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Report of Findings from the
**Practice and
Professional Issues
Survey**

Spring 2001

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

Research Services

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National Council of State Boards of Nursing, Inc.



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J.S.
L.C.

Executive Summary

Background

Practice and Professional Issues surveys are conducted twice a year by the National Council of State Boards of Nursing (NCSBN) to collect information from entry-level nurses on specific practice activities and current professional issues. Data is collected from nurses during their first six months of practice on activities they are performing as nurses and selected issues surrounding that practice.

Methodology

Separate surveys were constructed for RNs and LPN/VNs with many issues shared across the two surveys. Information was collected regarding languages (other than English) needed in the practice setting, supervision of or delegation to unlicensed assistive personnel (UAP), alternative or complementary therapies used in practice, perceptions of the adequacy of educational preparation, orientation to the work setting, knowledge of their Nurse Practice Acts, and nursing errors. The LPN/VN survey included additional questions on setting-specific practice issues.

Survey Process

Stratified random samples of 1,000 RNs and 1,000 LPN/VNs were selected from lists of candidates successful on the NCLEX-RN® or

NCLEX-PN® examinations between January 1 and March 31, 2001. A four-stage mailing process was used to engage participants in the study. The survey, with a cover letter and postage-paid return envelope, was sent to subjects in the sample the last week in June 2001. One week later a postcard was sent to all participants, reiterating the importance of the study, and urging participation. Approximately a week after the first postcard, a second reminder postcard was sent to non-respondents, and two weeks later a second survey was mailed to continued non-respondents.

Return Rates

Return rates for both the RN and LPN/VN surveys were higher than expected considering the length and complexity of the survey questionnaires. Of the 1,000 surveys sent to RNs, 21 were mailed to bad addresses, and 629 useable surveys were returned for a 64% return rate. Of the 1,000 surveys sent to LPN/VNs, 27 were sent to bad addresses and 618 useable forms were returned for a return rate of 63.5%.

Sample

Length of Employment and Hours Worked

Of the RNs, 94.4% and 90.6% of the LPN/VN respondents reported current employment in nursing. For

RNs, family or personal situations most frequently prevented employment (for 11 respondents), and returning to or remaining in school was the most frequently cited reason (for 18 respondents) for non-employment by LPN/VNs. For the remainder of the survey respondents, the RNs had been employed an average of about 4.8 months (SD 1.68) and LPN/VNs had been employed for an average of 4.5 months (SD 1.86). The RNs worked an average of 36.5 (SD 11.03) non-overtime hours per week, and the LPN/VNs worked a similar 36.4 (SD 11.64) hours. The LPN/VNs reported working an average of about two hours more overtime per week than the RNs (LPN/VNs average 6.4, SD 7.48, RNs average 4.6, SD 5.2). Only 17.4% of these newly licensed RNs and 16.1% of the LPN/VNs reported working mandatory overtime. For those reporting working such hours, the RNs worked an average of 6.96 hours (SD 4.65) and the LPN/VNs worked an average of 9.8 hours (SD 6.9).

Employing Facilities

The RN and LPN/VN respondents varied markedly in their reported work settings. The new RNs were employed primarily in hospitals (83.6%), with only 6.7% reporting employment in long-term care facilities and 8.2% reporting employment in community or ambulatory care settings. These results represented a slight decrease in the percentages employed in hospitals and nearly a doubling of employment in community or ambulatory settings over those reported in the 1999 *RN Practice Analysis* (Hertz, Yocom, & Gawel, 2000). The LPN/VN respondents were most

employed in long-term care facilities (41.6%), with 37.7% employed in hospitals and 17.3% employed in community or ambulatory settings. These numbers reflected an approximate 6% decrease in long-term care employment and a 3% increase in hospital employment over those reported in the 2000 *PN Practice Analysis* (Smith, Crawford, & Gawel, 2001).

Demographic Data

The majority (87.9%) of the RNs and 93.1% of the LPN/VNs were female. The numbers of female RNs were comparable to those found in the 1999 *RN Practice Analysis* (Hertz et al., 2000), but these findings indicated an increase in female LPN/VNs of about 3% over that found in the 2000 *LPN/VN Practice Analysis* (Smith et al., 2001).

LPN/VNs averaged 31.3 years of age (SD 8.9), and the overall age of the RN respondents was 30.6 years (SD 8.25). The associate degree graduate survey respondents averaged 32.8 years of age (SD 8.41), and the baccalaureate degree graduates averaged 27.4 years of age (SD 7.15). The average ages of the ADN and BSN graduates differed significantly ($t(527)=8.11, p<.0001$).

The basic nursing education programs reported by the newly licensed RNs reflected percentages of associate degree (54.2%) and baccalaureate degree (37.5%) education comparable to those reported in the 1999 *RN Practice Analysis* (Hertz et al., 2000). The percentages of diploma graduates (4.2%) decreased by a little more than 1% (Hertz et al., 2001). Six (1%) of the respondents to the current survey reported graduation from

a master's program, eight (1.3%) reported graduating from a doctoral program and eight (1.3%) were educated outside of the U.S.

Findings

Language

Both RN and LPN/VN surveys contained a question asking respondents which languages they had found, or would find, useful in their practice settings. Twenty languages were included on the survey. For both groups the majority of respondents selected Spanish (RN 76.7%, LPN/VN 53.3%). No other language was selected by enough respondents to merit mention.

Delegation/Supervision of UAPs

Of the respondents, 78.9% of the RNs and 69.9% of the LPN/VNs reported providing supervision or direction to unlicensed assistive personnel (UAPs). Eight categories of activities were listed on the survey and respondents were asked to report if they routinely assigned those activities to UAPs. Of the respondents who reported working with UAPs, most reported assigning them basic care such as beds, baths, ambulation, feeding, etc. (91.1% RN, 92.9% LPN/VN), taking vital signs (84.2% RN, 83.1% LPN/VN), transporting clients (80.4% RN, 71.6% LPN/VN), and recording vital signs (76.3% RN, 64.2% LPN/VN). Both groups were much less likely to assign tube feedings (5.8% RN, 3.9% LPN/VN) or monitor IVs (6.6% RN, 3.6% LPN/VN). The LPN/VN respondents were more than twice as likely than the RN respondents to assign the giving of oral or topical medications to UAPs (13.9% LPN/VN, 6.0% RN).

Alternative/Complementary Therapies

A list of 11 alternative/complementary therapies was included in the survey. Nationally recognized nursing texts were used to provide definitions for the therapies. Respondents were asked to indicate if they used the therapies in their practices. The same four therapies topped both the RN and LPN/VN lists: relaxation therapy (32% RN, 24% LPN/VN), massage therapy (30.7% RN, 34.5% LPN/VN), imagery (29.7% RN, 23.1% LPN/VN), and music therapy (27.8% RN, 34% LPN/VN). The four least selected therapies were also the same across both lists: aromatherapy (1.4% RN, 2.5% LPN/VN), dance therapy (2.7% RN, 7.7% LPN/VN), naturopathy (4.2% RN, 8.4% LPN/VN), and acupressure or therapeutic touch (9.6% RN, 8.6% LPN/VN).

Adequacy of RN and LPN/VN Education

The survey respondents were asked to record if their nursing education program had adequately prepared them to perform specified practice setting tasks. They were asked to respond with "Yes, definitely," "Yes, somewhat," or "No." [Just a note about the rating scale used: This rating scale was selected because the literature has demonstrated that the "Excellent, Very Good, Good, Fair, Poor" scale and other similar scales tend to demonstrate a ceiling effect, i.e., most respondents answer "Very Good" or "Excellent" even when they are actually not satisfied. This scale has been found to overcome that tendency (it is commonly used by the well-known Picker Commonwealth Foundation in its patient satisfaction surveys). The scale is

generally converted to dichotomous designations with “Yes” considered the desired answer and the percent of the sum of the “Yes, somewhat” and “No” responses representing “problems” or “opportunities for improvement.”] The “Yes, definitely” answers were summed to represent the percentages of respondents who felt adequately prepared to perform each of the tasks listed in the survey.

The RN responses were aggregated separately for the graduates of ADN and BSN programs to better represent those types of educational preparation. The four items garnering the most positive responses were “administer medication by common routes,” “do math necessary for medication administration,” “perform thorough physical assessments,” and “create a plan of care for patients.” Those items with the lowest numbers of positive responses included “document a legally defensible account of care provided,” “perform psychomotor skills,” “work with machinery used for patient care,” “respond to emergency situations,” and “supervise care provided by others.” Of the 14 practice setting tasks included on the survey, seven had less than 60% positive scores.

There were statistically significant differences found between the percentages of positive responses given by ADN and BSN graduates for four of the variables: “administer medication by common routes” (85.9% ADN vs. 78.7% BSN; $X^2(1)=4.9$, $p<0.02$), “perform psychomotor skills” (55.2% ADN vs. 43.1% BSN; $X^2(1)=7.8$, $p<0.005$), “work with machinery used for patient care” (48.8% ADN vs. 38.7%

BSN; $X^2(1)=5.5$, $p<0.01$), and “respond to emergency situations” (38.7% ADN vs. 29.3% BSN; $X^2(1)=5.1$, $p<0.02$).

The LPN/VN survey contained a list of 10 practice setting tasks. The LPN/VN respondents were most positive about their educational preparation for “administer medications by common routes,” “perform psychomotor skills,” “do math necessary for medication administration” and “perform physical assessments.” They provided the fewest positive ratings for “teach patients,” “work with machinery used for patient care” and “guide care provided by others.” The LPN/VN ratings were overall higher than the RN ratings with only two of the 10 items receiving less than 60% positive scores.

Work Orientation

The surveys contained a section asking respondents to rate how adequately their work orientations prepared them for the same practice tasks used to gauge their educational preparation. They could also indicate when a task was not included in their orientation. The RN respondents were most positive about their work orientations in the areas of “administer medication by common routes,” “work with machinery used for patient care,” “work effectively within a health care team” and “perform psychomotor skills.” They were least positive about their work orientations in the areas of “respond to emergency situations,” “create a plan of care for patients” and “supervise care provided by others.” The RN respondents reported that the following tasks were most

often omitted from their orientations: “perform thorough physical assessments” (14.7%), “do math necessary for medication administration” (13.6%), “create a plan of care for patients” (12.2%), “abnormal diagnostic lab findings” (11.4%) and “supervise care provided by others” (11.3%).

The LPN/VN respondents were most positive about their orientations in the areas of “administer medication by common routes,” “work effectively within a health care team,” “perform psychomotor skills” and “document a legally defensible account of care provided.” They were least positive about “guide care provided by others,” “teach patients,” “do math necessary for medication administration” and “recognize abnormal physical findings.” Those tasks reported most omitted from orientations were “perform physical assessments” (21.5%), “do math necessary for medication administration” (20.8%), “perform psychomotor skills” (17.4%), “recognize abnormal physical findings” (16.9%), “teach patients” (14.7%) and “guide care provided by others” (14.3%).

Evaluation of Combined Education/ Orientation Data

There were some tasks that these nurses felt they had not been well prepared for by either their educational program or work orientation. The newly licensed RNs reported the least preparation for “recognize abnormal diagnostic lab findings,” “respond to emergency,” “supervise care provided by others,” and “assess the effectiveness of treatments.” The LPN/VN results indicated most need

in the areas of “guide care provided by others,” “work with machinery used for patient care,” and “teach patients.”

Knowledge of Nurse Practice Act

The surveys included a section on the respondents’ knowledge of their state’s Nurse Practice Act. RN respondents reported most knowledge of renewal requirements and their own scopes of practice and the least about the state’s definition of an LPN/VN, while LPN/VN respondents reported most knowledge about their own scopes of practice, and the least about their state’s definition of an RN.

Nursing Errors

Survey subjects were asked if they had been involved with errors in their employing institutions. Of the RNs, 43.6% and 32% of the LPN/VNs reported that they had been involved with errors. Of those involved with errors, 44% of the RNs and 55.6% of the LPN/VNs recorded that all errors were carefully reported. Most of the remaining respondents reported that some errors were reported, but not all of them. When asked their opinions of factors contributing to errors in their institutions, the RN and LPN/VN respondents produced nearly identical rank orderings of the factors. Both groups most frequently selected “inadequate staffing” (74.3% RN, 69% LPN/VN), with “inadequate orientation” (33.6% RN, 36.5% LPN/VN) and “long work hours” (29.5% RN, 27% LPN/VN) coming in second and third.

LPN/VN Practice Issues

In order to augment available data on LPN/VN practice in selected practice settings, questions were included on the LPN/VN survey regarding the types of behavioral/emotional diagnoses most seen by LPN/VNs, the types of care provided to clients with those diagnoses, the care provided to maternity clients and newborns, and the types of care provided to victims of abuse or neglect.

Seventy-six percent of the LPN/VN respondents reported caring for patients with one or more of the behavioral/emotional disorders listed on the questionnaire (see Appendix A). They were most likely to care for clients with Alzheimer's type of dementia (66.1%), anxiety disorders (61.3%), depressive disorders (58.4%), and non-Alzheimer's dementia (57.9%). They were least likely to provide care for suicidal clients (18.2%) and those with eating disorders (15.2%).

The respondents reported participating in more activities with clients in the chronic phase of their behavioral/emotional illness than with acutely ill clients. They most frequently administered medications (64.9% chronic, 48% acute), observed changes in behaviors and acted to follow up (56.7% chronic, 43.6% acute), conducted one-on-one educational sessions (34.5% chronic, 28.3% acute), and provided a supportive, non-leadership role in group education sessions (19.3% chronic, 12.5% acute).

