

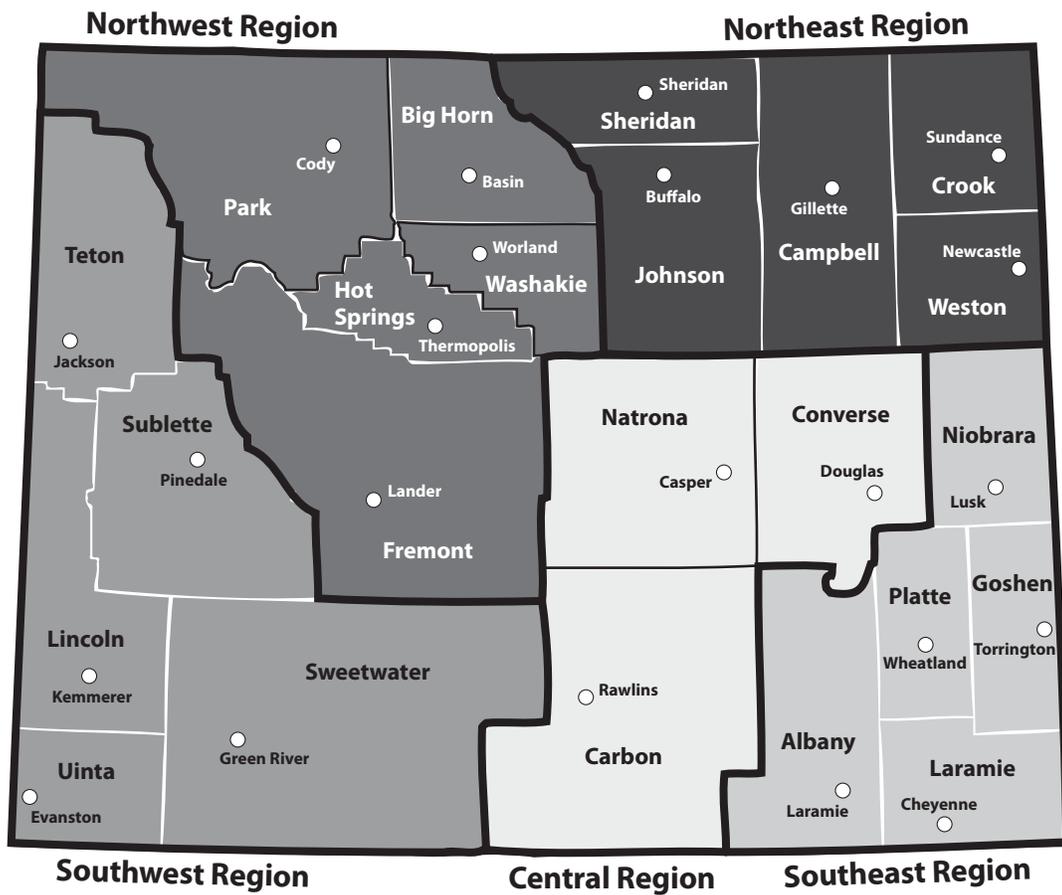


Succession Planning and Satisfaction Measures in Public Health

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Introduction

Purpose

The Government Performance and Results Act of 1993 (GPRA) goals and performance measures for the U.S. Department of Health and Human Services focus on the outcomes and results of the many health and human service programs administered by the department. These goals are usually expressed in terms of a program's impact on its target population or improvements in population characteristics. However, work force planning provides the means for achieving the program goals by ensuring "the right numbers of the right people in the right place at the right time (U.S. Department of Health and Human Services, 1999)."

State health agencies have begun implementing work force planning strategies to gauge the present and future personnel needs of their organizations in relation to their strategic direction, and to assist in the development and implementation of work force strategies that ensure efficient alignment between organizational and human capital needs. According to the 2007 Association of State and Territorial Health Officials (ASTHO) work force survey, 61% of state health agencies instituted work force planning programs within the last five years (ASTHO, 2008). Work force planning enables managers to make informed human resources decisions to address worker shortages due to competition related to retirement, private sector competition, hiring freezes, etc. It is a fundamental tool, critical to quality performance that will contribute to the achievement of program objectives by providing a basis for justifying budget allocation and workload staffing levels (U.S. Department of Health and Human Services, 1999).

The U.S. public health work force is vital to protecting and improving the health of the American public. In state governments alone, over 100,000 workers are charged with achieving the public health mission of, "fulfilling society's interest in assuring conditions in which people can be healthy (ASTHO, 2008)." However, public health nursing is in the midst of a critical shortage. In this time of increasing demands on public health to respond to issues such as emergency preparedness, new emerging infections, and significant increases in chronic illnesses, competition for nurses in general, and public health nurses in particular, is fierce. According to the Quad Council (2006), the current shortage is complex and results from multiple and varied factors such as an overall shortage of registered nurses, an aging population of nurses, a poorly funded public health system that results in inadequate salaries, inadequate numbers of baccalaureate nursing graduates, a growing shortage of nursing faculty, and invisibility of public health nursing in media and marketing campaigns.

Wyoming is affected by the same shortage issues as the nation. Recent research (Leonard, 2008) projected that the number of registered nurses (RNs) needed in the state's health care industries will double by 2016. One method often employed to address occupational shortages is a wage increase. Gross average quarterly wages for continuously employed RNs in Wyoming have steadily risen over the past years (Leonard & Szuch, 2008) from \$12,999 in second quarter 2006 to \$14,176 in second quarter 2008. While increasing wages may serve to increase the number of nurses working in the private sector, they may also decrease the availability of nurses for the public sector (nurse educators, public health nurses, etc). Differing sources of financing and customer bases may have influences on staff salaries. For example, educational

entities and public health are likely to be funded by a government grant or legislative allocation and are essentially responsive to the community as their customer base. As such, the budget and associated staff salaries are more likely to be fixed than other entities, such as hospitals or clinics.

