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**NCSBN Research Brief**

Report of Findings from the

# **Practice and Professional Issues Survey**

Spring 2003

Topics covered include:

- Transition to Practice
- Interactions with Assistive Personnel

June Smith, PhD, RN

Lynda Crawford, PhD, RN, CAE

National Council of State Boards of Nursing (NCSBN)



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**Mission Statement**

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J.S., L.C.



# Executive Summary

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

## Methodology

### SURVEY INSTRUMENTS

Separate surveys were constructed for RNs and LPN/VNs, with most of the survey questions identical across the two questionnaires. Information was collected regarding the work settings of newly licensed nurses, the types and ages of clients cared for, the types and lengths of their transition to practice activities, their involvement in telemedicine, training received for HIPAA regulations, the importance of various skill sets in different practice settings, and various issues related to nurse/assistive personnel relationships.

### SURVEY PROCESS

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN® or NCLEX-PN® examinations. Because the nature of the questions included in this survey required the comparison of very new nurses with more experienced nurses, approximately half of each sample was drawn from successful candidates from July 1 through July 31, 2002, and the other half was drawn from candidates who passed the examinations between May 1 and June 31, 2003.

A return rate of 64% (of deliverable surveys) was achieved for the RNs and 51.2% (of deliverable surveys) for the LPN/VNs. This sample size was calculated as adequate to provide proportional estimates at +/- 2% of the true rate for the RNs and +/- 2.25% for the LPN/VNs.

## Sample

### DEMOGRAPHIC DATA

The majority, 91% of both RNs and LPN/VNs, of these new nurses were female. The average age was 31.1 years for RN respondents and was 32.7 years for LPN/VN respondents. The majority of these nurses reported being white (83.5% of RNs and 71.2% of LPN/VNs). There were 6.1% of RNs and 12.7% of LPN/VNs who reported being African American, 4.5% of RNs and 9.2% of LPN/VNs who reported being of Hispanic or Latino descent, and about 4.2% of both RNs and LPN/VNs who reported being of Asian descent.

### EDUCATIONAL BACKGROUNDS – RN

The basic nursing education programs reported by the newly licensed RNs were: associate degree (61.1%), baccalaureate degree (33.3%), diploma (2.7%) and education outside the United States (2.4%).

### PAST EXPERIENCE

About 19% of the RNs reported previously working as an LPN/VN. Both the RNs and LPN/VNs were asked about previous work as nursing assistants or aides and 60% of the RNs and 62% of

the LPN/VNs reported such past work. About 8% of the RN respondents reported that they had previously worked as an LPN/VN in their current employing facility, and 26% of the LPN/VN respondents reported previous work as a nurse aide/assistant in their current employing facility.

#### **LENGTH OF EMPLOYMENT AND HOURS WORKED**

Most, 98.8% of the RNs and 90.1% of the LPN/VNs, reported current employment in nursing. For RNs, family or personal situations (for two respondents) and returning to school (for two respondents) were the most commonly cited reasons for remaining unemployed. For 20 LPN/VN respondents, returning to or remaining in school was the most frequently cited reason. The remaining respondents were divided according to amount of experience. For the RNs, 59% had 0 to 9 months of experience with an average of 5.6 months and 41% had more than 9 months of experience with an average of 16.8 months. For the LPN/VNs, 70% had 0 to 9 months of experience with an average of 5.4 months and 30% had been employed for more than 9 months with an average of 16.3 months.

The RNs worked an average of 35.5 nonovertime hours per week, and the LPN/VNs worked 33.2 hours of nonovertime per week. The LPN/VNs averaged 3.9 hours of overtime per week and the RNs averaged 3.5 hours overall. The RNs who had been employed for over 9 months reported working significantly more overtime. For those who reported working mandatory overtime, the RNs worked an average of 7 hours and the LPN/VNs worked an average of 6.2 hours.

#### **EMPLOYING FACILITIES**

Most (88.1%) newly licensed RNs were employed in hospitals. About 4.8% of the RNs reported working in long-term care and 4.7% reported employment in community-based or ambulatory care settings. The LPN/VNs were most frequently (43.8%) employed in long-term care facilities, and less likely to report working in hospitals (35.7%). About 14.1% of the LPN/VNs reported employment in community-based or ambulatory care settings.

#### **WORK SETTINGS**

The five work settings most frequently reported by the RNs were critical care (35.8%), medical/surgical (37.2%), pediatrics (10.2%), the operating room (5.2%) and postpartum (5%). The five work settings most frequently reported by the LPN/VNs were nursing home (44%), medical/surgical (22.4%), other long-term care (7.8%), rehabilitation (6.7%) and physician's or dentist's office (6%).

#### **SHIFTS WORKED**

The majority (68%) of RNs reported working 12-hour shifts, with only 29% working 8-hour shifts. The RNs were also most likely to work either straight day (36%) or straight night (37%) shifts. Only 10% of the RN respondents reported working evenings and 17% reported having rotating shifts.

The LPN/VNs were much more likely to work 8-hour shifts (62%) than 12-hour shifts (32%) and were most likely to work straight days (42%) with about equal percentages working straight evenings (20%) and straight nights (23%). Only 15% of the LPN/VN respondents reported working rotating shifts.

## Findings Related to Practice Issues

### TRANSITION TO PRACTICE

Most of the respondents reported receiving transition activities consisting of a preceptorship (61.9% of RNs and 65.1% of LPN/VNs), while 21.1% of the RNs and 19.1% of the LPN/VNs reported an orientation with supervised work with clients and 7.1% of RNs and 1.6% of LPN/VNs were given formal internships. Approximately 5.7% of the RNs and 8.6% of the LPN/VNs did not receive a formal orientation.

About 17% of the RNs who had worked in their current employing facility as an LPN/VN did not receive an orientation compared to 5% of those who were new to their facilities. However, no orientation was given to about 8.5% of both the LPN/VNs who were new to their facilities and those who had previously worked in their current facilities as CNAs. RNs new to facilities spent an average of about 11 weeks in orientation or preceptorship activities while those who had previously worked in the facility spent an average of 6 weeks in orientation or preceptorship. All LPN/VNs spent an average of approximately 3 weeks in orientation, whether or not they were new to the facility or former CNAs.

Overall, about 56% of the RNs reported that their employers standardized their transition activities (activities were the same or similar for all nurses hired into the same area), 36% reported their employers customized transition activities to their individual needs, 7% reported that they only knew how their own transition activities were planned and had no basis for comparison,

and about 1% said that no transition activities were offered to newly licensed nurses.

About 53% of the LPN/VN respondents reported that their facilities standardized transition activities, about 29% reported customized activities, 14% reported that they only knew how their own transition was planned, and 4% reported that no transition activities were offered to newly licensed nurses.

### INVOLVEMENT IN TELEHEALTH SERVICES

Respondents were asked if they were involved in telehealth services in their current positions. (Telehealth services were defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections). About 4.5% of the RNs and 5.5% of the LPN/VNs reported providing such services.

### SOURCES OF HIPAA TRAINING

About half, 46% of RNs and 50.8% of LPN/VNs, of the respondents reported learning about HIPAA regulations from their nursing education programs, while 85.4% of RNs and 78.1% of the LPN/VNs reported that their employers had provided training. About 1.2% of the RNs and 2.1% of the LPN/VNs reported that they had not received training.

### PERCENTAGES OF TIME SPENT ON PAPERWORK

Respondents to the study reported spending about one third of their working hours doing various types of paperwork.

### RELATIVE IMPORTANCE OF SKILL SETS

Respondents were asked to distribute 10 points among five basic sets of skills according to the relative importance of those skill sets in their current practice settings. The RN respondents overall provided the most points to critical-thinking/clinical decision-making skills (2.6 points), with medication administration skills (2.1), psychomotor skills (1.9) and therapeutic relationship skills (1.8) all receiving similar numbers of points. Management/leadership skills (1.6) received the least amount of points. Respondents working in hospitals, long-term care and community settings assigned varying numbers of points to the different types of skills.

LPN/VN respondents overall assigned an equal number of points (2.3) to critical-thinking/clinical decision-making and medication administration skills. Therapeutic relationship skills (2.0 points) were given the next highest number of average points followed by psychomotor skills (1.8) and management/leadership (1.6). The average numbers of points assigned to various skill sets varied by work setting.

### Findings Related to Newly Licensed Nurses and AP

#### TYPES OF AP IN EMPLOYMENT SETTINGS

About 92% of RNs and 89% of LPN/VNs reported that their employing facilities also employed AP. Most reported working with certified nursing assistants (64.6% of RNs and 86.9% of LPN/VNs), nurse aides or assistants without certification (30.9% of RNs and 24.3% of LPN/VNs), or patient care assistants or techs (44% of RNs and 17.5% of LPN/VNs). Many more

LPN/VNs (19.4%) than RNs (5.4%) reported working with certified medication aides.

#### KNOWLEDGE OF AP TRAINING

Respondents were asked if the assistive personnel in their facility were required to have training and if the facility provided training. Respondents working in nursing homes were more likely to know about AP training than those in hospitals or community settings. Those nurses in the study with more experience were more likely to know if their employing facility provided training to AP. Very few (6% of RNs and 12% of LPN/VNs) were able to provide an estimate of the numbers of hours of training required of, or provided to, AP).

Similarly, about 1 in 3 of the RNs and LPN/VNs with 0 to 9 months of experience did not know about the frequency of AP competency evaluations. Of those with more than 9 months of experience, about 25%, or 1 in 4, reported that they did not know about the frequency of AP competency evaluations.

#### ACTIVITIES PERFORMED BY AP

Respondents reported the types of tasks performed by AP in their facilities. Most respondents working in hospitals or nursing homes reported that AP performed usual activities such as basic care, transporting, feeding and taking vitals signs. The RNs and LPN/VNs working in nursing homes and community settings were more likely than those working in hospitals to report that AP gave medications. Those working in hospitals were more likely to report AP inserted or removed

urinary catheters, performed oral suctioning and/or removed IV lines.

#### **FACILITY POLICIES/PRACTICES INFLUENCING THE NURSE/AP RELATIONSHIP**

The survey included several questions about certain policy issues governing the nurse/AP relationship. First, respondents were asked about how AP client assignments were made. The majority (52-62%) of respondents reported that charge nurses made assignments with more experienced RNs more likely than less experienced RNs to report that work assignments were always the same for AP (8.3% for those with 0-9 months experience and 12.5% for those with more than 9 months experience). More experienced LPN/VNs were more likely than less experienced LPN/VNs to report that AP made their own assignments (4.6% for those with 0-9 months experience and 8.3% for those with more than 9 months experience).

About two-thirds of respondents reported that AP were informed of tasks they were to perform by their job descriptions and about one-third reported the use of task lists for AP. About one-fourth of the respondents reported that a charge nurse, who was not assigned to the AP's clients, assigned tasks. Surprisingly, only a little over half of all the respondents, regardless of experience, reported that the licensed nurse assigned to the AP's clients informed AP of tasks or duties they were to perform.

When asked if AP in their facilities received report at the beginning of their shifts, respondents working in nursing homes were more likely to report that they did (85.2% of RNs and

87.3% of LPN/VNs). LPN/VNs working in hospitals were more likely than their RN counterparts to indicate that AP received report (75.2% of RNs and 82.2% of LPN/VNs). Respondents working in community settings were much less likely to indicate that AP were given shift report (27.8% of RNs and 44.1% of LPN/VNs).

The survey also asked respondents if they were held accountable for certain activities related to AP practice. About half of all the respondents reported that they were accountable for changing the assignment of AP due to competence or incompetence to perform a task or tasks. Most respondents (77-87%) reported they were accountable for counseling/teaching AP and about a third reported being accountable for contributing to AP performance evaluations.

Respondents were also asked who, in their facilities, was considered primarily responsible for the day-to-day care provided to clients by AP. Those RNs with more experience and all LPN/VNs were more likely than new RNs to report that the assistive person was responsible (5% of RNs with 0-9 months experience; 11% of RNs with greater than 9 months experience; and 14% of LPN/VNs, regardless of experience). New RNs and all LPN/VNs were also more likely than more experienced RNs to report that the charge nurse was responsible (11% of RNs with 0-9 months experience; 8% of RNs with greater than 9 months experience; and about 19% of all LPN/VNs). However, only about 78% of the RNs and 59% of the LPN/VNs reported that the licensed nurse assigned to the clients to whom the AP was providing care was responsible for that care.

