University of Washington Extension

Final Report

University of Washington School of Nursing & Washington State University Intercollegiate College of Nursing

Nurse Survey Report: Educational Needs of Nurses in Washington state

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EXECUTIVE SUMMARY

The University of Washington School of Nursing and the Washington State University Intercollegiate College of Nursing, in conjunction with UW Extension, investigated the level of interest in nursing programs as well as the ideal educational preparation of nurses, in an effort to better prepare nurses to work in clinical settings. In total, 2,759 surveys were mailed to nurses. Four hundred seventy (470) surveys were completed for a response rate of 17.7%. The results have been analyzed and presented in the following report.

Highlights of Findings

Level of Interest in Nursing Programs

- In the next five years, current nurse professionals are most interested in pursuing a masters of nursing degree. 10.7% of nurses said they were highly interested in a masters of nursing, 12.4% said they were moderately interested, and 61.0% said they had no interest.

- After a masters of nursing degree, the program which garnered the most interest was a nurse education certificate. 6.4% of respondents said they were highly interested, 13.0% said they were moderately interested, and 64.8% said they were not interested.

- According to survey results, nurses are most likely to apply to an education/teaching nursing graduate degree focal area more than any other program. 10.4% of respondents said they were most likely to apply to an education/teaching program over any other program in which they had an interest.

- In deciding which program to apply for, nurses found that flexible schedules/classes was the most important factor. 62.2% of respondents said flexible schedules/classes was highly important, 10.4% said it was moderately important, and 1.3% said it was not important.

- A full time/part time option is the most liked option for on-site classroom instruction according to respondents. A majority of nurses (60.7%) said they strongly liked the option, another 10.6% were neutral, and 2.3% strongly disliked a full time/part time option.

Ideal Educational Preparation

- In the educational preparation of a BSN prepared RN, according to survey results, integrity is the most important professional value. Most respondents (70.3%) said integrity was highly important, 6.9% said it was moderately important, and 0.2% said integrity was not important.

- In terms of current and previous education, nurses responded that integrity is an attribute in which they had been highly trained. 45.7% of nurses said their current and previous training best prepared them in integrity, while 18.5% said they were moderately prepared, and 1.0% said they were poorly prepared in integrity.

- Survey results conclude that in the education of a BSN to RN, nurses' current and previous training have best prepared them in the area of human dignity. 47.3% of respondents said they were best prepared, 18.0% were moderately prepared, and 2.7% of nurses were poorly prepared in human dignity.

- According to respondents, advanced health/physical assessment is the most important factor in the educational preparation of an advanced practice nurse. Just over half of the respondents (57.2%) said it was highly important, while 10.1% said it was moderately important, and 0.4% said advanced health/physical assessment was not important.

- Although advanced health/physical assessment is very important to nurses, respondents did not respond as though their current and previous training had adequately prepared them to perform in that specific area. 19.8% of nurses said they were highly prepared, 26.9% said they were moderately prepared, and 5.6% said they were not prepared at all for advanced health/physical assessment.

- Advanced practice nurse's commented that their current and previous training has best prepared them in ethics. 32.5% said they were highly prepared, 28.0% said they were moderately prepared, and 3.7% said they were not prepared in ethics.

Demographics

- A large majority of respondents (87.6%) are currently employed as nurses. Most respondents (70.8%) are currently working in a direct clinical practice setting.

- 41.9% of nurses claimed that a Baccalaureate in Nursing is their highest level of health care education.

- Although the distribution of community settings is fairly even, the most respondents (27.4%) answered that they work in a city with over 500,000 people.

- 54.0% of respondents said they are employed in an acute care hospital.

- Almost all respondents (95.6%) were females.

- An overwhelming majority of nurse respondents (89.7%) were White. According to the survey the minority with the largest population of nurses is Asian/Pacific Islander (4.3%).

- The average age of respondents is 48.2 years.

OBJECTIVES & METHODOLOGY

Objectives

In May 2005, the University of Washington School of Nursing and the Washington State University Intercollegiate College of Nursing, in collaboration with UW Extension, conducted two mail surveys for the purpose of investigating the educational needs of nurses in Washington state. One survey was sent to healthcare employers in Washington state and the other was sent to Washington state nurses. Results based on the latter survey are presented in this report. The specific objectives included in this research are:

- Finding the ideal educational preparation of nurses from the perspective of nurses themselves
- Assessing the demand for specific nursing programs in the next five years
- Evaluating the use of technology in nursing education

Methodology

In conjunction with the University of Washington School of Nursing and the Washington State University Intercollegiate College of Nursing, UW Extension mailed the nurse and healthcare employer questionnaires to a randomly selected group of Washington state nurses and nurse employers, respectively, on May 13th, 2005. Ten days later, a reminder postcard was mailed to increase the number of respondents. The mailing list for the nurse survey was provided by the Washington State Department of Health (DOH). The nursing employer survey list was compiled from separate lists from DOH, the Washington State University Intercollegiate College of Nursing, the Department of Social and Health Services, and the 2004 Nurse Practice Advisory Board membership roster.

In total, 2,759 surveys were mailed to nurses and 3,005 surveys were mailed to healthcare employers. Of these initial mailings, ninety-one (91) and ninety (90) of the nurse and employer surveys respectively were deemed undeliverable. In addition, twelve (12) and twenty three (23) of the nurse and employer surveys respectively were returned and uncompleted by the respondent. Four hundred seventy (470) surveys were completed by nurses for a response rate of 17.7%. One hundred thirty (130) surveys were completed by nurse employers for a response rate of 4.5%. In order to make a statistical inference to a population of over 10,000, a higher response rate is required. Therefore, these results can not be used to make a statistical inference to the entire population of Washington state nurses and healthcare employers.

DETAILED FINDINGS

Q1: What is your level of interest in pursuing each of the following nursing programs in the next five years?
Table 1

Nursing Program	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Master Of Nursing	61.0%	9.5%	12.4%	6.4%	10.7%	420
Baccalaureate Program In Nursing	75.0%	5.0%	10.1%	2.9%	7.0%	416
Nurse Education Certificate	64.8%	9.0%	13.0%	6.8%	6.4%	409
RN Refresher Course	78.1%	6.9%	6.4%	3.9%	4.7%	406
Post-Masters Degree Program With A Practitioner Option	77.7%	5.5%	7.9%	5.0%	4.0%	403
Clinical Doctorate	84.9%	3.7%	5.4%	2.2%	3.7%	404
Psych/Mental Health Certificate	79.1%	8.3%	7.0%	2.0%	3.5%	398
Informatics Certificate	80.9%	5.6%	6.6%	4.3%	2.6%	392
Nursing Education/Technology	80.2%	6.2%	5.9%	5.2%	2.5%	404
Summer Institute	74.9%	10.1%	9.5%	3.3%	2.3%	398
Infant Mental Health Certificate	82.1%	9.3%	3.0%	3.5%	2.0%	398
Informatics Master Of Science	85.8%	4.8%	4.6%	3.1%	1.8%	393
Infectious Disease Certificate	74.1%	8.0%	10.7%	5.5%	1.7%	402
Adult CNS Certificate	84.4%	4.3%	5.6%	4.1%	1.5%	392
Research Master Of Science	80.6%	7.5%	7.5%	3.0%	1.5%	402
Postdoctoral Study	89.8%	4.1%	3.0%	1.5%	1.5%	394
Research Doctorate	88.6%	5.1%	4.3%	1.3%	.8%	395

Q2: Why would you be interested in pursuing educational programs in nursing? Select all that apply.
Table 2A

Reason For Interest in Pursuing Educational Programs in Nursing	Frequency	Percent
Personal Fulfillment/Satisfaction	240	77.4%
Broaden Skill Base	223	71.9%
Desire For Advanced Education	194	62.6%
To Pursue New Employment Opportunities	144	46.5%
Develop A Better Understanding Of An Area of Importance to My Current Job	137	44.2%
Enhance Competitiveness In The Job Market	108	34.8%
Increased Job Security	75	24.2%
Promotion Within Your Present Organization	54	17.4%

*Multiple response question, the total may exceed 100%.

Q2: Other reasons for pursuing educational programs in nursing.
Table 2B

Reason For Interest in Pursuing Educational Programs in Nursing	Frequency	Percent
Advance to manager.	1	3.3%
Advancement on pay scale.	1	3.3%
Broaden knowledge/experience in research specialty area.	1	3.3%
Certification.	1	3.3%
Change from bedside nursing.	1	3.3%
Compete with MD's + D.O's.	1	3.3%
Eventually be a nursing instructor.	1	3.3%
Genuine interest in the topic.	1	3.3%
Go into teaching.	1	3.3%
Have been gone for 10 years.	1	3.3%
Income.	1	3.3%
Increased income.	1	3.3%
Job requirements.	1	3.3%
Lighten physical workload due to personal physical limits.	1	3.3%
Money.	1	3.3%
More money! And more autonomy!	1	3.3%
Nursing. Instruction/education.	1	3.3%
Possibly teach.	1	3.3%
Prescription Authority.	1	3.3%
Required in 2005.	1	3.3%
Review; requirement.	1	3.3%
RN (diploma to BSN level).	1	3.3%
Specialize skill base in maternal infant mental health.	1	3.3%

Reason For Interest in Pursuing Educational Programs in Nursing	Frequency	Percent
To advance the professional creative art of nursing.	1	3.3%
To be eligible to test for other ANCC certification.	1	3.3%
To improve my assessment knowledge ages 4-13.	1	3.3%
To return to nursing.	1	3.3%
To upgrade skills in case I re-enter nursing.	1	3.3%
Volunteer opportunities.	1	3.3%
Write community programs.	1	3.3%

*Percent values are based on number of other responses, not on the total number of responses

Q3: Of the reasons you selected in question 2, which would be the primary reason for your interest in pursuing educational programs in nursing?
Table 3

Primary Reason For Interest	Frequency	Percent
Personal Fulfillment/satisfaction	81	26.6%
To Pursue New Employment Opportunities	51	16.7%
Broaden Skill Base	47	15.4%
Develop A Better Understanding Of An Area Of Importance Of My Job	40	13.1%
Desire For Advanced Education	38	12.5%
Other	20	6.6%
Enhance Competitiveness In The Job Market	15	4.9%
Promotion Within Your Present Organization	8	2.6%
Increased Job Security	5	1.6%

Q4: Which of the following nursing graduate degree focal areas would you be interested in pursuing in the next five years? *Select all that apply.*
Table 4A

Nurse Specializing In:

Focal Area	Frequency	Percent
Education/Teaching	83	7.4%
Community/Public Health	63	5.6%
Health Promotion	51	4.5%
Forensics (legal issues)	48	4.3%
Infectious Diseases	44	3.9%
Cardiovascular Care	40	3.5%
International Nursing	40	3.5%
Critical Care	39	3.5%
Emergency Trauma	39	3.5%
Case Management	36	3.2%
Disaster Nursing	35	3.1%

Focal Area	Frequency	Percent
Clinical Trial Management/Research Coordination	34	3.0%
Geriatrics	34	3.0%
Informatics	33	2.9%
Maternal Child Care	33	2.9%
Diabetes	32	2.8%
Childcare/School Health	31	2.8%
Health Care Systems (Management & Administration)	31	2.8%
Home Care	31	2.8%
Pain Management	31	2.8%
Adolescent Health	26	2.3%
Leadership In Health Care	26	2.3%
Family Care	25	2.2%
Palliative Care (Symptom Management)	25	2.2%
Psychiatric/Mental Health	25	2.2%
Occupational Health	22	2.0%
Rural Health	22	2.0%
Parish Nurse	21	1.9%
Individualized Program of Study	19	1.7%
Genetics	17	1.5%
Anesthesia	16	1.4%
Midwifery	14	1.2%
Pediatric CNS	11	1.0%
Neurological Care	9	0.8%
Pulmonary	9	0.8%
Special Needs/Chronic Care	8	0.7%
Cancer Care	7	0.6%
Population Based Case	7	0.6%
Rehabilitation	6	0.5%
Gastroenterology	4	0.4%

Q4: Other Focal Areas Specified For Pursuit within Five Years.
Table 4B

	Frequency	Percent
Other	3	8.6%
Bariatrics	1	2.9%
Business/management	1	2.9%
CAM	1	2.9%
Certified school nurse	1	2.9%
Complementary and alternative health care	1	2.9%
Correctional	1	2.9%
Disaster Relief	1	2.9%
Environmental	1	2.9%
Environmental Health	1	2.9%
Epidemiology	1	2.9%
Ethics	1	2.9%
Holistic/complimentary	1	2.9%
Hospice	1	2.9%
Informatics/education	1	2.9%
Integrative alternative care	1	2.9%
IV therapy	1	2.9%
L+D	1	2.9%
Legal consultation	1	2.9%
Legal nurse Consultant	1	2.9%
OR	1	2.9%
Oncology	1	2.9%
Orthopedics	1	2.9%
Outpatient unit	1	2.9%
Prenatal clinical nurse Specialist	1	2.9%
Renal	1	2.9%
Research	1	2.9%
Rheumatology	1	2.9%
Risk	1	2.9%
Risk Manager	1	2.9%
School Nursing	1	2.9%
Transplant	1	2.9%
Triage Nurse	1	2.9%

*Percent values are based on number of other responses, not on the total number responses

Q4: Which of the following nursing graduate degree focal areas would you be interested in pursuing in the next five years? *Select all that apply.*
Table 4C

Nurse Practitioner:

Focal Area	Frequency	Percent
Adult Primary Care	21	16.9%
Adult Acute Care	16	12.9%
Family	16	12.9%
Psycho/mental Health	15	12.1%
Women's Primary Care	15	12.1%
Geriatric Primary Care	13	10.5%
Pediatric Primary Care	11	8.9%
Pediatric Acute Care	10	8.1%
Neonatal	7	5.6%

