North Dakota Nursing Needs Study

Licensed Nurse Focus Group Results

Center for Rural Health

North Dakota Center for Health Workforce Data

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Patricia Moulton, Ph.D.
Holly Dannewitz, B.A.
Seth Christman
Ronald Park M.A.
Garth Kruger, M.A.
Mary Wakefield, Ph.D., R.N.

Center for
Rural Health
University of North Dakota
School of Medicine and Health Sciences

Table of Contents

Executive Summary

Background

The Nursing Needs study was mandated by the NDCC Nurse Practices Act 43-12.1-08.2 in which the North Dakota Board of Nursing was directed to address issues of supply and demand including issues of recruitment, retention and utilization of nurses. The North Dakota Board of Nursing then contracted with the Center for Rural Health at the School of Medicine and Health Sciences, University of North Dakota to conduct the Nursing Needs study.

This study initiated in 2002, was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. During the first year of the study, data collection includes four projects. The first is a facility survey which was sent to all hospitals, long-term care facilities, clinics, home health and regional public health facilities in order to determine demand for nurses and recruitment and retention efforts. The second project was a survey of RNs and LPNs throughout North Dakota. The third project involved conducting several focus groups separately with students and nurses throughout the state. The nursing (RN and LPN) focus groups centered on determining job satisfaction and identifying changes that would encourage nurses to work in North Dakota facilities especially those in rural areas. The focus groups with nursing students (RN and LPN) included questions such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. The fourth project was a survey of nursing program faculty and questions included their views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and changes that may improve the nursing workforce as a whole.

Licensed Nurse Focus Group Results

Ninety-three nurses participated in eight focus groups: 35 were RNs and 58 were LPNs. Focus groups were held in four urban (Grand Forks, Fargo, Bismarck/Mandan, and Minot) and four rural/semi-rural (Hettinger, Williston, Jamestown and Devils Lake) cities.

- **Demographics**
  Most nurses in the focus groups were Caucasian and female. Average age of RNs and LPNs was 49 years. Three-fourths of the nurses are married and over eighty percent of the nurses have children. More urban nurses have earned a baccalaureate degree or higher as compared to rural nurses. More rural nurses have earned a diploma in nursing than urban nurses.

- **Description of Primary Employment Position and Setting**
  Most of the nurses are currently employed and work an average of 32 hours a week. Over half of the nurses surveyed are general or staff nurses with many employed at hospitals. However, nurses from all health care settings were represented.

  Nurses have worked in nursing for an average of 12 years and plan to work for an average of 14 more years. Over half of LPNs plan to leave their current nursing position by 2010 and 78% by 2023. Over half of RNs plan to leave their current position by 2015 and 77% by 2023.

- **Perception of Nursing Profession**
  Most nurses would recommend the nursing profession to a friend of family member.

- **Nursing Shortage Solutions**
  Solutions to address potential nursing shortage included reduction of entry into practice requirements, more financial aid, increasing salary and wages, improving benefits and the work environment and improving the image of nursing.

- **Index of Work Satisfaction**
  As measured by a standard index of work satisfaction, nurses have a low amount of job satisfaction which is in agreement with national data. Nurses scored highest on interaction (teamwork) and autonomy (responsibility and independence) and lowest on task requirements (paperwork, direct patient care time) questions.

- **Focus Group Results**
  In the discussion, nurses indicated that although they enjoy working with their patients, they have too many patients and too much paperwork which results in less direct patient care. Few nurses reported having supportive and responsive employers when concerns are raised or are involved in making positive changes. A few nurses reported difficulty interacting with physicians. Several nurses felt unprepared after graduating from their education program and suggested more clinical training. Nurses suggested that an increase in pay and a decrease in paperwork and patient load would help address a nursing shortage.

North Dakota Nursing Needs Study Introduction

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This study initiated in 2002, was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. During the first year of the study, data collection includes four projects. The first is a facility survey which was sent to all hospitals, long-term care facilities, clinics, home health and regional public health facilities in order to determine demand for nurses and recruitment and retention efforts. The second project was a survey of RNs and LPNs throughout North Dakota. The third project involved conducting several focus groups separately with students and nurses throughout the state. The nursing (RN and LPN) focus groups centered on determining job satisfaction and identifying changes that would encourage nurses to work in North Dakota facilities especially those in rural areas. The focus groups with nursing students (RN and LPN) included questions such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. The fourth project was a survey of nursing program faculty and questions included their views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and changes that may improve the nursing workforce as a whole.

Licensed Nurse Focus Group Results

Focus groups with nurses were held in four urban (Grand Forks, Fargo, Bismarck/Mandan, and Minot) and four rural/semi-rural (Hettinger, Williston, Jamestown and Devils Lake) cities. These cities were chosen to represent the four quadrants of the state and the choice of rural and semi-rural cities was based on those cities with the most nurses in order to ensure adequate participation in the focus groups. RNs and LPNs each had separate focus groups scheduled on the same day in each city. All RNs and LPNs in the rural and semi-rural cities (Hettinger, Williston, Jamestown and Devils Lake) were sent an invitation to participate in a focus group. In the urban cities (Grand Forks, Fargo, Bismarck/Mandan, and Minot) a random sample of 150 RNs and 150 LPNs were sent an invitation.

Nurses were asked to call a toll-free number or email to sign up for the group. A limit of 15 nurses was set for each focus group. At the time of registration nurses were asked what their employment position was, and if they were in management they were excluded from the focus groups. Each focus group lasted about one hour and was held at a neutral location such as a public library or a university.

The focus groups were facilitated using a set of questions in a discussion guide which included questions from the Robert Wood Johnson RN Focus Group Discussion guide (Kimball & O'Neil, 2002) and other open-ended questions as appropriate. The Robert Wood Johnson RN Focus groups included 74 hospital RNs from three states (Arizona, Kansas and Florida). After the discussion (30-45 minutes) a short survey was completed which included demographic questions and an index of work satisfaction.

A total of 35 RNs and 58 LPNs participated. Note that not all participants answered all questions, so percentages may not total 100%. Data is divided by licensure status (RN and LPN) and by setting (urban and rural). Numbers in parenthesis are the number of RNs or LPNs.

Demographic Statistics

- **Race**

  Of RNs who participated 94% (33) were Caucasian, 3% (1) were Asian/Pacific Islander and 3% (1) marked other. 100% (13) of rural RNs were Caucasian. 90% (20) of urban RNs were Caucasian, 5% (1) were Asian/Pacific Islander and 5% (1) marked other.

  Of LPNs who participated 98% (57) were Caucasian and 2% (1) declined to answer. 100% (24) of urban LPNs were Caucasian. 97% (33) of rural LPNs were Caucasian and 3% (1) declined to answer.

- **Gender**

  97% (34) of RNs were female and 3% (1) were male. 95% (21) of urban RNs were female and 5% (1) were male. 100% (13) of the rural RNs were female.

  98% (57) of LPNs were female and 2% (1) was male. 96% (23) of urban LPNs were female and 4% (1) was male. 100% (34) of rural LPNs were female.

