



**NCSBN**

*National Council of State Boards of Nursing*

**Transition to Practice:  
Newly Licensed Registered Nurse (RN)  
and Licensed Practical/Vocational  
Nurse (LPN/VN) Activities**

**NCSBN RESEARCH BRIEF**

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**Report of Findings from the**

**PRACTICE AND**

**PROFESSIONAL**

**SURVEY**

**FALL 2004**



**Report of Findings from the**

# **Practice and Professional Issues Survey**

**Fall 2004**

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**National Council of State Boards of Nursing (NCSBN)**

**Mission Statement**

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The authors also gratefully acknowledge the assistance of Ms. Lindsey Gross and Ms. Sarah Garvey for their critical reading and editorial work of the manuscript, and of Dr. June Smith for initiating the study and supervising the data collection. Finally, the assistance of the NCSBN NCLEX® Examinations Department in providing the sampling frame was essential to the success of this study.

K.K., E.Z.





## Executive Summary

Practice and Professional Issues Surveys are conducted each year by the National Council of State Boards of Nursing (NCSBN) to collect information from entry-level nurses on specific practice activities and current professional issues.

### Methodology

#### Survey Instruments

Separate surveys were constructed for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) with most of the survey questions identical across the two questionnaires. Information was collected regarding the work settings of newly licensed nurses including the work-setting types, difficulty of client care assignments, adequacy of education and various issues related to involvement in errors.

#### Survey Process

A written, self-report questionnaire was mailed to random samples of 1,000 LPN/VNs and 1,000 RNs who were successful on the NCLEX-RN® or NCLEX-PN® examinations from September 1, 2003 through March 31, 2004. The sample was stratified by type of educational preparation and state. A return rate of 62.8% was achieved for the RNs and 51.9% for the LPN/VNs.

### Sample

#### Demographic Data

Nationally, 89.9% of RN and 91.8% of LPN/VN respondents are women, 77.9% of RNs and 73.3% of LPN/VNs are White. The average age of the respondents was 31.25 years old for RNs and 33.42 years old for LPN/VNs.

#### Educational Background

Nearly 60% of the RNs hold associate degrees and 85.4% of the LPN/VNs hold LPN/VN diplomas/certificates. More than 57% of the RNs under the age of 25 completed their baccalaureate programs.

#### Past Experience

About 18.5% of the RNs reported previously working as a LPN/VN for an average of 5.59 years (SD=6.48). About 59.5% of the RNs had worked as nurse aides for an average of 2.8 years (SD=3.13) and 60.8% of the LPN/VNs reported an average of 4.59 years previous work as nurse aides or assistants (SD=4.91).

#### Length of Employment and Hours Worked

The majority of the respondents are currently employed in nursing (97.3% of RNs and 92.5 % of LPN/VNs).

The RNs worked statistically significant amounts of time longer in their current position with an average of 7.66 months than the LPN/VNs with a current length of employment of 7.02 months.

The LPN/VNs reported significantly longer weekly overtime with an average of 7.33 hours. The RNs averaged 6.10 hours of weekly overtime.

#### Employing Facilities

More than 87% of the RNs worked in hospitals, while 44.8% of the LPN/VNs worked in long-term care facilities.

#### Location of Employment Setting

The RNs and LPN/VNs were not evenly distributed in suburban, urban or metropolitan settings. More LPN/VNs (34.5%) than RNs (17.2%) were employed in rural areas.

### Work Settings

About 8.5% of RNs reported working in pediatrics, 3.3% in operating rooms and 3.3% in nursing homes. The LPN/VNs worked primarily in nursing homes (44.5%) and medical surgical units (22.8%).

### Shifts Worked

The majority (70.9%) of RNs worked 12-hour shifts, with 25.6% working 8-hour shifts. More than 60% of LPN/VNs worked an 8-hour shift. The RNs were more likely to work either straight day (35.9%) or straight night (39.7%) shifts. More than 43% of the LPN/VNs worked in day shifts and only 23.8% of the LPN/VNs reported working night shifts.

### Adequacy of Education

The respondents, overall, felt best prepared to “administer medication by common routes” and “provide direct care to 2 or more clients.” Both RNs and LPN/VNs thought that their nursing education did not adequately prepare them to either “administer medications to large groups of clients (10 or more)” or to “provide direct care to six or more clients.”

### Transition to Practice

A majority of the RNs (97%) and the LPN/VNs (93%) participated in a routine orientation, internship/externship, preceptorship or mentorship program.

The majority of the respondents felt that routine work orientation, internship, preceptorship or mentoring programs better prepared them for clinical practice than did clinical components of their educational programs.

### Practice Issues

Compared to the RNs, the LPN/VNs were assigned to work with clients earlier on (an average of 5.08 days for LPN/VNs versus 7.24

days for RNs) when they started their position. LPN/VNs were responsible for more patients in both their first and current assignments. On average, the LPN/VNs were responsible for 19.38 patients in their first assignment and 22.28 patients in their current assignments. The RNs were responsible for 3.90 patients in their first assignments and currently taking care of 6.18 patients in their current assignments.

### Difficulty of Assignments

More LPN/VN (33.4%) than RN respondents (11.5%) believed that their first assignment was too challenging or difficult. The LPN/VNs under the age of 35 felt their first assignment was not very challenging compared to those at the age of 35 or above. In addition, the RNs with baccalaureate degrees expressed less difficulty with their first and current assignments than those with associate degrees.

### Involvement in Errors

More than 53% of RNs and 47.5% of LPN/VNs reported that they had been involved in errors either as the one making the error, the supervisor of others making errors or as the one discovering errors made by others.

Adequacy of educational practice was related to new nurse involvement in errors. The respondents who provided positive ratings on educational preparation for some tasks were less likely to have been involved with errors.

The respondents believed that inadequate staffing and lack of adequate communication among health care staff contributed to errors in their practice settings.

### Change in Nursing Positions

More than 33% of the RNs and 40.8% of the LPN/VNs changed their nursing positions since being licensed or are planning to leave their current positions in the next year.

**Report of Findings from the**

# **Practice and Professional Issues Survey**

**Fall 2004**



## Background of Study

NCSBN is responsible to its members, the boards of nursing in the United States and five territories, for the collection of data beneficial to their mission of public protection through safe nursing practice. Practice and Professional Issues (PPI) surveys are conducted each year to scan the practice environment for emerging changes and to discover possible differences in the entry-level practices of graduates of ADN and BSN programs. The purpose of the PPI survey is to collect information from entry-level nurses on specific practice activities and current professional issues.

Through ongoing communication with the members and standing committees of NCSBN, the NCSBN Research Services Department discovers current regulatory issues for which information is needed. Questions pertinent to those issues are included in a PPI biannual survey. The survey's name reflects its multiple aims, i.e., collection of data from nurses within

their first six months of practice on activities performed in practice and the various issues surrounding that practice.

The purpose of the current study was to measure the preparation for practice and describe the transition activities of newly licensed RNs and LPN/VNs. In addition, the study explored the relationships between educational preparation and involvement with medical errors. This study will also provide a baseline for the future evaluation of the success of states with alternative transition programs.

The findings from the *Fall 2004 Practice and Professional Issues Survey* are reported here as the twenty-second in a series of monographs called Research Briefs. These briefs provide the means to quickly and widely disseminate NCSBN research findings.



## Methodology

A nonexperimental, descriptive study was performed to measure the preparation for practice and describe the transition activities of newly licensed RNs and LPN/VNs. This section is organized as follows: sample selection and data collection procedures, data collection instrument, confidentiality, representativeness of the samples and response rates.

### Sample Selection and Data Collection Procedures

A written, self-report questionnaire was mailed to random samples of 1,000 LPN/VNs and 1,000 RNs who were successful on the NCLEX-RN® or NCLEX-PN® examinations from September 1, 2003 through March 31, 2004. The sample was stratified by type of educational preparation and state.

A four-stage, first class mailing process was used to collect data. The first mailing was posted September 2004 and the final mailing was October 2004. A questionnaire and cover letter with a return, postage-paid envelope was sent to individuals selected for the sample. A postcard reminder was sent to all persons in the sample approximately one week later. Ten days after the first postcard, a second reminder postcard was sent to nonrespondents. Finally, all nonrespondents were mailed another questionnaire, cover letter and return envelope three weeks after the second reminder postcard.

### Data Collection Instrument

The survey instruments (RN and LPN/VN questionnaires were almost identical except for slightly different wording on some questions) each contained five sections. In the first section, questions related to the participant's work environment included work setting, work hours, schedule and shift worked. The

second section requested information about preparation for practice by nursing education programs and through transition activities. The third section contained questions about practice issues including the size of client assignments and involvement with errors. The variables from section three were used to adjust the data assuring that transition activities are the predominant factors contributing to results. The fourth section contained demographic questions and the fifth section was reserved for respondent comments.

### Confidentiality

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

### Representativeness of the Samples

The samples of newly licensed RNs and LPN/VNs selected for this study were proportionally comparable to the populations from which the samples were drawn in terms of area of the country, subject ethnicity, subject gender and type of educational programs.

### Response Rates

Of the 1,000 surveys sent to RNs, 628 completed surveys were returned for a 62.8% response rate. Of the 1,000 surveys sent to the LPN/VNs, 519 usable surveys were completed for a return rate of 51.9%. The total response rate of the study was 57.4%.



## Survey Participants

Demographic information, including racial and ethnic backgrounds, gender, educational background, previous experience of the respondents and overtime hours worked are presented next, followed by descriptions of their work environment, including settings and shifts worked. Finally, issues related to adequacy of RNs' and LPN/VNs' education are addressed.

### Demographic Information

About 90% of the RNs and 92% of the LPN/VNs were female (Figure 1). The percentage of female RN respondents was slightly lower than those found in the *2003 Practice and Professional Issue Survey* (PPI) study (Smith & Crawford, 2004) while the percentage of female LPN/VNs was slightly higher than those found in the same study.

The LPN/VNs averaged 33.42 years of age (SD=9.31), and the overall age of the RNs was 31.25 years (SD=8.30). There was a statistically significant difference in the average age of the LPN/VN and RN respondents ( $t=-4.09$ ,  $df=1032$ ,  $p<.01$ ). See Figure 2.

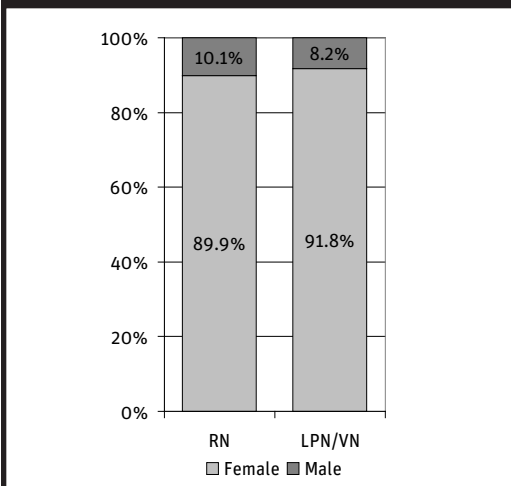
Figure 3 shows the ethnic/racial backgrounds of the respondents. The majority of survey respondents were White (RNs 77.9% and LPN/VNs 73.3%) with 7.4% of RNs and 6.7% of LPN/VNs reporting a Hispanic or Latino background, 7.1% of RNs and 14.7% of LPN/VNs were of African-American descent, and 3.7% of RNs and 2.8% of LPN/VNs were of Asian descent. See Figure 3.

English was the first language for 92.8% of the RNs and 91.9% of the LPN/VNs. The percentages of respondents using English as their second language were lower for both RNs and LPN/VNs than in the 2002 PPI studies (Smith & Crawford, 2003). See Figure 4.

