

Health Resources and Services Administration Bureau of Clinician Recruitment Service NURSE Corps LRP and SP Participant Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents. Respondent will see either NCSP or NCLRP information throughout, based on sample identification.

Survey Introduction

The NURSE Corps Loan Repayment Program (formerly Nursing Education Loan Repayment Program)/NURSE Corps Scholarship Program (formerly Nursing Scholarship Program) is committed to continuous performance improvement. As part of this commitment, we are requesting feedback on your experiences with the NURSE Corp LRP/SP.

This survey is hosted on a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (expires March 31, 2015).

This survey will take approximately 15 minutes to complete. Thank you in advance for your participation.

Please click on the "Next" button below to begin.

TYPE OF SERVICE (IDENTIFIED IN SAMPLE):

- 1 NURSE Corps Loan Repayment Program (NCLRP)
- 2 NURSE Corps Scholarship Program (NCSP)

Introduction/Retention [Both NCSP and NCLRP, unless otherwise specified]

Q1. Which one of the following best describes your service status?

- 1 In School [**only for NCSP – Skip to Q18**]
- 2 Graduated, but not yet serving [**only for NCSP – Skip to Q18**]
- 3 Currently serving
- 4 Completed service obligation [**Ask Q2, Q3 (if NCSP) and Q4, then skip to Q8**]

Q2. [**If Q1=4**] On what date did you complete your service obligation with the NURSE Corps LRP/SP?

[NOTE: Drop down box for month and year selection]

Q3. [**IF NCSP and Q1 = 2, 3, or 4**] Did it take you longer than six months to find employment?

- 1 Yes
- 2 No

Q4. [If Q1= 3 or 4] Where are you currently serving or where did you serve? (Select one)

- 1 Hospital
 - a Critical Access Hospital
 - b Disproportionate Share Hospital
 - c Nonprofit, Non-Disproportionate Share Hospital
 - d Public Hospital
- 2 Ambulatory Care
 - a Ambulatory Surgical Center
 - b Federally Qualified Health Center (FQHC) or Look-Alike
 - c Indian Health Service Health Center
 - d Native Hawaiian Health Center
 - e Rural Health Clinic
- 3 Public Health (State or Local Public Health or Human Service Department)
- 4 Long Term Care
 - a Home Health Agency
 - b Hospice Program
 - c Nursing Home
 - d Skilled Nursing Facility
- 5 Nursing School [NCLRP Only]
 - a Nurse Faculty at a public nursing school
 - b Nurse Faculty at a private nonprofit nursing school
- 6 Other, please specify

Q5. [If Q1=3] Do you plan to remain at your current site after you have fulfilled your NURSE Corps LRP/SP service obligation?

- 1 Yes
- 2 No
- 3 I don't know right now

Q6. [If Q5=1] About how long do you plan to remain at this site?

- 1 Less than 1 year
- 2 1 year to less than 2 years
- 3 2 to 5 years
- 4 More than 5 years
- 5 I don't know right now

Q7. **[If Q5=1]** Which of the following has influenced your decision to continue providing services after your service obligation is complete? (Select all that apply)

- 1 Overall experience with the NURSE Corps LRP/SP
- 2 NURSE Corps LRP/SP program benefits
- 3 Sense of community with peers
- 4 Relationship with current employer
- 5 Current site experience
- 6 Commitment to underserved communities
- 7 Salary and benefits
- 8 Becoming part of the community; able to put down “roots”
- 9 Job security
- 10 Difficulty finding another job
- 11 Other (please specify)

Q8. **[If Q1=4]** Are you still at the critical shortage facility or nursing school where you fulfilled your NURSE Corps LRP/SP service obligation?

- 1 Yes (**Skip to Q10**)
- 2 No (**Ask Q9, then skip to Q11**)

Q9. **[If Q8=2]** On what date did you leave the critical shortage facility or nursing school where you fulfilled your NURSE Corps LRP/SP service obligation? **[NOTE: Drop down box for month and year selection]**

Q10. **[If Q8=1]** About how long do you plan to remain at this site?

- 1 Less than 1 year
- 2 1 year to less than 2 years
- 3 2 to 5 years
- 4 More than 5 years
- 5 I don't know right now

Q11. **[If Q8=2]** For what reasons have you decided to leave this site? Please select up to five; if more than five reasons led to your decision, please choose the top five.