## Comments

The RN and LPN/VN respondents to the study were asked to write comments on two topics: the working relationship between RNs and LPN/VNs in their employing facility and their experience of working with/supervising assistive personnel. There were 290 RNs who worked with LPN/VNs who wrote comments about their working relationships and most of those (246) worked in hospitals. There were 90 RNs who wrote that the quality of the relationship was “good” and 86 who reported that they worked as a “team” without describing the roles each played within that team. There were 68 comments that reported that RNs supervised the care provided by LPN/VNs. In contrast, there were a total of 113 comments stating that RNs and LPN/VNs had the same role and did the same work or had the same role except for specific activities the RN performed for the LPN/VNs’ clients.

There were 261 comments written by RNs about work with assistive personnel. Most of the nurses who wrote comments worked in hospitals (240). There were 87 comments lauding the work performed by AP and 35 comments mentioned nonspecifically of working with AP as a “team.” A total of 166 comments indicated various difficulties encountered with the supervision of AP.

The LPN/VN respondents wrote a total of 320 comments about their working relationships with RNs, with 133 working in hospitals, 137 working in long-term care and 50 working in community settings. There were 93 comments that stated the quality of the relationship was “good” and 105 that reported they worked together as a “team” without describing roles held within the team. There were 86 LPN/VNs who wrote that the RN supervised the LPN/VN and 94 reported that they either performed the exact same work or held the same roles with the exception of specific tasks performed by the RN for the LPN/VNs’ clients. These comments were proportionally distributed across settings.

There were a total of 176 LPN/VNs who wrote comments about their work with AP, with 76 from hospitals, 82 from long-term care and 24 from community settings. About a third of them (64) wrote that AP were great and they could not do without them. There were 33 who wrote of working with AP as a “team,” and 24 who reported the work of AP improved the care provided by other staff. A total of 63 comments indicated various problems working and/or supervising AP.

**Report of Findings from the**

# **Practice and Professional Issues Survey**

**Spring 2003**



## Background of Study

The National Council of State Boards of Nursing (NCSBN) is responsible to its members, the boards of nursing in the United States and its five territories, for the collection of data beneficial to their mission of public protection through safe nursing practice. Many studies are performed to inform the multiple objectives of nursing regulation. The periodic performance of practice analysis (job analysis) studies assists NCSBN in evaluating the validity of the NCLEX-RN® and NCLEX-PN® examination test plans. Additional studies, such as the Practice and Professional Issues surveys, are conducted each year to scan the practice environment for emerging changes and 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 Practice and Professional Issues (PPI) biannual survey. Many of these studies have taken on a specific focus. The current study's main purpose was to obtain data from nurses to compare with findings from the 2003 Employer's Survey (Smith & Crawford, 2004). The study also explored several miscellaneous regulatory issues, including transition activities, telemedicine, training for HIPAA regulations and time spent on paperwork.

The findings from the Spring 2003 Practice and Professional Issues Survey are reported here as the fifteenth in a series of monographs called Research Briefs. These briefs provide the means to quickly and widely disseminate NCSBN research findings.

## Methodology

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

### Sample Selection and Data Collection Procedures

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN or NCLEX-PN examinations. Because the nature of some of the questions included on this survey required the comparison of nurses in their first months of practice with more experienced nurses, approximately half of each sample was drawn from successful candidates from July 1 through July 31, 2002, and the other half was drawn from candidates having passed the examinations between May 1 and June 31, 2003.

Of the 1,000 surveys sent to RNs, 79 were mailed to bad addresses and 592 useable surveys were completed for a 64% return rate. Of the 1,000 surveys sent to LPN/VNs, 57 were sent to bad addresses and 483 useable forms were completed for a return rate of 51.2%.

These sample sizes were calculated as adequate to provide proportional

estimates at +/- 2% of the true rate for the RNs and +/- 2.25% for the LPN/VNs.

### Data Collection Instrument

Separate surveys were constructed for RNs and LPN/VNs with most issues shared across the two surveys. Both instruments contained four sections. In the first section, questions were asked about the participant's work environment including work settings, client characteristics, work schedules and transition activities. The second section addressed current practice issues including participation in telehealth activities, training for HIPAA regulations, time spent doing paperwork and the relative importance of skill sets in various practice settings. The third section asked respondents about their knowledge of and interactions with assistive personnel in their facilities, and the fourth section obtained personal and educational demographic data.

### Confidentiality

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

organizational guidelines for research studies involving human subjects.

### **Representativeness of Sample**

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

individuals who passed the NCLEX-RN and NCLEX-PN examinations, with half of each sample drawn from candidates successful July 1 through July 31, 2002, and the other half drawn from May 1 to June 31, 2003. A 64% return rate was obtained for RNs and a 51.2% return rate was obtained for LPN/VNs. Study participants included 592 newly licensed RNs and 483 newly licensed LPN/VNs.

### **Summary**

Data collection instruments were disseminated to 1,000 RNs and 1,000 LPN/VNs selected at random from all

## Survey Participants

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

### Demographic Information

About 91% of the RNs and the LPN/VNs were female (see Figure 1). The percentage of female RN respondents was similar to those found in the 2002 PPI studies, while the percentage of female LPN/VNs was slightly higher than those found in the same studies (Smith & Crawford, 2003a, Smith & Crawford, 2003b).

LPN/VNs averaged 32.7 years of age (SD 9.5), and the overall age of the RN respondents was 31.1 years (SD 8.9). The 358 associate degree graduate respondents averaged 33.4 years of

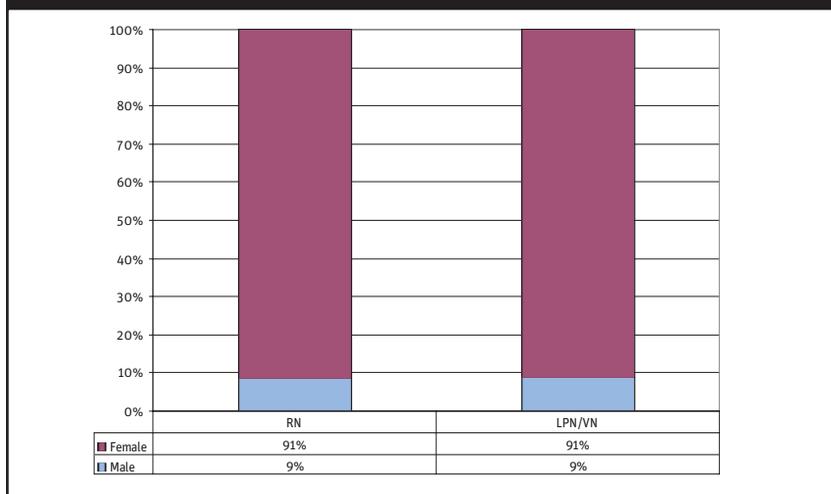
age (SD 9.2), and the 195 baccalaureate degree graduates averaged 26.2 years of age (SD 5.5). The average ages of the ADN and BSN graduates differed significantly ( $t=11.5$ ,  $df=545$ ,  $p<.0001$ ). See Figure 2.

Figure 3 shows the ethnic/racial backgrounds of the respondents. The majority of respondents (83.5% of RNs and 71.2% of LPN/VNs) were white, 4.5% of RNs and 9.2% of LPN/VNs were of Hispanic or Latino background, 6.1% of RNs and 12.7% of LPN/VNs were of African American descent, and a little over 4% of both RNs and LPN/VNs were of Asian descent.

### Educational Backgrounds

The percentage (61.1%) of newly licensed RNs who reported associate degree education was higher than in the 2002 PPI studies, while the percentage of diploma graduates (2.7%)

Figure 1. Gender of Respondents



was lower and the proportion of baccalaureate graduates (33.3%) was about the same (Smith & Crawford, 2003a, Smith & Crawford, 2003b). See Table 1.

## Past Experience

The RN respondents were asked if they had worked as an LPN/VN prior to becoming an RN. Both the RNs and LPN/VNs were asked about previous work as nurse assistants or aides. In correlated questions, respondents were asked if they had previously worked as an LPN/VN (for RNs) or as a nurse aide (for LPN/VNs) in their current employing facility. About 19% of the RNs reported previously working as an LPN/VN for an average of 7.5 years. About 60% of the RNs had worked as nurse aides for an average of about 3 years and 62% of the LPN/VNs reported an average of about 4 years of previous work as nurse aides or assistants. About 8% of the RN respondents reported that they had previously worked as an LPN/VN in their current

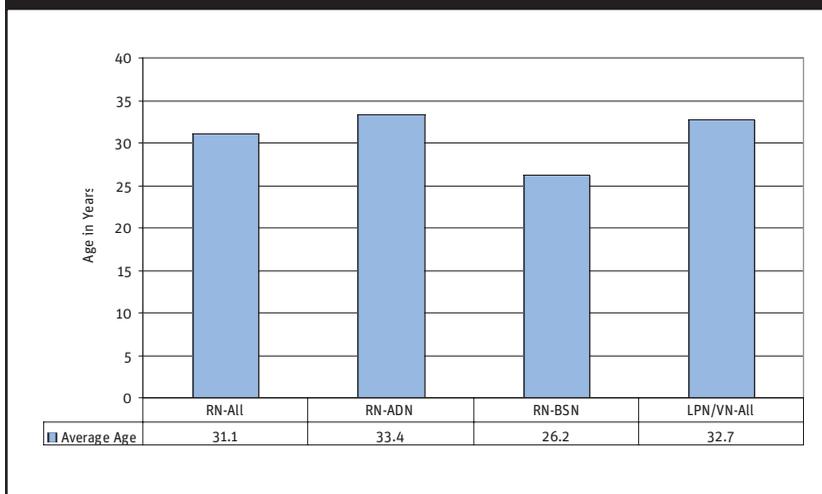
employing facility, and 26% of the LPN/VN respondents reported previous work as a nurse aide/assistant in their current employing facility (see *Figure 4*).

## Length of Employment and Hours Worked

Current employment in nursing was reported by 98.8% of the RNs and 90.1% of the LPN/VNs. For RNs, family or personal situations (for two respondents) and returning to school (for two respondents) were the most frequently cited reasons for nonemployment. For LPN/VNs, returning to or remaining in school was the reason cited by 20 respondents, followed by family or personal situations (for 12 respondents). See Table 2.

The employed survey respondents were divided into those with 0 to 9 months experience and those with greater than 9 months of experience. For the RN respondents, 59% had 0 to 9 months of experience with an

**Figure 2. Age of Respondents**

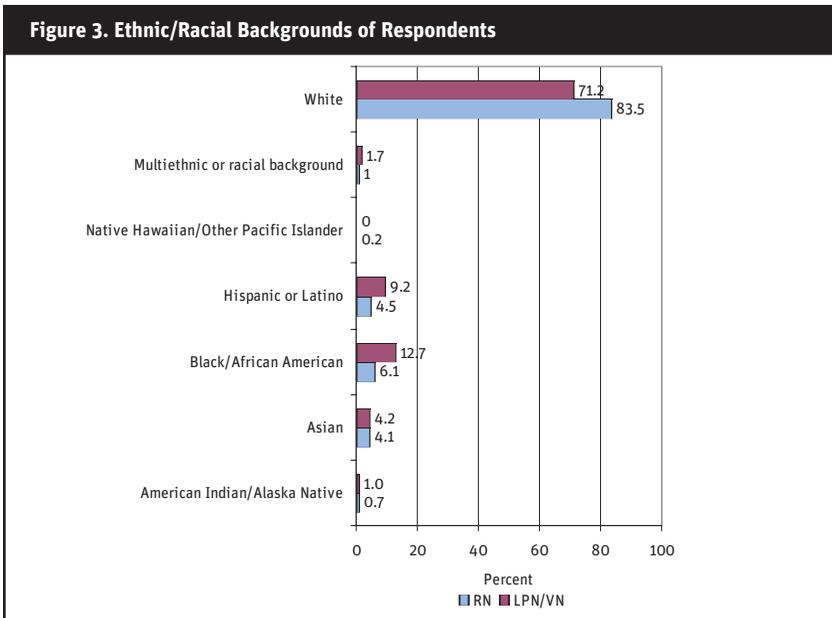


**Table 1. Educational Preparation – RN**

	Spr '03	Win '03	Spr '02 %	Win '02 %
Diploma	2.7	7.4	2.9	1.4
Associate degree	61.1	55.6	55.3	58.7
Baccalaureate degree	33.3	36.6	35.2	37.7
RN – generic Master’s degree	0.2	0.3	1.3	0.2
RN – generic Doctorate degree	0	0	0	0.2
Outside of U.S.	2.4	0	5.1	1.7