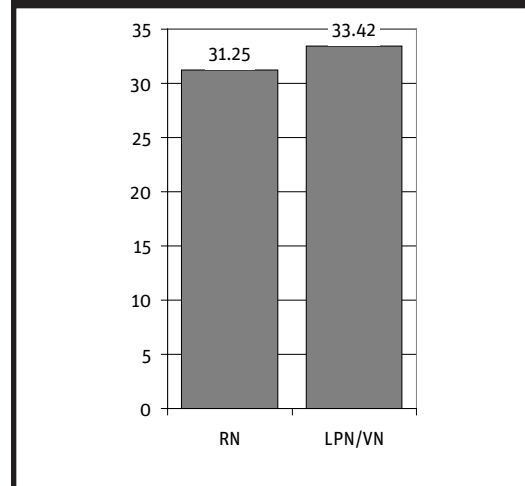
### Educational Background

The percentage of newly licensed RNs reporting associate degrees (59.3%) was higher than the estimated figure reported in the *2004 National Survey of Registered Nurses* (HRSA, 2004), while the proportion of baccalaureate graduates (35.8%) was higher in the same study. See Table 1. More than 85% of the LPN/VN

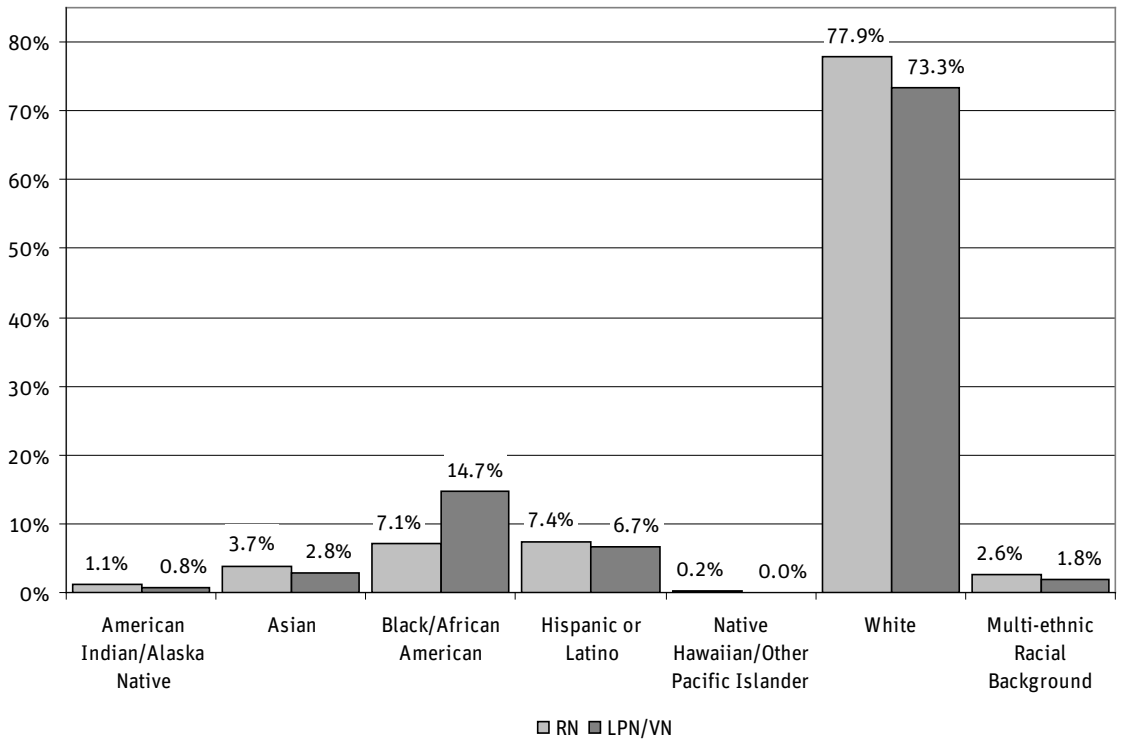
**Figure 1. Gender of Respondents**



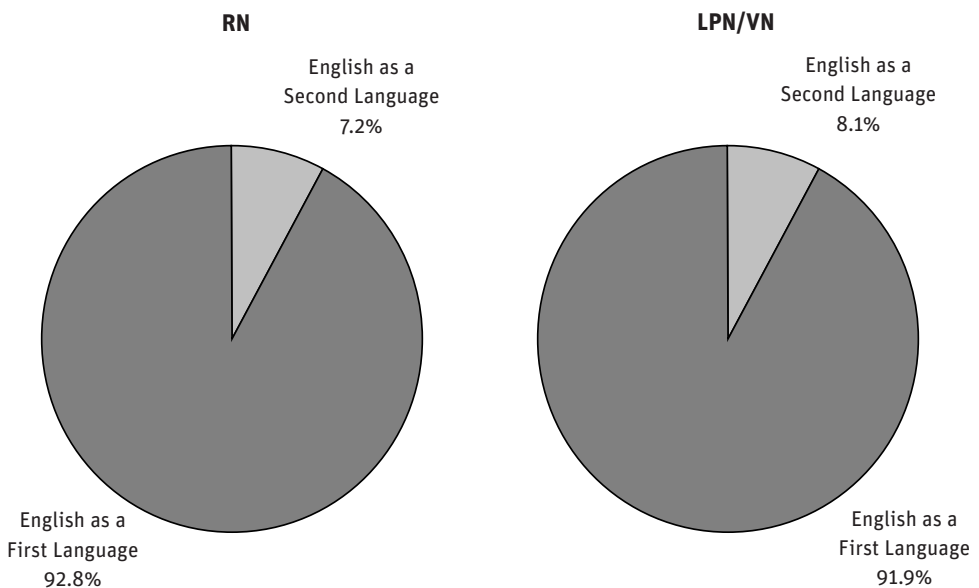
**Figure 2. Age of Respondents**



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



**Figure 4. English as the First Language**



VN respondents hold LPN/VN diplomas/certificates (85.4%), while less than 1% completed baccalaureate programs (0.6%). See Table 2.

For the RNs, the 365 associated degree (ADN) graduate survey respondents averaged 33.4 years of age (SD=8.59) and the 219 baccalaureate degree graduates (BSN) averaged 27.9 years of age (SD=6.50). The average ages of the ADN and BSN graduates were significantly different ( $t=8.80$ ,  $df=552$ ,  $p<.01$ ). More than 57% of the RN respondents (57.3%) under the age of 25 most recently completed baccalaureate education in nursing. This reflects a national trend that young RNs tend to attain baccalaureate degrees. See Table 3 and Figure 5.

**Past Experience**

The RN respondents were asked if they had worked as a LPN/VN prior to becoming an RN. Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides.

About 18.5% of the RNs reported previously working as a LPN/VN for an average of 5.59 years (SD=6.48). About 59.5% of the RNs had worked as nurse aides for an average of 2.8 years (SD=3.13) and 60.8% of the LPN/VNs reported an average of 4.59 years previous work as nurse aides or assistants (SD=4.91). An independent t-test showed a statistically significant difference in the years of practice between RN and LPN/VN respondents working as nursing assistants/aides ( $t=-5.51$ ,  $df=503$ ,  $p<.01$ ).

**Length of Employment and Hours Worked**

Current employment in nursing was reported by 97.3% of the RN and 92.5% of the LPN/VN respondents. See Figure 6. For those currently employed, RNs had held their current position for about 7.66 months and had been employed in a previous RN position for almost 8.5 months after graduation. The LPN/VNs re-

**Table 1. Educational Preparation – RN**

	N	%
RN – Diploma	23	3.7
RN – Associate Degree	366	59.3
RN – Baccalaureate Degree	221	35.8
Master’s Degree	7	1.1
Total	617	100.0

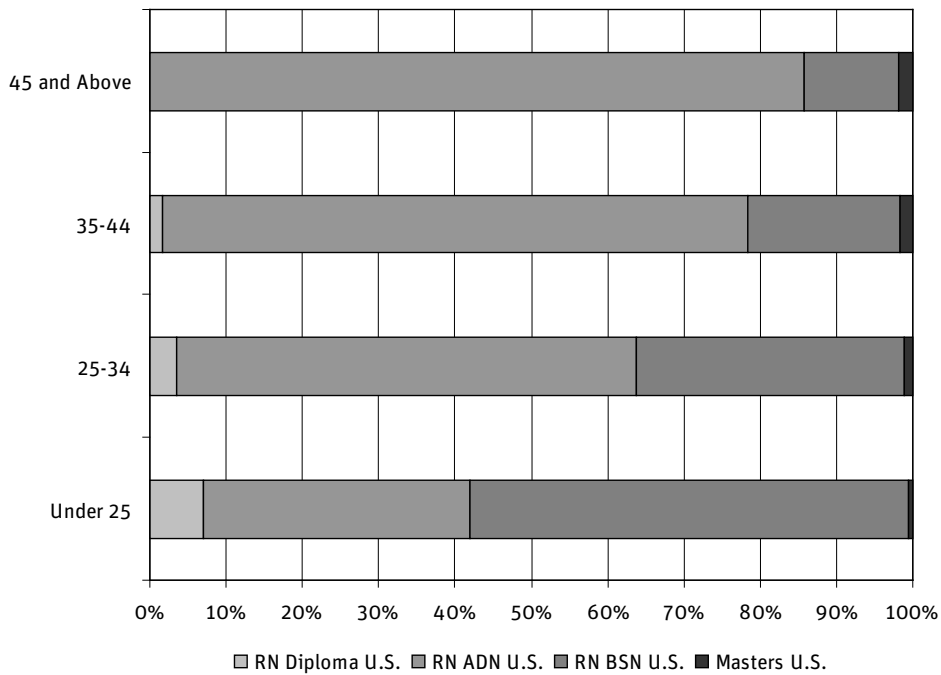
**Table 2. Educational Preparation – LPN/VN**

	N	%
LPN/VN – Diploma/Certificate	439	85.4
LPN/VN – Associate Degree	50	9.7
RN – Associate Degree	22	4.3
RN – Baccalaureate Degree	3	0.6
Total	514	100.0

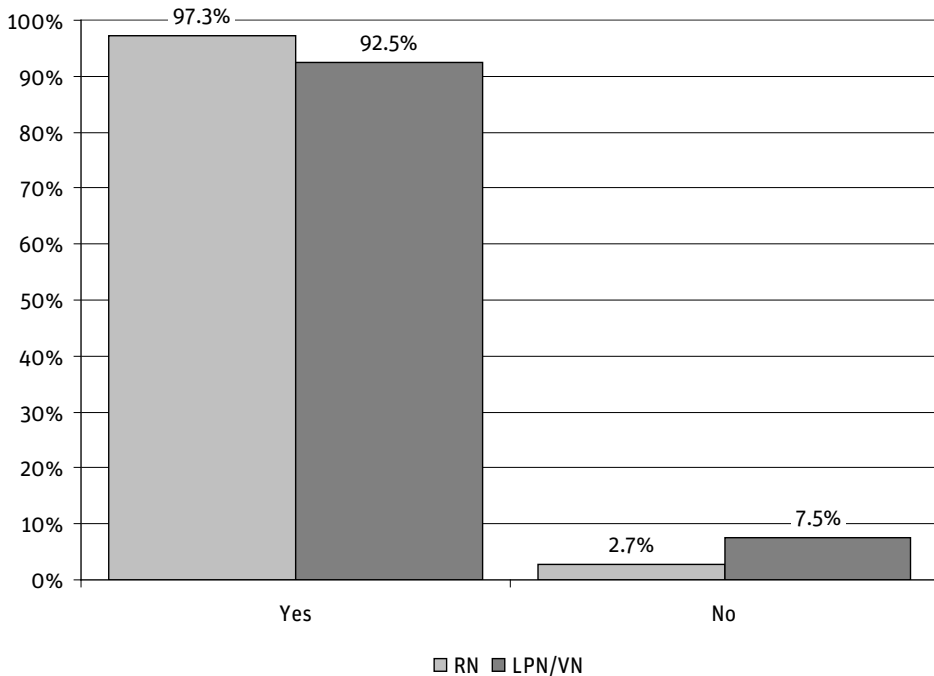
**Table 3. Educational Levels by Age – RN**

		Under 25	25-34	35-44	45 & Above	Total
Diploma	Count	11	10	2	0	23
	% within Age Group	7.0	3.6	1.6	0.0	3.7
Associate Degree	Count	55	166	96	48	365
	% within Age Group	35.0	60.1	76.8	85.7	59.4
Baccalaureate Degree	Count	90	97	25	7	219
	% within Age Group	57.3	35.1	20.0	12.5	35.7
Master’s Degree	Count	1	3	2	1	7
	% within Age Group	0.6	1.1	1.6	1.8	1.1
Total	Count	157	276	125	56	614
	% within Age Group	100.0	100.0	100.0	100.0	100.0

**Figure 5. Educational Levels by Age Group – RN**



**Figure 6. Current Employment in Nursing**



ported significantly shorter employment time at their current position ( $t=3.53$ ,  $df=1079$ ,  $p<.01$ ). The LPN/VNs had been employed in a previous LPN/VN position for about 8 months after graduation (Table 4).

The RNs worked an average of about 36.95 (SD=7.36) nonovertime hours per week, and the LPN/VNs worked 35.53 (SD=8.45) hours. The RNs averaged 6.10 (SD=4.97) hours of overtime and the LPN/VNs averaged 7.33 (SD=6.77) hours of overtime per week overall. Statistically significant differences were found in the regular nonovertime hours ( $t=2.93$ ,  $df=1063$ ,  $p<.01$ ) and overtime hours ( $t=-2.74$ ,  $df=688$ ,  $p<.01$ ) scheduled for RNs and LPN/VNs. See Figure 7.

