



# Nursing Education and Workforce Advisory Committee Meeting

## **SUPPLEMENTAL MATERIALS**

September 28, 2023

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# Agenda Item 2.0

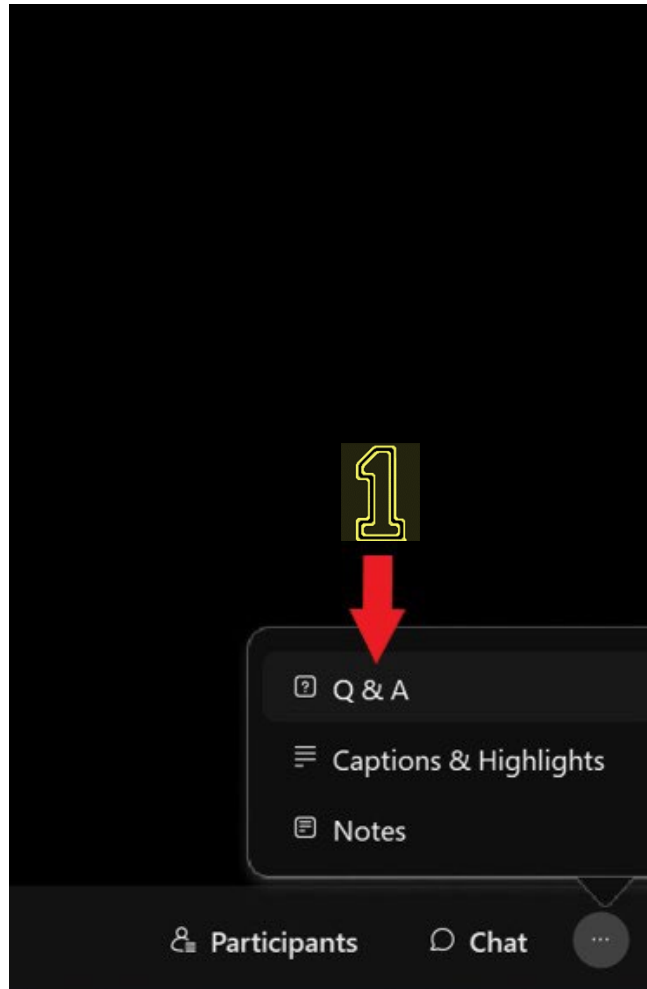
## **General instructions for the format of a teleconference meeting**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 28, 2023

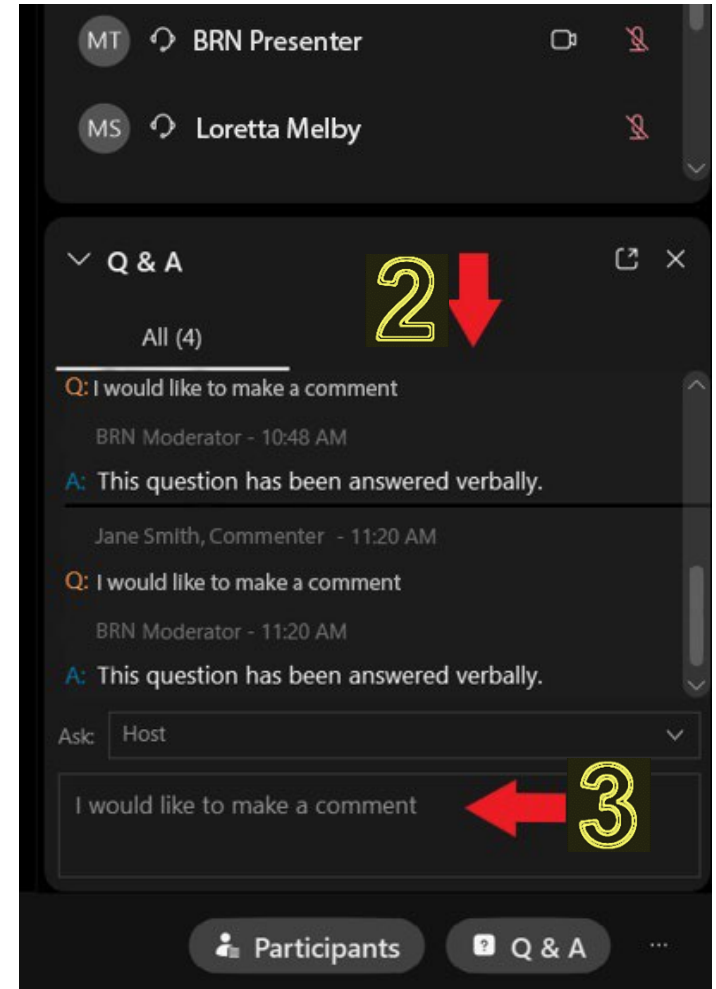
## Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (click the 'Unmute me' button), and you will have **two (2) minutes to provide comment**. Every effort is made to take comments in the order which they are requested.

**NOTE:** Please submit a new request for each agenda item on which you would like to comment.



## Agenda Item 4.0

**Review and vote on whether to approve previous meeting minutes**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 28, 2023

**BOARD OF REGISTERED NURSING  
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE  
COMMITTEE MEETING MINUTES**

**DRAFT**

**DATE:** March 30, 2023

**START TIME:** 11:02 am

**LOCATION:** **NOTE:** A physical meeting location was not provided pursuant to the provisions of Government Code section 11133 (added by Assembly Bill No. 361 (Rivas), Reg. Sess. 2021-2022).

11:02 am

**1.0**

**Call to Order/Roll Call/Establishment of a Quorum**

Jeannine Graves, Vice Chair, called the meeting to order at 11:02 am. Quorum was established at 11:05 am.

**Nursing Education  
and Workforce  
Advisory Committee  
Members:**

Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN - Chair

Jeannine Graves, MPA, BSN, RN, OCN, CNOR – Vice Chair

Barbara Barney-Knox, MBA, MA, BSN, RN (absent)

Caryn Rizell

Hazel Torres, DNP, MN, RN

Jacqueline Bowman (absent)

Joanne Spetz, PhD

Kathy Hughes

Kim Quang Dâu, MS, CNM, FACNM, WHNP

Lynda Phan

Sagie De Guzman, PhD, A-CNS, ANP-C

Sandra Miller, MBA

Carmen Comsti

Tammy Vant Hul, PhD, RN, ACNP, CNE (absent)

Tanya Altmann, PhD, RN

Wendy Hansbrough, PhD, RN, CNE

**Absent Members:**

Barbara Barney-Knox

Jacqueline Bowman

Tammy Vant Hul

**BRN Staff  
Representatives:**

Loretta Melby, RN, MSN, Executive Officer

Reza Pejuhesh, DCA Legal Affairs Division, Attorney

11:11 am

**3.0**

**Public comment for items not on the agenda; items for future agendas.**

**Public Comment for  
Agenda Item 3.0:**

No public comments.

11:13 am

**4.0**

**Review and vote on whether to approve previous meeting minutes**

**Discussion:** **Hazel Torres:** Asked that DNP be added to her credentials.

**Garrett Chan:** Clarified the order of the agenda according to Bagley Keene Act process regarding motions and votes with Loretta Melby.

**Motion:** **Carmen Comsti:** Motioned to approve the December 8, 2022, NEWAC meeting minutes with Hazel Torres' modification.

**Second:** Tanya Altmann

**Public Comment for Agenda Item 4.0:** No public comments.

Vote	TA	TVH	JG	SDG	KQD	HT	BBK	GC	KH	JB	CC	CR	JS	SM	LP	WH
	Y	AB	Y	Y	Y	Y	AB	Y	Y	AB	Y	Y	Y	Y	Y	A
<u>Key:</u> Yes: Y   No: N   Abstain: A   Absent for Vote: AB																

**Motion Passed**

11:21 am

**5.0**

**Information only: Report from the Board of Registered Nursing's Executive Officer on updates of the Board's actions and discussions relating to nursing education and workforce issues**

**Discussion:** Garrett Chan opened the agenda item and asked about the previous NEWAC meeting's Public Comments for Items Not on the Agenda about the human trafficking issue being agendized for a future meeting.

**Loretta Melby:** Explained that she spoke with the public commenter a few months ago and has not heard from that person recently. She further explained this issue is addressed during prelicensure nursing education – human sexuality, client abuse, patient advocacy, legal, social, and ethical aspects of nursing. She stated that it's up to the school where to put that information in the curriculum and that this might be a discussion to have with COADN to ensure it is addressed.

**Garrett Chan:** Stated this could be an issue to circle back with Tammy Vant Hul and Tanya Altmann as education representatives.

11:30 am

**Public Comment for Agenda Item 5.0:**

No public comments.

11:31 am

**6.0**

**Discussion and possible action: Regarding the formation of subcommittees and development of action plans for 2023 NEWAC meetings**

**Discussion:** Garrett Chan opened the agenda item with discussion from the Simulation Standards Subcommittee, which includes Garrett and Sandra Miller.

**Garrett Chan:** Explained that their subcommittee met with close to 12 people from across California who are experts in simulation and simulation standards. He further explained that they've gotten a lot of great feedback, opinions, and perspectives and they are reviewing the information and welcome any additional public people to contact them to provide input on this issue. He stated that there are no final recommendations to present today, and they would like to finish gathering information by the end of April so they can pull together the final recommendations to put forward to the group for discussion at the next meeting. He asked if there is an official way for the public to provide information to the subcommittee.

**Loretta Melby:** Stated that there is a NEWAC email address, which she cannot recall right now, but the public can email her at her email address for now.

**Garrett Chan:** Consulted his previous meeting notes and asked NEWAC members if they are interested in creating the following subcommittees: Workforce Equity, Cultural Competency, Workforce Retention, and Clinical Preparation.

**Loretta Melby:** Added Clinical Impact and encouraged the NEWAC members to develop the subcommittees today since there is a lot of time before the next meeting for the members to do some important work.

**Wendy Hansbrough:** Asked what the definition of educational equity would be.

**Garrett Chan:** Stated it could involve clinical placements and different institutions have different ease of security and clinical placements.

**Carmen Comsti:** Stated that she brought up this issue and thought it could be two subcommittees, one for clinical placement access due to clinical impaction and one for educational equity to include access to education for diverse populations to create a diverse workforce.

**Sagie De Guzman:** Asked about AI (Artificial Intelligence) in nursing education.

**Loretta Melby:** Asked if this was for simulation or proctoring or some other area.

**Sagie De Guzman:** Stated it could be how AI is implemented or controlled in nursing education related to clinical decision making for nurses and advance practice nurses and submission of educational assignments and completion of clinical work.

**Loretta Melby:** Explained that AI is already being used for remote test proctoring, simulation, and sees how this can be an issue for education assignments and clinical decision making but it might be too broad of an issue now. She suggested bringing an agenda item to a future Nursing Practice committee meeting to discuss implementation implications because this will involve more than academia.

**Loretta Melby:** Reviewed the previous meeting minutes to bring forward prior subcommittee suggestions: Workforce Equity; Cultural Competency; Diversity Debt Traps; Workforce Retention; Clinical Preparation; ADN programs; Tuition Free Education; Simulation Standards; Workforce Survey; Clinical Placements; Enrollment Growth and Equity; Growth between Community Colleges, Private Colleges and Universities and how to manage it without causing hardships or favoring any institutions over others; and Pathway to Nursing.

**Carmen Comsti:** Likes the ideas suggested by Loretta Melby. She thinks education members should be on the clinical impaction/placement issues. She would like to participate on a Workforce Entry to Practice and Workforce Retention subcommittee.