Q5: Of the areas you selected above in question 4, to which program would you be most likely to apply in the next five years if it were offered?
Table 5A

Nurse Specializing In:

Focal Area	Frequency	Percent
Education/Teaching	30	11.5%
Other	27	10.3%
Forensics (legal issues)	15	5.7%
Health Promotion	12	4.6%
Community/Public Health	11	4.2%
Health Care Systems	11	4.2%
Informatics	10	3.8%
Case Management	9	3.4%
Critical Care	9	3.4%
Geriatrics	9	3.4%
Cancer Care	8	3.1%
Cardiovascular Care	8	3.1%
Anesthesia	7	2.7%
Diabetes	7	2.7%
Emergency Trauma	7	2.7%
Home Care	7	2.7%
International Nursing	7	2.7%
Maternal Child Care	7	2.7%
Parish Nurse	6	2.3%
Psychiatric/Mental Health	6	2.3%
Clinical Trials	5	1.9%
Leadership In Health Care	5	1.9%
Occupational Health	5	1.9%
Adolescent Health	4	1.5%
Individualized Program	4	1.5%

Focal Area	Frequency	Percent
Childcare/School Health	3	1.1%
Disaster Nursing	3	1.1%
Family Care	3	1.1%
Infectious Diseases	3	1.1%
Pediatric CNS	3	1.1%
Pulmonary	3	1.1%
Rehabilitation	3	1.1%
Genetics	1	0.4%
Midwifery	1	0.4%
Neurological Care	1	0.4%
Palliative Care	1	0.4%

Q5: Of the areas you selected above in question 4, to which Nurse Practitioner program would you be most likely to apply in the next five years if it were offered?
Table 5B

Nurse Practitioner:

Focal Area	Frequency	Percent
Family	7	25.0%
Adult Primary Care	5	17.9%
Pediatric Primary Care	4	14.3%
Psycho/mental Health	4	14.3%
Women's Primary Care	4	14.3%
Pediatric Acute Care	3	10.7%
Geriatric Primary Care	1	3.6%
Neonatal	0	0.0%
Neurological Care	0	0.0%

Q6: Rate the importance of the following factors in your decision to enroll in a certificate or degree program offering a major or emphasis in nursing.
Table 6A

Program Factors	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Flexible Schedules/Classes	1.3%	1.3%	10.4%	24.8%	62.2%	307
Availability Of Part-time Study	1.6%	3.3%	11.8%	25.9%	59.0%	305
Geographic Location	1.3%	3.0%	14.6%	25.2%	56.0%	302
Availability Of Option For E-Learning/Online Learning/Distance Learning	4.7%	9.5%	18.9%	25.3%	41.6%	296
Reputation Of School Of Nursing Programs	1.7%	4.0%	18.5%	34.3%	41.4%	297
Availability Of Financial Assistance	7.0%	11.4%	21.5%	21.5%	38.6%	298
Reputation Of Faculty	1.7%	5.8%	26.3%	34.5%	31.7%	293
Availability Of Student Services	13.1%	22.8%	30.7%	20.0%	13.4%	290

Q6: Other Program Factors Considered in the Decision to Enroll in a Nursing Certificate or Degree Program
Table 6B

Program Factor	Frequency	Percent
Ability to continue my current practice while continuing my education.	1	6.3%
Ability to matriculate/ challenge prerequisites.	1	6.3%
Absolutely funds.	1	6.3%
Clinical Doctorate -fast track.	1	6.3%
Clinical hours vs. theory hours.	1	6.3%
Coexist current practice i.e. EDRN studying Disaster Nursing PACURN Studying nurse anesthesia.	1	6.3%
Connection to a clinical setting.	1	6.3%
Cost.	1	6.3%
Ease of enrollment.	1	6.3%
Home study programs	1	6.3%
I am very bitter about my community college nursing program. If BSN faculty were equally as hideous, I would drop out immediately.	1	6.3%
Not a U.S. citizen, applying for permanent residency.	1	6.3%
Offering a program with job opportunity as same geographic location.	1	6.3%
Online program for research.	1	6.3%
Tuition costs.	1	6.3%
Weekend classes.	1	6.3%

*Percent values are based on number of other responses, not on the total number of responses

Q7: Rate the extent to which the following factors could influence your decision to enroll in a degree program offering a major or emphasis in nursing?
Table 7

Enrollment Decision Factors	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Long Commute Time	6.1%	3.4%	6.1%	20.1%	64.2%	293
Long Commute Distance	6.8%	3.4%	7.9%	17.8%	64.0%	292
Need To Relocate	13.3%	4.9%	8.1%	9.8%	63.9%	285
Difficulty Getting Time Off Work	9.5%	7.5%	17.0%	21.1%	44.9%	294
Money/Finances	3.7%	7.8%	23.1%	24.8%	40.5%	294
Time Commitment Required	4.7%	5.1%	22.2%	30.6%	37.4%	297
Childcare Responsibilities	59.7%	9.4%	9.4%	8.3%	13.2%	288
Lack Of Spousal/Partner/Family Support	41.1%	18.1%	17.1%	1.1%	13.2%	287
My Health Concerns	60.1%	17.4%	10.9%	6.5%	5.1%	293
Elder Parent Care Responsibilities	60.7%	14.1%	12.1%	8.6%	4.5%	290

Q8: Rate the following options for on-site classroom instruction.
Table 8

On-site Classroom Options	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Full/Part Time Options	2.3%	1.3%	10.6%	25.1%	60.7%	303
Your Preference For E-Learning/Online Learning/Distance Learning	5.4%	6.1%	27.8%	21.0%	39.7%	295
Two Full Days A Week	12.8%	10.7%	15.6%	24.9%	36.0%	289
Saturday All Day Workshop	13.9%	12.6%	15.3%	27.2%	31.0%	294
Evenings After 5PM	18.9%	16.2%	24.9%	18.2%	21.9%	297
Traditional Classroom	9.1%	7.4%	39.5%	22.3%	21.6%	296
Friday Evening & All Day Saturday	23.1%	15.0%	19.7%	22.4%	19.7%	294
Classes On Campus	8.3%	15.2%	44.1%	17.9%	14.5%	290
Concentrated, 1 to 2 Week Sessions	18.8%	19.2%	26.4%	21.6%	14.0%	292
Summer Only Program	34.3%	22.8%	27.7%	9.3%	5.9%	289
Four Half Days A Week	39.7%	31.4%	18.1%	7.3%	3.5%	287

Q9: How important are the following issues when taking a course?
Table 9

Course Issues	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Opportunity To Complete At Your Own Pace.	3.2%	5.8%	20.3%	30.9%	39.9%	311
Opportunity To Receive Technical Assistance Regarding E-Learning.	3.9%	5.6%	19.7%	33.8%	37.0%	305
Opportunity To Start At Anytime	5.9%	4.2%	27.0%	29.3%	33.6%	307
Opportunity To Interact With Instructor Face-To-Face.	2.9%	7.5%	27.7%	32.6%	29.3%	307
Opportunity To Interact With Other Students.	4.2%	13.3%	32.7%	28.8%	21.0%	309
Being A Part Of A Group That Is Taking The Same Course At The Same Time As You.	4.9%	14.6%	31.1%	31.7%	17.8%	309

Q10: Have you ever taken an e-learning/online learning/distance learning course?
Table 10

	Frequency	Percent
No	197	62.7%
Yes	117	37.3%

Q11: Please rate the following methods for receiving e-learning/online learning/distance learning course content and assignments.
Table 11

Distance Learning Method	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Printed Course Materials	1.0%	1.7%	17.8%	32.7%	46.8%	297
E-mail	4.1%	6.6%	24.5%	36.2%	28.6%	290
Videotape Of Instructor	5.4%	9.1%	30.4%	31.8%	23.3%	296
Web Pages With Links To Related Sites	4.8%	8.7%	27.3%	36.7%	22.5%	289
Live Video Of Selected Sites	7.2%	10.7%	30.3%	32.1%	19.7%	290
Web-Based Course	4.5%	7.2%	32.8%	36.6%	19.0%	290
Televised Instruction On Cable TV	12.4%	8.3%	32.1%	29.0%	18.3%	290
Video Streaming	8.3%	11.4%	42.9%	26.4%	11.0%	254
Audio Cassettes Of Instructor	19.9%	21.9%	30.8%	17.8%	9.6%	292

Q12: Please rate the following methods for interacting with other students and the instructor when taking an e-learning/online learning/distance learning course.
Table 12

Distance Learning Interactive Methods	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Email	5.8%	4.1%	30.4%	29.4%	30.4%	293
Access To Text Of Past Online Discussions Or Past Online Bulletin Board Messages	5.4%	10.1%	32.8%	30.4%	21.3%	296
Travel To Regional Site For Group Session	10.8%	8.8%	25.0%	37.5%	17.9%	296
Telephone/Voice Mail	9.0%	15.2%	35.6%	23.5%	16.6%	289
Computer/Web Conferencing	9.3%	11.3%	39.2%	28.2%	12.0%	291
Telephone Conferencing	13.3%	20.1%	39.2%	16.0%	11.3%	293
Video Conferencing	9.1%	16.1%	42.8%	21.4%	10.5%	285
Video Streaming	13.3%	14.0%	48.5%	17.0%	7.2%	264
Travel To Regional Site For Video Conference	18.6%	20.0%	37.6%	17.2%	6.6%	290

Q13: Which of the following options would you prefer in an e-learning/online learning/distance learning course?
Table 13

Distance Learning Course Option	Frequency	Percent
Start course at anytime and work at your own pace	168	56.2%
Start at beginnings of quarter & work with a cohort of students	131	43.8%

Q14: What technologies do you have available at home and/or work?
Table 14

Technologies Available to Respondent	Only Work	Only Home	Work & Home	N
Computer w/e-mail Capability	5.5%	42.4%	52.1%	309
Computer Access To World Wide Web	8.1%	41.2%	50.7%	296
VCR/DVD/CD	8.4%	57.1%	34.4%	308
Telephone w/speaker	32.8%	38.8%	28.4%	250
DSL Line	18.3%	57.4%	24.3%	169
Computer w/ Video Streaming Capabilities	19.5%	56.6%	23.9%	113
Fax Machine Or Fax/Modem	53.9%	25.8%	20.2%	267
Cable TV Access	17.6%	67.4%	15.1%	239
Videoconferencing Site	66.7%	26.0%	7.3%	96

Q15: The following table lists areas for the educational preparation of a BSN prepared RN. Please rate how important each of the following areas is to the educational preparation of a BSN prepared RN.
Table 15A

Area of Educational Preparation	None (1)	(2)	Moderate (3)	(4)	High (5)	N
Integrity	0.2%	1.2%	6.9%	21.4%	70.3%	421
Communication	0.0%	0.5%	6.9%	23.2%	69.4%	418
Critical Thinking	0.0%	0.7%	6.0%	25.4%	67.6%	417
Assessment	0.0%	2.9%	10.0%	20.8%	66.3%	418
Human Dignity	0.0%	1.4%	9.0%	26.3%	63.3%	422
Patient Care	0.2%	12.2%	12.7%	25.3%	59.6%	411
Ethics	0.5%	1.2%	12.0%	33.6%	52.8%	417
Technical Skills In Patient Care	0.0%	0.7%	15.4%	31.6%	52.3%	415
Illness & Disease Mgmt.	0.0%	2.4%	12.2%	39.1%	46.1%	419
Health Promotion, Risk Reduction, And Disease Prevention	0.7%	2.9%	13.5%	37.3%	45.6%	408
Social Justice	0.5%	4.3%	21.4%	33.9%	39.9%	416
Autonomy	0.0%	2.7%	14.2%	43.4%	39.8%	415
Human Diversity	1.7%	2.7%	22.5%	35.5%	37.7%	414
Other	4.8%	22.2%	17.5%	23.8%	31.7%	63
Information & Health Care Technologies	0.5%	3.4%	28.7%	39.5%	28.0%	415
Study & Experience In Provision Of Evidence-Based Care	2.5%	5.2%	24.3%	41.0%	27.0%	407
Study & Experience In Being A Member Of A Profession	2.9%	6.9%	31.6%	33.3%	25.2%	408
Altruism	1.0%	5.5%	32.3%	37.6%	23.6%	402
Global Health Care	3.4%	8.6%	36.2%	30.0%	21.8%	417
Study & Experience In Design/Management/Co-Ordination Of Care	2.4%	6.6%	35.5%	35.8%	19.7%	411
Health Care Systems & Policy	1.4%	9.6%	39.7%	32.0%	17.3%	416
Liberal Arts Courses	4.8%	16.3%	43.6%	22.5%	12.8%	289

Q15: The following table lists areas for the educational preparation of a BSN prepared RN. Please rate the extent to which your current and previous training have prepared you to perform in this area.
Table 15B