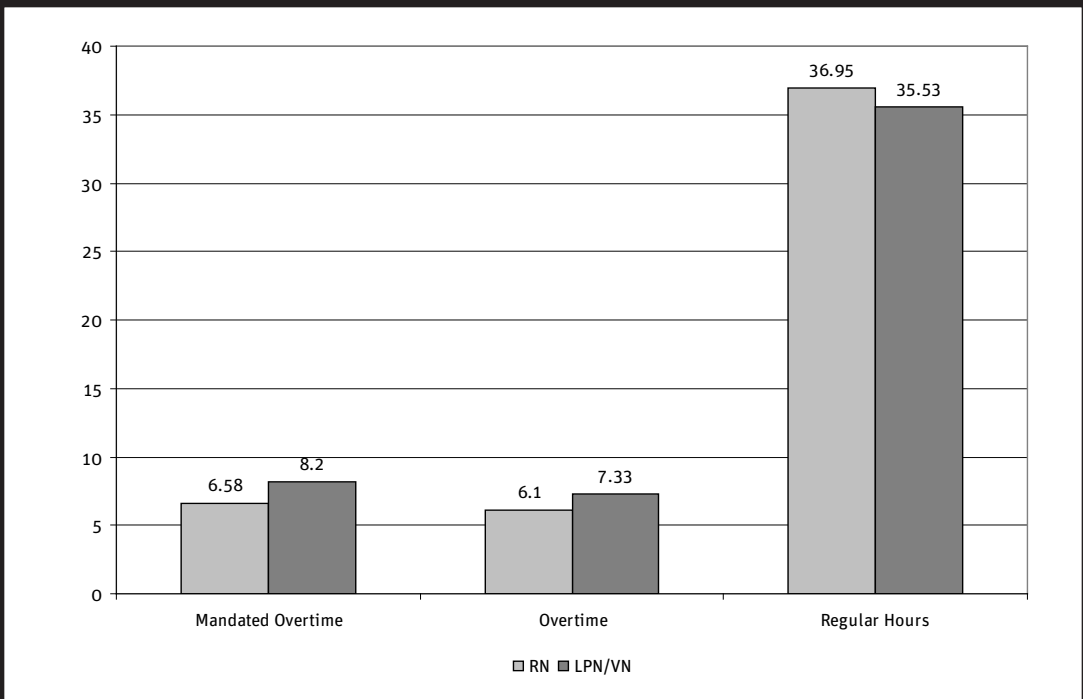
About 8.4% of the RN and 12.5% of the LPN/VN respondents reported working mandatory overtime. For those who reported working such hours, the LPN/VNs worked an average of 8.20 hours and the RNs worked an average of 6.58

hours. No significant difference was found in the amount of mandatory overtime worked for RNs and LPN/VNs with 0 to 9 months and greater than 9 months of experience; however, the LPN/VNs with greater than 9 months of experience reported working an average of about 4.76 hours more mandatory overtime than did the LPN/VNs with less experience. For LPN/VNs, statistically significant positive relationships were found between the total months of employment and the hours scheduled for both overtime ( $r=.12$ ,  $p<.01$ ) and mandated overtime ( $r=.49$ ,  $p<.01$ ).

**Employing Facilities**

RNs were employed primarily in hospitals (87.7%) with 6.9% reporting employment in community ambulatory care settings and 3% reporting employment in long-term care facilities. The LPN/VN respondents had the highest employment percentage in long-term

**Figure 7. Weekly Regularly Scheduled Work Hours and Overtime Hours**



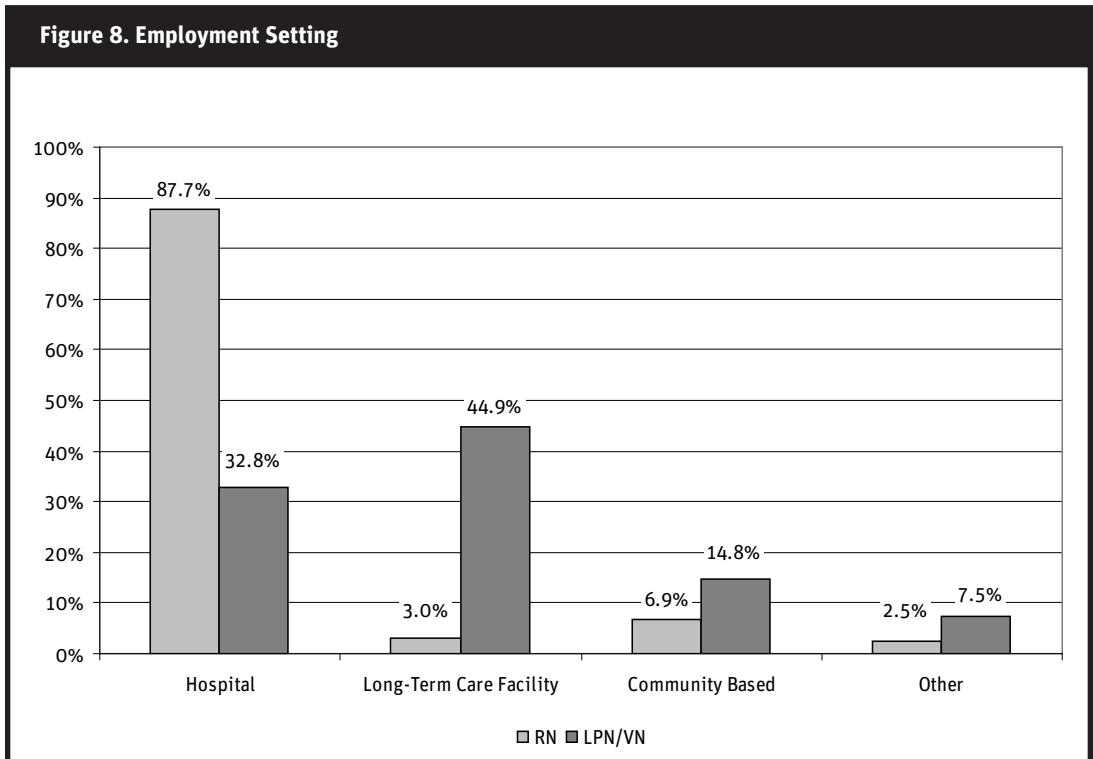
care facilities (44.9%) with 32.8% employed in hospitals and 14.8% employed in community or ambulatory settings. When compared to the last PPI (Smith & Crawford, 2004) these results showed a decrease in long-term care employment for the RNs and an increase in long-term care employment for the LPN/VNs with a corresponding decrease in hospital employment. Statistically significant correlations were present in the employing facilities and the type of nursing licensees ( $\chi^2=374.17$ ,  $df=3$ ,  $p<.01$ ). See Figure 8.

**Location of Employment Setting**

More than half (56.3%) of the RN respondents to this survey reported working in urban/metropolitan areas, with 26.4% reporting work in suburban areas and 17.2% reporting work in rural areas. The LPN/VNs were evenly divided among locations: 37.3% urban/metropolitan, 28.1% suburban and 34.6% rural. More LPN/VNs than RNs were employed in rural areas (Figure 9). In addition, the location of the employment setting was statistically significant in relation to the RNs’ educational level ( $\chi^2=13.03$ ,  $df=2$ ,  $p<.01$ ). More than 65% of the

**Table 4. Months Employed in Current and Any Position**

		N	Mean	Std. Deviation
RN	Months Employed in Current Position	607	7.66	2.87
	Months Employed in Any Position	608	8.42	2.83
LPN/VN	Months Employed in Current Position	474	7.02	3.06
	Months Employed in Any Position	478	8.1	3.13



BSNs were employed in an urban area, while 20.7% of the ADNs worked in a rural area (Table 5).

**Work Settings**

The RNs in this study continued a trend of employment in critical care settings (36.7%). Previous PPI studies show that 28.0% of the RN respondents were employed in critical care settings in July 1999; that number

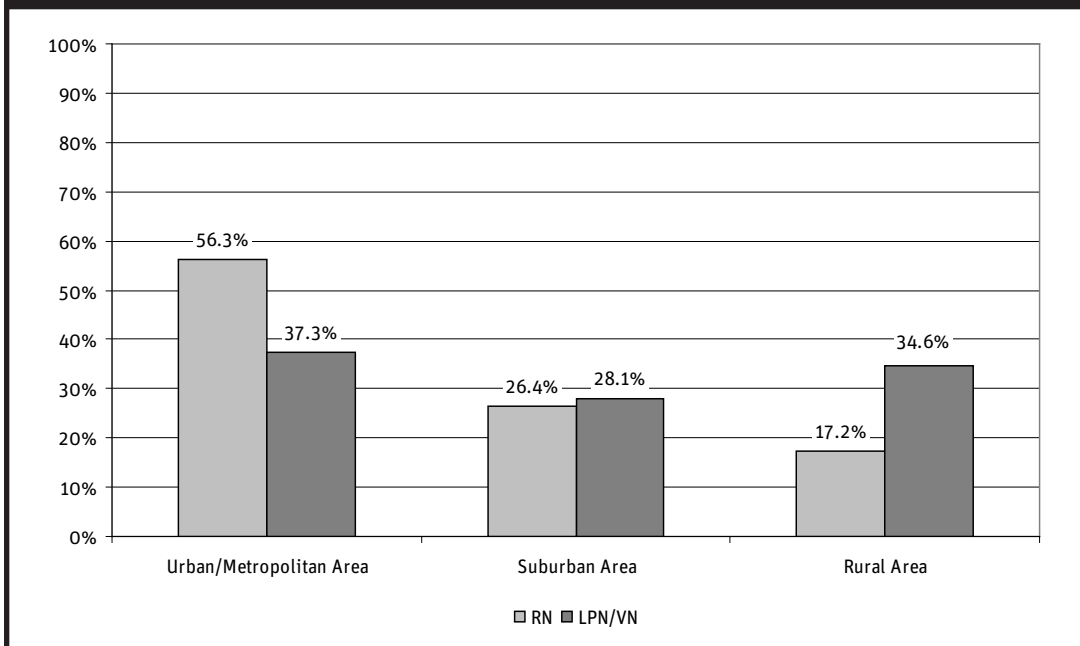
increased to 31.5% in July 2001. As of January 2002, the percentage of RNs working in critical care settings reached 32.3% (Smith & Crawford, 2003). About 8.5% of the respondents reported working in pediatrics, 3.3% in operating rooms and 3.3% in nursing homes. The LPN/VNs worked primarily in nursing homes (44.5%). Currently, 22.8% of LPN/VN respondents reported working in medical surgical units, 4.8% in pediatrics, 5.0% in critical care, 3.3% in psychiatric units, 1.7% in postpartum units and 1.7% in labor and delivery.

The RNs and LPN/VNs reported similar employment patterns in: (1) labor and delivery; (2) postpartum units; (3) psychiatry or any of its subspecialties (e.g., detox, etc.); (4) occupational health; (5) outpatient clinics; (6) public health; (7) student/school health and (8) prisons. Table 6 lists the differences between RNs and LPN/VNs in terms of employment settings and specialty areas. These findings were statistically significant at the .01 level.

**Table 5. Location of Employment Setting by Educational Degree – RN**

		ADN	BSN	Total
Urban/Metropolitan Area	Count	180	138	318
	% within Degree	50.3	65.1	55.8
Suburban Area	Count	104	49	153
	% within Degree	29.1	23.1	26.8
Rural Area	Count	74	25	99
	% within Degree	20.7	11.8	17.4
Total	Count	358	212	570
	% within Degree	100.0	100.0	100.0

**Figure 9. Location of Employment Setting**



**Shifts Worked**

Respondents were asked to report the numbers of hours they were usually scheduled to work on their shifts. The Chi-square analysis shows that the work hours were related to the type of license ( $\chi^2=158.98$ ,  $df=3$ ,  $p<.01$ ). The majority (70.9%) of RNs reported working 12-hour shifts, with only 25.6% working 8-hour shifts. More than 60% of LPN/VNs worked an 8-hour shift (Figure 10). The RNs were more likely to work either straight day (35.9%) or straight night (39.7%) shifts. Only 8.8% of the RN respondents reported working evenings and a total of 15.6% reported working rotating shifts. More than 43% of the LPN/VNs worked day shifts and only 23.8% of the LPN/VNs reported working night shifts. See Table 7.

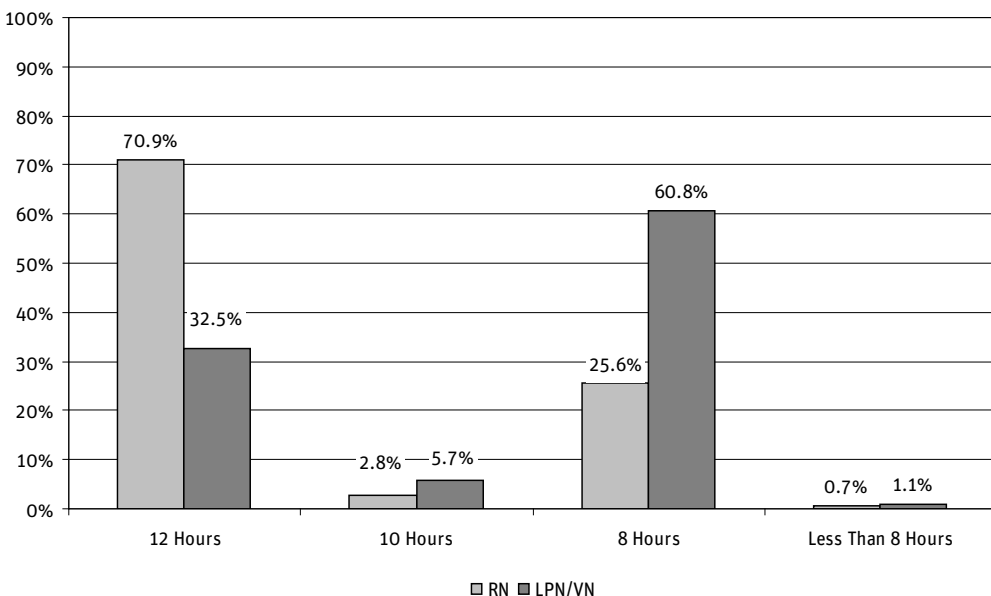
**Adequacy of RN and LPN/VN Education**

The survey respondents were asked if the clinical and classroom components of their nursing education program had adequately prepared them to perform specified practice setting

**Table 6. Different Employment Settings/Specialty Areas Between RNs and LPN/VNs**

Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
Medical-surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
Pediatrics or nursery
Operating room, including outpatient surgery and surgicenters
Nursing home, skilled or intermediate care
Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
Rehabilitation
Subacute unit
Transitional care unit
Physician's/dentist's office
Home health, including visiting nurse associations
Hospice care

**Figure 10. Hours Scheduled to Work in One Shift**





tasks. They were asked to respond with “Yes, definitely,” “Yes, somewhat” or “No.” The RNs provided ratings on 14 clinical and 13 classroom variables and the LPN/VNs provided ratings on 12 clinical and 10 classroom variables. The “Yes, definitely” answers were summed to represent the percentages of respondents that felt they were adequately prepared to perform each of the tasks listed in the survey.