**Wendy Hansbrough:** Thinks there should be a faculty component in the workforce retention subcommittee.

**Loretta Melby:** Stated that she supports this idea.

**Garrett Chan:** Stated that he would like to look at California Code of Regulations, title 16 (CCR), section 1426 and wonders if there are newer or more modern terms that could be changed and updated. He gave the example of Med/Surg as a specific acute care term.

**Loretta Melby:** Explained that non-substantive regulatory changes can be done in an easy manner without creating a subcommittee and can be suggested by anyone. She suggested reaching out to Marissa Clark, Chief of Legislative Affairs, to provide this information. She further explained that there is no requirement for clinical training to happen in an acute care setting. She said the only statutory requirement is when an academic institution first starts to have a relationship with at least one acute care setting for clinicals to meet clinical objectives. She said CCR 1426 is generic and broad so academic institutions have the freedom to develop their curriculum as they see fit to meet the requirements and suggested curriculum as a subcommittee.

**Hazel Torres:** Stated that she thought curriculum could be under clinical practice and broadening the application and interpretation of what is written in the curriculum.

**Loretta Melby:** Explained that curriculum could be part of clinical impaction and there are several nuanced topics that need to be discussed within specific subcommittees. She said there could be a faculty subcommittee, curricular subcommittee, workforce retention subcommittee, and clinical impaction subcommittee.

**Kathy Hughes:** Stated that she can see more than four that could include Cultural Competency and Diversity Pathways to Nursing, Earn and Learn Apprenticeship. She thinks this could mean six subcommittees.

**Kim Dau:** Asked about the subcommittee membership being limited to two and if more than two are interested in being part of the subcommittee.

**Garrett Chan:** Asked about having an interested parties meeting as a mechanism to discuss these issues as a whole group with public participation.

**Loretta Melby:** Stated that additional members can attend subcommittee meetings but cannot directly participate.

There was a discussion between Garrett Chan and Loretta Melby about a NEWAC member not being on a subcommittee but having information to provide to a subcommittee and how this is accomplished.

**Hazel Torres:** Asked about more information on the interested parties meeting.

**Loretta Melby:** Explained the undertaking to put on an interested parties meeting involving multiple staff at multiple layers to include DCA and legal

staff. She further explained that all of this is not necessary for a subcommittee to hold meetings.

**Kathy Hughes:** Stated that she thinks a motion could be made for six subcommittees. She explained that NEWAC meetings are two hours long, but an interested parties meeting is for attendees to get into the weeds and can be longer than two hours. She said Garrett Chan could provide clinical practice information for the subcommittee to use at their meetings.

**Reza Pejuhesh:** Suggested an interested parties meeting that is only written comments in nature or a possible agenda that says “NEWAC is going to consider any comments regarding anything in NEWAC” is not specific enough to meet Bagley Keene requirements to have detailed discussions but only to create a future agenda item.

**Kathy Hughes:** Stated she would like the interested parties meeting agenda to have the six possible subcommittees listed to gather information that could be brought to the September meeting.

**Loretta Melby:** Suggested accepting the six subcommittees or not creating any subcommittees until after an interested parties meeting is held.

**Kim Dau:** Suggested breaking up clinical impaction to pre and post licensure.

**Loretta Melby:** Stated that she recommends they should be kept together because even though they seem different they are very similar.

**Garrett Chan:** Stated he thinks that if there are two then there are more members who can participate and determine whether there are more similarities or differences.

**Loretta Melby:** Reiterated that from a statutory standpoint these are more similar and reminded the committee member about the time limitations for the meeting.

**Carmen Comsti:** Stated the six subcommittees plus two already created should be the limit at this time due to the number of members participating on the subcommittees.

**Kim Dau:** Asked how many NEWAC members and Loretta Melby responded with 16. Kim further stated that the ideal number of subcommittees is eight with the number of NEWAC members.

**Motion:** **Kathy Hughes:** Motioned to create the following subcommittees:

- Clinical Placement and Impaction
- Cultural Competency, Diversity Pathway to Nursing
- Theory Practice Gap and New Grad Orientation
- Workforce Retention
- Curriculum Standards and Guidelines
- Faculty

**Second:** Carmen Comsti

12:39 pm **Public Comment for Agenda Item 6.0:** No public comments.

Vote	TA	TVH	JG	SDG	KQD	HT	BBK	GC	KH	JB	CC	CR	JS	SM	LP	WH
	Y	AB	Y	Y	Y	Y	AB	Y	Y	AB	Y	Y	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

**Motion Passed**

**Further Committee Discussion:**

**Kim Dau:** Asked if members were going to be assigned to the subcommittees.

**Loretta Melby:** Explained that it could be agendized for the next meeting.

**Reza Pejuhesh:** Suggested having BRN staff reach out to members for their committee assignment preferences, to be preliminarily coordinated by staff prior to the next meeting, and Loretta Melby agreed.

12:44 am

**7.0**

**Discussion and possible action: Review and discussion of potential changes to the 2022-2023 Annual Schools Survey and process for seeking community feedback**

**Discussion:**

Garrett Chan opened the agenda item and turned it over to Joanne Spetz, who asked how NEWAC member input could be provided to her prior to the next meeting.

**Loretta Melby:** Confirmed NEWAC input should be sent to the committee liaison.

**Joanne Spetz:** Asked for public comments to be sent directly to her email. She said no further discussion with the committee can be held at the September NEWAC meeting because that would be too late for the next survey.

**Reza Pejuhesh:** Stated that if members have brief suggestions, then they should speak up now.

**Sagie De Guzman:** Asked if the gender can be more specific instead of binary definition.

**Carmen Comsti:** Asked about tuition and cost of attendance, clear questions about clinical impaction, and part time faculty salary.

**Joanne Spetz:** Stated that all are good ideas and explained that there is a full page of questions about the pandemic that most likely will be removed for the 2024 survey to include other issues.

Discussion was held about whether a motion is needed. It was determined that Joanne Spetz could take the feedback from members without any motion.

12:56 pm **Public Comment for Agenda Item 7.0:** No public comments.

12:58 pm

**8.0 Discussion and possible action: Regarding scheduling an interested parties meeting in 2023 to discuss issues relating to nursing education and workforce**

**Discussion:** Garrett Chan opened the agenda item and explained that he is not available on June 1, 2023.

**Caryn Rizell:** Stated that she thinks it is a great idea to have this meeting but brought up that there is a meeting scheduled in early June for the California Health Workforce Education and Training Council as an opportunity to gather public input on related topics.

**Loretta Melby:** Asked when this meeting will be held.

**Caryn Rizell:** Stated it is scheduled for June 7-8, 2023.

**Loretta Melby:** Suggested scheduling the interested parties meeting on June 15, 2023.

**Motion:** **Joanne Spetz:** Motioned to hold interested parties meeting on June 15, 2023

**Second:** Tanya Altmann

1:02 pm

**Public Comment for Agenda Item 8.0:** No public comments.

Vote	TA	TVH	JG	SDG	KQD	HT	BBK	GC	KH	JB	CC	CR	JS	SM	LP	WH
	Y	AB	Y	Y	Y	Y	AB	Y	Y	AB	Y	Y	Y	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

**Motion Passed**

1:05 pm

**9.0 Adjournment:** Garrett Chan, Chair, adjourned the meeting at 1:05 pm.

**Submitted by:**

**Accepted by:**

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**McCaulie Feusahrens**

Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN**

Chair  
Nursing Education and Workforce Advisory Committee

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**Loretta Melby, MSN, RN**

Executive Officer  
California Board of Registered Nursing

**BOARD OF REGISTERED NURSING  
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE  
COMMITTEE MEETING MINUTES**

**DATE:** June 15, 2023

**START TIME:** 9:02 am

**LOCATION:** **NOTE:** A physical meeting location was not provided pursuant to the provisions of Government Code section 11133 (added by Assembly Bill No. 361 (Rivas), Reg. Sess. 2021-2022).

9:02 am

**1.0**

**Call to Order/Roll Call/Establishment of a Quorum**

Garrett Chan, Chair, called the meeting to order at 9:02 am. Quorum established at 9:05 am.

**NEWAC Members:** Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN – Chair  
Jeannine Graves, MPA, BSN, RN, OCN, CNOR – Vice Chair  
Barbara Barney-Knox, MBA, MA, BSN, RN  
Carmen Costi  
Caryn Rizell  
Hazel Torres, MN, RN  
Jacqueline Bowman  
Joanne Spetz, PhD  
Kathy Hughes, RN (absent)  
Kim Quang Dâu, MS, CNM, FACNM  
Lynda Phan (absent)  
Sagie De Guzman, PhD, A-CNS, ANP-C (absent)  
Sandra Miller, MBA (absent)  
Tammy Vant Hul, PhD, RN, ACNP, CNE  
Tanya Altmann, PhD, RN  
Wendy Hansbrough

**Absent Members:** Kathy Hughes, RN  
Lynda Phan  
Sagie De Guzman, PhD, A-CNS, ANP-C  
Sandra Miller, MBA

**BRN Staff Representatives:** Loretta Melby, RN, MSN, Executive Officer  
Reza Pejuhesh, DCA Legal Affairs Division, Attorney

9:05 am

**2.0**

**Opening remarks**

**Public Comment for Agenda Item 2.0:** No public comments.

9:24 am

**4.0**

**Public comment for items not on the agenda; items for future agendas**

**Public Comment for Agenda Item 4.0:** **Brynne O’Neal, CNA:** The committee should add topics for future interested parties meetings on workforce equity and educational equity. Workforce equity includes programs to ensure cultural competency in the workforce as well as ways to increase diversity of the nursing workforce

and combat racism and other forms of discrimination against patients and nurses in the workplace. Educational equity includes ways to support nursing education available to potential nurses of all backgrounds, including funding of ADN nursing programs and community colleges and free public education. It's important that NEWAC discuss and make recommendations to the BRN on how to ensure that the cost of tuition and educational degree requirements are not a barrier to enter the profession. Community colleges and ADN programs can and should serve an important role in ensuring the nursing profession reflects the socioeconomic, geographic, racial, linguistic and other diversity of California.

9:28 am

5.0

### **Discussion regarding retention and resilience of registered nursing workforce and faculty in prelicensure nursing programs**

**Discussion:** **Garrett Chan:** Explained that he was a co-chair of the National Forum of State Nursing Workforce Centers Annual Conference in Washington, D.C. this week and retention resilience of RNs and faculty was a major thread throughout the whole program. There is a website with all presentations, and he encourages members to review the website.

**Carmen Comsti:** Stated that she wants to focus the conversation on how the BRN can support safer workplaces so that nurses don't leave the bedside. Nurses are unable to care for their patients and they don't want to keep working as a RN if they're going to violate their duties under their license.

**Garrett Chan:** Explained that he did a research study with Candace Burton from UC Irvine on moral injury of nurses especially during Covid and reasons they're leaving direct care practice which was published last month.

**Tanya Altmann:** Provided a shoutout to UC Davis who got a six million dollar grant to help with funding to pay for some people to be faculty so that hopefully will help. She stated that we need to start working to increase salary for faculty or some sort of joint appointments with hospitals that also speaks to workload of staff nurses if part of their workload is as staff nurse and faculty. Schools in Sacramento are looking for med surge faculty. There is high turnover which also leads to retention and resilience of the RN because if faculty aren't consistent then students aren't getting consistent education.