Only 59 or 10.7% of the LPN/VN respondents reported providing care to obstetric patients or newborns. When asked what types of patients were cared for, most reported caring for newborns

(n=43), followed by 29 reporting care of mothers after the immediate postpartum period, and 23 providing care during pregnancy, before labor. Only five reported caring for women in labor, and 15 provided care in the first two to three hours following delivery. The activities performed included providing education (n=42), evaluating newborn's skin and vital signs (n=38), evaluating newborn's lung and heart sounds (n=34), and evaluating mother's vital signs (n=36).

About 27% of the LPN/VN respondents reported caring for victims of abuse or neglect. Most of those reported providing routine physical care (70.7% or 106) or emotional care (62.7% or 94) to those clients. They also reported recognizing the signs of abuse or neglect (67.5% or 102) and reporting the abuse to appropriate authorities (58% or 87).

Conclusions

1. Slight shifts have occurred in the work settings of both RNs and LPN/VNs. About 3% of LPN/VNs have shifted from long-term care to hospital settings, and about 3-4% of RNs have shifted from hospital to community-based or ambulatory care settings.
2. It may be appropriate to encourage nursing students to learn Spanish.
3. The use of various alternative/complementary therapies varies widely depending on the type of therapy.
4. When considering the adequacy of both the education preparation and work orientation reported in this survey (as well as other data such as the large numbers of new

licensees providing supervision or direction to UAPs), RNs need better preparation in the areas of:

- recognizing abnormal lab findings,
- responding to emergency situations, and
- supervising care provided by others.

And LPN/VNs could benefit most from better preparation in the areas of:

- guiding care provided by others,
- working with machinery used for patient care, and
- teaching patients.

5. On average, new nurses lack knowledge of the scope of practice of either those to whom they are providing delegation, or those from whom they are accepting delegation.
6. Both RN and LPN/VN newly licensed practitioners feel inadequate staffing contributes to errors in their employing institutions.
7. Significant numbers of LPN/VNs care for clients with behavioral/emotional disorders. They are most likely to perform activities with clients in the chronic stages of these disorders, and the activities most often include medication administration and education. Moderate numbers of LPN/VNs care for victims of abuse or neglect, and they are most likely to provide routine types of care for those clients. Very few LPN/VNs provide care to obstetric patients or newborns, and when they do provide care it is most likely to involve education or evaluation type activities.

References

Hertz, J. E., Yocom, C. J., & Gawel, S. H. (2000). *1999 Practice Analysis of Newly Licensed Registered Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.

Smith, J. E., Crawford, L. H., & Gawel, S. H. (2001). *2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.

Report of Findings from the Practice and Professional Issues Survey

Spring 2001

Background of Study

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

The findings from the *Spring 2001 Practice and Professional Issues Survey* are reported here in the second of a series of monographs, called NCSBN Research Briefs. These briefs provide the means to quickly disseminate NCSBN research findings.

Background

During spring 2001, NCSBN Research Services collected information about the data most desired by National Council of State Boards of Nursing committees, members and staff. These efforts led to a list of topics for inclusion in the Practice and Professional Issues (PPI) biannual survey. The survey's name reflects its multiple aims, i.e., collection of data from nurses within their first six months of practice on activities performed in practice and the various issues surrounding that practice.

Methodology

This section provides a description of the methodology used to conduct the biannual Practice and Professional Issues surveys. Descriptions of the sample selection and data collection procedures are provided, as well as information about response rates, data collection instrument, assurance of confidentiality, and the degree to which participants 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 between January 1 and March 31, 2001. A four-stage mailing process was used to engage the participants in the study. The survey with a cover letter and postage-paid, return envelope was sent to subjects in the sample the last week in June 2001. One week later a postcard was sent to all participants, reiterating the importance of the study, and urging participation. Approximately a week after the first postcard, a second reminder postcard was sent to non-respondents, and two weeks later a second survey was mailed to continued non-respondents.

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

questionnaires. Of the 1,000 surveys sent to RNs, 21 were mailed to bad addresses, and 629 useable surveys were returned for a 64% return rate. Of the 1,000 surveys sent to LPN/VNs, 27 were sent to bad addresses and 618 useable forms were returned for a return rate of 63.5%.

Data Collection Instrument

Separate surveys were constructed for RNs and LPN/VNs with many issues shared across the two surveys. Information was collected regarding languages (other than English) needed in the practice setting, supervision of or delegation to unlicensed assistive personnel (UAPs), alternative or complementary therapies used in practice, perceptions of the adequacy of their educational preparation, orientation to the work setting, knowledge of their Nurse Practice Act, and nursing errors. Additional questions regarding clients cared for and types of care provided were included on the LPN/VN survey.

Rating Scale Used

Because the literature has demonstrated that the five-point, "Excellent, Very Good, Good, Fair, Poor" scale, and other similar scales tend to demonstrate a ceiling effect (i.e., most respondents answer "Very Good" or "Excellent" even when they are actually not satisfied), the rating scale used for selected ques-

tions within this study was “Yes, definitely,” “Yes, somewhat,” and “No.” This scale, commonly used by the well-known Picker Commonwealth Foundation in its patient satisfaction surveys, has been found to overcome the tendency toward falsely high scores and provide more reliable data. The scale is generally converted to dichotomous designations with “Yes, definitely” considered the desired answer and the percent of the sum of the “Yes, somewhat” and “No” responses representing “problems” or “opportunities for improvement.”

Confidentiality

All potential participants were promised confidentiality with regard to their participation and their responses. Preassigned code numbers were used to facilitate cost-effective follow-up mailings but those numbers were not used to identify individual participants in any other way. Files 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 sample of newly licensed RNs selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, subject ethnicity, subject gender, and type of educational program.

The sample of newly licensed LPN/VNs selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the county, subject ethnicity and subject gender.

Summary

Data collection instruments were disseminated to 1,000 RNs and 1,000 LPN/VNs selected at random from among all individuals who passed the NCLEX-RN® and NCLEX-PN® examinations between January 1 and March 31, 2001. A 64% response rate was obtained for both groups. Six hundred and twenty-nine newly licensed RNs and 618 newly licensed LPN/VNs participated in the study.

Survey Participants

Demographics, Educational Backgrounds and Work Environments

Demographic information, including racial and ethnic backgrounds, educational preparation, and gender of the respondents are presented, followed by descriptions of their work environments, including settings, provision of direct care, and overtime worked. Selected characteristics of LPN/VN practice are also presented.

Demographic Information

Of the respondents, 87.9% of the RNs and 93.1% of the LPN/VNs were female (see Figure 1). These numbers compared well with those found in the 1999 *RN Practice Analysis* (Hertz, Yocom, & Gawel, 2000), but indicated an increase in female LPN/VNs of 3% over that found in the 2000 *LPN/VN Practice Analysis* (Smith, Crawford, & Gawel, 2001).

LPN/VNs averaged 31.3 years of age (SD 8.9), and the overall age of the RN respondents was 30.6 years (SD 8.25) (see Figure 2). The 326 associate degree graduate survey respondents averaged 32.8 years of age (SD 8.41), and the 226 baccalaureate degree graduates averaged 27.4 years of age (SD 7.15). The average ages of the ADN and BSN graduates differed significantly ($t(527)=8.11, p<.0001$).

Respondents to the spring practice and professional issues survey primarily reported being white (75.2% RNs; 68.5% LPN/VNs). Eight percent of the RN respondents and 2.6% of the LPN/VN respondents

reported being of Asian background, 10.2% of the RNs and 19.5% of the LPN/VNs reported being black or African American, and 5.8% of the RNs and 7.7% of the LPN/VNs reported being Hispanic or Latino (see Figure 3).

Educational Backgrounds

The basic nursing education programs reported by the newly licensed RNs reflected percentages of associate degree (54.2%) and baccalaureate degree (37.5%) education comparable to those reported in the 1999 *RN Practice Analysis* (see Table 1) (Hertz et al., 2000). The percentages of diploma graduates (4.2%) decreased by a little over 1% (Hertz et al., 2000). Six (1%) of the respondents to the current survey reported graduation from a master's program, eight (1.3%) reported graduating from a doctoral program and eight (1.3%) were educated outside of the U.S.

Work Environments

Of the respondents, 94.4% of the RNs and 90.6% of the LPN/VNs reported current employment in nursing (see Table 2). For RNs, family or personal situations most frequently prevented employment (for 11 respondents), and returning to or remaining in school was the most frequently cited reason (for 18 respondents) for non-employment by LPN/VNs. For the remainder of

the survey respondents, the RNs had been employed an average of about 4.8 months (SD 1.68) and LPN/VNs had been employed for an average of 4.5 months (SD 1.86).

The RN and LPN/VN respondents varied markedly in their reported work settings (see Table 3). The new RNs were employed primarily in hospitals (83.6%), with 6.7% reporting employment in long-term care facilities and 8.2% reporting employment in community-based or ambulatory care settings.

These results represented a slight decrease in the percentages employed in hospitals and nearly a doubling of employment in community or ambulatory settings over those reported in the 1999 RN Practice Analysis (Hertz et al., 2000). The LPN/VN respondents were most employed in long-term care facilities (41.6%), with only 37.7% employed in hospitals and 17.3% employed in community or ambulatory settings. These numbers reflected an approximate 6% decrease in long-term care employment and a 3% increase in hospital employment over those reported in the 2000 PN Practice Analysis (Smith et al., 2001).

Respondents were asked the amount of time spent providing direct care (see Table 4). Direct care was defined as including hands-on care, admitting and dismissing clients, checking diagnostic results, teaching clients, etc. RNs spent an average of 73.4% and LPN/VNs an average of 70.5% of their time on direct care activities.

Figure 1. Gender of Respondents

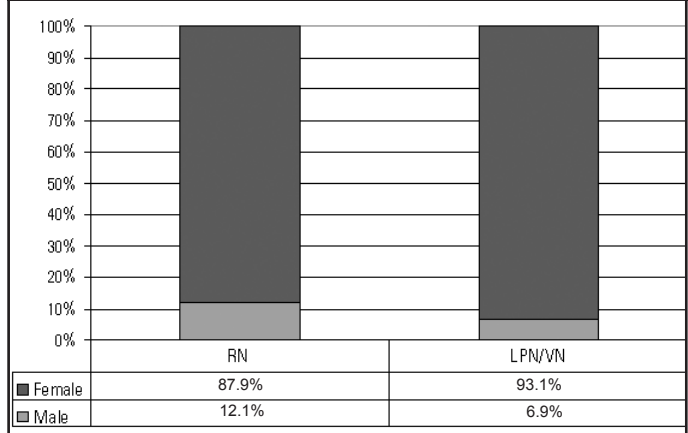


Figure 2. Age of Respondents

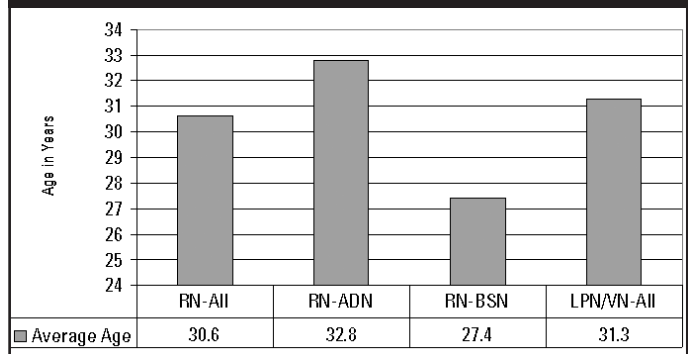


Figure 3. Ethnic/Racial Backgrounds of Respondents

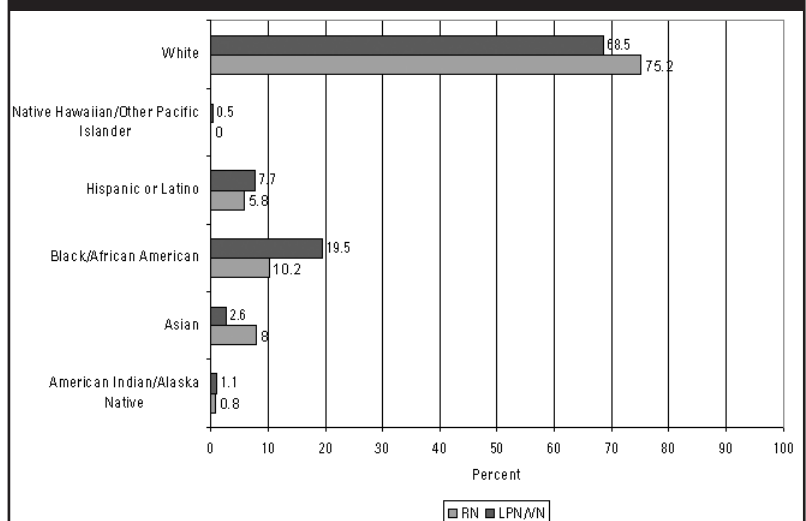


Table 1. Educational Preparation – RN

	2001 %	1999 %
Diploma	4.2	5.4
Associate Degree	54.2	54.8
Baccalaureate Degree	37.5	38.5
RN – Generic Master's	1.0	0.2
RN – Generic Doctorate	1.3	0
Outside of U.S.	1.3	1.0

Table 2. Work Status of Respondents

	RN		LPN/VN	
	n	%	n	%
Currently working in nursing	593	94.4	559	90.6
No entry-level positions available in area	2		2	
Unable to find the type of nursing position desired	3		4	
Returned to or remain in school	3		18	
Family or personal situation prevents employment	11		12	
Other	10		16	
Don't desire to work in nursing at this time	5		2	

Table 3. Employing Facilities

	RN %	LPN/VN %
Hospital	83.6	37.7
Long-Term Care Facility	6.7	41.6
Community-based or ambulatory care	8.2	17.3
Other	1.5	3.4

Table 4. Time Spent Providing Direct Care

	RN %	LPN/VN %
Average percent of time reported spent in direct care	73.4	70.5
100% of time spent in direct care	17.6	14.4
50% or less time spent in direct care	21.5	27.0

The RNs worked an average of 36.5 (SD 11.03) non-overtime hours per week, and the LPN/VNs worked a similar 36.4 (SD 11.64) hours (see Table 5). The LPN/VNs reported working an average of about two hours more overtime per week than the RNs (LPN/VNs average 6.4, SD 7.48; RN average 4.6, SD 5.2).

