

Department of Employment Healthcare Personnel Survey

Rev. 09/2008



Wyoming Department of Employment
Research & Planning
P.O. Box 2760
Casper, WY 82602
Tel. (307) 473-3807 Fax (307) 473-3806
<http://doe.state.wy.us/LMI/>

Survey Date: September 2008
Please mail form by October 15, 2008

We expect this form to take no more than 12-15 minutes to complete

All data collected by Research & Planning must, by the Workforce Investment Act (see: 29 USC sec. 491-2 (a)(2)) and the Wyoming Employment Security Law (section 27-3-603), be held in the strictest confidence, with results published only as summary statistics. The information you provide to us will be held confidential to the extent permitted by law. 111

A. Employment Situation:

Instructions: Unless otherwise specified, the **reference period** for this survey is September 12, 2008. **Primary public health nursing position** is defined as the public health employment situation in which you earned the most money during the reference period. Thank you for your participation in this research.

1. What was your employment status as of September 12, 2008? *(please select one response)*
 - Employed in public health nursing full time *(more than 35 hours/week)*
 - Employed in public health nursing part time *(less than 35 hours/week)*
 - Employed in another profession, not public health nursing *(please skip to Section D, question #50, and continue survey)*
 - Not working outside of home *(please skip to Section D, question #50, and continue survey)*
 - Retired *(please skip to Section D, question #50, and continue survey)*

2. Which of the following best describes the title of your primary public health nursing position? *(please select one response)*
 - Staff Nurse
 - Local Supervisor
 - County Manager
 - State Nursing Staff
 - Other *(please describe)* _____

3. During an average work day, with how many patients do you directly interact in your primary position? _____

4. How many miles would you estimate you traveled for work for purposes other than commuting to your primary facility during the week of September 12, 2008? _____ *(number)*

5. Do you plan to leave employment with your primary public health nursing facility within the next 12 months?
 - Yes
 - No *(skip to question #8)*

6. If you answered **YES** to question #5, what is your **primary** reason for leaving? *(please check one response)*
 - Taking another job in Healthcare
 - Taking another job outside Healthcare
 - Family status change
(e.g., marriage, divorce, birth of a child)
 - Relocating
 - Continuing education
 - Retiring *(skip to question #9)*
 - Other *(please describe)* _____

8. Do you plan to retire from your primary position in public health nursing: *(please check **one** response)*

- In more than 1 year but less than 3 years
- In more than 3 years but less than 5 years
- In more than 5 years
- Don't know

9. Do you plan to continue working as a nurse after retiring from your primary public health nursing position?

- Yes
- No

10. If you plan to work as a nurse after retirement, in what type of work are you most likely to engage? *(please select **one**)*

- Full time work
- Part time work
- Independent contracts
- Occasional if needed
- Other (specify: _____)
- Don't know

11. If you have a second job, is it in nursing? *(please check **one** response)*

- I only have one job *(skip to question # 14, and please continue)*
 - Yes, I have a second job that involves nursing
 - No, I have a second job, but it does not involve nursing *(please describe your second job, then skip to question # 14)*
-

12. Which of the following best describes the position title of your secondary nursing position? *(please check **one** response)*

- Direct Patient Care
- Administration/Management
- Quality Assurance/Risk Manager
- Case Manager/Utilization Review
- Nurse Educator
- Public Health Nurse
- Infection Control
- Researcher/Consultant
- Nurse Practitioner
- Other *(please describe)* _____

13. Which of the following best describes your secondary work environment? *(please check **one** response)*

- Ambulatory Care
- Hospital
- Long Term Care
- Other *(please describe)* _____

14. What was the primary reason you chose to work in Public Health? *(please check **one** response)*

- Autonomy
- Opportunities to use your skills
- Work schedule
- Job security
- Desire to "make a difference"
- Feeling the work is important
- Wages
- Benefits
- Opportunities to learn new skills
- Interaction with other nurses
- Varied work
- Other *(please describe)* _____

15. What is the primary reason you choose to remain working in Public Health? (please check **one** response)

- | | |
|---|--|
| <input type="checkbox"/> Autonomy | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Opportunities to use your skills | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Work schedule | <input type="checkbox"/> Opportunities to learn new skills |
| <input type="checkbox"/> Job security | <input type="checkbox"/> Interaction with other nurses |
| <input type="checkbox"/> Desire to “make a difference” | <input type="checkbox"/> Varied work |
| <input type="checkbox"/> Feeling the work is important | <input type="checkbox"/> Other (please describe) _____ |

B. The following questions apply to your position in public health nursing.

For the following statements regarding your work environment, please rate your level of satisfaction on a scale of 1 to 5 where **1 means very dissatisfied** and **5 means very satisfied**.