**Wendy Hansbrough:** Said there is also a revolving door with faculty and that contributes to curricular drift. There is a hard time recruiting people to teach if a nurse can earn substantially more working at the bedside. Salary is probably the biggest battles that we face when trying to retain people to teach. Most nurses will not leave the bedside to come teach because there isn't enough money in it. Also, we need to work on faculty preparation. Without a grant, universities do not have the funds available to do faculty preparation. Education has a set of competencies just like clinical care has a set of competencies. To prepare the faculty workforce, we need to find ways to help them develop the competencies. She agrees that we should look at overlap and joint appointments between faculty and educators which might be a nice solution to a lot of this.

**Garrett Chan:** Wanted to confirm that Wendy is from the CSU Chancellor's Office and Wendy confirmed this. He asked about different schools (ie. Business) within the CSUs having different salaries and asked about the school of nursing.

**Wendy Hansbrough:** Said that she has heard this but said the nursing schools are extremely expensive already and explained that the preceptors for students and clinical faculty costs are skyrocketing. The nursing school already has high costs which makes it difficult to ask for higher salaries for the school of nursing.

**Hazel Torres:** Asked how the subcommittees could do their work and be part of the conversations without having another interested parties meeting as far as logistics goes. She thinks there are two parts to these issues – workforce and faculty and she wants to make sure both are addressed by the subcommittees.

**Loretta Melby:** Explained the subcommittee process that allows members to work outside of scheduled NEWAC meetings and to meet however often they choose without limit. Subcommittees can meet with the public but cannot have conversations with any other NEWAC members without a noticed public meeting. All subcommittees will report out at the regularly scheduled NEWAC meetings.

**Garrett Chan:** Stated that the two issues are separate but jointly together. There is a domino effect because they're connected.

9:52 am

**Public Comment for  
Agenda Item 5.0:**

**Brynne O'Neal, CNA:** She is encouraged to hear the members talk about moral distress and injury leading nurses to leave the bedside. RNs need workforce protections to ensure they can provide safe patient care in accordance with relationship and duty under the NPA. The NEWAC should explore ways that the BRN can support nurses to be patient advocates, including objecting to unsafe health care facility policies and practices. To retain nurses, California needs to strengthen enforcement and support of California's lifesaving mandatory minimum RN to patient staffing ratios law that helps nurses meet their professional responsibilities and duties of patient advocacy. For example, NEWAC could explore ways the BRN could help support RN ratios enforcement by supporting legislation or other efforts by the state to create conditions that support health facility funds. NEWAC can explore ways that the BRN can support and protect nurses who, in their professional judgement, assess their patients' conditions and may refuse or object to patient care models that are unsafe, which includes team nursing models, acute hospital at home, or use of shadow beds to place patients in areas of the hospitals like waiting rooms, etc. and other crisis standards of care in hospitals and health care facilities. These healthcare administration practices can result in unsafe staffing levels and unsafe patient care conditions that place the RN's license at risk, and they can lead to moral injury and distress that was talked about and is leading nurses to leave the bedside.

**Loretta Melby:** Explained about the authority of the BRN in Title 16 of the California Code of Regulations (CCR), and that CDPH has oversight of nursing staffing ratios in Title 22 of the CCR.



**Marianne Hicks, Los Medanos College:** Their program trains nurses with self-discipline, time management from beginning to end of the nursing program and help train them with advocacy and assertiveness to advocate for nursing practice. These are very important in promoting resiliency such as mental health support, or proper family support during their education if they have children. Resiliency shouldn't be connected to self-sacrifice and martyrdom. There seems to be a salary difference with community colleges. It is so complex with politics and bureaucracy.

**Jen Ellis (typed comment that Garrett Chan read):** She agrees with Wendy's comments related to retention of faculty and training of new faculty. Years of nursing experience and we'd like to give back to nursing via teaching, however, every time I apply for our faculty position, she's turned away because she has no formal faculty time under her belt. If there was a portal or flow to allow nurses to enter faculty positions, they could open a portal for new faculty to help balance faculty vacancies.

**Loretta Melby:** Explained that the academic partners each have various rules they must follow in regard to their specific faculty. Some are based on institutional policy, some on accrediting policy, and some on CSU or community college chancellor requirements. The BRN approves all faculty for all pre-licensure nursing programs. There is no degree requirement. Experience in content area or one year working within specialty area regardless of degree can allow one to become approved as a clinical teaching assistant. She went on to explain the additional requirements needed to become a clinical instructor. She said she's reached out to legislative representatives to see if the BRN can provide a direct entry into faculty.

**Jen Ellis:** Stated that she agrees faculty positions hold a set of competencies that are different than frontline nursing. If anyone knows of a school of nursing willing to train up skills they can reach out to her in LinkedIn. She knows a handful of nurses that do not want to leave bedside, however, want to find a new way to give back to the community. Garrett said HealthImpact has a program with a 30-unit CE course that helps nurses become clinical faculty. They worked with a famous nurse educator, Dr. Patricia Benner at UCSF, and have come up with a clinical faculty and educator program that helps nurses develop their practice of teaching. He agrees with Jen's comments.

**Karen Cologne, Director of a children's hospital in California:** The NPs in her department are very short staffed. Resiliency is an issue because of so many vacancies especially in the pediatric realm which is particularly difficult to fill. Once NPs are found they are usually straight out of school awaiting licensure and there are a lot of issues trying to establish a good pipeline for precepting new NPs that puts more pressure on the established NPs in the clinical settings to expand their responsibilities. She explained the length of time to get the NP and furnishing license. She said improvements in those processes would help the workforce and take a lot of pressure off staffing and give the ability to precept students to improve the pipeline.

**Loretta Melby:** Explained that BRN has been streamlining in the APRN unit and she hopes everyone will start to see a very quick turnaround on approvals.



**Garrett Chan:** Stated that is great news and would love to see the BRN highlight that news and let the public know.

**Loretta Melby:** Explained that the information was presented at the May board meeting as a soft launch to make sure it went well before sending a blast out to all NPs, CNMs, etc. NPs and CNMs can upload education information directly in Breeze through a portal they have access to.

**Garrett Chan:** Asked if HCAI gave some money to BRN to help look at that.

**Caryn Rizell:** Stated that, yes, they received funding to support the acceleration of licensing for nursing and the partnership with DCA. She explained that HCAI supports the expansion of nursing programs and support scholarships and loan repayments for nursing students. They are looking for ways they can increase the number of nurses trained to increase the diversity of the nursing workforce to accelerate the training and look at innovative ways that are being discussed today.

**Karen Cologne:** Thanked BRN for addressing this issue. She did not know there was a difference in California and out of state students. She did recently see an improvement with a recent grad getting her license within two weeks of applying for it. She said there are issues with getting neonatal NPs. Most of those NPs attend school outside of California but are California residents. Now she has a better understanding of the process.

**Garrett Chan:** Asked which children's hospital Karen works for and asked about the out of state NP programs and if the in-state students are doing clinicals in California.

**Loretta Melby:** Explained there are two methods for licensure in California – California graduate, and national certification. This may change in the future though since California and Kentucky are the only two states that have more than one method.

**Garrett Chan:** Asked what the timeline is for licensure.

**Loretta Melby:** Said it depends on how quickly the national certification is submitted as it is a primary source document that has to come from the certifying agency. They refined what documents need to be turned in and decreased them exponentially.

**Karen Cologne:** Stated she is from Loma Linda University, Children's Hospital and said that information is helpful.

**Garrett Chan:** Thanked the BRN staff for their hard work because this has been an issue for some time.

10:35 am **Further Discussion:** **Garrett Chan:** Asked about the direct entry to faculty.

**Loretta Melby:** Stated that was something presented in the sunset bill for discussion but was not picked up in the sunset bill's final form. No one

picked up the idea in this legislative session but hopes it will happen next year.

**Wendy Hansbrough:** Congratulated the BRN for the new process where approvals will be linked to the license, that will be helpful in the long run. She has challenges with the regulation language that says direct patient care because a CNS may be the resource nurse on the unit or doing all orientation for new nurses at the hospitals and they are being denied because they haven't been at the bedside doing shift work for the last five years. Wendy appreciates all the hard work of her NEC and that the BRN is trying to work closely with the schools.

**Loretta Melby:** Clarified the language does not say direct bedside care. Resource nurse experience would qualify and if there is an issue then the school should request a second level review. Volunteer work also qualifies.

**Jeannine Graves:** Echoed Wendy's and Tanya's comments. She does not understand how the academic institutions don't pay their nursing faculty a competitive rate. She hears about new and expanding programs at schools but does not hear about retention practices for their faculty. She asked if or how the BRN might be able to help.

**Loretta Melby:** Stated that the BRN cannot participate in any type of salary conversation for RNs as that would be a conflict of interest. She spoke about California BRN not having a degree requirement, but accreditors do. She spoke about a discussion with Washington state where legislation was introduced in 2019 to increase faculty wages to match bedside nursing. They included funding for this without any sunset date. With the legislative mandate in Washington, it has helped tremendously. The BRN could not introduce this type of legislation as it would be a conflict of interest, but Washington state is having good luck with this change.

A written comment from Jen Ellis about the 5-year bedside requirement to be a faculty was read by Garrett Chan, and another from Donna asking if the NCLEX is a national requirement, why does it take so long to get licensed from another jurisdiction in California.

**Loretta Melby:** Asked Reza if this could be discussed and was on topic for this agenda item.

**Reza Pejuhesh:** Stated it could be discussed.

**Loretta Melby:** Discussed the NCLEX comment to say each state looks at applicant background differently including fingerprints. She said some states do not do fingerprints. Verification of licensure in another state including NCLEX results is also done. She explained the fingerprint process for applicants including hard card and LiveScan. She further explained each state has different education requirements for licensure that requires California to look at each applicant's entire application to ensure they meet California's licensure requirements.

**Carmen Comsti:** Asked about some of the workforce survey information about how to identify barriers to entry or faculty retention issues. Garrett said HealthImpact deals with these issues every day and can partner with

BRN but also continue to come up with different ways of getting the message out about the things they're looking at.

Garrett Chan read a written comment from Bridget Harsh who agrees with Jen Ellis about the concern and raising awareness around what does direct patient care mean in terms of qualifications of faculty.

**Loretta Melby:** Provided additional information about faculty requirements.

A written public comment about an internationally prepared, experienced teacher from Thailand who has a California license was read by Loretta Melby.

Another written public comment from Gretchen Nelson about a NP who works in an office and applies to teach in an ADN program was read by Garrett Chan.

**Loretta Melby:** Stated that the application should be resubmitted because the process was refined about 6-8 months ago to include a lot of training and outreach. She also said this could be a school issue regarding their approval.

**Garrett Chan:** Asked if any other members had comments before a break.

The BRN moderator pointed to a Samantha Girard public comment. Garrett read the comment and asked Loretta Melby about it. Loretta Melby said Samantha should resubmit the application for review.

BRN moderator said there is a comment from Janelle which speaks to limiting a large number of staff who want to go into academia because they have not had hands on experience for over five years. EDP-P-10 forms are used to show academic instructors meet the recency requirements. There are many ways to show direct patient care experience.

Sue Engle wrote a comment for agenda item 5 regarding what is needed to get faculty approved.