**Table 2. Work Status of Respondents**

	RN		LPN/VN	
	n	%	n	%
Currently working in nursing	585	98.8	435	90.1
No entry-level positions available in area				
Unable to find the type of nursing position desired			4	
Returned to or remain in school	2		20	
Family or personal situation prevents employment	2		12	
Other	2		8	
Don’t desire to work in nursing at this time	1		4	

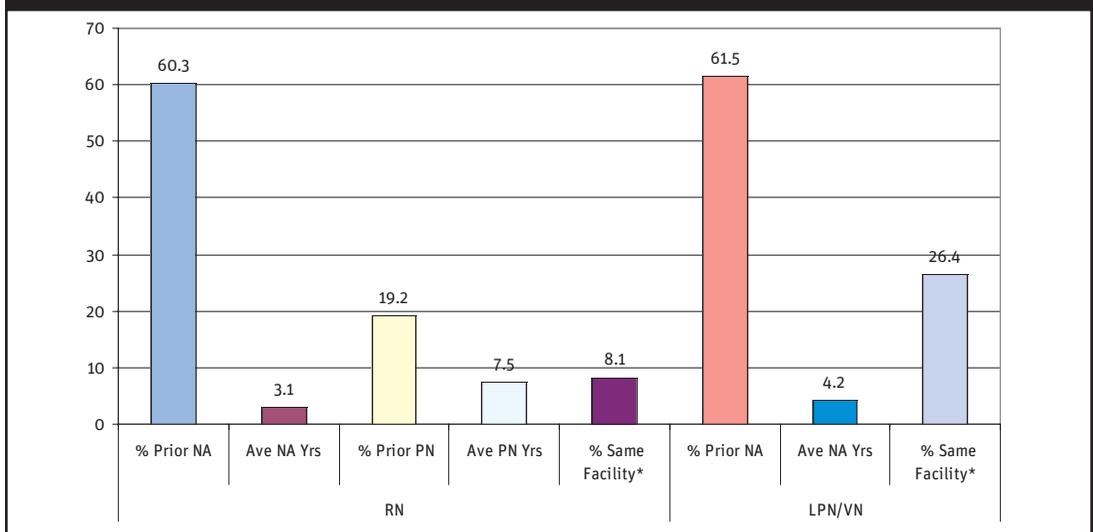


average of 5.6 months and 41% had more than 9 months of experience with an average of 16.8 months. For the LPN/VNs, 70% had 0 to 9 months of experience with an average of 5.4 months and 30% had more than 9 months experience with an average of 16.3 months. The RNs worked an average of 35.5 (SD 6.9) nonovertime hours per week and the LPN/VNs worked 33.2 (SD 9.9) hours of nonovertime per week. The LPN/VNs averaged 3.9 hours of overtime per week and the RNs averaged 3.5 hours overall. The RNs who had been employed for over 9 months reported working significantly more overtime (an average of 3.1 hours

for those 9 months experience or less and 4.1 hours for those with more than 9 months experience,  $t=-2.5$ ,  $df=425$ ,  $p<.013$ ). See Table 3.

Only 11% of the RN and 13% of the LPN/VN respondents reported working mandatory overtime. Percentages of respondents who reported mandatory overtime were the same regardless of amount of experience. For those who reported working such hours, the RNs worked an average of 7 hours and the LPN/VNs worked an average of 6.2 hours. The amount of mandatory overtime worked was the same for the RNs with 0 to 9 months and greater

**Figure 4. Previous Health Care Experience**



\*Percent of RNs previously working as a LPN/VN or LPN/VNs previously working as a NA in current employing facility.

**Table 3. Hours Worked in an Average Week**

	RN			LPN/VN		
	All Ave (SD)	0-9 mos. Ave (SD)	More than 9 mos. Ave (SD)	All Ave (SD)	0-9 mos. Ave (SD)	More than 9 mos. Ave (SD)
Regular nonovertime	35.5 (6.9)	35.3 (7.3)	35.8 (6.6)	33.2 (9.9)	33.0 (10.2)	33.6 (9.2)
Overtime	3.5 (4.5)	3.1 (4.1)	4.1 (5.0)	3.9 (4.7)	3.8 (4.8)	4.0 (4.4)

than 9 months of experience. However, the LPN/VNs with more than 9 months of experience reported working an average of about 1.5 hours less of mandatory overtime than did LPN/VNs with less experience (see *Figure 5*).

### Employing Facilities

The new RNs were employed primarily in hospitals (88.1%), with 4.8% reporting employment in long-term care facilities and 4.7% reporting employment in community or ambulatory care settings. The LPN/VN respondents were mostly employed in long-term care facilities (43.8%), with 35.7% employed in hospitals and 14.1% employed in community or ambulatory settings (see *Table 4*). When compared to the last PPI study (Spring, 2002), these results demonstrated a decrease in long-term care employment for the RNs and an increase in long-term care employment for LPN/VNs, with a corresponding decrease in hospital employment (Smith & Crawford, 2003b). See *Table 4*.

Of the RN respondents, 55.2% reported working in urban/metropolitan areas, with 27.1% reporting work in suburban areas and 17.7% reporting work in rural areas. The LPN/VNs were about evenly divided among locations: 35.5% urban/metropolitan, 31.3% suburban and 33.2% rural (see *Table 5*).

### Work Settings

The RNs continued a trend of employment in critical care settings, with 35.8% reporting such work, while 37.2% reported working in medical/surgical units, 10.2% in pediatrics, 5.2% in operating rooms and 5% in nursing homes. The LPN/VNs continued

to work mostly in nursing homes (44%) and the numbers taking positions in hospital settings decreased to the 2001 level (Smith & Crawford, 2002). Currently, 22.4% LPN/VN respondents reported working in medical/surgical units, 5.5% in pediatrics, 5.3% in critical care, 3.9% in psychiatric units, 3.7% in postpartum and 1.2% in labor and delivery (see *Tables 6 and 7*).

### Shifts Worked

Respondents were asked to report the number of hours they were usually scheduled to work in one shift and the time of day when they usually worked their shifts. The majority (68%) of RNs reported working 12-hour shifts, with only 29% working 8-hour shifts. The RNs were also most likely to work either straight day (36%) or straight night (37%) shifts. Only 10% of the RN respondents reported working evenings and a total of 17% reported working rotating shifts (see *Figure 6 & 7*).

The LPN/VNs were much more likely to work 8-hour shifts (62%) than 12-hour shifts (32%) and were most likely to work straight days (42%) with about equal percentages working straight evenings (20%) and straight nights (23%). A total of only 15% of the LPN/VN respondents reported working rotating shifts (see *Figures 8 & 9*).

### Summary

About 99% percent of the RNs and 90% of the LPN/VNs reported current employment in nursing. About 19% of the RNs reported previous work as an LPN/VN, and about 60% of both the RN and LPN/VN respondents reported past work as a nursing assistant or aide. The

**Table 4. Employing Facilities**

	<b>RN (%)</b>	<b>LPN/VN (%)</b>
Hospital	88.1	35.7
Long-term care facility	4.8	43.8
Community-based or ambulatory care	4.7	14.1
Other	2.4	6.5

**Table 5. Location of Employment Setting**

	<b>RN (%)</b>	<b>LPN/VN (%)</b>
Urban/metropolitan area	55.2	35.5
Suburban area	27.1	31.3
Rural area	17.7	33.2

**Table 6. RN Work Settings**

	<b>Spr '03 % (n=592)</b>	<b>Win '03 % (n=570)</b>	<b>Spr '02 % (n=633)</b>	<b>Win '02 % (n=431)</b>	<b>Spr '01 % (n=769)</b>
Medical/surgical unit	37.2	42.7	34.3	35.9	39.0
Critical care	35.8	29.8	39.4	32.3	31.5
Pediatrics	10.2	9.4	5.9	8.3	10.1
Operating room	5.2	2.8	2.6	5.1	3.5
Nursing home	5.0	4.4	6.4	6.8	6.4
Postpartum	5.0	5.7	4.6	5.9	4.8
Labor and delivery	4.7	5.7	5.7	6.8	4.6
Psychiatry or subspecialties	2.4	4.4	3.8	2.9	2.6
Rehabilitation	1.9	1.3	2.6	1.7	2.2
Subacute	1.9	1.7	1.8	0.7	2.1 <sup>^</sup>
Outpatient clinic	1.7	0.6	0.8	1.0	0.9
Physician's/dentist's office	1.4	1.8	1.8	1.7	1.4
Home health	1.2	0.9	0.7	2.0	1.0
Hospice	1.0	1.3	1.5	0.7	0.4
Transitional care	1.0	1.3	1.0	0.7	^
Other long-term care	0.7	0.9	0.8	0.5	1.2
School health	0.3	0.7	0.5	0.5	0.3
Occupational health	0.3	0	0.2	0.0	0.0
Public health	0.3	0.4	0	1.0	0.9
Prison	0.2	0.7	0.2	0.2	0.0

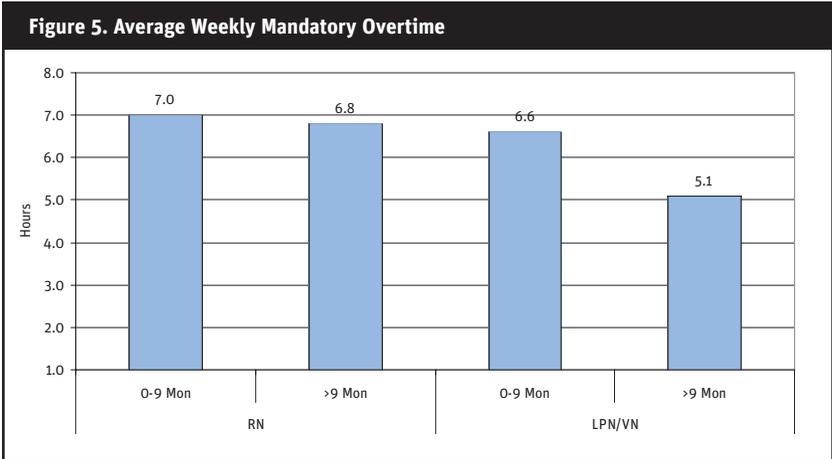
<sup>^</sup>Subacute and transitional care combined in these surveys.

respondents were divided into groups according to their amount of experience with the less experienced RNs and LPN/VNs employed for an average of about 5.5 months and the more experienced groups employed for an average of about 16.5 months. The RNs worked an average of 35.5 nonovertime hours per week, and the LPN/VNs worked a similar 33.2 hours. The RNs reported working an average of 3.5 hours of overtime each week and the LPN/VNs reported an average of 3.9 hours. The more experienced RNs reported working significantly more overtime than the less experienced RNs. Only 11% of

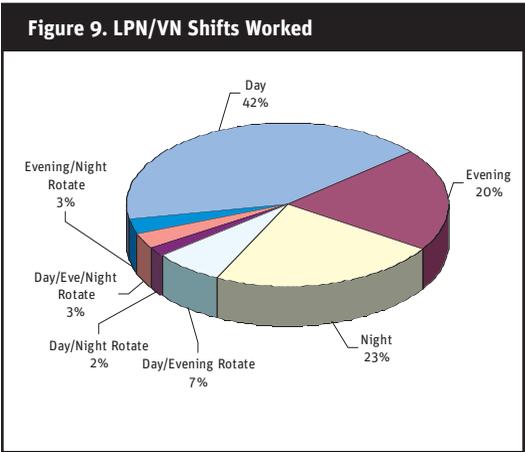
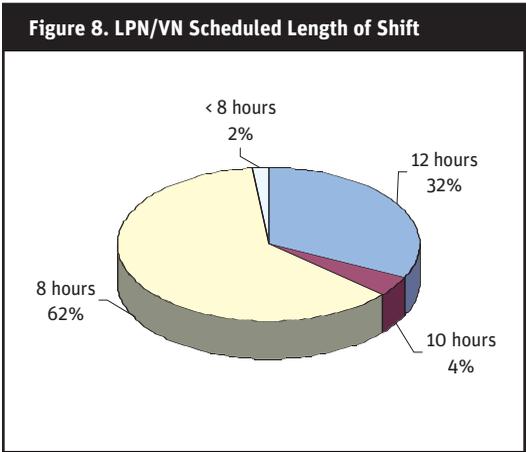
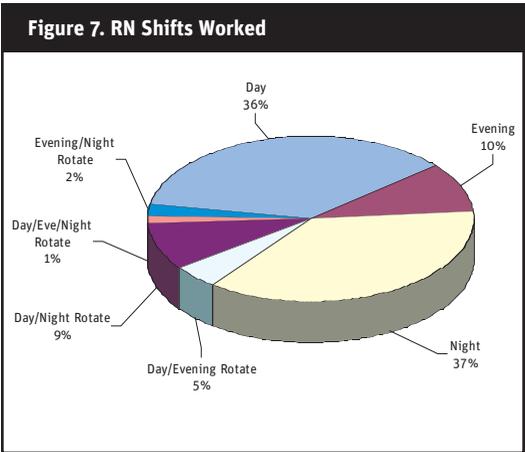
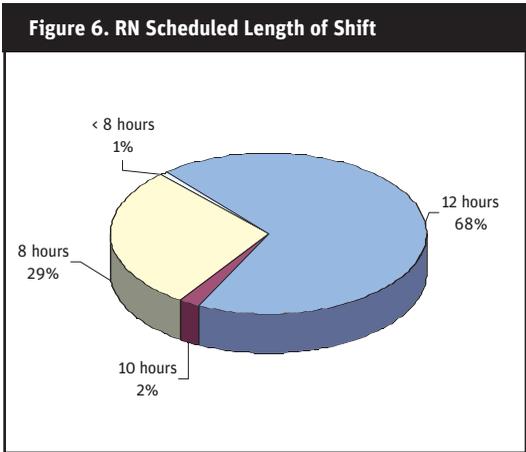
these newly licensed RNs and 13% of the newly licensed LPN/VNs reported working mandatory overtime. Overall, RNs averaged 31.1 years of age and LPN/VN respondents averaged 32.7 years of age. The new RNs were employed primarily in hospitals, while the LPN/VN respondents were mostly employed in long-term care facilities. Most of the RN respondents were employed in medical/surgical and critical care settings, and most of the LPN/VN respondents reported employment in nursing homes and medical/surgical units.

