



Minnesota Registered Nurse Workforce Survey

Survey Instructions

- Using a pen or pencil, please clearly indicate your response to each question by completely filling in the appropriate square (example:) or by clearly printing your response in the space provided for each question where a written response is required. For each question, indicate only one response unless otherwise directed.
 - The **Minnesota Registered Nurse Workforce Survey** is composed of seven sections:
 - Section A: **Demographic Background**
 - Section B: **Education and Licensure**
 - Section C: **Current Employment**
 - Section D: **Previous Nursing Employment**
 - Section E: **Future Plans**
 - Section F: **Job Satisfaction**
 - Section G: **Additional Comments**
- Please complete **EVERY** section of the survey unless otherwise directed.
- Since your response to this survey will be anonymous, no data identifying individual respondents directly or indirectly will be distributed or published. When you have completed the survey, place it in the postage paid envelope inserted in the survey. If no return envelope is included in your survey, please mail your survey to Michael Grover, Minnesota Department of Health, P.O. Box 64975, St. Paul, Minnesota 55164.
 - If you have questions about individual items on this survey, please contact Michael Grover at 651-282-5642 or toll free 1-800-366-5424 or michael.grover@health.state.mn.us.

Section A: Background

1. What is your gender? 1. Male 2. Female
2. What is your age? _____
3. What is the population of the town/city you currently live in? (Check only **ONE**)
 - 1. Fewer than 500 2. 500-999 3. 1,000-4,999 4. 5,000-9,999
 - 5. 10,000-14,999 6. 15,000-39,999 7. 40,000-99,999 8. More than 100,000
4. What is your primary racial or ethnic background? (Check only **ONE**)
 - 1. White, non-Hispanic 2. Hispanic or Latino/a 3. Black or African-American 4. Asian
 - 5. Native American/Alaska Native 6. Pacific Islander/Native Hawaiian 7. Other _____
5. Are you the primary wage earner for your household? Yes No
6. What was your household's income in 2000? (Check only **ONE**)
 - 1. Less than \$25,000 2. \$25,000 to 34,999 3. \$35,000 to 49,999 4. \$50,000 to 64,999
 - 5. \$65,000 to 79,999 6. \$80,000 or more
7. Are you currently a member of a nursing union? Yes No
8. What is your current marital status? (Check only **ONE**)
 - 1. Single, never married 2. Married 3. Divorced 4. Widowed 5. Living in a committed relationship but not married
9. How many dependent children do you have? (Check **ALL** that apply)
 - 1. Under age 4 0 1 2 3 4 or more
 - 2. Between the ages of 5 and 12 0 1 2 3 4 or more
 - 3. Between the ages of 13 and 18 0 1 2 3 4 or more
 - 4. Older than 18 0 1 2 3 4 or more
10. Indicate your top **THREE** reasons, using the numbers 1, 2 and 3 (with 1 signifying the most important reason) for choosing a career in nursing.
 - _____ 1. Influenced by relative or friend. _____ 6. To comfort and care for those in need.
 - _____ 2. Influenced by personal experience with healthcare. _____ 7. Opportunity for career advancement.
 - _____ 3. Influenced by career counseling. _____ 8. Flexible working schedule.
 - _____ 4. Salary/benefits. _____ 9. Limited opportunity in other careers.
 - _____ 5. I wanted to be a part of a respected profession. _____ 10. Other (specify) _____

Section B: Education and Licensure

1. Indicate your level of educational preparation. Include information for **ALL** degrees you have received, including those not in the nursing field. If you attended more than one educational institution, **ONLY** include information for the school from which you graduated.

Degree	City and State	Year Degree Was Completed
High School/GED	_____	_____

Degree	Completed Field of Study <i>(Example: Nursing)</i>	Year Degree Was Completed	Institution Name and State <i>(Example: College of St. Catherine, MN)</i>
<input type="checkbox"/> Diploma	_____	_____	_____
<input type="checkbox"/> Associate	_____	_____	_____
<input type="checkbox"/> Bachelors	_____	_____	_____
<input type="checkbox"/> Masters	_____	_____	_____
<input type="checkbox"/> Doctorate	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

2a. Are you certified as an advanced practice RN? Yes No

If you responded "YES" to question 2a, please complete question 2b. If you responded "NO" to question 2a, go to question 3.

