preference for one type of educational preparation over another. Employers do have a preference for new graduates with previous health care experience.
2. Critical thinking skills are highly valued by employers of newly licensed nurses.
3. Higher-level tasks are being performed by AP in all types of settings. Those tasks are more likely to include medication administration in LTC and insertion or removal of urinary catheters in hospitals.
4. Facility care delivery policies related to assignment of and responsibility for client care may complicate the delegatory relationship between the nurse and the AP. Nurses seldom select the clients AP are to care for, making it difficult to impossible for the nurse to match the client's needs with the assistive person's skills. Most facilities assign tasks as a matter of routine and expect licensed nurses to apportion new tasks as they arise or take a task away from an AP due to the AP's demonstrated lack of competence. Almost half of these administrators reported that the nurse assigned to the AP's clients was not responsible for the care provided by the AP to those clients. These policies may be a response by administrators to the poor management skills of nurses as they enter the profession.

Report of Findings from the

2003 Employers Survey

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Background of Study

Empiric evidence from National Council of State Boards of Nursing RN practice analyses has demonstrated that associate degree and baccalaureate degree graduates are hired into the same types of positions and perform the same tasks within their first six months of practice. To have a complete understanding of the entry-level practices of all nurses, it is necessary to obtain the perspectives of health care employers.

During the past two years, the National Council of State Boards of Nursing (NCSBN) has collected a wealth of information on a variety of regulatory topics. Prominent among those topics has been the preparation of new nurses for the practice setting and the issues surrounding the appropriate preparation and utilization of assistive personnel. Information has been gleaned on these topics from newly licensed nurses and assistive personnel. The *2003 Employers Survey* was designed to obtain the unique perspectives of health care employers about these issues.

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

Research Design and Methodology

This section provides a description of the methodology used to conduct a survey of employers of nurses and assistive personnel. Descriptions of the sample selection and data collection procedures are provided, as well as information about response rates, the data collection instrument and assurance of confidentiality.

Sample Selection and Data Collection Procedures

Surveys were sent to 1,001 hospitals, 1,015 nursing homes and 510 home health care agencies from across the United States. Twenty acute care facilities were randomly selected from each state's listing in Healthcare QuickDisc, a software product available from the American Hospital Association that provided the names and mailing addresses for acute care facilities. Twenty nursing homes were randomly selected from those listed for each state in a database of federally certified nursing homes downloaded from the Medicare Web site, and 10 home health agencies were randomly selected from those listed for each state in the Centers for Medicare and Medicaid Services Public Use Files – Providers of Services File. The survey was addressed to the nursing administrator of each facility. A cover letter sent with the survey asked the administrator to pass the survey to someone in his or her facility who directly managed the delivery of care.

A five-stage mailing process was used to collect data. A preletter was sent announcing the eminent arrival of the survey and explaining its purpose. The survey was sent five days after the preletter. One week after the initial survey mailing, a reminder postcard was sent to all participants. A second postcard was mailed about one week later to nonrespondents. Another survey, cover letter and return envelope was mailed to continued nonrespondents two weeks following the second postcard.

A total of 65 surveys were mailed to bad addresses, and completed surveys were received from 1,230 overall respondents for a 50% return rate. This report contains results from data supplied by the 1,189 respondents who identified their agencies within the survey as hospitals (532), nursing homes or long-term care facilities (494), or home health care facilities (163).

The number of participant hospitals was calculated as adequate to provide proportional estimates at +/- 2.0% of the true rate. The number of nursing home respondents was adequate to provide estimates at +/- 2.5% of the true rate, and the number of home health care agencies responding was adequate to provide estimates at +/- 3.5% of the true rate.

Data Collection Instrument

A survey instrument was created specifically for this study. The questionnaire contained five sections. The first section contained demographic questions for the nursing administrator completing the survey. The second section was composed of questions related to the numbers of entry-level nurses hired in the last 12 months, their educational preparation, the preference of the respondent's employing institution for graduates of one or more types of nursing education program, and the relative importance of several factors in evaluating a newly licensed nurse for possible employment. Section Three asked respondents about post-employment issues including transition activities offered to new nurses, the importance of different skill sets to successful practice in their work settings and the overall preparation of new nurses to provide safe, effective care. Section Four covered topics related to the employment of assistive personnel and included questions about the types of assistive persons employed, training required and provided, tasks performed, and delivery of care policies governing the management of assistive personnel. The last section (Section Five) asked the respondents to provide comments on three specific topics: the working relationship between RNs and LPN/VNs in their employing facility, newly licensed nurses recently hired and the use of assistive personnel in their settings.

Confidentiality

All potential participating facilities were promised confidentiality with regard to their participation and their responses. Preassigned code numbers were used to facilitate cost effective follow-up mailings. Files containing mailing information were kept separate from the data files. The study protocol was reviewed by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

Summary

A data collection instrument was disseminated to 2,526 employers of newly licensed nurses and assistive personnel selected at random from among all employing facilities in the U.S. A 50% response rate was obtained. Eleven hundred eighty-nine employers participated in the study.

Survey Participants

Information was obtained about those responding to the survey on behalf of their institution, the hiring preferences of their institution, and the perceived adequacy of preparation of newly licensed nurses and assistive personnel.

Respondent Demographics

Most respondents held administrative positions in their institutions (*see Table 1*). The majority of the respondents (62% overall, 45.7% acute care, 81.3% long-term care and 57.1% home health care) reported holding the title of director. Respondents reported an average of 13.4 years in management, and 5.8 years in their current positions.