- **Age**

  The average age of RNs was 48. The average age of urban RNs was 46. The average age of rural RNs was 52.

  The average age of LPNs was 51. The average age of urban LPNs was 48. The average age of rural LPNs was 52.

- **Marital Status**

  74% (26) of RNs were married, 14% (5) were divorced, and 11% (4) were single. 68% (15) of urban RNs were married, 23% (5) were divorced, and 9% (2) were single. 85% (11) of rural RNs were married, none were divorced, and 15% (2) were single.

  76% (45) of LPNs were married, 5% (3) were divorced, and 17% (10) were single. 79% (19) urban LPNs were married, 4% (1) were divorced, and 17% (4) were single. 74% (25) of rural LPNs were married, 6% (2) were divorced, and 18% (6) were single.

- **Children**

  86% (30) of RNs have children with an average of 2.6 children. 77% (17) of urban RNs have children with an average of 2.6 children. 92% (12) of rural RNs have children with an average of 2.6 children.

6

86% (50) of LPNs have children with an average of 2.7 children. 85% (29) of rural LPNs have children with an average of 2.9 children. 88% (21) of urban LPNs have children with an average of 2.6 children.

- **Education**

53% (24) of urban nurses and 26% (12) of rural nurses have earned a baccalaureate degree or higher (see Table 1). More rural nurses (38%) have earned a diploma in nursing than urban nurses (27%).

Table 1: Education

	Urban Nurses	Rural Nurses
Diploma in Nursing	27%	38%
Associate Degree: Nursing	20%	34%
Associate Degree: Other	0	2%
Baccalaureate Degree: Nursing	32%	18%
Baccalaureate Degree: Other	7%	2%
Masters Degree: Nurse Practitioner	0	2%
Masters Degree: Certified Nurse Midwife	0	0
Masters Degree: Clinical Nurse Specialist	2%	2%
Masters Degree: Other Nursing	7%	2%
Masters Degree: Other	5%	0
Doctoral Degree	0	0

Description of Primary Employment Position and Setting

- Most nurses indicated that they work as a staff or general-duty nurse which accounted for the majority of LPNs (see Table 2).

Table 2: Position Description

	Rural RNs	Urban RNs	Rural LPNs	Urban LPNs
Staff or General-duty Nurse	42%	42%	70%	74%
Quality-assurance or Infection-control	--	5%	--	--
Discharge planner or Case Manager	17%	5%	--	--
Utilization-review or Outcome Management	--	5%	--	--
Educator (School or In-service)	17%	14%	6%	--
Research Consultant	--	5%	--	--
Administrator or Department Supervisor	8%	--	--	--
Team-leader or Charge-nurse	8%	10%	9%	4%
Other Nurse	8%	14%	9%	22%

- RNs represented all health care settings and LPNs represented all health care settings except insurance companies and nursing education (see Table 3). Most rural RNs work in public health and nursing education whereas most urban RNs work in hospitals. Most rural LPNs work in hospitals and most urban LPNs work in ambulatory care.

Table 3: Setting Type

	Rural RNs	Urban RNs	Rural LPNs	Urban LPNs
Hospitals	17%	41%	32%	22%
Ambulatory Care	--	5%	16%	26%
Public Health	25%	9%	10%	--
Insurance Companies	--	5%	--	--
Long Term Care	17%	9%	23%	22%
Home Health	8%	5%	--	9%
Nursing Education	25%	--	--	--
School Health	--	14%	3%	--
Other Type	8%	18%	23%	22%

- **Hours Worked in Primary Employment Setting**

  Both urban and rural RNs work an average of 32 hours/week at their primary site of employment.

- **Hours Worked in All Employment Settings**

  RNs work an average of 33 hours/week at all sites of employment with urban RNs working an average of 32 hours/week and rural RNs working an average of 33 hours/week.

  LPNs work an average of 31 hours/week at all sites of employment with urban LPNs working an average of 35 hours/week and rural LPNs working an average of 28 hours/week.

- **Years Worked and Plan to Work in Primary Employment Setting**

  Urban RNs have worked in their primary employment setting for an average of 12 years and plan to continue working in their primary employment setting for an average of 15 years. Rural RNs have worked in their primary employment setting for an average of 14 years and plan to continue working in their primary employment setting for an average of 12 years.

  Urban LPNs have worked in their primary employment setting for an average of 13 years and plan to continue working in their primary employment setting for an average of 12 years. Rural LPNs have worked in their primary employment setting for an average of 18 years and plan to continue working in their primary employment setting for an average of 16 years.

Figure 1 is a display of the cumulative percentage of LPNs who plan to leave their nursing position for each year 2003-2023. LPNs plan to leave their nursing position at an increasing rate resulting in 23% by 2005, 34% by 2010, 53% by 2015, 64% by 2020 and 78% by 2023.

Figure 1: Cumulative Percentage of LPNs Planning to Leave Their Current
        Nursing Position
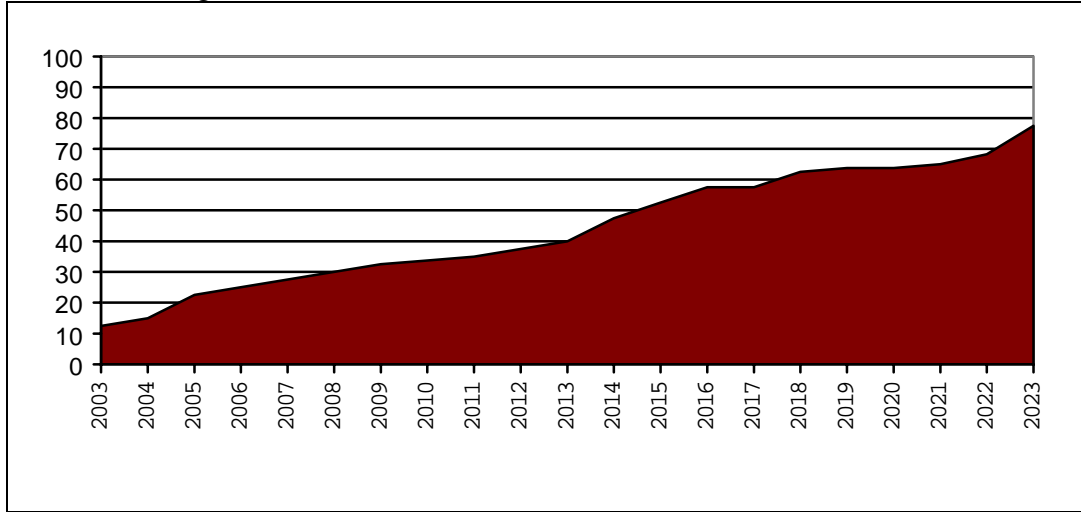
Note. Missing values were replaced with the median of the surrounding data points.
(2007, 2010, 2012, 2019, 2022 & 2022).

Figure 2 is a display of the cumulative percentage of RNs who plan to leave their nursing position for each year 2003-2023. RNs plan to leave their nursing position at an increasing rate resulting in 12% by 2005, 40% by 2010, 54% by 2015, 62% by 2020 and 77% by 2023.