2b. Indicate the category in which you are certified and all specialties you have within the category. Include the institution from which you received the educational preparation and the date the certificate was received. *(Fill in ALL that apply)*

Advanced Practice Category	Year Certification Was Completed	Institution Name and State <i>(Example: College of St. Catherine, MN)</i>
<input type="checkbox"/> Certified Nurse Practitioner	_____	_____
<input type="checkbox"/> Clinical Nurse Specialist	_____	_____
<input type="checkbox"/> Certified Nurse-Midwife	_____	_____
<input type="checkbox"/> Certified RN Anesthetist	_____	_____
<input type="checkbox"/> Public Health Nurse	_____	_____
<input type="checkbox"/> Other <i>(specify)</i> _____	_____	_____

3. In what year did you obtain your Minnesota Registered Nurse license? _____

4a. Do you currently hold an ACTIVE registered nurse license in Minnesota? Yes No

- If you responded "YES" to question 4a, please only complete question 4b.
- If you responded "NO" to question 4a, please only complete question 4c.

4b. Which of the following choices best describes your current professional status? *(Check ALL that apply)*

- | | |
|--|--|
| <input type="checkbox"/> 1. Employed in a position requiring an active RN license. | <input type="checkbox"/> 6. Volunteer only. |
| <input type="checkbox"/> 2. Employed in a non-nursing position. | <input type="checkbox"/> 7. Leave of absence. |
| <input type="checkbox"/> 3. Unemployed seeking job that requires an active RN license. | <input type="checkbox"/> 8. Retired |
| <input type="checkbox"/> 4. Unemployed not seeking job that requires an active RN license. | <input type="checkbox"/> 9. Student <i>(specify major)</i> _____ |
| <input type="checkbox"/> 5. Not working due to family or medical reasons. | <input type="checkbox"/> 10. Other <i>(specify)</i> _____ |

4c. Which of the following choices best describes your current professional status? *(Check ALL that apply)*

- | | |
|---|--|
| <input type="checkbox"/> 1. Retired. | <input type="checkbox"/> 4. Student <i>(specify major)</i> _____ |
| <input type="checkbox"/> 2. Inactive due to family or medical reasons. | <input type="checkbox"/> 5. Other <i>(specify)</i> _____ |
| <input type="checkbox"/> 3. Inactive and employed in non-nursing field. | |

5. Do you currently hold an active RN license from another state? Yes *(specify which state(s))* _____ No

6. Do you currently hold an active Minnesota LPN license? Yes No

Section C: Current Employment

Instructions:

- In this section, please identify your current employment. Please include information for **ALL** paid and unpaid positions you currently hold.
- Please list the jobs you currently hold that require an ACTIVE RN license in the **NURSING EMPLOYMENT** section. Please list the jobs that you currently hold that do not require an active RN license in the **NON-NURSING EMPLOYMENT** section.
- If you work for more than two employers, provide information on the two jobs where you work the most hours.
- After completing this section, go to Section D.

Nursing Employment

Current Nursing Employer 1

1. How long have you worked for this employer? Dates (month/year) held _____/_____/_____ to present

2. What positions have you held with this employer? (Please begin with the **CURRENT** position held)

- | | |
|-----------------------------|--|
| 1. Current Job title _____ | Dates (month/year) held _____/_____/_____ to present |
| 2. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 3. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 4. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 5. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |

3. Where is this facility/employer located? (Check only **ONE**)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> 1. Minneapolis/St. Paul | <input type="checkbox"/> 2. Suburban Twin Cities | <input type="checkbox"/> 3. St. Cloud, Rochester or Duluth | <input type="checkbox"/> 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth | <input type="checkbox"/> 5. Other state (specify) _____ |
|--|--|--|---|---|

■ Questions 4 to 10 relate to the **CURRENT POSITION** you hold for this employer.