**Table 7. LPN/VN Work Settings**

	<b>Spr '03 % (n=483)</b>	<b>Win '03 % (n=287)</b>	<b>Jul '02 % (n=601)</b>	<b>Jan '02 % (n=460)</b>	<b>July '01 % (n=618)</b>
Nursing home	44.0	43.9	38.0	41.3	42.2
Medical/surgical unit	22.4	28.0	25.3	27.9	22.7
Other long-term care	7.8	6.9	8.0	7.7	9.4
Rehabilitation	6.7	5.7	9.1	8.7	10.0
Physician's/dentist's office	6.0	9.8	7.5	5.3	9.4
Pediatrics	5.5	3.3	4.7	5.3	5.5
Critical care	5.3	5.7	8.4	5.5	7.3
Psychiatry or subspecialties	3.9	1.2	5.5	4.3	3.6
Postpartum	3.7	1.6	1.3	1.7	2.3
Home health	3.5	2.8	4.0	5.3	2.5
Outpatient clinic	2.8	2.8	3.8	2.9	1.2
Subacute	2.1	2.4	4.2	2.4	6.5
Hospice care	1.6	2.4	2.7	3.1	2.0
Transitional care	1.4	1.6	1.6	2.4	1.4
Public health	1.2	0.4	0.7	1.2	0.5
Labor and delivery	1.2	0.8	0.4	1.0	1.9
Operating room	0.7	0.0	0.9	1.0	1.1
Prison	0.5	1.2	1.1	1.0	1.3
Occupational health	0.5	0.4	0.0	1.0	0.2
Student/school health	0.0	0.0	0.9	1.0	0.2



\*Values on the chart represent the average mandatory overtime worked by the 11% of RNs and 13% of LPN/VNs who reported working such overtime.



## Findings Related to Practice Issues

This section contains survey results related to a variety of nursing practice issues including the types of transition to practice activities offered to new nurses, the number of nurses involved in providing telehealth services, methods of training for HIPAA regulations, time spent completing paperwork and the relative importance of various skill sets in different practice settings.

### Transition to Practice

Study respondents were asked the type of orientation they experienced in their work settings and the length of those activities. Most respondents reported receiving a preceptorship (61.9% of RNs and 65.1% of LPN/VNs), while 21.1% of RNs and 19.1% of LPN/VNs reported an orientation of supervised work with clients, and 7.1% of RNs and 1.6% of LPN/VNs were given formal internships. About 5.7% of the RNs and

8.6% of the LPN/VNs did not receive a formal orientation (see Table 8).

The respondents were asked if they had worked previously in the same facility as an LPN/VN (for RNs) or as a certified nursing assistant (CNA) (for LPN/VNs). For RNs, this distinction made a large difference in transition activities. About 17% of the RNs who had worked in the same facility as an LPN/VN did not receive an orientation compared to 5% of those who were new to their facilities. However, no orientation was given to about 8.5% of both the LPN/VNs who were new to their facilities and those who had previously worked in their current facilities as CNAs. Length of RN transition activities was also affected by previous experience in the facility. RNs new to facilities spent an average of about 11 weeks in orientation or preceptorship activities while those who had previ-

**Table 8. Type and Length of Transition Activities**

	RN			LPN/VN		
	%	Ave Weeks		%	Ave Weeks	
		New	Prev Emp		New	Prev Emp
No formal orientation	5.7			8.6		
Classroom instruction/skills lab only	0.7	4.5	8.0	1.2	0.7	*
Classroom and/or skills lab plus supervised work with patients	21.1	11.4	6.6	19.1	3.5	2.6
Work with an assigned preceptor with or without additional classroom or skills lab work	61.9	10.7	6.4	65.1	2.9	3.4
Formal internship with or without additional classroom or skills lab work	7.1	19.8	1.0	1.6	1.0	0.9
Other	3.5	9.7	4.0	4.4	2.6	1.6

\*No LPN/VN respondents were included in this category.

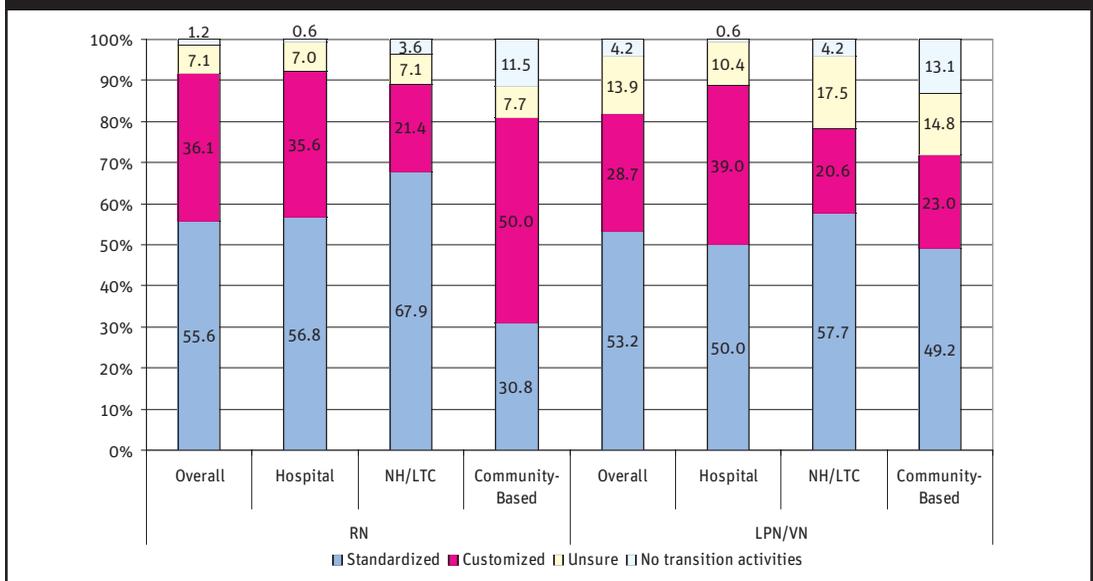
ously worked in the facility spent an average of about 6-7 weeks in orientation or preceptorship. This relationship was not present for the LPN/VNs, who spent an average of approximately 3 weeks in orientation or preceptorship whether they were new to the facility or former CNAs (see Table 8).

Respondents were also asked if their employing facility standardized transition activities or customized the activities to the needs of the individual nurse and the setting for which the nurse was hired. Overall, about 56% of the RNs reported their transition activities were standardized (performed similarly for all nurses hired into the same area), 36% reported that transition activities were customized to their individual needs and the needs of the unit on which they worked, 7% reported that they only knew how their own transition activities were planned and had no basis for comparison and about 1% said that no transition activities were offered to newly licensed nurses. Those RNs working in nursing homes

were most likely to report standardized transition activities (68%) and those working in community settings were most likely to report customized transition activities (50%) and no transition activities offered to new nurses (12%). See Figure 10.

About 53% of the LPN/VN respondents reported that their facilities standardized their transition activities, about 29% reported customized activities, 14% reported that they only knew how their own transition was planned and 4% reported that no transition activities were offered to newly licensed nurses. LPN/VNs employed in hospitals were most likely to report having customized transition activities (39%), while those in nursing homes (21%) and community-based settings (23%) were least likely to report customized transition activities. Community-based LPN/VNs were also most likely (13%) to report that no transition activities were offered to new nurses in their agency (see Figure 10).

**Figure 10. Structure of Transition Activities in Various Health Care Settings**



### Involvement in Telehealth Services

Respondents were asked if they were involved in telehealth services in their current positions with telehealth services defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections. About 4.5% of the RNs and 5.5% of the LPN/VNs reported providing such services (see *Figure 11*).

### Sources of HIPAA Training

Another professional issue included in the study was training for HIPAA regulations. Respondents were asked to report all of their sources of HIPAA training. About half, 46% of RNs and 50.8% of LPN/VNs, reported learning about HIPAA from their nursing education programs, while 85.4% of RNs and 78.1% of the LPN/VNs reported that their employers had provided training. Fewer respondents, 6.5% RN and 6% LPN/VN, reported receiving training from a professional organization. There were 1.2% of the RNs and 2.1% of the

LPN/VNs who reported that they had not received training (see *Table 9*).

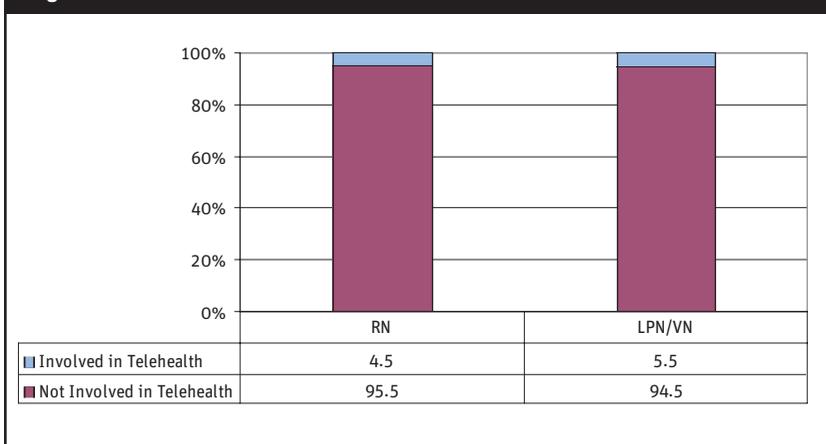
### Percentages of Time Spent on Paperwork

Documentation and other paperwork have been found to be a large part of the modern health care environment. Respondents reported spending about one-third of their working hours doing various types of paperwork (see *Figures 12 and 13*).

### Relative Importance of Skill Sets

Respondents were asked to distribute 10 points among five basic sets of skills according to the relative importance of those skill sets in their current practice settings. The RN respondents overall provided the most points to critical-thinking/clinical decision-making skills (2.6 points), with medication administration skills (2.1 points), psychomotor skills (1.9 points), therapeutic relationship skills (1.8 points) and management/leadership skills (1.6 points) all receiving similar numbers of points. Respondents working in hospi-

**Figure 11. Involvement in Telehealth Services**



tals provided point averages similar to the overall ratings. However, RNs working in nursing homes rated management skills (1.9 points) and therapeutic relationship skills (1.8 points) above psychomotor skills (1.7 points). Those working in community-based settings rated therapeutic relationship skills (2.1 points) above medication administration skills (1.9 points), management skills (1.8 points) and psychomotor skills (1.6 points). See Figure 14.

For LPN/VNs, critical-thinking/clinical decision-making and medication administration skills were given very similar numbers of points by respondents working in hospitals, nursing homes and community-based settings (2.2-2.4 points). For those working in hospitals, psychomotor skills were given the next most points (2.0), followed by therapeutic relationship skills (1.9 points) and management/leadership (1.5 points). In nursing homes, medication administration skills and clinical decision-making skills were closely followed by therapeutic relationship skills (2.1 points), and psychomotor and management skills were both given an average of 1.7 points. In community settings, therapeutic relationship skills (2.2 points) were rated higher than medication administration (2.1), and psychomotor (1.7 points) and management skills (1.6 points) were given the lowest average of points (see Figure 15).

