Thank you for your participation in the Delaware Nurses Survey. Please respond to this survey based upon your own experience. All of your responses will be treated confidentially and no individual will be identified in any report of the data. The reference number will be used to check the representativeness of the sample and to allow us to follow up on non-respondents.

Please return your completed survey to the College of Urban Affairs at the University of Delaware. A postage-paid preaddressed envelope is enclosed for your convenience.

Thank you again for your help.
1. Listed below are some phrases associated with nursing. Please indicate your level of satisfaction or dissatisfaction with each as it relates to your current or most recent nursing position. Please check ONE appropriate response for each statement.

<table>
<thead>
<tr>
<th>A. The amount of challenge in your job</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
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<tbody>
<tr>
<td>B. How well informed you are about what is expected from you on your job</td>
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<td>C. Your ability to influence decisions which affect you</td>
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<td>D. The level of autonomy you have in your job</td>
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<td>E. The appreciation you receive and the prestige associated with nursing</td>
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<td>F. The support/feedback you receive from administrators</td>
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<td>G. The level of communications among the staff at work</td>
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<td>H. The salary you receive</td>
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<tr>
<td>I. Your fringe benefits</td>
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<td>J. The way nurses are treated compared to other professionals</td>
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<td>K. The career advancement opportunities set up for nurses</td>
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<td>L. The educational opportunities offered through work</td>
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<td>M. The job done by your immediate supervisor</td>
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<tr>
<td>N. The way shifts are scheduled</td>
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<td>O. The amount of staffing provided</td>
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<td>P. The amount of time you spend with the patients/clients</td>
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<td>Q. The type of shift your work</td>
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</tbody>
</table>
R. The amount of time you spend on record keeping and clerical duties

S. The repetitiveness of your work

T. The physical quality of your work setting

U. Your workload

V. The availability of supplies

W. Nursing as a career

2. These are some reforms that might be adopted to attract good people into nursing. Please indicate how much each would help. Check ONE appropriate response per item.

A. Providing compensation to beginning nurses comparable to other professions that require similar training

B. Reducing the amount of time nurses spend on non-nursing duties

C. Providing fully paid day care facilities

D. Going to a four day work week with ten hour shifts

E. Providing more flexible scheduling

F. Giving nursing supervisors management training

G. Setting up a progressive career ladder for nurses so they may advance upward, but would not have to go into administration
3. How likely are you to do each of the following within the next 5 years?

<table>
<thead>
<tr>
<th></th>
<th>Very Likely</th>
<th>Somewhat Likely</th>
<th>Somewhat Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. If now a nurse, accept a nursing position with another employer</td>
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<tr>
<td>B. Leave the nursing profession</td>
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<tr>
<td>C. Leave the job market</td>
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<tr>
<td>D. If not now a nurse, reenter the nursing profession</td>
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</tbody>
</table>

4. How likely is it that you could find a better job in the nursing profession?
[ ] Very likely  [ ] Fairly likely  [ ] Not too likely  [ ] Very unlikely

5. How likely is it that you could find a better job that is not in the nursing profession?
[ ] Very likely  [ ] Fairly likely  [ ] Not too likely  [ ] Very unlikely

6. Have you ever left the nursing profession for any length of time?
[ ] Yes  [ ] No (IF NO, SKIP TO QUESTION #12)

7. What was the length of time you were gone? ________________________ years

8a. What was the name of the employer you left? ________________________

  b. What was your position? ________________________

9. What were the reasons you left nursing? ________________________

10. Have you returned to the nursing profession?
[ ] Yes  [ ] No (IF NO, SKIP TO QUESTION #12)

11. If you returned to nursing, what were the reasons? ________________________

12. Please circle 'Yes' or 'No' in response to the following questions.

  A. Do you have close friends among the people you work with?  Yes  No
  B. Do you belong to any of the nursing professional associations?  Yes  No
  C. Do you generally attend meetings of the above association(s)?  Yes  No
  D. Would you recommend nursing as a career?  Yes  No
13. Did nursing as a career turn out as you expected? 
   [ ] Yes  [ ] No  IF NO, Why not? ________________________________

14. What could be done to make nursing a more attractive profession? ________________________________

15. How much professional schooling in nursing have you had? 
   [ ] Diploma school  [ ] Masters degree
   [ ] Associate degree  [ ] Doctorate degree
   [ ] Baccalaureate degree  [ ] Other ________________________________