Figure 2: Cumulative Percentage of RNs Planning to Leave Their Current
        Nursing Position
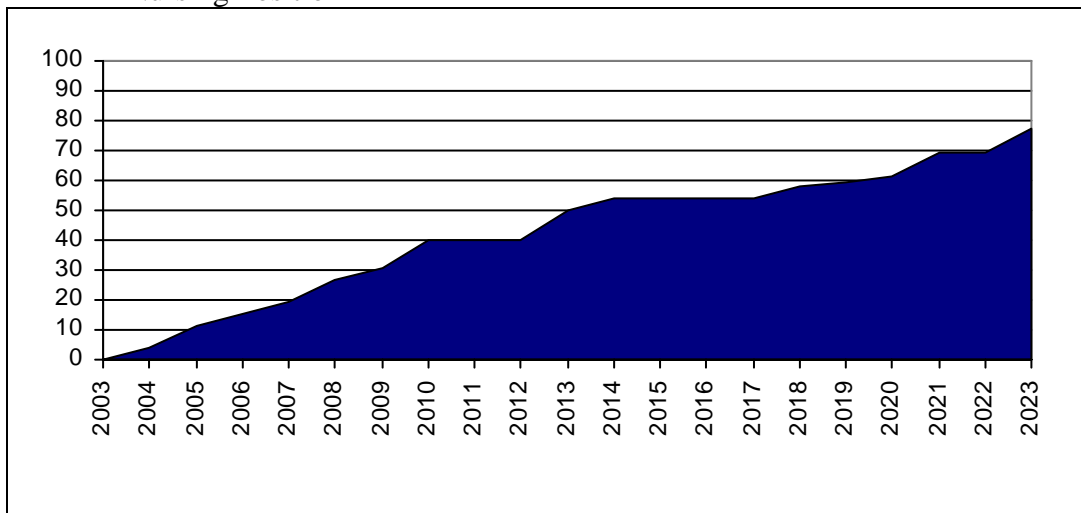
Note. Missing values were replaced with the median of the surrounding data points.
(2006, 2010, 2011, 2012, 2015, 2016, 2017, 2019, 2021 & 2022).

Perception of Nursing Profession

Nurses were asked "Would you recommend the profession of nursing to a friend or family member?"

54% of rural RNs and 77% of urban RNs indicated they would recommend the nursing profession to a friend or family member.

71% of rural LPNs and 83% of urban LPNs indicated they would recommend the nursing profession to a friend of family member.

Nursing Shortage Solutions

Nurses were asked "When you think of possible solutions to the nursing shortage, what is the one solution that you think would work best?" The answers fell predominately under three broad areas: education and training, recruitment and image, and job satisfaction and retention.

- **Education and Training**
  The predominant theme regarding education was the reduction of the entry into practice requirement for RNs and LPNs. 3% (1) of RNs and 18% (10) of LPNs indicated that reducing the entry into practice requirements would alleviate the nursing shortage. Maintaining the entry into practice standards and standardizing them across the nation was suggested by 6% (2) of the RNs. Financial aid in the form of federal tuition reimbursement, employee reimbursement, and state reimbursement was suggested by 12% (4) of RNs and 7% (4) of LPNs. Graduation of more nurses and more clinical experience was indicated by 4% (2) of LPNs.

- **Image and Recruitment**
  The predominant theme regarding recruitment was appropriate wages for RNs and LPNs as indicated by 35% (12) of RNs and 50% (29) of LPNs. These nurses suggested that paying nurses a wage comparable to others with similar education and responsibilities would alleviate the nursing shortage. Improvement of the image of the nursing profession was suggested by 9% (3) of RNs and 7% (4) of LPNs. Bonus pay was suggested by 3% (1) of RNs and 5% (3) of LPNs. Nurses also indicated that providing sign-on, retention, and unpopular shift bonuses would alleviate the nursing shortage. Recruitment of youth, especially in schools, was suggested by 4% (2) of LPNs as alleviating the nursing shortage.

- **Job Satisfaction and Retention**
  The predominant theme regarding satisfaction and retention was improved working conditions as suggested by 9% (3) of RNs and 16% (9) of LPNs. Better hours were suggested by 6% (2) of RNs and 11% (6) of LPNs. Nurses indicated that flexibility and fairness of scheduling practices would alleviate the nursing shortage. An appropriate level of respect was suggested by 6% (2) of RNs and 11% (6) of LPNs whom indicated that management, physicians, and patients giving nurses the respect they are due would alleviate the nursing shortage. Improved benefit packages (health and retirement benefits) for nurses was indicated by 9% (3) of RNs and 4% (2) of LPNs.

Index of Work Satisfaction

Nurses were also given the Index of Work Satisfaction (Stamps, 1997). This is a standard measurement tool to measure nurse level of work satisfaction along six components: pay, autonomy, task requirements, organizational policies, professional status and interaction.

- **Index of Work Satisfaction Total Scores**
  RNs average index of work satisfaction score was 11.30 and LPNs was 11.32 (see Table 4). This represents a score within the second quartile of possible scores (North Dakota Nurses scored below 50% of the maximum total score). This indicates a low level of overall work satisfaction. In an analysis of 65 studies throughout the United States that have administered the Index of Work Satisfaction, Stamps (1997) found an average of 12.5, a score which is in the same range as North Dakota's data.

Table 4: Component Scale Scores and Total Score on Index of Work Satisfaction

Component (Range of Possible scores)	RN Scale Score	LPN Scale Score
Pay (6-42)	21.29	21.73
Autonomy (8-56)	30.06	31.79
Task Requirements (6-42)	17.96	17.94
Organizational Policies (7-49)	27.50	28.18
Professional Status (7-49)	26.47	25.69
Interaction (10-70)	38.01	36.99
Index of Work Satisfaction Total Score (.5-39.7)	11.30	11.32