## Summary

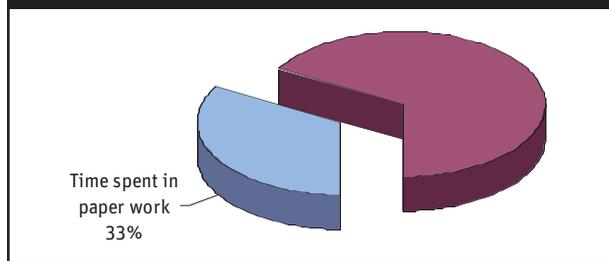
The majority of nurses reported experiencing a preceptorship during their transition to practice. RNs who had previously worked in their employing facilities as LPN/VNs were provided

**Table 9. Sources of HIPAA Training\***

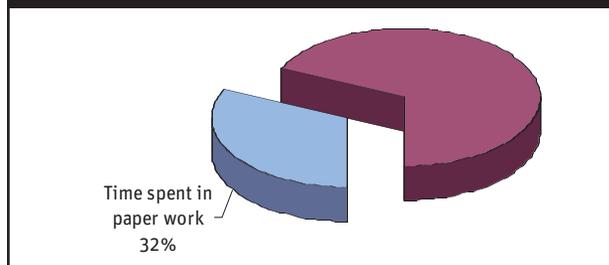
HIPAA training received from:	RN (%)	LPN/VN (%)
Nursing education program	46.2	50.8
Employer	85.4	78.1
Professional organization	6.5	6.0
Other	4.0	8.1
No training received	1.2	2.1

\*Respondents could select more than one method.

**Figure 12. RN Percent of Time Spent Completing Paperwork**



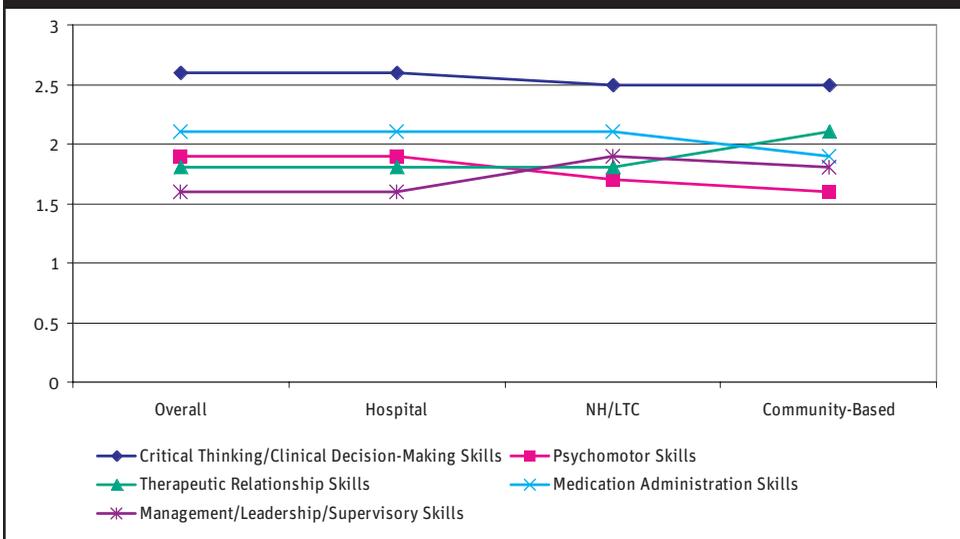
**Figure 13. LPN/VN Percent of Time Spent Completing Paperwork**



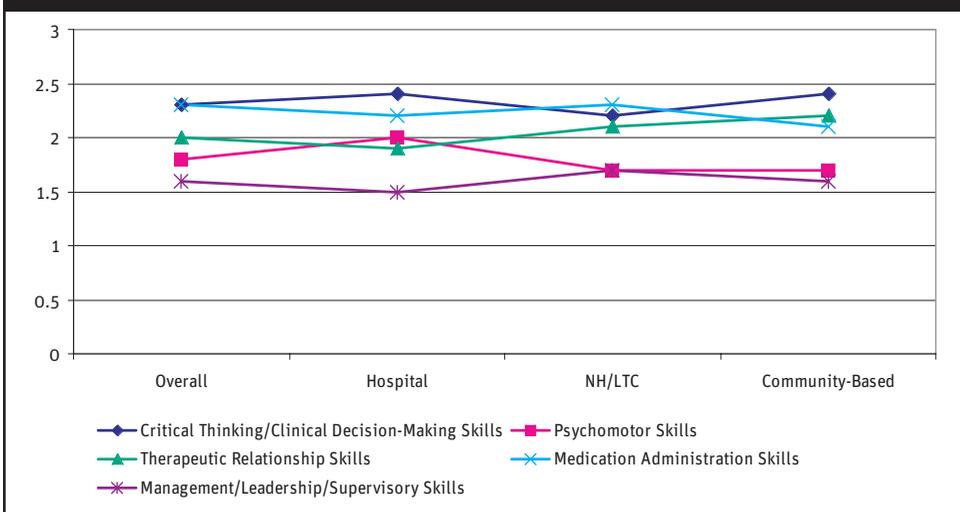
with much shorter transition activities and were much more likely to report receiving no transition activities. Most RNs and LPN/VNs reported that their employers provided all new nurses with the same transition activities. Only about 5% of these new nurses reported involvement in telehealth services and nearly all of the nurses

reported receiving training on HIPAA regulations, most from their employers. These nurses spent about one-third of their time at work completing paperwork. Critical thinking or clinical decision-making was rated the most important skill in all practice settings with the relative importance of other types of skills varying by setting.

**Figure 14. Relative Importance of Skill Sets for RNs in Three Employment Settings**



**Figure 15. Relative Importance of Skill Sets for LPN/VNs in Three Employment Settings**



## Findings Related to Newly Licensed Nurses and Assistive Personnel

In this section, findings are presented about many aspects of nurse and assistive personnel (AP) interactions, including the types of AP working in the respondents' settings and the nurses' knowledge of AP training and competency assessments. The policies and routines that act to define nurse/AP relationships in the practice setting are also explored.

### Types of AP in Employment Settings

About 92% of RNs and 89% of LPN/VNs reported that their employing facilities also employed AP. Most reported working with certified nursing assistants (64.6% of RNs and 86.9% of LPN/VNs), nurse aides or assistants without certification (30.9% of RNs and 24.3% of LPN/VNs), or patient care assistants or techs (44% of RNs and 17.5% of LPN/VNs). More LPN/VNs (19.4%) than RNs (5.4%) reported working with certified medication aides. About 4% of RNs and 7% of LPN/VNs worked with home health aides and 5% of RNs and 8% of LPN/VNs worked with medical assistants (*see Table 10*).

### Knowledge of AP Training

Respondents were asked if AP in their facilities were required to have training and if the facility provided training. "Don't know" was one response option. All of the RNs working in nursing homes were able to report whether or not AP were required to have training. Only 5% of less experienced RNs did not know if their nursing homes

provided training to AP. There were, however, about 10% of the RNs working in hospitals or community settings who did not know if AP were required to have training and about 26% of those in hospitals (19% of those with more experience) who did not know if their employers provided training to AP. In community settings, almost 38% of less experience nurses did not know if their employers provided AP training. Findings were similar for the LPN/VNs. Very few (6% of RNs and 12% of LPN/VNs) were able to provide an estimate of the numbers of hours of training required of, or provided to, AP (*see Table 11*).

Survey respondents were also asked about the frequency of AP competency evaluations with "don't know" as one response option. About 1 in 3 of the RNs and LPN/VNs with 0-9 months of experience did not know about the frequency of AP competency evaluations. For those with more than 9 months of experience, about 25%, or 1 in 4, reported that they did not know about the frequency of competency evaluations (*see Table 12*).

### Activities Performed by AP

Respondents reported the types of tasks performed by AP in their facilities. Most respondents working in hospitals or nursing homes reported that AP performed usual activities such as basic care, transporting, feeding and taking vitals signs, while those working in community-based settings were less likely to report AP

performing those activities. The RNs and LPN/VNs working in nursing homes and community settings were 10 to 25 times more likely than those working in hospitals to report AP were giving medications (oral, topical or rectal). Respondents working in hospitals were several times more likely to report AP inserted or removed urinary catheters, performed oral suctioning, and/or removed IV lines than were those working in long-term care or community settings (*see Table 13*).

### Facility Policies/ Practices Influencing the Nurse/ AP Relationship

The study included several questions about specific policy issues governing the nurse/AP relationship. Respondents were asked about how AP client assignments were made. The majority (52-62%) reported that charge nurses made assignments with more experienced RNs being more likely than those with less experience to report that work assignments were always the same for AP (8.3% of those with 0-9 months experience and 12.5% of those with more than 9 months experience). More experienced LPN/VNs were more likely than less experienced LPN/VNs to report that AP made their own

assignments (4.6% of those with 0-9 months experience and 8.3% of those with more than 9 months experience). Only 8% of RNs and 17% of LPN/VNs with 0-9 months experience and 10% of RNs and 16% of LPN/VNs with more than 9 months of experience reported that the licensed nurse working on the day of assignment made AP client assignment (*see Table 14*).

In a related question, respondents were asked about methods for informing AP of the duties or tasks they were to perform. About two-thirds of nurse respondents reported that AP were informed of tasks by their job descriptions and about one-third reported the use of task lists. Of the respondents, about one-fourth reported that a charge nurse not assigned to the AP's clients assigned tasks. Surprisingly, only a little over half of all the respondents reported that the licensed nurse assigned to the AP's clients informed AP of tasks or duties they were to perform. While answers related to the use of job descriptions, task lists and charge nurses varied somewhat by experience level, percentages reporting that the licensed nurse assigned to the AP's clients informed AP of tasks were the same regardless of amount of experience (*see Table 15*).

**Table 10. Types of AP Working in Employing Facilities**

	RN (%)	LPN/VN (%)
Nursing assistants or aides without certification	30.9	24.3
Certified nursing assistants/aides (CNA)	64.6	86.9
Patient care assistants/aides or technicians (PCA/PCT)	44.0	17.5
Home health aides or technicians (HHA/HHT)	3.9	6.8
Medication aides or technicians without certification	1.9	1.8
Medication aides or technicians with certification (CMA/CMT)	5.4	19.4
Medical assistants	5.2	7.9
Other	14.8	10.5

**Table 11. RN and LPN/VN Knowledge of AP Training**

<b>AP required to have training</b>	<b>RN</b>		<b>LPN/VN</b>	
	<b>More than 9 mos. experience</b>	<b>Fewer than 9 mos. experience</b>	<b>More than 9 mos. experience</b>	<b>Fewer than 9 mos. experience</b>
<b>Employed in hospitals</b>				
Yes	86.2	87.2	82.2	76.3
No	2.6	3.2	7.9	7.9
Don't know	11.2	9.6	9.9	15.8
<b>Employed in NH/LTC</b>				
Yes	95.0	100.0	87.4	90.0
No	5.0	0	4.2	10.0
Don't know	0	0	8.4	0.0
<b>Employed in community-based settings</b>				
Yes	87.5	70.0	70.4	40.0
No	0	20.0	3.7	0
Don't know	12.5	10.0	25.9	60.0
<b>Employer provides training to AP</b>				
<b>Employed in hospitals</b>				
Yes	68.7	75.0	69.3	65.8
No	5.6	5.9	7.9	13.2
Don't know	25.7	19.1	22.8	21.1
<b>Employed in NH/LTC</b>				
Yes	80.0	83.3	59.3	78.3
No	15.0	16.7	22	13.3
Don't know	5.0	0	18.6	8.3
<b>Employed in community-based settings</b>				
Yes	62.5	80.0	57.7	40.0
No	0	20.0	11.5	20.0
Don't know	37.5	0	30.8	40.0

The survey also asked nurse respondents if they were held accountable for certain activities related to AP practice. About 51% of RN and 44.1% of LPN/VNs with 0-9 months of experience and 59.5% of RNs and 58.9% of LPN/VNs with more than 9 months of experience reported that they were accountable for changing the assignment of AP due to lack of competence to perform a task or tasks. There were about 77% of less experienced RNs and LPN/VNs and 84.4% of RNs and 86.9% of LPN/VNs with more experience who reported they were accountable for counseling/teaching AP. About 34.5% of RNs and 38.7% of LPN/VNs with less experience and 37.6% of RNs and 42.1% of LPN/VNs who had more than 9 months experience reported being accountable for contributing to AP performance evaluations (see Table 16).