Only 17% of these newly licensed RNs and 16% of the LPN/VNs reported working mandatory overtime (see Figure 4). For those reporting working such hours, the RNs worked an average of 6.96 hours (SD 4.65) and the LPN/VNs worked an average of 9.79 hours (SD 6.9) (Figure 4).

LPN/VN Practice Characteristics

Seventy-six percent of the LPN/VN respondents reported caring for patients with one or more of the behavioral/emotional disorders listed on the questionnaire (see Table 6). They were most likely to care for patients with Alzheimer's type of dementia (66.1%), anxiety disorders (61.3%), depressive disorders (58.4%), and non-Alzheimer's dementia (57.9%). They were least likely to provide care for suicidal clients (18.2%) and those with eating disorders (15.2%).

To further refine description of the types of care provided to clients with behavioral/emotional disorders by LPN/VNs, the respondents were asked to indicate if they provided specific types of care, and further if they provided those types of care to clients in the acute or chronic phase of their illnesses. For the purposes of the survey the "acute phase" was defined as newly diagnosed, changing, and/or undergoing a worsening

of symptoms. The “chronic phase” was defined as stabilized with few changes in symptoms and treatment.

The LPN/VN respondents reported participating in more activities with clients in the chronic phase of their behavioral/emotional illness than with acutely ill clients (see Table 7). They most frequently administered medications (64.9% chronic, 48% acute); observed changes in behaviors and acted to follow up (56.7% chronic, 43.6% acute); conducted one-on-one educational sessions (34.5% chronic, 28.3% acute); and provided a supportive, non-leadership role in group education sessions (19.3% chronic, 12.5% acute).

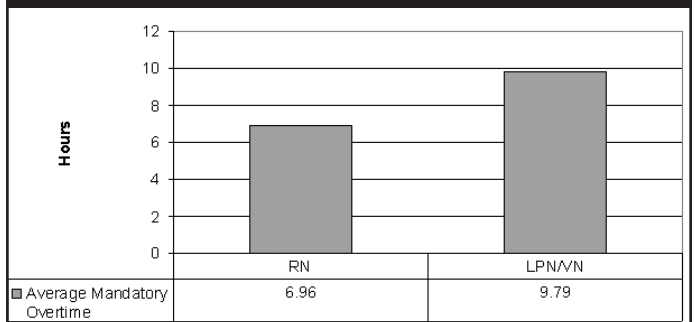
Only 59 or about 10.7% of the LPN/VN respondents reported providing care to obstetric clients or newborns (see Table 8). When asked what types of these clients were cared for, most reported caring for newborns (n=43), followed by 29 reporting care of mothers after the immediate postpartum period, and 23 providing care during pregnancy, before labor. Only five reported caring for women in labor, and 15 provided care in the first two to three hours following delivery. The activities performed included providing education (n=42), evaluating the newborn’s skin and vital signs (38), evaluating the mother’s vital signs (36), and evaluating the newborn’s lung and heart sounds (34). (See Table 9).

About 27% of the LPN/VN respondents reported providing care to victims of abuse or neglect (see Table 10). Most of those reported providing routine physical care (70.7% or 106) or emotional care (62.7% or 94) to those clients. They also reported recognizing the signs of abuse or neglect (67.5% or 102) and

Table 5. Overtime Worked

	RN		LPN/VN	
	Ave	SD	Ave	SD
Regular non-overtime hours worked in average week (hours)	36.52	11.03	36.35	11.64
OT worked in average week (hours)	4.58	5.2	6.41	7.48

Figure 4. Mandatory Overtime



reporting the abuse to appropriate authorities (58% or 87).

Summary

Of the respondents, 94.4% of the RNs and 91% of the LPN/VNs reported current employment in nursing. The RNs had been employed an average of about 4.8 months (SD 1.68) and LPN/VNs had been employed for an average of 4.49 months (SD 1.86). The RNs worked an average of 36.5 (SD 11.03) non-overtime hours per week, and the LPN/VNs worked a similar 36.4 (SD 11.64) hours. Only 17% of these newly licensed RNs and 16% of the LPN/VNs reported working mandatory overtime. The new RNs were employed primarily in hospitals (83.6%), while the LPN/VN respondents were most employed in long-term care facilities (41.6%). LPN/VNs averaged 31.3 years of age (SD 8.9), and the overall age of the RN respondents was 30.6 years (SD 8.25).

Table 6. Behavioral/Emotional Disorders Cared For by LPN/VNs

Behavioral/Emotional Dx	% Yes*	n
Alzheimer's type of dementia	66.10	370
Anxiety disorder	61.30	343
Depressive disorder	58.40	327
Dementia, not Alzheimer's	57.90	324
Bipolar disorder	33.60	188
Substance abuse (drug or alcohol)	32.70	183
Mental retardation	30.00	168
Schizophrenia	28.20	158
Suicidal clients	18.20	102
Eating disorder	15.20	85
Other	3.00	17

*% of those providing care to clients with behavioral/emotional disorders

Table 7. Types of Care Provided to Clients with Behavioral/Emotional Disorders by LPN/VNs

Type of Care	Acute Phase		Chronic Phase	
	% Yes	n	% Yes	n
Administration of some or all medications	48.00	268	64.90	363
Observing changes in behaviors, etc., and acting to follow-up	43.60	244	56.70	317
Conducting one-on-one education sessions with individual clients	28.30	158	34.50	193
Providing a supportive, non-leadership role in group education sessions	12.50	70	19.30	108
Conducting one-on-one therapy sessions with individual clients	11.80	66	17.70	99
Providing a supportive, non-leadership role in group support sessions	9.30	52	15.90	89
Providing a leadership role in group education sessions	7.70	43	12.00	67
Providing a supportive, non-leadership role in group therapy sessions	7.50	42	11.80	66
Providing a leadership role in group support sessions	5.70	32	11.30	63
Providing a leadership role in group therapy sessions	5.40	30	9.50	53

Table 8. Types of Obstetric/Newborn Clients Cared For by LPN/VNs

Type of Patient	% Yes*	n
Care for newborn	74.10	43
Care for mother after immed. postpartum	50.00	29
During pregnancy, before labor	39.70	23
Care for mother in first 2-3 hrs post delivery	25.90	15
During active labor	8.60	5

*% of those providing care to obstetric/newborn clients

Table 9. Types of Care Provided to Obstetric Clients/Newborns by LPN/VNs

Type of Care	% Yes*	n
Providing education	72.40	42
Evaluation of newborn's skin and vital signs for deviations from normal	65.50	38
Evaluation of mother's vital signs for deviations from expected values	62.10	36
Evaluation of newborn's lung and heart sounds for deviations from normal	58.60	34
Performing fundal checks	50.00	29
Evaluation of vaginal discharge for deviations from normal	46.60	27
Evaluation of mother's diagnostic tests for deviations from normal	41.40	24
Listening to fetal heart tones with a fetoscope or doppler	32.80	19
Evaluation of fetus/newborn's diagnostic tests for deviations from normal	31.00	18
Evaluating fetal heart tones for deviations from normal	20.70	12
Evaluating electronic fetal monitor tracings for deviations from normal	15.50	9
Checking for degree of cervical dilatation	3.40	2

*% of those providing care to obstetric/newborn clients

Table 10. Types of Care Provided to Victims of Abuse/Neglect by LPN/VNS

Type of Care	% Yes*	n
Providing routine physical care	70.70	106
Recognizing signs of abuse/neglect	67.50	102
Providing routine emotional support	62.70	94
Reporting to appropriate authorities	58.00	87
Collecting evidence for police investigations	10.70	16
Providing formal counseling	6.00	9
Other	6.00	9

*% of those providing care to victims of abuse/neglect

Survey Findings

This study solicited information from newly licensed RNs and LPN/VNs regarding languages (other than English) found to be of assistance in the practice settings, supervision of or delegation to unlicensed assistive personnel (UAPs), alternative or complementary therapies used in practice, perceptions of the adequacy of their educational preparation and orientation to the work setting, knowledge of their Nurse Practice Act, and nursing errors.

Language Useful in Practice

Both RN and LPN/VN surveys contained a question asking respondents about languages they used frequently enough in their employing facilities that knowledge of the language would be or had been of assistance in their work (see Table 11). For both groups the majority of respondents selected Spanish (76.7% RN, 53.3% LPN/VN). No other language was selected by more than 6.5% (Vietnamese) of the RNs or 4.7% (French) of the LPN/VNs.

Delegation to Unlicensed Assistive Personnel

Of the respondents, 78.9% of the RNs and 69.9% of the LPN/VNs reported providing supervision or direction to nurse aides or nursing assistants (unlicensed assistive personnel or UAPs) (see Table 12). Of the RNs, 7.1% reported supervising medical assistants, 2.9% medication aides, and 2.4% home health aides.

Of the LPN/VNs reporting providing supervision to UAPs,

7.9% reported supervising medical assistants, 9.2% medication aides, and 4.5% home health aides.

Eight categories of activities were listed on the survey and respondents were asked to report if they routinely assigned those activities to UAPs. Of the respondents who reported working with UAPs, most reported assigning them basic care (i.e., making beds, giving baths, ambulating or feeding clients) (91.1% RN, 92.9% LPN/VN); taking vital signs (84.2% RN, 83.1% LPN/VN); transporting clients (80.4% RN, 71.6% LPN/VN); and recording vital signs (76.3% RN, 64.2% LPN/VN) (see Table 13). Both groups were much less likely to assign tube feedings (5.8% RN, 3.9% LPN/VN) or monitoring IVs (6.6% RN, 3.6% LPN/VN). The LPN/VN respondents were more than twice as likely than the RN respondents to assign UAPs the giving of oral or topical medications (13.9% LPN/VN, 6% RN).

Alternative and Complementary Therapies

A list of 11 alternative/complementary therapies was included in the survey. Nationally recognized nursing texts were used to provide definitions for the therapies. Respondents were asked to indicate if they used the therapies in their practices. As indicated in Table 14, the same four therapies topped both the RN and LPN/VN lists: relaxation therapy (32% RN, 24% LPN/VN), massage therapy (30.7% RN, 34.5% LPN/VN), imagery (29.7% RN,

Table 11. Languages Found Useful

RN			LPN/VN		
Language	%	n	Language	%	n
Spanish	76.7	458	Spanish	53.26	300
Other*	11.6	69	Other*	7.31	41
Vietnamese	6.5	39	French	4.65	26
Chinese (Mandarin)	5.2	31	Italian	2.84	16
French	3.2	19	Chinese (Mandarin)	2.67	15
Japanese	3.2	19	German	2.64	15
Korean	2.8	17	Japanese	2.31	13
Italian	2.7	16	Korean	1.76	10
German	1.8	11	Vietnamese	1.59	9
Polish	1.5	9	Polish	1.24	7
Hindi	1.3	8	Portuguese	0.87	5
Portuguese	1.3	8	Hebrew	0.71	4
Thai	1.2	7	Hindi	0.54	2
Greek	1	6	Indonesian	0.5	3
Hebrew	0.8	5	Greek	0.36	2
Turkish	0.8	5	Farsi	0.18	1
Farsi	0.7	4	Swahili	0.18	1
Indonesian	0.7	4	Danish	0	0
Swahili	0.5	3	Thai	0	0
Danish	0.2	1	Turkish	0	0
Welsh	0	0	Welsh	0	0
*Other Languages - RN		n	*Other Languages - LPN/VN		n
Russian		9	Russian		7
Arabic		7	Philippino		6
Hmong		6	Sign Language		5
Philippino		5	Tagalog		3
Tagalog		4	Armenian		3
Bosnian		4	Hmong		2
Creole		3	Bosnian		2
Samolian		2	Samolian		2
Armenian		2	Hatian		2
Cajun		1	Kurdish		1
Russian Yiddish		1	Creole		1
Khmer		1	Micronesian		1
			Loatian		1
			Iranian		1
			Finnish		1

Table 12. Types of UAP Supervised

RN			LPN/VN		
Type of UAP	%	n	Type of UAP	%	n
Nurse aides or nursing assistants	78.9	467	Nurse aides or nursing assistants	69.90	388
Medical assistants	7.1	42	Medical assistants	7.90	51
Medication aides	2.9	17	Medication aides	9.20	44
Other	17.6	104	Other	7.00	39
Home health aides	2.4	14	Home health aides	4.50	25

Table 13. Activities Routinely Assigned to UAPs

Activity	RN		Activity	LPN/VN	
	%*	n		%*	n
Basic care (beds, baths, amb., feeding)	91.1	429	Basic care (beds, baths, amb., feeding)	92.90	313
Taking vital signs	84.2	390	Taking vital signs	83.10	276
Transporting clients	80.4	370	Transporting clients	71.60	237
Recording vital signs	76.3	351	Recording vital signs	64.20	213
Giving oral or topical medications	6.0	28	Giving oral or topical medications	13.90	50
Giving tube feedings	5.8	27	Giving tube feedings	3.90	14
Monitoring IVs	6.6	31	Monitoring IVs	3.60	13
Performing wound care	10.6	50	Performing wound care	8.10	29

**% of those reporting supervising UAPs*

Table 14. Alternative/Complementary Therapies Used

Therapy	Definition	RN%	LPN/VN%
Relaxation Therapy	Applying a technique such as progressive muscle relaxation to relieve stress.*	32.0	24.0
Massage Therapy	Manipulation of skeletal muscle to relieve stress or muscle tension; includes stroking, kneading, or stretching of muscles.*	30.7	34.5
Imagery	Technique in which a person experiences memories, dreams and fantasies to relieve stress, decrease pain and promote healing.*	29.7	23.1
Music Therapy	Using music to produce relaxation or relieve tension.^	27.8	34.0
Meditation	A technique involving concentration and attention on a chosen mental image for relaxation, relief of pain and anxiety, alleviation of depression and increased healing rates.^	17.4	13.2
Biofeedback	Use of an electrical device to help the client become aware of certain body functions, such as heart rate, blood pressure and muscle activity.*	14.3	17.9
Art Therapy	Encouraging the expression of feelings about stressful situations through art.^	10.1	13.0
Acupressure or Therapeutic Touch	Use of fingers and hands to stimulate the energy points in the body, thereby removing energy blocks that are believed to produce health problems.*	9.6	8.6
Naturopathy	A system of prevention, diagnosis and management of health problems using natural medicines and therapies to stimulate the client's healing process.*	4.2	8.4
Dance Therapy	The use of dance to increase self-esteem and body image; lessen depression, fear and isolation; and express emotions.^	2.7	7.7
Aromatherapy	Use of medicinal properties of essential oils extracted from plants and herbs; may be administered via inhalation, topically or through ingestion.*	1.4	2.5

**These definitions were taken from Ignatavicius, D.D., Workman, M.L., & Mishler, M.A. (1999). Medical surgical nursing across the health continuum, 3rd ed. Philadelphia: W.B. Saunders.*

^These definitions were taken from Fortinash, K.M., Holoday-Worret, P.A. (2000). Psychiatric mental health nursing, 2nd ed. St. Louis: Mosby.