The combination of an aging nurse work force and limited ability to recruit qualified nurses into public health could have far reaching implications for communities, especially in Wyoming. Without an adequate supply of baccalaureate prepared nurses to replace retiring nurses, the state will have to fill the positions with associate's degree prepared nurses. Doing so could lead to a less formally educated, less competent work force which directly impacts the ability to provide evidence-based, population-focused care (Ouzts, 2008). As such, the Wyoming Department of Health, Community and Public Health Division requested a study of the Wyoming Healthcare Commission by Research & Planning (R&P) to study the retirement plans as well as satisfiers/dissatisfiers of the current public health nursing work force. By doing so, the Public Health section hopes to develop a succession plan which will promote and protect the health of Wyoming citizens by ensuring a competent public health nursing work force.

What is a Public Health Nurse?

A public health nurse is a specialized type of registered nurse that combines nursing knowledge with public health principles. According to the American Public Health Association (n.d.), the primary focus of public health nursing is improving the health of the community as a whole rather than just that of an individual or family.

A bachelor's degree in nursing is

considered a minimum requirement for public health nursing practice by many nursing professions and professional nursing organizations (Quad Council, 2003). A bachelor's degree in nursing is thought to provide the background in social science and public health science such as epidemiology and environmental health needed by a public health nurse. Increasingly, public health nurses are enrolling in advanced degree programs in public health, community health nursing, and other public health specialties (Public Health Functions Steering Committee, 1995).

Ideally, the work of public health nurses is defined as primary prevention, meaning they work to prevent disease, injury, disability, and premature death. They work closely with other public health professionals such as environmental health specialists, health educators, epidemiologists, public health physicians, and nutritionists. In addition, they work with local communities to assess and prioritize the major health problems and work to alleviate or eliminate these problems and the conditions that contribute to their development.

Critical Functions

Public health nurses:

- Monitor health trends and identify health risk factors unique to specific communities.
- Set local priorities for health-related interventions to provide the greatest benefit to the most people.
- Advocate with local, state, and federal authorities to improve access to health services for underserved communities.
- Design and implement health education campaigns and disease prevention

activities, such as immunizations and screenings. They draw on their training as registered nurses, and give people reliable, useful information about how to protect their health. In presentations at schools, community groups, senior centers, and other local groups, public health nurses explain proper nutrition, demonstrate effective safety practices, promote early detection of common diseases, tell people how to care for disabled or ill family members, and inform people about other important health issues. Their goal is to make health information easy to understand, so people can take greater control over their well-being.

- Educate and provide direct health care services to vulnerable and at-risk populations. In low-income and rural communities, public health nurses also provide critical health care services. They immunize school children, provide prenatal and well-baby care, and teach the elderly how to stay safe and healthy at home.

Funding Sources

Wyoming Public Health Nursing is a section of the Community and Public Health Division of the Wyoming Department of Health. It is a partnership between the state and county governments for the provision of public health nurse offices in each of the 23 Wyoming counties. A memorandum of understanding allows each county to provide funding for support services, office space, county employees, and a percentage of the state employee salaries. The state provides a percentage of state employee salaries and provides nursing supervision, program consultation, and oversight. Each county public health nursing office is staffed by a nurse manager who is responsible for program administration with local oversight

by the Board of County Commissioners, and in some counties, a local board of health. The State public health nursing section provides nursing oversight, supervision, and consultation from the chief nurse executive, three state public health nursing supervisors, and three program consultants. Additional program funding is provided through state and federal grants including Public Health Emergency Preparedness, Maternal Child Health, Community Block Grants, and Wyoming Health Council (Ouzts, 2008).

Methodology

Survey Background and Methodology

The initial nursing research conducted by R&P occurred in 2002 and 2003 and used only the Wyoming Board of Nursing files and administrative databases to study work force behavior of nurses (Glover, 2002a; Glover, 2002b; Glover, 2003). This research yielded information on retention, turnover, and other transition behaviors. While the data were useful to the nursing community, more information was required to fully understand the issues facing Wyoming nurses.

Through feedback by a nurse advisory council (Ellsworth & Szuch, 2008), the Wyoming Hospital Association, the Wyoming Long-Term Care Association, the Wyoming Healthcare Commission, Wyoming Medical Center staff, and members of the nursing community at statewide nursing summits, R&P initiated a three-faceted approach to study nurse behavior.

The survey process began in 2007 with an extensive literature search. The review was instrumental in developing hypotheses

that were then used to design the survey instrument. The questionnaire, developed with the assistance of a nurse advisory committee, attempted to measure staffing levels, non-nursing tasks, wages and benefits, and safety issues, as well as other theoretically relevant variables. Two groups of nurses were surveyed in 2007: nurses working in ambulatory care (includes private doctor's offices and surgery centers) and nurses working in hospitals and long-term care centers (Knapp, 2008). See Ellsworth & Szuch, 2008, for detailed information on the project history and questionnaire development.

It was decided that a questionnaire should be developed for public health nurses because they are dissimilar to both groups previously surveyed. Karen Ouzts, State Public Health Supervisor, served as the project's advisor. Her input identified the goals of the research, helped modify the questionnaire, and provided context for the findings.