	1= Very Dissatisfied	2= Dissatisfied	3= Neither Satisfied nor Dissatisfied	4= Satisfied	5= Very Satisfied	NA= Not Applicable
16. Overall Satisfaction	1	2	3	4	5	NA
17. Your current base salary	1	2	3	4	5	NA
18. Salary range for your position	1	2	3	4	5	NA
19. Employee benefits	1	2	3	4	5	NA
20. Skill of RNs where you work	1	2	3	4	5	NA
21. Adequacy of RN staffing where you work	1	2	3	4	5	NA
22. Adequacy of clerical support services	1	2	3	4	5	NA
23. Non-nursing tasks required of you (e.g., housekeeping, lab)	1	2	3	4	5	NA
24. Amount of paperwork required	1	2	3	4	5	NA
25. Physical work environment	1	2	3	4	5	NA
26. Level of personal safety at the facility where you work	1	2	3	4	5	NA
27. Work schedule	1	2	3	4	5	NA
28. Job security	1	2	3	4	5	NA
29. Opportunities for advancement	1	2	3	4	5	NA
30. Support from nurses with whom you work	1	2	3	4	5	NA
31. Support from your nursing administration	1	2	3	4	5	NA
32. Interactions with physicians	1	2	3	4	5	NA
33. Interactions with other non-nursing staff	1	2	3	4	5	NA
34. Interactions with traveling agency staff	1	2	3	4	5	NA
35. Interaction with patients	1	2	3	4	5	NA
36. Time available for patient education	1	2	3	4	5	NA
37. Involvement in policy and management decisions	1	2	3	4	5	NA
38. Opportunities to use your skills	1	2	3	4	5	NA
39. Opportunities to learn new skills	1	2	3	4	5	NA
40. Opportunities for continuing education	1	2	3	4	5	NA
41. Quality of patient care where you work	1	2	3	4	5	NA
42. Feeling that your work is important	1	2	3	4	5	NA
43. Other (please describe) _____	1	2	3	4	5	NA

C. Now we would like your views on the profession of nursing.

Using the provided scale of 1 to 5 where **1 means you strongly disagree** and **5 means you strongly agree**, please circle the response that best describes your response to each of the following statements.

	1= Strongly Disagree	2=Disagree	3=Neither Agree nor Disagree	4=Agree	5= Strongly Agree	DK=Don't Know
44. Generally speaking, I am very satisfied with nursing.	1	2	3	4	5	DK
45. I frequently think of quitting nursing.	1	2	3	4	5	DK
46. I am generally satisfied with the kind of work I do in nursing.	1	2	3	4	5	DK
47. Most people on this job are satisfied with nursing.	1	2	3	4	5	DK
48. People on this job often think of quitting nursing.	1	2	3	4	5	DK

49. Which of the following statements best describe why you would leave nursing all together? *(please choose up to 4 statements that are most important to you)*

- | | |
|--|--|
| <input type="checkbox"/> Feel overworked | <input type="checkbox"/> Seek more challenging work |
| <input type="checkbox"/> Feel burned out from nursing | <input type="checkbox"/> Concerned with injury to patients |
| <input type="checkbox"/> Feel unsupported as a nurse | <input type="checkbox"/> I need more autonomy |
| <input type="checkbox"/> Concerned with the quality of care | <input type="checkbox"/> I need more respect |
| <input type="checkbox"/> Better salary available outside nursing | <input type="checkbox"/> I plan to retire |
| <input type="checkbox"/> Better management support | <input type="checkbox"/> Better work schedules available outside nursing |
| <input type="checkbox"/> Better advancement opportunities available outside nursing | <input type="checkbox"/> Concerned with injury to self |
| <input type="checkbox"/> Concerned with delegation to unlicensed assistive personnel | <input type="checkbox"/> Other <i>(please describe)</i> _____ |

D. Next we would like to learn about your situation and your community.

50. Where did you last attend high school? _____ *(city/state)*

51. To the best of your recollection, what was the date you began your education to become a nurse? _____ *(mm/yyyy)*

52. What was the date you first received your nursing license? _____ *(mm/yyyy)*

53a. What is the highest level of education you have completed? *(please check one response)*