23.1% LPN/VN), and music therapy (27.8% RN, 34% LPN/VN). The four least selected therapies were also the same across both lists: aromatherapy (1.4% RN, 2.5% LPN/VN), dance therapy (2.7% RN, 7.7% LPN/VN), naturopathy (4.2% RN, 8.4% LPN/VN), and acupressure or therapeutic touch (9.6% RN, 8.6% LPN/VN).

Adequacy of Education

The survey respondents were asked to record if their nursing education program had adequately prepared them to perform specified practice setting tasks. They were asked to respond with “Yes, definitely,” “Yes, somewhat,” or “No.” The “Yes, definitely” answers were summed to represent the percentages of respondents who felt adequately prepared to perform each of the tasks listed in the survey.

RN Responses

The RN survey contained a list of 14 practice tasks. The tasks with their overall percentages of “Yes, definitely,” i.e., positive responses, are illustrated in Figure 5. Of the 14 practice setting tasks included on the survey, seven garnered less than 60% positive scores.

The RN responses were aggregated separately for the graduates of ADN and BSN programs to better represent perceptions of the adequacy of those types of educational preparation (see Figure 6). The four items garnering the most positive responses were “administer medication by common routes,” “do the math necessary for medication administration,” “perform thorough physical assessments,” and “create a

plan of care for patients.” Those items with the lowest numbers of positive responses included “document a legally defensible account of care provided,” “perform psychomotor skills,” “work with machinery used for patient care,” “respond to emergency situations,” and “super-vise care provided by others.”

There were statistically significant differences found between the percentage of positive responses given by ADN and BSN graduates for four of the variables: “administer medication by common routes” (85.9% ADN vs. 78.7% BSN; $X^2(1)=4.9$, $p<0.02$), “perform psychomotor skills” (55.2% ADN vs. 43.1% BSN; $X^2(1)=7.8$, $p<0.005$), “work with machinery used for patient care” (48.8% ADN vs. 38.7% BSN; $X^2(1)=5.5$, $p<0.01$) and “respond to emergency situations” (38.7% ADN vs. 29.3% BSN; $X^2(1)=5.1$, $p<0.02$).

LPN/VN Responses

The LPN/VN survey contained a list of 10 practice tasks. The LPN/VN respondents were most positive about their educational preparation for “administer medications by common routes,” “perform psychomotor skills,” “do math necessary for medication administration” and “perform physical assessments.” They provided the fewest positive ratings for “teach patients,” “work with machinery used for patient care” and “guide care provided by others.” The LPN/VN ratings were overall higher than the RN ratings with only two of the 10 items receiving less than 60% positive scores (see Figure 7).

Orientation to the Work Setting

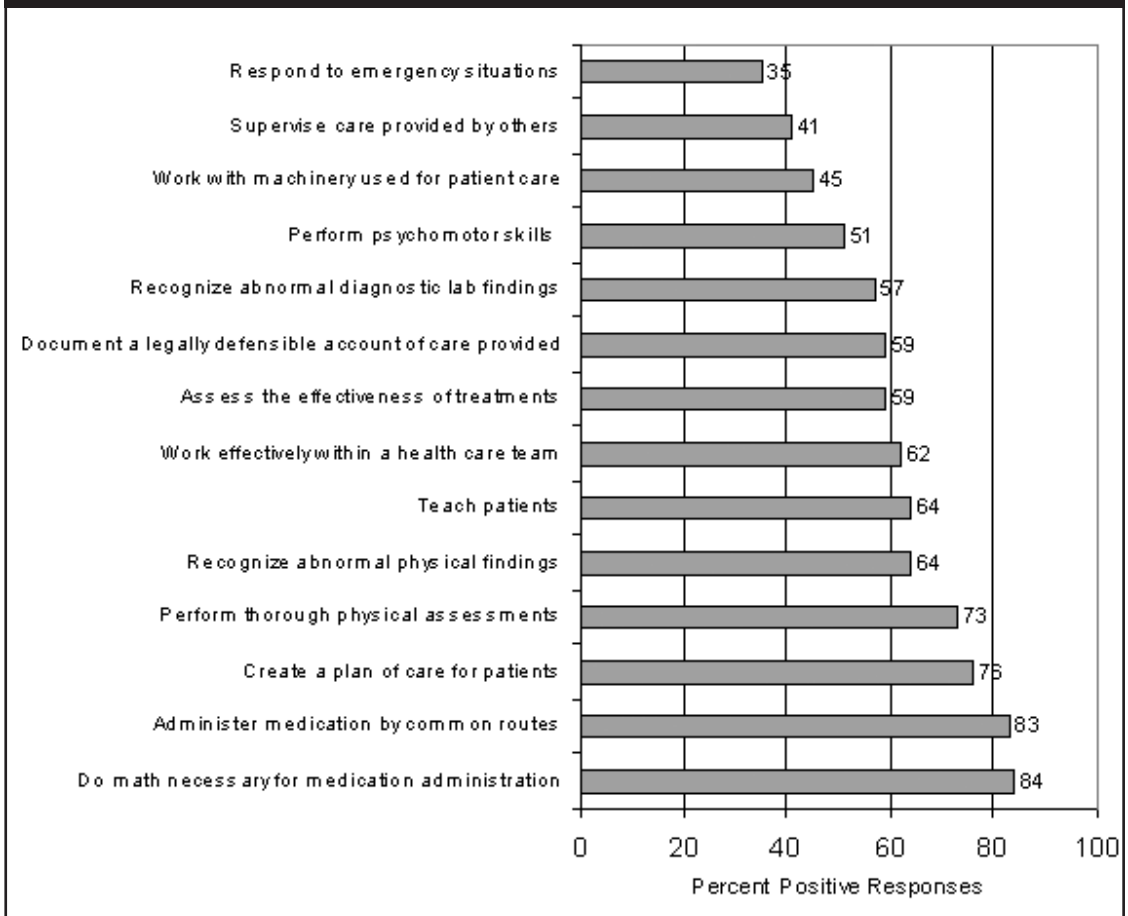
The surveys contained a section asking respondents to rate how adequately their work orientations prepared them for the same practice tasks used to gauge their educational preparation. They could also indicate when a task was not included in their orientation.

RN Responses

The RN respondents were most positive about their work orientations in the areas of “administer medication by common routes,” “work with machinery used for patient care,”

“work effectively within a health care team” and “perform psychomotor skills” (see Figure 8). They were least positive about their work orientations in the areas of “respond to emergency situations,” “create a plan of care for patients” and “supervise care provided by others.” The RN respondents reported that the following tasks were most often omitted from their orientations (see Figure 9): “perform thorough physical assessments” (14.7%), “do math necessary for medication administration” (13.6%), “create a plan of care for patients” (12.2%), “recognize abnormal diagnostic lab findings”

Figure 5. Preparation by Task – RN



(11.4%) and “supervise care provided by others” (11.3%).

LPN/VN Responses

The LPN/VN respondents were most positive about their orientations in the areas of “administer medication by common routes,” “work effectively within a health care team,” “perform psychomotor skills” and “document a legally defensible account of care provided” (see Figure 10). They were least positive about “guide care provided by others,” “teach patients,” “do math necessary for medication administration” and “recognize abnormal physical find-

ings.” Those tasks reported most omitted from orientations were “perform physical assessments” (21.5%), “do math necessary for medication administration” (20.8%), “perform psychomotor skills” (17.4%), “recognize abnormal physical findings” (16.9%), “teach patients” (14.7%) and “guide care provided by others” (14.3%). (See Figure 11).

Combined Education/ Orientation Data

The respondents were asked to rate both their educational preparation and their work orientation to discover if their orientations were

