

Department of Employment Healthcare Personnel Survey

Rev. 05/2007



Wyoming Department of Employment
Research & Planning
P.O. Box 2760
Casper, WY 82602
Tel. (307) 473-3835 Fax (307) 473-3806
http://doe.state.wy.us/LMI/

Survey Date: July 2007
Please return form by October 19 , 2007

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

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.

Instructions: Unless otherwise specified, the **reference period** for this survey is July 12, 2007.
Primary job is defined as the employment situation in which you earned the most money during the reference period. Thank you for your participation in this research.

A. Employment Situation:

1. What was your employment status as of July 12, 2007? (please check **one** response)

- Employed in nursing full time (more than 35 hours/week)
 - Employed in nursing part time (less than 35 hours/week)
 - Retired – not working
 - Not working outside of home
 - Volunteer
 - Employed in another profession, not nursing
- } (Please skip to Page 5, Section E, Question #55, and continue survey)

2. a. Which of the following best describes the title of your primary nursing job? (please check **one** response)

- Nurse Educator
- Administration/Management
- Quality Assurance/Risk Manager
- Direct Patient Care (please check **one** of the following):
 - Cardiac Care
 - Renal/Urology
 - Neurology
 - Pediatrics
 - General Surgery
 - General Medicine
 - Other (please describe): _____
- Infection Control
- Case Manager/Utilization Review
- Other (please describe) _____

b. Are you a Nurse Practitioner? (please check **one** response)

- No, I am not a Nurse Practitioner
- Yes, I am a Certified Registered Nurse Anesthetist
- Yes, I am a Family Nurse Practitioner
- Yes, other (please describe) _____

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

4. Which of the following best describes your primary facility? (please check **one** response)
- Ambulatory Healthcare Services** Ambulatory Healthcare Services provide healthcare services directly to ambulatory patients and do not usually provide inpatient services. Examples include offices of physicians, freestanding surgical centers, diagnostic laboratories, and home health care.
- Hospitals** Hospitals provide medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients and specialized accommodation services to inpatients.
- Nursing and Residential Care Facilities** Nursing and residential care facilities provide residential care combined with nursing, supervisor, or other types of care as required by residents.
- Other** (please describe) _____
5. How many miles would you estimate you drove for work purposes other than commuting to your primary facility during the week of July 12, 2007? _____ (number)
6. Do you plan to leave employment with your primary facility within the next 12 months?
- Yes
- No (skip to question #8)
7. If you answered YES to question #6, what is your primary reason for leaving? (please check **one** response)
- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Taking another job in Healthcare | <input type="checkbox"/> Continuing education |
| <input type="checkbox"/> Taking another job outside Healthcare | <input type="checkbox"/> Retiring (skip to question #9) |
| <input type="checkbox"/> Family status change
(e.g., marriage, divorce, birth of a child) | <input type="checkbox"/> Other (please describe) _____ |
| <input type="checkbox"/> Relocating | |
8. When do you plan to retire from your primary facility: (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 facility?
- Yes
- No
- Don't know
10. If you have a second job, is it in nursing? (please check **one** response)
- Yes, I have a second job that involves nursing
- No, I only have one job (skip to Section B, question #13, and please continue)
- No, I have a second job, but it does not involve nursing (In what occupation were you employed during this time (e.g., electrician, teacher)? After answering, skip to Section B, question #13 and please continue)
-

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

- | | |
|----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Direct Patient Care | <input type="checkbox"/> Nurse Educator |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Quality Assurance/Risk Manager | <input type="checkbox"/> Researcher/Consultant |
| <input type="checkbox"/> Case Manager/Utilization Review | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Other (please describe) _____ | |

12. Which of the following best describes your secondary work environment? (please see definitions in question #4 and check **one** response)

- Ambulatory Healthcare Services
- Hospitals
- Nursing and Residential Care Facilities
- Other (please describe) _____

B. Shiftwork and Overtime Experiences:

13. What is the length of your typical scheduled shift at your primary job? (please check **one** response)

- 8 hours
- 12 hours
- Both
- Other (please describe) _____

14. Do you have an on-call requirement for your primary job?

- Yes
- No (please skip to question #16)

15. During the week of July 12, 2007, did you work on-call time and why? (please check **all that apply**)

- I did not work on-call time
- I was called in for a single procedure
- I was called in for an entire shift
- Other (please describe) _____

16. During the week of July 12, 2007, did you have unscheduled shift changes from your regularly scheduled shift at the request or direction of your supervisor? (please check **one** response)

- No
- Yes, once
- Yes, twice
- Other (please describe) _____

17. Which of the following best describes why you worked extra hours? (please check **one** response)

- I wanted to help out when the unit was busy or understaffed
- I wanted extra money
- I wanted time off on another day
- I felt pressured by manager, supervisor, or other staff
- I was required (mandated) to work
- Other (please describe) _____

18. In the past year, has the amount of mandatory unscheduled overtime required of you: (please check **one** response)

- Increased
- Remained about the same
- Decreased
- Not applicable

19. Do you think that overtime hours are fairly assigned in your primary facility?

- Yes
- No

C. The following questions apply to your primary facility.

Using the provided scale of 1 to 5 where **1 means very dissatisfied** and **5 means very satisfied**, please circle the response that best describes how you feel about each of the following statements.