The questionnaire previously used for hospitals and long-term care facilities was nearly identical to the questionnaire for ambulatory care (Ellsworth & Szuch, 2008). The difference was the addition of questions regarding overtime and shift changes. As public health nurses typically work a standard daytime schedule, it was decided to base the questionnaire on the form used to survey nurses working in ambulatory care (see Appendix A at http://doe.state.wy.us/LMI/phn_09/app_a.htm). Questions regarding satisfaction (overall satisfaction with workplace issues, overall satisfaction with the nursing occupation, and satisfaction with the community) were left unaltered. Questions addressing education, tenure, and motivation for working in public health were added. The reference date given to standardize the responses was September 12, 2008.

All Wyoming public health nurses were

mailed an advance letter to their home address in order to inform them of the upcoming survey. The mailing also served as a form of address refinement. The advance letters (see Appendix A) were mailed on September 19, 2008. Of the 164 public health nurses reported working by the Wyoming Department of Health, one could not be located and was removed from the survey group. There were 18 total address changes, of which 4 were sent to the relevant public health office because home addresses could not be located.

The remaining 163 nurses were assigned a confidential random identification number and were mailed a copy of the questionnaire, a cover letter explaining the purpose of the survey, and a stamped, addressed return envelope. The initial questionnaire was mailed on October 2, 2008. Those who had not responded by October 20, 2008 were mailed a second copy of the questionnaire.

Retirement Concerns

According to a recent survey (Ellsworth & Szuch, 2008) of Wyoming nurses, nearly 60% of respondents were 45 or older (Saulcy, 2008). Leonard (2009) contributed to the findings by showing that in the second quarter of 2008, the average age of a working nurse in Wyoming was 44.6 with about half (49.9%) age 45 or older. Nurses in hospitals were younger than nurses in ambulatory care (43.9 and 45.0, respectively), however, both were younger than nurses in long-term care (47.9). Long-term care also employed the largest percentage of nurses over age 45 (60.8%). According to another survey (Ouzts, 2008), the average age of public health nurses was 50. Sixty-five of 124 (52%) expected to retire within a decade.

Using the Wyoming Board of Nursing Licensing file, researchers were able to calculate the average age of employed public health nurses in the state and by region. Table 1 shows that the average age for nurses in public health was 50.4. Other than the state supervisors, the northwest region had the highest average age of 52.9 years, followed closely by the central region (52.6). The

northeast region had the youngest nurses with an average age of 46.3 years.

Similarly, Table 2 shows the number of employed public health nurses by age group and region. Statewide, the largest number of nurses were 45-54 and 55-64 years of age (58, or 35.6%, in each). The retirement age used in research is usually based on the social security eligibility ages of 62 or 65 (Uccello, 1998; U.S. GAO, 2001). Because there were also 6 who were 65 or older, there were 64 (39.3%) eligible for retirement within seven years. Of all the defined areas, the central region was the most likely to face impending retirements with 50.0% of the public health nurse work force in the two oldest age groups. The northeast region was least likely to face retirement with only 30.7% within the same age brackets.

Description of Sample

Response Rate

The final response rate was 83.4% (136 returned questionnaires) after two mailings. Response rate was defined as all returned questionnaires divided by the total number of questionnaires sent out. There were no examples of returned questionnaires without useable data. Table 3 (see page 6) shows the number and percentage of respondents by region. All of the state supervisory staff returned questionnaires. Of the geographic areas, the southwest region had the highest response rate with 85.3% of questionnaires returned. The lowest response rate, 80.0%, was in the southeast region.

Table 4 (see page 6) shows response rates by age

Table 1: Average Age by Region (Universe)

	Average Age
Central	52.6
NE	46.3
NW	52.9
SE	49.5
State	53.1
SW	49.8
Statewide	50.4

Source: Board of Nursing Licensing File

Table 2: Regional Age Distribution (Universe)

	Under 35		35-44		45-54		55-64		65+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Central	1	3.6%	6	21.4%	7	25.0%	12	42.9%	2	7.1%	28	100.0%
NE	6	23.1%	3	11.5%	9	34.6%	7	26.9%	1	3.8%	26	100.0%
NW	2	6.1%	5	15.2%	12	36.4%	13	39.4%	1	3.0%	33	100.0%
SE	1	2.9%	9	25.7%	14	40.0%	11	31.4%	0	0.0%	35	100.0%
State	0	0.0%	1	14.3%	3	42.9%	3	42.9%	0	0.0%	7	100.0%
SW	6	17.6%	1	2.9%	13	38.2%	12	35.3%	2	5.9%	34	100.0%
Total	16	9.8%	25	15.3%	58	35.6%	58	35.6%	6	3.7%	163	100.0%

Source: Board of Nursing Licensing File

group. Overall, the 35-44 and 45-54 year-old groups were somewhat under-represented with only 72.0% and 81.0%, respectively, responding. However, the response rates were still high enough that bias is unlikely.

Age and Demographics Distribution

Region

The average age of respondents was essentially the same as the average age for all nurses working in

public health (50.5 and 50.4, respectively). However, in this case, responding nurses in the central region were slightly older than nurses in the northwest region (see Table 5). A total of 57 (41.9%) respondents will reach traditional retirement age within seven years.

Position

Question 2 (see Appendix A) asked respondents the title of their primary public health nursing position. The question was independent of funding source, as defined by the Wyoming Department of Health, and simply reflected how the nurse chose to classify his or her position. Overall, 53.7% selected “staff nurse,” 14.0% selected “state nursing staff,” and 13.2% selected “county manager.” The remainder were divided between “local supervisor,” “other,” and “skip/no answer,” which included both those who were no longer employed in public health and those who left the question blank.