4. On average, how many hours do you work per pay period? _____ hours Pay period type. Weekly Bi-weekly Monthly

5. On average, how many hours do you work beyond your work agreement each pay period? _____ hours

6. On average, how many hours per pay period do you provide OR supervise direct patient care? _____ hours

7. What is your hourly wage OR annual salary? Hourly Wage: \$_____ Annual Salary: \$_____

8. What type of facility/employer is this? (Check only **ONE**)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 1. Hospital-Inpatient | <input type="checkbox"/> 4. Clinic/Provider office | <input type="checkbox"/> 7. Public health agency | <input type="checkbox"/> 10. Independent practice |
| <input type="checkbox"/> 2. Hospital-Outpatient | <input type="checkbox"/> 5. Nursing Home | <input type="checkbox"/> 8. Rehabilitation facility | <input type="checkbox"/> 11. Insurance/Utilization Review |
| <input type="checkbox"/> 3. Non-hospital Outpatient | <input type="checkbox"/> 6. Home health agency | <input type="checkbox"/> 9 School/College/University | <input type="checkbox"/> 12. Other _____ |

9. What type of department/unit/area do you work in at this facility/employer? (Check only **ONE**)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 1. Medical/Surgical | <input type="checkbox"/> 4. Psychiatric/Behavioral | <input type="checkbox"/> 7. Public Health | <input type="checkbox"/> 10. Education/Research |
| <input type="checkbox"/> 2. Operating Room/Recovery | <input type="checkbox"/> 5. Obstetric/Gynecologic | <input type="checkbox"/> 8. Home Care | <input type="checkbox"/> 11. Long-term/Assisted Care |
| <input type="checkbox"/> 3. Intensive care | <input type="checkbox"/> 6. Emergency | <input type="checkbox"/> 9. School Health Services | <input type="checkbox"/> 12. Other _____ |

10. What is your primary professional activity at this facility/employer? (Check only **ONE**)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> 1. Provide patient care | <input type="checkbox"/> 3. Supervise patient care | <input type="checkbox"/> 5. Case Management | <input type="checkbox"/> 7. Telephone Triage |
| <input type="checkbox"/> 2. Administration | <input type="checkbox"/> 4. Insurance/Utilization reviews | <input type="checkbox"/> 6. Teaching | <input type="checkbox"/> 8. Other _____ |

Nursing Employer 2

11. How long did you work for this employer? Dates (month/year) held _____/_____/_____ to present

12. What positions have you held for this employer? (Please begin with the **CURRENT** position held)

1. Current Job title _____ Dates (month/year) held _____/_____/_____ to present
2. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
3. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
4. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
5. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____

13. Where is this facility/employer located? (Check only **ONE**)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

■ Questions 14 to 20 relate to the **CURRENT POSITION** you hold for this employer.

14. On average, how many hours do you work per pay period? _____ hours Pay period type. Weekly Bi-weekly Monthly

15. On average, how many hours do you work beyond your work agreement each pay period? _____ hours

16. On average, how many hours per pay period do you provide OR supervise direct patient care? _____ hours

17. What is your hourly wage OR annual salary? Hourly Wage: \$ _____ Annual Salary: \$ _____

18. What type of facility/employer is this? (Check only **ONE**)

1. Hospital-Inpatient 2. Hospital-Outpatient 3. Non-hospital Outpatient 4. Clinic/Provider office 5. Nursing Home 6. Home health agency 7. Public health agency 8. Rehabilitation facility 9. School/College/University 10. Independent practice 11. Insurance/Utilization Review 12. Other _____

19. What type of department/unit/area do you work in at this facility/employer? (Check only **ONE**)

1. Medical/Surgical 2. Operating Room/Recovery 3. Intensive care 4. Psychiatric/Behavioral 5. Obstetric/Gynecologic 6. Emergency 7. Public Health 8. Home Care 9. School Health Services 10. Education/Research 11. Long-term/Assisted Care 12. Other _____

20. What is your primary professional activity at this facility/employer? (Check only **ONE**)

1. Provide patient care 2. Administration 3. Supervise patient care 4. Insurance/Utilization reviews 5. Case Management 6. Teaching 7. Telephone Triage 8. Other _____