The RNs and the LPN/VNs had statistically significant differences in their ratings on the following practice setting tasks: (1) administer

medications by common routes (PO, SQ, IM, IV, etc.) ( $\chi^2=9.41$ ,  $df=2$ ,  $p<.01$ ); (2) administer medications to large groups of clients (10 or more) ( $\chi^2=80.47$ ,  $df=2$ ,  $p<.01$ ); (3) provide direct care to six or more clients ( $\chi^2=55.29$ ,  $df=2$ ,  $p<.01$ ); (4) document a legally defensible account of care provided ( $\chi^2=6.50$ ,  $df=2$ ,  $p<.05$ ); and (5) work effectively within a health care team ( $\chi^2=6.35$ ,  $df=2$ ,  $p<.05$ ). In general, the LPN/VNs provided more positive ratings on the clinical component of their nursing education programs. See Tables 8–12.

**Table 7. Shifts Usually Worked**

		RN	LPN/VN	Total
Day Shift	Count	216	202	418
	% within Licensee Group	35.9	43.6	39.2
Evening Shift	Count	53	103	156
	% within Licensee Group	8.8	22.2	14.6
Night Shift	Count	239	110	349
	% within Licensee Group	39.7	23.8	32.8
Day and Evening Rotating Shift	Count	33	21	54
	% within Licensee Group	5.5	4.5	5.1
Day and Night Rotating Shift	Count	40	8	48
	% within Licensee Group	6.6	1.7	4.5
Day, Evening and Night Rotating Shifts	Count	9	7	16
	% within Licensee Group	1.5	1.5	1.5
Evening and Night Rotating Shifts	Count	12	12	24
	% within Licensee Group	2.0	2.6	2.3
Total	Count	602	463	1065
	% within Licensee Group	100.0	100.0	100.0

**Table 8. Administer Medications by Common Routes**

		RN	LPN/VN	Total
Yes, definitely	Count	473	402	875
	% within Licensee Group	80.3	87.4	83.4
Yes, somewhat	Count	107	54	161
	% within Licensee Group	18.2	11.7	15.3
No	Count	9	4	13
	% within Licensee Group	1.5	0.9	1.2
Total	Count	589	460	1,049
	% within Licensee Group	100.0	100.0	100.0

		RN	LPN/VN	Total
Yes, definitely	Count	107	216	323
	% within Licensee Group	21.4	49.1	34.3
Yes, somewhat	Count	160	98	258
	% within Licensee Group	31.9	22.3	27.4
No	Count	234	126	360
	% within Licensee Group	46.7	28.6	38.3
Total	Count	501	440	941
	% within Licensee Group	100.0	100.0	100.0

		RN	LPN/VN	Total
Yes, definitely	Count	121	184	305
	% within Licensee Group	22.4	41.0	30.8
Yes, somewhat	Count	145	133	278
	% within Licensee Group	26.9	29.6	28.1
No	Count	274	132	406
	% within Licensee Group	50.7	29.4	41.1
Total	Count	540	449	989
	% within Licensee Group	100.0	100.0	100.0

		RN	LPN/VN	Total
Yes, definitely	Count	313	281	594
	% within Licensee Group	53.0	60.7	56.4
Yes, somewhat	Count	223	149	372
	% within Licensee Group	37.7	32.2	35.3
No	Count	55	33	88
	% within Licensee Group	9.3	7.1	8.3
Total	Count	591	463	1,054
	% within Licensee Group	100.0	100.0	100.0

		RN	LPN/VN	Total
Yes, definitely	Count	364	320	684
	% within Licensee Group	61.1	68.5	64.3
Yes, somewhat	Count	203	128	331
	% within Licensee Group	34.1	27.4	31.1
No	Count	29	19	48
	% within Licensee Group	4.9	4.1	4.5
Total	Count	596	467	1,063
	% within Licensee Group	100.0	100.0	100.0

More than 80% of the respondents (80.3% of RNs and 87.4% of LPN/VNs) felt the clinical component of their nursing education program adequately prepared them to “administer medications by common routes (PO, SQ, IM, IV, etc.)” More than 70% of the respondents (73.2% of RNs and 77.1% of LPN/VNs) felt they were adequately prepared to “provide direct care to two or more clients.” Less than 50% of the respondents believed that they were adequately prepared in the following clinical tasks:

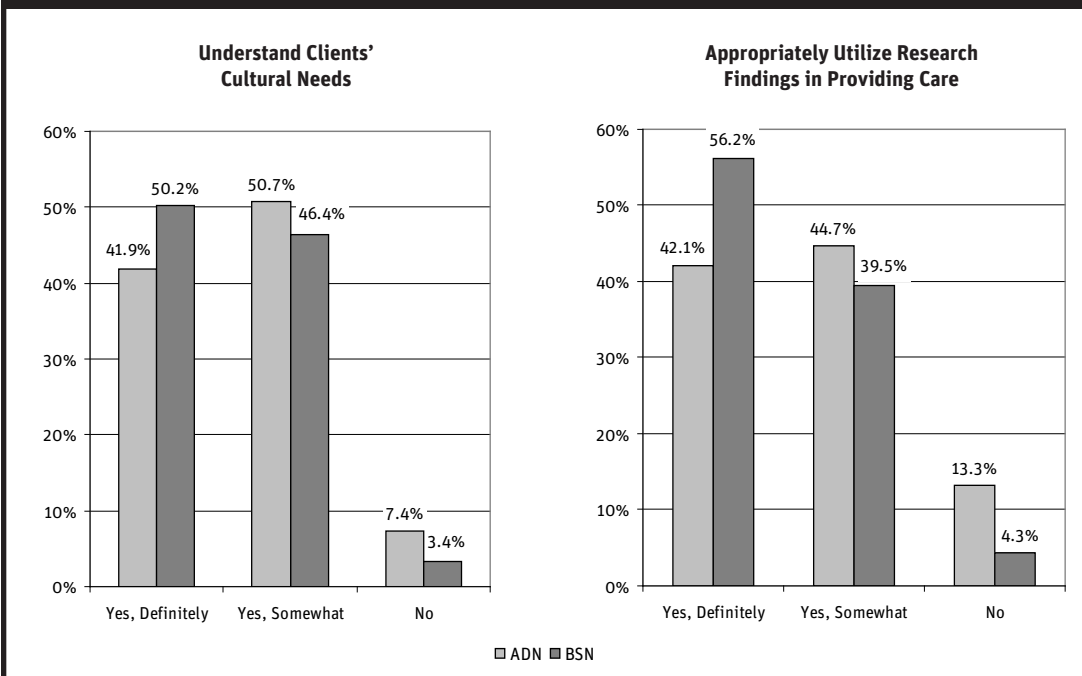
- Administer medications to large groups of clients (10 or more) (21.4% RNs and 49.1% LPN/VNs)
- Provide direct care to six or more clients (22.4% RNs and 41.0% LPN/VNs)
- Supervise care provided by others (e.g., LPN or assistive personnel) (27.8% RNs)
- Delegate tasks to other nurses or assistive personnel (30.7% RNs)

- Know when and how to call a client’s physician (42.3% RNs and 48.7% LPN/VNs)
- Guide care by others (43.4% LPN/VNs).

The respondents also provided ratings on 17 different classroom components. The RNs felt that the classroom component of their nursing education program definitely prepared them to “understand the pathophysiology underlying clients’ conditions” (67.3%) and “recognize changes in clients’ conditions” (61.8%). The LPN/VNs felt adequately prepared to “understand the rationale for nursing actions” (72.6%) and “use knowledge about clients’ conditions in making care decisions” (64.9%). Less than 50% of the respondents felt they were adequately prepared in the following areas:

- Supervise the care provided by others (e.g., LPN or assistive personnel) (29.2% RNs)

**Figure 11. Ratings on Adequacy of Educational Preparation by ADN and BSN Degrees**



- Delegate tasks to other nurses or assistive personnel (31.9% RNs)
- Meet clients' spiritual needs (39.1% RNs and 41.5% LPN/VNs)
- Guide care provided by others (e.g., assistive personnel) (43.7% LPN/VNs)
- Manage time, organize work load and prioritize tasks (46.8% RNs)
- Understand clients' cultural needs (46.3% RNs and 46.9% LPN/VNs)
- Appropriately utilize research findings in providing care (47.9% RNs)
- Synthesize data from multiple sources in making decisions (49.8% RNs).

The RN respondents with associate and baccalaureate degrees rated statistically significant differences on “understanding clients’ cultural needs” ( $\chi^2=6.12$ ,  $df=2$ ,  $p<.05$ ) and “appropriately utilize research findings in providing care” ( $\chi^2=16.97$ ,  $df=2$ ,  $p<.01$ ). The BSN graduates provided higher percentages of “Yes, definitely” ratings than the ADNs (Figure 11).

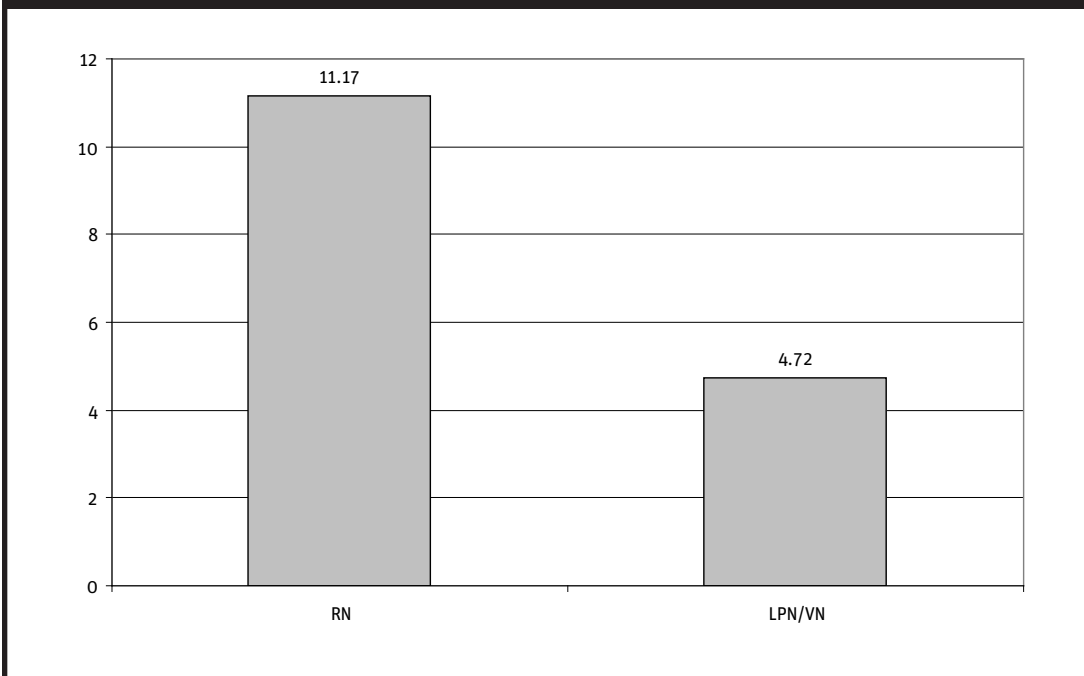
## Findings Related to Practice Issues

### Transition To Practice

The respondents were asked the type of orientation they experienced in their work settings and the length of those activities. The majority of the respondents (97.0% RNs, 92.6% LPN/VNs) reported participating in internship/externship, preceptorship, or mentorship programs, or routine orientations before or after being hired into a nursing position. There was a statistically significant difference between RNs and LPN/VNs in the average number of weeks spent in these programs with the RNs spending an average of 11.17 weeks in internship/externship, preceptorship, mentorship or orientation programs, while the LPN/VNs spending about 4.72 weeks in the programs ( $t=13.02$ ,  $df=956$ ,  $p<.001$ ). The average number of weeks spent in these programs is presented in Figure 12.