Table 3: Response Rates by Region

	Non-Response		Response		Total	
	n	%	n	%	n	%
Central	5	17.9%	23	82.1%	28	100.0%
NE	4	15.4%	22	84.6%	26	100.0%
NW	6	18.2%	27	81.8%	33	100.0%
SE	7	20.0%	28	80.0%	35	100.0%
State	0	0.0%	7	100.0%	7	100.0%
SW	5	14.7%	29	85.3%	34	100.0%
Total	27	16.6%	136	83.4%	163	100.0%

Table 4: Response Rates by Age Group

	Non-respondents		Respondents		Total	
	n	%	n	%	n	%
< 35	2	12.5%	14	87.5%	16	100.0%
35-44	7	28.0%	18	72.0%	25	100.0%
45-54	11	19.0%	47	81.0%	58	100.0%
55-64	6	10.3%	52	89.7%	58	100.0%
65+	1	16.7%	5	83.3%	6	100.0%
Total	27	16.6%	136	83.4%	163	100.0%

Table 5: Respondent Age Distribution by Region

	Average Age	Under 35		35-44		45-54		55-64		65+		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
Central	53.5	0	0.0%	3	13.0%	7	30.4%	11	47.8%	2	8.7%	23	100.0%
NE	46.4	5	22.7%	3	13.6%	7	31.8%	6	27.3%	1	4.5%	22	100.0%
NW	53.2	2	7.4%	4	14.8%	9	33.3%	11	40.7%	1	3.7%	27	100.0%
SE	49.8	1	3.6%	6	21.4%	10	35.7%	11	39.3%	0	0.0%	28	100.0%
State	53.1	0	0.0%	1	14.3%	3	42.9%	3	42.9%	0	0.0%	7	100.0%
SW	49.0	6	20.7%	1	3.4%	11	37.9%	10	34.5%	1	3.4%	29	100.0%
Total	50.5	14	10.3%	18	13.2%	47	34.6%	52	38.2%	5	3.7%	136	100.0%

As demonstrated in Table 6, every age group was comprised mostly of “staff nurses” with the 35-44 year-old group having the largest percentage (72.2%) and the 55-64 year-old group having the smallest percentage (40.4%). Supervisors, both local and county, were largely in the 55-64 year-old group while the “state nursing staff” were more evenly distributed among the age groups.

Retirement plans

Overall, three respondents (2.2%) reported that they expected to retire in one year or less (see Table 7, page 8). Another 14 (10.3%) reported retirement plans in more than one year but less than three years and 15 (11.0%) in more than three years but less than five years. Together, 23.5% of respondents expected to retire within five years.

As expected, most of those expecting to retire within the near future were in the 55-64 year-old group. Respondents younger than 55 generally answered either “In more than 5 years” or “Don’t know.” Those under 35 were most likely to select “in more than 5 years” while those 35-44 were considerably more likely to select “don’t know” than the other groups.

Education

On a percentage basis,

the youngest public health nurses have more education than the older nurses (see Table 8, page 9). Only 21.4% of nurses under age 35 have less than a bachelor’s degree. However, the youngest nurses only constitute 14.5% of respondents with at least a bachelor’s degree. The majority (44.7%) were in the 55-64 year-old category, meaning that if the nurses retire when they reach traditional retirement age, public health could lose almost half of the most educated in nursing within seven years. The assumed successors to the retiring nurses (those age 35-44 and 45-54) generally had less education. One-third (33.3%) of 35-44 year-old respondents and 46.8% of 45-54 year-old respondents had at least a bachelor’s degree. While the successor nurses will likely have ample experience to do the job well, the formal education level will be below the nationally recommended level.

Education Distribution

Region

Table 9 (see page 9) shows the education distribution of respondents by region. Over half (55.9%) of all respondents had at least a bachelor’s degree in nursing. The next largest percentage (28.7%) had an associate’s degree.

Table 6: Respondent Job Title by Age Group

	Under 35		35-44		45-54		55-64		65+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Staff Nurse	8	57.1%	13	72.2%	28	59.6%	21	40.4%	3	60.0%	73	53.7%
Local Supervisor	1	7.1%	0	0.0%	4	8.5%	6	11.5%	0	0.0%	11	8.1%
County Manager	1	7.1%	1	5.6%	4	8.5%	12	23.1%	0	0.0%	18	13.2%
State Nursing Staff	4	28.6%	3	16.7%	6	12.8%	5	9.6%	1	20.0%	19	14.0%
Other	0	0.0%	1	5.6%	3	6.4%	5	9.6%	0	0.0%	9	6.6%
Skip/No answer	0	0.0%	0	0.0%	2	4.3%	3	5.8%	1	20.0%	6	4.4%
Total	14	100.0%	18	100.0%	47	100.0%	52	100.0%	5	100.0%	136	100.0%

Table 7: Respondents' Retirement Plans by Age Group

	Under 35	35-44	45-54	55-64	65+	Total
In 1 year or less	0	0	0	3	0	3
More than 1 year but less than 3 years	0	1	1	10	2	14
More than 3 years but less than 5 years	0	0	4	11	0	15
In more than 5 years	11	10	33	21	0	75
Skip/No answer	0	0	2	3	1	6
Don't Know	3	7	7	4	2	21
Total	13	17	47	52	5	136
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	9.6%	12.5%	34.6%	38.2%	3.7%	100.0%

The northeast region employed the largest percentage of nurses with at least a bachelor's degree (68.2%) while the northwest region employed the smallest percentage (29.6%).