* This portion is for any additional employment that DOES NOT require an ACTIVE Registered Nurse License *

Non-Nursing Employment

Non-Nursing Employer 1

21. Current Job title _____

22. Dates (month/year) employed at this facility/employer. _____/_____/_____ to present

23. Where is this facility/employer located? (Check only **ONE**)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

24. How many hours do you work per pay period? _____ hours Pay period type. Weekly Bi-weekly Monthly

25. What was your hourly wage OR annual salary in this position? Hourly Wage: \$ _____ Annual Salary: \$ _____

Non-Nursing Employer 2

26. Current Job title _____

27. Dates (month/year) employed at this facility/employer. _____/_____/_____ to present

28. Where is this facility/employer located? (Check only **ONE**)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

29. On average, how many hours do you work per pay period? _____ hours Pay period type. Weekly Bi-weekly Monthly

30. What was your hourly wage OR annual salary in this position? Hourly Wage: \$ _____ Annual Salary: \$ _____

Section D: Previous Nursing Employment

Instructions:

- This section is designed to obtain information about your previous employment as a licensed RN.
- Include information **ONLY** for paid and unpaid positions that required an **ACTIVE RN LICENSE**. If you have worked for more than three employers in the past, only provide information about the three most recent employers.
- After completing this section, go to Section E.

Previous Nursing Employer 1

1. How long did you work for this employer? Dates (month/year) held _____/_____/_____ to _____/_____/_____

2. What positions did you hold for this employer? (Please begin with the **LAST** position held.)

- | | |
|-----------------------------|--|
| 1. Last Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 2. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 3. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 4. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 5. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |

3. Where is this facility/employer located? (Check only **ONE**)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

■ Questions 4 to 11 relate to the **LAST POSITION** you held for this employer.

4. On average, how many hours did you work per pay period? _____ hours Pay period type. Weekly Bi-weekly Monthly

5. On average, how many hours do you work beyond your work agreement each pay period? _____ hours

6. On average, how many hours per pay period did you provide OR supervise direct patient care? _____ hours

7. What was your hourly wage OR annual salary in this position? Hourly Wage: \$_____ Annual Salary: \$_____

8. Why did you leave this position? (Check **ALL** that apply)

1. Personal/Family reasons. 3. Insufficient compensation. 5. Retirement. 7. Layoff/Termination.
 2. Unacceptable work conditions. 4. Return to school. 6. Temporary position. 8. Other (specify) _____

9. What type of facility/employer is this? (Check only **ONE**)

1. Hospital-Inpatient 4. Clinic/Provider office 7. Public health agency 10. Independent practice
 2. Hospital-Outpatient 5. Nursing Home 8. Rehabilitation facility 11. Insurance/Utilization Review
 3. Non-hospital Outpatient 6. Home health agency 9. School/College/University 12. Other _____

10. What type of department/unit/area do you work in at this facility/employer? (Check only **ONE**)

1. Medical/Surgical 4. Psychiatric/Behavioral 7. Public Health 10. Education/Research
 2. Operating Room/Recovery 5. Obstetric/Gynecologic 8. Home Care 11. Long-term/Assisted Care
 3. Intensive care 6. Emergency 9. School Health Services 12. Other _____

11. What was your primary professional activity at this facility/employer? (Check only **ONE**)

1. Provide patient care 3. Supervise patient care 5. Case Management 7. Telephone Triage
 2. Administration 4. Insurance/Utilization reviews 6. Teaching 8. Other _____

Previous Nursing Employer 2

12. How long did you work for this employer? Dates (month/year) held _____/_____/_____ to _____/_____/_____

13. What positions did you hold for this employer? (Please begin with the **LAST** position held.)

- | | |
|-----------------------------|--|
| 1. Last Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 2. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 3. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 4. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |
| 5. Previous Job title _____ | Dates (month/year) held _____/_____/_____ to _____/_____/_____ |

14. Where is this facility/employer located? (Check only ONE)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

■ Questions 15 to 22 relate to the **LAST POSITION/JOB TITLE** you held for this employer.