Figure 6. RN Perceptions of Educational Preparation by Education Type

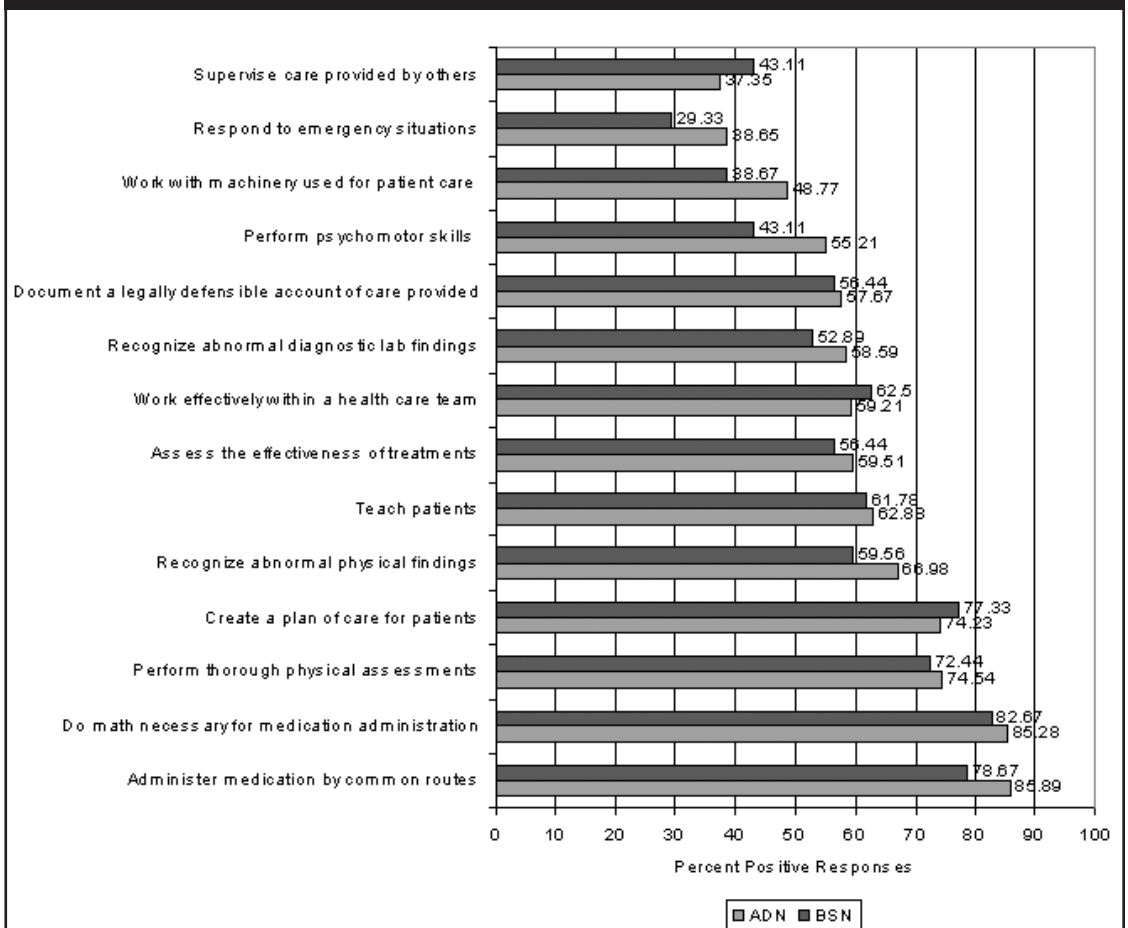


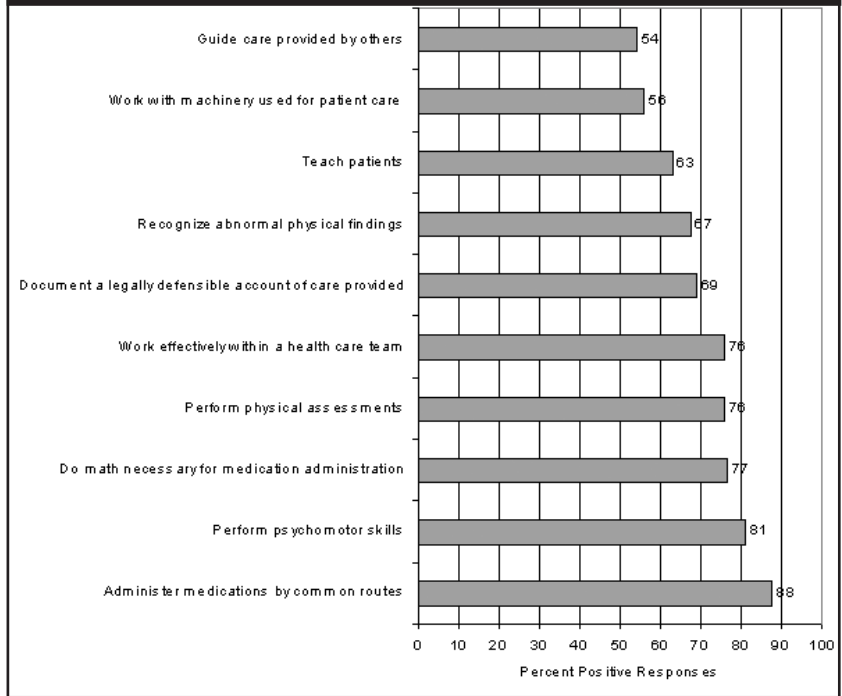
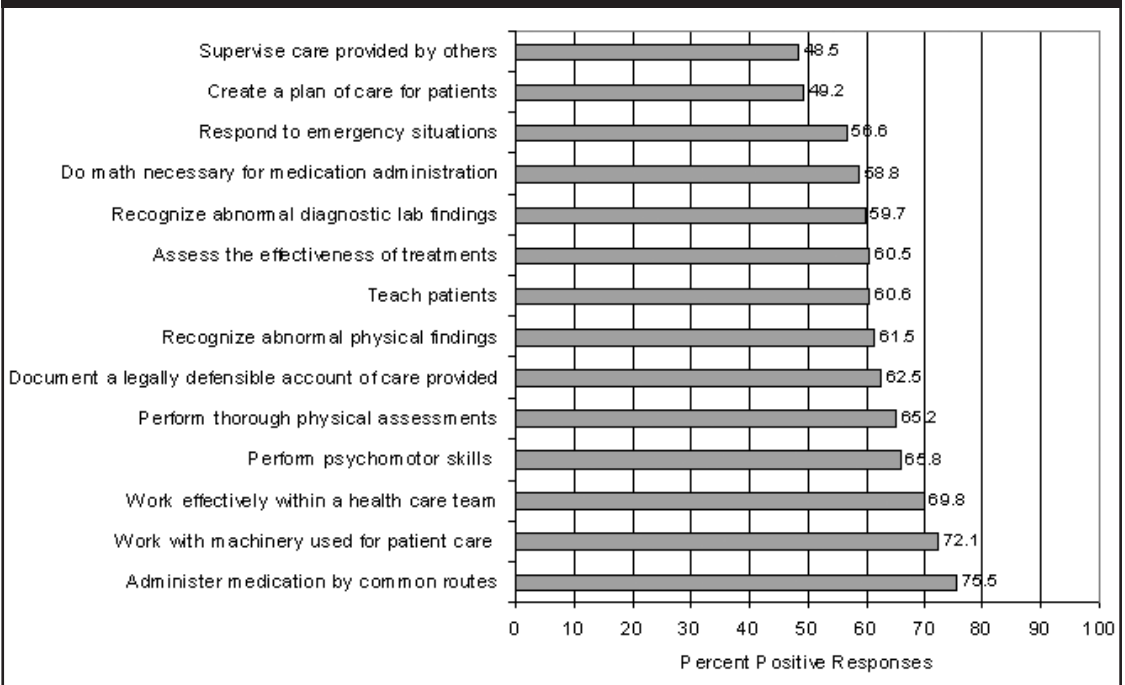
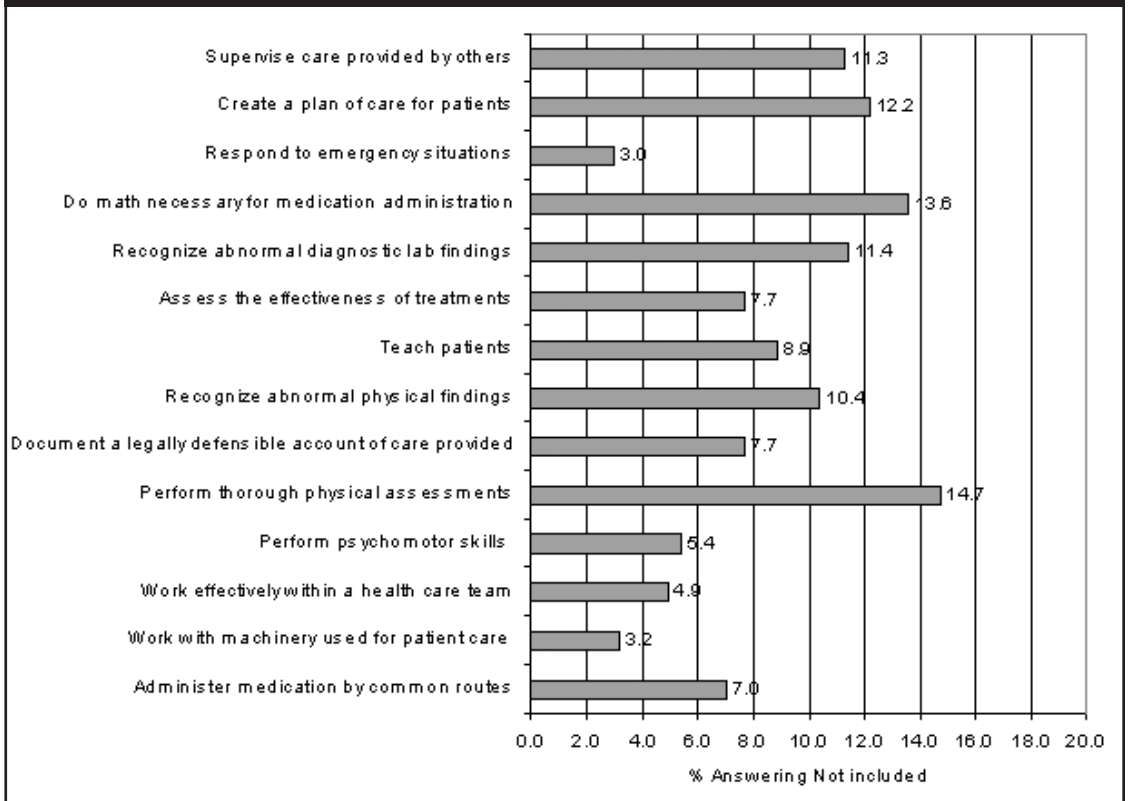
Figure 7. Preparation by Task – LPN/VN**Figure 8. Adequacy of Work Orientation – RN**

Figure 9. Omitted Components of Work Orientation – RN



compensating for any perceived deficiencies in their educational programs or their educational programs were working to counteract perceived content omitted from practice settings orientations. The new nurses' ratings of their educational preparation and work orientation for the 14 identified practice tasks were plotted together for analysis (see Figures 12 and 13).

For RNs, there were three practice tasks for which ratings of work orientation were 15 or more percentage points greater than those provided for educational preparation: D – “respond to emergency situations,” G – “perform psychomotor skills,” and J – “work with machinery used for patient care.” For two tasks,

ratings of educational preparation exceeded ratings for work orientation by 20 or more points: E – “create a plan of care for patients” and I – “do math necessary for medication administration” (see Figure 12). The tasks for which the new RNs reported feeling least prepared by both their educational programs and their work orientations were C – “recognize abnormal diagnostic lab findings,” D – “respond to emergency situations,” F – “supervise care provided by others” and K – “assess the effectiveness of treatments.”

For the new LPN/VNs ratings of educational preparation exceeded those for work orientation for eight of the 10 listed tasks, and the remaining two tasks achieved very

Figure 10. Adequacy of Work Orientation – LPN/VN

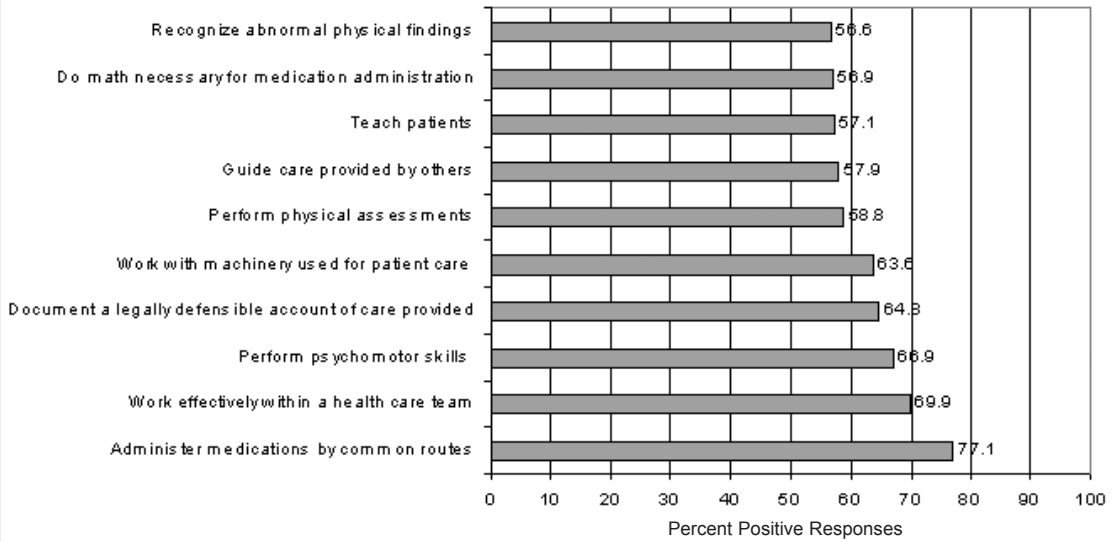
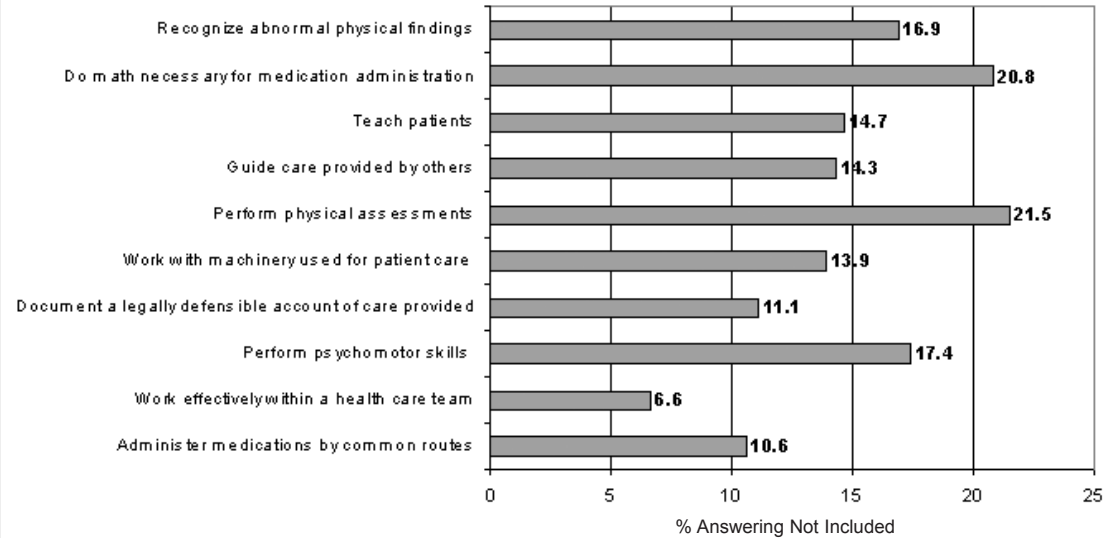


Figure 11. Omitted Components of Work Orientation – LPN/VN



similar educational preparation and orientation ratings (see *Figure 13*). For two tasks, the educational preparation ratings were 15 or more points greater than work orientation ratings: A – “perform physical assessments” and F – “do math necessary for medication administration.” The LPN/VN results were lowest for both educational preparation and orientation ratings in the areas of C – “guide care provided by others,” G – “work with machinery used for patient care” and I – “teach patients.”

Knowledge of Nurse Practice Act

The surveys included a section on the respondents’ knowledge of their state’s Nurse Practice Act (defined as the state laws governing the practice of nursing). Subjects were asked to rate their knowledge on six components of their state’s Nurse Practice Act on a 0 to 5 point scale (0 representing no knowledge and 5 representing complete knowledge). RN respondents reported most knowledge of license renewal requirements and their own scopes of practice and the least about their state’s definition of an LPN/VN, while LPN/VN respondents reported most knowledge about their own scopes of practice, and the least about their state’s definition of an RN (see *Figures 14 and 15*).

Nursing Errors

Survey subjects were asked about their involvement with errors in

their employing institutions. For the purposes of the study errors were defined as incidents or occurrences that resulted in harm to patients or had the potential to place a patient at risk for harm. Respondents were asked to answer “yes” if they had been involved as the one making the error, the supervisor of others making errors, or as the one discovering errors made by others, and “no” if they had no knowledge of errors made in their employing institutions. Of the respondents, 43.6% of the RNs and 32% of the LPN/VNs reported that they had been involved with errors (see *Table 15*). Of those involved with errors, 44% of the RNs and 55.6% of the LPN/VNs recorded that all errors were carefully reported. Most of the remaining respondents reported that some errors were reported, but not all of them.

When asked their opinions of factors contributing to the numbers of errors made in their institutions, the RN and LPN/VN respondents produced nearly identical rank orderings of the factors (see *Figure 16*). Both groups most frequently selected “inadequate staffing” (74.3% RN, 69% LPN/VN), with “inadequate orientation” (33.6% RN, 36.5% LPN/VN) and “long work hours” (29.5% RN, 27% LPN/VN) coming in second and third.