**Break starting at 11:12, return at 11:25.**

**Meeting called back to order at 11:25 am – Quorum re-established at 11:28 am**

11:29 am

**6.0**

**Discussion regarding bridging the “academic-practice gap” in registered nursing**

**Discussion:**

**Garrett Chan:** Explained that he's done extensive writings on this issue but there is no formal definition in the literature. They did a pilot study with 29 new grads who committed 766 med errors; 73% committed a sentinel error event, and 100% failed to appropriately care for patients with diabetes and stroke. He said there's literature from chief nurses who are very concerned about practice readiness. There's no definition of what practice gap means in the literature and at what practice readiness is. He has attended 12 different conferences on the practice side and academic

side. Now that we are coming out of the pandemic this might be an opportunity to re-look at this. He wants to start with committee members to see if they have comments and then to the public to engage in conversation about this.

**Loretta Melby:** Explained about the NextGen NCLEX exam that was released on April 1, 2023, to measure entry level into practice focusing on the clinical judgement measurement model.

**Wendy Hansbrough:** Stated that she has had a collective effort with all universities and community colleges in their region that started early this year that identified a three-prong approach to this issue. They also brought in the clinical partners to have robust honest conversations about what opportunities are available to provide practice ready nurses. The clinical partners track how long new grads are on orientation, success at orientation, transition to practice and now share with the education partners which was not done before. She said all who are attending are very enthusiastic to solve the problems and work collectively together which is very encouraging.

**Garrett Chan:** Stated he is excited to hear about this work and looks forward to reading about it when Wendy publishes it.

**Carmen Comsti:** Stated she is also excited about what Wendy is working on. She said CNA is hearing from new nurses who want guidance and mentorship on how to transition to practice. She said employers are putting together random training programs that are not regulated and new nurses are being charged to attend the additional graduate residency programs. The attrition rates are high for new grads one to three years out due to lack of educational preparation.

**Joanne Spetz:** Explained that there is a lot of data going back a long time showing relatively recent graduates tend to turn over early in their first job. Most of them, way over 90%, stay in nursing even though they leave their first job but are looking for something better. New data suggests some newer graduates post pandemic are thinking hard about leaving the profession. There is also a lot of concern with retiring baby boomers and how to get new graduates onboarded effectively to have them feel good and confident and supported to retain them in their first jobs.

**Loretta Melby:** Explained about the opportunities students and schools have to obtain feedback about clinical, simulation, and surveys. She said lowering the bar for students does not help improve the quality of nurses and this is being seen because of lowering the bar during Covid.

**Garrett Chan:** Stated that there aren't shared definitions or central understandings like practice writing or even competency that people interpret differently. There are two national organizations looking at the academic practice gap called ICONEd, International Consortium for the Outcomes of Nursing Education. The leader of that group is Dr. Mary Anne Jessee, Vanderbilt University, who was a PhD student under Christine Tanner at Oregon Health University. A sister organization that came out of the American Organization of Nurse Leaders is called the Collaborative, the National Collaborative for Transition To Practice. He is chairing one of the subcommittees looking at the concept of practice

readiness. They're coming up with the standards and guidelines for transition to practice programs and need to have more standardization and best practices. They're creating the best residency standards grounded in evidence and meeting high standards.

**Jeannine Graves:** Stated that Sutter Health has a very robust residency program with 97% retention rate for new nurses after their first two years of practice. She said active feedback is given all the time by the supervisors/preceptors on the floor to the educational faculty. They are doing targeted focus and educational support either in the simulation lab or with didactic.

**Garrett Chan:** Explained that standards would not be curricular but more structured standards like communication should happen at certain touchpoints.

12:05 pm

**Public Comment for  
Agenda Item 6.0:**

**Judy Corless:** Thanked Jeannine for her residency comments. She wants to know if there is data that shows the new residency programs that exist for each specialty. Are there any statistics about the specialty residencies?

**Garrett Chan:** Stated that there is no repository for all data. He said there is Vizient Response and CCP tab that report out on a program as opposed to specific specialties so that's a challenge. He spoke about students being educated as generalists but once they graduate, they immediately go into a specialty. He said this is a timely comment because it is definitely needed.

**Brynne O'Neal, CNA:** Agreed that BRN can do more to support new nurses in their transition to practice. New nurses are being asked to begin their careers with few prelicensure direct care clinical hours with a shift to more simulation in nursing schools which is not an effective substitute for direct care clinical hours. She spoke about training programs provided by employers that can trap nurses in poor working conditions and debt if they leave, and who end up feeling intimidated and unable to speak up instead of feeling supported as they start their practice which pushes some nurses out of the profession. BRN could find ways to support state funded training and mentorship programs and advocate for those to be created whether in pre-licensure or post-licensure to help new nurses transition. She spoke about the California Nurse Mentor Project pilot program that had a significant positive impact on new nurses but never got implemented statewide. CNA is eager to work with NEWAC and work with BRN to design and advocate for a similar leadership program.

**Loretta Melby:** Explained that BRN does not have jurisdiction over any training in hospitals or hospital led new grad programs post-licensure. Garrett values CNA's comments and will continue to investigate these issues.

A written comment from Samantha Girard was read by Garrett Chan and stated I have to say that I now understand. I have been a program director since 2017 at my college. The role is becoming so cumbersome with the slow and clunky college process, the clinical barriers, displacement, preceptors are "voluntold" to precept, it's too much. There is a lot of data, and ability to use it to affect change but it feels a bit out of reach. She's

mentioned this and so has EO Melby, so she knows the BRN understands the challenges and what's happening.

**Garrett Chan:** Stated he had a DNP student as part of their DNP program. He tries to think of what the BRN can do.

A follow-up written comment from Samantha Girard was read which stated the perceptions around practice readiness are hard to nail down depending on the practice partners or managers of the bedside nurses which differs. They do not have the luxury of declining a magnet facility that severely restricts what students can and cannot do in new settings. She speaks about a documentation issue at one facility that could require a documentation companion with a purchase price and annual subscription.

**Garrett Chan:** Explained that they are working on this to help define what practice readiness is.

**Loretta Melby:** Provided a time check at 12:20 pm and asked that public commenters try to verbally give comment, if possible.

A written comment from Gretchen Nelson, clinical educator for over 20 years, was read by Garrett Chan. She's experiencing more desperation from industry for new grads with less engagement and help when she has students in the clinical settings. Staff are hesitant to reach out in hospital clinical/clinical sites. There are more restrictions as to what students can and what instructors can participate in. New hires always get preference for clinical experiences which is understandable, but the clinical experience is becoming minimalistic and exhausting too.

A written comment from Marcelo was read by Loretta Melby, it asked: What the BRN can do to narrow the gap between nursing education and clinical competencies needed in the actual clinical setting.

**Loretta Melby:** Explained that the BRN oversees nursing education.

**Rosanne Kayan Yep:** Stated that she wanted to appeal to receive back her FNP.

**Loretta Melby:** Asked her to email the BRN executive staff, and they will work with her.

**Christina Kelly, Director of Education, Professional Practice and Research at Sharp Chula Vista Medical Center:** She would like to know how the robustness of work a nurse must do now compares with 10 years ago. Asked if we are taking into consideration the overall health of the community with increased homelessness, and lack of resources to the general population. It is difficult to just hand off a patient when the shift ends due to the greater bundle of things that nurses are required to be responsible for in the 12-hour shift.

**Loretta Melby:** Stated that the Board sets the minimum requirements in CCR 1427. Each of the institutions create their own curriculum that is unique to each of the academic institutions and go through their own approval process to get that done. The BRN has no degree requirement



for licensure. A student can enter the workforce with an ADN, BSN, ELM or a certificate such as the LVN-RN 30 unit option. It is up to the academic institution to develop curriculum that meets the needs of the community to prepare nurses to be able to practice. Every person that takes the NCLEX gets aggregated feedback as to what areas a student did well in and what areas a student did not do well in.

12:34 pm

**7.0**

**Discussion regarding clinical placements, impact, and clinical displacement**

**Discussion:** **Loretta Melby:** Explained what the recent sunset bill said the board could consider when making enrollment decisions. She spoke about consortiums and their ability to help resolve clinical placement issues. She discussed various issues experienced with clinical placements in the state.

12:42 pm

**Public Comment for Agenda Item 7.0:**

**Nicole Ward, Director at Sharp Health Care Facility:** Asked if the BRN is aware of the declining availability of certain specialties in acute care for clinical placements. She said they are down to three units in one hospital for OB.

**Loretta Melby:** Explained that the BRN does not define the area for clinical placement in any specialty area which is not limited to an acute care health setting. The BRN encourages the use of community settings to meet the preparation. Placements can be in home health, hospice, convalescent centers, rehabilitation centers, skilled nursing facilities, etc. Garrett thanked the commenter

**Lisa Lucchesi, Dean for San Joaquin Delta College in Stockton:** She met with two of their largest providers and they were begging her to increase enrollment for spring of 2024 and asks for a way for BRN to make the process easier.

**Brynne O'Neal, CNA:** Appreciates the comments and ways BRN is looking to expand clinical placement. They encourage the BRN to think about ways it can support maintenance and expansion of clinical program capacity at community colleges without expanded clinical education capacity to open more seats. Students from low income and rural areas are impacted when community colleges are not an available resource. Would like more information and transparency on the contracts and arrangements that nursing programs have with facilities and clinical sites that can dictate which programs are getting clinicals.

**Loretta Melby:** Explained that additional information will be available soon in a clinical facilities databank that is being built for each school with contracts. The data is due to be published sometime in 2024 where you can sort by facility and academic institution. The data also includes average daily census, how many students can be accommodated, what shifts are being worked etc.

A written comment from Elizabeth Riley with a question about a legislative bill was read by Garrett Chan and he referred her to the Board's website.

**Leanne Burke, Program Director for Pre-Licensure at UC Irvine:** Said they use community clinics such as federally qualified health centers, but they are very small and not all of them have RNs working in them which

makes it very difficult to place individual students at a clinic with RN oversight without sending a RN faculty member.

**Loretta Melby:** Provided an example of an Arizona process that allows FaceTime with a RN.

**Leanne Burke:** Stated that she loves that and has a fabulous preceptorship program. She said it takes 250 hours to find 70 preceptors, but the preceptor model would greatly help reduce the retention and readiness to practice.

1:02 pm

**8.0**

**Adjournment:** Garrett Chan, Chair, thanked the group and the public for their participation today. He adjourned the meeting at 1:02 pm.