16. In what state(s) did you receive your nursing education? ________________________________

17. When were you first licensed as a registered nurse? 19____

18. What type of health agency are you currently employed in? 
   [ ] I am not currently working in the health profession
   [ ] Private hospital
   [ ] Physician's office
   [ ] Industry
   [ ] Nursing home
   [ ] State agency
   [ ] Health care group (e.g. HMO, Blue Cross/Blue Shield, VNA)
   [ ] School
   [ ] VA hospital/Federal government agency
   [ ] Education
   [ ] Other (please specify) ________________________________

19. In what area of nursing do you work? 
   [ ] I am not currently working in a nursing position
   [ ] Medical surgery
   [ ] Obstetrics and gynecology
   [ ] Emergency
   [ ] ICU
   [ ] OR-recovery and L & D
   [ ] Psychiatric
   [ ] Geriatrics
   [ ] General duty nurse
   [ ] Supervisory position
   [ ] School nurse
   [ ] Nurse educator
   [ ] Other (please specify) ________________________________

20. Where are you employed? ______________________ (State) ______________________ (County)

21. What is the name of your current employer? ________________________________
22. How long have you been employed by your current employer? ________ years

23. What is your current employment status?
   [ ] Full-time
   [ ] Full-time, but seeking part-time
   [ ] Part-time
   [ ] Part-time, but seeking full-time
   [ ] Other (please specify) ____________________________

24. Describe the following work characteristics:
   A. The length of your work week ________ days
   B. The length of your work day/shift ________ hours
   C. The shift you work on ________ shift
   D. The average amount of overtime you work each week ________ hours

25. What percent of your time do you routinely spend on the following?
   A. Attending meetings ________ percent
   B. Attending to patients/clients ________ percent
   C. Doing record keeping and clerical tasks ________ percent
   D. Other ________ percent

   Total 100 percent

26. If you work in a hospital setting, how many patients are you responsible for? _______________________ patients

27. What was the ONE main reason you ORIGINALLY decided to come to Delaware to work as a nurse?
   CHECK ONLY ONE
   [ ] Employment of spouse in Delaware
   [ ] Delaware is home, I never really considered going elsewhere
   [ ] Best job offer from Delaware
   [ ] Preferred to live in Delaware
   [ ] High salaries in Delaware
   [ ] Other (please specify) ____________________________

28. Are you currently working in any other job in addition to your primary job?
   [ ] Yes   [ ] No ( IF NO, SKIP TO QUESTION #31 )

29. If you work in an additional job, what type is it?
   [ ] Nursing   [ ] Sales   [ ] Clerical
   [ ] Other (please specify) ____________________________

30. How many hours a week do you work in the additional job? ____________

31. What things would most increase your satisfaction with your present primary job? ____________________________
32. What is your sex? [ ] Female [ ] Male

33. What is your age? ________________________________

34. What is your present marital status? [ ] Married [ ] Not Married

35. Do you have any children under 18? [ ] Yes [ ] No

35b. IF YES, what are their ages? ________________________________

36. Which of the following income categories best describes your income derived from your primary job before taxes?
[ ] I am not currently employed [ ] $25,001 to 27,500
[ ] $15,000 or less [ ] $27,501 to 30,000
[ ] $15,001 to 17,500 [ ] $30,001 to 35,000
[ ] $17,501 to 20,000 [ ] $35,001 to 40,000
[ ] $20,001 to 22,500 [ ] $40,001 to 50,000
[ ] $22,501 to 25,000 [ ] $50,001 or more

37. Which of the following income categories best describes your total 1986 household income from all sources, before taxes. Please include all sources of income to all members of the household (e.g. spouse's income if married).
[ ] $15,000 or less [ ] $27,501 to 30,000
[ ] $15,001 to 17,500 [ ] $30,001 to 35,000
[ ] $17,501 to 20,000 [ ] $35,001 to 40,000
[ ] $20,001 to 22,500 [ ] $40,001 to 50,000
[ ] $22,501 to 25,000 [ ] $50,001 or more
[ ] $25,001 to 27,500

38. Which of the following fringe benefits are offered by your employer? CHECK ALL THAT APPLY
[ ] Basic health insurance
[ ] Major medical/comprehensive health insurance
[ ] Dental insurance
[ ] Disability insurance
[ ] Life insurance
[ ] Maternity leave with assured return to employment
[ ] Retirement benefits
[ ] Tuition reimbursement
[ ] Attendance at professional meetings
[ ] Clinical specialty certification
[ ] Professional membership fees
[ ] Child care/day care
[ ] Other ________________________________

39. To what racial or ethnic group do you belong?
[ ] White/Caucasian [ ] Black [ ] Hispanic [ ] Asian/Oriental
[ ] American Indian [ ] Other (Please specify) ________________________________

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.