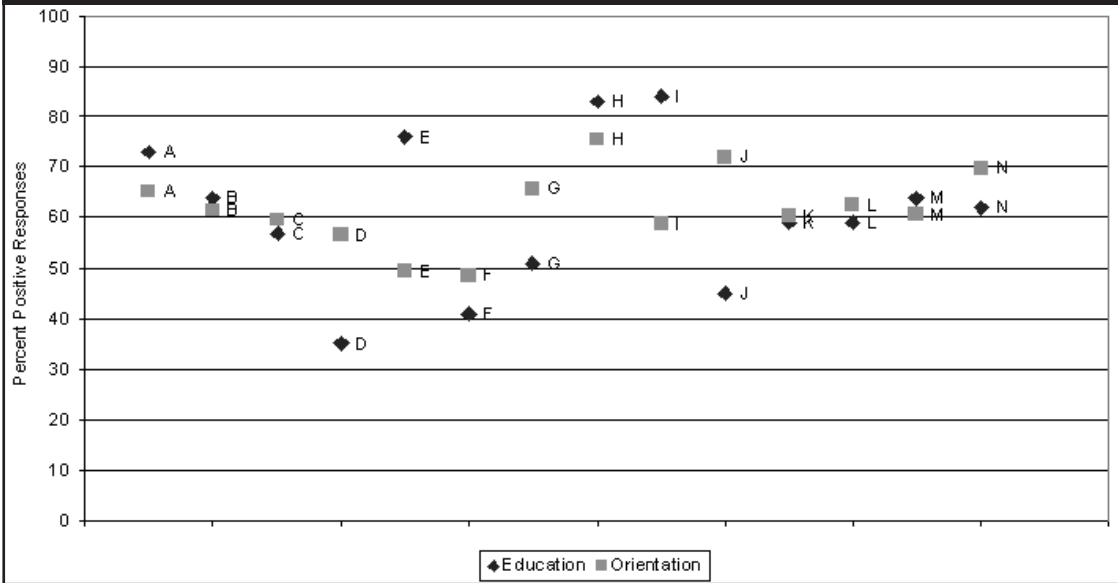
Summary

The majority of newly licensed nurses responding to this survey felt that knowledge of Spanish had been or would have been useful in their practice settings. The majority

provided supervision to unlicensed assistive personnel (UAPs), but most felt inadequately prepared by their education or orientation for supervising care provided by others. The RN respondents also felt least prepared for documentation, psychomotor skills, working with the machinery used for patient care, and responding to emergencies. The LPN/VN respondents also felt least

prepared for teaching clients and working with the machinery used for patient care. The RN respondents reported a lack of knowledge about the scope of practice of LPN/VNs and the LPN/VN respondents reported a lack of knowledge about the scope of practice of RNs. Both RN and LPN/VN respondents felt that inadequate staffing had led to errors in their practice settings.

Figure 12. Educational Preparation and Orientation – RN

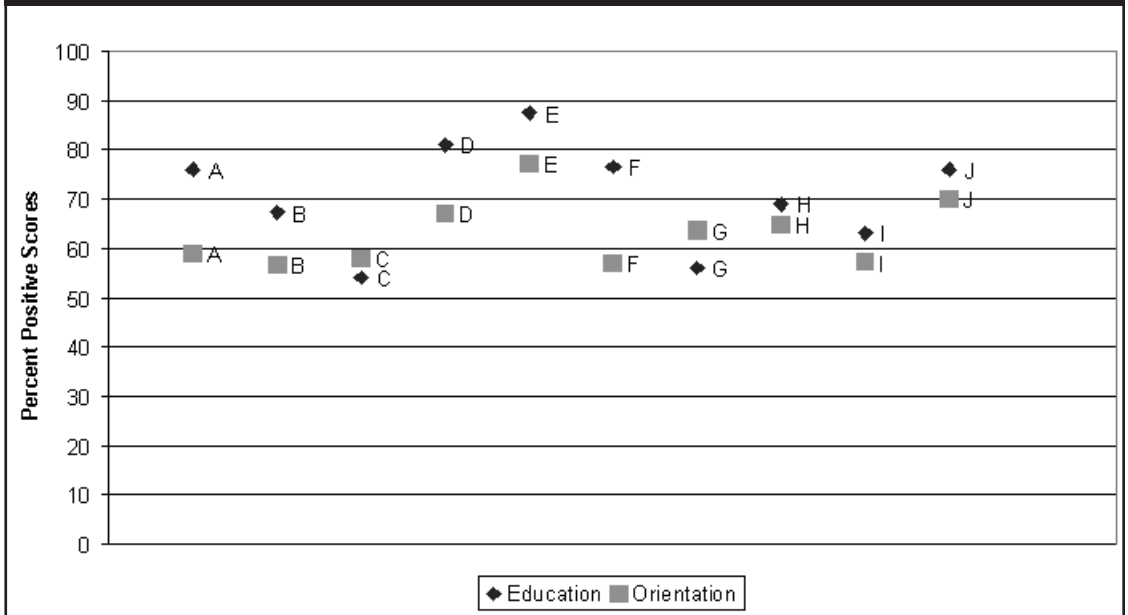


Key - Figure 12

- A – Perform thorough physical assessments
- B – Recognize abnormal physical findings
- C – Recognize abnormal diagnostic lab findings
- D – Respond to emergency situations
- E – Create a plan of care for patients
- F – Supervise care provided by others
- G – Perform psychomotor skills

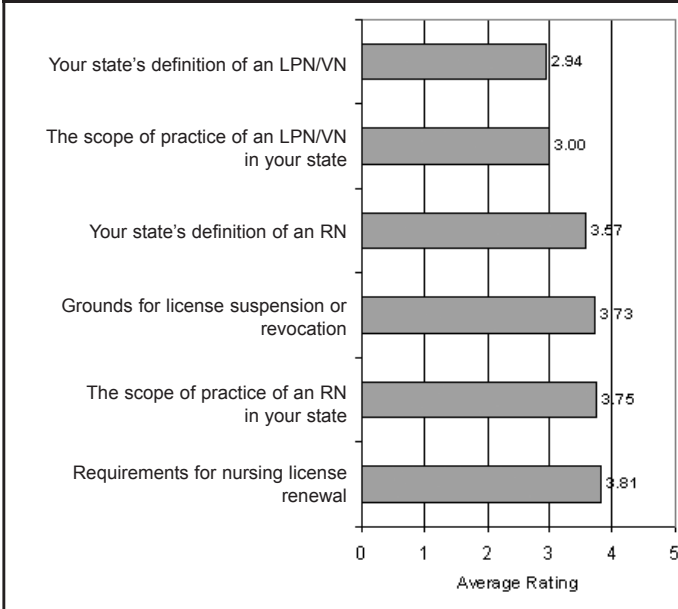
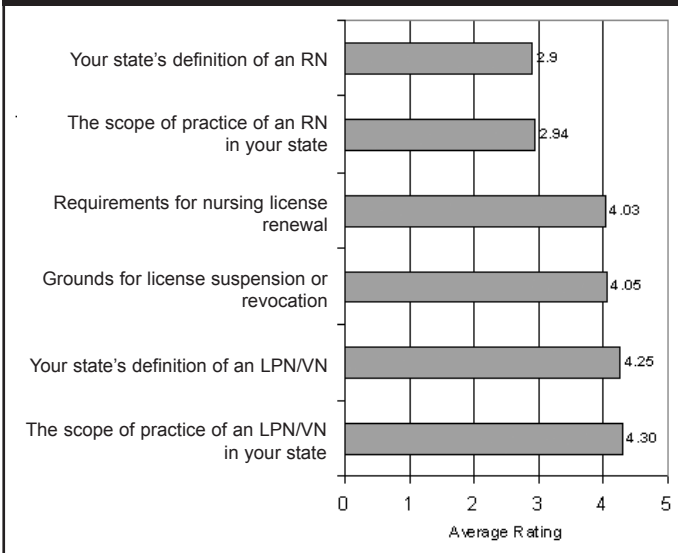
- H – Administer medication by common routes
- I – Do math necessary for medication administration
- J – Work with machinery used for patient care
- K – Assess the effectiveness of treatments
- L – Document a legally defensible account of care provided
- M – Teach patients
- N – Work effectively within a health care team

Figure 13. Educational Preparation and Orientation – LPN

**Key - Figure 13**

- A – Perform physical assessments
- B – Recognize abnormal physical findings
- C – Guide care provided by others
- D – Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)
- E – Administer medications by common routes

- F – Do math necessary for medication administration
- G – Work with machinery used for patient care (i.e., bed scales, NG suction, etc.)
- H – Document a legally defensible account of care provided
- I – Teach patients
- J – Work effectively within a health care team

Figure 14. Knowledge of Nurse Practice Act – RN**Figure 15. Knowledge of Nurse Practice Act – LPN/VN**

Conclusions

1. Slight shifts have occurred in the work settings of both RNs and LPN/VNs. About 3% of LPN/VNs have shifted from long-term care to the hospital settings, and about 3-4% of RNs have shifted from hospital to community-based or ambulatory care settings.
2. Various factors related to practice are emerging. For example, it may be appropriate to encourage nursing students to learn Spanish. Newly licensed nurses use various alternative/complementary therapies, although their use varies widely depending on the type of therapy.
3. When considering the adequacy of both the education preparation and work orientation reported in this survey (as well as other data such as the large numbers of new licensees providing supervision or direction to UAPs), RNs need better educational preparation or work orientation in the areas of recognizing abnormal lab findings, responding to emergency situations, and supervising care provided by others. LPN/VNs could benefit most from better educational preparation or work orientation in the areas of guiding care provided by others, working with machinery used for patient care, and teaching patients.
4. On average, new nurses lack knowledge of the scope of practice of either those to whom they are providing delegation, or those from whom they are accepting delegation.

5. Both RN and LPN/VN newly licensed practitioners feel inadequate staffing contributes to errors in their employing institutions.
6. Significant numbers of LPN/VNs care for clients with behavioral/emotional disorders. They are most likely to perform activities with clients in the chronic stages of these disorders, and the activities most often include

medication administration and education. Moderate numbers of LPN/VNs care for victims of abuse or neglect, and they are most likely to provide routine types of care for those clients. Few LPN/VNs provide care to obstetric patients or newborns, and when they do provide care it is most likely to involve education or evaluation type activities.

References

Hertz, J. E., Yocom, C. J., & Gawel, S. H. (2000). *1999 Practice Analysis of Newly Licensed Registered Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.

Smith, J. E., Crawford, L. H., & Gawel, S. H. (2001). *2000 Practice Analysis of Newly Licensed Practical/Vocational Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.

Figure 16. Factors Contributing to Nursing Errors

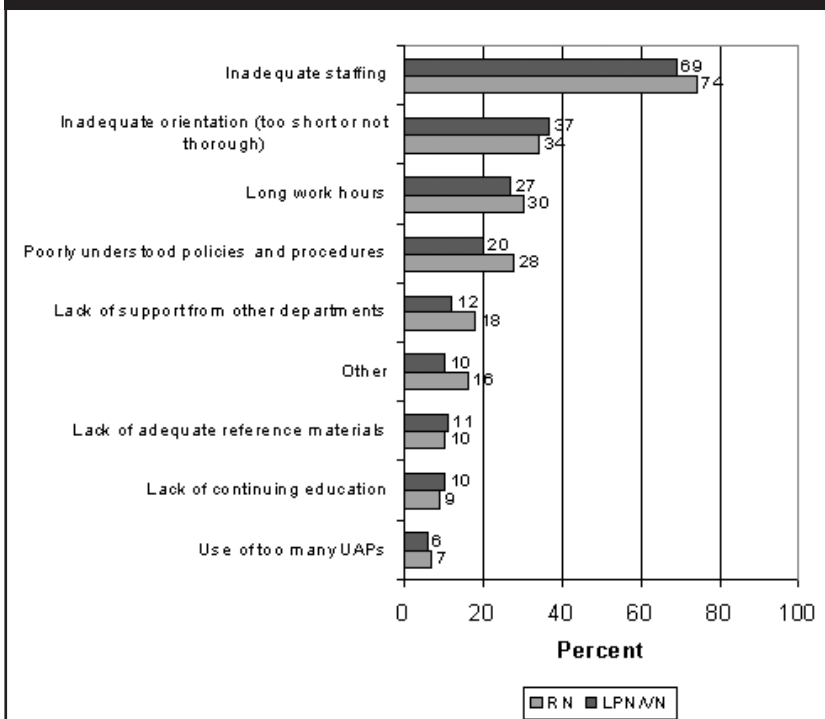


Table 15. Nursing Errors

	RN %	LPN/VN %
Yes, Have made errors or been involved in errors made by others	43.6	32.0
All errors are carefully reported	44.0	55.6
Some errors are reported, but not all of them	45.9	36.2
Only the most serious errors are reported	9.0	5.6
Other	1.1	2.6

Appendix A: Survey Tool

Newly Licensed Nurse Practice and Professional Issues

Registered Nurse Practice and Issues June 2001

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

SECTION ONE: Professional Employment Settings and Selected Activities

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

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

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

3. B. If in Question 3A. you answered that you don't desire to work in nursing at this time, please mark the following factors that may have led you to make that decision.
(Select ALL that apply)
 - The stressful nature of the work
 - Nursing salaries
 - Shift work
 - Working on holidays
 - Changes in your career goals
 - Other, please specify: _____

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

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

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

5. C. How many **OVERTIME** hours are **MANDATED** by your employer? (This means that your employer actually schedules you to work extra hours or extra shifts. 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

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6. What percentage of your work time on an average day is spent providing **DIRECT CARE** to clients (direct care includes hands on care, admitting and dismissing clients, checking diagnostic results, teaching, etc.).