**Submitted by:**

**Accepted by:**

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**McCaulie Feusahrens**

Chief of Licensing  
Licensing Division  
California Board of Registered Nursing

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**Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN**

Chair  
Nursing Education and Workforce Advisory Committee

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**Loretta Melby, MSN, RN**

Executive Officer  
California Board of Registered Nursing





## Agenda Item 5.0

**Discussion and possible action: Regarding meeting dates for 2024**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 28, 2023



## BRN Board, Committee, and Advisory Committee Meetings in 2024

<b>January 2024</b>	<b>Advisory Committees</b> Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
<b>January 25, 2024</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>February 28-29, 2024</b>	<b>Board Meeting</b>
<b>March 7, 2024</b>	<b>Advisory Committee</b> Nursing Education and Workforce Advisory Committee (NEWAC)
<b>March 26, 2024</b>	<b>Advisory Committees</b> Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
<b>April 18, 2024</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>May 22-23, 2024</b>	<b>Board Meeting</b>
<b>June 20, 2024</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>July 2024</b>	<b>No Scheduled Meetings</b>
<b>August 2024</b>	<b>Advisory Committees</b> Clinical Nurse Specialist Advisory Committee (CNSAC) Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
<b>August 21-22, 2024</b>	<b>Board Meeting</b>
<b>September 12, 2024</b>	<b>Advisory Committee</b> Nursing Education and Workforce Advisory Committee (NEWAC)
<b>September 24, 2024</b>	<b>Advisory Committees</b> Nurse-Midwifery Advisory Committee (NMAC) Nurse Practitioner Advisory Committee (NPAC)
<b>October 24, 2024</b>	<b>Board Committee Meetings</b> Nursing Practice Committee Education/Licensing Committee Enforcement/Intervention Committee Legislative Committee
<b>November 20-21, 2024</b>	<b>Board Meeting</b>
<b>December 2024</b>	<b>No Scheduled Meetings</b>



## Agenda Item 6.0

**Discussion and possible action: Review and discussion of potential changes to the 2024 Registered Nurse Survey and process for seeking community feedback**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 28, 2023

**BOARD OF REGISTERED NURSING**  
**Nursing Education and Workforce Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM:** 6.0

**DATE:** September 28, 2023

**ACTION REQUESTED:**       **Discussion and possible action:** Review and discussion of potential changes to the 2024 Registered Nurse Survey and process for seeking community feedback

**REQUESTED BY:**           Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN  
Chair  
Nursing Education and Workforce Advisory Committee

**BACKGROUND:**

The NEWAC members will review and discuss potential changes to the 2024 Registered Nurse Survey.

**RESOURCES:**

California Board of Registered Nursing 2020 Survey of Registered Nurses:  
<https://rn.ca.gov/pdfs/forms/survey2020.pdf>

California Board of Registered Nursing 2018 Survey of Registered Nurses:  
<https://rn.ca.gov/pdfs/forms/survey2018.pdf>

Forecasts of the Registered Nurse Workforce in California 2022:  
<https://rn.ca.gov/pdfs/forms/forecast2022.pdf>

Forecasts of the Registered Nurse Workforce in California 2020:  
<https://rn.ca.gov/pdfs/forms/forecast2020.pdf>

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**       None

**PERSON(S) TO CONTACT:**       McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)



California Board of Registered Nursing

# Survey of Registered Nurses 2022

Conducted for the Board of Registered Nursing  
by the  
University of California, San Francisco

**Here's how to fill out the Survey:**

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

<sub>1</sub> YES

<sub>2</sub> NO

**SKIP TO Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, please email [Lela.Chu@ucsf.edu](mailto:Lela.Chu@ucsf.edu) or call toll-free: (877) 276-8277.
- **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

**CALIFORNIA BOARD OF REGISTERED NURSING  
2022 RN SURVEY**

**SECTION A: EDUCATION & LICENSURE**

1. What types of **nursing** degree programs have you completed? Include both initial and advanced education.

	Year completed	Location (2-letter state code or name of country)
Associate degree in nursing	_____	_____
30-unit option program (LVN-to-RN)	_____	_____
Baccalaureate in nursing (BSN or BS with nursing major)	_____	_____
Entry Level Master's program (ELM, MEPN, etc.)	_____	_____
Diploma program (hospital-based)	_____	_____
Master's Degree in nursing (non-ELM)	_____	_____
Post-Master's Certificate in nursing	_____	_____
Doctor of Nursing Practice (DNP)	_____	_____
Research-based Nursing Doctorate (PhD, DNSc, etc.)	_____	_____
Other ( <b>Describe</b> ): _____	_____	_____

2. What types of **non-nursing** post-secondary degree programs have you **completed**, before and/or after your nursing education? (Please report current enrollment in **Question #10**)

	Year
Associate degree (non-nursing)	_____
Bachelor's degree (non-nursing)	_____
Master's Degree (non-nursing)	_____
Doctorate (JD, MD, PhD, etc.)	_____
Other program type ( <b>Describe</b> ): _____	_____

3. **Prior** to starting your initial RN education, were you employed in a health occupation?  
(**Check all that apply.**)

- a No
- b Yes, healthcare clerical or administrative
- c Yes, military medical corps
- d Yes, nursing aide/assistant
- e Yes, other health technician/therapist
- f Yes, medical assistant
- g Yes, licensed practical/vocational nurse
- h Yes, other (**Specify**): \_\_\_\_\_)

4. In what US state or other country were you **first licensed** as an RN?

2-letter US state code: \_\_\_\_\_

**OR** Other country: \_\_\_\_\_

5. In what year were you first licensed as an RN in the **United States**?

\_\_\_\_\_

6. **Not including California**, do you hold an **active** RN license in **other states**?

- 0 No other states
- 1 Yes (list states: \_\_\_\_\_)

Are any of these Nurse Licensure Compact states?  1 Yes  0 No

7. Which of the following **California BRN certifications or listings** do you have?  
(**Check all that apply.**)

- a None
- b Nurse Anesthetist
- c Public Health Nurse
- d Nurse-Midwife
- e Psychiatric/Mental Health Nurse
- f Nurse Practitioner
- g Clinical Nurse Specialist

8. **Since completing your initial RN education**, how many years and months have you worked in a job that requires a registered nursing license? Exclude years during which you did not work as an RN.

\_\_\_\_\_ years and \_\_\_\_\_ months

9. **How satisfied are you with the nursing profession overall?**

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Satisfied
- 5 Very satisfied

10. Are you currently enrolled in a degree program or certification program?

<sub>1</sub> Yes <sub>2</sub> No **Skip to Question #14**

11. What is your objective? **(Check all that apply.)**

- <sub>a</sub> Associate degree in Nursing (ADN)
- <sub>b</sub> Baccalaureate of Science in Nursing (BSN)
- <sub>c</sub> Master's degree in Nursing (MSN)
- <sub>d</sub> Doctor of Nursing Practice (DNP)
- <sub>e</sub> Research or education-focused Doctorate in Nursing (PhD, DNSc, etc.)
- <sub>f</sub> Non-degree nursing certificate
- <sub>g</sub> Non-nursing Associate degree
- <sub>h</sub> Non-nursing Baccalaureate degree
- <sub>i</sub> Non-nursing Master's degree
- <sub>j</sub> Non-nursing professional Doctorate (JD, MD, etc.)
- <sub>k</sub> Non-nursing research or education-focused Doctorate(PhD, EdD, etc.)
- <sub>l</sub> Non-nursing certificate

12. What percent of coursework is through online or distance learning?  
Currently: \_\_\_\_\_% Normally: \_\_\_\_\_%

13. Why did you decide to return to school?  
**(Check all that apply.)**

- <sub>a</sub> Personal fulfillment or enrichment
- <sub>b</sub> Employer requires me to obtain BSN
- <sub>c</sub> Difficulty finding a job with current education
- <sub>d</sub> To be eligible for a promotion or higher-level position
- <sub>e</sub> Employer encourages me to advance my education
- <sub>f</sub> Desire for new skills to improve the quality of care I provide
- <sub>g</sub> To prepare me to work in a different setting
- <sub>h</sub> To get a higher salary
- <sub>i</sub> Interest in an administrative/ management career
- <sub>j</sub> Interest in a faculty/teaching career
- <sub>k</sub> Interest in becoming an advanced practice nurse (NP, CNM, CRNA, CNS)
- <sub>l</sub> Desire to change careers out of nursing
- <sub>m</sub> Getting burned out in current job

14. Are you **currently employed for pay** in a position that **requires an RN license**, including any Advanced Practice Registered Nurse positions?

<sub>1</sub> **Yes**, working full-time, part-time or per diem

**Continue to Section B below**

<sub>2</sub> **No** **Skip to Section C, page 7**

## SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING

*Please complete this section if you are working in a position that requires an RN license, including APRN positions. In this survey, "RN" or "registered nursing" refers to both RNs and APRNs.*

15. How many **hours** do you **normally** work in all positions that require a registered nursing license?  
**(Please complete all items.)**

- a. \_\_\_\_\_ # hours per **day** in all nursing positions
- b. \_\_\_\_\_ # hours per **week** in all nursing positions (do not include unworked on-call hours)
- c. \_\_\_\_\_ # overtime hours per **week** in all nursing positions
- d. \_\_\_\_\_ # hours **on call not worked** per week in all nursing positions
- e. \_\_\_\_\_ # hours in **direct patient care** per week

16. How many **months** per year do you work as an RN?  
\_\_\_\_\_ # months per **year**

17. What are your intentions regarding your nursing employment in the next:

<b>Two Years? (Check only one.)</b>	<b>Five Years? (Check only one.)</b>
<input type="checkbox"/> <sub>1</sub> Plan to increase hours of nursing work	<input type="checkbox"/> <sub>1</sub> Plan to increase hours of nursing work
<input type="checkbox"/> <sub>2</sub> Plan to work approximately as much as now	<input type="checkbox"/> <sub>2</sub> Plan to work approximately as much as now
<input type="checkbox"/> <sub>3</sub> Plan to reduce hours of nursing work	<input type="checkbox"/> <sub>3</sub> Plan to reduce hours of nursing work
<input type="checkbox"/> <sub>4</sub> Plan to leave nursing entirely but not retire	<input type="checkbox"/> <sub>4</sub> Plan to leave nursing entirely but not retire
<input type="checkbox"/> <sub>5</sub> Plan to retire	<input type="checkbox"/> <sub>5</sub> Plan to retire

18. Overall, based on your definition of burnout, how would you rate your level of burnout? **(Check only one.)**

- <sub>1</sub> I enjoy my work. I have no symptoms of burnout
- <sub>2</sub> Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- <sub>3</sub> I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- <sub>4</sub> The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot
- <sub>5</sub> I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help



**Questions 19 - 34 refer to your principal nursing position, which is the current RN or APRN position in which you spend most of your working time.**

**19.** In your **principal** nursing position, are you...?  
(Check only one.)

- <sub>1</sub> A regular employee (including per diem)
- <sub>2</sub> Employed locally through a temporary agency
- <sub>3</sub> Travel nurse/travel agency
- <sub>4</sub> Self-employed

**20.** How long have you been employed as an RN with your **principal** employer in any position?

\_\_\_\_\_ years and \_\_\_\_\_ months

**21.** How many **hours per week** do you normally work in your **principal** nursing position?

\_\_\_\_\_ # hours per week

**22.** How many **months per year** do you normally work in your **principal** nursing position?

\_\_\_\_\_ # months per year

**23.** Which one of these best describes the **job title** of your **principal** nursing position? (Check only one.)

- <sub>1</sub> Staff nurse/direct care nurse
- <sub>2</sub> Charge Nurse and direct care nurse
- <sub>3</sub> Charge Nurse or Team Leader (not direct care)
- <sub>4</sub> Senior management (CEO, Vice President, Dean)
- <sub>5</sub> Middle management (Asst. Director, Dept. Head, Associate Dean)
- <sub>6</sub> Front-line management (Head Nurse, Manager)
- <sub>7</sub> Clinical Nurse Specialist (CNS)
- <sub>8</sub> Certified Registered Nurse Anesthetist (CRNA)
- <sub>9</sub> Certified Nurse-Midwife (CNM)
- <sub>10</sub> Nurse Practitioner (NP)
- <sub>11</sub> School Nurse
- <sub>12</sub> Public Health/Community Health Nurse
- <sub>13</sub> Educator, academic setting (professor, instructor)
- <sub>14</sub> Staff educator, service setting (in-service educator)
- <sub>15</sub> Patient educator
- <sub>16</sub> Patient care coordinator/case manager/discharge planner/patient navigator
- <sub>17</sub> Quality improvement/utilization review nurse
- <sub>18</sub> Informatics/Clinical documentation specialist
- <sub>19</sub> Infection control nurse
- <sub>20</sub> Occupational health nurse
- <sub>21</sub> Telenursing/telephone advice nurse
- <sub>22</sub> Other (Please describe): \_\_\_\_\_

**24.** Which of the following best describes the **type of setting** of your **principal** nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work?  
(Check only one.)