15. On average, how many hours did you work per pay period? _____ hours **Pay period type.** Weekly Bi-weekly Monthly

16. On average, how many hours do you work beyond your work agreement each pay period? _____ hours

17. On average, how many hours per pay period did you provide OR supervise direct patient care? _____ hours

18. What was your hourly wage OR annual salary in this position? Hourly Wage: \$ _____ Annual Salary: \$ _____

19. Why did you leave this position? (Check ALL that apply)

1. Personal/Family reasons. 2. Unacceptable work conditions. 3. Insufficient compensation. 4. Return to school. 5. Retirement. 6. Temporary position. 7. Layoff/Termination. 8. Other (specify) _____

20. What type of facility/employer is this? (Check only ONE)

1. Hospital-Inpatient 2. Hospital-Outpatient 3. Non-hospital Outpatient 4. Clinic/Provider office 5. Nursing Home 6. Home health agency 7. Public health agency 8. Rehabilitation facility 9. School/College/University 10. Independent practice 11. Insurance/Utilization Review 12. Other _____

21. What type of department/unit/area do you work in at this facility/employer? (Check only ONE)

1. Medical/Surgical 2. Operating Room/Recovery 3. Intensive care 4. Psychiatric/Behavioral 5. Obstetric/Gynecologic 6. Emergency 7. Public Health 8. Home Care 9. School Health Services 10. Education/Research 11. Long-term/Assisted Care 12. Other _____

22. What was your primary professional activity at this facility/employer? (Check only ONE)

1. Provide patient care 2. Administration 3. Supervise patient care 4. Insurance/Utilization reviews 5. Case Management 6. Teaching 7. Telephone Triage 8. Other _____

Previous Nursing Employer 3

23. How long did you work for this employer? Dates (month/year) held _____/_____/_____ to _____/_____/_____

24. What positions did you hold for this employer? (Please begin with the **LAST** position held.)

1. Last Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
2. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
3. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
4. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____
5. Previous Job title _____ Dates (month/year) held _____/_____/_____ to _____/_____/_____

25. Where is this facility/employer located? (Check only ONE)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

■ Questions 26 to 33 relate to the **LAST POSITION/JOB TITLE** you held for this employer.

26. On average, how many hours did you work per pay period? _____ hours **Pay period type.** Weekly Bi-weekly Monthly

27. On average, how many hours did you work beyond your work agreement each pay period? _____ hours

28. On average, how many hours per pay period did you provide OR supervise direct patient care? _____ hours

29. What was your hourly wage OR annual salary in this position? Hourly Wage: \$ _____ Annual Salary: \$ _____

30. Why did you leave this position? (Check ALL that apply)

1. Personal/Family reasons. 2. Unacceptable work conditions. 3. Insufficient compensation. 4. Return to school. 5. Retirement. 6. Temporary position. 7. Layoff/Termination. 8. Other (specify) _____

31. What type of facility/employer is this? (Check only ONE)

1. Hospital-Inpatient 2. Hospital-Outpatient 3. Non-hospital Outpatient 4. Clinic/Provider office 5. Nursing Home 6. Home health agency 7. Public health agency 8. Rehabilitation facility 9. School/College/University 10. Independent practice 11. Insurance/Utilization Review 12. Other _____

32. What type of department/unit/area do you work in at this facility/employer? (Check only ONE)

1. Medical/Surgical 2. Operating Room/Recovery 3. Intensive care 4. Psychiatric/Behavioral 5. Obstetric/Gynecologic 6. Emergency 7. Public Health 8. Home Care 9. School Health Services 10. Education/Research 11. Long-term/Assisted Care 12. Other _____

33. What was your primary professional activity at this facility/employer? (Check only ONE)

1. Provide patient care 2. Administration 3. Supervise patient care 4. Insurance/Utilization reviews 5. Case Management 6. Teaching 7. Telephone Triage 8. Other _____

Section E: Future Plans

1a. Do you plan to pursue additional training in nursing within the next two years? Yes No

1b. If "Yes," what types of additional training, beyond continuing education credits, do you plan to pursue?