The transition methods were dependent on the type of licensees and employment facilities as well as nursing education programs. More than 38% of the RNs (38.9%) participated in both internship/externship, preceptorship or mentorship, and orientations, while 62.0% of the LPN/VNs were only given orientations after being hired at work (See Table 13). More than 40% of the RNs (40.9%) working in a hospital received both internship/externship, preceptorship or mentorship, and orientation programs, while 61.1% of RNs and 72.2% of LPN/VNs employed in long-term care facilities were given routine orientations after being hired (See Table 14). In addition, whether newly licensed nurses had an internship/externship, preceptorship or mentorship, or orientation were dependent on the educational program they completed. The 17 RNs

Figure 12. Total Weeks Spent in Transition Preparation



**Table 13. Preparation for Nursing Practice**

	<b>N</b>	<b>Percent (%)</b>
<b>RN</b>		
Internship/externship, preceptorship, or mentorship	188	31.0
Orientation	164	27.1
Both	236	38.9
None	18	3.0
Total	606	100.0
<b>LPN/VN</b>		
Internship/externship, preceptorship, or mentorship	68	14.3
Orientation	294	62.0
Both	77	16.2
None	35	7.4
Total	474	100.0

**Table 14. Transition Preparation by Employment Facility**

		<b>Hospital</b>	<b>Long-Term Care Facility</b>	<b>Community Based</b>	<b>Total</b>
<b>RN</b>					
Internship/externship, preceptorship, or mentorship	Count	177	1	8	186
	% within Facility	33.4	5.6	19.0	31.5
Orientation	Count	123	11	19	153
	% within Facility	23.2	61.1	45.2	25.9
Both	Count	217	4	13	234
	% within Facility	40.9	22.2	31.0	39.7
None	Count	13	2	2	17
	% within Facility	2.5	11.1	4.8	2.9
Total	Count	530	18	42	590
	% within Facility	100.0	100.0	100.0	100.0
<b>LPN/VN</b>					
Internship/externship, preceptorship, or mentorship	Count	34	18	10	62
	% within Facility	22.4	8.8	14.7	14.6
Orientation	Count	81	148	40	269
	% within Facility	53.3	72.2	58.8	63.3
Both	Count	34	26	5	65
	% within Facility	22.4	12.7	7.4	15.3
None	Count	3	13	13	29
	% within Facility	2.0	6.3	19.1	6.8
Total	Count	152	205	68	425
	% within Facility	100.0	100.0	100.0	100.0

(4.8%) who did not participate in any internship/externship, preceptorship, mentorship or orientation were from associate degree programs, while the 35 LPN/VNs who did not have such experience were from LPN/VN diploma/certificate programs (7.9%) and LPN/VN associate degree programs (6.5%). Both RNs and LPN/VNs with baccalaureate degrees and above were prepared to start nursing practice through internship/externship, preceptorship, mentorship or routine orientation programs.

The newly licensed nurses who had learned the 16 different clinical tasks through internship/externship, preceptorship, mentorship or routine work orientation programs and performed these tasks in their work setting provided positive ratings on adequacy of preparation for these tasks. In general, both RNs and LPN/VNs felt their orientation and internship/externship, preceptorship and mentorship programs better prepared them to perform these tasks than did the clinical components of their nursing education. More than 80% of the respondents felt the internship/externship, preceptorship, mentorship and orientation programs adequately prepared them to “provide care to two or more clients” (92.8% RNs and 83.2% LPN/VNs). The percentages of positive ratings provided by the LPN/VNs were slightly lower on “administer medications by common routes (e.g., PO, SQ, IM, IV, etc.)” (82.4% versus 87.4%) and “recognize changes in clients’ conditions necessitating intervention” (61.1% versus 61.7%) than the ratings on adequacy of the clinical component of nursing education. See Table 15.

The respondents who participated in internships/externships, preceptorships or mentoring programs described the components of their orientation. More than half of the RNs (50.2%) were assigned to a primary preceptor for assistance with questions, educational support and advice while in the program. See Figure 13.

### Practice Issues

The survey included several questions on practice issues. The respondents reported the number of days from starting their nursing position to their first client assignment and the size of their beginning and current assignments. They were also asked the size of assignments routinely given to experienced nurses in their setting (see Figures 14 and 15). Independent t-tests revealed statistically significant differences in the days until the first patient care assignment and the number of patients assigned between RN and LPN/VN respondents. Compared to the RNs, the LPN/VNs were assigned to work with clients earlier on (an average of 5.08 days for LPN/VNs versus 7.24 days for RNs) when they started their position ( $t=3.42$ ,  $df=857$ ,  $p<.01$ ). In addition, the LPN/VN respondents were responsible for more patients in both their first ( $t=-4.41$ ,  $df=467$ ,  $p<.01$ ) and current assignments ( $t=-9.00$ ,  $df=478$ ,  $p<.01$ ). On average, the LPN/VNs were responsible for 19.38 patients in their first assignment and 22.28 patients in their current assignment. The RNs were responsible for 3.90 patients in their first assignment and were taking care of 6.18 patients in their current assignment. The client assignments in hospitals and nursing homes or long-term care facilities are presented in Table 16.

### Difficulty of Assignments

Another outcome selected for exploration was the new nurses’ perceptions of difficulty with client assignments. Statistically significant relationships were present in the perceived challenges of client care assignments and nursing licensees ( $\chi^2=74.62$ ,  $df=2$ ,  $p<.01$  for the first assignment, and  $\chi^2=7.03$ ,  $df=2$ ,  $p<.05$  for the current assignment). More LPN/VN (33.4%) than RN respondents (11.5%) believed that their first assignment was too challenging or difficult. See Figures 16 and 17.

**Table 15. Influence of Transition to Practice for Work Setting**

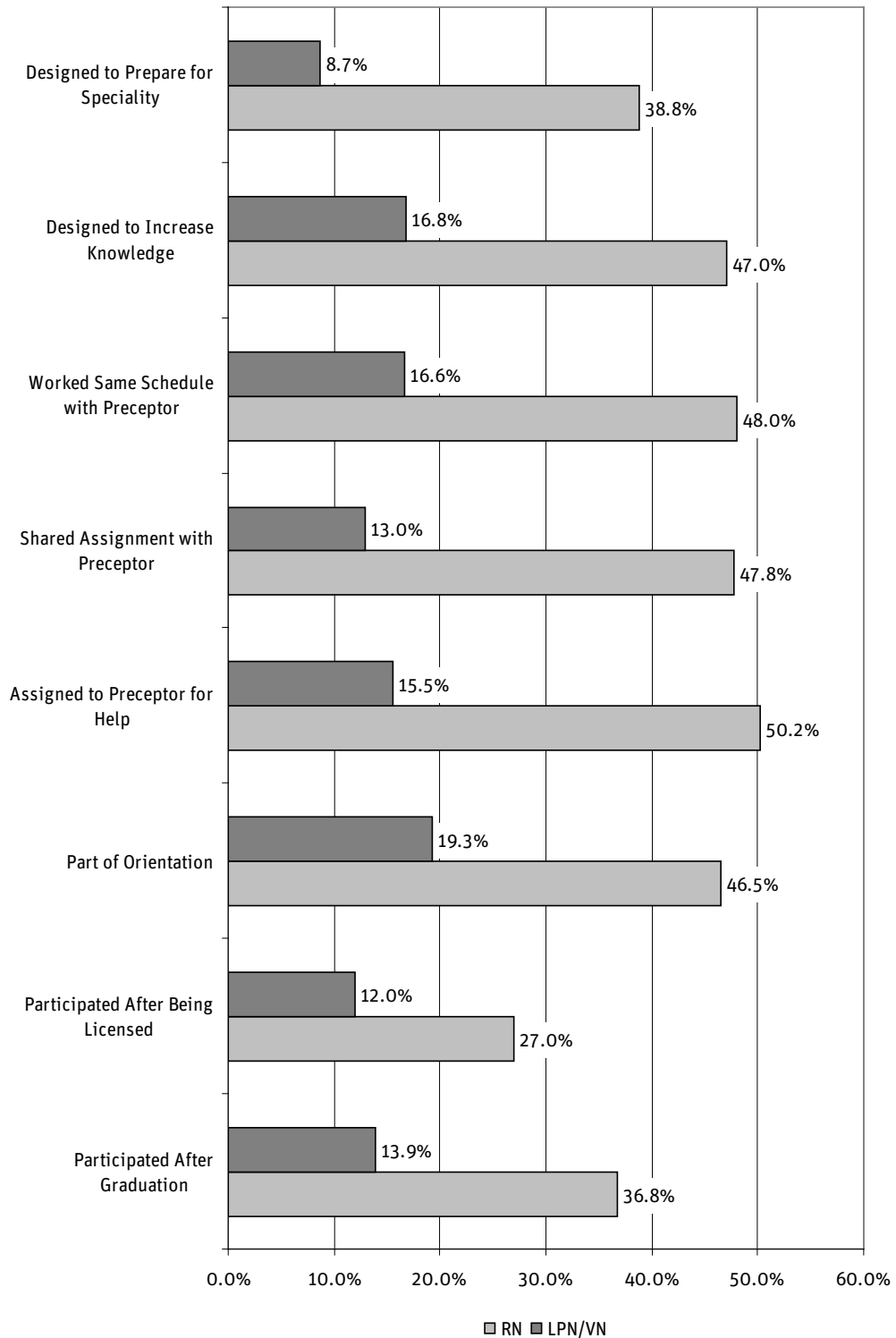
<b>My routine work orientation or internship/externship, preceptorship, or mentorship adequately prepared me to:</b>	<b>Licensee</b>	<b>Yes, Definitely</b>	<b>Yes, Somewhat</b>	<b>No</b>
Administer medications by common routes (PO, SQ, IM, IV, etc.)	RN	89.7%	8.3%	2.0%
	LPN/VN	82.4%	14.6%	2.9%
Administer medications to large groups of clients (10 or more)	RN	43.2%	17.5%	39.4%
	LPN/VN	71.8%	14.1%	14.1%
Make decisions about client care based on assessment and diagnostic testing data	RN	74.6%	22.6%	2.8%
Recognize and appropriately respond to changes in clients' conditions	RN	78.3%	20.3%	1.4%
Perform psychomotor skills (e.g., dressing changes, IV starts, catheterizations, baths, etc.)	RN	83.4%	15.0%	1.6%
	LPN/VN	65.9%	24.8%	9.3%
Provide direct care to two or more clients	RN	92.8%	5.4%	1.8%
	LPN/VN	83.2%	12.2%	4.6%
Provide direct care to six or more clients	RN	61.0%	18.7%	20.3%
	LPN/VN	73.4%	16.8%	9.9%
Manage time, organize work load, and prioritize tasks	RN	77.7%	21.0%	1.2%
	LPN/VN	66.7%	26.5%	6.8%
Supervise care provided by others (LPNs or assistive personnel)	RN	55.7%	32.2%	12.1%
Delegate tasks to other nurses or assistive personnel	RN	56.1%	35.8%	8.1%
Know when and how to call a client's physician	RN	76.8%	19.9%	3.3%
	LPN/VN	60.9%	30.0%	9.1%
Document a legally defensible account of care provided	RN	72.7%	22.4%	4.9%
	LPN/VN	64.5%	27.9%	7.6%
Teach clients	RN	72.2%	23.6%	4.2%
	LPN	61.2%	28.5%	10.3%
Work effectively within a health care team	RN	81.5%	16.8%	1.7%
	LPN	75.9%	20.3%	3.8%
Recognize changes in clients' conditions necessitating intervention	LPN	61.1%	32.3%	6.6%
Guide care provided by others (assistive personnel)	LPN	62.1%	30.2%	7.7%

**Table 16. Client Assignments in Hospitals and Nursing Homes or Long-Term Care Facilities**

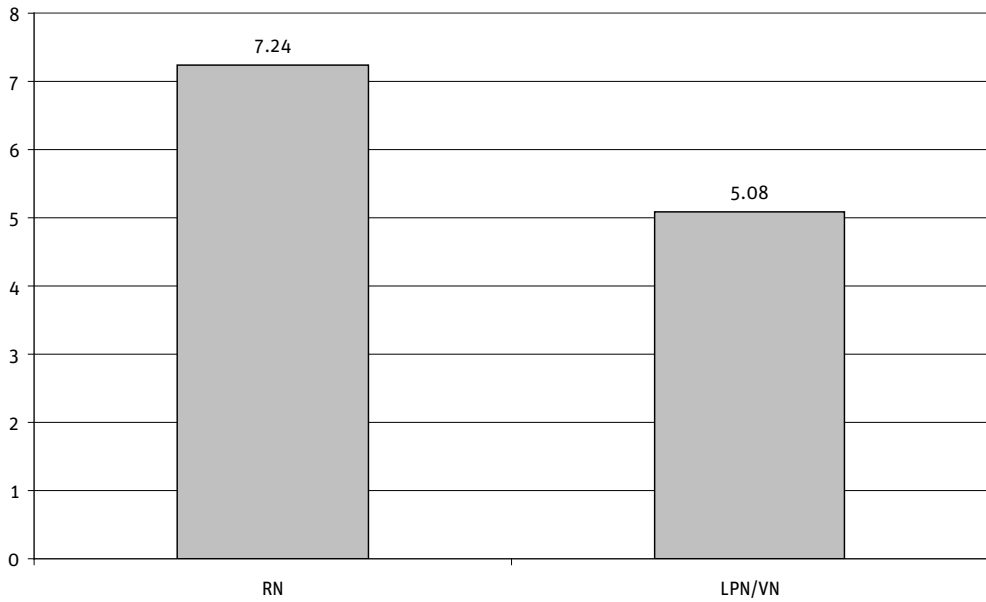
	Hospital		Long-Term Care Facility	
	RN	LPN	RN	LPN
Average days to first assignment	7.31	5.64	2.00	4.99
Average clients in first assignment	2.74	4.65	21.76	25.29
Average clients in current assignment	4.71	6.91	25.33	30.87
Average clients assigned to experienced staff	4.7	6.74	23.47	29.66