Respondents were also asked who in their facilities was considered primarily responsible for the day-to-day care provided to clients by AP. The RNs with more experience and all LPN/VNs were more likely than other respondents to report that the AP was responsible (5% of RNs with 0-9 months experience, 10.7% of RNs with more than 9 months and 14% of LPN/VNs regardless of experience). New RNs and all LPN/VNs were more likely than other respondents to report that the charge nurse was responsible (11.3% of RNs with 0-9 months experience, 7.8% of RNs with more than 9 months experience and about 19% of all LPN/VNs). Most interesting, however, was that only about 78% of the RNs and 59% of the LPN/VNs reported that the licensed nurse assigned to the clients to whom the AP was providing care was responsible for that care (see Table 17).

When asked if AP in their facilities received report at the beginning of their shifts, respondents working in nursing homes were more likely to respond that they did (85.2% of RNs and 87.3% of LPN/VNs). LPN/VNs working in hospitals were more likely than their RN counterparts to indicate that AP received report (75.2% of RNs and 82.2% of LPN/VNs). Respondents working in community settings were much less likely to indicate that AP were given shift report (27.8% of RNs and 44.1% of LPN/VNs). See Figure 16.

### Summary

Most of the respondents reported working with AP in their employing facilities. Most worked with certified nurse aides. While many nurses reported that AP performed higher risk activities such as medication administration or catheter insertion, most nurses did not know the number of hours of training required of, or provided to, AP. Many working in hospitals and community settings did not even know if their facilities required or provided training for AP. Similar numbers were unaware of the frequency of AP competency evaluations. Care delivery policies or practices generally dictated that charge nurses make AP client assignments and only about half of the nurses reported that they could inform AP of tasks they were to perform. Similarly, only about half of the nurses felt they were accountable for changing the assignment of an AP due to lack of competence for a task or tasks. One in 4 RNs and about 1 in 2 LPN/VNs did not feel that the licensed nurse was responsible for the day-to-day care provided to their assigned clients by AP.

**Table 12. Frequency of Competency Evaluations Performed for AP**

	RN		LPN/VN	
	More than 9 mos. experience %	Fewer than 9 mos. experience %	More than 9 mos. experience %	Fewer than 9 mos. experience %
Only at time of hire	2.5	3.4	4.6	3.2
Every 6 to 12 months	60.2	65.2	52.8	60.2
Less often than every 12 months	1.7	6.2	7.6	7.5
Only as needed or indicated by poor performance	0	2.2	4.1	3.2
Don't know	35.6	23.0	31.0	25.8

**Table 13. RN and LPN/VN Reports of Activities Performed by AP**

	RN				LPN/VN			
	Overall %	Hosp %	LTC %	Com %	Overall %	Hosp %	LTC %	Com %
Basic nurse aide skills (ADLs, VSs, bed making, etc.)	92.1	93.9	100	50.0	92.2	92.5	100	47.1
Transporting clients	78.7	80.3	85.2	35.0	77.4	76.0	83.1	47.1
Feeding clients	78.7	81.4	96.3	20.0	88.1	88.4	98.4	32.4
Taking vital signs	85.7	87.1	81.5	65.0	78.4	89.7	71	67.6
Giving oral medications	2.8	0.8	25.9	5.0	11.2	1.4	15.3	26.5
Giving topical medications – creams and ointments	10.7	9.1	25.9	15.0	16.6	6.8	24.6	20.6
Giving topical medications – patches	1.9	0.8	11.1	5.0	7.5	1.4	9.8	20.6
Giving rectal medications	1.3	0.8	3.7	10.0	6.5	0.7	10.4	11.8
Inserting urinary catheters	18.8	20.5	7.4	0.0	5.7	10.3	1.1	5.9
Removing urinary catheters	28.6	31.1	7.4	5.0	10.6	22.6	1.1	5.9
Oral suctioning	13.9	15.0	7.4	0.0	6.0	9.6	2.2	0.0
Tracheal suctioning	3.0	3.4	0.0	0.0	2.1	1.4	1.1	0.0
Monitoring IV infusions	1.9	1.9	3.7	0.0	2.1	3.4	0.5	2.9
Removing IV lines	18.5	20.5	0.0	0.0	6.8	15.1	0.5	2.9
Other	19.0	18.8	7.4	35.0	10.4	11.6	4.9	38.2

**Table 14. Methods for Making AP Client Assignments**

Client assignments for AP are made by:	RN		LPN/VN	
	</=9 mon %	> 9 mon %	</=9 mon %	> 9 mon %
Charge nurse/manager	62.3	55.3	53.6	52.3
Licensed nurse(s) working on previous shift	6.6	7.7	4.9	3.7
Licensed nurse(s) working on day of assignment	8.3	10.1	17.1	15.6
AP make their own assignments	8.9	7.7	4.6	8.3
Work assignments are always the same for AP	8.3	12.5	10.3	11.0
Other	5.6	6.7	9.5	9.2

**Table 15. Methods for Informing AP of Duties/Tasks They are to Perform<sup>†</sup>**

AP are informed of tasks by:	RN		LPN/VN	
	</=9 mon %	> 9 mon %	</=9 mon %	> 9 mon %
Job description	67.7	71.6	71.5	65.8
Task list	36.2	29.8	47.5	37.8
Licensed nurse assigned to AP's clients	58.9	55.8	55.9	58.6
Charge nurse or manager not assigned to AP's clients	24.7	27.4	22.4	31.5
Other	4.6	4.3	4.2	3.6

<sup>†</sup>Respondents could select more than one method of informing AP of tasks.

**Table 16. Activities for Which Licensed Nurse is Accountable<sup>†</sup>**

	RN		LPN/VN	
	</=9 mon %	> 9 mon %	</=9 mon %	> 9 mon %
Changing assignment of AP due to competence* <sup>^</sup>	51.0	59.5	44.1	58.9
Counseling/teaching AP to perform tasks* <sup>^</sup>	77.7	84.4	77.3	86.9
Contributing to AP formal performance evaluation	34.5	37.6	38.7	42.1
Other <sup>^</sup>	4.4	5.9	9.4	1.9

<sup>†</sup>Respondents could select more than one activity.

\*RNs significantly different by level of experience, p<.05.

<sup>^</sup>LPN/VNs significantly different by level of experience, p<.05.

## Comments

The RN and LPN/VN respondents to the study were asked to write comments on two topics: the working relationship between RNs and LPN/VNs in their employing facility and their experience of working with/supervising AP. There were 290 RNs who worked with LPN/VNs who wrote comments about their working relationships and most of those (246) worked in hospitals, with only 13 from long-term care and 15 from home health care facilities. There were 90 RNs who wrote that the quality of the relationship was “good” and 86 who reported that they worked as a “team” with LPN/VNs, without elaborating about the roles each played within that team. Of those RNs who reported on the roles played by themselves and LPN/VNs in the work setting, 68 wrote that RNs supervised the care provided by LPN/VNs and a total of 113 reported that RNs and LPN/VNs in their settings had either the exact same role or performed the same work except for specific activities that the RN performed for the LPN/VNs’ clients such as admitting assessments or IV starts.

There were 261 comments written by RNs about working with AP. Most of the RNs who wrote comments worked in hospitals (240), with 15 working in long-term care and 6 in community settings. There were 87 comments lauding the work performed by AP, many stating that they couldn’t imagine providing care without them. There were 35 comments referring nonspecifically to working with AP as a “team.” There were a total of 166 comments indicating various difficulties encountered with the supervision of AP including

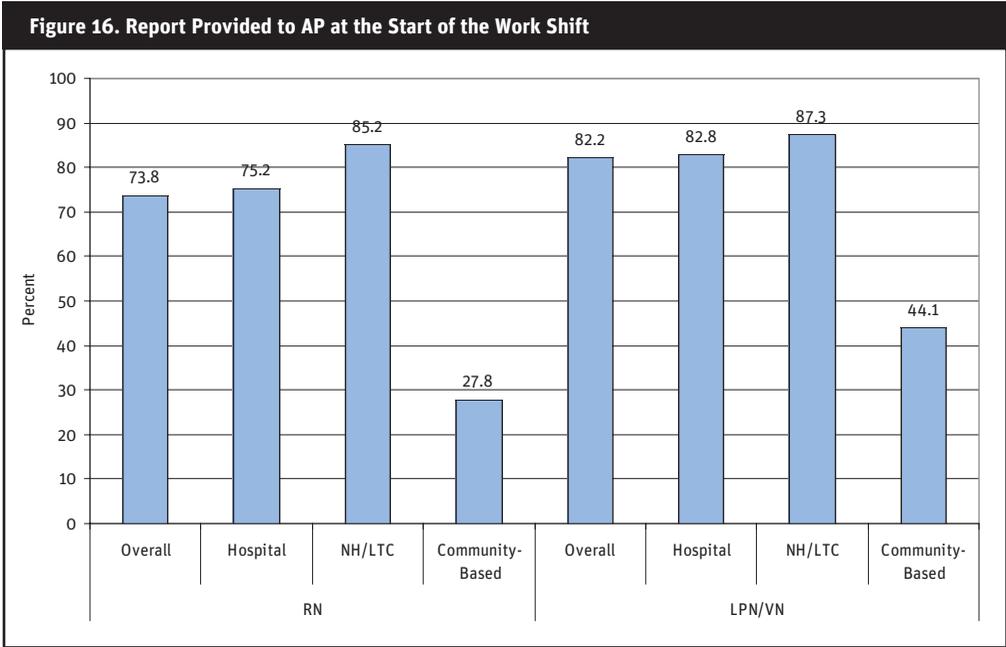
disliking being responsible for the care AP provided, difficulties with delegation, AP lack of training or competence for assigned duties and AP who resented their authority.

The LPN/VNs wrote a total of 320 comments about their working relationships with RNs with 133 working in hospitals, 137 working in long-term care and 50 in community settings. There were 93 comments that stated the quality of the relationship was “good” and 105 that reported they worked together as a “team” without describing roles held within the team. Of the LPN/VNs who described RN and LPN/VN working roles, 86 wrote that the RN supervised the LPN/VN, and a total of 94 reported that they performed the exact same roles or the same roles with the exception of specific tasks such as IV meds or assessments (33 in hospitals, 41 in long-term care and 15 in community settings).

A total of 176 LPN/VNs wrote comments about their work with AP, with 76 from hospitals, 82 from long-term care and 24 from community settings. About one-third (64) wrote that AP were great and they couldn’t do without them. There were 33 who wrote of working with them as a “team,” and 24 who reported the work of AP improved the care provided by other staff. A total of 63 comments indicated various problems working with/supervising AP including AP lack of respect for LPN/VNs, difficulties with delegation, AP need for more training, AP lack of competence and cooperation, and AP need for “too much” supervision.

**Table 17. Responsibility for Day-to-Day Care Provided to Clients by AP**

Responsibility for day-to-day care resides with:	RN		LPN/VN	
	</=9 mon %	> 9 mon %	</=9 mon %	> 9 mon %
The assistive person	5.0	10.7	13.7	14.4
Licensed nurse assigned to clients to whom AP is providing care	78.3	77.6	59.2	58.6
Charge nurse	11.3	7.8	19.5	18.0
Nursing administrator	2.3	2.0	5.0	3.6
Other	3.0	2.0	2.7	5.4



## Conclusions

Findings from this study support the following conclusions:

1. About 19% of new RNs were previously LPN/VNs and about half of them were employed in the same institution in which they worked as an LPN/VN. Transition activities were much shorter in length for those RNs who were previously LPN/VNs in the same facility.
2. Many employers reported in the *2003 Employers Survey* that their orientations and preceptorships were customized to the needs of the nurse (Smith & Crawford, 2004), but new nurses were more likely to perceive that their orientation or preceptorship activities were standardized.
3. In this study nurses with more than 9 months of experience reported working significantly more overtime.
4. Only about 5% of new nurses were involved in telehealth activities.
5. Both RN and LPN/VN respondents to this study spent an average of one-third of their work time completing paperwork.
6. Critical thinking/clinical decision making was viewed as the most important skill set with the importance of other skill sets varying by setting.
7. The types of higher-level tasks performed by AP vary by type of employing facility: AP are more likely to give medications in nursing homes and home health, and AP working in hospitals are more likely to be involved in inserting or removing catheters and/or removing IVs.
8. LPN/VNs are 3-4 times more likely than RNs to supervise AP providing medications to clients.
9. Facility care delivery policies and new nurse lack of preparation for the supervisory role (Smith & Crawford, 2002; Smith & Crawford, 2003b) are weakening the delegatory relationship between the licensed nurse and AP:
  - a. Most nurses are not aware of the type, amount or training AP receive or their competency for the tasks they are performing.
  - b. Nurses are not being held accountable for comparing AP skill level with client need as they seldom make AP client assignments, and are often not even viewed as a means of informing AP of tasks they are to perform.
  - c. About 1 in 2 nurses do not feel they are responsible for the care provided to their assigned clients by AP.