- 0% 30% 60% 90%
 10% 40% 70% 100%
 20% 50% 80%

7. Which of the following languages (besides English) are used frequently enough in your facility that knowledge of the language would be/is of assistance to you in your work?

(Select ALL that apply)

- Chinese (Mandarin) German Indonesian Polish Thai Other, _____
 Danish Greek Italian Portuguese Turkish
 Farsi Hebrew Japanese Spanish Vietnamese
 French Hindi Korean Swahili Welsh

8. Which of the following **best** describes the type of facility/organization in which the previously identified employment setting/specialty area is located?

(Select ONE answer)

- Hospital
 Long term care facility
 Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 Other, please specify _____

9. Do you **ALWAYS** have easy (immediately available) access to "normal" value ranges of the following diagnostic/lab tests?

Diagnostic/Lab Tests	I ALWAYS have easy access to "Normal" value ranges when assessing the results of this test		
	YES	NO	N/A
ABGs (ph, PO ₂ , PCO ₂ , SaO ₂ , & HCO ₂)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BUN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol, Total	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glucose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hematocrit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemoglobin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemoglobin A _{1c} (HbA _{1c})	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Platelets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potassium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RBC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sodium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine specific gravity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WBC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Alternative/complementary therapies are activities designed to augment the effects of drugs, surgery and technology. Some of the most frequently used alternative/complementary therapies are listed below with definitions taken from well-known, current nursing textbooks. Please indicate whether you routinely use each of the therapies in your current nursing position.

Therapy	Definition	I routinely use this therapy	
		YES	NO
Acupressure or Therapeutic touch	Use of fingers and hands to stimulate the energy points in the body, thereby removing energy blocks that are believed to produce health problems.*	<input type="radio"/>	<input type="radio"/>
Aromatherapy	Use of medicinal properties of essential oils extracted from plants and herbs; may be administered via inhalation, topically, or through ingestion.*	<input type="radio"/>	<input type="radio"/>
Art therapy	Encouraging the expression of feelings about stressful situations through art.^	<input type="radio"/>	<input type="radio"/>
Biofeedback	Use of an electrical device to help the client become aware of certain body functions, such as heart rate, blood pressure, and muscle activity.*	<input type="radio"/>	<input type="radio"/>
Dance therapy	The use of dance to increase self-esteem and body image; lessen depression, fear and isolation; and express emotions. ^	<input type="radio"/>	<input type="radio"/>
Imagery	Technique in which a person experiences memories, dreams, and fantasies to relieve stress, decrease pain, and promote healing.*	<input type="radio"/>	<input type="radio"/>
Massage therapy	Manipulation of skeletal muscle to relieve stress or muscle tension; includes stroking, kneading, or stretching of muscles.*	<input type="radio"/>	<input type="radio"/>
Meditation	A technique involving concentration and attention on a chosen mental image for relaxation, relief of pain and anxiety, alleviation of depression, and increased healing rates.^	<input type="radio"/>	<input type="radio"/>
Music therapy	Using music to produce relaxation or relieve tension.^	<input type="radio"/>	<input type="radio"/>
Naturopathy	A system of prevention, diagnosis, and management of health problems using natural medicines and therapies to stimulate the client's healing process.*	<input type="radio"/>	<input type="radio"/>
Relaxation therapy	Applying a technique such as progressive muscle relaxation to relieve stress.*	<input type="radio"/>	<input type="radio"/>
Please list any other alternative/complementary therapies you use.			

*These definitions were taken from Ignatavicius, D. D., Workman, M. L., & Mishler, M. A. (1999). *Medical-surgical nursing across the health care continuum, 3rd ed.* Philadelphia: W. B. Saunders.

^These definitions were taken from Fortinash, K. M., Holoday-Worret, P. A. (2000). *Psychiatric mental health nursing, 2nd ed.* St. Louis: Mosby.

11. To which of the following unlicensed assistive personnel (UAPs) do you provide supervision or direction?
(Select ALL that apply)

- I don't provide supervision or direction to unlicensed assistive personnel – **SKIP TO SECTION 2**
- Nurse aides or nursing assistants
- Medication aides
- Home health aides
- Medical assistants
- Other, please specify _____

12. If you provide supervision or direction to unlicensed assistive personnel (UAPs), please fill out the following table. In Section A **(A) please mark the oval if you routinely assign the listed activity to unlicensed assistive personnel.** For each activity that you routinely assign, complete Sections B & C.

For **Section B** please indicate the way you **usually communicate** assignment of the activity to most unlicensed assistive personnel using the following scale.

- 0 = No specific communication, activity is part of job expectations
- 1 = Assigned verbally with a brief explanation
- 2 = Assigned verbally with a detailed explanation
- 3 = Assigned in writing with a brief explanation
- 4 = Assigned in writing with a detailed explanation

For **Section C** please indicate the type of **supervision or guidance you usually provide** to most unlicensed assistive personnel when you assign the listed activity using the following scale:

- 0 = No supervision or guidance provided, activity is part of job expectations
- 1 = No direct observation or guidance, just check that activity has been completed
- 2 = Occasional direct observation or guidance while activity is performed, and check for completion
- 3 = Frequent direct observation or guidance while activity is performed, and check for completion
- 4 = Constant direct observation or guidance while activity is performed

	A	SECTION B					SECTION C				
	Routinely assign to UAPs	0 - No Communication	1 - Brief verbal	2 - Detailed verbal	3 - Brief written	4 - Detailed written	0 - No supervision	1 - Just check completed	2 - Occasional guidance	3 - Frequent guidance	4 - Constant guidance
Activity Statements											
Basic care and comfort, i.e., making beds, baths, ambulating, and feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking vital signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recording vital signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transporting clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving tube feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing wound care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving oral and/or topical medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring IVs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION TWO: Educational and Current Nursing Practice Issues

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

- 1 = Yes, definitely
2 = Yes, somewhat
3 = No

My nursing education program adequately prepared me to:

Perform thorough physical assessments	1	2	3
Recognize abnormal physical findings	1	2	3
Recognize abnormal diagnostic lab findings	1	2	3
Respond to emergency situations	1	2	3
Create a plan of care for patients	1	2	3
Supervise care provided by others	1	2	3
Perform psychomotor skills (i.e., start IVs, insert NGs, do dressing changes, etc.)	1	2	3
Administer medications by common routes (i.e., PO, topical, IM, IV, SQ)	1	2	3
Do the math necessary for medication administration	1	2	3
Work with machinery used for patient care (i.e., IV infusers, NG suction, etc.)	1	2	3
Assess the effectiveness of treatments	1	2	3
Document a legally defensible account of care provided	1	2	3
Teach patients	1	2	3
Work effectively within a health care team	1	2	3

2. Please answer the following questions about your **work orientation** by circling the appropriate number from the following scale:

- 0 = Not included in my orientation
1 = Yes, definitely
2 = Yes, somewhat
3 = No

My nursing work orientation adequately prepared me to:

Perform thorough physical assessments	0	1	2	3
Recognize abnormal physical findings	0	1	2	3
Recognize abnormal diagnostic lab findings	0	1	2	3
Respond to emergency situations	0	1	2	3
Create a plan of care for patients	0	1	2	3
Supervise care provided by others	0	1	2	3
Perform psychomotor skills (i.e., start IVs, insert NGs, do dressing changes, etc.)	0	1	2	3
Administer medications by common routes (i.e., PO, topical, IM, IV, SQ)	0	1	2	3
Do the math necessary for medication administration	0	1	2	3
Work with machinery used for patient care (i.e., IV infusers, NG suction, etc.)	0	1	2	3
Assess effectiveness of treatments	0	1	2	3
Document a legally defensible account of care provided	0	1	2	3
Teach patients	0	1	2	3
Work effectively within a health care team	0	1	2	3

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

(Select ONE answer)

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

4. Please rate your knowledge of the following components of your state's **Nurse Practice Act** (the state laws governing the practice of nursing) using a scale of 0-5 with **0 meaning no knowledge** and **5 meaning complete knowledge**.

Your state's definition of a registered nurse (RN)	0	1	2	3	4	5
The scope of practice of an RN in your state	0	1	2	3	4	5
Your state's definition of a licensed practical or vocational nurse (LPN/VN)	0	1	2	3	4	5
The scope of practice of an LPN or LVN in your state	0	1	2	3	4	5
Requirements for nursing license renewal in your state	0	1	2	3	4	5
Grounds for license suspension or revocation in your state	0	1	2	3	4	5

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

- Yes, I have made errors or been involved in some way in errors made by others
- No, I have no knowledge of errors made at my institution —**Skip to Question 7**

6. If you have been involved in errors, what have you observed about error reporting in your institution?

(Select the ONE best answer)

- All errors are carefully reported
- Some errors are reported but not all of them
- Only the most serious errors are reported
- Other, please specify _____

7. In your opinion, which of the following factors tend to contribute to the numbers of errors made in your institution?

(Select ALL that apply)

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

8. a. Do you have access to the Internet?

- Yes
- No

- b. Do you have access to e-mail?

- Yes
- No

- c. If the National Council of State Boards of Nursing were to conduct another survey and collected information with an electronic questionnaire, would you consider participating?
- Yes
 - No → **Skip to Section Three**
- d. If you answered yes to C, by what method would you like **us to send you** an electronic questionnaire?
(**Select ALL that apply**)
- Place questionnaire on a Web page
 - Send questionnaire as an e-mail message
 - Send questionnaire as an e-mail attachment
 - Place questionnaire on a diskette and send by regular mail (i.e., post office)
 - Other, please specify: _____
- e. By what method would **you like to complete** an electronic questionnaire?
(**Select ALL that apply**)
- Complete it on-line at a Web page
 - Type or check responses directly on an e-mail message or attachment
 - Download the questionnaire and then write answers on the paper copy
 - Other, please specify: _____
- f. By what method would **you like to return** an electronic questionnaire?
(**Select ALL that apply**)
- Submit questionnaire from a Web page
 - Submit questionnaire by e-mail
 - Send a paper copy or diskette by regular mail (i.e., post office)
 - Other, please specify: _____

SECTION THREE: Demographic Data

1. Gender:
 - Male
 - Female
2. Age in years _____ **YEARS**
3. Select below the answer most descriptive of your racial/ethnic background
(**Select ONE answer**)
 - American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African American
 - Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White

Comments:

Thank you for your participation in this important work.

Newly Licensed Nurse Practice and Professional Issues

Licensed Practical/Vocational Nurse Practice and Issues June 2001

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

SECTION ONE: Professional Employment Settings and Selected Activities

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

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

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

3. B. If in Question 3A you answered that you don't desire to work in nursing at this time, please mark the following factors that may have led you to make that decision.
(Select ALL that apply)
 - The stressful nature of the work
 - Nursing salaries
 - Shift work
 - Working on holidays
 - Changes in your career goals
 - Other, please specify: _____

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

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

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

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

6. Which of the following **best** describes the ages of **most** of your clients on the last day you worked?
(You may select more than one answer)
- Newborns (less than 1 month)
 - Infants/children (1 month-12 years)
 - Adolescents (ages 13-18)
 - Young Adults (ages 19-30)
 - Adults (ages 31-64)
 - Adults (ages 65-85)
 - Adults (over the age of 85)
7. Which of the following **best** describes **most** of your clients on the last day you worked?
(You may select more than one answer)
- Well clients, possibly with minor illnesses
 - OB (Maternity) clients
 - Clients with stabilized chronic conditions
 - Clients with unstabilized chronic conditions
 - Clients with acute conditions, including clients with medical, surgical or critical conditions
 - Clients at end of life (e.g., terminally ill, seriously ill, etc.)
 - Clients with behavioral/emotional conditions
 - Other, Please specify _____
8. Which of the following languages (besides English) are used frequently enough in your facility that knowledge of the language would be/is of assistance to you in your work?
(Select ALL that apply)
- | | | | | | |
|--|------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <input type="radio"/> Chinese (Mandarin) | <input type="radio"/> German | <input type="radio"/> Indonesian | <input type="radio"/> Polish | <input type="radio"/> Thai | <input type="radio"/> Other, _____ |
| <input type="radio"/> Danish | <input type="radio"/> Greek | <input type="radio"/> Italian | <input type="radio"/> Portuguese | <input type="radio"/> Turkish | |
| <input type="radio"/> Farsi | <input type="radio"/> Hebrew | <input type="radio"/> Japanese | <input type="radio"/> Spanish | <input type="radio"/> Vietnamese | |
| <input type="radio"/> French | <input type="radio"/> Hindi | <input type="radio"/> Korean | <input type="radio"/> Swahili | <input type="radio"/> Welsh | |
9. Which of the following choices **best** describes your employment setting/specialty area **on the last day you worked**? If you worked mainly in one setting, fill in the appropriate oval for that one setting. If you worked in more than one setting, fill in the appropriate oval for all settings where you spent at least one-half of your time.
(Select no more than two answers)
- Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery unit, etc.)
 - Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology, etc.)
 - Pediatrics or nursery
 - Labor and delivery
 - Postpartum unit
 - Psychiatry or any of its sub-specialties (e.g., detox, etc.)
 - Operating room, including outpatient surgery and surgicenters
 - Nursing home, skilled or intermediate care
 - Other long term care (e.g., residential care, developmental disability/mental retardation care, etc.)
 - Rehabilitation
 - Subacute unit
 - Transitional care unit
 - Physician's/dentist's office
 - Occupational health
 - Outpatient clinic
 - Home health, including visiting nurses associations
 - Public health
 - Student/school health
 - Hospice care
 - Prison
 - Other, please specify: _____