Area of Educational Preparation	Worst (1)	(2)	Moderately (3)	(4)	Best (5)	N
Human Dignity	0.7%	1.7%	18.0%	32.2%	47.3%	410
Integrity	1.0%	2.9%	18.5%	31.9%	45.7%	411
Patient Care	0.8%	2.4%	16.1%	39.2%	41.6%	380
Assessment	0.2%	1.7%	23.6%	36.5%	38.0%	411
Critical Thinking	0.7%	2.2%	20.3%	40.8%	35.9%	409
Technical Skills In Patient Care	0.2%	3.4%	23.5%	37.0%	35.8%	408
Communication	0.2%	3.6%	19.5%	42.6%	34.1%	411
Ethics	0.7%	4.4%	27.0%	36.0%	31.9%	408
Other	9.8%	19.5%	22.0%	19.5%	29.3%	41
Illness & Disease Mgmt.	0.2%	4.1%	16.1%	41.0%	28.5%	410
Autonomy	2.0%	5.7%	26.7%	37.6%	28.0%	404
Health Promotion, Risk Reduction, And Disease Prevention	1.0%	7.6%	26.8%	38.0%	26.6%	410
Social Justice	2.2%	7.5%	29.6%	35.3%	25.4%	402
Human Diversity	2.0%	8.1%	31.6%	34.3%	24.0%	408
Altruism	2.0%	5.8%	35.9%	34.3%	22.0%	396
Study & Experience In Being A Member Of A Profession	3.5%	11.4%	34.9%	28.4%	21.8%	395
Liberal Arts Courses	3.2%	8.8%	35.7%	33.8%	18.5%	308
Study & Experience In Provision Of Evidence-Based Care	5.0%	13.2%	38.7%	29.7%	13.5%	401
Information & Health Care Technologies	3.2%	14.9%	39.4%	29.3%	13.2%	409
Study & Experience In Design/Management/Co-Ordination Of Care	4.2%	14.3%	43.0%	27.9%	10.6%	405
Global Health Care	9.6%	19.6%	40.7%	19.6%	10.5%	408
Health Care Systems & Policy	5.7%	20.4%	41.4%	23.4%	9.1%	406

Q15: Other Important Areas in the Educational preparation of a BSN prepared RN.
Table 15C

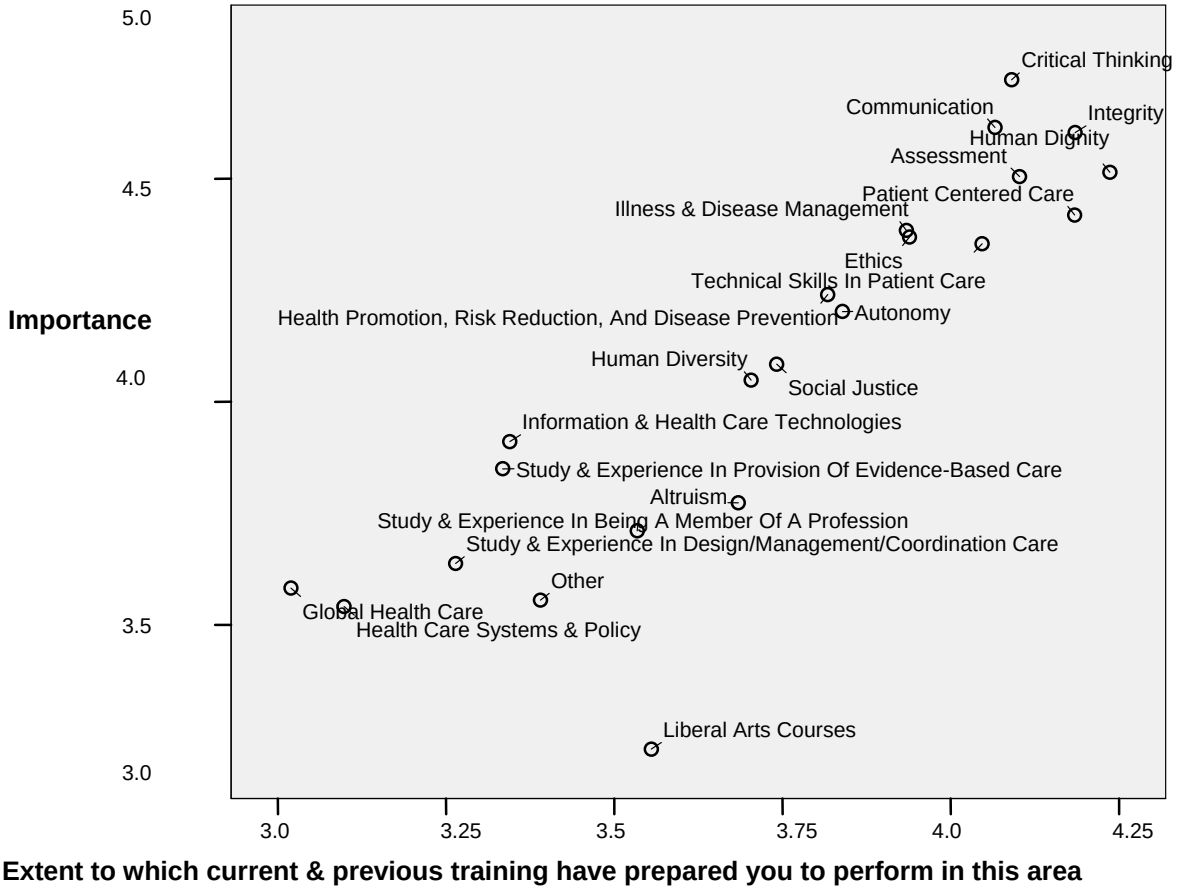
Other Important Areas of Educational Preparation	Frequency	Percent
Alternative Modalities	1	6.7%
Answers based on area of expertise/ CCA- cardiac.	1	6.7%
Business	1	6.7%
Change & beurocracy	1	6.7%
Delegation, team building	1	6.7%
Geriatrics	1	6.7%
Morality	1	6.7%
More supervised clinical hours that contractually provided	1	6.7%
Motivational counseling	1	6.7%
Nursing law	1	6.7%
Participation in grad programs	1	6.7%
Pharmacology	1	6.7%
Support with peers	1	6.7%
Where is the business side? I work at Swedish hospital and I just found out that we nurses have been thinking that since we belong to a union that our wages etc. are ok when all along the CV tech, MRI tech, IR techs, and ultrasound techs, are making 2 dollars.	1	6.7%
working with staff and patients	1	6.7%

*Percent values are based on number of other responses, not on the total number of responses

Q15: Importance-Extent Gap (Mean Values)
Table 15D

Area of Educational Preparation	Importance	Extent	Importance-Extent Gap
Critical Thinking	4.72	4.09	0.63
Information & Health Care Technologies	3.91	3.34	0.57
Global Health Care	3.58	3.02	0.56
Communication	4.61	4.07	0.55
Study & Experience In Provision Of Evidence-Based Care	3.85	3.33	0.52
Illness & Disease Management	4.38	3.93	0.45
Health Care Systems & Policy	3.54	3.10	0.44
Ethics	4.37	3.94	0.43
Health Promotion, Risk Reduction, And Disease Prevention	4.24	3.82	0.42
Integrity	4.60	4.18	0.42
Assessment	4.50	4.10	0.40
Study & Experience In Design/Management/Coordination Care	3.64	3.26	0.37
Autonomy	4.20	3.84	0.36
Human Diversity	4.05	3.70	0.34
Social Justice	4.08	3.74	0.34
Liberal Arts Courses	3.22	3.56	-0.33
Technical Skills In Patient Care	4.35	4.05	0.31
Human Dignity	4.51	4.24	0.28
Patient Centered Care	4.42	4.18	0.23
Study & Experience In Being A Member Of A Profession	3.71	3.53	0.18
Other	3.56	3.39	0.17
Altruism	3.77	3.68	0.09

Q15: Quadrant Analysis (Mean Values)
Table 15E



A scatter plot has been graphed above in order to show the relationship between the two variables, X and Y. For this particular question, X is labeled as the *extent to which current & previous training have prepared you to perform in this particular area*, and Y is labeled as the *importance* of that particular area. The scale is based on the mean values received for X and Y. Respondent's answers ranged from zero to five, however, in order to more clearly show all data points, the scale has been shrunk to 3.0 to 4.25 on the X-axis and to 3.0 to 5.0 on the Y-axis. Due to the difference in X and Y axis values, a quadrant analysis has not been added. Specific to question 15, most data points have similar X any Y values. However, there are two areas in which there exists a qualitative difference in values. Those areas are:

- Critical Thinking
- Information & Health Care Technologies

The mean value for the importance of critical thinking is 4.72 and its related extent value is 4.09. For information & health care technologies, the mean importance value is 3.91 and its related extent value is 3.34. Also of interest, the only area which received a mean X-value greater than its related mean Y-value was liberal arts courses (Importance =3.22, Extent= 3.56).

Q16: The following table lists the areas included for the educational preparation of an Advanced Practice Nurse. Please rate how important each of the following areas is to the educational preparation of an Advanced Practice Nurse.

Table 16A

Area of Educational Preparation	None (1)	(2)	Moderately (3)	(4)	Highly (5)	N
Advanced Health/Physical Assessment	0.4%	1.8%	10.1%	30.4%	57.2%	276
Ethics	0.4%	2.2%	15.6%	25.0%	56.9%	276
Advanced Clinical Practice	2.2%	3.0%	17.8%	25.3%	51.7%	269
Advanced Physiology And Pathophysiology	2.2%	3.3%	15.2%	29.0%	50.4%	276
Pharmacology	3.3%	4.7%	15.3%	26.6%	50.0%	274
Health Promotion And Disease Prevention	0.4%	1.5%	12.8%	36.5%	48.9%	274
Patient Safety	1.8%	2.6%	30.3%	17.7%	47.6%	271
Nursing Interventions	2.2%	4.8%	17.6%	34.2%	41.2%	272
Culturally Competent Care	1.5%	5.1%	25.9%	35.0%	32.5%	274
Study & Experience In Developing Professional Role	1.4%	5.4%	20.7%	40.2%	32.2%	276
Human Diversity And Social Issues	0.4%	4.7%	31.0%	35.0%	28.8%	274
Inter-professional Care	1.1%	6.3%	27.4%	38.9%	26.3%	270
Complementary & Alternative Therapies	2.9%	8.1%	26.7%	39.6%	22.7%	273
Theoretical Foundations Of Nursing Practice	2.9%	10.6%	31.9%	32.6%	22.0%	273
Program Planning & Evaluation	2.5%	6.2%	37.1%	33.1%	21.1%	275
Organization Of The Health Care Delivery System	0.7%	5.8%	32.5%	40.4%	20.6%	277
Research	1.5%	9.1%	40.1%	28.8%	20.4%	274
Health Care Policy	0.4%	8.6%	39.6%	34.9%	16.5%	278
Health Care Financing	2.5%	10.5%	39.0%	32.9%	15.2%	277

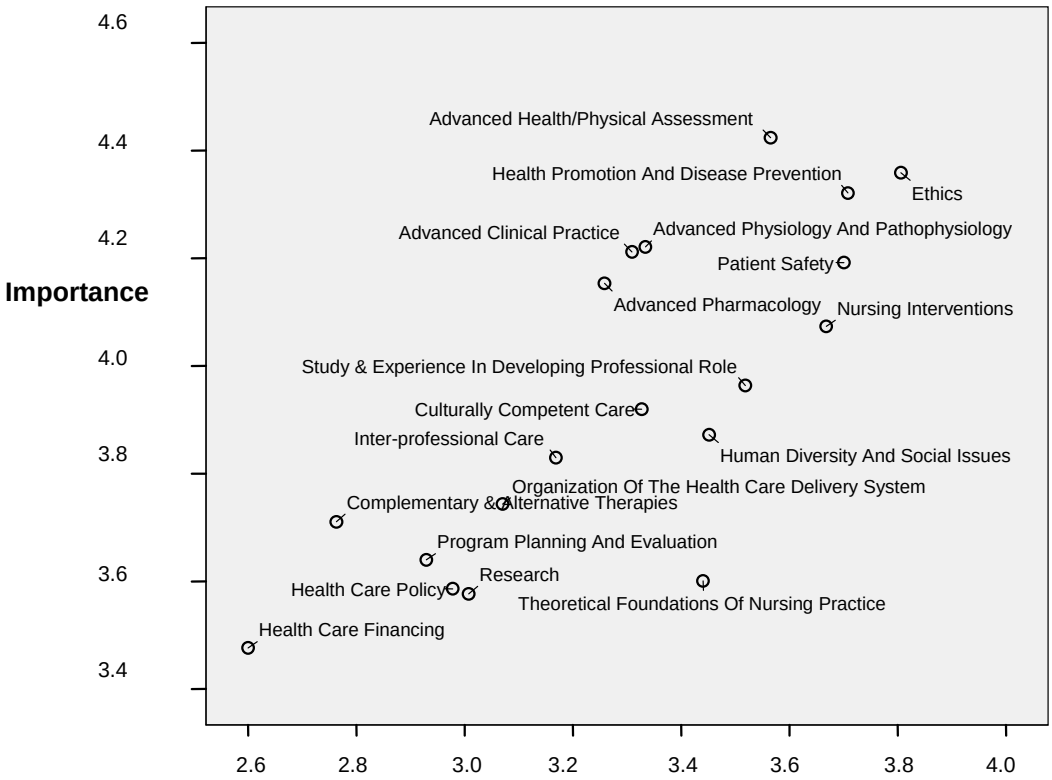
Q16: The following table lists the areas included for the educational preparation of an Advanced Practice Nurse. Please rate the extent to which your previous and current training have prepared you to perform in this area.
Table 16B