The nursing administrators completing the surveys were asked to report the highest educational degree they had earned. Overall, a total of about 36% of the respondents held nonbaccalaureate degrees: LPN/VN licenses (0.8%), RN diplomas (10.4%) or associate nursing degrees (24.6%), with the largest proportion (54.4%) of these respondents working in long-term care. Nonnursing bachelor degrees were held by about 6% of the overall respondents, and the remainder (58.4%) held bachelor degrees in nursing or graduate degrees. Respondents in acute care most frequently reported MSN (29.9%) degrees as their highest educational degree earned. Associate nursing degrees (39.8%) were most often reported by respondents in long-term care and home health care respondents most frequently reported holding baccalaureate nursing degrees (35%).

Hiring of Newly Licensed Nurses by Respondents

In the past 12 months, the majority of respondents (60.3%) reported hiring ADN graduates, 42.3% reported hiring BSN graduates, 13.7% reported hiring diploma graduates, and 55.9% of the respondents reported hiring LPN/VNs. Of those employers hiring new ADN and BSN graduates, most were acute care facilities. Long-term care facilities were more likely to hire LPN/VN graduates, while home health care agencies were least likely to hire diploma graduates within the past 12 months. Overall,

Table 1. Titles of Respondent Nurse Administrators

	Overall %	Hospital %	LTC %	HHC %
Vice President	22.2	38.9	7.5	11.7
Director	62	45.7	81.3	57.1
Manager	5.6	6.8	2.2	11.7
Assistant Manager	0.9	1.1	0.8	0.6
Supervisor	1.9	1.1	1.4	5.5
Other	8.8	6.4	6.7	13.5

the respondents' institutions had hired a total of 760 diploma RNs; 5,101 ADN graduates; 2,742 BSN graduates; and 2,356 LPN/VNs. On average, 4.8 (SD 7.2) diploma, 7.3 ADN (SD 12.6), 5.6 BSN (SD 10.6), and 3.6 LPN/VN (SD 3.9) newly licensed graduates had been hired overall in the past 12 months. When compared to the *2001 Employers Survey*, both studies found that acute care facilities hired the largest numbers of new graduates in all categories. However, the previous study showed long-term care facilities hired more LPN/VNs than RNs, which was not the case in the current study (*see Table 3*).

Educational Level Preferences When Hiring Newly Licensed Nurses

Respondent nursing administrators were asked if they required a BSN for all or some of the nursing positions in their employing facilities. Overall, only 0.8% of the respondents reported requiring a BSN for all nursing positions and a further 2% reported requiring a BSN for some specific positions (*see Table 4*).

The majority of respondents did not have a preference for educational preparation when hiring newly licensed RNs. Only about 17% reported having a preference for a specific type or types of educational preparation. Of all respondents, 2.7% cited a preference for diploma and/or ADN graduates, 1.7% preferred BSN and either ADNs or diploma graduates, and 11.6% cited a preference only for BSN graduates (*see Figure 2*).

Table 2. Respondents' Nursing Management Experience

	Overall	Hospital	LTC	HHC
Average years in position	5.8	6.1	5.1	6.6
Average years in nursing mgmt.	13.4	14.4	12.4	13.2

Table 3. Numbers of New Nurses Hired in Past 12 Months

Diploma	Overall	Acute	LTC	HHC
% Hiring	13.7	15.4	13.9	7.6
# Hired	760	514	220	26
Range	1-40	1-40	1-27	1-5
Average	4.8	6.6	3.3	2.1
SD	7.2	9.2	4.1	1.2
ADN				
% Hiring	60.3	81.3	49.3	26.3
Sum	5,101	4,095	903	103
Range	1-125	1-125	1-110	1-11
Average	7.3	9.9	3.7	2.5
SD	12.6	13.9	9.8	2.6
BSN				
% Hiring	42.3	64.1	19.9	21.6
# Hired	2,742	2,344	347	51
Range	1-95	1-95	1-56	1-4
Average	5.6	7.2	2.6	1.6
SD	10.6	12.2	5.9	0.9
LPN/VN				
% Hiring	55.9	59.3	65.3	15.4
# Hired	2,356	1,184	1,124	48
Range	1-36	1-36	1-30	1-10
Average	3.6	3.9	3.5	2.0
SD	3.9	4.2	3.6	1.9

Table 4. Require BSN for Entry-Level RN Positions

	Overall		Hospital		LTC		HHC	
	%	n	%	n	%	n	%	n
Yes, all positions	0.8	9	0.4	2	0.6	3	2.5	4
Yes, for some positions	2.0	23	1.9	10	1.0	5	5.0	8