- | | |
|--|---|
| <input type="checkbox"/> High school graduate (includes equivalency) | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some college or associate's degree | <input type="checkbox"/> Other <i>(please describe)</i> : _____ |
| <input type="checkbox"/> Bachelor's degree | |

53b. What is the highest level of education you have completed in nursing? *(please check one response)*

- | | |
|---|---|
| <input type="checkbox"/> Diploma program | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Other <i>(please describe)</i> : _____ |
| <input type="checkbox"/> Bachelor's degree | |

54. What is your marital status? (Please check **one** response; for all responses other than married or cohabitating skip to question #59)

- Married or cohabitating
- Single
- Divorced
- Widowed

55. What is the highest level of education your spouse or partner has completed? (please check **one** response)

- Less than high school
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree
- Graduate or professional degree
- Other (please describe): _____

56. Was your spouse or partner employed during the week of September 12, 2008?

- Yes
- No (skip to question #59)

57. In what occupation was your spouse or partner employed during this time (e.g., electrician, teacher)?

58. What were this person's most important work activities or duties?

59. Please enter the number of dependents under 25 living in your household for each of the following categories:

- _____ Less than 6 years old
- _____ 6 to 12 years old
- _____ 13-18 years old
- _____ 19-24 years old
- _____ I do not have any dependents under 25 years old living in my household

60. Do you provide care for aging parents?

- Yes
- No

61. For the week of September 12, 2008, what was your base rate of pay in your primary position? (please check **one** response)

- \$_____ per
- Hour
 - Week
 - 2 Weeks
 - Month
 - Other (please specify): _____

62. How many years have you worked as a public health nurse, including county and state employment? _____

63. What was the total pre-tax income in your household in the past 12 months? (Please check **one** response)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$99,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$60,000 to \$69,999 | <input type="checkbox"/> \$200,000 or more |

64. How many years have you lived in your current community? _____

65. Of the following reasons, which one best describes why you live in your current community: (please check **one** response)

- | | |
|--|--|
| <input type="checkbox"/> Existing job | <input type="checkbox"/> Proximity to cultural amenities |
| <input type="checkbox"/> Proximity to school or work | <input type="checkbox"/> Proximity to natural amenities |
| <input type="checkbox"/> Spouse or partner's job | <input type="checkbox"/> Proximity to family |
| <input type="checkbox"/> Cost of living/affordable housing | |
| <input type="checkbox"/> Other (please describe) _____ | |

66a. How much do you agree or disagree with the following statement: "I am committed to this community and choose not to leave." (please check **one** response)

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

66b. What is the reason for your answer?

For the following statements please rate how satisfied you are with the following aspects of your community. Please use a scale of 1 to 5 where **1 means very dissatisfied** and **5 means very satisfied**.

	1=Very Dissatisfied	2= Dissatisfied	3=Neither Satisfied nor Dissatisfied	4=Satisfied	5=Very Satisfied	DK=Don't Know
67. Economic opportunities	1	2	3	4	5	DK
68. Proximity to family	1	2	3	4	5	DK
69. Cost of living	1	2	3	4	5	DK
70. Rural character	1	2	3	4	5	DK
71. Urban character	1	2	3	4	5	DK
72. Housing	1	2	3	4	5	DK
73. Public safety services	1	2	3	4	5	DK
74. Parks and recreation/ natural amenities	1	2	3	4	5	DK
75. Education (K-12)	1	2	3	4	5	DK
76. Access to post-secondary education, including continuing education	1	2	3	4	5	DK

Continued:

1=Very Dissatisfied 2= Dissatisfied 3=Neither Satisfied nor Dissatisfied 4=Satisfied 5=Very Satisfied DK=Don't Know

77.	Daycare services	1	2	3	4	5	DK
78.	Medical care services	1	2	3	4	5	DK
79.	Mental health services	1	2	3	4	5	DK
80.	Retail shopping	1	2	3	4	5	DK
81.	Restaurants/Entertainment	1	2	3	4	5	DK

82. If given the opportunity, how likely would you be to move away from your current community?
(please check **one** response)

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Don't know

Please comment on any topic raised in this questionnaire: *(Continue on back if necessary)*

Thank you for your participation!