- Baccalaureate Degree Doctoral Degree
 Advanced Practice Certification (specify) _____ Other _____
 Masters Degree

2a. Do you plan to change practice locations within the next two years? Yes No

2b. If "YES," to what type of facility do you plan to move? (Check only ONE)

1. Hospital-Inpatient 4. Clinic/Provider office 7. Public health agency 10. Independent practice
 2. Hospital-Outpatient 5. Nursing Home 8. Rehabilitation facility 11. Insurance/Utilization Review
 3. Non-hospital Outpatient 6. Home health agency 9 School/College/University 12. Other _____

2c. Is the practice located in the region where you are currently employed? Yes No

2d. If "NO," where is the practice location? (Check only ONE)

1. Minneapolis/St. Paul 2. Suburban Twin Cities 3. St. Cloud, Rochester or Duluth 4. Outside of Twin Cities, St. Cloud, Rochester and Duluth 5. Other state (specify) _____

3a. Do you plan on leaving the nursing profession for any reason within the next two years? Yes No

3b. If "YES," using the numbers 1, 2 and 3 (with 1 signifying the most important reason), indicate your top THREE reasons for leaving the profession using the choices listed below.

- ____ 1. Retirement. 8. Unable to provide safe and quality care.
 ____ 2. Personal/Family reasons. 9. Return to school.
 ____ 3. Dissatisfied with work arrangements. (hours/location) 10. Seeking new career in health care.
 ____ 4. Dissatisfied with work compensation. (pay/benefits) 11. Seeking new career outside of nursing/health care.
 ____ 5. Dissatisfied with workload. (hours/duties) 12. Illness/Disability
 ____ 6. Dissatisfied with working conditions. 13. Other (specify) _____
 ____ 7. Dissatisfied with current employer/management.

Section F: Job Satisfaction

Note: Section F is only for those RNs currently working in a patient care setting. If you do not currently work in a patient care setting, please skip this section and go to Section G.

Instructions:

The following 45 items represent statements about current job satisfaction. Select the category that comes closest to your response to the statement. It is very important that you give an *honest* opinion. Please do not go back and change any of your answers. After completing this section, go to Section G.

Instructions for Scoring:

Please circle the number that most closely indicates how you feel about each statement. The three numbers on the left (1, 2 and 3) indicate degrees of **agreement**. The three numbers on the right (5, 6 and 7) indicate degrees of **disagreement**. The numbers correspond to the following statements listed to the right: Please use the "na" or not applicable category to respond to those questions that do not apply directly to you or your work setting.

- 1 = Strongly agree
 2 = Agree
 3 = Somewhat agree
 4 = Undecided
 5 = Somewhat disagree
 6 = Disagree
 7 = Strongly disagree
 na = not applicable

1. My present salary is satisfactory.	1	2	3	4	5	6	7	na
2. Nursing is widely recognized as being an important profession.	1	2	3	4	5	6	7	na
3. The nursing personnel pitch in and help one another out when things get in a rush where I work.	1	2	3	4	5	6	7	na
4. There is too much clerical and "paperwork" required in my job.	1	2	3	4	5	6	7	na
5. I have sufficient control over scheduling my own shifts where I work.	1	2	3	4	5	6	7	na
6. Physicians cooperate with and respect the professionalism of the nursing staff where I work.	1	2	3	4	5	6	7	na
7. I feel that I am supervised more closely than is necessary.	1	2	3	4	5	6	7	na
8. Nursing personnel where I work are satisfied with their pay.	1	2	3	4	5	6	7	na