	1= Very Dissatisfied	2= Dissatisfied	3= Neither Satisfied nor Dissatisfied	4= Satisfied	5= Very Satisfied	NA= Not Applicable
20. Overall satisfaction	1	2	3	4	5	NA
21. Your current base salary	1	2	3	4	5	NA
22. Salary range for your position	1	2	3	4	5	NA
23. Employee benefits	1	2	3	4	5	NA
24. Skill of RNs where you work	1	2	3	4	5	NA
25. Adequacy of RN staffing where you work	1	2	3	4	5	NA
26. Adequacy of clerical support services	1	2	3	4	5	NA
27. Non-nursing tasks required of you (e.g., housekeeping, lab)	1	2	3	4	5	NA
28. Amount of paperwork required	1	2	3	4	5	NA
29. Physical work environment	1	2	3	4	5	NA
30. Level of personal safety at the facility where you work	1	2	3	4	5	NA
31. Work schedule	1	2	3	4	5	NA
32. The amount of overtime assigned to you at your primary place of employment	1	2	3	4	5	NA
33. Job security	1	2	3	4	5	NA
34. Opportunities for advancement	1	2	3	4	5	NA
35. Support from nurses with whom you work	1	2	3	4	5	NA
36. Support from your nursing administration	1	2	3	4	5	NA

Section C Continued:

	1= Very Dissatisfied	2= Dissatisfied	3= Neither Satisfied nor Dissatisfied	4= Satisfied	5= Very Satisfied	NA= Not Applicable
37. Interactions with physicians	1	2	3	4	5	NA
38. Interactions with other non-nursing staff	1	2	3	4	5	NA
39. Interactions with traveling agency staff	1	2	3	4	5	NA
40. Interaction with patients	1	2	3	4	5	NA
41. Time available for patient education	1	2	3	4	5	NA
42. Involvement in policy and management decisions	1	2	3	4	5	NA
43. Opportunities to use your skills	1	2	3	4	5	NA
44. Opportunities to learn new skills	1	2	3	4	5	NA
45. Opportunities for continuing education	1	2	3	4	5	NA
46. Quality of patient care where you work	1	2	3	4	5	NA
47. Feeling that your work is important	1	2	3	4	5	NA
48. Other <i>(please describe)</i> _____	1	2	3	4	5	NA

D. 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 how you feel about each of the following statements.

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

54. 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"/> I would not leave nursing | <input type="checkbox"/> Feel overworked |
| <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"/> Need more autonomy |
| <input type="checkbox"/> Concerned with the quality of care | <input type="checkbox"/> Need more respect |
| <input type="checkbox"/> Better salary available outside nursing | <input type="checkbox"/> 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"/> Seek more challenging work |
| | <input type="checkbox"/> Other <i>(please describe)</i> _____ |

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

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

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

57. What was the date you first received your nursing license? LPN: _____ (mm/yyyy)

RN: _____ (mm/yyyy)

58. What is your marital status? (Please check **one** response; for all responses other than married or cohabitating skip to question #63)

Married or cohabitating

Divorced

Single

Widowed

59. 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): _____

60. Was your spouse or partner employed during the week of July 12, 2007?

Yes

No (skip to question #63)

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

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

63. 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

64. Do you provide care for your parents or your spouse/partner's parents?

Yes

No

65. a. For the week of July 12, 2007, what was your base rate of pay in your primary job? (please check **one** response. If you were retired or not working during this time, please skip to question #66)

\$_____ per

- Hour
- Week
- 2 Weeks
- Month
- Other (please specify):

b. How many hours did you work at your primary job during the week of July 12, 2007?

_____ (number)

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

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

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

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

- Existing job
- Proximity to school or work
- Spouse or partner's job
- Cost of living/affordable housing
- Other (please describe) _____
- Proximity to cultural amenities
- Proximity to natural amenities
- Proximity to family

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

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

70. b. What is the reason for your answer?

The following questions apply to the community you currently live in. Using the provided scale of 1 to 5 where **1 means very dissatisfied** and **5 means very satisfied**, please circle the response that best describes how you feel about each of the following statements.

	1=Very Dissatisfied	2= Dissatisfied	3=Neither Satisfied nor Dissatisfied	4=Satisfied	5=Very Satisfied	DK=Don't Know
71. Economic opportunities	1	2	3	4	5	DK
72. Proximity to family	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
73. Cost of living	1	2	3	4	5	DK
74. Rural character	1	2	3	4	5	DK
75. Urban character	1	2	3	4	5	DK
76. Housing	1	2	3	4	5	DK
77. Public safety services	1	2	3	4	5	DK
78. Parks and recreation/natural amenities	1	2	3	4	5	DK
79. Education (K-12)	1	2	3	4	5	DK
80. Access to post-secondary education, including continuing education	1	2	3	4	5	DK
81. Day care services	1	2	3	4	5	DK
82. Medical care services	1	2	3	4	5	DK
83. Mental health services	1	2	3	4	5	DK
84. Retail shopping	1	2	3	4	5	DK
85. Restaurants/entertainment	1	2	3	4	5	DK

86. 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 a separate piece of paper if necessary)*

Thank you for your participation!