Respondents with an associate's degree were fairly evenly distributed throughout the regions of the state, however, a somewhat larger proportion was located in the southwest region. Diploma program graduates were most commonly working in the northwest region.

Position

As seen in Table 10, (see page 10) graduates from a diploma program were most likely to be working as staff nurses (58.8%) although 17.6% were working as county managers. Respondents with an associate's degree also were most likely to be working as staff nurses (74.4%) with some (12.8%) working as state nursing staff. Those with a bachelor's degree or higher were most likely to be staff nurses (44.7%), however, there were also many employed as county managers (15.8%), local supervisors (10.5%), or state nursing staff (14.5%).

Retirement plans

Because those with a bachelor's degree or higher composed the largest proportion of respondents,

they similarly composed the largest proportion of all expected retirement groups. For example, 66.7% of respondents who planned to retire within one year held a bachelor's degree or higher compared to the 23.6% who expected to retire within five years (see Table 11, page 10). Comparatively, about one-third (35.2%) of graduates from a diploma program expected to retired within five years.

Tenure Distribution

Region

Table 12 (see page 10) shows, by region, the distribution of public health nursing experience had by respondents. Overall, a slight majority (30.1%) had the least amount of experience (0-4 years), followed by the 27.2% of respondents with 5-9 years.

The southwest region employed the highest percentage of nurses with little experience in public health (41.4%). In contrast, only 21.4% of nurses in the southeast region had 4 years or less experience. At the other end of the spectrum, 42.9% of state supervisors had 20 years of experience or more. The central region, also, was comprised of experienced nurses with 30.4% having at least 20 years on the job.

Table 8: Highest Degree Obtained in Nursing by Respondent Age Group

	Diploma Program		Associate’s Degree			Bachelor’s Degree or Higher			Other			Total			
	n	%	n	%	%	n	%	%	n	%	%	n	%		
Under 35	0	0.0%	0.0%	3	7.7%	21.4%	11	14.5%	78.6%	0	0.0%	0.0%	14	10.3%	100.0%
35-44	2	11.8%	11.1%	10	25.6%	55.6%	6	7.9%	33.3%	0	0.0%	0.0%	18	13.2%	100.0%
45-54	5	29.4%	10.6%	19	48.7%	40.4%	22	28.9%	46.8%	1	25.0%	2.1%	47	34.6%	100.0%
55-64	8	47.1%	15.4%	7	17.9%	13.5%	34	44.7%	65.4%	3	75.0%	5.8%	52	38.2%	100.0%
65+	2	11.8%	40.0%	0	0.0%	0.0%	3	3.9%	60.0%	0	0.0%	0.0%	5	3.7%	100.0%
Total	17	100.0%	12.5%	39	100.0%	28.7%	76	100.0%	55.9%	4	100.0%	2.9%	136	100.0%	100.0%

Table 9: Highest Degree Obtained in Nursing for Respondents by Region

	Diploma Program		Associate’s Degree			Bachelor’s Degree or Higher			Other			Total			
	n	%	%	n	%	%	n	%	%	n	%	%	n	%	
Central	4	23.5%	17.4%	6	15.4%	26.1%	12	15.8%	52.2%	1	25.0%	4.3%	23	16.9%	100.0%
NE	2	11.8%	9.1%	5	12.8%	22.7%	15	19.7%	68.2%		0.0%	0.0%	22	16.2%	100.0%
NW	9	52.9%	33.3%	8	20.5%	29.6%	8	10.5%	29.6%	2	50.0%	7.4%	27	19.9%	100.0%
SE	2	11.8%	7.1%	8	20.5%	28.6%	17	22.4%	60.7%	1	25.0%	3.6%	28	20.6%	100.0%
State			0.0%	1	2.6%	14.3%	6	7.9%	85.7%		0.0%	0.0%	7	5.1%	100.0%
SW			0.0%	11	28.2%	37.9%	18	23.7%	62.1%		0.0%	0.0%	29	21.3%	100.0%
Total	17	100.0%	12.5%	39	100.0%	28.7%	76	100.0%	55.9%	4	100.0%	2.9%	136	100.0%	100.0%

Results

Satisfaction

As expected, nurses working in public health were more satisfied with their workplaces than were nurses working in hospitals and long-term care facilities (see Table 13, page 11). In fact, 20 (74.1%) of the workplace measures were significantly different, including four of the seven factors (see Table 13). All of the statistically significant differences indicated higher levels of satisfaction among the public health nurses. The most dramatic differences were seen in “Adequacy of RN staffing where you work” (4.0 vs. 3.1), “Support from your nursing administration” (3.9 vs. 3.0), “Employee benefits” (4.1 vs. 3.1), “Adequacy of clerical

support services” (4.1 vs. 3.1), and “Time available for patient education” (4.1 vs. 3.2).

There were few significant differences between public health nurses and their hospital and long-term care nurse counterparts on community satisfaction measures. Only “Economic opportunities,” “Daycare services,” and “Mental health services” were significantly different between the groups.