- **Index of Work Satisfaction Component Average Scores**
  The index can also be divided into scores on the six components (pay, autonomy, task requirements, organizational policies, professional status and interaction). For all six components scores both RNs and LPNs were below the second quartile (lower 50% of possible scores) indicating a low amount of satisfaction (see Table 4). The interaction and autonomy components received the highest satisfaction scores. The task requirements component received the lowest satisfaction scale scores.
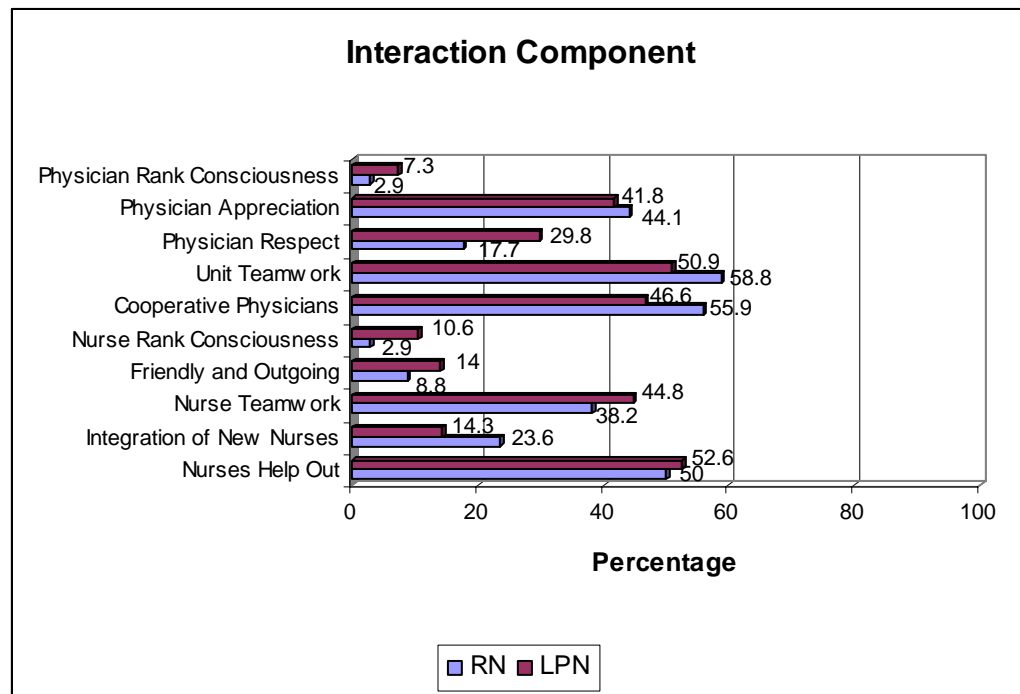
  o **Interaction Component**

    The interaction component included questions regarding interaction with other nurses and physicians including teamwork, cooperation, friendliness and respect (see Figure 3).

    RNs most frequently agreed with statements regarding unit teamwork "There is a lot of teamwork between nurses and doctors on my own unit" and cooperative physicians "Physicians in general cooperate with nursing staff on my unit". RNs less frequently indicated agreement with a statement regarding nurse rank consciousness "There is a lot of rank consciousness on my unit: nurses seldom mingle with those with less experience or different types of educational preparation".

LPNs most frequently agreed with statements regarding nurses helping out "The nursing personnel on my service pitch in and help one another out when things get in a rush" and the statement regarding unit teamwork, "There is a lot of teamwork between nurses and doctors on my own unit". LPNs less frequently agreed with a statement regarding physician rank consciousness "The physicians at this hospital look down too much on the nursing staff".

Figure 3: Percentage of Nurses Ranking Interaction Components as
          Strongly Agree and Agree

Interaction Component

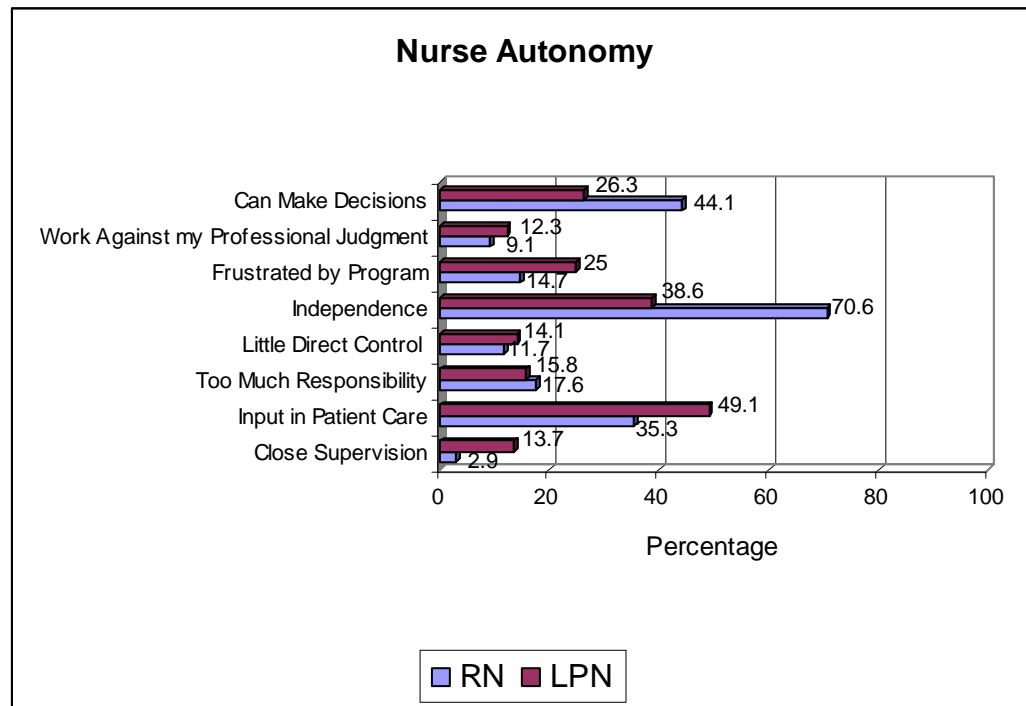| Component	RN	LPN
Physician Rank Consciousness	2.9	7.3
Physician Appreciation	44.1	41.8
Physician Respect	17.7	29.8
Unit Teamwork	58.8	50.9
Cooperative Physicians	46.6	55.9
Nurse Rank Consciousness	2.9	10.6
Friendly and Outgoing	8.8	14
Nurse Teamwork	38.2	44.8
Integration of New Nurses	14.3	23.6
Nurses Help Out	50	52.6

Percentage

☐ RN ■ LPN

o **Autonomy Component**

The autonomy component included questions regarding amount of responsibility vs. authority, input regarding patient care plans, amount of supervision, independence and amount of decision making allowed and supported (see Figure 4).

RNs most frequently agreed with a statement about independence "A great deal of independence is permitted, if not required, of me." RN less frequently agreed with a statement regarding close supervision "I feel that I am supervised more closely than is necessary".

LPNs most frequently agreed with a statement regarding input on patient care "I feel I have sufficient input into the program of care for each of my patients". LPNs less frequently agreed with a statement regarding working against their professional judgment "I am sometimes required to do things on my job that are against my better professional nursing judgment".