Figure 1. Respondents' Highest Educational Degree Earned

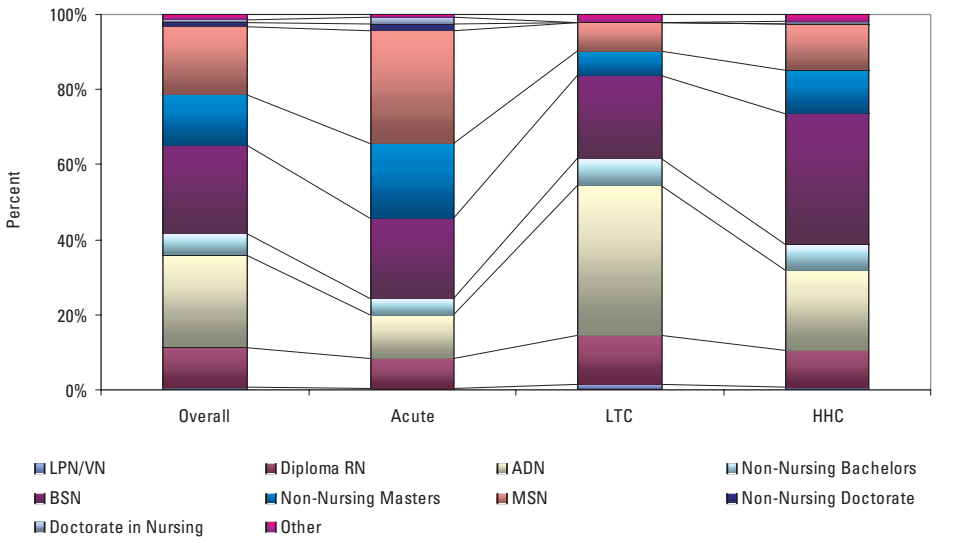
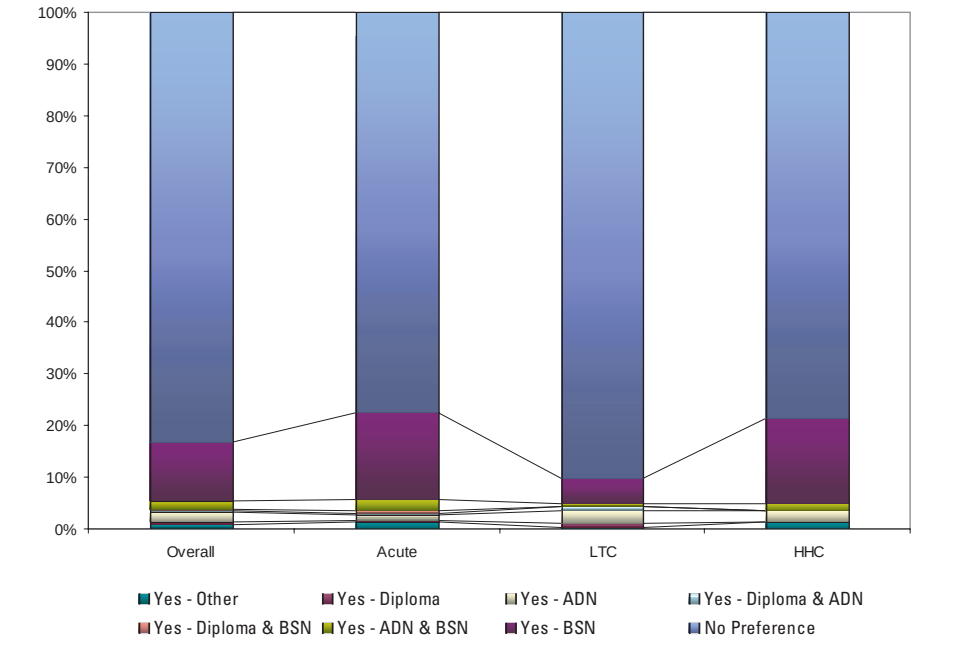


Figure 2. Facility's Preference for RN Educational Preparation



Study Findings Related to Newly Licensed Nurses

Adequacy of Educational Preparation

The employers were asked if the various groups of newly licensed nurses were prepared to provide safe, effective care. Positive ratings were given to both ADN and BSN graduates by 41.9% of overall respondents, to diploma graduates by 48.8%, and to LPN/VN graduates by 32.9% (*see Table* 5). When compared to the *2001 Employers Survey* (Smith & Crawford, 2002), the current study shows a slight increase in the new nurses' preparation to provide safe, effective care.

Relative Importance of Factors in Evaluating a Newly Licensed Nurse for Employment

Respondents were asked to rank four factors according to their importance in evaluating a newly licensed nurse for possible employment in their practice settings. Respondents rank ordered the factors separately for RNs and LPN/VNs. The nurse administrators in LTC and home health gave the highest ranking to "previous health care experience of the nurse," and gave the second highest ranking to "traits demonstrated by the applicant nurse during the employment interview." The third highest rank was given to "the type of educational program attended (diploma, ADN or BSN) and the fourth rank was given to "the specific educational program (school of nursing) attended by the nurse." The respondents working in hospitals gave the highest ranking to "traits demonstrated during the employment interview," and the second highest to "previous health care experience." Hospital respondents ranked the other two factors in the same order as LTC and home health. In all settings, administrators provided the same factor rankings for RNs and LPN/VNs (*see Table* 6).

Transition Activities for Newly Licensed Nurses

The survey instrument included questions about the types and lengths of orientations/preceptorships/internships offered to newly licensed RNs and LPN/VNs by respondent employers. Overall, most (69.1%) employers offered new RNs preceptorships lasting an average of 6.7 weeks. Preceptorships for RNs were most common in hospitals (80.9%) and home health agencies (72.9%). Long-term care facilities were more likely (66.8%) to offer orientations to RNs lasting an average of 3.1 weeks. Only about 2% of respondents reported offering no type of orientation to RNs or LPN/VNs. Overall, LPN/VNs were given the same types of transition activities, although their orientations or preceptorships tended to be shorter than those given to RNs (*see Tables 7 & 8*).

Table 5. Overall Preparation to Provide Safe, Effective Care*

	Overall		Hospital		LTC		HHC	
	%	n	%	n	%	n	%	n
ADN	41.9	321	37.9	167	47.7	132	44.9	22
BSN	41.9	239	40.7	146	43.9	75	45.0	18
Diploma	48.8	106	47.2	51	49.4	44	55.0	11
LPN/VN	32.9	237	29.0	99	35.0	121	51.5	17

*% of respondents who reported hiring specified type of new graduate and giving "Yes, definitely" ratings.