**Hospital (not mental health)**

- <sub>1</sub> Hospital, **inpatient** care or **emergency** dept.
- <sub>2</sub> Hospital, **ancillary** unit (GI lab, radiology, etc.)
- <sub>3</sub> Hospital, **ambulatory care** department (outpatient, surgery, clinic, etc.)
- <sub>4</sub> Hospital, **nursing home** unit
- <sub>5</sub> Hospital, **other** type of department (administration, home health, etc.)

**Other inpatient setting**

- <sub>6</sub> **Nursing home/extended care/skilled nursing facility/group home**
- <sub>7</sub> **Rehabilitation** facility/ long-term acute care
- <sub>8</sub> Inpatient **mental health**/substance abuse
- <sub>9</sub> **Correctional** facility/prison/jail
- <sub>10</sub> **Inpatient hospice** (not hospital-based)
- <sub>11</sub> **Other inpatient setting**

**Clinic/ambulatory**

- <sub>12</sub> **Private** medical practice, clinic, office, etc.
- <sub>13</sub> **Public** clinic, rural health center, FQHC, etc.
- <sub>14</sub> **School health** service (K-12 or college)
- <sub>15</sub> Outpatient **mental health**/substance abuse
- <sub>16</sub> **Urgent care**, not hospital-based
- <sub>17</sub> **Ambulatory surgery** center (free-standing)
- <sub>18</sub> **Other clinic/ambulatory**  
(Please describe): \_\_\_\_\_

**Other types of employment settings**

- <sub>19</sub> **Occupational health** or employee health service
- <sub>20</sub> **Public health** or community health agency (not a clinic)
- <sub>21</sub> **Government agency** other than public/community health or corrections
- <sub>22</sub> Outpatient **Dialysis Center**
- <sub>23</sub> University or college (**academic** department)
- <sub>24</sub> **Home health** agency/hospice agency
- <sub>25</sub> **Case management**/disease management
- <sub>26</sub> **Call center**/telenursing center
- <sub>27</sub> Self-employed
- <sub>28</sub> **Other setting**  
(Please describe): \_\_\_\_\_

25. Indicate the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position. (Check only one.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <sub>0</sub> Not involved in direct patient care | <input type="checkbox"/> <sub>8</sub> Emergency/trauma                     | <input type="checkbox"/> <sub>16</sub> Oncology                        |
| <input type="checkbox"/> <sub>1</sub> General medical-surgical            | <input type="checkbox"/> <sub>9</sub> Geriatrics                           | <input type="checkbox"/> <sub>17</sub> Pediatrics                      |
| <input type="checkbox"/> <sub>2</sub> Critical care/Intensive care        | <input type="checkbox"/> <sub>10</sub> Gynecology/family planning          | <input type="checkbox"/> <sub>18</sub> Psychiatry/mental health        |
| <input type="checkbox"/> <sub>3</sub> Ambulatory care – primary care      | <input type="checkbox"/> <sub>11</sub> Home health care                    | <input type="checkbox"/> <sub>19</sub> Rehabilitation                  |
| <input type="checkbox"/> <sub>4</sub> Ambulatory care – specialty         | <input type="checkbox"/> <sub>12</sub> Hospice                             | <input type="checkbox"/> <sub>20</sub> School health (K-12 or college) |
| <input type="checkbox"/> <sub>5</sub> Community/public health             | <input type="checkbox"/> <sub>13</sub> Labor & delivery                    | <input type="checkbox"/> <sub>21</sub> Step-down or telemetry          |
| <input type="checkbox"/> <sub>6</sub> Corrections                         | <input type="checkbox"/> <sub>14</sub> Mother-baby unit or newborn nursery | <input type="checkbox"/> <sub>22</sub> Surgery/peri-operative          |
| <input type="checkbox"/> <sub>7</sub> Dialysis                            | <input type="checkbox"/> <sub>15</sub> Neonatal care                       | <input type="checkbox"/> <sub>23</sub> Other (Specify): _____          |

26. Please rate each of the following factors of your **principal** nursing position:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
A. Your job overall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
B. Your salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
C. Employee benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
D. Adequacy of RN skill level where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
E. Adequacy of the number of RN staff where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
F. Adequacy of clerical support services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
G. Non-nursing tasks required	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
H. Amount of charting required	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I. Your workload	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
J. Physical work environment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
K. Work schedule	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
L. Job security	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
M. Opportunities for advancement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
N. Support from other nurses you work with	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
O. Teamwork between coworkers and yourself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
P. Leadership from your nursing administration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Q. Involvement in patient care decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
R. Relations with physicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
S. Relations with other non-nursing staff	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
T. Relations with agency or registry nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
U. Interaction with patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
V. Time available for patient education	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
W. Involvement in policy or management decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
X. Opportunities to use my skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Y. Opportunities to learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Z. Quality of preceptor and mentor programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
AA. Employer-supported educational opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
BB. Quality of patient care where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
CC. Feeling that work is meaningful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
DD. Recognition for a job well done	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
EE. Respect from the public for nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

27. Where is your **principal** nursing position located?  
(Please complete all items.)

- a. Zip Code \_\_\_\_\_
- b. City \_\_\_\_\_
- c. State \_\_\_\_\_ (2-letter)

28. How many miles is it **one-way** from your residence to your **principal** nursing position? If you work for a traveling nurse agency or registry, indicate the **average** one-way distance to your current or most recent employment location.

\_\_\_\_\_ miles one-way

29. To what extent, if any, do the following factors affect your ability to provide **high-quality patient care** or to **do your best work** in your **principal nursing position**?

	Not at all	A little	Moderate extent	Great extent	Does not apply
Workplace violence	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Patients with substance use disorders	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Immigration status of patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Patient care decisions outside my control	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Functionality of electronic health records	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Poor leadership from manager/institution	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Institution support of my professional judgement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

30. To what extent do you agree with the statements below about **the organization for which you work** in your **principal nursing position**?

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly Disagree
If I did the best job possible, my organization would notice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
My organization really cares about my well-being	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
My organization responds to my complaints	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
My organization takes pride in my accomplishments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
My organization values my contribution to its well-being	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

31. What is the likelihood that you will leave your **principal nursing position** within **two years**?

- <sub>1</sub> Will not leave
- <sub>2</sub> Small possibility
- <sub>3</sub> Reasonably likely
- <sub>4</sub> Definitely leaving

32. To what extent do these factors contribute to your desire to leave or stay in your **principal nursing position**?

	Strongly makes me want to <u>stay</u>			Does not affect my plan to <u>stay/leave</u>			Strongly makes me want to <u>leave</u>
A. Work environment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
B. Manager/administration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
C. Availability/lack of loan repayment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
D. Availability/lack of training opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
E. Patient population	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
F. Length of commute	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
G. Opportunities for advancement (or lack of)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
H. Schedule/hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I. Proximity to family and friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
J. Proximity to spouse/partner's job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
K. Pay and benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
L. Physical demands of the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
M. Respect from the public for nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
N. Teamwork with my coworkers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
O. Childcare or eldercare challenges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

33. Please specify the **total annual earnings** for your **principal nursing position only, before** deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

\$ \_\_\_\_\_ /year

34. Does your compensation from your **principal** nursing position offer: **(Check all that apply.)**

- <sub>a</sub> Retirement plan
- <sub>b</sub> Personal health insurance
- <sub>c</sub> Family/dependent health insurance
- <sub>d</sub> Dental insurance
- <sub>e</sub> Tuition reimbursement
- <sub>f</sub> Paid time to pursue an educational degree
- <sub>g</sub> None of these benefits

35. Are you doing **volunteer work** as an RN or APRN (working in an unpaid capacity)?

- <sub>2</sub> No    <sub>1</sub> Yes    Are you in an internship/  
transition/residency program?  
<sub>1</sub> Yes    <sub>2</sub> No

36. Approximately what percentage of your time is spent on each of the following functions during a typical week in your **principal** position?

- a. \_\_\_\_\_% Patient care and charting
- b. \_\_\_\_\_% Patient education
- c. \_\_\_\_\_% Indirect patient/client care (consulting, planning, evaluating care)
- d. \_\_\_\_\_% Teaching, precepting or orienting students or new hires/staff
- e. \_\_\_\_\_% Supervision/management
- f. \_\_\_\_\_% Administration
- g. \_\_\_\_\_% Research
- h. \_\_\_\_\_% Non-nursing tasks (housekeeping, etc.)
- i. \_\_\_\_\_% Other **(Describe):** \_\_\_\_\_

**100% Total** \_\_\_\_\_

37. Do you currently hold more than one nursing job?

- <sub>1</sub> Yes  
<sub>2</sub> No    **Skip to Question #42 (right)**

38. How many **additional** nursing positions do you hold? **(do not count your principal job)**

- <sub>1</sub> One    <sub>2</sub> Two    <sub>3</sub> Three or more

39. In your **other** nursing positions, are you...? **(Check all that apply.)**

- <sub>a</sub> A regular employee
- <sub>b</sub> Employed through a temporary agency, not traveling
- <sub>c</sub> Self-employed
- <sub>d</sub> Travel nurse or employed through a traveling nurse agency

40. What type of work do you do in your **other nursing positions?** **(Check all that apply.)**

- <sub>a</sub> Hospital staff
- <sub>b</sub> Public health or community health
- <sub>c</sub> Long-term acute care
- <sub>d</sub> School health
- <sub>e</sub> Nursing home, extended care, or skilled nursing facility staff
- <sub>f</sub> Mental health or substance abuse treatment
- <sub>g</sub> Home health or hospice
- <sub>h</sub> Telehealth/telenursing
- <sub>i</sub> Teaching health professions or nursing students
- <sub>j</sub> Ambulatory care, occupational health
- <sub>k</sub> Self-employed
- <sub>l</sub> Other **(Please describe:** \_\_\_\_\_  
\_\_\_\_\_)

41. Please report the following for your **other** nursing positions. **Do not repeat your principal position.**

Additional position 1:

Average hours worked per week: \_\_\_\_\_

Months worked per year: \_\_\_\_\_

Estimated pre-tax annual income: \_\_\_\_\_

Additional position 2:

Average hours worked per week: \_\_\_\_\_

Months worked per year: \_\_\_\_\_

Estimated pre-tax annual income: \_\_\_\_\_

All other additional positions:

Average hours worked per week: \_\_\_\_\_

Months worked per year: \_\_\_\_\_

Estimated pre-tax annual income: \_\_\_\_\_

42. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? **(Check all that apply.)**

- <sub>a</sub> Yes, a temporary agency or registry
- <sub>b</sub> Yes, a traveling agency
- <sub>c</sub> No **(Skip to Section D on page 8.)**

43. In what year did you most recently begin work as a temporary, registry, or traveling nurse?

\_\_\_\_\_

44. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry. (Check all that apply.)