Figure 4: Percentage of Nurses Ranking Autonomy Components as
Strongly Agree and Agree

Nurse Autonomy

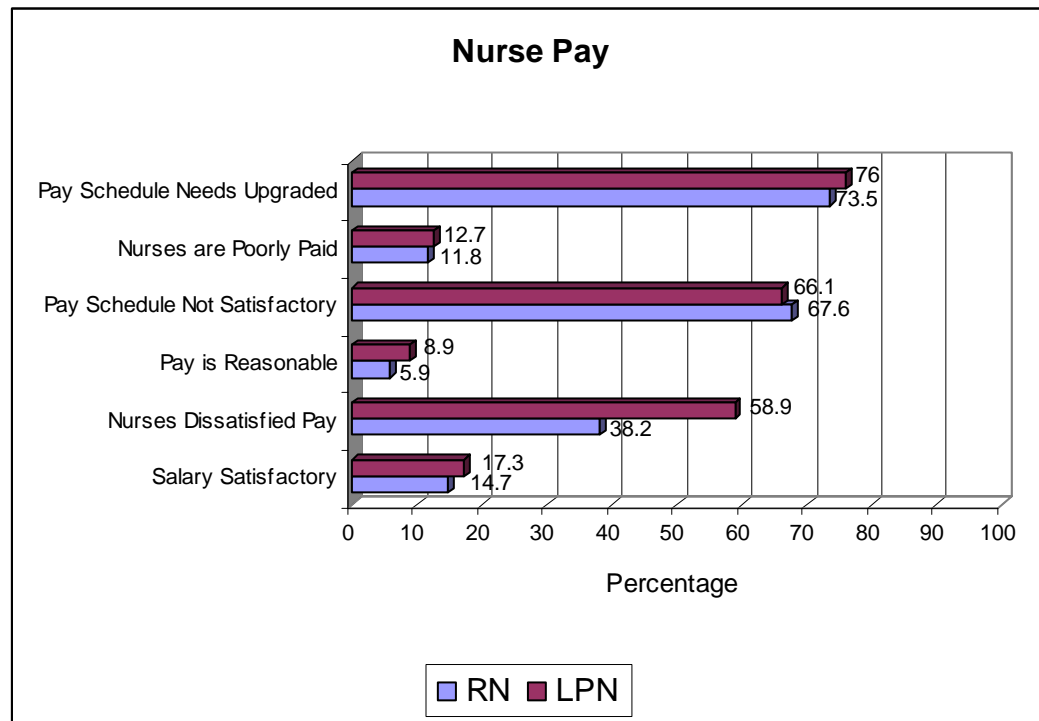| Component	RN	LPN
Can Make Decisions	44.1	26.3
Work Against my Professional Judgment	9.1	12.3
Frustrated by Program	14.7	25
Independence	70.6	38.6
Little Direct Control	11.7	14.1
Too Much Responsibility	17.6	15.8
Input in Patient Care	35.3	49.1
Close Supervision	2.9	13.7

Percentage

■ RN ■ LPN

o **Pay Component**

The pay component included questions regarding satisfaction with salary and pay schedules (see Figure 5).

RNs most frequently agreed with statements regarding pay schedule upgrading "An upgrading of pay schedules is needed at this hospital" and pay schedule not satisfactory "The present rate of increase in pay is not satisfactory". RNs less frequently agreed with pay is reasonable "Considering what is expected of nurses at this hospital, the pay we get is reasonable".

LPNs most frequently agreed with the same statements as RNs; pay schedule upgrading "An upgrading of pay schedules is needed at this hospital" and pay schedule not satisfactory "The present rate of increase in pay is not satisfactory". LPNs also less frequently agreed with pay is reasonable "Considering what is expected of nurses at this hospital, the pay we get is reasonable".

13

Figure 5: Percentage of Nurses Ranking Pay Components as Strongly Agree
and Agree

Nurse Pay

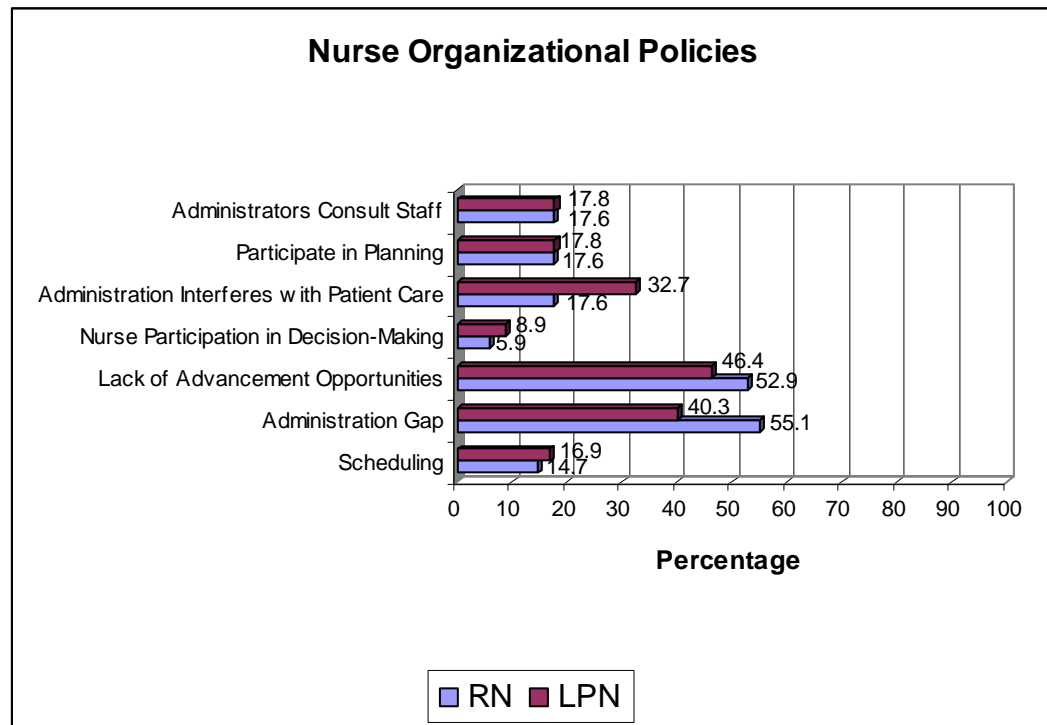| Category	RN	LPN
Pay Schedule Needs Upgraded	73.5	76
Nurses are Poorly Paid	11.8	12.7
Pay Schedule Not Satisfactory	67.6	66.1
Pay is Reasonable	5.9	8.9
Nurses Dissatisfied Pay	38.2	58.9
Salary Satisfactory	14.7	17.3

Percentage

☐ RN ☐ LPN

o **Organizational Policies Component**

The organizational policies component included questions regarding scheduling,
advancement opportunities and nurse participation in decision-making (see Figure
6).

RNs most frequently agreed with statements regarding an administration gap
"There is a great gap between the administration of this hospital and the daily
problems of the nursing service." and lack of advancement opportunities "There
are not enough opportunities for advancement of nursing personnel at this
hospital". RNs less frequently agreed with a statement regarding nurse
participation in decision-making "There is ample opportunity for nursing staff to
participate in the administrative decision-making process".

LPNs most frequently agreed with the same statements as the RNs; lack of
advancement opportunities "There are not enough opportunities for advancement
of nursing personnel at this hospital" and administration gap "There is a great gap
between the administration of this hospital and the daily problems of the nursing
service." LPNs also less frequently agreed with a statement regarding nurse
participation in decision-making "There is ample opportunity for nursing staff to
participate in the administrative decision-making process".