10. Which of the following **best** describes the type of facility/organization in which the previously identified employment setting/specialty area is located?
(Select ONE answer)
- Hospital
 - Long-term care facility
 - Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
 - Other, please specify _____
11. What percentage of your work time on an average day is spent providing **DIRECT CARE** to clients (direct care includes hands-on care, admitting and dismissing clients, checking diagnostic results, teaching, etc.).
- | | | | |
|---------------------------|---------------------------|---------------------------|----------------------------|
| <input type="radio"/> 0% | <input type="radio"/> 30% | <input type="radio"/> 60% | <input type="radio"/> 90% |
| <input type="radio"/> 10% | <input type="radio"/> 40% | <input type="radio"/> 70% | <input type="radio"/> 100% |
| <input type="radio"/> 20% | <input type="radio"/> 50% | <input type="radio"/> 80% | |
12. Do you provide care to clients with the following behavioral/emotional diagnoses?
(Select ALL that apply)
- No, I don't provide care to clients with any of the following diagnoses—**SKIP TO QUESTION 14**
 - Alzheimer's type of dementia
 - Anxiety disorder
 - Bipolar disorder
 - Dementia, not Alzheimer's
 - Depressive disorder
 - Eating disorder
 - Mental retardation
 - Schizophrenia
 - Substance abuse (drug or alcohol)
 - Suicidal clients
 - Other, please specify: _____
13. In the following table please mark the oval in the first column if you **independently** perform the listed activity for clients in the **ACUTE PHASE** of behavioral/emotional disorders (for this survey the acute phase is defined as newly diagnosed, changing, and/or undergoing a worsening of symptoms). Mark the oval in the second column if you **independently** perform the listed activity for clients in the **CHRONIC PHASE** of behavioral/emotional disorders (the chronic phase is defined as stabilized with few changes in symptoms and treatment). **Mark all applicable columns.**

Care Activities	Activity is provided to clients in ACUTE PHASE	Activity is provided to clients in CHRONIC PHASE
Administration of some or all of the client's medications	<input type="radio"/>	<input type="radio"/>
Observing changes in behaviors, speech, gait, etc., and taking appropriate actions to follow-up	<input type="radio"/>	<input type="radio"/>
Providing a supportive, non-leadership role in group education sessions	<input type="radio"/>	<input type="radio"/>
Providing a supportive, non-leadership role in group support sessions	<input type="radio"/>	<input type="radio"/>
Providing a supportive, non-leadership role in group therapy sessions	<input type="radio"/>	<input type="radio"/>
Providing a leadership role in group education sessions	<input type="radio"/>	<input type="radio"/>
Providing a leadership role in group support sessions	<input type="radio"/>	<input type="radio"/>
Providing a leadership role in group therapy sessions	<input type="radio"/>	<input type="radio"/>
Conducting one-on-one education sessions with individual clients	<input type="radio"/>	<input type="radio"/>
Conducting one-on-one therapy sessions with individual clients	<input type="radio"/>	<input type="radio"/>

14. A. Do you personally provide care to patients who have been the victims of abuse or neglect?
- Yes
 - No—**SKIP TO QUESTION 15**
- 14B. If you answered “YES” to question 14A, what types of care do you independently provide?
(Select ALL that apply)
- Recognizing the signs of abuse/neglect
 - Reporting the abuse/neglect to appropriate authorities
 - Collecting evidence for police investigations
 - Providing formal counseling
 - Providing routine, appropriate emotional support
 - Providing routine physical care
 - Other, please specify _____
15. A. Do you personally provide care to obstetric patients or newborns?
- Yes
 - No—**SKIP TO QUESTION 16**
- 15 B. If you answered “YES” to 15A, during which of the following phases of pregnancy and birth do you provide care?
(Select ALL that apply)
- During pregnancy, before labor
 - During active labor
 - Care for mother in the immediate postpartum period (the first 2-3 hours after birth)
 - Care for mother after the immediate postpartum period
 - Care for newborn
- 15 C. Which of the following activities do you **independently** perform when caring for obstetric patients or newborns?
(Select ALL that apply)
- Listening to fetal heart tones with a fetoscope or doppler
 - Evaluating fetal heart tones for deviations from normal
 - Evaluating electronic fetal monitor tracings for deviations from normal
 - Checking for degree of cervical dilatation
 - Providing education
 - Evaluation of mother’s vital signs for deviations from expected values
 - Evaluation of mother’s diagnostic tests for deviations from normal
 - Performing fundal checks
 - Evaluation of vaginal discharge for deviations from normal
 - Evaluation of fetus/newborn’s diagnostic tests for deviations from normal
 - Evaluation of newborn’s skin and vital signs for deviations from normal
 - Evaluation of newborn’s lung and heart sounds for deviations from normal
16. Do you **ALWAYS** have easy (immediately available) access to “normal” value ranges of the following diagnostic/lab tests?

Diagnostic/Lab Tests	I ALWAYS have easy access to “Normal” value ranges when assessing the results of this test		
	YES	NO	N/A
ABGs (ph, PO ₂ , PCO ₂ , SaO ₂ , & HCO ₂)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BUN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol, Total	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glucose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hematocrit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemoglobin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemoglobin A _{1c} (HbA _{1c})	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Platelets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potassium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RBC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sodium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine specific gravity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WBC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Alternative/complementary therapies are activities designed to augment the effects of drugs, surgery and technology. Some of the most frequently used alternative/complementary therapies are listed below with definitions taken from well-known, current nursing textbooks. Please indicate whether you routinely use each of the therapies in your current nursing position.

Therapy	Definition	I routinely use this therapy.	
		YES	NO
Acupressure or Therapeutic touch	Use of fingers and hands to stimulate the energy points in the body, thereby removing energy blocks that are believed to produce health problems.*	<input type="radio"/>	<input type="radio"/>
Aromatherapy	Use of medicinal properties of essential oils extracted from plants and herbs; may be administered via inhalation, topically, or through ingestion.*	<input type="radio"/>	<input type="radio"/>
Art therapy	Encouraging the expression of feelings about stressful situations through art.^	<input type="radio"/>	<input type="radio"/>
Biofeedback	Use of an electrical device to help the client become aware of certain body functions, such as heart rate, blood pressure, and muscle activity.*	<input type="radio"/>	<input type="radio"/>
Dance therapy	The use of dance to increase self-esteem and body image; lessen depression, fear and isolation; and express emotions. ^	<input type="radio"/>	<input type="radio"/>
Imagery	Technique in which a person experiences memories, dreams, and fantasies to relieve stress, decrease pain, and promote healing.*	<input type="radio"/>	<input type="radio"/>
Massage therapy	Manipulation of skeletal muscle to relieve stress or muscle tension; includes stroking, kneading, or stretching of muscles.*	<input type="radio"/>	<input type="radio"/>
Meditation	A technique involving concentration and attention on a chosen mental image for relaxation, relief of pain and anxiety, alleviation of depression, and increased healing rates.^	<input type="radio"/>	<input type="radio"/>
Music therapy	Using music to produce relaxation or relieve tension.^	<input type="radio"/>	<input type="radio"/>
Naturopathy	A system of prevention, diagnosis, and management of health problems using natural medicines and therapies to stimulate the client's healing process.*	<input type="radio"/>	<input type="radio"/>
Relaxation therapy	Applying a technique such as progressive muscle relaxation to relieve stress.*	<input type="radio"/>	<input type="radio"/>
Please list any other alternative/complementary therapies you use.			

*These definitions were taken from Ignatavicius, D. D., Workman, M. L., & Mishler, M. A. (1999). *Medical-surgical nursing across the health care continuum, 3rd ed.* Philadelphia: W. B. Saunders.

^These definitions were taken from Fortinash, K. M., Holoday-Worret, P. A. (2000). *Psychiatric mental health nursing, 2nd ed.* St. Louis: Mosby.

18. To which of the following unlicensed assistive personnel (UAPs) do you provide supervision or direction?
(Select ALL that apply)
- I don't provide supervision or direction to unlicensed assistive personnel – **SKIP TO SECTION 2**
 - Nurse aides or nursing assistants
 - Medication aides
 - Home health aides
 - Medical assistants
 - Other, please specify _____

19. If you provide supervision or direction to unlicensed assistive personnel (UAPs), please fill out the following table. In Section A **please mark the oval if you routinely assign the listed activity to unlicensed assistive personnel**. For each activity that you routinely assign, complete Sections B & C.

For **Section B** please indicate the way you **usually communicate** assignment of the activity to most unlicensed assistive personnel using the following scale.

- 0 = No specific communication, activity is part of job expectations
- 1 = Assigned verbally with a brief explanation
- 2 = Assigned verbally with a detailed explanation
- 3 = Assigned in writing with a brief explanation
- 4 = Assigned in writing with a detailed explanation

For **Section C** please indicate the type of **supervision or guidance you usually provide** to most unlicensed assistive personnel when you assign the listed activity using the following scale:

- 0 = No supervision or guidance provided, activity is part of job expectations
- 1 = No direct observation or guidance, just check that activity has been completed
- 2 = Occasional direct observation or guidance while activity is performed, and check for completion
- 3 = Frequent direct observation or guidance while activity is performed, and check for completion
- 4 = Constant direct observation or guidance while activity is performed

Activity Statements	A	SECTION B					SECTION C				
	Routinely assign to UAPs	0 - No Communication	1 - Brief verbal	2 - Detailed verbal	3 - Brief written	4 - Detailed written	0 - No supervision	1 - Just check completed	2 - Occasional guidance	3 - Frequent guidance	4 - Constant guidance
Basic care and comfort, i.e., making beds, baths, ambulating, and feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking vital signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recording vital signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transporting clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving tube feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing wound care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving oral and/or topical medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring IVs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION TWO: Educational and Current Nursing Practice Issues

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

1 = Yes, definitely
2 = Yes, somewhat
3 = No

My nursing education program adequately prepared me to:

Perform physical assessments	1	2	3
Recognize abnormal physical findings	1	2	3
Guide care provided by others	1	2	3
Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)	1	2	3
Administer medications by common routes (i.e., PO, topical, IM, SQ)	1	2	3
Do the math necessary for medication administration	1	2	3
Work with machinery used for patient care (i.e., bed scales, NG suction, etc.)	1	2	3
Document a legally defensible account of care provided	1	2	3
Teach patients	1	2	3
Work effectively within a health care team	1	2	3

2. Please answer the following questions about your **work orientation** by circling the appropriate number from the following scale:

0 = Not included in my orientation
1 = Yes, definitely
2 = Yes, somewhat
3 = No

My nursing work orientation adequately prepared me to:

Perform physical assessments	0	1	2	3
Recognize abnormal physical findings	0	1	2	3
Guide care provided by others	0	1	2	3
Perform psychomotor skills (i.e., dressing changes, baths, catheterizations, etc.)	0	1	2	3
Administer medications by common routes (i.e., PO, topical, IM, SQ)	0	1	2	3
Do the math necessary for medication administration	0	1	2	3
Work with machinery used for patient care (i.e., bed scales, NG suction, etc.)	0	1	2	3
Document a legally defensible account of care provided	0	1	2	3
Teach patients	0	1	2	3
Work effectively within a health care team	0	1	2	3

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

(Select ONE answer)

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

4. Please rate your knowledge of the following components of your state's **Nurse Practice Act** (the state laws governing the practice of nursing) using a scale of 0-5 with 0 meaning no knowledge and 5 meaning complete knowledge.

Your state's definition of a registered nurse (RN)	0	1	2	3	4	5
The scope of practice of an RN in your state	0	1	2	3	4	5
Your state's definition of a licensed practical or vocational nurse (LPN/VN)	0	1	2	3	4	5
The scope of practice of an LPN or LVN in your state	0	1	2	3	4	5
Requirements for nursing license renewal in your state	0	1	2	3	4	5
Grounds for license suspension or revocation in your state	0	1	2	3	4	5

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

- Yes, I have made errors or been involved in some way in errors made by others
 No, I have no knowledge of errors made at my institution —**Skip to Question 7**

6. If you have been involved in errors, what have you observed about error reporting in your institution?

(Select the ONE best answer)

- All errors are carefully reported
 Some errors are reported but not all of them
 Only the most serious errors are reported
 Other, please specify _____

7. In your opinion, which of the following factors tend to contribute to the numbers of errors made in your institution?

(Select ALL that apply)

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

8. a. Do you have access to the Internet?

- Yes
 No

- b. Do you have access to e-mail?

- Yes
 No

- c. If the National Council of State Boards of Nursing were to conduct another survey and collected information with an electronic questionnaire, would you consider participating?

- Yes
 No → **Skip to Section Three**

- d. If you answered yes to 8C, by what method would you like **us to send you** an electronic questionnaire?

(Select ALL that apply)

- Place questionnaire on a Web page
 Send questionnaire as an e-mail message
 Send questionnaire as an e-mail attachment
 Place questionnaire on a diskette and send by regular mail (i.e., post office)
 Other, please specify: _____

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- e. By what method would **you like to complete** an electronic questionnaire?
(Select ALL that apply)
- Complete it on-line at a Web page
 - Type or check responses directly on an e-mail message or attachment
 - Download the questionnaire and then write answers on the paper copy
 - Other, please specify: _____
- f. By what method would **you like to return** an electronic questionnaire?
(Select ALL that apply)
- Submit questionnaire from a Web page
 - Submit questionnaire by e-mail
 - Send a paper copy or diskette by regular mail (i.e., post office)
 - Other, please specify: _____

SECTION THREE: Demographic Data

1. Gender:
- Male
 - Female
2. Age in years _____ YEARS
3. Select below the answer most descriptive of your racial/ethnic background.
(Select ONE answer)
- American Indian/Alaska Native
 - Asian (e.g., Filipino, Japanese, Chinese, etc.)
 - Black/African American
 - Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White

Comments:

Thank you for your participation in this important work.



**National Council
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