## References

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Smith, J. E. & Crawford, L. H. (2002). *Report of findings from the Practice and Professional Issues Survey, Spring 2001, NCSBN Research Brief, (2)*. Chicago: National Council of State Boards of Nursing.

Smith, J.E. & Crawford, L.H. (2003a). *Report of findings from the Practice and Professional Issues Survey, Winter 2002, NCSBN Research Brief, (5)*. Chicago: National Council of State Boards of Nursing.

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# Appendix A: Survey Tool

## Newly Licensed Nurse Practice and Professional Issues

### Registered Nurse

NOVEMBER 2003

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

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? (Mark ALL that apply)
  - LPN/VN
  - RN
  
2. Are you currently employed in nursing?
  - Yes → skip to Question #4
  - No → continue with Question #3, then skip to SECTION FOUR
  
3. A. If you answered “NO” to question #2, which of the following best represents why you are not currently employed? (Mark the ONE BEST answer)
  - I have not been able to find the type of nursing position that I want
  - No entry-level nursing positions are available in my geographic area
  - A family or personal situation prevents my employment at this time
  - I have returned to or am remaining in school
  - I don't desire to work in nursing at this time → please complete Question 3B.
  - Other, please describe: \_\_\_\_\_
  
- B. If in Question 3A. you answered that you don't desire to work in nursing at this time, please mark the following factors that may have led you to make that decision. (Mark ALL that apply)
  - The stressful nature of the work
  - Nursing salaries
  - Shift work
  - Working on holidays
  - Changes in your career goals
  - Other, please specify: \_\_\_\_\_

4. How many months have you been employed as a registered nurse (RN) in your current position?  
 \_\_\_\_\_Months
5. A. How many regular (non-overtime) hours are you SCHEDULED to work in one average week?  
 (Even if you are scheduled to work in 2-week periods, please give the average 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 one 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 choices best describes your EMPLOYMENT SETTING/SPECIALTY AREA on the last day you worked? If you worked mainly in one setting, mark the appropriate oval for that one setting. If you worked in more than one setting, mark the appropriate oval for all settings where you spent at least one-half of your time. (Select NO MORE THAN TWO answers)
- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, postanesthesia recovery unit, etc.)
  - Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
  - Pediatrics or nursery
  - Labor and delivery
  - Postpartum unit
  - Psychiatry or any of its subspecialties (e.g., detox, etc.)
  - Operating room, including outpatient surgery and surgicenters
  - Nursing home, skilled or intermediate care
  - Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)
  - Rehabilitation
  - Subacute unit
  - Transitional care unit
  - Physician's/dentist's office
  - Occupational health
  - Outpatient clinic
  - Home health, including visiting nurses' associations
  - Public health
  - Student/school health
  - Hospice care
  - Prison
  - Other, please specify: \_\_\_\_\_

7. Which of the following best describes the AGES of most of your clients on the last day you worked? (You may select more than one answer)
- Newborns (less than 1 month)
  - Infants/children (1 month-12 years)
  - Adolescents (ages 13-18)
  - Young Adults (ages 19-30)
  - Adults (ages 31-64)
  - Adults (ages 65-85)
  - Adults (over the age of 85)
8. Which of the following best describes the TYPES OF CONDITIONS of most of your clients on the last day you worked? (You may select more than one answer)
- Well clients, possibly with minor illnesses
  - OB (Maternity) clients
  - Clients with stabilized chronic conditions
  - Clients with unstabilized chronic conditions
  - Clients with acute conditions, including clients with medical, surgical or critical conditions
  - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
  - Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
  - Other, please specify \_\_\_\_\_
9. Which of the following best describes the type of FACILITY/ORGANIZATION in which you work most of the time? (Mark ONLY ONE answer)
- Hospital
  - Long term care facility
  - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
  - Other, please specify \_\_\_\_\_
10. Which of the following best describes the LOCATION of your employment setting? (Mark ONLY ONE answer)
- Urban/Metropolitan area
  - Suburban area
  - Rural area
11. Which of the following best describes the way ORIENTATIONS, PRECEPTORSHIPS OR MENTORSHIPS are planned for newly licensed RNs in your employing facility? (Mark ONLY ONE answer)
- These activities are standardized and performed similarly for all new nurses hired into the same unit or area
  - These activities are customized to the needs of the individual nurse and the unit or area for which the nurse was hired
  - No orientation, preceptorship or mentorship activities are offered to newly licensed nurses
  - I don't know how these activities are usually planned, I only know how they were planned for me

12. Which of the following best describes the ORIENTATION YOU RECEIVED for your current position?  
(Mark ONLY ONE answer)
- No formal orientation – Skip to question 14
  - Classroom instruction/skills lab work only
  - Classroom and/or skills lab plus supervised work with patients
  - Work with an assigned preceptor or mentor with or without additional classroom or skills lab work
  - A formal internship with or without additional classroom or skills lab work
  - Other, please specify: \_\_\_\_\_
13. If you had an orientation period, HOW LONG was it?  
\_\_\_\_\_Number of weeks in orientation
14. 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?
- 12 hours
  - 10 hours
  - 8 hours
  - Less than 8 hours
- B. What TIME OF DAY are your shift(s) usually scheduled?
- Day shift
  - Evening shift
  - Night shift
  - Day and evening rotating shifts
  - Day and night rotating shifts
  - Day, evening and night rotating shifts
  - Evening and night rotating shifts

## SECTION TWO: Practice Issues

1. In your current nursing position are you involved in providing or coordinating any telehealth or telemedicine services (telehealth or telemedicine are defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections).
- Yes
  - No →Skip to Question 3
  - I don't understand the question →Skip to Question 3
2. Please describe the telehealth or telemedicine services you provide or coordinate.
- \_\_\_\_\_

3. Which of the following best describes where you received training about the HIPAA regulations (Health Insurance Portability & Accountability Act (HIPAA) regulations give every health care patient the right to inspect health information, receive an account of information disclosures, and report any complaints about the way their health information is being managed). (Mark ALL that apply)

- This is the first time I have heard of, or read about, the HIPAA regulations
- My nursing education program taught me about the HIPAA regulations
- My employer explained the HIPAA regulations to me
- I learned about the HIPAA regulations from a professional organization
- Other, please specify \_\_\_\_\_

4. Distribute 10 points among the following skills according to their importance to entry-level RN practice in your employing facility. Write the number of points you want to give to each skill in the box in front of the skill. [For example: if you think all five skills are equally important write a "2" by each skill; however if you believe "psychomotor skills" and "critical thinking" are the most important you might give each of those skills 3 points and distribute the rest of the points to the remaining skills.] The points must sum to 10.

Points	Skills
	<p>Critical thinking or clinical decision-making skills</p> <p>Psychomotor skills such as starting IVs, placing NGs, inserting catheters, and doing wound care</p> <p>Therapeutic relationship skills needed to build relationships with clients and meet their psychological, emotional, spiritual and cultural needs</p> <p>Medication administration skills</p> <p>Management/leadership/supervisory skills such as supervising care provided by others and collaborating with other disciplines in the provision of safe care</p>
10	Total points

5. Approximately how many hours per day do you usually work in your primary nursing position (please include scheduled hours plus overtime)?

\_\_\_\_\_ Hours worked per day

6. Approximately how many hours per working day do you usually spend completing paperwork (this includes documenting in client records, completing required forms, etc.)?

\_\_\_\_\_ Hours spent on paperwork

**SECTION THREE: Work with Nursing Assistants, Nurse Aides or other Assistive Personnel**

1. Does your employing facility employ assistive personnel? (Assistive personnel are defined, for this study, as individuals, regardless of title, assisting with care provided to clients/residents/patients.)
  - Yes
  - No →Skip to Section Four
  
2. What types or categories of assistive personnel does your employing facility employ? (Mark ALL that apply)
  - Nursing assistants or aides without certification
  - Certified nursing assistants/aides (CNA)
  - Patient care assistants/aides or technicians (PCA/PCT)
  - Home health aides or technicians (HHA/HHT)
  - Medication aides or technicians without certification
  - Medication aides or technicians with certification (CMA/CMT)
  - Medical assistants
  - Other, please specify\_\_\_\_\_
  
3. Does your employing facility require assistive personnel to have training for their work in the facility?
  - Yes
  - No →Skip to Question 5
  - Don't know →Skip to Question 5
  
4. How many hours of training are required for assistive personnel?  
\_\_\_\_\_Hours       Don't know
  
5. Does your employing facility provide training for assistive personnel?
  - Yes
  - No →Skip to Question 7
  - Don't know →Skip to Question 7
  
6. How many hours of training are provided to assistive personnel by your facility?  
\_\_\_\_\_Hours       Don't know
  
7. Does your employing facility perform competency evaluations of assistive personnel employed in the facility?
  - Yes
  - No →Skip to Question 9
  - Don't know →Skip to Question 9
  
8. How often are competency evaluations performed for most assistive personnel? (Mark ONLY ONE answer)
  - Only at time of hire
  - Every 6 to 12 months
  - Less often than every 12 months
  - Only as needed or indicated by poor performance
  - Don't know

9. How are client assignments usually made for assistive personnel? (Mark ONLY ONE answer)
- By charge nurse/manager
  - By licensed staff nurse(s) working on previous shift
  - By licensed staff nurse(s) working on the day of assignment
  - Assistive personnel make their own assignments
  - Work assignments are always the same for assistive personnel
  - Other, please specify \_\_\_\_\_
10. How are assistive personnel usually informed of the duties/tasks they are to perform? (Mark ALL that apply)
- Job description
  - Task list
  - Told what tasks to perform by licensed nurse assigned to assistive person's clients
  - Told what tasks to perform by charge nurse or manager not assigned to assistive person's clients
  - Other, please specify \_\_\_\_\_
11. Do assistive personnel in your employing facility receive report on their clients at the beginning of their work shift?
- Yes
  - No
12. For which of the following activities would you be accountable within your employing facility? (Mark ALL that apply)
- Changing the assignment of an assistive person because of competence (or lack of competence) to perform a specific task or tasks
  - Informally counseling/teaching an assistive person the correct way to perform tasks
  - Contributing to the formal performance evaluation of assistive personnel
  - Other, please specify \_\_\_\_\_
13. Within your employing facility who is considered primarily responsible for the day-to-day care provided to clients/residents/patients by assistive personnel? (Mark ONLY ONE answer)
- The assistive person
  - The licensed nurse assigned to the clients/residents/patients to whom the assistive person is providing care
  - Charge nurse
  - Nursing administrator
  - Other, please specify \_\_\_\_\_

14. Which of the following activities are performed by assistive personnel in your employing facility?  
(Mark ALL that apply)

- Basic care such as ADLs, ambulating and making beds
- Transporting clients
- Feeding clients
- Taking vital signs
- Giving oral medications
- Giving topical medications - creams and ointments
- Giving topical medications - patches
- Giving rectal medications
- Inserting urinary catheters
- Removing urinary catheters
- Oral suctioning
- Tracheal suctioning
- Monitoring IV infusions
- Removing IV lines
- Other, please specify \_\_\_\_\_

#### SECTION FOUR: Demographic Data

1. Gender:

- Male
- Female

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

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

- American Indian/Alaska Native
- Asian (e.g., Filipino, Japanese, Chinese, etc.)
- Black/African/African American
- White Hispanic or Latino
- Nonwhite Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- White
- Multiethnic or racial background

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

- Yes
- No

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

- Yes
- No →Skip to Question #6

- B. If YES, for how many years did you work as a nursing assistant/aide?  
\_\_\_\_\_Years as nursing assistant/aide
6. A. Did you work as an LPN/VN/VN prior to becoming an RN?  
 Yes  
 No-----Skip to Question #7
- B. If YES, for how many years did you work as an LPN/VN/VN?  
\_\_\_\_\_Years as LPN/VN
- C. If YES, did you work as an LPN/VN/VN in the same facility in which you are currently employed as an RN?  
 Yes  
 No
7. Type of basic nursing education program most recently completed. (Mark ONLY ONE answer)
- LPN/VN - Diploma/Certificate in U.S.
  - LPN/VN - Associate degree in U.S.
  - RN - Diploma in U.S.
  - RN - Associate degree in U.S.
  - RN - Baccalaureate degree in U.S
  - RN - Generic Master's degree in U.S.
  - RN - Generic Doctorate in U.S. (e.g., ND)
  - Any nursing program NOT located in the U.S.