14

Figure 6: Percentage of Nurses Ranking Organizational Policy Components
             as Strongly Agree and Agree

Nurse Organizational Policies

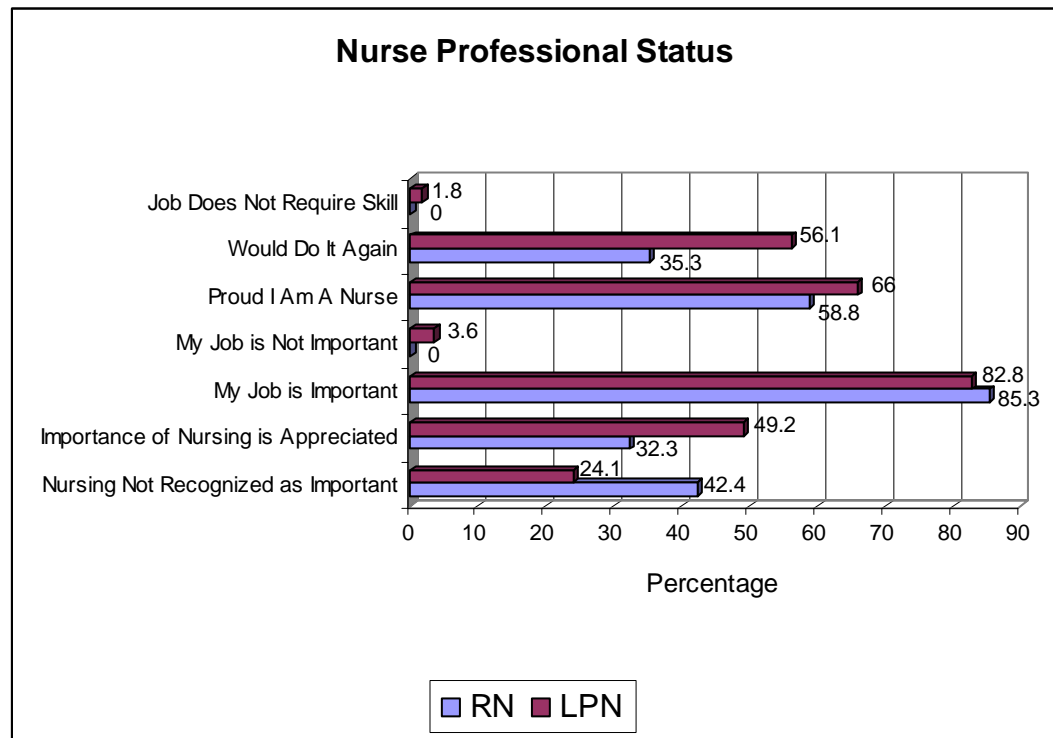| Category	RN	LPN
Administrators Consult Staff	17.6	17.8
Participate in Planning	17.6	17.8
Administration Interferes with Patient Care	17.6	32.7
Nurse Participation in Decision-Making	5.9	8.9
Lack of Advancement Opportunities	52.9	46.4
Administration Gap	55.1	40.3
Scheduling	14.7	16.9

o **Professional Status Component**

The professional status component included questions regarding appreciation,
pride in the nursing profession and the recognition of nursing as an important
profession (see figure 7).

RNs and LPNs most frequently agreed with a statement regarding the importance
of their job "There is no doubt whatsoever in my mind that what I do on my job is
really important". RNs and LPNs less frequently agreed that their job does not
require skill "My particular job really doesn't require much skill or "know-how"
and that their job is not important "What I do on my job does not add up to
anything really significant".

Figure 7: Percentage of Nurses Ranking Professional Status Components as
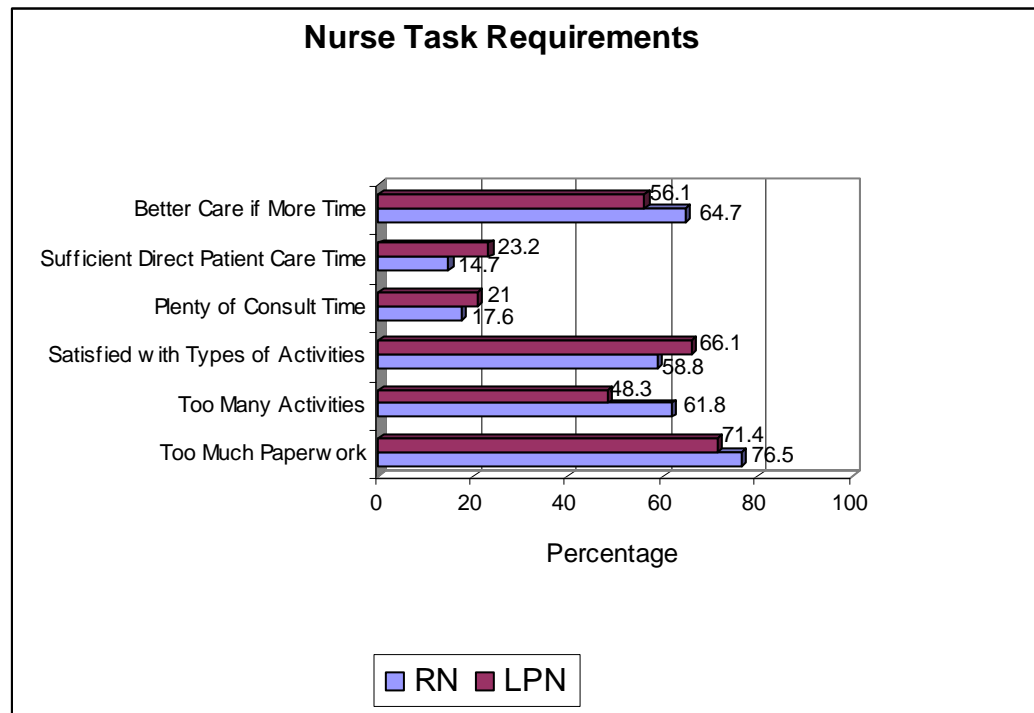Strongly Agree and Agree

Nurse Professional Status

Component	RN	LPN
Job Does Not Require Skill	0	1.8
Would Do It Again	35.3	56.1
Proud I Am A Nurse	58.8	66
My Job is Not Important	0	3.6
My Job is Important	85.3	82.8
Importance of Nursing is Appreciated	32.3	49.2
Nursing Not Recognized as Important	42.4	24.1

Percentage (axis: 0 10 20 30 40 50 60 70 80 90)

☐ RN ■ LPN

o **Task Requirements Component**

The task requirement component included questions regarding the amount of
clerical paperwork and time to engage in direct patient care (see Figure 8).

RNs most frequently agree with statements regarding too much paperwork "There
is too much clerical and paperwork required of nursing personnel in this hospital"
and better care if more time "I could deliver much better care if I had more time
with each patient". RNs less frequently agreed with a statement regarding
sufficient direct care time "I have sufficient time for direct patient care".

LPNs most frequently agreed with statements regarding too much paperwork
"There is too much clerical and paperwork required of nursing personnel in this
hospital" and satisfied with types of activities "I am satisfied with the types of
activities that I do on my job". LPNs less frequently agreed with plenty of consult
time "I have plenty of time and opportunity to discuss patient care problems with
other nursing service personnel" and with sufficient direct care time "I have
sufficient time for direct patient care."