Public health nurses were somewhat more similar to ambulatory care nurses than hospital and long-term care nurses. However, the groups differed significantly on 15 (55.6%) workplace satisfaction measures. For most of the indicators, public health nurses were more satisfied; however, there were two

(Text continued on page 11)

Table 10: Respondent Job Classification by Highest Education Completed in Nursing

	Diploma Program			Associate's Degree			Bachelor's Degree			Other			Grand Total		
	n	%	%	n	%	%	n	%	%	n	%	%	n	%	%
Staff Nurse	10	58.8%	13.7%	29	74.4%	39.7%	34	44.7%	46.6%	0	0.0%	0.0%	73	53.7%	100.0%
Local Supervisor	1	5.9%	9.1%	2	5.1%	18.2%	8	10.5%	72.7%	0	0.0%	0.0%	11	8.1%	100.0%
County Manager	3	17.6%	16.7%	2	5.1%	11.1%	12	15.8%	66.7%	1	25.0%	5.6%	18	13.2%	100.0%
State Nursing Staff	2	11.8%	10.5%	5	12.8%	26.3%	11	14.5%	57.9%	1	25.0%	5.3%	19	14.0%	100.0%
Other	0	0.0%	0.0%	1	2.6%	11.1%	6	7.9%	66.7%	2	50.0%	22.2%	9	6.6%	100.0%
Skip/No answer	1	5.9%	16.7%	0	0.0%	0.0%	5	6.6%	83.3%	0	0.0%	0.0%	6	4.4%	100.0%
Total	17	100.0%	12.5%	39	100.0%	28.7%	76	100.0%	55.9%	4	100.0%	2.9%	136	100.0%	100.0%

Table 11: Respondents Plans to Retire by Highest Education Completed in Nursing

	Diploma Program			Associate's Degree			Bachelor's Degree			Other			Total		
	n	%	%	n	%	%	n	%	%	n	%	%	n	%	%
In 1 year or less	0	0.0%	0.0%	0	0.0%	0.0%	2	2.6%	66.7%	1	25.0%	33.3%	3	2.2%	100.0%
In more than 1 year but less than 3 years	3	17.6%	21.4%	4	10.3%	28.6%	7	9.2%	50.0%		0.0%	0.0%	14	10.3%	100.0%
In more than 3 years but less than 5 years	3	17.6%	20.0%	3	7.7%	20.0%	9	11.8%	60.0%		0.0%	0.0%	15	11.0%	100.0%
In more than 5 years	8	47.1%	10.7%	24	61.5%	32.0%	41	53.9%	54.7%	2	50.0%	2.7%	75	55.1%	100.0%
Skip/No answer	1	5.9%	16.7%	1	2.6%	16.7%	4	5.3%	66.7%	0	0.0%	0.0%	6	4.4%	100.0%
Don't Know	2	11.8%	9.5%	7	17.9%	33.3%	13	17.1%	61.9%	1	25.0%	4.8%	21	15.4%	100.0%
Total	17	100.0%	12.5%	39	100.0%	28.7%	76	100.0%	55.9%	4	100.0%	2.9%	136	100.0%	100.0%

Table 12: Respondents' Reported Tenure as a PHN by Region

	0-4 years		5-9 years		10-19 years		20+ years		Total						
	n	%	n	%	n	%	n	%	n	%					
Central	6	14.6%	26.1%	5	13.5%	21.7%	5	14.7%	21.7%	7	29.2%	30.4%	23	16.9%	100.0%
NE	8	19.5%	36.4%	4	10.8%	18.2%	7	20.6%	31.8%	3	12.5%	13.6%	22	16.2%	100.0%
NW	8	19.5%	29.6%	8	21.6%	29.6%	7	20.6%	25.9%	4	16.7%	14.8%	27	19.9%	100.0%
SE	6	14.6%	21.4%	13	35.1%	46.4%	6	17.6%	21.4%	3	12.5%	10.7%	28	20.6%	100.0%
State	1	2.4%	14.3%	1	2.7%	14.3%	2	5.9%	28.6%	3	12.5%	42.9%	7	5.1%	100.0%
SW	12	29.3%	41.4%	6	16.2%	20.7%	7	20.6%	24.1%	4	16.7%	13.8%	29	21.3%	100.0%
Total	41	100.0%	30.1%	37	100.0%	27.2%	34	100.0%	25.0%	24	100.0%	17.6%	136	100.0%	100.0%

(Text continued from page 9)

indicators (“Amount of paperwork required” and “Interactions with physicians”) in which the ambulatory nurses were more satisfied. The most dramatic differences wherein public health nurses were more satisfied were seen in “Opportunities for continuing education” (4.0 vs. 3.3), “Employee benefits” (4.1 vs. 3.3), and “Time available for patient education” (4.1 vs. 3.4).

Like hospitals and long-term care nurses,

ambulatory care nurses were similar to public health nurses on measures of community satisfaction. Significant differences were found only in “Economic opportunities,” “Daycare services,” “Mental health services,” and “Restaurants/entertainment.”

Intention to Leave

There were so few public health nurses who indicated an intention to leave that little information can be released without