Table 6. Ranking of Factors Used in Evaluating Newly Licensed Nurses for Possible Employment

	Overall		Hospital		LTC		HHC	
Factors	RN Rank	LPN/VN Rank	RN Rank	LPN/VN Rank	RN Rank	LPN/VN Rank	RN Rank	LPN/VN Rank
Type of ed. prog (diploma, ADN, BSN)	3	3	3	3	3	3	3	3
Specific School of Nursing Attended	4	4	4	4	4	4	4	4
Previous health care experience	1	1	2	2	1	1	1	1
Traits demonstrated during interview	2	2	1	1	2	2	2	2

Table 7. Type and Length of Transition Activities for Newly Licensed RN Employees^

	Overall		Hospital		LTC		HHC	
Type of Orientation	%	Ave Weeks	%	Ave Weeks	%	Ave Weeks	%	Ave Weeks
Routine orientation*	62.7	4.3	57.8	5.5	66.8	3.1	67.4	5.1
Preceptorship or mentorship	69.1	6.7	80.9	7.8	55.2	4.9	72.9	6.5
Internship/externship or residency	14.5	13.1	25.2	14.5	5.4	7.5	4.7	13.8
None of the above	1.6		1.3		1.7		2.3	
Other	7.2	6.8	7.4	6.1	6.7	4.1	8.6	19.7

*Routine Orientation was defined as "including supervised work with clients without an assigned mentor."
^Respondents could select more than one type of transition activity to describe facility practices.

Table 8. Type and Length of Transition Activities for Newly Licensed LPN/VN Employees^

	Overall		Hospital		LTC		HHC	
Type of Orientation	%	Ave Weeks	%	Ave Weeks	%	Ave Weeks	%	Ave Weeks
Routine orientation*	63.8	3.9	57.7	4.9	70.2	3.1	61.6	4.1
Preceptorship or mentorship	62.9	5.6	72.5	6.6	53.8	4.3	61.6	5.1
Internship/externship or residency	4.5	6.5	6.8	7.8	2.9	4.9	2.0	5.0
None of the above	2.2		2.4		1.1		7.1	
Other	5.7	5.1	4.4	4.9	7.2	3.3	4.1	15.8

*Routine Orientation was defined as "including supervised work with clients without an assigned mentor."
^Respondents could select more than one type of transition activity to describe facility practices.

Overall, about 64% of respondents reported that transition activities were customized to the individual needs of both newly licensed RNs and LPN/VNs. Long-term care facilities were more likely to report offering standardized transition activities to both RNs (44.2%) and LPN/VNs (43.4%) than were hospitals (31% RN and 33.5% LPN/VNs) or home health agencies (26.9% RNs and 32.2% LPN/VNs). Of those respondents offering customized transition activities, home health agencies (73.1% RNs and 67.8% LPN/VNs) most frequently reported this as their method for planning transition activities (*see Figure 3*).

Importance of Skill Sets in Different Practice Settings

Respondents were asked to identify the relative importance of five different sets of skills to entry-level nurse practice. They were asked to distribute 10 points among the skill sets according to their importance, giving the most important skills the most points. In considering the relative importance of the skills for RN practice, the employers awarded the greatest number of points on average (2.7) to "critical thinking or clinical decision-making skills," with very similar numbers of points awarded to "therapeutic relationship skills" (2.0 points), "medication administration skills" (1.9 points), "management/ leadership/supervisory skills" (1.7 points) and "psychomotor skills" (1.7 points). See Figure 4.

In regard to LPN/VN practice, the employers also awarded the highest average points (2.4) to "critical thinking or clinical decision making." Similar numbers of points were given to "medication administration skills" (2.2 points), "therapeutic relationship skills" (2.1 points) and "psychomotor skills" (1.9 points). As with the RNs, the least amount of points (1.4) were awarded to "management/