Area of Educational Preparation	None (1)	(2)	Moderately (3)	(4)	Highly (5)	N
Ethics	3.7%	6.3%	28.0%	29.5%	32.5%	268
Patient Safety	4.5%	8.0%	28.4%	31.1%	28.0%	264
Nursing Interventions	4.1%	9.0%	27.6%	34.7%	24.6%	268
Health Promotion And Disease Prevention	1.5%	8.2%	31.5%	35.6%	23.2%	267
Study & Experience In Developing Professional Role	4.8%	12.2%	30.4%	31.5%	21.1%	270
Advanced Health/Physical Assessment	5.6%	9.7%	26.9%	38.1%	19.8%	268
Theoretical Foundations Of Nursing Practice	4.9%	11.6%	34.7%	32.5%	16.4%	268
Advanced Clinical Practice	7.3%	14.9%	33.2%	29.0%	15.6%	262
Human Diversity And Social Issues	4.1%	9.3%	38.8%	32.8%	14.9%	268
Advanced Physiology And Pathophysiology	5.2%	16.2%	32.8%	31.7%	14.2%	268
Culturally Competent Care	5.6%	14.5%	35.3%	30.9%	13.8%	269
Pharmacology	6.4%	13.1%	39.3%	30.7%	10.6%	267
Inter-professional Care	5.4%	18.0%	39.8%	28.0%	8.8%	261
Research	10.4%	21.9%	32.7%	26.4%	8.6%	269
Program Planning & Evaluation	1.0%	23.8%	37.2%	21.2%	7.8%	269
Organization Of The Health Care Delivery System	6.6%	20.7%	38.7%	29.6%	7.0%	271
Complementary & Alternative Therapies	13.9%	28.9%	29.7%	21.8%	5.6%	266
Health Care Policy	8.9%	20.3%	40.2%	25.5%	5.2%	271
Health Care Financing	18.5%	28.9%	31.5%	16.3%	4.8%	270

Q16: Importance-Extent Gap (Mean Values)
Table 16C

Area of Educational Preparation	Importance	Extent	Importance-Extent Gap
Complementary & Alternative Therapies	3.71	2.76	0.95
Advanced Clinical Practice	4.21	3.31	0.90
Advanced Pharmacology	4.15	3.26	0.89
Advanced Physiology And Pathophysiology	4.22	3.33	0.89
Health Care Financing	3.48	2.60	0.88
Advanced Health/Physical Assessment	4.42	3.57	0.86
Program Planning And Evaluation	3.64	2.93	0.71
Organization Of The Health Care Delivery System	3.74	3.07	0.67
Inter-professional Care	3.83	3.17	0.66
Health Promotion And Disease Prevention	4.32	3.71	0.61
Health Care Policy	3.59	2.98	0.61
Culturally Competent Care	3.92	3.33	0.59
Research	3.58	3.01	0.57
Ethics	4.36	3.81	0.55
Patient Safety	4.19	3.70	0.49
Study & Experience In Developing Professional Role	3.96	3.52	0.45
Human Diversity And Social Issues	3.87	3.45	0.42
Nursing Interventions	4.07	3.67	0.41
Theoretical Foundations Of Nursing Practice	3.60	3.44	0.16

Q16: Quadrant Analysis (Mean Values)
Table 16D



Extent to which current & previous training have prepared you to perform in this area

A scatter plot has been graphed above in order to show the relationship between the two variables, X and Y. For this particular question, X is labeled as the *extent to which current & previous training have prepared you to perform in this particular area*, and Y is labeled as the *importance* of that particular area. The scale is based on the mean values received for X and Y. Respondent's answers ranged from zero to five, however, in order to more clearly show all data points, the scale has been shrunk to 2.6 to 4.0 on the X-axis and to 3.4 to 4.6 on the Y-axis. Due to the difference in X and Y axis values, a quadrant analysis has not been performed. For this particular question, survey results showed a larger disassociation between the two variables than was received for question 15. The largest gaps that appeared in question 16 were in the areas of:

- Complementary & Alternative Therapies
- Advanced Clinical Practice

Complementary & alternative therapies had a reported mean importance level of 3.71 and an extent value of 2.76. Advanced clinical practice shows a mean importance level of 4.21 and an extent value of 3.31.

Q17: Is there a BSN program in your area?
Table 17A

	Frequency	Percent
No	71	84.5%
Yes	13	15.5%

Q17: Specified Single Universities in Area
Table 17B

BSN University Location	Frequency	Percent
University of Washington	105	42.0%
Intercollegiate College of Nursing Education	30	12.0%
Pacific Lutheran University	20	8.0%
UW- Tacoma	16	6.4%
Washington State University	16	6.4%
UW-Bothell	11	4.4%
Other	10	4.0%
Seattle University	9	3.6%
Gonzaga, ICN	6	2.4%
Seattle Pacific University	5	2.0%
WSU- Tri-Cities	4	1.6%
WSU-Vancouver	4	1.6%
Washington State University, ICN	3	1.2%
Linfield	2	0.8%
Oregon Health and Sciences University	2	0.8%
UW Extension- Port Angeles area	1	0.4%
ICNE by satellite in Yakima	1	0.4%
Whitworth, ICN	1	0.4%
Spokane, ICNE	1	0.4%
Olympic College Tacoma	1	0.4%
WSU Extension	1	0.4%
Gonzaga	1	0.4%

*Percent values are based on number of specified single university responses, not on the total # of responses

Q17: Specified Multiple Universities in Area
Table 17C

BSN University Location	Frequency	Percent
Seattle University, UW, Seattle Pacific University	31	32.0%
Seattle U., UW	10	10.3%
Pacific Lutheran University, UW	9	9.3%
Many	8	8.2%
UW, Seattle Pacific	5	5.2%
PLU, UWT	3	3.1%
Oregon Health and Sciences University, Linfield, UofP	2	2.1%
UW and Multiple Others	2	2.1%
UW, SU, PLU	2	2.1%
UW, SU, SPU, PLU	2	2.1%
WSU in Vancouver, UP, OHSU	2	2.1%
Linfield, Portland, RN to BSN at WSU Vancouver	1	1.0%
Oregon Health and Sciences University, UofP, WSU	1	1.0%
Oregon Health and Sciences University, WSU	1	1.0%
Pacific Lutheran University, Pierce	1	1.0%
SPU, SU, SPU	1	1.0%
SPU/UW/NWU/SU	1	1.0%
SU, UW, UWTac, PLU, SPU	1	1.0%
TSU, MTSU, Cumberland, Numerous	1	1.0%
UofOregon, UofPortland	1	1.0%
UofP, Linfield, Portland	1	1.0%
UW (Tacoma & Seattle)	1	1.0%
UW, ICN, WSU	1	1.0%
UW, Seattle U., PLU, UPS	1	1.0%
UW, SPU, PLU	1	1.0%
UW, SU, SPU, UPS	1	1.0%
UW, UPS	1	1.0%
UW, UPS, SU	1	1.0%
UW/NW College	1	1.0%
UWT, PLU	1	1.0%
Wasu, Several Private Colleges	1	1.0%
WSU, PSU, U of P	1	1.0%

*Percent values are based on number of specified multiple university responses, not on the total # responses

Q18: Is there a Community College in your area with a RN Nursing Program?
Table 18A

	Frequency	Percent
Yes	19	59.4%
No	13	40.6%

Q18: Specified Single Community Colleges in Area
Table 18B

Community College in Area	Frequency	Percent
Bellevue Community College	48	14.0%
Tacoma Community College	34	9.9%
SCC	29	8.5%
Shoreline Community College	26	7.6%
Clark College	24	7.0%
Everett Community College	16	4.7%
Highline Community College	16	4.7%
Skagit Valley Community College	16	4.7%
Olympic College	15	4.4%
EVCC/ECC	11	3.2%
Spokane Community College	11	3.2%
Penninsula College	9	2.6%
Colombia Basin College	8	2.3%
Spokane Falls Community College	8	2.3%
Other	7	2.0%
Seattle University	7	2.0%
Wenatchee Valley College	7	2.0%
Lower Columbia College	6	1.7%
South Puget Sound Community College	5	1.5%
Yakima Valley Community College	5	1.5%
Big Bend Community College	4	1.2%
Centralia Community College	4	1.2%
Grays Harbor Community College	4	1.2%
North Seattle Community College	3	0.9%
Olympia Community College	3	0.9%
Seattle Central CC	3	0.9%
Central Seattle	2	0.6%
Washington State University	2	0.6%
Bates Tech. College	1	0.3%
Bellingham Technical College	1	0.3%

Central Community College	1	0.3%
Columbia George/The Dalles	1	0.3%
Evergreen	1	0.3%
Green River	1	0.3%

Community College	Frequency	Percent
Pierce College	1	0.3%
Richmond	1	0.3%
University of Washington Medical Center	1	0.3%
Whatcom CC	1	0.3%

*Percent values are based on number of specified single Community College responses, not on the total # of responses

Q18: Specified multiple Community Colleges in Area
Table 18C

Community College in Area	Frequency	Percent
Shoreline CC, Bellevue CC	6	10.0%
EVCC, Shoreline CC	5	8.3%
Many	5	8.3%
TCC, Pierce	5	8.3%
Bellevue CC, Seattle CC	2	3.3%
Highline Bellevue	2	3.3%
Seattle Central, Shoreline	2	3.3%
SFCC, SCC	2	3.3%
Shoreline CC, Highline CC	2	3.3%
TCC OC	2	3.3%
BCC + Shoreline + WA Voh Tech College	1	1.7%
BCC, Cascadia	1	1.7%
BCC, ECC, other in Seattle area	1	1.7%
Bellevue Community College, North West College	1	1.7%
Bellevue, North Seattle	1	1.7%
Central College, LCC	1	1.7%
Clark, Mt. Hood CC	1	1.7%
EvCC, SCC, Lk. Wa Voc Tech	1	1.7%
HCC/GRCC	1	1.7%
North Yakima Community College, Seattle Community College	1	1.7%
NSCC, SCC, BCC	1	1.7%
Olympia CC, TCC	1	1.7%
PCC, Mt. Hood CC	1	1.7%
Portland CC, Clark CC	1	1.7%
SCC, HCC, SCC, BCC	1	1.7%
SCC, NIC	1	1.7%
SCC, NIO	1	1.7%

Seattle Central, Highline	1	1.7%
Several, UW, Seattle U, BCC	1	1.7%
Shoreline, Bellevue, Tacoma	1	1.7%
Skagit Valley, Everett CC	1	1.7%
SPSCC, Centralia College	1	1.7%
Community College	**Frequency**	**Percent**
SPSCC, Pierce, Centralia	1	1.7%
SU, UW	1	1.7%
TCC, HCC	1	1.7%
UW/BCC	1	1.7%
YVC CBC	1	1.7%

*Percent values are based on number of specified single Community College responses, not on total responses

Q19: Can your organization provide classroom or conference space for nurses seeking further degrees?
Table 19A

	Frequency	Percent
No	183	82.8%
Yes	38	17.2%

Q19: Can your organization provide classroom or conference space for nurses seeking further degrees?
Table 19B

Room Capacity	Frequency	Percent
20	13	18.1%
50	10	13.9%
10	8	11.1%
100	7	9.7%
30	6	8.3%
15	4	5.6%
12	3	4.2%
3	2	2.8%
6	2	2.8%
25	2	2.8%
40	2	2.8%
60	2	2.8%
300	2	2.8%
4	1	1.4%
5	1	1.4%
7	1	1.4%
8	1	1.4%
14	1	1.4%
16	1	1.4%
35	1	1.4%
75	1	1.4%

150	1	1.4%
Average Room Capacity = 41.6		

* Yes and no answers are not used in the calculation of the average

Q19: Other Responses to Classroom or Conference Space Capabilities
(Non-whole numbers)
Table 19C

Room Capacity	Frequency	Percent
10-12	3	12.0%
20-30	3	12.0%
15-20	2	8.0%
30-40	2	8.0%
3-5	1	4.0%
50-100	1	4.0%
10 to 20	1	4.0%
12-18	1	4.0%
20-40	1	4.0%
200-300	1	4.0%
25-30	1	4.0%
25-50	1	4.0%
30-200	1	4.0%
38,482	1	4.0%
6-8	1	4.0%
8-100	1	4.0%
Limited	1	4.0%
Limited space at Central WA Hospital	1	4.0%
plenty	1	4.0%

*Non-whole numbers are not used in the calculation of the average
**Percent values are based on total number other responses, not on the total number of responses

Q20: What is the highest level of your health care education?
Table 20A

Highest Level of Health Care Education	Frequency	Percent
Baccalaureate In Nursing	190	41.9%
Associate Degree	103	22.7%
Masters In Nursing	59	13.0%
Other	39	8.6%
Baccalaureate In A Non-Nursing Field	30	6.6%
Masters In A Non-Nursing Field	25	5.5%
Doctorate In Nursing	6	1.3%
Doctorate In A Non-Nursing Field	1	0.2%

Q20: Other Highest Levels of Health Care Education
Table 20B

Highest Level of Healthcare Education	Frequency	Percent
Diploma.	18	45.0%
RN Diploma.	6	15.0%
3yr. Program.	3	7.5%
Diploma- 3yr.	2	5.0%
Post-Masters.	2	5.0%
BSN+ESA.	1	2.5%
BS Health Admin/RN.	1	2.5%
Diploma 46 years ago.	1	2.5%
M.S.	1	2.5%
M.S. Health & Human Services.	1	2.5%
SRN from UK.	1	2.5%
Starting of Masters.	1	2.5%
Working on BSN.	1	2.5%
Diploma in Nursing 1962.	1	2.5%

*Percent values are based on number of other responses, not on the total number of responses

Q21: What is the highest level of your educational background in your current area of practice?
Table 21A

Highest Level of Education in Current Practice	Frequency	Percent
Basic Nursing Education Program	128	29.6%
Continuing Education Contact Hours	111	25.6%
Certificate Program	66	15.2%
Masters Degree Program	63	14.5%
Other	27	6.2%
None	21	4.8%
Doctoral Degree	9	2.1%
Post Masters Program	8	1.8%

Q21: Other Highest Levels of Educational Backgrounds in Current Areas of Practice
Table 21B