16

Figure 8: Percentage of Nurses Ranking Task Requirements Components as
Strongly Agree and Agree

Nurse Task Requirements

Category	RN	LPN
Better Care if More Time	64.7	56.1
Sufficient Direct Patient Care Time	14.7	23.2
Plenty of Consult Time	17.6	21
Satisfied with Types of Activities	58.8	66.1
Too Many Activities	61.8	48.3
Too Much Paperwork	76.5	71.4

Percentage

□ RN ■ LPN

- **Focus Group Results**

Focus Group discussions revolved around nine open-ended questions. Results are
divided into these nine questions.

  o **What are some of the things that you like best about your job?**

  26% (9) of RNs and 14% (8) of LPNs liked the flexibility in their jobs. 23% (8)
  of RNs and 19% (11) of LPNs liked the patients they work with. 17% (6) of RNs
  and 12% (7) of LPNs enjoyed the hours and shifts that they work. 40% of RNs
  (14) and 14% (8) of LPNs enjoyed the variety and interesting aspects of their
  jobs. Other aspects a few nurses liked about their job included interaction with
  coworkers, good pay, opportunity to work with new students each year,
  autonomy, challenging work, working as a team, interaction with management,
  and being their own boss. In the Kimball and O'Neil (2002) study, several nurses
  reported that the people they worked with kept them going in their current jobs
  and that positive feedback from the patients gave them job satisfaction.

  o **What are some of the things you don't like about the job?**

  31% (9) of RNs and 29% (17) of LPNs reported disliking their salary and 29%
  (10) of RNs and 33% (19) of LPNs thought that they had too much paperwork
  which interfered with patient care. Nurses reported that on several shifts they
  have stayed for extra time in order to complete their paperwork. 34% (12, all
  urban RNs) of RNs and 24% (14) of LPNs reported short staffing or high patient

17

to nurse ratios. Other dislikes a few nurses identified include not enough hours, stress, difficulty with administration, problems with communication, budget cuts, lack of respect for nurses, sloppy appearance by newer graduates, too many regulations, too many changes to keep up with, low pay for on call time, having to work overtime, being treated like a secretary by physicians, being assigned administrative tasks, too much responsibility and having too much work to get done in amount of time given.

- o **Have the things you like or dislike about your job changed in the last couple of years?**

  6% (2) of RNs and 17% (10) of LPNs indicated that paperwork has increased in the last few years. 11% (4) of RNs and 3% (2) of LPNs have also noticed an increase in the acuity of the patients, most of their patients are very sick and require more patient care along with an increase in patient load. This finding is in agreement with the focus group study by Kimball & O' Neil (2002) which also found an increase in patient assignments along with a shortened length of stay. Other changes included facility restructuring, the fun has been taken away, no time to communicate with coworkers, less time for patients, technology, new nurses are less professional and have less experience, quality in care has decreased, less teamwork, increase in rules, budget cuts, longer processing, and more emphasis on books rather than skills.

- o **How responsive is your employer to efforts of nurses like yourself to raise concerns or identify problems?**

  14% (5) of RNs and 19% (11) of LPNs reported that their supervisors have listened to their concerns and were responsive and supportive. 26% of RNs (9) indicated that how responsive their employer is depends on how much money it requires; if little or no money is involved they are very responsive. 31% (11) of RNs and 29% (17) of LPNs had experienced a feeling of "that is just how it is" and a lack of action until an accident occurs. As concerns move up the chain of command they get lost. The Kimball and O'Neil (2002) focus group study found many nurses felt that administration was empathetic to their suggestions but little action occurred, many nurses also felt that there was an expectation that they should do as they are told and those that do raise concerns are labeled troublemakers. Many nurses also felt that their managers (DON) had little influence with the administration. These comments are similar to the North Dakota findings.

- o **Are you involved in making positive changes in your facility?**

  11% (4) of RNs and 12% (7) of LPNs reported that there are monthly meetings where they can voice their opinions and attempt to make positive changes in their work field. 20% (7) of RNs and 5% (3) of LPNs said were that they have tried unsuccessfully to make changes; they feel too intimidated to approach someone and an atmosphere of"Don't rock the boat". 11% (4) of RNs and 19% (11) of LPNs felt that there is enough teamwork and are involved in making changes, that

they have attended focus groups or round tables, their DON is helpful or that their facility has an appreciation programs for nurses.

- o **A common concern identified by nurses is problems with their relationship with physicians in their facility and/or not feeling appreciated. Have you had any problems with physicians in your facility?**

  20% (7) of RNs and 29% (17) of LPNs reported difficulty dealing with physicians. 57% (20) of RNs and 33% (19) of LPNs reported no problems with physicians and that they have a respectful relationship and felt appreciated. A few nurses reported that some physicians are great to work with and others are not. Some reported that a trusting relationship with the physician has gradually developed over time. A few nurses reported that it depends on the physician's age and personality. In the Kimball and O'Neil (2002) study nurses suggested that physicians should be encouraged to treat nurses as colleagues in order to retain more nurses.

- o **Did your nursing education adequately prepare you for the realities of a nursing career? If it has been many years, how well prepared do you believe the nurses emerging from education programs today are in comparison to yourself?**

  29% (10) of RNs and 31% (18) of LPNs felt that their education was sufficient and that new nurses today are well prepared. 54% (19) of RNs and 43% of LPNs (25) felt that they were not well prepared and the new nurses today are also not well prepared and need more clinical training. A few nurses indicated that it they felt they were thrown into work with little training when they first graduated, although several felt that half of the clinical training occurs on the job. Nurses suggested that those nurses who had been CNAs and then later become LPNs or RNs were much better prepared as they had more clinical experience. Others noted that new nurse graduates are more confident and have a positive attitude.

- o **As I'm sure you are aware, we are now facing a shortage of nurses in many parts of the country, and projections are that it will get worse before it gets better. In addition to the things we've already talked about, what other kinds of changes do you think are needed to attract more qualified people to the field and to retain a higher percentage of those already in nursing? Be creative- we're looking for new ideas to make nursing a more attractive career.**

  20% (7) of RNs and 26% (15) of LPNs thought that an increase in pay would help along with 16% (9) of LPNs who thought that reduced paperwork would help. 3% (1) of RNs and 21% (12) of LPNs suggested better working conditions including smaller staff to patient ratios. 11% (4) of RNs and 10% (6) of LPNs suggested offering more student loans and financial aid. 3% of LPNs suggested that continuing education should not be mandated. A few nurses suggested better hours, more opportunities for career advancement, sign-on bonuses and more respect an appreciation and promoting rural locations. Education suggestions included accepting more students into programs, opening more education

programs, offering co-ops and mentorships, reducing education requirements for licensure and offering accelerated education programs. Recruitment suggestions by 20% (7) of RNs and 3% (2) of LPNs included having more job fairs, high school CNA programs, nursing camps for kids, aptitude testing in high schools, educate career counselors, and exposing junior high or younger children to the nursing field.