Figure 3. Methods for Planning Transition Activities for Newly Licensed Nurses

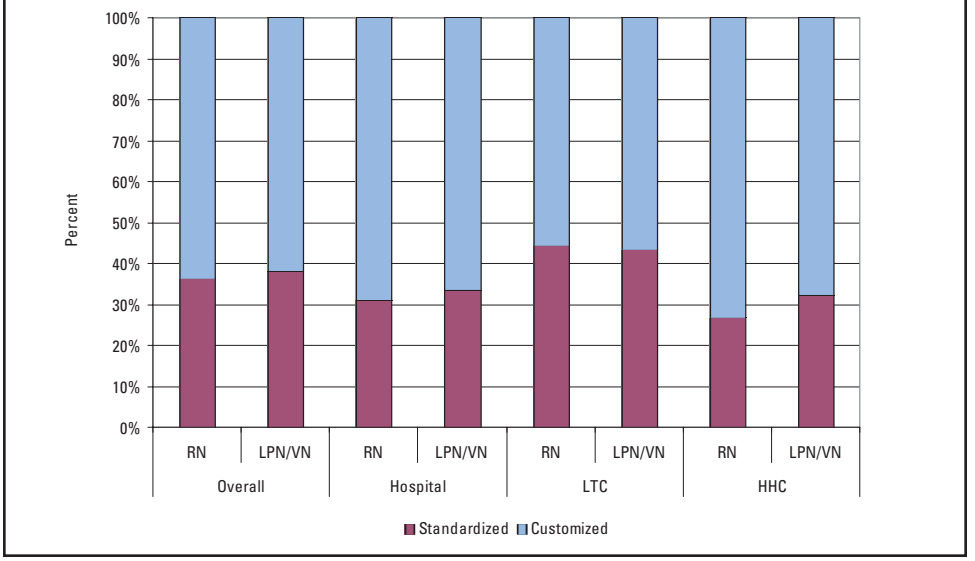


Figure 4. Relative Importance of Skill Sets for RNs in Three Employment Settings

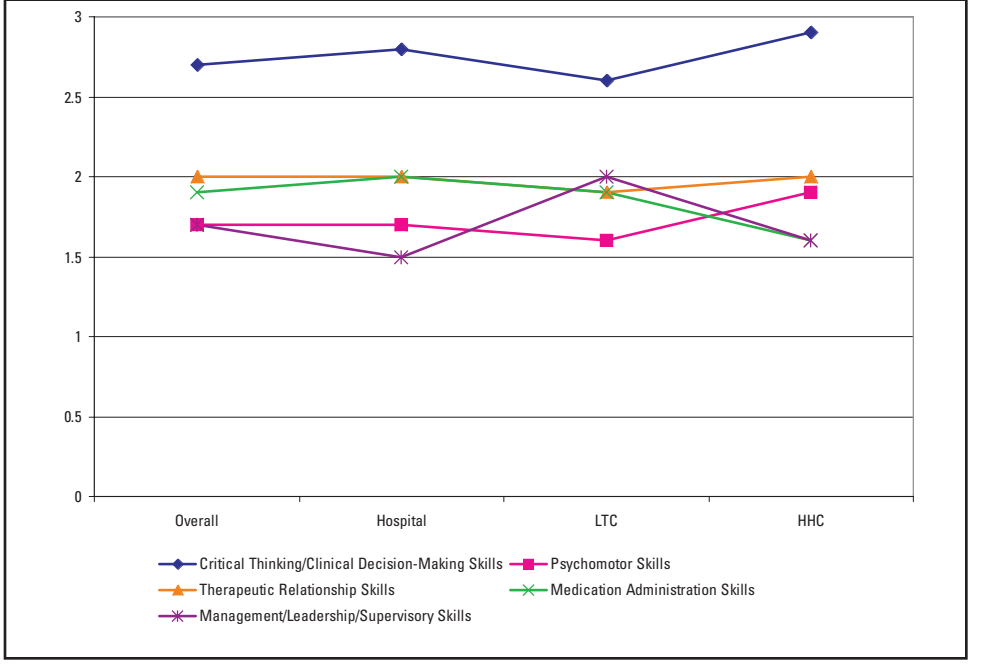
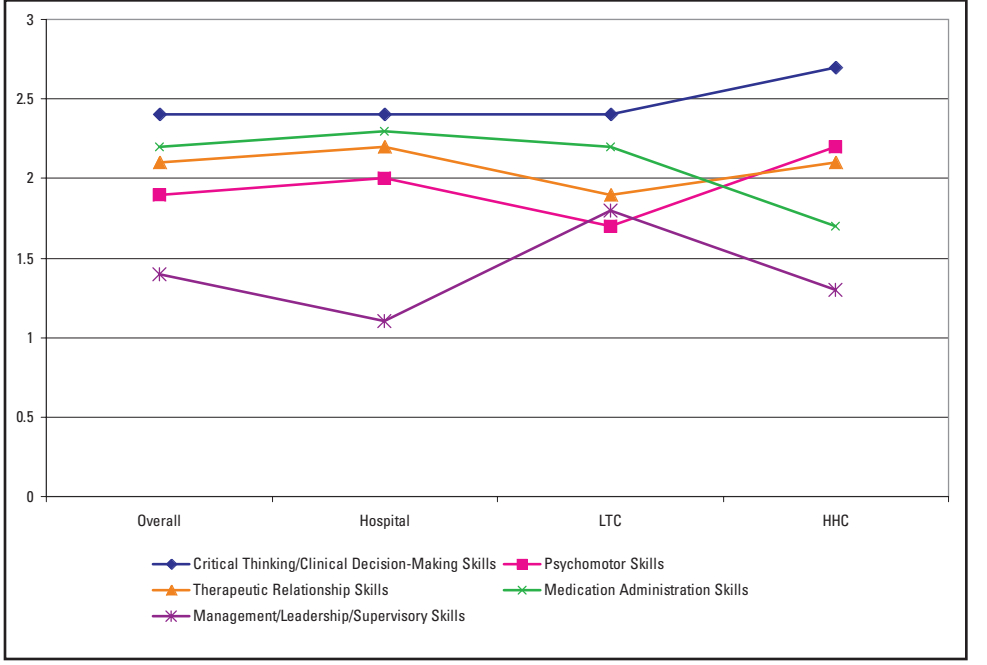


Figure 5. Relative Importance of Skill Sets for LPN/VNs in Three Employment Settings



leadership/supervisory skills." The numbers of points awarded to the various skill sets differed among the settings. All settings gave the highest numbers of points to "critical thinking or clinical decision-making skills." Hospital administrators gave very similar points to "therapeutic relationship skills" (2.2) and "medication administration skills" (2.3), and the least amount of points (1.1) to "management/leadership/supervisory skills." Long-term care administrators gave more points (2.2) to "medication administration skills," and gave similar numbers of points to "therapeutic relationship skills" (1.9) and "management/leadership/supervisory skills" (1.8). See Figure 5.

Study Findings Related to Assistive Personnel

Types of AP Employed by Respondents' Facilities

Overall, 92% of respondent facilities employed AP, including 94% of respondent hospitals, 90% of respondent long-term care facilities and 91% of respondent home health agencies.

Respondents were asked to indicate the types of assistive personnel employed. All settings were most likely to report employing certified nursing assistants (85.5% of hospitals, 96.8% of LTC and 72.4% of home health). Medication aides with or without certification were most likely to be employed in LTC (26.8%) and patient care assistant or aides were more likely to be employed by hospitals (29.6%). Nursing assistants or aides without certification were also more likely to be employed by hospitals (38.8%). See Figure 6.

AP Training

The majority of respondents (86.8%) reported requiring assistive personnel to have an average of 98 hours of training. Fewer numbers (63.4% overall) reported providing training. About 64% of hospitals and 66% LTC facilities reported providing training (hospitals provided an average of 102 hours and LTC provided an average of 74 hours). Home health agencies were much less likely to report providing training. About 54% reported providing an average of 41 hours of training. While home health agencies were less likely to report providing training, they were more like to report requiring assistive personnel to have training (93.7%). See Table 9.

