

2007 LPN Workforce Survey

Survey # _____

To complete form online... Open your Internet browser and type:
<http://www.ColoradoHealthInstitute.org/LPN2007.html> → Complete the questionnaire online → Click “submit”
 button when you are finished.

THE FIRST SET OF QUESTIONS IS ABOUT YOUR LPN TRAINING PROGRAM

1. What is the name of the school where you received your LPN diploma?

(a) In what state was the training program located? _____

(b) How many months were you enrolled in the program? _____

(c) In what year did you complete your LPN training? _____

(d) In what year did you first become licensed to practice as an LPN in Colorado? _____

(e) Where was your classroom instruction held? [MARK ONLY ONE BOX]

- Traditional campus
- Hospital-based nursing program
- On-site program at place of employment other than hospital
- Other (Please specify) _____

2. Please rate the CLASSROOM INSTRUCTION of the LPN training program in which you were enrolled in the following areas using a scale of 1-5 with 1 representing **Inadequate** and 5 representing **Most Adequate**.

	Inadequate					Most Adequate
	1	2	3	4	5	
(a) Caring for the elderly	1	2	3	4	5	
(b) Caring for persons with dementia and other mental impairments	1	2	3	4	5	
(c) Caring for persons with physical disabilities	1	2	3	4	5	
(d) Caring for persons with behavioral health problems	1	2	3	4	5	
(e) Administering medications/treatments	1	2	3	4	5	
(f) Providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc	1	2	3	4	5	
(g) Decision-making within the LPN scope of practice	1	2	3	4	5	
(h) Developing leadership/management skills	1	2	3	4	5	
(i) Using problem-solving skills	1	2	3	4	5	
(j) Understanding the LPN role on the care team	1	2	3	4	5	

QUESTIONS ASKING ABOUT **RURAL** AND **URBAN** LOCATIONS SHOULD USE THE FOLLOWING DEFINITION OF RURAL: *RURAL REFERS TO A SMALL TOWN, VILLAGE, OUTSIDE A METROPOLITAN AREA OR A SPARSELY POPULATED AREA.*

3. Where did you receive **most** of your CLINICAL TRAINING while in your LPN training program? [MARK ONLY ONE]
- Urban Hospital
 - Rural Hospital
 - Urban Nursing Home
 - Rural Nursing Home
 - Other (Please specify) _____

4. Did you have any health care experience prior to completing your LPN training?
- Yes → **Go to Question 4a**
 - No → **Go to Question 5**

- 4a. If yes, what type of position did you hold? [MARK ALL THAT APPLY]
- Certified Nurse Aide
 - Medical Assistant
 - Unit secretary or other medical clerical position
 - Other (Please specify) _____

5. Please rate the CLINICAL INSTRUCTION you received in your LPN training program in the following areas using a scale of 1-5 with 1 representing **Inadequate** and 5 representing **Most Adequate** [THIS QUESTION IS SPECIFIC TO CLINICAL INSTRUCTION AS OPPOSED TO CLASSROOM, Q2]

	Inadequate				Most Adequate
(a) Caring for the elderly	1	2	3	4	5
(b) Caring for persons with dementia and other mental impairments	1	2	3	4	5
(c) Caring for persons with physical disabilities	1	2	3	4	5
(d) Caring for persons with behavioral health problems	1	2	3	4	5
(e) Administering medications/treatments	1	2	3	4	5
(f) Providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc	1	2	3	4	5
(g) Decision-making within the LPN scope of practice	1	2	3	4	5
(h) Developing leadership/management skills	1	2	3	4	5
(i) Using problem-solving skills	1	2	3	4	5
(j) Understanding the LPN role on the care team	1	2	3	4	5

6. Did you receive instruction in the LPN scope of practice, including the legal and professional issues that are specific to LPN roles?
- Yes
 - No
 - Don't know/don't remember

7. In what type of facility/clinic/organization did you work when you were first employed after completing your LPN training program? [MARK ONLY ONE]
- Nursing home
 - Hospital
 - Rehabilitation facility
 - Home health agency
 - Behavioral health facility
 - Public health/Community health
 - Clinic or physician office
 - School-based health center
 - Other (Please specify) _____
 - I did not go to work as an LPN after completing the training program → **Go to Question 9**
 - I have never worked as an LPN → **Go to Question 9**

→ **Go to Question 7a**

- 7a. Was the facility/clinic/organization you first worked at upon completion of your LPN training located in a rural or urban area?
- Urban
 - Rural

8. In the first LPN position you held after completing your training, how prepared were you to assume your assigned responsibilities? On a scale of 1-5, with 1 representing **Not Prepared** and 5 representing **Fully Prepared**, please rate your preparation for practice as an LPN. [CIRCLE ONE NUMBER]

Not Prepared					Fully Prepared
1	2	3	4	5	

THE NEXT SET OF QUESTIONS IS ABOUT CONTINUING EDUCATION OPPORTUNITIES

9. If offered, would you be interested in additional on-the-job training that would result in a certificate of program completion in any of the following specialized clinical areas? [MARK ALL THAT APPLY]