- 1 Financial considerations such as salary or benefits
- 2 Too geographically isolated
- 3 Long hours - no balance of personal and professional life
- 4 Personal reasons, such as started a family, spouse/family was unhappy or other family considerations
- 5 Joined private practice

- 6 Change of career
- 7 Problems with employer or site
- 8 Didn't like the community or lifestyle
- 9 Cost of living
- 10 Little to no peer-to-peer relationships
- 11 Other, please specify

Q12. **[If Q11=7]** Please describe the problem you were having with your employer or at the site. (Select all that apply)

- 1 Lack of distance learning opportunities
- 2 Lack of resources to do my job well
- 3 Lack of employer efforts around retention
- 4 Lack of upward mobility
- 5 Lack of administrative/management opportunities
- 6 Lack of telehealth (the use of electronic information and telecommunication technologies)
- 7 Lack of advanced technology
- 8 Other, please specify

Q13. **[If Q8=2]** Have you chosen to continue at a different critical shortage facility or nursing school after fulfilling your service obligation with the NURSE Corps LRP/SP program?

- 1 Yes **(Continue to Q14)**
- 2 No **(Skip to Q16)**

Q14. **[If Q13=1]** Why did you move to a different critical shortage facility or nursing school instead of remaining at the site where you fulfilled your service obligation with the NURSE Corps LRP/SP program? **(Capture open-end response)**

Q15. **[If Q13=1]** Since completion of the service obligation with the NURSE Corps LRP/SP program, how long have you been practicing at your current critical shortage facility or nursing school?

- 1 Less than 1 year
- 2 1 year to less than 2 years
- 3 2 to 5 years
- 4 More than 5 years

Q16. **[If Q13=2]** For what reasons did you not remain practicing at a critical shortage facility or nursing school after fulfilling your service obligation with the NURSE Corps LRP/SP program? Please select up to five; if more than five reasons led to your decision, please choose the top five.

- 1 Financial considerations such as salary or benefits

- 2 Too geographically isolated
- 3 Long hours - no balance of personal and professional life
- 4 Personal reasons, such as started a family, spouse/family was unhappy or other family considerations
- 5 Joined private practice
- 6 Change of career
- 7 Problems with employer or site
- 8 Didn't like the community or lifestyle
- 9 Cost of living
- 10 Little to no peer-to-peer relationships
- 11 Other, please specify

Q17. **[If Q16=7]** Please describe the problem you were having with your employer or at the site. (Select all that apply)

- 1 Lack of distance learning opportunities
- 2 Lack of resources to do my job well
- 3 Lack of employer efforts around retention
- 4 Lack of upward mobility
- 5 Lack of administrative/management opportunities
- 6 Lack of telehealth (the use of electronic information and telecommunication technologies)
- 7 Lack of advanced technology
- 8 Other, please specify

Q18. **[If Q13=2]** What would have made you more likely to continue at a critical shortage facility or nursing school? (Select up to five)

- 1 Better benefits and salary
- 2 Better experience at site
- 3 Site operation/direction more aligned with personal goals
- 4 Opportunities for distance learning
- 5 Better community support
- 6 Opportunities for telehealth (the use of electronic information and telecommunication technologies)
- 7 More work/life balance – better schedule/hours
- 8 More employment opportunities for my spouse
- 9 Family/spouse wanted to stay in community
- 10 Better school district
- 11 Lower cost of living

- 12 Closer to extended family/parents and siblings
- 13 Increased employer efforts around retention
- 14 Greater resources to help me do my job well
- 15 More upward mobility
- 16 More administrative/management opportunities
- 17 More peer relationships
- 18 Other, please specify

Recruitment [Both NCSP and NCLRP, unless otherwise specified]

Q19. How did you learn about the NURSE Corps LRP/SP? (Select all that apply)

- 1 Current NURSE Corps LRP/SP member
- 2 NURSE Corps LRP/SP alumnus
- 3 NURSE Corps LRP/SP Website
- 4 Other websites
- 5 NURSE Corps LRP/SP Literature/Materials
- 6 Social Media (such as Facebook or MySpace)
- 7 Site Administrator or Site Staff
- 8 Exhibit at a professional meeting
- 9 Through online research
- 10 Through faculty at school/training programs
- 11 Through a colleague
- 12 Advertisements (print, newsletters, etc.)
- 13 Other (please specify)

Q20. **[NCLRP only]** Did you know about the NURSE Corps LRP program before you began working at a critical shortage facility?