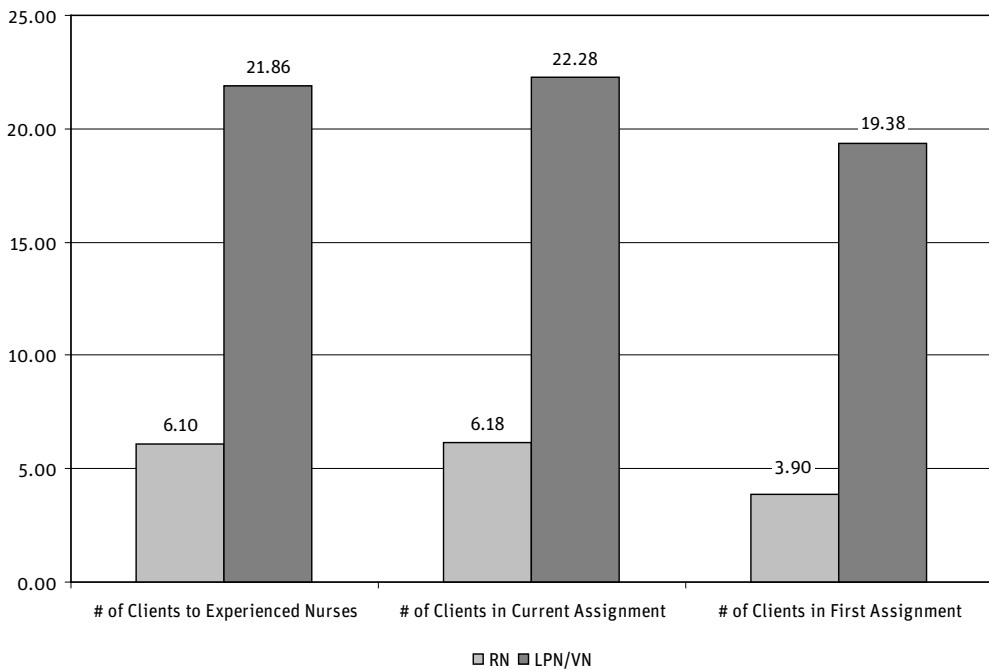
**Figure 13. Internship/Externship, Preceptorship and Mentorship Descriptors**



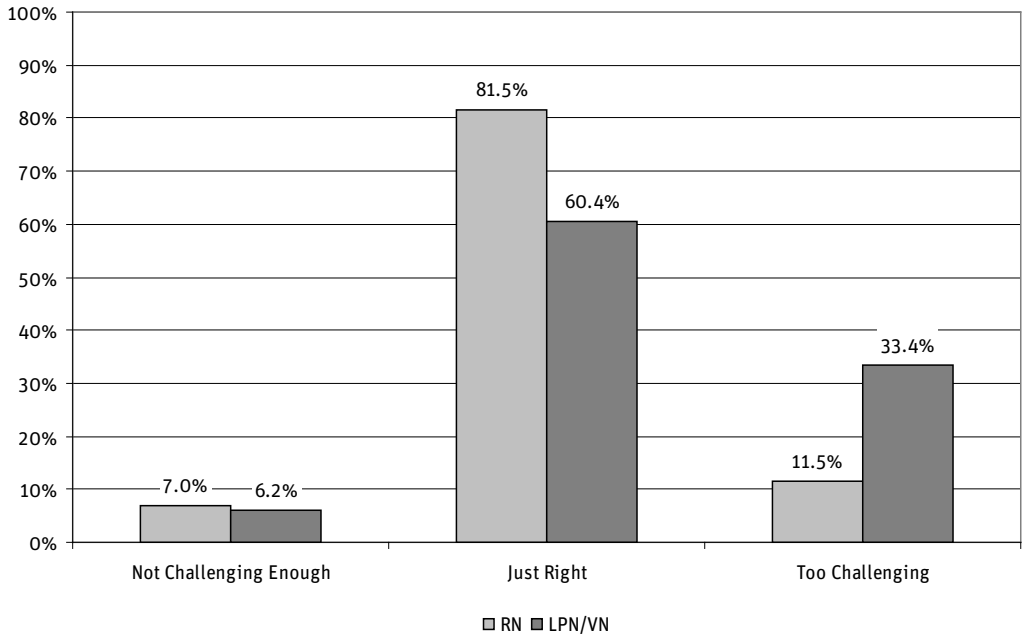
**Figure 14. Average Days Before First Client Care Assignments**



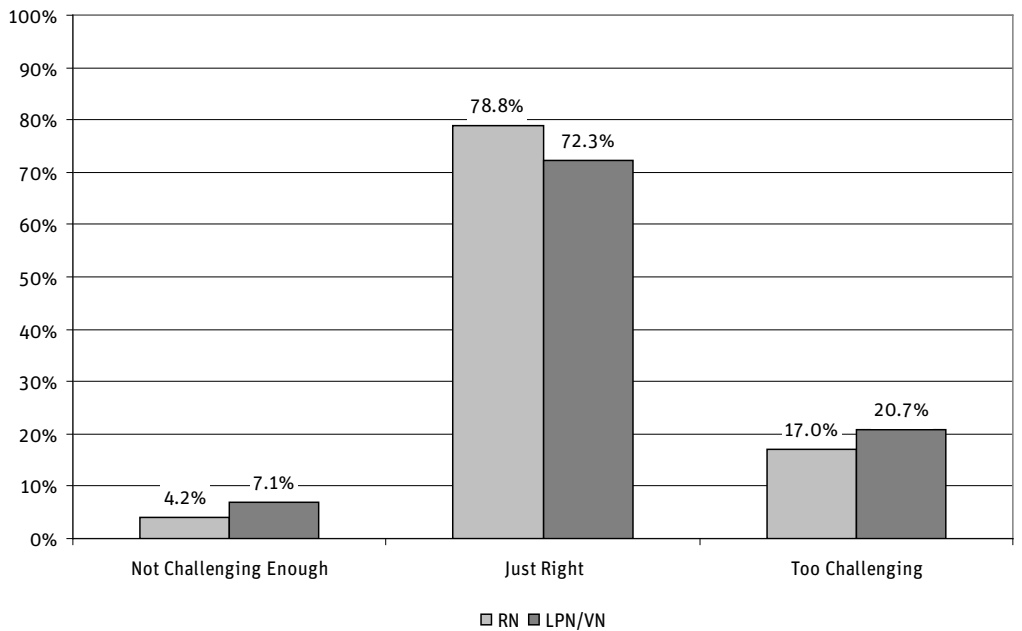
**Figure 15. Average Number of Clients in Current Assignments**



**Figure 16. Degree of Challenge for First Client Care Assignments**



**Figure 17. Degree of Challenge for Current Client Care Assignments**



The perceived challenge of current care assignments was related to the three major employment facilities for both RNs and LPN/VNs. The majority of the respondents (89.5% of RNs, 81.0% of LPN/VNs) employed in community based or ambulatory care facilities/organizations felt that their current client care assignments were just right. About 18.4% of the RNs employed in hospitals and 27.9% of LPN/VNs working in long-term care facilities felt their current assignments were too challenging or difficult. See Table 17.

The perceived challenge of the first client assignment was also statistically significant in relation to the respondents' age for LPN/VNs ( $\chi^2=6.67$ ,  $df=2$ ,  $p<.05$ ). The LPN/VNs under age of 35 felt their first assignment was not very challenging compared to those at the age of 35 or above. See Figure 18. In addition, the RNs with baccalaureate degrees expressed less dif-

ficulty with their first and current assignments than those with associate degrees. The differences were not statistically significant.

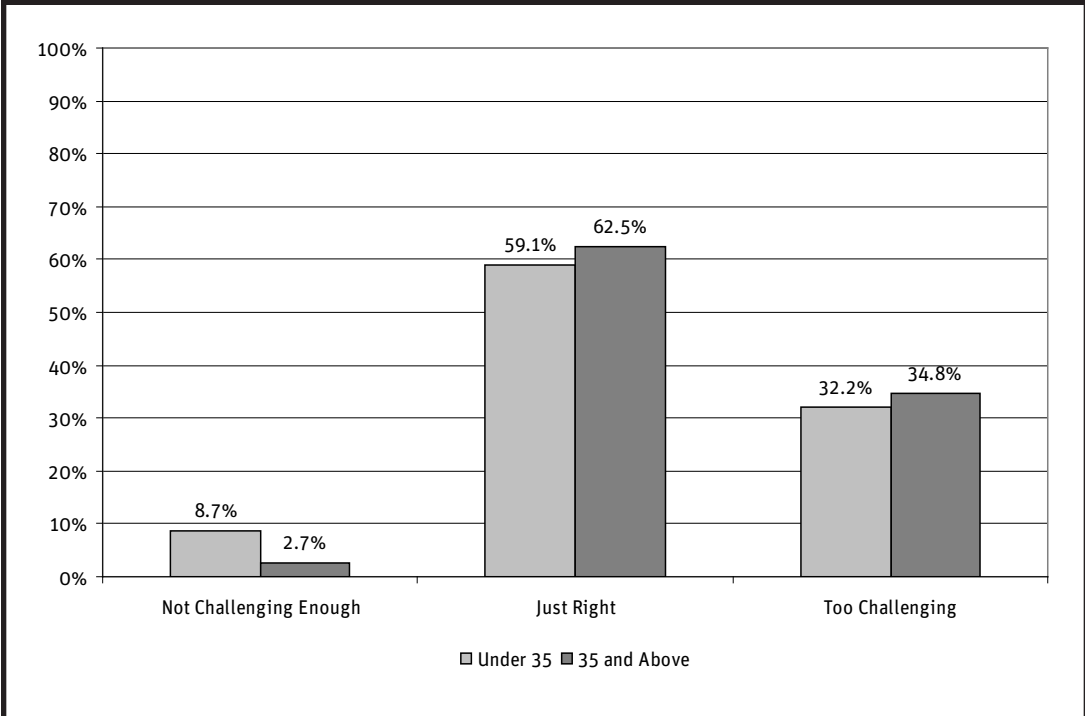
**Involvement of Errors**

This study also asked the respondents if they had ever been involved in incidents or occurrences that resulted in harm to clients or had the potential to place a client at risk or harm. More than half of the RNs (53.5%) and 47.5% of the LPN/VNs indicated that they had been involved in errors either as the one making the error, the supervisor of others making errors or as the one discovering errors made by others. The RNs and LPN/VNs differed significantly in self-reported involvement with errors related to client falls ( $\chi^2=5.67$ ,  $df=1$ ,  $p<.05$ ) and delays in treatment ( $\chi^2=4.28$ ,  $df=1$ ,  $p<.05$ ). Compared to the RN respondents, more LPN/VN respondents (25.7% LPN/VNs versus 19.6% RNs) reported errors in client falls, while more RNs

**Table 17. Degree of Challenge for Current Client Care Assignments by Facilities**

		Hospital	Long-Term Care	Community Based	Total
<b>RN</b>					
Not Challenging Enough	Count	19	3	2	24
	% within Facility	3.8	16.7	5.3	4.3
Just Right	Count	394	12	34	440
	% within Facility	77.9	66.7	89.5	78.3
Too Challenging	Count	93	3	2	98
	% within Facility	18.4	16.7	5.3	17.4
Total	Count	506	18	38	562
	% within Facility	100.0	100.0	100.0	100.0
<b>LPN/VN</b>					
Not Challenging Enough	Count	5	12	10	27
	% within Facility	3.5	6.1	17.2	6.8
Just Right	Count	111	130	47	288
	% within Facility	78.2	66.0	81.0	72.5
Too Challenging	Count	26	55	1	82
	% within Facility	18.3	27.9	1.7	20.7
Total	Count	142	197	58	397
	% within Facility	100.0	100.0	100.0	100.0

**Figure 18. Challenge of First Client Care Assignment by Age – LPN/VN**



**Table 18. Errors Related to Client Falls by Licensee**

		RN	LPN/VN	Total
With Error	Count	120	124	244
	% within Licensee Group	19.6	25.7	22.3
No Error	Count	491	359	850
	% within Licensee Group	80.4	74.3	77.7
Total	Count	611	483	1,094
	% within Licensee Group	100.0	100.0	100.0

**Table 19. Errors Related to Delays in Treatment by Licensee**

		RN	LPN/VN	Total
With Error	Count	126	76	202
	% within Licensee Group	20.6	15.7	18.5
No Error	Count	485	407	892
	% within Licensee Group	79.4	84.3	81.5
Total	Count	611	483	1,094
	% within Licensee Group	100.0	100.0	100.0

than LPN/VNs (20.6% RNs versus 15.7% LPN/VNs) were involved in errors with delays in treatment. See Tables 18 and 19.

Further analysis revealed that the reported medication errors and client falls were statistically significant in relation to the location of the RNs' employment setting ( $\chi^2=7.57$ ,  $df=2$ ,  $p<.05$  for medication errors,  $\chi^2=11.04$ ,  $df=2$ ,  $p<.01$  for client falls). For the RNs, 53.3% of the respondents working in rural areas were involved in medication errors; however, only 39.4% of the RNs in urban/metropolitan areas and 37.9% in suburban areas were involved in medication errors. In addition, the RNs from rural areas reported the highest percentage of errors related to client falls (29.5%), while only 15.5% of the RNs in urban areas reported this problem. See Tables 20 and 21. No statistically significant relationships were found between these errors and the location of work settings for the LPN/VN respondents.