Table 13: Satisfaction

	Public Health	Hospitals and Long-Term Care Facilities	Ambulatory Care
Overall satisfaction	4.1 (a)	3.6	3.9
Adequacy of RN staffing where you work	4.0 (a,b)	3.1	3.4
Physical work environment	4.1 (a,b)	3.5	3.9
Interactions with travel agency staff	3.9 (a)	3.7	3.9
Opportunities for advancement	3.3	3.2	3.1
Opportunities to use your skills	3.9	3.8	3.9
Opportunities to learn new skills	3.9 (a,b)	3.5	3.7
Opportunities for continuing education	4.0 (a,b)	3.4	3.3
Professional Development factor	3.8 (a,b)	3.5	3.5
Skill of RNs where you work	4.2 (a,b)	3.7	4.0
Level of personal safety at the facility where you work	4.3 (a,b)	3.8	4.1
Work schedule	4.5 (a,b)	3.8	4.1
Job security	4.2 (a)	3.8	4.1
Support from nurses with whom you work	4.3 (a,b)	3.8	4.0
Support from your nursing administration	3.9 (a,b)	3.0	3.4
Interactions with physicians	3.6 (b)	3.6	4.0
Interactions with other non-nursing staff	4.1 (a)	3.8	4.0
Interactions with patients	4.4	4.3	4.5
Involvement with policy and management decisions	3.4 (a)	3.0	3.2
Quality of patient care where you work	4.3 (a)	3.8	4.2
Feeling that your work is important	4.3 (a)	4.0	4.3
Interpersonal factor	4.1 (a,b)	3.7	4.0
Your current base salary	3.4 (b)	3.2	3.1
Salary range for your position	3.2	3.1	3.0
Employee benefits	4.1 (a,b)	3.1	3.3
Compensation factor	3.6 (a,b)	3.1	3.2
Adequacy of clerical support services	4.1 (a,b)	3.1	3.6
Non-nursing tasks required of you	3.3 (a)	3.0	3.2

(a) Significantly more satisfied than hospital nurses.
 (b) Significantly more satisfied than ambulatory care nurses.

Table continued on page 12

Table continued from page 11

Table 13: Satisfaction

	Public Health	Hospitals and Long-Term Care Facilities	Ambulatory Care
Amount of paperwork required	2.7 (b)	2.6	3.0
Time available for patient education	4.1 (a,b)	3.2	3.4
Non-Nursing Tasks factor	3.6 (a,b)	3.0	3.3
Economic opportunities	3.3 (a,b)	3.0	3.0
Cost of living	3.1	3.0	3.0
Rural character	4.0	3.9	3.9
Housing	3.2	3.1	3.2
Local Economic Conditions factor	3.4 (a,b)	3.3	3.3
Proximity to Family	3.6	3.5	3.6
Parks and recreation/natural amenities	4.1	4.0	4.0
Education (K-12)	3.7	3.8	3.7
Access to post-secondary education, including continuing education	3.4	3.4	3.4
Daycare services	2.3 (a,b)	2.8	2.9
Mental health services	2.5 (a,b)	2.8	2.8
Community Services factor	3.2 (a,b)	3.4	3.3
Retail shopping	2.5	2.7	2.7
Restaurants/entertainment	2.6 (b)	2.8	2.9
Disposable Income factor	2.6 (b)	2.7	2.8

(a) Significantly more satisfied than hospital nurses.

(b) Significantly more satisfied than ambulatory care nurses.

compromising the confidentiality of the respondents. Of the 136 who returned questionnaires, only seven stated that they planned to leave their current job within a year. Of those, almost half (3 or 42.9%) were planning to retire.

Why Would You Leave Nursing?

Question 49 directed respondents to select up to four factors that would influence a decision to leave nursing altogether. As seen in Table 14 (see page 13), the selected answers vary by work setting. Nurses working in public health were more likely to select “I plan to retire,” “I feel burned out from nursing,” and “Better advancement opportunities outside nursing” than nurses in other settings. However, they were less

likely to select “Feel overworked,” “I need more autonomy,” and “Better work schedules available outside nursing.” They were also less likely to leave because of concerns about injury, either to self or patients.

Longevity

As shown in Table 15 (see page 13), the average length of tenure as a public health nurse for those who responded to the questionnaire was 11 years. The range was 0 to 39 years. By region, the state supervisors had the longest tenure at 18.6 years, followed by the central region at 13.8 years. The southeast and southwest regions had the shortest average tenures with 9.4 and 10.0 years, respectively.

There was no significant relationship

Table 14: Why Would You Leave Nursing All Together?

	Public Health Nursing	Ambulatory Care	Hospitals and Long-Term Care Facilities
Feel overworked	19.1%	28.4%	32.3%
Feel burned out from nursing	37.4%	27.7%	31.7%
Feel unsupported as a nurse	22.9%	20.0%	28.6%
Concerned with the quality of care	19.8%	20.7%	25.6%
Better salary available outside nursing	20.6%	21.6%	16.9%
Better management support	13.0%	11.5%	18.9%
Better advancement opportunities available outside nursing	9.2%	6.6%	6.4%
Concerned with delegation to unlicensed assistive personnel	15.3%	16.9%	8.7%
Seek more challenging work	3.1%	4.7%	3.5%
Concerned with injury to patients	3.8%	8.5%	8.9%
I need more autonomy	3.1%	4.9%	6.3%
I need more respect	13.0%	17.6%	20.8%
I plan to retire	37.4%	24.2%	23.5%
Better work schedules available outside nursing	8.4%	12.4%	19.8%
Concerned with injury to self	6.9%	8.2%	10.6%

Table 15: Longevity

	Years of Experience in Public Health Nursing		
	Average	Min	Max
Central	13.8	1	39
NE	10.3	1	30
NW	10.2	0	35
SE	9.4	1	31
State Supervisors	18.6	1	34
SW	10.0	1	30
Total	11.0	0	39

between experience as a public health nurse and the satisfaction factors. However, there were three correlations between individual satisfaction indices and public health tenure. Satisfaction scores with RN staffing and with adequacy of clerical staff were both inversely related to years of experience ($p < .03$ and $p < .04$, respectively). There was also a positive relationship between public health experience and satisfaction with opportunities to use nursing skills ($p < .02$).

Funding Source

There were no significant differences in

satisfaction factors or individual satisfaction measures between county and state funded nurses. Similarly, there were no differences in satisfaction between position titles.