- 1 Yes
- 2 No

Q21. **[NCLRP only] [If Q20=1]** Did you seek employment at this site because of the NURSE Corps LRP?

- 1 Yes
- 2 No

Application Process [Both NCSP and NCLRP]

Please think about the application process when you applied for a scholarship/loan repayment from the NURSE Corps LRP/SP.

Using a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent"; please rate the application process on the following statements. If a question does not apply to you, please select: "N/A."

- Q22. Clarity and ease of understanding the online application
- Q23. Clarity and ease of understanding the program guidance documents
- Q24. Ease of getting the information required to fill out the application
- Q25. Amount of time it took to complete the application
- Q26. Ease of submitting the application and supporting documents electronically
- Q27. Responsiveness of support
- Q28. Sufficiency of support
- Q29. Timeliness of award notification
- Q30. Ease of understanding the terms and conditions of acceptance

NURSE Corps LRP/SP Portal [Both NCSP and NCLRP]

Q31. Have you visited the NURSE Corps LRP/SP online portal during the past year?

- 1 Yes
- 2 No **(skip to Q38)**

Q32. Did you use the online portal to seek assistance for an inquiry or concern?

- 1 Yes
- 2 No

Please think about your experiences while visiting the NURSE Corps LRP/SP online portal. Using a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent", please rate...

- Q33. Ease of navigation
- Q34. Overall online portal design
- Q35. Ability to find the information needed
- Q36. **[If Q32=1]** Ease of communicating through the online portal
- Q37. **[If Q32=1]** Timeliness of response to your inquiry or concern

Customer Service [Both NCSP and NCLRP]

Q38. Have you contacted NURSE Corps LRP/SP during the past 12 months?

- 1 Yes
- 2 No **(skip to Q50)**

Q39. How did you most recently contact NURSE Corps LRP/SP? (Select one)

- 1 Program Analyst
- 2 Call Center via phone
- 3 Via email (for example, gethelp@hrsa.gov)
- 4 Through the online portal
- 5 Other, please specify

Q40. What was the reason for your most recent contact with the NURSE Corps LRP/SP program?
(Select one)

- 1 Financial question
- 2 Question about service
- 3 Policy related issues
- 4 Question about placement
- 5 Request for site change
- 6 Request for technical assistance (for example, access to the online portal)
- 7 Other (please specify)

Q41. Approximately how long did it take for the NURSE Corps LRP/SP to first respond to, or acknowledge, your initial contact?

- 1 Within 24 hours
- 2 Within 1 to 2 days
- 3 Within 3 to 4 days
- 4 Within 5 to 7 days
- 5 Within 1 month
- 6 Within a few months
- 7 They never responded to my initial contact

Q42. Ideally, how long should the NURSE Corps LRP/SP take to first respond to, or acknowledge, your initial contact?

- 1 No more than 24 hours
- 2 No more than 1 to 2 days
- 3 No more than 3 to 4 days
- 4 No more than 5 to 7 days
- 5 No more than 1 month

Q43. [If Q41=1-6] Was the NURSE Corps LRP/SP representative able to resolve your issue?

- 1 Yes
- 2 No

Please think about your experiences with NURSE Corps LRP/SP customer service during the past year. Using a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent", please rate the following...

Q44. Ease of reaching a NURSE Corps LRP/SP representative

Q45. Courteousness of the NURSE Corps LRP/SP representative

Q46. Knowledge of the NURSE Corps LRP/SP representative

Q47. Timeliness of the representative's response to your inquiry or concern

Q48. Relevance of the information provided by the NURSE Corps LRP/SP representative

Q49. Level of service provided by the NURSE Corps LRP/SP representative

Information/Communication [Both NCSP and NCLRP]

Q50. Which of the following types of NURSE Corps LRP/SP communications were most helpful in keeping you informed in the last 12 months? (Select all that apply)

- 1 Participant online portal
- 2 Email updates
- 3 Webinars (such as the Application or Orientation webinars)
- 4 NURSE CORPS LRP/SP website updates
- 5 Other, please specify

Please think about communications received from the NURSE Corps LRP/SP program in the last 12 months. Using a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent", please rate...

