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**DELAWARE NURSES SURVEY**

**AUGUST 1987**

*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 followup on non-respondents.*

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

*Thank you again for your help.*

**DO NOT WRITE YOUR NAME ON THIS SURVEY.**

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.

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

	<u>Very</u> <u>Satisfied</u>	<u>Somewhat</u> <u>Satisfied</u>	<u>Somewhat</u> <u>Dissatis</u>	<u>Very</u> <u>Dissatis</u>
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.*

	<u>Help</u> <u>A Lot</u>	<u>Help A</u> <u>Little</u>	<u>No Help</u> <u>At All</u>
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?

	<u>Very Likely</u>	<u>Somewhat Likely</u>	<u>Somewhat Unlikely</u>	<u>Very Unlikely</u>
A. If now a nurse, accept a nursing position with another employer	_____	_____	_____	_____
B. Leave the nursing profession	_____	_____	_____	_____
C. Leave the job market	_____	_____	_____	_____
D. If not now a nurse, reenter the nursing profession	_____	_____	_____	_____

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?

<input type="checkbox"/> Diploma school	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Doctorate degree
<input type="checkbox"/> Baccalaureate degree	<input type="checkbox"/> 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?

- |  |   |
|--|---|
| <input type="checkbox"/> I am not currently employed | <input type="checkbox"/> \$25,001 to 27,500 |
| <input type="checkbox"/> \$15,000 or less            | <input type="checkbox"/> \$27,501 to 30,000 |
| <input type="checkbox"/> \$15,001 to 17,500          | <input type="checkbox"/> \$30,001 to 35,000 |
| <input type="checkbox"/> \$17,501 to 20,000          | <input type="checkbox"/> \$35,001 to 40,000 |
| <input type="checkbox"/> \$20,001 to 22,500          | <input type="checkbox"/> \$40,001 to 50,000 |
| <input type="checkbox"/> \$22,501 to 25,000          | <input type="checkbox"/> \$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).

- |   |   |
|---|---|
| <input type="checkbox"/> \$15,000 or less   | <input type="checkbox"/> \$27,501 to 30,000 |
| <input type="checkbox"/> \$15,001 to 17,500 | <input type="checkbox"/> \$30,001 to 35,000 |
| <input type="checkbox"/> \$17,501 to 20,000 | <input type="checkbox"/> \$35,001 to 40,000 |
| <input type="checkbox"/> \$20,001 to 22,500 | <input type="checkbox"/> \$40,001 to 50,000 |
| <input type="checkbox"/> \$22,501 to 25,000 | <input type="checkbox"/> \$50,001 or more   |
| <input type="checkbox"/> \$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.