Highest Level of Educational in Current Practice	Frequency	Percent
BSN.	5	20.0%
Maternal-infant mental health program at C.O.R.	1	4.0%
1- 22 yrs on the job experience & ADN.	1	4.0%
AA.	1	4.0%
Basic Parish nurse program.	1	4.0%
BSRN + 1 yr certificate ARNP.	1	4.0%
Certification.	1	4.0%
Certified in Neonatal Nursing.	1	4.0%
Certified RN.	1	4.0%
Diploma.	1	4.0%
Diploma in nursing.	1	4.0%
Diploma in nursing (3yrs.).	1	4.0%
Eed c.	1	4.0%
ESA Educational Staff ASSOC Certificate.	1	4.0%
I currently teach energetic medicine (chakra balancing/meditation etc).	1	4.0%
Minor in CJ.	1	4.0%
OCN.	1	4.0%
Refresher course.	1	4.0%
RN-at Shoreline Community College.	1	4.0%
WOCN.	1	4.0%
Working on masters.	1	4.0%

*Percent values are based on number of other responses, not on the total number of responses

Q22: If you are a Nurse Practitioner, what is your current NP preparation/certification?
Table 22A

Current NP preparation/certification	Frequency	Percent
None	22	34.4%
Family	13	20.3%
Adult	9	14.1%
Midwifery	5	7.8%
Pediatric	4	6.3%
Acute Care	3	4.7%
Psychosocial/Mental Health	3	4.7%
Other Nurse Practitioner Certification (Specify)	3	4.7%
Geriatric Nursing	1	1.6%

Women's Health	1	1.6%

Q22: Other Nurse Practitioner Certification/Preparation
Table 22B

Current NP Preparation/Certification	Frequency	Percent
Nurse anesthesia	1	100.0%

Q23: Are you currently working as a nurse?
Table 23

Currently a nurse?	Frequency	Percent
Yes	376	83.6%
No	74	16.4%

Q24: What is your current major functional area?
Table 24A

Current Major Functional Area	Frequency	Percent
Direct Clinical Practice	267	70.8%
Administration	40	10.6%
Other Specify	39	10.3%
Education	19	5.0%
Consultation	8	2.1%
Research	4	1.1%

Q24: Other Current Major Functional Areas
Table 24B

Current Major Functional Area	Frequency	Percent
School Nurse	4	10.3%
Staff RN	2	5.1%
Care Mgmt.	1	2.6%
Case management	1	2.6%
Charge Nurse	1	2.6%
Chart revisions and hospital coordination of home health.	1	2.6%
Chg nurse geriatrics	1	2.6%
Clinical Care Coordinator	1	2.6%
Clinical Specialist	1	2.6%
Complaint Investigator	1	2.6%
CRNA	1	2.6%
Dept Manager	1	2.6%
Diabetes Educator	1	2.6%

Floor RN	1	2.6%
Health Dept/Jail Health	1	2.6%
Long term care	1	2.6%
Med-surgery	1	2.6%
Nurse manager	1	2.6%

Current Major Functional Area	Frequency	Percent
Obstetrics	1	2.6%
Office nurse	1	2.6%
Office/clinic	1	2.6%
OR	1	2.6%
Oral Surgery Office Asst.	1	2.6%
PHN	1	2.6%
Project Management	1	2.6%
Pt. Care	1	2.6%
Public Health	1	2.6%
Quality assurance/restorative + Medicare HMO's.	1	2.6%
Relief Office nursing triage.	1	2.6%
School Health	1	2.6%
School Nursing (volunteer).	1	2.6%
Staff nurse	1	2.6%
Staff RN for ICU/acute dialysis.	1	2.6%
Triage	1	2.6%
Wound/ostomy	1	2.6%

*Percent values are based on number of other responses, not on the total number of responses

Q25: Which, if any, of the following incentives does your organization offer to encourage existing staff to pursue nursing degrees?
Table 25A

Incentive	Frequency	Percent
Tuition reimbursement	192	65.1%
Flexible scheduling	127	43.1%
Scholarships	110	37.3%
Higher pay	70	23.7%
Recognition	66	22.4%
Job security	37	12.5%
Promotion	25	8.5%
Job requirement	22	7.5%
Paid release time	21	7.1%
Loans	20	6.8%

Multiple response question, the total may exceed 100%.

Q25: Other Organizational Incentives to Encourage Staff to Pursue Nursing Degrees
Table 25B

Incentive	Frequency	Percent
For CE credits.	1	11.1%
In past there was some help and tuition reimbursement. Now on a case by case basis-no policy about this.	1	11.1%
Partial tuition.	1	11.1%
Self Employed.	1	11.1%
staff fee privilege at OHSU and PSU	1	11.1%
Tenure- track.	1	11.1%
There is a state employee tuition exemption which is very difficult to take advantage of.	1	11.1%
Tuition assistance.	1	11.1%
Tuition with required contractual agreement, after degree attained. No one wants it because of this conditional agreement- they want to work in a more exciting, better pay area.	1	11.1%

*Percent values are based on number of other responses, not on the total number responses

Q26: Which of the following <u>best</u> describes the type of community setting in which you work?
Table 26

Type of Community Setting	Frequency	Percent
City over 500,000	103	27.4%
City between 100,001 and 500,000	84	22.3%
City between 50,001 and 100,000 population	69	18.4%
Suburban (town near large city over 500,000 population)	52	13.8%
Small town of less that 50,000 population	37	9.8%
Rural/farm community	31	8.2%

Q27: What types of populations do you serve?
Table 27

Type of Population Served	Frequency	Percent
Middle Adult	297	79.8%
Young Adult	286	76.9%
Elder	285	76.6%
Adolescents	207	55.6%
Infants	156	41.9%
School Age	149	40.1%
Preschool	135	36.3%
Toddlers	132	35.5%

Multiple response question, the total may exceed 100%.

Q28: Estimate the percentage of persons from the following racial/ethnic backgrounds for whom you provide services?
Table 28A

Racial/ethnic Background	0-15%	16-30%	31-45%	46-60%	61-75%	Over 75%	N
White	2.7%	9.9%	9.0%	23.9%	18.2%	36.4%	335
Other	83.8%	8.1%	0.0%	0.0%	0.0%	8.1%	37
New Immigrant	82.4%	11.2%	1.1%	2.7%	1.1%	2.1%	188
American Indian/Alaskan Native	91.4%	6.5%	0.4%	0.4%	0.0%	1.2%	245
African American (non-Hispanic)	75.7%	22.4%	1.0%	0.7%	0.0%	0.7%	304
Asian/Pacific Islander	85.7%	11.4%	1.1%	0.0%	1.1%	0.7%	272
Hispanic/Latino	72.0%	22.8%	3.5%	1.3%	0.0%	0.3%	311

Q28: Average percentage of racial/ethnic populations served
Table 28B

Racial/ethnic Background	Average
White (non-Hispanic)	64.1%
Other	14.4%
Hispanic/Latino	12.7%
New Immigrant	11.3%

African American (non-Hispanic)	10.4%
Asian/Pacific Islander	9.7%
American Indian/Alaskan Native	6.7%

*Total may exceed 100% due to respondent's answers

Q28 Other *Average percentages of racial/ethnic populations served*
Table 28C

Racial/ethnic Background	Frequency	Percent
Russian	7	33.3%
African, Middle Eastern	1	4.8%
Asian	1	4.8%
E.Indian	1	4.8%
East Indian	1	4.8%
Egyptian, Samoan, All other countries	1	4.8%
illegal in USA	1	4.8%
Indian, Arabic	1	4.8%
middle East African	1	4.8%
Middle Eastern	1	4.8%
military from member refugees	1	4.8%
mixed race	1	4.8%
multiracial	1	4.8%
Muslim	1	4.8%
Russian/Ukrainian	1	4.8%

*Percent values are based on number of other responses, not on the total number of responses

Q29: What is the status of your leave from nursing?
Table 29

Current Leave Status	Frequency	Percent
Unknown	73	77.7%
Permanent	13	13.8%
Temporary	8	8.5%

Q30: In what type of organization are you employed?
Table 30A

Current Employer's Organizational Type	Frequency	Percent
Acute Care Hospital	201	54.0%

Other	102	27.4%
Public School System	14	3.8%
In Home Services	11	3.0%
Ambulatory Surgery Center	10	2.7%
Rural Health Clinic	10	2.7%
Self-Employed	10	2.7%
Rehabilitation	8	2.2%
Child Berth Center	4	1.1%
Comprehensive Outpatient Rehab Facility	1	0.3%
Psychiatric Hospital	1	0.3%

Q30: Other Types of Employer Organizations
Table 30B

Current Employer's Organizational Type	Frequency	Percent
Public Health.	5	5.2%
Federal.	4	4.1%
Skilled nursing facility.	4	4.1%
Clinic.	3	3.1%
Cancer Care.	2	2.1%
Nursing Home.	2	2.1%
Community Health Center.	2	2.1%
Family Practice Clinic.	2	2.1%
Long term care.	2	2.1%
Office Practice.	2	2.1%
Private practice.	2	2.1%
Insurance.	1	1.0%
Jail Health.	1	1.0%
Urgent care.	1	1.0%
Adult Day Care, Adult Day Health.	1	1.0%
Amb. Clinic.	1	1.0%
Ambulatory Care (non surgery).	1	1.0%
Ambulatory out Pt. clinic connected to hospital.	1	1.0%
Assisted Living.	1	1.0%
Assisted living & Dementia unit.	1	1.0%
Blood Bank.	1	1.0%
Clinic multi-specialty.	1	1.0%
Clinic-women's health.	1	1.0%
Comb-80% clinic/ + in-pt-host. 20% in-pt hosp as 2nd facility.	1	1.0%
Community College nursing program.	1	1.0%
Community Health Center & Nursing Faculty.	1	1.0%
Correctional nursing.	1	1.0%

Critical care air transport.	1	1.0%
DDD.	1	1.0%
Dialysis.	1	1.0%
Disease Management.	1	1.0%
Doctor's Office.	1	1.0%
Elderly.	1	1.0%
Family Practice Clinic- 8 providers owned by our local hospital	1	1.0%
Family practice internal med. Clinic.	1	1.0%
Family services of King CO.	1	1.0%
Geriatrics specialized dementia unit.	1	1.0%
HMO.	1	1.0%
HMO, Ambul. Care Setting	1	1.0%
Current Employer's Organizational Type	**Frequency**	**Percent**
Home Health agency hospital based.	1	1.0%
Hospice - in home.	1	1.0%
Int Med Clinic.	1	1.0%
Integral Care system (public health).	1	1.0%
Internal Medicine.	1	1.0%
Local Health.	1	1.0%
Long Term Care, Rehab, Chronic Care Medicare.	1	1.0%
Long Term Ventilator Case.	1	1.0%
Managed care.	1	1.0%
MCO.	1	1.0%
Mental Health Facility ECS program.	1	1.0%
Mental Health facility. Sexually violent predator unit on Mehae Island.	1	1.0%
Military.	1	1.0%
Mult. County Health Dept- Public Health.	1	1.0%
Multi-Specialty clinic.	1	1.0%
Nursing& education.	1	1.0%
OB/GYN Clinic.	1	1.0%
Occupational Outpatient Rehab.	1	1.0%
Oncology Chemo admin.	1	1.0%
Orthopedic clinic in rural setting.	1	1.0%
Outpatient dialysis clinic.	1	1.0%
Overseas school.	1	1.0%
Pediatric Clinic.	1	1.0%
Private Group Practice.	1	1.0%
Private OB/GYN Practice, 7 MD's, 3 mid level (ARNP, PA).	1	1.0%
Private Physician Practice.	1	1.0%
Public/Community Health via local health department.	1	1.0%
Retirement community.	1	1.0%

School-based clinic Downtown clinic.	1	1.0%
Sleep Disorder Center.	1	1.0%
Small Clinic practice-total employees=6.	1	1.0%
State-DSHSA.	1	1.0%
Suburban Health Clinic.	1	1.0%
Technical College.	1	1.0%
Travel nurse in acute care hospitals.	1	1.0%
Triage.	1	1.0%
University.	1	1.0%
VA puget sound.	1	1.0%
Worker's comp case mgmt.	1	1.0%

*Percent values are based on number of other responses, not on the total number of responses

Q31: How many hours do you work per week?
Table 31A

Hours Worked per Week	Frequency	Percent
40	96	30.7%
32	44	14.1%
36	40	12.8%
24	32	10.2%
20	18	5.8%
30	14	4.5%
50	10	3.2%
8	8	2.6%
28	7	2.2%
60	6	1.9%
16	5	1.6%
15	3	1.0%
48	3	1.0%
0	2	.6%
10	2	.6%
12	2	.6%
31	2	.6%
34	2	.6%
35	2	.6%
45	2	.6%
1	1	.3%
4	1	.3%
6	1	.3%
9	1	.3%
14	1	.3%
18	1	.3%
25	1	.3%
26	1	.3%

27	1	.3%
37	1	.3%
47	1	.3%
64	1	.3%
75	1	.3%
Average = 32.9 hrs/week		

Q31: Other hours worked per week (Non-whole numbers)
Table 31B

Hours Worked Per Week	Frequency	Percent
36-40	6	9.7%
37.5	4	6.4%
40-50	4	6.4%
16-24	3	4.8%
20-30	3	4.8%
24-32	3	4.8%
32-40	3	4.8%
45-50	3	4.8%
24-36	2	3.2%
40-60	2	3.2%
40+	2	3.2%
45-60	2	3.2%
0-10	1	1.6%
0-30	1	1.6%
15-20	1	1.6%
20-24	1	1.6%
20-25	1	1.6%
20-28	1	1.6%
22-32	1	1.6%
22.5	1	1.6%
24-30	1	1.6%
24-40	1	1.6%
25-26	1	1.6%
29-36	1	1.6%
31-40	1	1.6%
32-36	1	1.6%
32-50	1	1.6%
36-44	1	1.6%