Instructions for Scoring:								1 = Strongly agree
Please circle the number that most closely indicates how you feel about each statement. The three numbers on the left (1, 2 and 3) indicate degrees of agreement . The three numbers on the right (5, 6 and 7) indicate degrees of disagreement . The numbers correspond to the following statements listed to the right: Please use the "na" or not applicable category to respond to those questions that do not apply directly to you or your work setting.								2 = Agree
								3 = Somewhat agree
								4 = Undecided
								5 = Somewhat disagree
								6 = Disagree
								7 = Strongly disagree
								na = not applicable
9. The general public appreciates the importance of nursing care for patients.	1	2	3	4	5	6	7	na
10. It is hard for new nurses to feel "at home" in the unit where I work.	1	2	3	4	5	6	7	na
11. The job I do is important.	1	2	3	4	5	6	7	na
12. I feel respected by management/supervisors where I work.	1	2	3	4	5	6	7	na
13. I feel I have sufficient input into the program of care for each of my patients.	1	2	3	4	5	6	7	na
14. Considering what is expected of nursing personnel where I work, the pay we get is reasonable.	1	2	3	4	5	6	7	na
15. I think I could deliver a better plan of care if I did not have so much to do all the time.	1	2	3	4	5	6	7	na
16. There is a good deal of teamwork and cooperation between various levels of nursing personnel where I work.	1	2	3	4	5	6	7	na
17. I have too much responsibility and not enough authority.	1	2	3	4	5	6	7	na
18. There are enough opportunities for advancement of nursing personnel where I work.	1	2	3	4	5	6	7	na
19. There is a lot of teamwork between nurses and doctors where I work.	1	2	3	4	5	6	7	na
20. My supervisors make all the decisions. I have little direct control over my own work.	1	2	3	4	5	6	7	na
21. The present rate of increase in pay for nursing personnel where I work is satisfactory.	1	2	3	4	5	6	7	na
22. I am satisfied with the types of activities that I do on my job.	1	2	3	4	5	6	7	na
23. The nursing personnel where I work are not as friendly and outgoing as I would like.	1	2	3	4	5	6	7	na
24. I have plenty of time and opportunity to discuss patient care problems with other nursing personnel.	1	2	3	4	5	6	7	na
25. I am confident that a family member or I would receive high quality care where I work.	1	2	3	4	5	6	7	na
26. There is ample opportunity for nursing staff to participate in the administrative decision-making process where I work.	1	2	3	4	5	6	7	na
27. A great deal of independence is permitted, if not required, of me where I work.	1	2	3	4	5	6	7	na
28. What I do on my job does not add up to anything really significant.	1	2	3	4	5	6	7	na
29. Nurses seldom mingle with those workers with less experience or different types of educational preparation where I work.	1	2	3	4	5	6	7	na
30. I have sufficient time for direct patient care.	1	2	3	4	5	6	7	na
31. I am frequently frustrated because all of my nursing activities seem programmed for me.	1	2	3	4	5	6	7	na
32. I am sometimes required to do things on my job that are against my better professional nursing judgment.	1	2	3	4	5	6	7	na
33. Administrative decisions at this facility interfere too much with patient care.	1	2	3	4	5	6	7	na
34. It makes me proud to talk to other people about my job as a nurse.	1	2	3	4	5	6	7	na
35. I wish the physicians where I work would show more respect for the skill and knowledge of the nursing staff.	1	2	3	4	5	6	7	na
36. I could deliver much better care if I had more time with each patient.	1	2	3	4	5	6	7	na
37. Physicians at this facility generally understand and appreciate what the nursing staff does.	1	2	3	4	5	6	7	na
38. If I had the decision to make all over again, I would still go into nursing.	1	2	3	4	5	6	7	na
39. The physicians at this facility look down too much on the nursing staff.	1	2	3	4	5	6	7	na
40. I am satisfied with the voice I have in planning policies and procedures where I work.	1	2	3	4	5	6	7	na
41. My particular job really doesn't require much skill or "know-how."	1	2	3	4	5	6	7	na
42. The nursing administrators/supervisors generally consult with the staff on daily problems and procedures.	1	2	3	4	5	6	7	na
43. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	1	2	3	4	5	6	7	na
44. An upgrading of pay schedules for nursing personnel is needed where I work.	1	2	3	4	5	6	7	na
45. I encourage others to pursue a career in nursing.	1	2	3	4	5	6	7	na

Section G: Additional Comments

Instructions: In the space below and on the following page, please provide any additional comments that you feel would add to the information collected in this survey.

Thank you for completing this survey!

Please return your completed survey in the postage-paid return envelope inserted in this survey.