Q51. The timeliness of the communications

Q52. The relevance of the information provided

Q53. Received enough detail to meet your needs

Q54. Your understanding of the information

Q55. The frequency of receiving information

Q56. Ideally, how would you like to receive future communications from the NURSE Corps LRP/SP program? (Select all that apply)

- 1 Electronic Newsletters
- 2 Participant online portal
- 3 Email
- 4 Postal mail
- 5 Website
- 6 Text Message (SMS)
- 7 Group Conference Calls
- 8 Webinars
- 9 Facebook or other Social Media
- 10 Other, please specify

Q57. How often would you like to receive communications from the NURSE Corps LRP/SP?

- 1 More than once per month
- 2 Monthly
- 3 Quarterly

4 Twice per year

5 Yearly

Site Experience [Both NCSP and NCLRP] [If Q1=3,4]

Q58. Using a scale from 1 to 10, where 1 means “Poor” and 10 means “Excellent”, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps LRP/SP.

Q59. Please explain the reason for the rating you provided of your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps LRP/SP. **(Capture open-ended response)**

Q60. Using a scale from 1 to 10, where 1 means “Poor” and 10 means “Excellent”, please rate how prepared you felt for dealing with the patient population at your site while you fulfilled/are fulfilling your service obligation with the NURSE Corps LRP/SP.

Q61. What types of support did/do you need as you fulfilled/are fulfilling your service obligation with NURSE Corps LRP/SP? (Select all that apply)

- 1 Peer to Peer communication
- 2 Conferences
- 3 Network opportunities
- 4 Continuing education
- 5 Other, please specify

ACSI Benchmark Questions [Both NCSP and NCLRP]

Q62. Please consider all of the experiences you have had with the NURSE Corps LRP/SP program. Using a 10-point scale on which 1 means “Very Dissatisfied” and 10 means “Very Satisfied”, how satisfied are you with the NURSE Corps LRP/SP program?

Q63. Using a 10-point scale on which 1 means “Falls Short of Your Expectations” and 10 means “Exceeds Your Expectations”, to what extent has the NURSE Corps LRP/SP program fallen short of or exceeded your expectations?

Q64. Imagine an ideal scholarship and loan repayment program. How well do you think the NURSE Corps LRP/SP compares with that ideal program? Please use a 10-point scale on which 1 means “Not Very Close to Ideal”, and 10 means “Very Close to Ideal”.

Outcome Measures/Retention [Both NCSP and NCLRP]

Q65. On a scale from 1 to 10 where 1 means “Not at All Likely” and 10 means “Very Likely”, how likely are you to continue to provide health services in a critical shortage facility after your service obligation is completed?

Q66. On a scale from 1 to 10 where 1 means “Completely Disagree” and 10 means “Completely Agree”, to what extent do you agree that the NURSE Corps Loan Repayment Program/NURSE Corps Scholarship Program is delivering a meaningful experience to its members?

Q67. On a scale from 1 to 10 where 1 means “Not at All Likely” and 10 means “Very Likely”, how likely are you to recommend the NURSE Corps Loan Repayment Program/NURSE Corps Scholarship Program to someone else?

Demographics [Both NCSP and NCLRP]

Q68. What is your gender? (Select one)

- 1 Male
- 2 Female
- 3 Transgender Male
- 4 Transgender Female
- 5 Prefer not to say

Q69. What is your age? (Select one)

- 1 17 or under
- 2 18 to 24
- 3 25 to 34
- 4 35 to 44
- 5 45 to 54
- 6 55 to 64
- 7 65 and older
- 8 Prefer not to say

Q70. What is your race? (Select one)

- 1 White
- 2 Black/African American
- 3 Asian and Pacific Islander
- 4 American Indian/Alaskan Native
- 5 Native Hawaiian
- 6 Unknown
- 7 Other, please specify
- 8 Prefer not to say

Q71. What is your ethnicity? (Select one)

- 1 Hispanic/Latino
- 2 Non-Hispanic
- 3 Prefer not to say

Q72. **[If Q1=3,4]** Are you currently practicing or have you practiced in an underserved area that is within 200 miles of where you grew up?

- 1 Yes
- 2 No

Q73. **[If Q1=3,4]** Are you currently practicing or have you practiced in an underserved area that is within 200 miles of where you completed your clinical training?

- 1 Yes
- 2 No

Q74. **[If Q1=3,4]** From the drop-down box below, please select the state where you practice currently?

Q75. Please use this space for any additional information you would like to provide NURSE Corps LRP/SP regarding ways we can improve the program. **(Capture open-ended response)**

Thank you for your time. The Health Resources and Services Administration's NURSE Corps Loan Repayment Program/NURSE Corps Scholarship Program appreciates your input!