Respondents were also asked about topics included in the training either required of or provided to assistive personnel in their employment settings. Overall, basic nurse aide skills was the most frequently (94.2%) reported topic included in training, and tracheal suctioning was the least likely (2.7%) to be included in training. LTC facilities were much more likely than hospitals or home health care to report training for giving oral (18.8% LTC, 3% hospital and 8.3% HHC) or rectal (12.5% LTC, 2.8% hospital and 6.1% HHC) medications. Hospitals were more likely to include inserting urinary catheters (14.9% hospitals, 6.8% LTC and 3% HHC), oral suctioning (21.3% hospitals, 8.7% LTC and 7.6% HHC) and finger stick

Table 9. Training For AP

	Overall		Acute		LTC		HHC	
	%	Ave Hours	%	Ave Hours	%	Ave Hours	%	Ave Hours
Require assistive personnel to have training	86.8	98	80.2	126	92	87	93.7	68
Provide training to assistive personnel	63.4	82	63.9	102	65.7	74	54.3	41

Table 10. Topics Included in Training That is Required or Provided

	Overall %	Acute %	LTC %	HHC %
Basic nurse aide skills (ADLs, VSs, bed making, etc.)	94.2	93.0	95.1	95.5
Care of geriatric clients	76.2	70.4	82.6	76.5
Care of clients with psychiatric disorders	35.6	30.2	44.4	26.5
Care of clients with pulmonary disorders	35.1	35.1	31.3	47.0
Care of infants or children	29.1	47.4	11.5	20.5
Finger stick blood glucose monitoring	29.1	45.7	16.0	12.1
Assessing clients' progress w/ treatments	24.1	24.7	21.6	30.3
Wound care/dressing changes	21.7	24.9	16.5	27.3
Oral suctioning	14.3	21.3	8.7	7.6
Removal of urinary catheters	13.5	21.1	8.0	4.5
Phlebotomy	10.3	18.5	4.2	0.8
Giving oral medications	10.2	3.0	18.8	8.3
Other	10.0	9.4	11.3	8.3
Insertion of urinary catheters	10.0	14.9	6.8	3.0
Tube feeding	8.1	7.4	9.4	6.0
Giving rectal medications	7.2	2.8	12.5	6.1
Tracheal suctioning	2.7	2.3	3.5	1.5

Figure 6. Percentages of Facilities Employing Various Types of AP

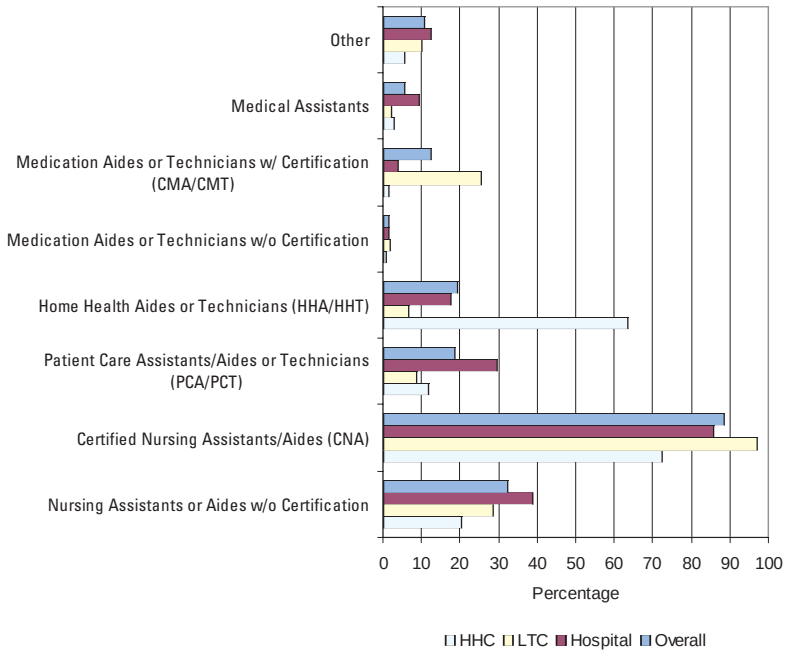


Table 11. Frequency of Competency Evaluations Performed for AP	Overall %	Hospital %	LTC %	HHC %
Only at time of hire	9.5	5.2	11.6	17.7
Every 6 to 12 months	80.7	87.1	74.3	76.6
Less often than every 12 months	6	6.1	6.1	5.7
Only as needed or indicated by performance	3.8	1.5	7.9	0

Table 12. Methods for Making AP Client Assignments Client assignments for AP are made by:	Overall %	Hospital %	LTC %	HHC %
Charge nurse/manager	62.9	65.0	58.7	68.8
Licensed nurse(s) working on previous shift	4.7	6.7	3.9	0
Licensed nurse(s) working on day of assignment	16.7	20.2	16.9	4.2
Assistive personnel make their own assignments	1.9	0.8	3.2	1.4
Work assignments are always the same for AP	6.2	5.1	8.7	2.8
Other	7.6	2.2	8.7	22.9

Table 13. Methods for Informing AP of Duties/Tasks They are to Perform^ AP are informed of tasks by:	Overall %	Hospital %	LTC %	HHC %
Job description	77.3	80.0	80.6	58.3
Task list	57.8	56.9	61.3	50.7
Licensed nurse assigned to AP's clients	73.8	74.1	77.0	63.2
Charge nurse or manager not assigned to AP's clients	32.4	38.9	27.8	24.5
Other	9.4	2.8	10.9	27.5

^Respondents could select more than one method of informing AP of tasks.

Table 14. Activities for Which Licensed Nurse is Accountable^	Overall %	Hospital %	LTC %	HHC %
Changing assignment of AP due to competence	88.8	92.0	90.0	73.8
Counseling/teaching AP to perform tasks	91.6	90.6	94.8	85.1
Contributing to AP formal performance evaluation	77.7	76.7	80.4	73.0
Other	3.5	3.1	2.3	8.7

^Respondents could select more than one activity.

glucose monitoring (45.7% hospitals, 16% LTC and 12.1% HHC). See Table 10.