	Yes	No
(a) Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>
(b) Alzheimer's disease and/or other types of mental disorders	<input type="checkbox"/>	<input type="checkbox"/>
(c) Spinal cord injuries	<input type="checkbox"/>	<input type="checkbox"/>
(d) Developmental disabilities and other cognitive disorders	<input type="checkbox"/>	<input type="checkbox"/>
(e) Pediatric long-term care	<input type="checkbox"/>	<input type="checkbox"/>
(f) Wound care	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

10. Are you currently enrolled in an RN Program?

- Yes → **Go to Question 14**
- No

11. Do you currently have any plans to pursue an RN education?

- Yes
- No

12. Are you currently enrolled in any educational or certification program?
 Yes, Type of program _____ → **Go to Question 14**
 No
13. There are many reasons why people choose not to continue their professional education. Please rate the importance of the following factors in your decision NOT to pursue additional education/training at this time. Rate the importance of these factors on a scale of 1-5 with 1 representing **Not Important** and 5 representing **Very Important**.

	Not Important				Very Important
(a) I am satisfied with my current work and do not need additional education or training	1	2	3	4	5
(b) I cannot afford the cost of pursuing more education	1	2	3	4	5
(c) I have other time commitments that take priority	1	2	3	4	5
(d) There is no training program close to where I live	1	2	3	4	5
(e) Other (Please specify) _____	1	2	3	4	5

THE NEXT SET OF QUESTIONS RELATES TO YOUR EMPLOYMENT SINCE COMPLETING YOUR LPN TRAINING PROGRAM

14. As of July 2007, are you currently employed as an LPN in a clinical position in Colorado?
 Yes → **Go to Question 17**
 No → **Answer Question 15 and Question 16**
15. If you are not currently employed as an LPN in a clinical position in Colorado, which of the following best describes the primary reason? [MARK ONLY ONE]
- I do not currently live in Colorado
 - I am voluntarily unemployed because of family responsibilities
 - I am voluntarily unemployed because I am pursuing other career goals
 - I am voluntarily unemployed and not actively looking for any position
 - I am working in an administrative or other health care-related non-clinical position using my LPN license
 - I am unemployed and actively looking for a clinical LPN position
 - I am unemployed but looking for work in a field other than as an LPN
 - Other (Please specify) _____

16. Listed below are factors that may have contributed to your decision not to work as an LPN in a clinical role in Colorado. On a scale of 1-5, with 1 representing **Not Important** and 5 representing **Very Important**, rate the relative importance of each of these factors.

	Not Important			Very Important	
	1	2	3	4	5
(a) Workplace safety issues	1	2	3	4	5
(b) Too much stress on the job	1	2	3	4	5
(c) The hours are too long	1	2	3	4	5
(d) The hours are inconvenient	1	2	3	4	5
(e) The wages are insufficient given the workload and responsibility	1	2	3	4	5
(f) Insufficient benefits (e.g., sick leave, health insurance)	1	2	3	4	5
(g) I do not feel respected in the work I do as an LPN	1	2	3	4	5
(h) I do not feel the work is professionally challenging	1	2	3	4	5
(i) I am pursuing more education	1	2	3	4	5
(j) My health does not allow me to work	1	2	3	4	5
(k) I have family responsibilities that interfere with my ability to work as an LPN	1	2	3	4	5
(l) I have retired from the active workforce	1	2	3	4	5
(m) No LPN positions available	1	2	3	4	5
(n) Other (Please specify) _____	1	2	3	4	5

→ After completing this question, please go to Question 29 →

THE TERM **PRIMARY EMPLOYER** IN THE FOLLOWING QUESTIONS REFERS TO THE WORKSITE WHERE YOU SPEND THE MAJORITY OF YOUR TIME. IF YOU SPLIT YOUR TIME EQUALLY BETWEEN WORKSITES, THEN REFER TO YOUR PRIMARY EMPLOYER AS THE ONE YOU CONSIDER THE MOST IMPORTANT IN YOUR CAREER.

17. As of July 2007, were you employed as an LPN by more than one employer in Colorado?
- Yes
- No → **Go to Question 18**

IF YES, please rate the level of importance of each factor in your decision to have more than one job. Rate on a scale of 1-5, with 1 representing **Not Important** and 5 representing **Very Important**.

	Not Important			Very Important	
	1	2	3	4	5
(a) I don't earn enough at my primary place of employment	1	2	3	4	5
(b) I don't have enough hours of work at my primary place of employment	1	2	3	4	5
(c) I don't get health insurance at my primary place of employment	1	2	3	4	5
(d) I want more challenges at work	1	2	3	4	5

18. What type of facility or organization is your current primary employer? [MARK ONLY ONE]

- Nursing home
- Hospital
- Rehabilitation facility
- Home health agency
- Behavioral health facility
- Public health/Community health
- Clinic or physician office
- School-based health center
- Other (Please specify) _____

18a. Is your primary employer located in a rural or urban area?