36-50	1	1.6%
40-45	1	1.6%
5-10	1	1.6%
50-55	1	1.6%
50-60	1	1.6%
50-60, due to short staffed	1	1.6%
60-70	1	1.6%
60+	1	1.6%
8-16	1	1.6%

*Non-whole numbers are not used in the calculation of the average
**Percent values are based on number of other responses, not on the total number of responses

Q32: Work Location (City)
Table 32

Work Location (City)	Frequency	Percent
Seattle	105	27.9%
Tacoma	32	8.5%
Spokane	31	8.2%
Everett	16	4.3%
Vancouver	13	3.5%
Bremerton	11	2.9%
Kirkland	10	2.7%
Bellevue	9	2.4%
Portland	9	2.4%
Renton	7	1.9%
Olympia	6	1.6%
Richland	5	1.3%
Edmonds	4	1.1%
Ellensburg	4	1.1%
Longview	4	1.1%
Centralia	4	1.1%
Mt. Vernon	4	1.1%
Port Angeles	4	1.1%
Bellingham	3	0.8%
Federal Way	3	0.8%
Kent	3	0.8%
Lakewood	3	0.8%
Moses Lake	3	0.8%
Puyallup	3	0.8%
Redmond	3	0.8%
Sequim	3	0.8%
Silverdale	3	0.8%
Wenatchee	3	0.8%

Anacortes	2	0.5%
Auburn	2	0.5%
Colville	2	0.5%
Kennewick	2	0.5%
Port Townsend	2	0.5%
Tukwila	2	0.5%
Yakima	2	0.5%
Aberdeen	2	0.5%
Anacortes/Mt. Vernon	1	0.2%
Arlington	1	0.2%
Atlanta	1	0.2%
Augusta	1	0.2%
Bainbridge	1	0.2%

Work Location (City)	Frequency	Percent
Bothell	1	0.2%
Brewster	1	0.2%
Burien	1	0.2%
Cheney	1	0.2%
Clckaneas	1	0.2%
Colfax	1	0.2%
Colorado Springs	1	0.2%
Daveport	1	0.2%
Des Moines	1	0.2%
East Sound	1	0.2%
Forks	1	0.2%
Gig Harbor	1	0.2%
King Country	1	0.2%
La Conner	1	0.2%
Lake Stevens	1	0.2%
Lebanon	1	0.2%
Lopez Island	1	0.2%
Lynwood	1	0.2%
Mahae Island	1	0.2%
Marysville	1	0.2%
Mckenna	1	0.2%
Mercer Island	1	0.2%
Monroe	1	0.2%
Monroe-Prison	1	0.2%
Montesano	1	0.2%
Normandy Park	1	0.2%
Oak Harbor	1	0.2%
Omak	1	0.2%
Pacific Northwest of Alaska	1	0.2%
Pasco	1	0.2%
Pierce County	1	0.2%

Port Orchard	1	0.2%
Prosser	1	0.2%
Quinten	1	0.2%
Retsil	1	0.2%
Sedro Woolley	1	0.2%
Sedro Woolley/Mount Vernon	1	0.2%
Snohomish	1	0.2%
Spokane Valley	1	0.2%
UWMC	1	0.2%
varies	1	0.2%
Vilnius, Lithuania	1	0.2%
WA-State	1	0.2%
Wenatchee & Leavenworth	1	0.2%
West Seattle	1	0.2%
Work Location (City)	**Frequency**	**Percent**
White Center	1	0.2%
Woodinville	1	0.2%

Q33: Gender
Table 33

Gender	Frequency	Percent
Female	432	95.6%
Male	20	4.4%

Q34: What is your ethnic background?
Table 34A

Ethnic Background	Frequency	Percent
White	400	89.7%
Asian/Pacific Islander	19	4.3%
Other	10	2.2%
American Indian/Alaskan Native	7	1.6%
African American (non-Hispanic)	6	1.3%
Hispanic/Latino	4	0.9%

Q34: Other Ethnic Backgrounds
Table 34B

Ethnic Background	Frequency	Percent
African	1	11.1%
Euro American	1	11.1%
mixed	1	11.1%
.5 Asian, .5 White	1	11.1%
Ashkanazi	1	11.1%

East Indian	1	11.1%
I don't answer these types of questions. Are these relevant to your survey? What are you trying to validate?	1	11.1%
Iranian	1	11.1%
Irish	1	11.1%

*Percent values are based on number of other responses, not on the total number of responses

Q35: Age?
Table 35

Age	Frequency	Percent
Over 45	298	67.3%
35 to 45	92	20.8%
25 to 34	46	10.4%
18 to 24	7	1.6%
Average	48.2	

Q36: Home Location? (City)
Table 36

Home Location (City)	Frequency	Percent
Seattle	60	13.5%
Spokane	34	7.7%
Tacoma	22	5.0%
Vancouver	22	5.0%
Bellevue	12	2.7%
Everett	12	2.7%
Issaquah	10	2.3%
Bremerton	9	2.0%
Redmond	8	1.8%
Auburn	7	1.6%
Kirkland	7	1.6%
Port Orchard	7	1.6%
Federal Way	6	1.4%
Kent	6	1.4%
Mercer Island	6	1.4%
Richland	6	1.4%
Snohomish	6	1.4%
Ellensburg	6	1.2%

Olympia	5	1.1%
Lynnwood	5	1.1%
Anacortes	4	0.9%
Arlington	4	0.9%
Bothell	4	0.9%
Des Moines	4	0.9%
Gig Harbor	4	0.9%
Longview	4	0.9%
Marysville	4	0.9%
Puyallup	4	0.9%
Sequim	4	0.9%
Silverdale	4	0.9%
Spokane Valley	4	0.9%
Woodinville	4	0.9%

Home Location (City)	Frequency	Percent
Chehalis	4	0.9%
Bainbridge Island	3	.07%
Edmonds	3	.07%
Monroe	3	.07%
Moses Lake	3	.07%
Mount Vernon	3	.07%
Mukilteo	3	.07%
Renton	3	.07%
Ridgefield	3	.07%
University Place	3	.07%
Burlington	3	.07%
Port Angeles	3	.07%
Sammamish	3	.07%
Belfair	2	0.5%
Brewster	2	0.5%
Burien	2	0.5%
Duvall	2	0.5%
Elma	2	0.5%
Kenmore	2	0.5%
Lakebay	2	0.5%
Lakewood	2	0.5%
Mill Creek	2	0.5%
Milton	2	0.5%
Montesano	2	0.5%
Newport	2	0.5%
Nine Mile Falls	2	0.5%
Port Townsend	2	0.5%
Shoreline	2	0.5%
Wenatchee	2	0.5%
Newman Lake	2	0.5%
Beaver	1	0.2%

Bellingham	1	0.2%
Bow	1	0.2%
Browns point	1	0.2%
Camand Island	1	0.2%
Carnation	1	0.2%
Cheney	1	0.2%
Colbert	1	0.2%
Cold Lake Alberta, Canada	1	0.2%
Colorado Springs	1	0.2%
Colville	1	0.2%
Covington	1	0.2%
Davenport	1	0.2%
Desert Alie	1	0.2%
Dupont	1	0.2%
East Wenatchee	1	0.2%
Work Location (City)	**Frequency**	**Percent**
East Sound	1	0.2%
Eatonville	1	0.2%
Enumclaw	1	0.2%
Evans	1	0.2%
Fat Island 98333	1	0.2%
Fircrest	1	0.2%
Four Lakes	1	0.2%
Fox Island	1	0.2%
Frances	1	0.2%
Freeland	1	0.2%
Friday Harbor	1	0.2%
Graham	1	0.2%
Greenacres	1	0.2%
Kalama	1	0.2%
Kelso	1	0.2%
Kennewick	1	0.2%
Lacey	1	0.2%
Lake Forest Park	1	0.2%
Langley	1	0.2%
Leavenworth	1	0.2%
Lebanon	1	0.2%
Leni Place	1	0.2%
Lopez Island	1	0.2%
Lynden	1	0.2%
Malaga	1	0.2%
Mead	1	0.2%
Medina	1	0.2%
Mount Lake Terrace	1	0.2%
Mt. Vernon	1	0.2%
Newcastle	1	0.2%
North Bend	1	0.2%

Oroville	1	0.2%
Pasco	1	0.2%
Prosser	1	0.2%
Quincy	1	0.2%
Randle	1	0.2%
Roy	1	0.2%
Seabeck	1	0.2%
SeaTac	1	0.2%
Selah	1	0.2%
Shelton	1	0.2%
Sedro-Woolley	1	0.2%
South Hill	1	0.2%
Sumner	1	0.2%
Toledo	1	0.2%
Union	1	0.2%
Work Location (City)	**Frequency**	**Percent**
Wasougal	1	0.2%
West Richland	1	0.2%
Westport	1	0.2%

Q37: Please add any additional comments.
Table 37

A clinical Doctor is badly needed. A supportive regulatory direction toward promoting professional autonomy. A fast-track should be established for master-prepared A&N's.
After 30 years of nursing, I still love clinical nursing+precepting. Although I have taught at schools of nursing, been a director at a hospital (of Education), the hands on sharing in clinical practice with mentoring a ….? Students has been the most rewarding. Pursuing additional education, although a dream is unlikely given ....? nurse-shortage. Direct care benefits my clients more than additional education. A tough choice-but a real me.
After receiving my B.S. in nursing and entering the profession as a new grad nurse, I felt very unprepared for the challenges of the working world. I felt that my BSN program wasted too much time on theory and organizational information and did not give me enough hands-on or practical training. I would suggest, as an area for future research, a study that asks working nurses about what the critical knowledge should be. My years spent in nursing school could have been much more productive
Agreed with emphasis on an easier accessibility to higher education/credentialing and more diverse methods. Would like to see process of credentialing to become less stringent and complicated- e.g. ARNP programs with more flexibility.
Alternative healing modalities such as aromatherapy and Reiki have great value especially because of non invasive techniques. Can Be taken to outside locations easily.
Any schooling poorly prepares one for the real world of nursing hence my BS + MS are not from nursing schools & I HIGHLY oppose making ed. To the PHD level necessary to be an APN.
As a former nursing home inspector, I was often concerned about the language and communication skills (written and especially oral) of foreign born and trained Rns and LPNs. I believe it would benefit the public safety for the government to identify and better educate these nurses at government expense (vs. requiring their employers of the nurses themselves to incur the loss of income and/or pay tuition to improve their skills).

As a grad of SON I am pleased these questions are being asked. I am very happy with the education I received, and because of this I would pursue advanced training at UofW SON. Now that I am a parent and live outside of Seattle, I have different needs as a student. (This is true for many of my "nursing friends". I am optimistic for this survey that flexibility and variety in learning important, as well as providing classes that are most applicable to students and interests.
At 62 a degree in nursing does not appear in my future-however now that my children have grown I would like to return to work. My area of expertise is psychiatry. I was a NSG supervisor and educator in psychiatry in in-service education. I have a clinical specialty from state of California-1966-in psych. Nursing. Returned to school for a degree in Occupational Therapy and art school-have worked as artist for past 20 years.
Changing roles of medicine doctor, nurse relations, building self-esteem, caring for the care giver, preventative care, being your own advocate public education re: self care, health.
Clinical Faculty need to have more job security than "temporary appointments." Faculty should have appointments that are permanent unless performance is a problem. We devote much time and energy and accept significantly less pay than we could get as advanced practical nurses so job security should not be an issue.
Continuing education for me is very important to increasing my skill base, but I think that most important function it serves as more global.
Currently recovering-sp spinal fusion inactive at present
Desire BS degree to Master of Nursing-ARNP- need online capability- flexible hours, close to local community college.
Do you have an online course for the MH/psych nursing (in order to prepare to take the certification exam)? Katy Burtain, 3131 Rader Rd, Ellensburg Wash 98926.
Don't like the program with so much research, statistics, diversity, professionalism, social justice etc. that the student can't care for the patients' basic needs. When a student says "I don't do vital signs" I wonder what is being taught.
Due to retiring five years ago, I do not feel like any input from me would help in this survey, especially since I am not current in any specialty nor in the employment of Registered Nurses. All of my peers have reached the age of retirement; except for one Nurse Practitioner in Oregon who has her own practice and continues in the specialty of psychiatry.
During my degree program at UW Tacoma I had two professors who were rude to me. A professor for a writing class made a comment about my "pudgy" knees and the fire engine redhead, one of our teachers in community/family discouraged me from going on for my masters, saying I should go into art or something else. I also flunked research because of lack of attention from my research teacher, I passed it the second time from Dr. Dobraty.
For a person in my selected nursing role-a master's course with a basis of management skills plus the ability to handle select other courses from other fields or other areas of Nsg. Masters. There could be a care group required but then allow the most appropriate selection for the maximum growth.
For the past 11 years I have been working with my husband who is a veterinarian in our 1-veterinarian practice. My Washington license is current and I do attend some of the short courses/one-day seminars. Many of the things I do are quite similar to what would be done in a medical doctor's office or hospital... You may choose not to use the questionnaire I have submitted and I will understand. Thank you!
Friday all-day classes would be ideal.
Great that you are assessing educational needs. I reviewed what the UW had to offer for ARNP-for practice~5years ago and was disappointed. Gonzaga ARNP were much more flexible, I could work part time and go to school full-time. Commuting was minimal overall it was decent program that fit my needs and helped me attain my goal of MSN FNP-C
I'm a very strong believer that the best RN has hand on training-not computer lab- people are not

computers.
I'm not currently in a position to be a preceptor. I am very interested in further information you may have to offer regarding your programs. I want to further my career through education but as a traveler it's difficult. I may also be interested in any work/actual programs you may have. Thank you. Eileen Robinson. Please change my address to: M. Eileen Robinson, 31531 St. Rt. 20, Ste. #8, PMB 430, Oak Harbor, WA 98277.
I'm pleased to see non-traditional methods of learning such as e-learning. This is particularly helpful to those of use in remote locations who work full time and desire an advanced degree.
I'm very interested in distance learning (on-line) classes that you can do at your own pace. Because I work, the flexibility that on-line classes provide is very attractive. I would consider doing my masters if I can fit it around my work schedule.
I'm within months of retirement reeducation of hours to part-time position if one becomes available.