This study also examined the relationships between the respondents' ratings of adequacy of educational components and their involvement with errors. Statistically significant differences were found in those LPN/VNs who answered "Yes, definitely" and those who answered "No" on the ratings of adequacy of clinical variables in regard to "provide direct care to six or more clients" ( $\chi^2=6.55$ ,  $df=1$ ,  $p<.01$ ) and "know when and how to call a client's physician" ( $\chi^2=4.28$ ,  $df=1$ ,  $p<.01$ ). Those who provided positive ratings on these variables were less likely to be involved with errors. See Tables 22 and 23. In addition, significant relationships were found in the RNs' ratings of adequacy of classroom variables and involvement with errors in the following practice tasks: "synthesize data from multiple sources in making decisions" ( $\chi^2=6.22$ ,  $df=1$ ,  $p<.01$ ) and "teach clients" ( $\chi^2=8.30$ ,  $df=1$ ,  $p<.01$ ). Those RNs with positive ratings on classroom variables reported fewer errors. See Tables 24 and 25.

**Table 20. Medication Errors by Location of Employment Setting – RN**

		Urban/ Metropolitan Area	Suburban Area	Rural Area	Total
With Error	Count	135	61	56	252
	% within Location	39.4	37.9	53.3	41.4
No Error	Count	208	100	49	357
	% within Location	60.6	62.1	46.7	58.6
Total	Count	343	161	105	609
	% within Location	100.0	100.0	100.0	100.0

**Table 21. Errors Involved with Client Falls by Location of Employment Setting – RN**

		Urban/ Metropolitan Area	Suburban Area	Rural Area	Total
With Error	Count	53	36	31	120
	% within Location	15.5	22.4	29.5	19.7
No Error	Count	290	125	74	489
	% within Location	84.5	77.6	70.5	80.3
Total	Count	343	161	105	609
	% within Location	100.0	100.0	100.0	100.0

**Table 22. Adequacy of Educational Preparation and Involvement with Errors: Provide Direct Care to Six or More Clients – LPN/VN**

		Yes, definitely	No	Total
With Error	Count	75	74	149
	% within Ratings	41.4	56.1	47.6
No Error	Count	106	58	164
	% within Ratings	58.6	43.9	52.4
Total	Count	181	132	313
	% within Ratings	100.0	100.0	100.0

**Table 23. Adequacy of Educational Preparation and Involvement with Errors: Know When and How to Call a Client’s Physician – LPN/VN**

		Yes, definitely	No	Total
With Error	Count	90	50	140
	% within Ratings	40.5	53.2	44.3
No Error	Count	132	44	176
	% within Ratings	59.5	46.8	55.7
Total	Count	222	94	316
	% within Ratings	100.0	100.0	100.0

**Table 24. Adequacy of Educational Preparation and Involvement with Errors: Synthesize Data from Multiple Sources in Making Decisions – RN**

		Yes, definitely	No	Total
With Error	Count	150	29	179
	% within Rating	51.5	72.5	54.1
No Error	Count	141	11	152
	% within Rating	48.5	27.5	45.9
Total	Count	291	40	331
	% within Rating	100.0	100.0	100.0

**Table 25. Adequacy of Educational Preparation and Involvement with Errors: Teach Clients – RN**

		Yes, definitely	No	Total
With Error	Count	185	22	207
	% within Rating	52.9	81.5	54.9
No Error	Count	165	5	170
	% within Rating	47.1	18.5	45.1
Total	Count	350	27	377
	% within Rating	100.0	100.0	100.0

In addition, the current study shows that involvement in errors was related to the work shifts scheduled for the LPN/VNs. Those LPN/VNs working rotating shifts were more likely to be involved in errors. More than 87.5% of the LPN/VNs who worked day and night rotating shifts reported their involvement with errors. See Table 26 and Figure 19.

This study also revealed a similar finding reported in the 2002 PPI study (Smith & Crawford, 2003). Research showed that fewer non-English speaking LPN/VNs (23.7%) had been involved in errors than native English speakers (49.7%).

This study also asked the respondents' opinions of the workplace factors contributing to errors in their settings. More than half of RNs (55.4%) and LPN/VNs (57.1%) believed that inadequate staffing contributed to errors. In addition, 43.0% of the RNs and 42.2% of LPN/VNs believed that lack of adequate communication among health care staff was another important factor causing the errors. The RNs

and LPN/VNs had differing opinions regarding the following error factors: (1) inadequate orientation (too short or not thorough); (2) lack of continuing education classes; (3) lack of supplies or equipment; and (4) lack of support from other departments such as pharmacy or food service supplies or equipment. More LPN/VNs tended to see a lack of education or supplies as error factors. More RN respondents believed that lack of support from others contributed to errors. See Tables 27 through 30.

### Change in Nursing Positions

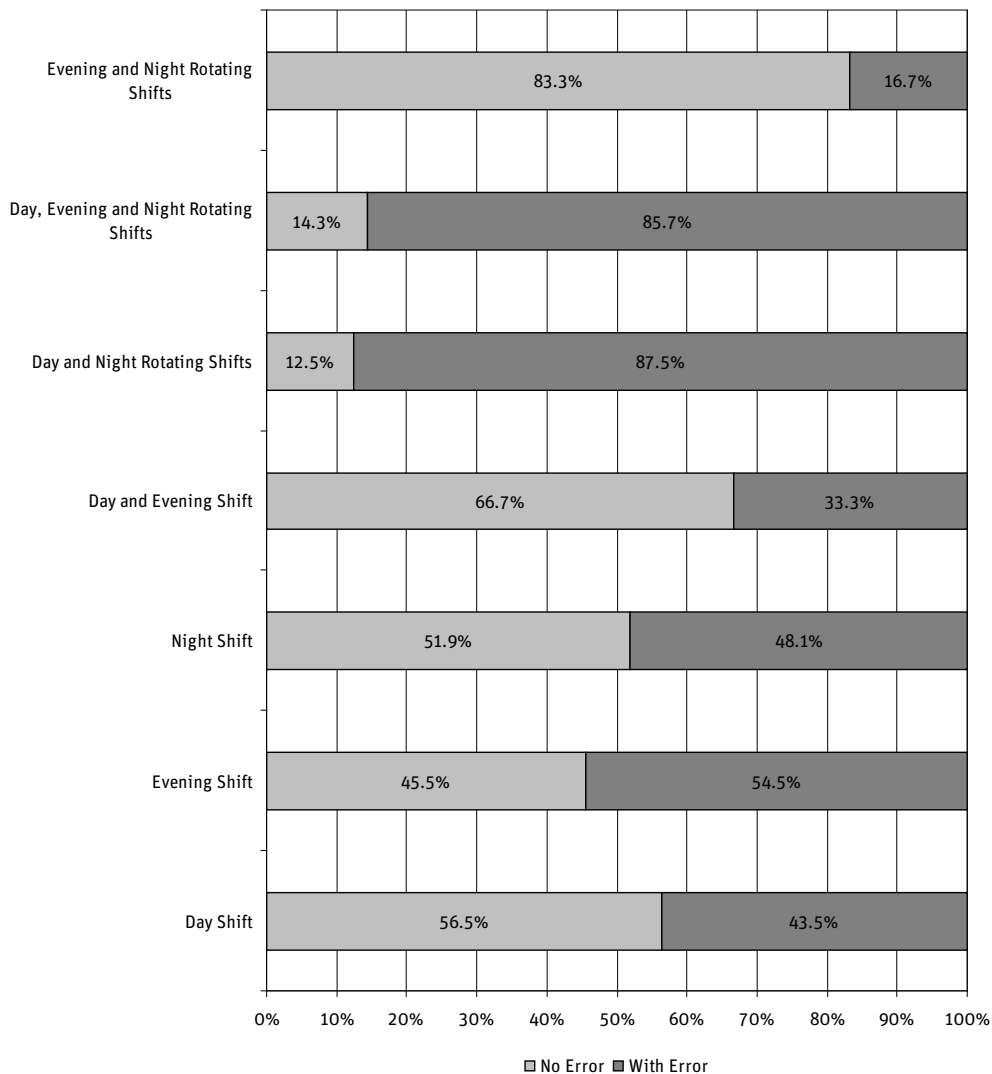
The current study showed that 33.1% of the RNs and 40.8% of the LPN/VNs changed their nursing positions or planned to leave their current nursing position within the next 12 months ( $\chi^2=6.88$ ,  $df=1$ ,  $p<.01$ ). See Table 31. About 34.7% of the RNs with associate degrees had changed positions or planned to leave their current position in the next year, while 40.1% of the LPN/VNs with diplomas/certificates made or planned to make such changes.

**Table 26. Shifts Worked and Involvement with Errors – LPN/VN**

Shifts Worked		With Error	No Error	Total
Day Shift	Count	87	113	200
	% within Shifts	43.5	56.5	100.0
Evening Shift	Count	55	46	101
	% within Shifts	54.5	45.5	100.0
Night Shift	Count	52	56	108
	% within Shifts	48.1	51.9	100.0
Day and Evening Rotating Shift	Count	7	14	21
	% within Shifts	33.3	66.7	100.0
Day and Night Rotating Shift	Count	7	1	8
	% within Shifts	87.5	12.5	100.0
Day, Evening and Night Rotating Shifts	Count	6	1	7
	% within Shifts	85.7	14.3	100.0
Evening and Night Rotating Shifts	Count	2	10	12
	% within Shifts	16.7	83.3	100.0
Total	Count	216	241	457
	% within Shifts	47.3	52.7	100.0



**Figure 19. Shifts Worked and Involvement with Errors – LPN/VN**



**Table 27. Error Factors by Licensee: Inadequate Orientation (Too Short or Not Thorough)**

		RN	LPN/VN	Total
Yes	Count	99	136	235
	% within Licensee Group	16.2	28.2	21.5
No	Count	511	347	858
	% within Licensee Group	83.8	71.8	78.5
Total	Count	610	483	1,093
	% within Licensee Group	100.0	100.0	100.0

**Table 28. Error Factors by Licensee: Lack of CE Courses**

		RN	LPN/VN	Total
Yes	Count	28	38	66
	% within Licensee Group	4.6	7.9	6.0
No	Count	582	445	1,027
	% within Licensee Group	95.4	92.1	94.0
Total	Count	610	483	1,093
	% within Licensee Group	100.0	100.0	100.0

**Table 29. Error Factors by Licensee: Lack of Supplies or Equipment**

		RN	LPN/VN	Total
Yes	Count	87	97	184
	% within Licensee Group	14.3	20.1	16.8
No	Count	523	386	909
	% within Licensee Group	85.7	79.9	83.2
Total	Count	610	483	1,093
	% within Licensee Group	100.0	100.0	100.0

**Table 30. Error Factors by Licensee: Lack of Support From Other Departments**

		RN	LPN/VN	Total
Yes	Count	123	48	171
	% within Licensee Group	20.2	9.9	15.6
No	Count	487	435	922
	% within Licensee Group	79.8	90.1	84.4
Total	Count	610	483	1,093
	% within Licensee Group	100.0	100.0	100.0

**Table 31. Change of Nursing Positions**

		RN	LPN/VN	Total
Change	Count	200	193	393
	% within Licensee Group	33.1	40.8	36.5
No Change	Count	405	280	685
	% within Licensee Group	66.9	59.2	63.5
Total	Count	605	473	1,078
	% within licensee Group	100.0	100.0	100.0

## Conclusion

Findings from this study indicate some important national trends in the nursing workforce. This study reveals statistically significant differences between RNs and LPN/VNs regarding education and practice issues. In addition, data from the current study shows that work settings, geographic work areas and educational programs contributed to the differences in nursing practice. It is important that researchers are aware of these differences when investigating and evaluating new nurse transition activities and workforce issues.

The most striking message gained from these data is that new nurses are, in general, satisfied with their nursing education. The respondents believed that both the clinical and classroom components of their education adequately prepared them for their practice tasks. The new nurses are able to identify the gaps in their preparation for practice and those educational components found deficient can be linked to their involvement in errors in the work setting.

The experience of an internship/externship, preceptorship or mentorship, and orientation does have a positive impact on the new

nurse's adequacy of preparation for practice. There is a need to continue to provide good quality mentoring or orientation programs to help these newly licensed nurses become well prepared for their transition to practice.

This study shows that more than one-third of the respondents have either changed nursing positions since being licensed or are planning on leaving their current positions in the next year. It is important to further explore the reasons for making these position changes, especially for those who decide to leave nursing. Proper career development programs should be created to assist these new nurses to succeed in their positions. Both transition and retention are important elements in maintaining a quality nursing workforce.

In summary, the present study gathered valuable demographic, educational, practice and related transition information from newly licensed RNs and LPN/VNs. The findings of the study will help NCSBN better understand the needs of newly licensed RNs and LPN/VNs and will inform appropriate forces to help them successfully complete their transition to practice.

## References

Smith, J. E. & Crawford, L. H. (2003). *Report of findings from the Practice and Professional Issues Survey, Spring 2002, NCSBN Research Brief, (7)*. Chicago: National Council of State Boards of Nursing.