One facility administrator checked "other" and wrote the following extensive list of AP training topics: "restraints, fall prevention, specimen collection, I & O, pulse oximetry, postmortem care, enemas, watching for abuse, infection control, watching for hypo-/hyperglycemia, lifts & transfers, TEDs & SCDs, mock Code Blues, pain awareness, diabetic care, trach care, basic IV therapy, aseptic technique, IV insertion, chest tube care, nasogastric tube insertion, central line care, injectable med administration."

AP Competency Evaluations

Respondents were asked how frequently they performed competency evaluations for AP. Overall, 90.7% of respondent administrators reported their facilities performed competency evaluations of AP. This included 92.4% of hospitals, 86.5% of LTC facilities and 97.2% of home health agencies. Most (80.7%) performed the evaluations every 6 to 12 months, 9.5% performed the evaluations only at time of hire and 3.8% performed evaluations as needed or indicated by poor performance (*see Table 11*).

Facility Care Delivery Policies

The *2003 Employers Survey* included several questions about facility policies/processes for assigning work to assistive personnel and apportioning responsibility for the care they provided. When asked who made client assignments for AP, most (62.9% overall) respondents reported that charge nurses made assignments. Overall, only 16.7% reported that the licensed nurse working on the day of assignment made client assignments for AP, and 6.2% of respondents reported that AP client assignments were always the same. "Assistive personnel make their own assignments" was the method least likely to be used across all settings (*see Table 12*).

A correlated question asked about methods for informing AP of duties or tasks they were to perform. Most respondents selected a variety of methods, with job description (77.3%), licensed nurse assigned to AP's clients (73.8%), and task list (57.8%) as the most frequently selected methods. About 32.4% of respondents selected "charge nurse not assigned to AP's clients" as a method of task assignment (*see Table 13*).

Respondent administrators were also asked if AP received report on their clients at the beginning of their work shift. Overall, 85.9% of facilities reported providing shift report to AP. About 91% of hospital and 95% of LTC administrators reported that AP did receive report, however, only about 39% of HHC administrators reported that their aides received report (*see Figure 7*).

About 89% of respondents reported that licensed nurses in their facilities would be accountable for changing an AP's assignment due to the AP's competence or incompetence to perform a task. About 92% held licensed nurses accountable to counsel or teach AP's about how to perform tasks, and 77.7% held them accountable for contributing to AP's formal performance evaluations. Hospitals were more likely (92%) to report holding the licensed nurse

accountable for changing assignment of AP due to competence, while long-term care facilities most frequently held them accountable for counseling AP to perform tasks and contributing to AP performance evaluation (*see Table 14*).

When asked who, in their organization, was responsible for the day-to-day care provided to clients by AP, 60.8% reported that the licensed nurse assigned to the AP's clients bore that responsibility, 20% said the charge nurse, 8.2% held the assistive person responsible, 7.6% the nursing administrator, and 3.4% held others responsible. Hospitals looked to the licensed nurse assigned to clients in which the AP is providing care to assume responsibility for day-to-day care of clients more often than long-term care and home health agencies (*see Table 15*).

Tasks Performed by AP

Respondents were asked to select from a list those activities performed by AP in their facilities. Overall, 99.1% of respondents sited "basic nurse aide skills" as one of the activities performed by assistive personnel. Feeding clients (94.6%) and taking vital signs (94.2%) were activities that AP performed quite frequently. LTC facility administrators were more likely to report that AP gave oral (17.4%) or rectal (11.5%) medications than were hospitals (3.6% oral and 2.6% rectal) or HHC agencies (8.9% oral and 6.1% rectal). Hospitals were more likely to report that AP inserted (14.4%) or removed (24.7%) urinary catheters than were LTC (inserted 3.4% and removed 5.4%) or HHC agencies (inserted 3.4% and removed 5.5%). See Table 16.

Comments

Respondents were asked to comment on three specific topics: the working relationship of RNs and LPN/VNs in their facility, newly licensed nurses they had recently hired and the use of AP in their setting. There were 957 comments written about the RN and LPN/VN working relationships. About one third of those comments (269) were about the collegiality of RN and LPN/VN staff member relationships, with 247 of those comments saying working relationships were positive and 22 providing examples of less collegial relationships. There were a total of 473 comments written about the work roles of RNs and LPN/VNs in respondents' facilities. Within those comments, 290 administrators indicated that RNs supervised the work of LPN/VN staff members. However, 183 comments described RNs and LPN/VNs as having the same roles (116 comments) or roles that differed only to the extent that RNs performed specific tasks for clients assigned to LPN/VN staff members (67 comments). Most of the statements indicating RNs and LPN/VNs did the same work were written by administrators in long-term care facilities (85 comments), but 28 came from hospitals administrators and 3 from administrators in home health care agencies.

There were 725 comments written about recently hired newly licensed nurses. Of those comments, 62 stated that the institution either by choice or policy did not hire new nurses. Most of those comments were from home health care agencies (48) but 6 were from hospitals and 8 from long-term care facilities. These comments cited the

lack of ability of new nurses to provide care independently and the need for too many resources to support new nurses through prolonged orientations as reasons for hiring only experienced staff. Respondents provided a total of 387 comments on the preparation of new nurses for entry-level practice. There were 109 comments that stated new nurses were well prepared for practice and 278 that stated new nurses lacked adequate preparation in one or more respects. Of those 278, 111 cited the need for more clinical experience during nursing education, 101 stated that new nurses lacked critical thinking or clinical decision-making abilities, 57 reported a lack of knowledge about supervision/delegation/management, 17 stated that new nurses were given inadequate preparation for either long-term care or home health care, and 15 stated that new nurses lacked understanding or skill related to documentation issues. There were also 49 comments about the preference of employers for new nurses with previous health care experience. Another major theme in the comments about new nurses was the changing work ethic and expectations of graduate nurses. There were 32 comments stating that recent graduates had poor work ethic as evidenced by refusing to work weekends or holidays and generally putting their own needs before