- <sub>a</sub> Wages
- <sub>b</sub> Supplemental income
- <sub>c</sub> Waiting for a desirable permanent position
- <sub>d</sub> Unable to find any permanent RN job
- <sub>e</sub> Travel/see other parts of the country
- <sub>k</sub> Other (Please describe): \_\_\_\_\_
- <sub>f</sub> Unable to work enough hours at my primary job
- <sub>g</sub> Maintain skills/get experience
- <sub>h</sub> Control of schedule
- <sub>i</sub> Control of work conditions
- <sub>j</sub> Control of work location

**SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING**

The purpose of this section is to learn why people are not employed in nursing or have left nursing practice. The term "registered nurse" applies to both RNs and APRNs.

If you are currently employed as an RN or APRN, please skip to Section D, next page

45. What was the last year you worked for pay as an RN or APRN? \_ \_ \_ \_

I have never worked for pay as an RN or APRN

46. How important are each of the following factors in why you are **not employed** in nursing?

	Not at all important	Somewhat important	Important	Very important	Does not apply
Retired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Laid off	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Difficult to find <b>desired</b> nursing position	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Cannot find <b>any</b> work as an RN/APRN	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Inconvenient schedules in nursing jobs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Stress on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Negative effect of work on my health or well-being	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Unsafe workplace	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Non-job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Dissatisfied with benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of support from my employer/supervisor	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Inability to deliver quality care consistently	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of respect from the public for nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Dissatisfaction with the nursing profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Relocated to a different area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Travel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Wanted to try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Returned to school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other ( <b>Describe</b> ): _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

47. Which of the following best describes your current intentions regarding work in nursing?

- <sub>1</sub> Currently seeking employment in nursing
  - <sub>2</sub> Plan to work in nursing in the future, but not looking for a job now
  - <sub>3</sub> Retired
  - <sub>4</sub> Definitely will not return to nursing, but not retired
  - <sub>5</sub> Undecided at this time
- How soon? <sub>1</sub> Less than one year  
<sub>2</sub> 1-2 years  
<sub>3</sub> 3-4 years  
<sub>4</sub> 5 or more years

48. To what extent would these changes affect your desire to return to nursing?

	Would <b>not</b> affect my plans				Would <b>greatly</b> increase my desire to return to nursing
A. Job opportunities became more available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Work environments improved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Student loan repayment become more available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. On-the-job training and development became more available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. School/childcare schedules became more stable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Commute became shorter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Employers offered more opportunities for advancement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Pay improved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Work schedules improved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Fringe benefits improved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Physical demands of the job were lessened	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Management/administration became more attentive to nursing staff needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. My personal health situation improved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Other ( <b>Describe</b> ): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

49. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?  
2 No    1 Yes    Are you in an internship/transition residency program?    1 Yes    2 No

**SECTION D: CHANGES IN THE PAST YEAR**

50. Have you changed employers, positions, how much you work, or whether you work, in the **past 12 months**?

1 Yes    2 No    **Skip to Section E on the next page.**

51. Have you changed **employers or whether you work** in the past year? (**Check all that apply.**)

- |   |   |
|---|---|
| <input type="checkbox"/> a I am not working in nursing now, but was working earlier this year | <input type="checkbox"/> e Added second non-nursing job                 |
| <input type="checkbox"/> b I was not working earlier this year, but am working now in nursing | <input type="checkbox"/> f Changed second nursing employer              |
| <input type="checkbox"/> c Changed principal employer   | <input type="checkbox"/> g Stopped working in second nursing job        |
| <input type="checkbox"/> d Added second nursing job   | <input type="checkbox"/> h Stopped working in secondary non-nursing job |
| <input type="checkbox"/> i Other ( <b>Please describe</b> ): _____                            |   |

52. If you changed your principal employer, in what setting did you previously work? **Check only one.**

- 1 Hospital
- 2 Ambulatory care (physician office, surgery center, urgent care center)
- 3 Long-term care (nursing home, skilled nursing facility, extended care)
- 4 Home health (including home-based hospice)
- 5 Other (**Describe**): \_\_\_\_\_

53. Have you changed **job titles** in the past year?

1 Yes    2 No    **Skip to Question #55**

54. What was your job title before the change?

\_\_\_\_\_

55. Has there been a change in **how much you work** as an RN in the past year? (**Check only one.**)

- 1 No change in hours worked
- 2 Increased hours – employer imposed
- 3 Increased hours – my choice
- 4 Decreased hours – employer imposed
- 5 Decreased hours – my choice

6 Other (**Please describe**): \_\_\_\_\_

56. How important were each of the following factors in your **change** in employment or hours worked during the past year?

	Not at all important	Somewhat important	Important	Very important	Does not apply
Retired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Laid off	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Employer reduced my hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Employer increased my hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Promotion/career advancement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Desire to fully use skills/learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Change in spouse/partner work situation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Wanted or needed more convenient work hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Stress on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Negative effect of work on my health or well-being	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Unsafe workplace	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Non-job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Salary/benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of support from my employer/supervisor	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Inability to deliver quality care consistently	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other dissatisfaction with my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Dissatisfaction with the nursing profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Relocated to a different area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Change in household financial status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Wanted to try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Returned to school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other ( <b>Describe</b> ): _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION E: EMPLOYMENT IN NON-NURSING POSITIONS**

57. Are you currently employed in a **non-nursing** position (that does not require a registered nursing license)?

<sub>1</sub> Yes <sub>2</sub> No **Skip to Section F**

58. Does your position utilize any of your nursing knowledge?

<sub>1</sub> Yes <sub>2</sub> No

59. Please report the following for your **non-nursing** positions (combined if you have more than one).

Average hours worked per week: \_\_\_\_\_

Months worked per year: \_\_\_\_\_

Estimated pre-tax annual income: \_\_\_\_\_

60. Please indicate the field(s) of your work position(s) outside of nursing. (**Check all that apply.**)

<sub>a</sub> Health-related services outside of nursing

<sub>b</sub> Pharmaceuticals, biotechnology, or medical devices

<sub>c</sub> Retail sales and services

<sub>d</sub> Education (non-nursing, including K-12 or college)

<sub>e</sub> Financial, accounting, and insurance services

<sub>f</sub> Consulting organization

<sub>g</sub> Other (**Please describe**): \_\_\_\_\_





66. To what degree did you become upset or frustrated about each of the following in the past 9 months?

	<u>Not at all</u>	<u>A small degree</u>	<u>A moderate degree</u>	<u>A great degree</u>
Lack of adequate personal protective equipment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of reliable COVID-19 tests	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of clear, evidence-based treatment protocols for COVID-19	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of understanding in the community of COVID-19 risks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of adequate nurse staffing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of adequate ancillary and support staffing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of collaboration and teamwork with my coworkers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of good leadership in my organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of respect from the public for nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

67. To what degree have you experienced these feelings during the past six months?

	<u>Not at all</u>	<u>A small degree</u>	<u>A moderate degree</u>	<u>A great degree</u>
Fear or anxiety about caring for COVID-19 patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Fear or anxiety for the safety of my family and friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Fear or anxiety of becoming seriously ill from COVID-19	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Fear or anxiety of spreading COVID-19 to family or friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

68. Have you ever had a COVID-19 infection?

<sub>a</sub> Yes, confirmed by test   <sub>b</sub> Had symptoms but not tested   <sub>c</sub> No   **Skip to the next question**

How serious was your infection?

- <sub>1</sub> Mild short-term symptoms, treated at home
- <sub>2</sub> Serious symptoms, but not hospitalized
- <sub>3</sub> Serious symptoms, hospitalized

Has your recovery been complete?

- <sub>1</sub> I have no lingering symptoms or illness
- <sub>2</sub> I have mild lingering symptoms/illness
- <sub>3</sub> I have serious lingering symptoms/illness

69. During the COVID-19 pandemic, did you experience the following?

	<u>Never</u>	<u>1-2 times</u>	<u>3-4 times</u>	<u>5 or more times</u>
You had to deny family visits to a critically ill patient	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Someone you worked with died from COVID-19	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
A patient you cared for died from COVID-19	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Someone you lived with was hospitalized for COVID-19	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
A family member or close friend died from COVID-19	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

70. To what extent do you agree with the following statements **about the pandemic?**

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Does not apply</u>
My employer has been protective of my health	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I feel <b>well-prepared</b> to care for COVID-19 patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Quality of care for non-COVID-19 patients <b>is as good as before</b> the pandemic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Childcare/school closures have made it difficult to work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Eldercare needs have made it difficult to work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I am considering, planning, or have <b>changed nursing jobs</b> due to <b>burnout</b> from the pandemic	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I am considering, planning, or have <b>left my nursing job</b> to become a traveling nurse	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I am considering, planning, or have <b>left the field of nursing</b> entirely due to <b>burnout</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I am <b>considering, planning, or have left</b> my nursing job due to vaccine mandates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

## SECTION H: DEMOGRAPHICS

71. Year of birth: \_\_\_\_\_
72. What is your gender identity?
- <sub>1</sub> Female    <sub>3</sub> Trans Woman    <sub>5</sub> Non-binary  
<sub>2</sub> Male    <sub>4</sub> Trans Man    <sub>6</sub> Genderqueer  
<sub>7</sub> Gender non-conforming  
<sub>8</sub> Prefer to self-describe: \_\_\_\_\_
73. In what country were you born?
- <sub>1</sub> USA  
<sub>2</sub> Other country: \_\_\_\_\_
74. What was your parents' highest education?
- |  |  |
|--|--|
| <p><u>Mother</u></p> <p><input type="checkbox"/><sub>1</sub> High school or less    <input type="checkbox"/><sub>1</sub> High school or less<br/> <input type="checkbox"/><sub>2</sub> Some college    <input type="checkbox"/><sub>2</sub> Some college<br/> <input type="checkbox"/><sub>3</sub> Assoc. degree    <input type="checkbox"/><sub>3</sub> Assoc. degree<br/> <input type="checkbox"/><sub>4</sub> Bachelor's degree    <input type="checkbox"/><sub>4</sub> Bachelor's degree<br/> <input type="checkbox"/><sub>5</sub> Graduate degree    <input type="checkbox"/><sub>5</sub> Graduate degree<br/> <input type="checkbox"/><sub>6</sub> Don't know    <input type="checkbox"/><sub>6</sub> Don't know</p> | <p><u>Father</u></p> <p><input type="checkbox"/><sub>1</sub> High school or less    <input type="checkbox"/><sub>1</sub> High school or less<br/> <input type="checkbox"/><sub>2</sub> Some college    <input type="checkbox"/><sub>2</sub> Some college<br/> <input type="checkbox"/><sub>3</sub> Assoc. degree    <input type="checkbox"/><sub>3</sub> Assoc. degree<br/> <input type="checkbox"/><sub>4</sub> Bachelor's degree    <input type="checkbox"/><sub>4</sub> Bachelor's degree<br/> <input type="checkbox"/><sub>5</sub> Graduate degree    <input type="checkbox"/><sub>5</sub> Graduate degree<br/> <input type="checkbox"/><sub>6</sub> Don't know    <input type="checkbox"/><sub>6</sub> Don't know</p> |
|--|--|
75. Marital status    <sub>1</sub> Single  
<sub>2</sub> Currently married/partnered  
<sub>3</sub> Separated/divorced/widowed
76. Do you have children living at home with you?  
<sub>2</sub> No    <sub>1</sub> Yes    If Yes, **how many** are:
- \_\_\_\_\_ # 0-2 years old  
 \_\_\_\_\_ # 3-5 years old  
 \_\_\_\_\_ # 6-12 years old  
 \_\_\_\_\_ # 13-17 years old  
 \_\_\_\_\_ # 18 years or older
77. Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? **Do not include paid positions.**
- <sub>1</sub> Yes    <sub>2</sub> No
- If Yes, **how many** adults do you assist or care for? <sub>1</sub> 1 adult    <sub>2</sub> 2 adults    <sub>3</sub> 3 or more
78. Do you speak any of these non-English languages fluently?
- <sub>a</sub> Spanish    <sub>e</sub> Vietnamese    <sub>i</sub> Arabic  
<sub>b</sub> Cantonese    <sub>f</sub> Armenian    <sub>j</sub> Japanese  
<sub>c</sub> Mandarin    <sub>g</sub> Korean    <sub>k</sub> Russian  
<sub>d</sub> Tagalog    <sub>h</sub> Farsi  
<sub>i</sub> Other (specify: \_\_\_\_\_)