I've been out of the academic setting WAY too long. My entire career has been in the clinical area of direct patient care. I don't feel knowledgeable enough to answer some of these questions. But I do feel (as I've felt for the past 30yrs) that nurses are not given enough preparation for the clinical setting.
I already do.
I am a 68 year nurse that has recently had left and right TKR's. I will need to see how well I walk before planning the remainder of my life. I like to teach and was an ORS most of my career. If all goes well I may try to volunteer for international health care and will do what I need to do to be prepared. I am not sure I was the best person to respond to this survey but have done so.
I am a graduate of UW School of Nursing Class 1958 and have felt I have always been very well prepared for all the areas of nursing I have perused during my 47 years in my nursing career. I have always supported and felt very proud to be a UW school of nursing graduate. I was in the 5 yr and three summer programs at harborview.
I am a hospice RN who provides in home care for one dying patient. I would like to see more education for BSN prepared nurses on pain management and symptom control and education related to the dying patient and hospice concepts.
I am a retired diploma R.N. (volunteer for National Red Cross). The survey did not apply to my background or future goals in nursing, therefore I was unable to complete it for you. I am constantly looking for conferences; service etc. training in the Sate of Washington but since alas you do not require continuing education credits to renew licenses, I must use what is available to me from California where I am also licensed.
I am a telephone triage nurse but see patients for education purposes (or phone teaching) act as mentor for medical assistants, assist physicians as needed.
I am all for education but I must say that as a diploma RN with a long ICU course, practical hours are severely lacking in programs available these days. I've been a nurse for 20 years, precept all the time. I am an asst. mgr. in a level 1 trauma hops. In a ccu. I have been consistently dismayed by the caliber of nurse coming out of BSN even master's programs. They are clinically sooo inept! It's frustrating. Common sense, critical thinking are just absent it seems. I believe there needs to be more emphasis on practical work. Those of us who have worked at the bedside fore many years are getting old. We don't need more degrees, we need more clinically savvy nurse coming out of school! That's my 2 cents! Thanks.
I am also an Elem. Ed. Teacher- pay is too low- so... Financial aid is the biggest consideration for furthering my education in nursing. The more grants and scholarships provided unconditionally by federal and state governments, the more older, experienced nurses will stay in nursing and obtain the legally required degrees for teaching others. I think the state should give credit to older, experienced nurses and fast track them (me). I believe we could utilize even high schools and closed elementary schools during summer for space to educate nurse students. This is a

crisis. We have the people- let's prioritize nurse ed. We have the ethics already. My company is training and hiring foreign trained nurses. Our high school is turning out candidates who are unable to even find a chemistry class available even though they have A's in H.S. chemistry. Mary Ferreira RN----→ Susan, Ruth and Ann: I work in large nursing homes. Surely you (all) could persuade the state to work with the national companies for clinical space and opportunities. The electricians union has apprenticeships (IBEW) which are a coalition between employers (they pay students), state community colleges, and unions. We need to brainstorm some of these possibilities in nursing and REWARD those who are already on track and have the desire to further their education and availabilities. In the university's favor- I am glad to see that there is consideration of, video, internet technologies. On the recipient's end there must be monies somewhere (Bill Gates?) for helping poorer or struggling nurses to obtain the computers and technology hardware needed. Many great nurses are working 2 jobs so they can send their kids to college- They have no funds for furthering their own education. Thank you for the opportunity to express all of this. I graduated from nursing school in 1965 because of a N.Y. State scholarship.
I am currently checking into my options for RN and BSN. I would then like to go on for masters. I have put it off until my children were older. If I had had earlier opportunity in my home town – I most likely would have worked on it. I believe there are many other RN's in this area who feel the same. Thanks!
I am currently enrolled at PSU- will finish with a bachelor of social science degree in 2006.
I am currently finishing the 1st of 2 years in RN + BSN program through Seattle Pacific University. I work at SWSD + in IV therapy on call-hospital. I plan to get my school nurse certification when I finish BSN and possible take some training for overseas mission work.
I am fortunate enough to have both a BSN and MN as well as an EdD. All three of my educational experiences (UW & Seattle U) were ??? in their curriculum and preparation for excellent nursing practice. I am still interested in pursuing post doctoral education as indicated in this survey. I think it is very important (as you expand opportunities for nurses to pursue higher education) to keep some physical contact at the institution. This is crucial to the role development of the student.
I am quite concerned about the many new hire nurses we are recently seeing. The new term that I have been mulling in my mind is "an indifferent work ethic." Many older patients have also noted "they don't seem to care." Look up the word indifferent. I hope a little better pay (though it is still hard work) is not what is attracting these nurses. Yes, we need more nurses, but we need to guard the values of the caring profession it has been...I could go on ☺. If you are interested you may call me Peggy Nystrom 306-956-1478.
I am very bitter about my Spokane community college nursing program. Any BSN program that I participate in had better have: 1: fair & competent instructors, 2: opportunity for feedback without fear of retribution, 3. relevant instruction to my area of work
I am very interested in studying areas of complimentary medicine and incorporating this system into advanced as well as basic nursing. Cultural healing and international nursing would also add to this new field. I have been looking for an opportunity to do advanced study/teaching in this area.
I answer as an RN retiring after the last 10 years with public health nursing- pediatric clinical (5yrs) and immunizations (7yrs) on a part time basis. I did take a refresher course in 1983 through Highline Community Hosp. Plus ongoing contact hours offered through public health- some on site others at various close locations
I assist adult family homes in meeting WA St. WAC's and RCW's: 1. Completion of comprehensive assessments prior to admission. 2. Training (and subsequent monitoring) of staff providing medications and treatment for residents. 3. I also provide #1 & #2 for agencies providing care in private Homes.
I believe all nursing programs should provide more practical and clinical experience. One cannot learn this profession from a book or taking a test. Classes on nursing theory are useless. So many students graduating now can barely function in the clinical setting.

I chose not to pursue any post-masters @ UW secondary to no response to two messages for further programs info, inflexibility at times/work schedule and not being able to be reimbursed through UW because post masters is run by UW extension.
I did not answer pg 4&5 as it was not clear what you were asking and chose to skip that part.
I do a lot of patient and staff education. I have been involved with the UW Nursing Students as they complete the clinical Nephrology experience. I enjoy teaching and would like to do more but understand a Masters Degree is required. At this time finances prevent me from this but plan on exploring financial aid options and more education in the near future.
I do continuing education and primarily teach classes that meet hospital requirements and rcho-orientation. I answered the questions in relation to 50 years in nursing. The technology is very important but somehow we seem to be forgetting about basic patient care- The hands on physical care and knowing who the nurse RN is vs. all the others in and out of the room. I've had 2 major surgeries in the last 6 years- no instructions, no bath, no wash cloth or toothbrush except from OT in main hospital, no walking except from PT.
I don't think this should have been sent to retired nurses; but I hope my answers will help.
I don't understand question #29 when all other questions are job related.
I finished my BSN 36 years ago when computerization was non-existent yet, therefore my answers to lots of your questions are skewed. In my work experience I have met RN's & LPN's who would want to pursue further education. Their circumstances are mostly financial & lack of flexibility of the educational institution in offering classes after work hours, i.e. 5 or 6 p.m.
I graduated from ICN in 1972 feeling not quite prepared. I must say that almost 33 years of nursing have given me the education to be an excellent nurse now. Most of my "education" has been of the experiential kind and I'm glad I have it.
I graduated from my BSN program 33yrs ago and from master's 23yrs ago. What is needed in the work place today is very different than even 10yrs ago. The most important aspects that I feel should be taught are: health teachings, advanced assessment skills and population management. Throughout these needs to be emphasis critical thinking skills and problem solving.
I have a BA degree in psychology and English and AA degree- RN 2yr degree.
I have always taken continuing education courses in nursing, quality improvement, and business-related topics. I took an Executive Seminar at U of Washington School of Business that was valuable. Health care keeps changing and nurses must adapt. I am glad that I have had many opportunities to learn in addition to my basic education (nursing diploma + BSN).
I have an associate degree in nursing. When I was ready to go back to school to get my BA in nursing the re-entry program for RN's was closed. I had already taken the regular extra classes needed to attend but was not willing to take A+P again and start the nursing curve from the beginning. So I went in a different direction. My experience was as a Pediatric Nurse Certified for kids. I received my BA in Developmental psychology and my MA in art theatre and worked at an art theatre in school. Nurses need to receive some credit for their experience and should be encouraged to expand their education. I could not afford to attend a university nursing school after working as a nurse for 15-20 years I was in a much better position to further my education. It would be nice to have advanced courses in the area of one's specialty.
I have applied to the Post Master Cert. Program in Forensic Nursing.
I have left nursing to travel and teach energetic health-I believe that as soon as we called what we deliver in hospital "patient focused care" that it wasn't! I would like to see more alternative and energetic therapies combined with traditional nursing care-e.g. empower patients through education about energetic health and ways to stay well and out of the hospital-but there is barely time to deliver basic care much less teach patients about anything. I will only return to nursing if it becomes financially necessary.

I have not worked since 1990 when we had our 3rd child. I do not plan on going back to work unless my husband was unable to work for a long period of time.
I have returned early in part because of nurse managers no people skills or clinical skills. Work environment was terrible. If there is lack of respect for nurses it comes from our leaders, why do we eat our own?
I have several degrees (BS, MS, PhD). The best that I have received has been from the University of Florida –e-base training in forensic technology- was excellent and even looking at another PhD program if the same training methods would be used. There is a lack of outsourcing within nursing. The professional nurse has expanded this knowledge base but even in a team format they remain secondary to the worse physicians. Since most pharmacists are going for a PhD and MD's, presently the needs the actual case of the patient has been left to the nurse- who daily receives less respect and more challenges. I left floor nursing after being assigned 35 patients with 5 on vibulators to care for my myself. Even after 35 years, in my opinion nursing is still not received as a profession- as it should be. Even my board certificate means nothing to the general public.
I have worked in traditional nursing for now 15 years. I was one of the first nurses in the community. I am now ready to learn about the use of the different tools and better education and apply it to the job. However, because my college hospital clinical background prepared me for what I am doing now, I am interested in hospital...
I just recently retired from nursery after 43 years. I love nursing, but am sad to see that the basic "creature comforts" have left the bedside. Little things to comfort the patient are still most important – not machines and computers. We must never forget the "person" we are caring for – with utmost respect.
I just want to say that I have worked as a nurse for 41 years. I thoroughly enjoyed servicing others in a professional manner, and have encouraged others to pursue nursing. I love nursing so much I have a plan to continue as a volunteer.
I love being a nurse. I am so proud of what I do!
I plan on retiring in several years, no I am not interested in pursuing further education. I liked question #15.
I really want to teach nursing, but the wages of professors are less than what I make as a staff nurse. The idea of a tenured position is just not attractive. The potential $40,000 debt incurred to do my masters, I simply cannot afford. I would be an excellent candidate, but I have aging parents, children that I need to put through college...the barriers are immense! I am to white , to prosperous, to qualify for most scholarships...very frustrating.
I received my nursing education in a different state and I am still fairly new to this area. The single greatest deterrent to my pursuit of an advanced degree was the horrific experience I had in nursing school – atrocious, unprofessional, predatory instructors. I have little desire to experience that again, and though it was probably a climate unique to that college. I have little enthusiasm for continuing education in nursing. I would have to feel certain that the faculty upheld high standards of conduct, had student evaluations that were reviewed and accessible to future students, valued their students, and respected them as human beings. Integrity and accountability of faculty is important to me.
I recently took the RN refresher course through Spokane ICN-Great program. Easily accessible + load work at your own pace concept.
I retired from a 20 year career in school nursing a profession I love. Nursing my career, the U of W school of nursing offered little of any con. Education for school of nurses. I completed this survey in hopes there would be an improvement in this area.
I retired in 1994 and have only done occasional volunteer work. I have kept my license current only to be able to do short term volunteer jobs.

I think the RN's from a 2 year program need at least 2 years of nursing practice as a Medical & Surgical unit, giving them a better assessment skill. I find they want to start at the top. I think they need to prove themselves first.
I think utilization of community college university extension/branch campuses for post BSN/Master's courses would make it more convenient for RN's participate in continuing education/job enrichment.
I was a UW graduate in another field way back in 1978. I returned to school (a 2yr asso. Program) in 1987 & have been working as an RN since 1991. I would love to finish a BSN in nursing but unfortunately the UW has made it very difficult to enroll in their program to complete a BSN degree. I work for Harborview – a sister institution to the UW but that makes it no easier why??? Why all the barriers to nursing education???
I was unable to answer most questions due to limited background and limited knowledge.