Figure 7. Percentages of Facilities Providing Shift Report to AP

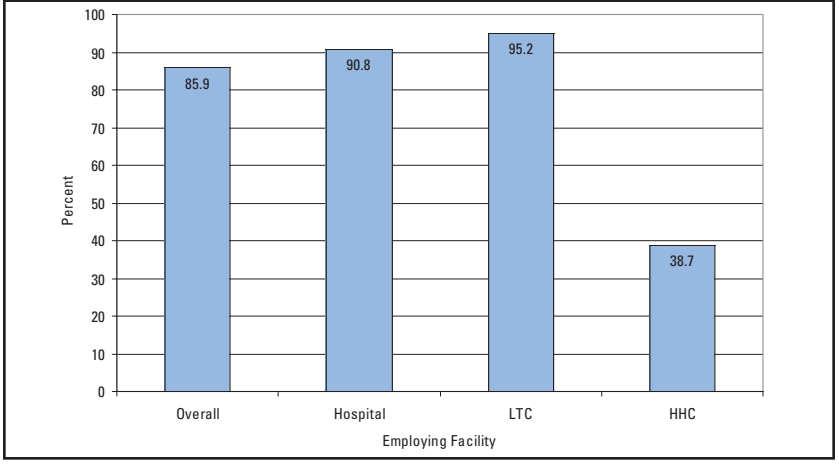


Table 15. Responsibility for Day-to-Day Care Provided to Clients by AP

Responsibility for day-to-day care resides with:	Overall (%)	Hospital (%)	LTC (%)	HHC (%)
The assistive person	8.2	5.5	11.2	8.3
Licensed nurse assigned to clients to whom AP is providing care	60.8	67.7	54.7	55.6
Charge nurse	20.0	20.5	21.7	13.2
Nursing administrator	7.6	4.7	8.9	13.9
Other	3.4	1.6	3.4	9.0

the needs of the client. In related comments, 23 administrators stated that new nurses were coming into the workplace with unrealistic wage and hour expectations and 8 wrote that recent new nurses seemed to have been taught that nursing was no longer "hands-on" and expected to be hired directly into management positions.

Within the 574 comments written about assistive personnel were many (283) praising their contribution to the care of clients, or providing examples of how the work of assistive personnel improved the care provided by other staff members (58). Some administrators wrote of using AP to perform higher-level duties (30), and it was common for them to allude to the need for these workers to assess clients' progress (24). In 11 comments, AP were described as working independently without supervision of licensed staff.

Summary

While very few employers have a preference for certain types of educational preparation, ADN graduates were most frequently hired. Employers are more likely to hire someone based on previous health care experience than any other factor. The educational preparation of newly licensed RNs and LPN/VNs has not fully prepared them for basic practice setting tasks. However, this study shows an increase in the adequacy of their educational preparation.

The vast majority of employers utilize assistive personnel. The charge nurse/manager is often responsible for giving AP client assignments, and the licensed nurse assigned to the same client is not always held responsible for the day-to-day care of the client.

Table 16. Activities Performed by AP

	Overall (%)	Hospital (%)	LTC (%)	HHC (%)
Basic nurse aide skills (ADLs, VSs, bed making, etc.)	99.1	99.0	99.5	97.9
Transporting clients	83.8	93.9	92.3	24
Feeding clients	94.6	97.0	97.7	77.4
Taking vital signs	94.2	96.8	93.7	87
Giving oral medications	10.0	3.6	17.4	8.9
Giving topical medications – creams & ointments	17.7	9.9	24.4	23.8
Giving topical medications – patches	7.1	1.8	13.6	5.5
Giving rectal medications	6.7	2.6	11.5	6.1
Inserting urinary catheters	8.4	14.4	3.4	3.4
Removing urinary catheters	14.2	24.7	5.4	5.5
Oral suctioning	15.2	24.5	6.8	8.9
Tracheal suctioning	1.9	2.6	1.1	2.1
Monitoring IV infusions	2.6	3.6	1.6	2.1
Removing IV lines	5.9	10.7	1.6	2.7
Other	11.6	13.9	7.9	15.3

Conclusions

A stratified random sample of 2,526 employing facilities was surveyed to assess the preparation of newly licensed nurses for the practice setting and the issues surrounding the appropriate preparation and utilization of assistive personnel. An overall response rate of 50% was obtained.

The majority of the respondents (62% overall, 45.7% acute care, 81.3% long-term care and 57.1% home health care) reported holding the title of director. Respondents reported an average of 13.4 years in management and 5.8 years in their current positions.

This study supported the findings of the *2001 Employers Survey* related to preferences for certain types of educational preparation when hiring new nurses. Few employers had a preference for one type of educational preparation over another but did prefer new graduates with previous health care experience. Critical thinking skills were highly valued by employers of newly licensed nurses.

Higher-level tasks were performed by AP in all types of settings. Those tasks were more likely to include medication administration in LTC and insertion or removal of urinary catheters in hospitals. Facility care delivery policies related to assignment of and responsibility for client care may complicate the delegatory relationship between the nurse and the AP. Nurses seldom selected the clients AP were to care for, making it difficult or impossible for the nurse to match the client's needs with the assistive person's skills. Most facilities assigned tasks as a matter of routine and expected licensed nurses to apportion new tasks as they come up or to take a task away from an AP due to the AP's demonstrated lack of competence. Almost half of these administrators reported that the nurse assigned to the AP's clients was not responsible for the care provided by the AP to those clients. These policies may be a response by administrators to the poor management skills of nurses as they enter the profession.

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