79. Your home Zip code: \_\_\_\_\_  
or foreign country: \_\_\_\_\_
80. What is your ethnic/racial background? **(Check all that apply).**
- <sub>a</sub> Caucasian/White/European/Middle Eastern  
<sub>b</sub> African-American / Black / African  
<sub>c</sub> American Indian/Native American/Alaskan Native
- Latino/Hispanic**
- <sub>d</sub> Central American    <sub>g</sub> Mexican  
<sub>e</sub> South American    <sub>h</sub> Other Hispanic  
<sub>f</sub> Caribbean
- Asian/Pacific Islander**
- <sub>i</sub> Cambodian    <sub>o</sub> Indian    <sub>t</sub> Pakistani  
<sub>j</sub> Chinese    <sub>p</sub> Indonesian    <sub>u</sub> Samoan  
<sub>k</sub> Fijian    <sub>q</sub> Japanese    <sub>v</sub> Thai  
<sub>l</sub> Filipino    <sub>r</sub> Korean    <sub>w</sub> Tongan  
<sub>m</sub> Guamanian    <sub>s</sub> Laotian/Hmong    <sub>x</sub> Vietnamese  
<sub>n</sub> Hawaiian    <sub>y</sub> Other Asian
- <sub>z</sub> Other
81. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household:
- <sub>1</sub> Less than \$50,000    <sub>6</sub> \$150,000 – \$174,999  
<sub>2</sub> \$50,000 - \$74,999    <sub>7</sub> \$175,000 – \$199,999  
<sub>3</sub> \$75,000 - \$99,999    <sub>8</sub> \$200,000 - \$224,999  
<sub>4</sub> \$100,000 - \$124,999    <sub>9</sub> \$225,000 – \$249,999  
<sub>5</sub> \$125,000 – \$149,999    <sub>10</sub> \$250,000 or more
82. Approximately what percentage of your **total household** income comes from your nursing job(s)?
- <sub>1</sub> None    <sub>4</sub> 40-59%    <sub>7</sub> 80-99%  
<sub>2</sub> 1-19%    <sub>6</sub> 60-79%    <sub>8</sub> 100%  
<sub>3</sub> 20-39%
83. Have you ever served on active duty or reserves in the U.S. Armed Forces? (Check all that apply)
- <sub>a</sub> I now serve on active duty  
<sub>b</sub> I previously served on active duty  
<sub>c</sub> I now am on reserves  
<sub>d</sub> I previously was on reserves  
<sub>e</sub> I have never been on active duty or reserves
- If you have served, are/were you in the medical corps? <sub>1</sub> Yes    <sub>2</sub> No



New items to consider for the 2024 Survey of Registered Nurses  
Ideas from UCSF Philip R. Lee Institute for Health Policy Studies

Questions 65-70 in the 2022 survey were about COVID and no longer relevant the way they are written. This frees up about 1.5 pages we can use for something new!

Electronic Health Records

Question 29 of the 2022 questionnaire: we could replace the item "Functionality of electronic health records" with the System Usability Scale (Melnick et al., 2020), which has been correlated with physician burnout.

Each of the following 10 items is rated on a 5-point scale from "strongly disagree" to "strongly agree":

- I like to use my EHR
- I find my EHR unnecessarily complex.
- I think my EHR is easy to use.
- I think that I would need the support of technical personnel to use my EHR better.
- I find the various functions in my EHR are well integrated.
- I think there is too much inconsistency in my EHR.
- I would imagine that most people (in my specialty) would learn to use my EHR quickly.
- I find my EHR very cumbersome to use.
- I feel very confident using my EHR.
- I needed to learn a lot of things before I could get going with my EHR.

Patient Safety Culture

US Agency for Healthcare Research and Quality Survey on Patient Safety Culture  
(<https://www.ahrq.gov/sops/index.html>)

National comparisons are available, and we could compare ratings by region, job satisfaction, burnout, intention to retire/quit, employer type, etc.

Please rate the degree of your agreement with these statements about the team with which you work most frequently. [Scoring: 6-point scale from strongly agree to strongly disagree]

- If you make a mistake on this team, it is often held against you
- Members of my team are able to bring up problems and tough issues
- People on my team sometimes reject others for being different
- It is safe to take a risk on this team
- It is difficult to ask other members of this team for help
- No one on my team would deliberately act in a way that undermines my efforts
- Working with members of this team, my unique skills and talents are valued and utilized

Perceived Workload

NASA-Task Workload Index (TLX) Survey, adapted for nursing – can compare with published data, and can compare by job title, work setting, region, burnout, job satisfaction, etc.

Scoring: 20-point scale labelled "Low" to "high"



Questions are asked about your last shift or day at work:

- How mentally demanding was this shift?
- How physically demanding was this shift?

- How hurried or rushed was the pace of the shift?
- How hard did you have to work to accomplish your level of performance this shift?
- How successful do you think you were in accomplishing your goals for this shift?
- How insecure, discouraged, irritated, stressed and annoyed versus secure, gratified, content, relaxed, and complacent did you feel during this shift?

### Resilience

The Brief Resilience Scale is widely used and is free. (Source: Smith et al., 2008: <https://pubmed.ncbi.nlm.nih.gov/18696313/>)

Scoring is on a 5-point scale from strongly disagree to strongly agree:

- I tend to bounce back quickly after hard times
- I have a hard time making it through stressful events
- It does not take me long to recover from a stressful event
- It is hard for me to snap back when something bad happens
- I usually come through difficult times with little trouble
- I tend to take a long time to get over set-backs in my life

### Racism and discrimination in the workplace

David R. Williams at Harvard has many different sets of questions on a website (<https://scholar.harvard.edu/davidrwilliams/node/32397>). Below are two options that are related to workplace experiences.

Here are some more situations that can arise at work. Please tell me how often you have experienced them during the past 12 months. [response choices: once a week or more, a few times a month, a few times a year, less than once a year, never]

- How often do you feel that you have to work twice as hard as others to get the same treatment or evaluation?
- How often are you watched more closely than other workers?
- How often are you unfairly humiliated in front of others at work?
- How often do your supervisor or coworkers make slurs or jokes about racial or ethnic groups?
- How often do your supervisor or coworkers make slurs or jokes about women?
- How often do your supervisor or co-workers make slurs or jokes about gays or lesbians?

Long version:

- How often are you UNFAIRLY given the jobs that no one else wants to do?
- At work, when different opinions would be helpful, how often is your opinion not asked for?
- How often are you watched more closely than others?
- How often does your supervisor or boss use racial or ethnic slurs or jokes?
- How often does your supervisor or boss direct racial or ethnic slurs or jokes at you?
- How often do your coworkers use racial or ethnic slurs or jokes?
- How often do your coworkers direct racial or ethnic slurs or jokes at you?
- How often do you feel that you have to work twice as hard as others work?
- How often do you feel that you are ignored or not taken seriously by your boss?
- How often do others assume that you work in a lower status job than you do and treat you as such?

- How often has a coworker with less experience and fewer qualifications gotten promoted before you?
- How often have you been unfairly humiliated in front of others at work?



## Agenda Item 7.0

**Discussion and possible action: Report from the Simulation Standards subcommittee**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 28, 2023

**BOARD OF REGISTERED NURSING**  
**Nursing Education and Workforce Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.0**

**DATE: September 28, 2023**

**ACTION REQUESTED:**                    **Discussion and possible action:** Report from the Simulation Standards subcommittee

**REQUESTED BY:**                    Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN  
Chair  
Nursing Education and Workforce Advisory Committee

**BACKGROUND:**

Pursuant to Business and Professions Code section 2785.6, subdivision (g), the Nursing Education and Workforce Advisory Committee (NEWAC) was mandated to study and recommend standards for simulated clinical experiences based on the best practices published by the International Nursing Association for Clinical Simulation and Learning (INACSL), the National Council of State Boards of Nursing (NCSBN), the Society for Simulation in Healthcare (SSH), or equivalent standards.

On March 30, 2023, NEWAC approved the creation of a subcommittee to study and recommend standards for simulated clinical experiences. The subcommittee met with simulation experts from across California to evaluate the INACSL, NCSBN, and SSH standards. The following recommendations came from simulation experts with whom the subcommittee met:

- There was total agreement that pre-licensure RN programs who use simulation should adhere to at least one of the sets of standards set forth by INACSL, NCSBN, or SSH. The Board of Registered Nursing does not need to create new simulation standards for programs.
- INACSL has an endorsement program and SSH has an accreditation program that recognize demonstrated excellence in simulation-based education. There was total agreement among the simulation experts that they strongly recommend that the BRN shall accept, without requiring additional documentation or action, INACSL endorsement or SSH accreditation as meeting any simulation requirements set forth by the BRN.
- There was consensus that should the BRN create regulations, the regulations should be a modified version of the National Council of State Boards of Nursing Model Rules Language for Prelicensure RN Programs (2016). The proposed regulations are attached to this agenda information sheet.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**                    None

**PERSON(S) TO CONTACT:**                    McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)





## Agenda Item 8.0

**Discussion and possible action: Regarding accepting and assigning members to the following subcommittees: Clinical Placement and Impaction, Cultural Competency, Diversity Pathway to Nursing, Theory Practice Gap and New Grad Orientation, Workforce Retention, Curriculum Standards and Guidelines, and Faculty**

Nursing Education and Workforce Advisory Committee (NEWAC) Meeting | September 28, 2023

**BOARD OF REGISTERED NURSING**  
**Nursing Education and Workforce Advisory Committee Meeting**  
**Agenda Item Summary**

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**AGENDA ITEM: 8.0**

**DATE: September 28, 2023**

**ACTION REQUESTED:**        **Discussion and possible action:** Regarding accepting and assigning members to the following subcommittees: Clinical Placement and Impaction, Cultural Competency, Diversity Pathway to Nursing, Theory Practice Gap and New Grad Orientation, Workforce Retention, Curriculum Standards and Guidelines, and Faculty

**REQUESTED BY:**            Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN  
Chair  
Nursing Education and Workforce Advisory Committee

**BACKGROUND:**

On March 30, 2023, NEWAC voted to create the following subcommittees:

- Clinical Placement and Impaction
- Cultural Competency
- Diversity Pathway to Nursing
- Theory Practice Gap and New Grad Orientation
- Workforce Retention
- Curriculum Standards and Guidelines and
- Faculty

The members will discuss accepting these subcommittees and assigning members.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:**            None

**PERSON(S) TO CONTACT:**        McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[mccaulie.feusahrens@dca.ca.gov](mailto:mccaulie.feusahrens@dca.ca.gov)