I wish nursing would respect degrees in other areas as my example of a BFAin AD & Rh. There is a creative art to nursing laced intrinsically will sound scientific mathematical evidence base knowledge with keen eye & critical thinking. Due to the Human condition life is interspersed with crisis; physical-mental; emotional; ethical a nurse is an intermediary of change frequently at times. There exists an art of nursing. Yes, I work as a facilitator/preceptor for Peninsula College nursing students on clinical at Jefferson General Healthcare- Kathleen Ellyn Traenhewschwab
I work in public health, but not as a public health nurse. Our agency works with ICN and other organization and precept students in a variety of professions. My nursing had benefited me; however, it is not a requirement for my current supervisory position.
I work on a volunteer basis only now for Kitsap Emergency Medical Reserve Corps. Under Homeland Security and for Hospice of Kitsap, so it's primarily direct patient care and executing disaster planning and drills
I would be interested in pursuing a BSN degree but driving long distances is difficult for me. Also, I work evening shift 2:30-11:00pm and only have every other weekend off- classes on line and some group meetings 1-2 times a month would interest me. Thank you for the though-provoking survey.
I would definitely do a RN-MSN program online if it were available. I already have a BS in biophysics.
I would like to see a program at UW Bothell for those of us who enjoy caring for 4-12 year old students/children. When working in the Home Care service, I precepted students from UW-Bothell and enjoyed it very much- I grew in knowledge as much as the student did. As a school nurse I did it also and enjoyed it. But I last precepted a male- a very nice male but I felt he had an attitude of entitlement- that as a male he would be in a higher position in this nursing profession.
I would like to see an RN refresher course for working RN's (BSN's) who need clinical updates those working in schools, mental health, psych, maternal-child settings. Or BSN's who want to work but have not practiced in > 10years. I believe there is a huge pool of RN, BSN's who would come back to work with some current updates/ clinical practice. Especially important due to nursing shortage-there will not be enough nurses to care for baby boomer generation. Many nurses are now working (not employed) taking care of their aging parents/ friends/ neighbors. Untapped, unrecognized expertise.
I would like to see more CE offerings on Eastside in Women's Health Care, Gyneocological issues, physical assessment refresher sessions, Controversies in women's health issues, improving critical thinking skills, telephone trigge, difficult patient issues"bipolar/financial/ social/ angry and Suicidal.

I would love to again preceptor nurses from RN refresher course. Your program is excellent-I have 2 nurses from the BSN program!
I would love to see masters in genetics for nursing in the Seattle area.
I would love to take some independent post master's CE in a variety of topics to cont. professional growth and interaction with other AP nurses.

I am discouraged with my nursing career at the present time because of the stress and pressure of practice in the health care setting. I have a wealth of knowledge in almost all areas of practice related to clinical/community setting, including clinic nursing, home health nursing, sub-acute care, clinical nurse manager, clinician, acute care, experience in medical/oncology/surgical/ortho/ and hospice nursing. Because I do not have a BSN I am unable to practice in those areas which I am highly qualified, i.e. case mgmt, utilization review. I see other nurses who are much younger than myself taking these positions because they have a BSN. The hospital where I am employed actually sought out those with BSN''s who really had no interest in the job and because they were BSN prepared. I feel I have paid my dues as an acute care nurse and my knowledge and skills are not being utilized (?age discrimination?). It seems to me that exceptions could be made. At this point I am not motivated to seek a BSN which would require at least three years of work for me, I would like to spend time with my grandchildren and my aging and demented mother. I wish that when I achieved my I (1977) I would have been encouraged to go for my BSN but at that time there were many opportunities to be promoted into the types of jobs I am now unable to hold.
If I went to grad school I would need a course to have to learn with the use of the computers.
If this survey reflects only a small (%) portion of nurses- what information that is retrieved may not reflect the Washington state nurses as a whole. How can you get a valid response or be able to assess the needs of nurses. So completion of the survey may have no direct benefit to you or the nurses who may have the opportunity to view the findings. If you are marketing UW or WSU vs. meeting the needs of nurses in general
In question #30, community health was not listed as an employment option except via school system or rural health clinic. Public health is still happening although struggling due to poor funding base. However, it is still a very exciting field with broad focuses: population based health such as communicable disease& immunizations, case management programs for high risk populations, some primary care, broad community focus such as harm reduction, disease prevention, bioterrorism and disaster preparedness, environmental health
It would be interesting to get a study of volumes etc. of nurses who have recently left the field for other employment or for retirement- two months or so after leaving nursing.
Keep up the good work! I would love to advance my practice but there seems to be so many barriers, especially time away from work, family, financial support, and technology improvements. I would be happy to be a part of the change.

Many nurses are working in business now-managed care, insurance, etc. Traditionally there has been little preparation for this, other than a few CE offerings about managed care. Some solid business world offerings would be great such as corporate infrastructures, business politics, budget and financial analysis, business ethics.
Many of my colleagues who are interested in applying for CRNA study programs suggest that University of Washington should have a CRNA program. If there is a CRNA program offered at UW, I will be the first in line to apply but I hope it will be offered at a Doctoral level rather that a Masters level. Keep my fingers cross!! Thanks.
Many of the questions in this survey do not make a lot of sense (#21, #29). I am in school now so I found it difficult to place myself into some of the preset categories. Our area has an over-abundance of nursing programs already. WSU/ICN, Gonzaga, Spokane __? C.C., Spokane Community College, Apollo, North Idaho College. The tri cities (Richland, Pasco, Kennewick) would benefit from a program immensely.
More programs are needed in alternative therapies. Pills do not cure, they only add to the problems.
My initial nursing training was at Tacoma General Hospital School of Nursing- a diploma program. This practice based education has much to recommend it. The new program/schools of nursing often do not give enough clinical time. The graduates are inadequately prepared to function in the real world of health care
My main reason to obtain BSN=job requirements by 2008.
My nursing education 33 years ago didn't prepare me for what I had to face the last 2 years before a medical disability forced me to leave a profession I grew to love very much. New and old nurses can/and do become very cruel to their kind, esp. when health issues arise in one of their co workers. These kinds of harassment issues need to be addresseed and stopped. It should be taught at all levels of health care education-be included in an ethic's program for all in the health care professions across the board. It might stop problems before they start.
Need to know how to make change and cope with change in a bureaucracy. How to anticipate for plan change.
Nurses need to get the recognition and respect they deserve for the incredibly important work they do. Be professional.
Nursing education often focuses on the bigger, the better, the more technical the better, nurse educators have lost touch with the "real world" of nursing. Not all nurses work with large budgets and availability of supplies. We need practical education – walk out of the classroom and be able to apply it. We need small how to courses with hands on training and instructors that can teach the theory as they demonstrate. Certificate programs often grow to a level of complexity that is not useful and impossible complete for the benefits gained.
Nursing has been a good occupation for me. I have never been laid off-I've had constant employment from the day I graduated. But I would never recommend the nursing profession to anyone, I would recommend an ancillary medical profession such as MRI Tech.
Nursing is a very demanding profession. The nursing students should be more informed about the physical and emotional stress in the nursing profession not just the importance of technical skills.
Nursing programs are too easy with most students I have come in being unprepared for full-time employment. Public health nursing is becoming extinct due to current upper-level policy.
Ophous for doctoral education that allow for continual work/teaching & family consultment during the counselor care essential for nursing educators like myself. I chose not to go to UW for my PhD work because online casework was not available- I am instead attending a program that is entirely online except 6 weeks on campus and have been extremely satisfied with being able to work, care for my family and still get my PhD in 3 years.
Our institution does not offer any incentives for advancement. Perhaps if classes were held on campus the knowledge base would continue to grow.
Over 35 years I have seen many changes. As a diploma RN with Associate of Arts Community

College degree the education focused on skills and team leading more than what I see education programs need to provide BSNs and NP with today. In the hospital setting see the RN role as a "coordinator and care management director" emerging more. I feel if a nurse practitioner made rounds on many of the patients admitted from extended care, that same level of care could be given at the extended care facility without the distress a transfer to the hospital puts on patient, families and expenses to Medicare. I think NPs will be used more in community health maintenance. I wish I was younger I would consider getting my BSN but too close to retirement. Encourage students to explore possibilities of BSN and NP clinics as satellites under direction of an MD. I see the physicians strained to answer hospital RNs concerns follow-up on tests and meet with families. I think a NP would be very capable of doing some of this fact gathering and communicating so patient would be more involved in the care plan and participate more in decision processes. The past few years our hospital has promoted better physicians and RN communications and we have been able to accomplish more in shorter hospital stays. Thank you for the hard work you do and so glad to see this collaborative effort to meet nursing needs in Washington.
Plan provide flexibility –PT-FT & for MSN program.
Please consider bringing BSN and MSN (and beyond) programs to the Bremerton area. There is a lot of interest but not enough facilities/instructors to meet the demand. Offering courses online would be a great option but I'm a big fan of classroom/group settings. Thank you for looking into other options and including me in your survey.
Promote nursing as a second career option.
Pt – RN ratio frightening!
Question #1 did not allow an option for "other". I am interested in an HHA program. Question #28 was confusing, because new migrants are members of Asian/pacific Islander, Latino, and other groups. Also, we serve many African immigrants who cannot be counted as "African/Americans".
Since I have been retired for 9 years it would have been better if you had chosen a practicing RN
Some of your questions were confusing i.e. informatics- what is it? If this questionnaire is being sent to ADN's some of the wording should be changed i.e. Role Development- Study & Experience in Provision of evidence based case? I've been retired for 1.5 years. I would be interested in disaster nursing workshops and belonging to neighborhood emergency organizations on Mercer Island. Also, I would be interested in volunteering for disasters that occurs internationally.
Some of your questions were not very clear
Sorry if I've skewed the results by having not applicable, being unsure of questions (ex. Video streaming) and not having knowledge of Nsg programs offered in the Seattle area. Foreign educated and trained in Nsg., Newfoundland Canada. I think this is a great idea for a survey. I was happy to be of some assistance.
Students need exposure/training for management skills- many to into long term care and may be shift charge nurses. They need to know where they draw the line of being friends with co-workers- leadership skills are important when working with others of less experience. The more clinical experience as a senior student, the better.
Students need more clinical experience and critical thinking skills. Sometimes I question how some students are even admitted to nursing programs.
Thank you
Thank you + good luck!
Thank you for allowing me to help with your survey. I am retired from Harborview Med. Center for one year. I have always loved this profession and do miss it at times but never the less I will always be a nurse and help where I can.
Thank you for asking. Hope it helps
Thank you for the opportunity…
Thanks for the opportunity to vent. I had some truly abysmal faculty at UW. Surely they and the

deans who ignored our feedback are long gone.
The biggest barriers for me at this time are: 1. finances, 2. times I have children, 3. accessing technology, 4. fear that I wouldn't be successful. It's been over 20yeras since I went to nursing school
The biggest block in my path of going from RN to BSN is time (how long it takes to complete courses) and Money.
There is absolutely no initiative to further my education at this time. My rate or pay is the same for an AA degree as for any other. I have no desire to go into administration or training, I enjoy working directly with the patients. It is very costly to pay tuition & books for a BSN degree and the closest school is over 60 miles away.
There is one current refresher course for nurses and it is not workable and worth while attending nor financially permissible for me (Bellevue Community College) though not apart of the college.
This survey does not include nurse anesthesia with the exception of one question #4. I find questionnaire like this one to be typical of nursing research, i.e. self focused. I look forward to patient driven research from the nursing educators but I won't hold my breath.
Through my experience as a nurse, I believe nurses, nursing students and advance nurse parishioners should have classes regarding how to communicate and be assertive with doctors regarding patient status. Ultimately, this type of training may allow nurses to be better advocates for their patients.

Time management should be included in a critical thinking course. For most new grads this is their greatest hurdle. Part of time management includes knowing their resources within the organization & knowing when & how to use them.
Travel for advanced degrees is difficult from here. Program that allow you to study close to home would be great.
Want a BSN program that doesn't require foreign language
We are currently serving as preceptor for the rural nursing program at WSU and Spokane Program. We have a new grad program and a program where the students do 108 clinical hours.
We need more men in nursing.
We need to enlarge current education programs and thereby increase the volume of new nurses who will meet care requirements in further years. Most of our staff at the hospital is older and will retire in the next 5-10 years. New nurses will need to be flexible and creative, able to meet the many challenges in our field.
When I had my nursing training during the second world war, student nurses were pushed into positions of responsibility early on. We worked as a team with other nurses, ward aids, interns and doctors. We took detailed notes on patient meds, care symptoms, etc. The other members of the team diligently read them before entering a patient's room. That way patient care was coordinated and everyone was clear on their duties to that patient; although it may not be possible to follow those practices today, it produced nurses who were able to become leaders in their profession- well educated, well trained and proud of their profession. Elizabeth Sauce and Kathrine Hoffman who made the nursing school what it was- tops in the nation. The nurses themselves were compassionate and caring with the patients' welfare always the first priority. The members of my class have met regularly and still keep in touch with one another. Each of us, whether in paid positions or not, has contributed to our communities, our families and friends in many ways. Our U of W baccalaureate nursing training is used daily in one way or another.
Why do you always ignore the office/ clinic nurse?
Why not include some basic nursing business courses. This could include how reimbursement insurance us no insurancy medicare. I don't believe nurses understand how this directly affects them.

Why stay at Public Health for 22+ years? Yes, the administration seems mired down in stagnation and have their hands tied by plutocracy and cut backs. But, for me personally it's the patient care and the great benefits.
Would like to see a course in correctional nursing- it's certainly a different environment where healthcare is essential to its functioning.
Would like to see expansion of MSN programs especially offered via e-learning- untested in forensics, law, epidemiology, infectious disease.
Would some day like to get my BSN though unable to take time off or stop raising my 5 children. Need somewhat self paced course with double hours and financially affordable! In L+D I don't need BSN to secure my job. My job skills do that though if I want to move to charge or mtg. I will need continued education.
You did not include option for advanced training in nursing administration, which in my interest, not on a master's degree but on advanced training. Thanks.
Your question seem geared to the younger nurse. Your work settings seem narrow, lacking community organization, creative work set-up. Your educational goals seem informative transmission focused (internet learning) rather than learning through relating, discussing, personal interactions which is were I found real learning accurse esp. as pertaining to the "arts" of nursing which involves relating always. You are welcome.

* All averages are rounded to the nearest integer.
** All percentages are rounded to the nearest tenth.