Starting Work in Public Health Nursing

Question 14 of the questionnaire asked respondents to select the primary reason for choosing to work in public health. Table 16 (see page 14) contains the results. The largest percentage (33.1%) selected “Work schedule.” “Feeling the work is important” was the second most popular choice with 16.9% of the total.

Staying in Public Health Nursing

Similar to Question 14 of the questionnaire, Question 15 asked respondents to select the primary reason for staying in public health. The majority (28.7%) selected “Feeling the work is important” followed by “Work schedule” with 13.2% (see Table 17, page 14).

Conclusions

One of the most important findings in this study was that the majority of public health nurses with at least a bachelor’s degree is in the 55-64 year-old category and is quickly approaching traditional retirement age. Those

in the next age groups, the presumed successors to the retiring nurses, generally have less education. Nurses in the youngest age bracket are, overall, well educated, but they comprise only a small percentage of the total public health nursing work force. In order to avoid a shortage of nurses generally, and properly prepared nurses specifically, steps must be taken to increase the number of nurses with at least a bachelor’s degree. This could prove difficult in an environment where nurses are in short supply and are therefore recruited by other workplace settings. However, as evidenced by this study, public health nurses tend to be very satisfied with their jobs and are likely to remain with the same employer for long periods of time. Recruitment strategies could emphasize the unique characteristics of public health that generally appear to encourage increased satisfaction.

Table 16: Primary Reason You Chose to Work in Public Health

Reason	n	% of total
Autonomy	12	8.8%
Opportunities to use skills	4	2.9%
Work schedule	45	33.1%
Job security	0	0.0%
Desire to “make a difference”	16	11.8%
Feeling the work is important	23	16.9%
Wages	2	1.5%
Benefits	1	0.7%
Opportunities to learn new skills	3	2.2%
Interaction with other nurses	2	1.5%
Varied work	10	7.4%
Other	5	3.7%
Multiple answers	8	5.9%
Skip	5	3.7%
Total	136	100.0%

Nurses working in public health reported higher satisfaction than nurses in the other workplace settings in:

- adequacy of RN staffing,
- physical work environment,
- opportunities to learn new skills,
- opportunities for continuing education,
- skill of RNs in workplace,
- level of personal safety at work location,
- work schedule,
- support from other nurses,
- support from nursing administration,
- employee benefits,
- adequacy of clerical staff,
- time available for patient education.

Table 17: Primary Reason You Chose to Stay in Public Health

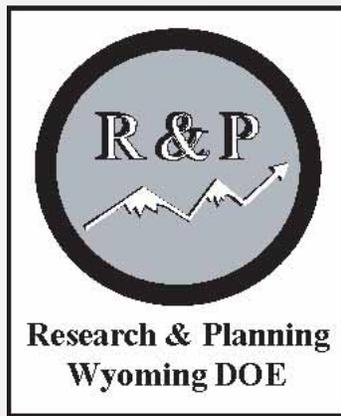
Reason	n	% of total
Autonomy	17	12.5%
Opportunities to use skills	5	3.7%
Work schedule	18	13.2%
Job security	1	0.7%
Desire to “make a difference”	16	11.8%
Feeling the work is important	39	28.7%
Wages	1	0.7%
Benefits	5	3.7%
Opportunities to learn new skills	2	1.5%
Interaction with other nurses	2	1.5%
Varied work	15	11.0%
Other	4	2.9%
Multiple answers	6	4.4%
Skip	5	3.7%
Total	136	100.0%

In addition nurses stated they commonly selected work in public health because of the work schedule, and chose to stay in public health because they felt the work was important. This could be an indication that many nurses are unaware of the function of public health. Perhaps, as suggested by Ouzts (2008), changes to the clinical experience required by nursing education in Wyoming

could result in better understanding by the students and therefore more interest in pursuing a career in public health.

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THE STATE OF WYOMING

APPENDIX A

DAVE FREUDENTHAL
GOVERNOR

P.O. BOX 2760
CASPER, WY 82602

Department of Employment

RESEARCH AND PLANNING SECTION

(307) 473-3807

October 20, 2008

125

Dear <recipient>:

As you may be aware, the Department of Employment's Research & Planning (R&P) section is under contract to the Health Care Commission to study nurse supply, demand, and retention in Wyoming. Because your decisions about work may be driven by a combination of work environment, views of nursing as a profession, and family and community circumstances, the enclosed questionnaire includes questions about these areas. There is no research for you to do, and since most of the questionnaire follows a simple "check item" format, it is expected that you will need only 12-15 minutes to complete it.

The information provided by you will be maintained in confidence and used only by the staff of R&P to produce information in tabular and other statistical forms. Individually identifiable information collected by R&P may only be used for statistical purposes, and remain confidential under the Workforce Investment Act (see: <http://doe.state.wy.us/lmi/section309.htm>) and Wyoming Employment Security law (section 27-3-603).

The results of the study will be broadly distributed and facilitate formal and informal forums among all members of the community concerned with nursing in Wyoming. Among other means of distribution, the results will be posted on our website at <http://doe.state.wy.us/lmi/nursing.htm>

Your completed questionnaire will ensure that an accurate perspective on nursing in Wyoming informs future policy choices. Please return the questionnaire in the stamped, self-addressed enveloped no later than October 30, 2008. Should you have questions, please contact Sylvia Jones at (307) 473-3814. Thank you for your time and consideration.

Sincerely,

Tom Gallagher
Manager, Research & Planning

enclosures

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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)* _____

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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)* _____

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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

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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 | |

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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? _____

APPENDIX A

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 <i>(please describe)</i> _____ | |

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

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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!