References

Kimball, B. & O'Neil, E. (2002). <u>Health Care's Human Crisis: The American Nursing Shortage.</u> Robert Wood Johnson Foundation Health Workforce Solutions.

Stamps, P. (1997). <u>Nurses and Work Satisfaction: An Index for Measurement.</u> Health Administration Press: Chicago, IL.

Nursing Focus Group Survey

1. Fill in the year of your birth   Year born   __ __ __ __

2. Check your Racial/ethnic group
   - ☐ White, not of Hispanic origin   ☐ Hispanic   ☐ Black, not of Hispanic origin
   - ☐ Asian/Pacific Islander   ☐ Multi-racial   ☐ American Indian/Alaskan Native
   - ☐ Other

3. Please indicate your gender   ☐ Male   ☐ Female

4. What is your marital status? ☐ Married ☐ Divorced ☐ Single

5. Do you have children?   ☐ Yes   ☐ No
   If yes, how many children do you have? _____

6. Please indicate all of your education degrees that you have received.
   - ☐ diploma in nursing
   - ☐ LPN associates degree
   - ☐ Non-nursing associates degree _____
   - ☐ RN bachelor's degree
   - ☐ Non-nursing bachelor's degree _____
   - ☐ Master's degree, please check all that apply.
     - ☐ Nurse practitioner   ☐ Clinical Nurse specialist
     - ☐ Certified nurse midwife   ☐ Certified nurse anesthetist
     - ☐ Other Nursing _____   ☐ Other Non-nursing _____
   - ☐ Nursing Doctoral degree   ☐ Non-nursing Doctoral Degree
   - ☐ Other (please specify _____)

7. Check **one** setting that best describes the employment setting that you primarily work in.
   - ☐ hospital   ☐ long term care
   - ☐ ambulatory care   ☐ home health care
   - ☐ public/community health   ☐ nursing education
   - ☐ occupational health   ☐ school health
   - ☐ insurance company   ☐ regulation
   - ☐ Other _____

8. How many hours do you currently work in your primary setting? _____ per week
   How many hours total do you work in all nursing employment settings? _____ per week

9. How many years have you been in your primary nursing setting? _____ years
   How long do you expect to stay in your primary nursing position? _____ years

10. Check one position that best describes your role with your primary nursing employer.
    - ☐ staff/general duty nurse
    - ☐ quality assurance, infection control,
    - ☐ discharge planner, case manager,
    - ☐ utilization review, outcomes management, other insurance related roles
    - ☐ educator (school or in-service education)
    - ☐ researcher, consultant,
    - ☐ nurse practitioner, certified nurse midwife, clinical nurse specialist, nurse anesthetist
    - ☐ facility/nursing department administrator or supervisor
    - ☐ team leader/charge nurse, nurse manager or head nurse
    - ☐ other_____

11. Would you recommend nursing as a profession to a friend or family member? ☐ Yes   ☐ No

12. When you think of the possible solutions for nursing shortages, what is the **ONE** solution that you think would work the best?

13. Do have any other comments or concerns about nursing education or nursing practice?

Please continue to the Index of Work Satisfaction Questionnaire

Nursing Focus Group Discussion Guide

I am passing out informed consent forms. Please read the information and then if you agree to participate today, please sign the consent form and bring it to the front of the room. (Once all the forms have been returned.) Thank you for agreeing to participate in our discussion today. My name is Dr. Patricia Moulton, and I am facilitating this discussion as part of the North Dakota Nursing Needs Study. We will be talking about what you do everyday as a nurse and what ideas you have to make your workplace a better one. Our whole purpose here today is for you to voice your opinions. I understand that you may not agree on all issues and I welcome all comments and thorough discussion. If I need to interrupt, it will only be to ensure that we can cover all our topics within our time frame. We can always return to a discussion if time allows. I will make a point to give each person a chance at the end to add in final comments. If you are uncomfortable with anything that you wish to express, you are not required to say anything and you will be provided the opportunity to provide written input at the end of the discussion if you wish. At the end of today's discussion, I will be distributing a brief questionnaire which will include space for you to write any further comments you may have. Confidentiality is an important aspect of this process- all of you should feel free to voice your perceptions. I will make every effort to maintain the confidentiality of information shared in this focus group and the survey including not sharing any individual responses with anyone including facility staff. However, I cannot guarantee that other participants in this focus group will not share information from this group with other individuals. This session is being audio taped but that is only for assistance in writing a summary report. Please use first names only in order to keep this anonymous. Thank you for being here and let's begin.

1. Icebreaker: Is there anything about you or where you work that you would like to share with others around the table? You may pass when we come to you if you would rather not share anything. I will start.

2. What are some of the things that you like best about your job?
   Prompts: What are some of the rewards of the job? What types of duties that you perform that you enjoy the most? How can your time with these enjoyable duties be increased?

3. What are some of the things you don't like about the job?
   Prompts: What are some drawbacks of the job? What duties do you not enjoy performing? What causes these issues to occur? What could be done to address these issues? How much authority do you feel you personally have to address these issues?

4. Have the things you like or dislike about your job changed in the last couple of years?
   Prompts: In what ways have they changed? What has caused the changes? Are these changes for better or worse? Why do you say that?

5. How responsive is your employer to efforts of nurses like yourself to raise concerns or identify problems?
   Prompts: What concerns have you raised in the recent past? What happens when a nurse raises a concern? Is there a response, but not the response you are looking for? What makes you say that they are not responsive? (If not responsive) What do you think the reasons are that they are not more responsive? What would make you feel more connected to your employer?

6. Are you involved in making positive changes in your facility?
   Prompts: Do you have nursing representation in facility decision making? Has nursing input resulted in positive changes? Share some examples.

7. A common concern identified by nurses is problems with their relationship with physicians in their facility and/or not feeling appreciated. Have you had any problems with physicians in your facility?
   Prompts: What types of problems have you had? How was the problem handled at your facility? How can nurse relationships with physicians be improved?

8. Did your nursing education adequately prepare you for the realities of a nursing career?
   Prompts: When you started working, did you feel adequately prepared? Are their skills that you would have liked to have learned in school? For those of you that have been in the field a while, have you seen differences in the preparation of nurses recently as compared to your own preparation?

9. As I'm sure you are aware, we are now facing a shortage of nurses in many parts of the country, and projections are that it will get worse before it gets better. In addition to the things we've already talked about, what other kinds of changes do you think are needed to attract more qualified people to the field and to retain a higher percentage of those already in nursing? Be creative- we're looking for new ideas to make nursing a more attractive career.

Prompts: What strategies might attract more males? Would a changing the name of the profession from nursing to something else help?
Would having educational programs more available to rural areas help?
Would presenting nursing as a career to K-12 students help?

10. Do you participate in the clinical training of nursing students?
Prompts: If yes, do you believe that your facility could train more nurses? How many? What changes could be made to increase the number of nursing students? If no, do you believe your facility could participate in nurse training?

11. Do you have any other comments or concerns about the nursing workforce?

Thank you very much for participating. If you have any other ideas you would like to share, please write them on the space provided on the questionnaire that I am passing out.