- Urban
- Rural

19. What is the ZIP Code of your primary place of employment? _____

20. On average, how many hours per week do you work at your primary place of employment? [PLEASE ROUND TO THE NEAREST HOUR] ____ hours

21. The hourly wage I receive at my primary place of employment is:

- Less than \$10.00/hour
- Between \$10.01 – \$15.00/hour
- Between \$15.01 – \$20.00/hour
- Between \$20.01 – \$25.00/hour
- More than \$25.00/hour

22. Do you have health insurance coverage through your primary place of employment?

- Yes → **Go to Question 25**
- No

23. If you do not have health insurance coverage through your primary place of employment, were you offered coverage but declined it?

- Yes
- No → **Go to Question 25**

24. How important were the following reasons in your decision to decline the health insurance coverage your employer offered? On a scale of 1-5, with 1 representing **Not Important** and 5 representing **Very Important**, rate the reasons listed.

	Not Important		Very Important		
	1	2	3	4	5
(a) I have health insurance coverage from my spouse or other family member	1	2	3	4	5
(b) The coverage offered was too expensive	1	2	3	4	5
(c) I do not need health insurance at this time	1	2	3	4	5
(d) Having health insurance coverage is not a high priority for me	1	2	3	4	5
(e) The coverage that was offered did not meet my health care needs	1	2	3	4	5
(f) Other (Please specify) _____	1	2	3	4	5

25. Are you planning to leave your primary place of employment in the next twelve months?

Yes

No → **Go to Question 27**

26. There are many factors that influence a decision to leave a job. Listed below are some of these factors. Please rate the level of importance to you of each. On a scale of 1-5 with 1 representing **Not Important** and 5 representing **Very Important**, please rate the factor.

	Not Important			Very Important	
	1	2	3	4	5
(a) Workplace safety issues	1	2	3	4	5
(b) Too much stress on the job	1	2	3	4	5
(c) The hours are too long	1	2	3	4	5
(d) The hours are inconvenient	1	2	3	4	5
(e) The wages are insufficient given the workload and responsibility	1	2	3	4	5
(f) Insufficient benefits (e.g., sick leave, health insurance)	1	2	3	4	5
(g) I do not feel respected in the work I do as an LPN	1	2	3	4	5
(h) I do not feel the work is professionally challenging	1	2	3	4	5
(i) I am pursuing more education	1	2	3	4	5
(j) My health does not allow me to work	1	2	3	4	5
(k) I have family responsibilities that interfere with my ability to work as an LPN	1	2	3	4	5
(l) I am retiring from the active workforce	1	2	3	4	5
(m) Other (Please specify) _____	1	2	3	4	5

27. Have you received any of the following work incentives since becoming an LPN at a job where you provided clinical care?

	Received?	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
(a) Student loan forgiveness	<input type="checkbox"/> Y	<input type="checkbox"/> N
(b) A flexible schedule	<input type="checkbox"/> Y	<input type="checkbox"/> N
(c) Signing bonus	<input type="checkbox"/> Y	<input type="checkbox"/> N
(d) Tuition reimbursement	<input type="checkbox"/> Y	<input type="checkbox"/> N

28. Please rate the level of importance to you of each of the following work incentives. Rate on a scale of 1-5 with 1 representing **Not Important** and 5 representing **Very Important**.

	Not Important			Very Important	
	1	2	3	4	5
(a) Student loan forgiveness	1	2	3	4	5
(b) A flexible schedule	1	2	3	4	5
(c) Signing bonus	1	2	3	4	5
(d) Tuition reimbursement	1	2	3	4	5

THE NEXT SET OF QUESTIONS IS ABOUT YOU...

29. Did you grow up in Colorado (or spend most of your childhood here)?

- Yes → **Go to Question 30**
 No

29a. If NO, in what state or foreign country did you grow up (or spend most of your childhood)?

30. How would you describe the community in which you grew up (or spent most of your childhood)?

- Urban
 Rural

31. In what year were you born? _____

32. What is your gender?

- Female
 Male

33. How would you describe your racial/ethnic identification? [MARK ONLY ONE]

- American Indian/Alaskan Native
 Asian/Pacific Islander
 Black, not of Hispanic origin
 Hispanic
 White, not of Hispanic origin
 Multi-racial/multi-ethnic

34. Are you fluent in a language other than English?

- Yes
 No → **Go to Question 35**

34a. If YES, what language(s)? (Please specify) _____

34b. If YES, do you use this language to communicate with the patients/clients you serve?

- Yes
 No

35. What is the ZIP Code of your home address? _____

The time you have taken to complete this survey is appreciated. The survey responses will be used to help policymakers better understand your profession.

THANK YOU!

The survey is voluntary and information provided is confidential. Please complete the form online, return the questionnaire in the self-addressed, stamped envelope or fax it to (303) 831-4247. Thank you for your assistance in this important survey. If you have any questions, please contact Michael Boyson at (303) 831-4200, ext. 207 or via E-mail at boysonm@coloradohealthinstitute.org.