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## Appendix A: Survey Questionnaire – RN

### NEW NURSE TRANSITION TO PRACTICE

Registered Nurse  
September/October  
2004

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

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

#### SECTION ONE: Professional Employment

---

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

(Select ALL that apply)

- 1 LPN/VN  
 2 RN

2. Are you currently employed in nursing?

- 1 Yes  
 2 No → Skip to SECTION FOUR

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

4. How many total months have you been employed as a **registered nurse (RN)** in **any** position since graduating from your RN education program?

\_\_\_\_\_ Total months employed as a RN

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

(Note: Even if you are scheduled to work in 2-week periods, please record the number of hours you work in one week)

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

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

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

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

\_\_\_\_\_ Hours of employer **MANDATED** overtime

6. Which of the following **best** describes the type of facility/organization in which you work most of the time?

(Select ONE answer)

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

7. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked**? If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.

(Select **no more than two** answers)

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

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

(Select ONE answer)

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

9. Which of the following most closely describes the **SHIFT(S)** you **usually work?**  
(Mark **ONLY ONE** answer for both A and B below)

A. Approximately **how many hours are you scheduled to work in one shift?**

- 1 12 hours
- 2 0 hours
- 3 8 hours
- 4 Less than 8 hours

B. What **TIME OF DAY** are your shift(s) **usually** scheduled?

- 1 Day shift
- 2 Evening shift
- 3 Night shift
- 4 Day and evening rotating shifts
- 5 Day and night rotating shifts
- 6 Day, evening and night rotating shifts
- 7 Evening and night rotating shifts

## SECTION TWO: Preparation for the practice setting

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

1 = Yes, definitely

2 = Yes, somewhat

3 = No

4 = Activity is not performed in my work setting

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

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



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

1 = Yes, definitely

2 = Yes, somewhat

3 = No

4 = Activity is not performed in my work setting

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

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

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

(Select ONE answer)

- 1 I participated in an internship/externship, or preceptorship, or mentoring program before and/or after being hired into a nursing position → **Answer Question 3B**
- 2 I was given a routine orientation after being hired into a nursing position → **Skip to Question 4**
- 3 I participated in an internship/preceptorship/mentoring program **and** had a routine orientation → **Answer Question 3B**
- 4 I **did not** participate in an internship/externship or a preceptorship, or a mentoring program, and I also **did not** have an orientation → **Skip to Section Three**

B. Which of the following describe the internship/externship, or preceptorship, or mentoring program in which you participated (Select ALL that apply)

- 1 I participated in the program **after** I graduated from my nursing education program
- 2 I participated in the program **after** I received my license to practice nursing
- 3 The program was part of the orientation I received after being hired into a nursing position
- 4 While in the program I was assigned to a primary preceptor for help, educational support, advice, etc.
- 5 While in the program my primary preceptor and I shared a clinical assignment during at least part of the program
- 6 While in the program my primary preceptor worked the same schedule I worked
- 7 The program was designed to increase my general nursing knowledge and skills
- 8 The program was designed to prepare me for a specific nursing specialty such as critical care, pediatrics, obstetrics, etc.

4. How many total weeks did you spend in the internship/externship, or preceptorship, or mentoring program, or routine orientation described in question 3?

\_\_\_\_\_ # of weeks spent in program described in question 3

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

0 = Not included in my orientation or internship/externship or preceptorship or mentoring program

1 = Yes, definitely

2 = Yes, somewhat

3 = No

4 = Activity is not performed in my work setting

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

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

6. If given the opportunity how would you change your orientation or internship/externship, preceptorship or mentoring program?

## SECTION THREE: Practice Issues

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

\_\_\_\_\_ Days before first client care assignment

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

\_\_\_\_\_ # of clients in first assignment

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

\_\_\_\_\_ # of clients in current typical assignment

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

\_\_\_\_\_ # of clients typically assigned to experienced nurses

3. In your opinion:

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

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

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

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

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

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

5. If you have been involved in errors, which of the following types of errors/incidents or occurrences have taken place?

**(Select ALL that apply)**

- 1 Medication errors
- 2 Client falls
- 3 Delays in treatment
- 4 Avoidable client death (including client suicides)
- 5 Client elopement (unauthorized departure of client from facility)
- 6 Care provided by impaired professional (health care provider abusing alcohol or controlled substances)
- 7 Other, please specify \_\_\_\_\_

6. In your opinion, which of the following factors tend to contribute to the errors made in your current employing institution?

**(Select ALL that apply)**

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

7. a. Have you changed nursing positions since being licensed as a RN or are you planning to leave your current nursing position within the next 12 months?

- 1 Yes
- 2 No → Skip to Section Four

b. If you have changed positions or you have plans to leave your current nursing position, why did you leave or why are you planning to leave?

#### SECTION FOUR: Demographic Data

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1. Gender:

- 1 Male
- 2 Female

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

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

(Select ONE answer)

- 1 American Indian/Alaska Native
- 2 Asian (e.g., Filipino, Japanese, Chinese, etc.)
- 3 Black/African American
- 4 White Hispanic or Latino
- 5 Non-white Hispanic or Latino
- 6 Native Hawaiian/Other Pacific Islander
- 7 White
- 8 Multi-ethnic or racial background

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No → **Skip to Question #6**

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

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

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

1 Yes

2 No → **Skip to Question #7**

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

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

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

(**Select ONE answer**)

1 LPN/VN – Diploma/Certificate in U.S.

2 LPN/VN – Associate Degree in U.S.

3 RN – Diploma in U.S.

4 RN – Associate Degree in U.S.

5 RN – Baccalaureate Degree in U.S.

6 RN – Generic Master’s Degree in U.S.

7 RN – Generic Doctorate in U.S. (e.g., ND)

8 Any nursing program NOT located in the U.S.

#### SECTION FIVE: Comments

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Please share any comments you might have about your transition from nursing education to nursing practice.

## Appendix B: Survey Questionnaire – LPN/VN

### NEW NURSE TRANSITION TO PRACTICE

Licensed Practical or Vocational Nurse  
September/October  
2004

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

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

#### SECTION ONE: Professional Employment

---

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

(Select ALL that apply)

- 1 LPN/VN  
 2 RN

2. Are you currently employed in nursing?

- 1 Yes  
 2 No → Skip to SECTION FOUR

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

\_\_\_\_\_ Months in position

4. How many total months have you been employed as a Licensed Practical or Vocational Nurse (LPN/VN) in any position since graduating from your LPN/VN education program?

\_\_\_\_\_ Total months employed as a LPN/VN

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

(Note: Even if you are scheduled to work in 2-week periods, please record the number of hours you work in one week)

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

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

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

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

\_\_\_\_\_ Hours of employer MANDATED overtime

6. Which of the following **best** describes the type of facility/organization in which you work most of the time?

**(Select ONE answer)**

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

7. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked**? If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.

**(Select no more than two answers)**

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

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

**(Select ONE answer)**

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

9. Which of the following most closely describes the **SHIFT(S)** you **usually work**?  
(Mark **ONLY ONE** answer for both A and B below)

A. Approximately **how many hours** are you scheduled to work in one shift?

- 1 12 hours
- 2 10 hours
- 3 8 hours
- 4 Less than 8 hours

B. What **TIME OF DAY** are your shift(s) **usually** scheduled?

- 1 Day shift
- 2 Evening shift
- 3 Night shift
- 4 Day and evening rotating shifts
- 5 Day and night rotating shifts
- 6 Day, evening and night rotating shifts
- 7 Evening and night rotating shifts

**SECTION TWO:** Preparation for the practice setting

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

1 = Yes, definitely

2 = Yes, somewhat

3 = No

4 = Activity is not performed in my work setting

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

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



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

1 = Yes, definitely

2 = Yes, somewhat

3 = No

4 = Activity is not performed in my work setting

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

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

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

(Select **ONE** answer)

- 1 I participated in an internship/externship, or preceptorship, or mentoring program before and/or after being hired into a nursing position → **Answer Question 3B**
- 2 I was given a routine orientation after being hired into a nursing position → **Skip to Question 4**
- 3 I participated in an internship/preceptorship/mentoring program **and** had a routine orientation → **Answer Question 3B**
- 4 I **did not** participate in an internship/externship or a preceptorship, or a mentoring program, and I also **did not** have an orientation → **Skip to Section Three**

B. Which of the following describe the internship/externship, or preceptorship, or mentoring program in which you participated. (Select **ALL** that apply)

- 1 I participated in the program **after** I graduated from my nursing education program
- 2 I participated in the program **after** I received my license to practice nursing
- 3 The program was part of the orientation I received after being hired into a nursing position
- 4 While in the program I was assigned to a primary preceptor for help, educational support, advice, etc.
- 5 While in the program my primary preceptor and I shared a clinical assignment during at least part of the program
- 6 While in the program my primary preceptor worked the same schedule I worked
- 7 The program was designed to increase my general nursing knowledge and skills
- 8 The program was designed to prepare me for a specific nursing specialty such as critical care, pediatrics, obstetrics, etc.

4. How many total weeks did you spend in the internship/externship, or preceptorship, or mentoring program, or routine orientation described in question 3?

\_\_\_\_\_ # of weeks spent in program described in question 3

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

0 = Not included in my orientation or internship/externship or preceptorship or mentoring program

1 = Yes, definitely

2 = Yes, somewhat

3 = No

4 = Activity is not performed in my work setting

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

Administer medications by common routes (PO, SQ, IM, topical, etc.)	0	1	2	3	4
Administer medications to large groups of clients (10 or more)	0	1	2	3	4
Perform psychomotor skills (e.g., dressing changes, baths, catheterizations, etc.)	0	1	2	3	4
Recognize changes in clients' conditions necessitating intervention	0	1	2	3	4
Provide direct care to two or more clients	0	1	2	3	4
Provide direct care to six or more clients	0	1	2	3	4
Manage time, organize workload and prioritize tasks	0	1	2	3	4
Know when and how to call a client's physician	0	1	2	3	4
Guide care provided by others (assistive personnel)	0	1	2	3	4
Document a legally defensible account of care provided	0	1	2	3	4
Teach clients	0	1	2	3	4
Work effectively within a health care team	0	1	2	3	4

6. If given the opportunity how would you change your orientation or internship/externship, preceptorship or mentoring program?

**SECTION THREE: Practice Issues**

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

\_\_\_\_\_ Days before first client care assignment

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

\_\_\_\_\_ # of clients in first assignment

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

\_\_\_\_\_ # of clients in current typical assignment

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

\_\_\_\_\_ # of clients typically assigned to experienced nurses

3. In your opinion:

- A. Was your first client care assignment:

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

- B. Are your current typical client care assignments:

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

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

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

5. If you have been involved in errors, which of the following types of errors/incidents or occurrences have taken place?

**(Select ALL that apply)**

- 1 Medication errors
- 2 Client falls
- 3 Delays in treatment
- 4 Avoidable client death (including client suicides)
- 5 Client elopement (unauthorized departure of client from facility)
- 6 Care provided by impaired professional (health care provider abusing alcohol or controlled substances)
- 7 Other, please specify \_\_\_\_\_

6. In your opinion, which of the following factors tend to contribute to the errors made in your current employing institution?  
(Select ALL that apply)
- 1 Inadequate orientation (too short or not thorough)
  - 2 Inadequate staffing
  - 3 Inappropriate use of assistive personnel such as nursing assistants or medication aides
  - 4 Lack of adequate communication among health care staff
  - 5 Lack of adequate reference materials for looking up new medications or procedures
  - 6 Lack of continuing education classes
  - 7 Lack of supplies or equipment
  - 8 Lack of support from other departments such as pharmacy or food service
  - 9 Long work hours
  - 10 Poorly understood policies and procedures
  - 11 Other, please specify \_\_\_\_\_
7. a. Have you changed nursing positions since being licensed as a LPN/VN or are you planning to leave your current nursing position within the next 12 months?
- 1 Yes
  - 2 No → **Skip to Section Four**
- b. If you have changed positions or you have plans to leave your current nursing position, why did you leave or why are you planning to leave?

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**SECTION FOUR: Demographic Data**

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1. Gender:
- 1 Male
  - 2 Female
2. Age in years \_\_\_\_\_ YEARS
3. Select below the answer **most descriptive** of your racial/ethnic background  
(Select ONE answer)
- 1 American Indian/Alaska Native
  - 2 Asian (e.g., Filipino, Japanese, Chinese, etc.)
  - 3 Black/African American
  - 4 White Hispanic or Latino
  - 5 Non-white Hispanic or Latino
  - 6 Native Hawaiian/Other Pacific Islander
  - 7 White
  - 8 Multi-ethnic or racial background
4. Is English the first language you learned to speak?
- 1 Yes
  - 2 No

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

- 1 Yes
- 2 No → **Skip to Question #6**

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

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

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

**(Select ONE answer)**

- 1 LPN/VN – Diploma/Certificate in U.S.
- 2 LPN/VN – Associate Degree in U.S.
- 3 RN – Diploma in U.S.
- 4 RN – Associate Degree in U.S.
- 5 RN – Baccalaureate Degree in U.S.

**SECTION FIVE: Comments**

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Please share any comments you might have about your transition from nursing education to nursing practice.

Thank you for your participation in this important work.