### SECTION FIVE: Comments

In your employing facility what is the working relationship between RNs and LPNs or LVNs?

Please provide any comments you may have about working with/supervising assistive personnel.

Thank you for your participation in this important work.

## Newly Licensed Nurse Practice and Professional Issues

### Licensed Practical/Vocational Nurse

NOVEMBER 2003

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

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? (Mark ALL that apply)
  - LPN/VN
  - RN
  
2. Are you currently employed in nursing?
  - Yes → skip to Question #4
  - No → continue with Question #3, then skip to SECTION FOUR
  
3. A. If you answered "NO" to question #2, which of the following best represents why you are not currently employed? (Mark the ONE BEST answer)
  - I have not been able to find the type of nursing position that I want
  - No entry-level nursing positions are available in my geographic area
  - A family or personal situation prevents my employment at this time
  - I have returned to or am remaining in school
  - I don't desire to work in nursing at this time → please complete Question 3B.
  - Other, please describe: \_\_\_\_\_

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

  - The stressful nature of the work
  - Nursing salaries
  - Shift work
  - Working on holidays
  - Changes in your career goals
  - Other, please specify: \_\_\_\_\_
  
4. How many months have you been employed as an LPN/VN in your current position?
 

\_\_\_\_\_ Months

5. A. How many regular (nonovertime) hours are you SCHEDULED to work in one average week? (Even if you are scheduled to work in 2-week periods, please give the average number of hours you work in one week.)

\_\_\_\_\_Hours (nonovertime) scheduled to work per week, on average

- B. How many hours of OVERTIME do you work in one 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 choices best describes your EMPLOYMENT SETTING/SPECIALTY AREA on the last day you worked? If you worked mainly in one setting, mark the appropriate oval for that one setting. If you worked in more than one setting, mark the appropriate oval for all settings where you spent at least one-half of your time. (Select NO MORE THAN TWO answers)

- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, postanesthesia recovery unit, etc.)
- Medical/surgical unit or any of its subspecialties (e.g., oncology, orthopedics, neurology, etc.)
- Pediatrics or nursery
- Labor and delivery
- Postpartum unit
- Psychiatry or any of its subspecialties (e.g., detox, etc.)
- Operating room, including outpatient surgery and surgicenters
- Nursing home, skilled or intermediate care
- Other long term care (e.g., residential care, developmental disability/mental retardation care, etc.)
- Rehabilitation
- Subacute unit
- Transitional care unit
- Physician's/dentist's office
- Occupational health
- Outpatient clinic
- Home health, including visiting nurses' associations
- Public health
- Student/school health
- Hospice care
- Prison
- Other, please specify: \_\_\_\_\_

7. Which of the following best describes the AGES of most of your clients on the last day you worked?  
(You may select more than one answer)
- Newborns (less than 1 month)
  - Infants/children (1 month-12 years)
  - Adolescents (ages 13-18)
  - Young Adults (ages 19-30)
  - Adults (ages 31-64)
  - Adults (ages 65-85)
  - Adults (over the age of 85)
8. Which of the following best describes the TYPES OF CONDITIONS of most of your clients on the last day you worked? (You may select more than one answer)
- Well clients, possibly with minor illnesses
  - OB (Maternity) clients
  - Clients with stabilized chronic conditions
  - Clients with unstabilized chronic conditions
  - Clients with acute conditions, including clients with medical, surgical or critical conditions
  - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
  - Clients with behavioral/emotional conditions (e.g., psychiatric conditions, substance abuse, etc.)
  - Other, please specify \_\_\_\_\_
9. Which of the following best describes the type of FACILITY/ORGANIZATION in which you work most of the time?  
(Mark ONLY ONE answer)
- Hospital
  - Long-term care facility
  - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
  - Other, please specify \_\_\_\_\_
10. Which of the following best describes the LOCATION of your employment setting? (Mark ONLY ONE answer)
- Urban/metropolitan area
  - Suburban area
  - Rural area
11. Which of the following best describes the way ORIENTATIONS, PRECEPTORSHIPS OR MENTORSHIPS are planned for newly licensed LPN/VNs in your employing facility? (Mark ONLY ONE answer)
- These activities are standardized and performed similarly for all new nurses hired into the same unit or area
  - These activities are customized to the needs of the individual nurse and the unit or area for which the nurse was hired
  - No orientation, preceptorship or mentorship activities are offered to newly licensed nurses
  - I don't know how these activities are usually planned, I only know how they were planned for me

12. Which of the following best describes the **ORIENTATION YOU RECEIVED** for your current position?  
(Mark **ONLY ONE** answer)
- No formal orientation - Skip to question 14
  - Classroom instruction/skills lab work only
  - Classroom and/or skills lab plus supervised work with patients
  - Work with an assigned preceptor or mentor with or without additional classroom or skills lab work
  - A formal internship with or without additional classroom or skills lab work
  - Other, please specify: \_\_\_\_\_
13. If you had an orientation period, **HOW LONG** was it?  
\_\_\_\_\_Number of days in orientation
14. 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?
- 12 hours
  - 10 hours
  - 8 hours
  - Less than 8 hours
- B. What **TIME OF DAY** are your shift(s) usually scheduled?
- Day shift
  - Evening shift
  - Night shift
  - Day and evening rotating shifts
  - Day and night rotating shifts
  - Day, evening and night rotating shifts
  - Evening and night rotating shifts

## SECTION TWO: Practice Issues

1. In your current nursing position are you involved in providing or coordinating any telehealth or telemedicine services (telehealth or telemedicine are defined as health care services or nursing care provided long distance, e.g., over the phone or through video or audio connections).
- Yes
  - No --->Skip to Question 3
  - I don't understand the question --->Skip to Question 3
2. Please describe the telehealth or telemedicine services you provide or coordinate.
- \_\_\_\_\_

3. Which of the following best describes where you received training about the HIPAA regulations (Health Insurance Portability & Accountability Act (HIPAA) regulations give every health care patient the right to inspect health information, receive an account of information disclosures, and report any complaints about the way their health information is being managed). (Mark ALL that apply)
- This is the first time I have heard of, or read about, the HIPAA regulations
  - My nursing education program taught me about the HIPAA regulations
  - My employer explained the HIPAA regulations to me
  - I learned about the HIPAA regulations from a professional organization
  - Other, please specify \_\_\_\_\_
4. Distribute 10 points among the following skills according to their importance to entry-level LPN/VN practice in your employing facility. Write the number of points you want to give to each skill in the box in front of the skill. [For example: if you think all five skills are equally important write a "2" by each skill; however if you believe "psychomotor skills" and "critical thinking" are the most important you might give each of those skills 3 points and distribute the rest of the points to the remaining skills.] The points must sum to 10.

Points	Skills
10	<p>Critical-thinking or clinical decision-making skills</p> <p>Psychomotor skills such as starting IV's, placing NG's, inserting catheters, and doing wound care</p> <p>Therapeutic relationship skills needed to build relationships with clients and meet their psychological, emotional, spiritual and cultural needs</p> <p>Medication administration skills</p> <p>Management/leadership/supervisory skills such as supervising care provided by others and collaborating with other disciplines in the provision of safe care</p>
10	Total points

5. Approximately how many hours per day do you usually work in your primary nursing position (please include scheduled hours plus overtime)?
- \_\_\_\_\_ Hours worked per day
6. Approximately how many hours per working day do you usually spend completing paperwork (this includes documenting in client records, completing required forms, etc.)?
- \_\_\_\_\_ Hours spent on paperwork

**SECTION THREE: Work with Nursing Assistants, Nurse Aides or other Assistive Personnel**

1. Does your employing facility employ assistive personnel? (Assistive personnel are defined, for this study, as individuals, regardless of title, assisting with care provided to clients/residents/patients.)
  - Yes
  - No →Skip to Section Four
  
2. What types or categories of assistive personnel does your employing facility employ? (Mark ALL that apply)
  - Nursing assistants or aides without certification
  - Certified nursing assistants/aides (CNA)
  - Patient care assistants/aides or technicians (PCA/PCT)
  - Home health aides or technicians (HHA/HHT)
  - Medication aides or technicians without certification
  - Medication aides or technicians with certification (CMA/CMT)
  - Medical assistants
  - Other, please specify:\_\_\_\_\_
  
3. Does your employing facility require assistive personnel to have training for their work in the facility?
  - Yes
  - No →Skip to Question 5
  - Don't know →Skip to Question 5
  
4. How many hours of training are required for assistive personnel?  
\_\_\_\_\_Hours       Don't know
  
5. Does your employing facility provide training for assistive personnel?
  - Yes
  - No →Skip to Question 7
  - Don't know →Skip to Question 7
  
6. How many hours of training are provided to assistive personnel by your facility?  
\_\_\_\_\_Hours       Don't know
  
7. Does your employing facility perform competency evaluations of assistive personnel employed in the facility?
  - Yes
  - No →Skip to Question 9
  - Don't know →Skip to Question 9
  
8. How often are competency evaluations performed for most assistive personnel? (Mark ONLY ONE answer)
  - Only at time of hire
  - Every 6 to 12 months
  - Less often than every 12 months
  - Only as needed or indicated by poor performance
  - Don't know

9. How are client assignments usually made for assistive personnel? (Mark ONLY ONE answer)
- By charge nurse/manager
  - By licensed staff nurse(s) working on previous shift
  - By licensed staff nurse(s) working on the day of assignment
  - Assistive personnel make their own assignments
  - Work assignments are always the same for assistive personnel
  - Other, please specify \_\_\_\_\_
10. How are assistive personnel usually informed of the duties/tasks they are to perform? (Mark ALL that apply)
- Job description
  - Task list
  - Told what tasks to perform by licensed nurse assigned to assistive person's clients
  - Told what tasks to perform by charge nurse or manager not assigned to assistive person's clients
  - Other, please specify \_\_\_\_\_
11. Do assistive personnel in your employing facility receive report on their clients at the beginning of their work shift?
- Yes
  - No
12. For which of the following activities would you be accountable within your employing facility? (Mark ALL that apply)
- Changing the assignment of an assistive person because of competence (or lack of competence) to perform a specific task or tasks
  - Informally counseling/teaching an assistive person the correct way to perform tasks
  - Contributing to the formal performance evaluation of assistive personnel
  - Other, please specify \_\_\_\_\_
13. Within your employing facility who is considered primarily responsible for the day-to-day care provided to clients/residents/patients by assistive personnel? (Mark ONLY ONE answer)
- The assistive person
  - The licensed nurse assigned to the clients/residents/patients to whom the assistive person is providing care
  - Charge nurse
  - Nursing administrator
  - Other, please specify \_\_\_\_\_

14. Which of the following activities are performed by assistive personnel in your employing facility?  
(Mark ALL that apply)

- Basic care such as ADLs, ambulating and making beds
- Transporting clients
- Feeding clients
- Taking vital signs
- Giving oral medications
- Giving topical medications - creams and ointments
- Giving topical medications - patches
- Giving rectal medications
- Inserting urinary catheters
- Removing urinary catheters
- Oral suctioning
- Tracheal suctioning
- Monitoring IV infusions
- Removing IV lines
- Other, please specify \_\_\_\_\_

#### SECTION FOUR: Demographic Data

1. Gender:

- Male
- Female

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

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

- American Indian/Alaska Native
- Asian (e.g., Filipino, Japanese, Chinese, etc.)
- Black/African/African American
- White Hispanic or Latino
- Nonwhite Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- White
- Multiethnic or racial background

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

- Yes
- No

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

- Yes
- No →Skip to Question #6

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

\_\_\_\_\_Years as nursing assistant/aide

C. If YES, did you work as a nursing assistant/aide, etc. in the same facility in which you are currently employed as an LPN/VN/VN?

- Yes
- No

6. Type of basic nursing education program most recently completed: (Mark ONLY ONE answer)

- LPN/VN - Diploma/Certificate in U.S.
- LPN/VN - Associate Degree in U.S.
- RN - Diploma in U.S.
- RN - Associate Degree in U.S.
- RN - Baccalaureate Degree in U.S.
- RN - Generic Master's Degree in U.S.
- RN - Generic Doctorate in U.S. (e. g.: ND)
- Any nursing program NOT located in the U.S.

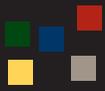
#### **SECTION FIVE: Comments**

In your employing facility what is the working relationship between RNs and LPNs or LVNs?

Please provide any comments you may have about working with/supervising assistive personnel.

Thank you for your participation in this important work.





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