Health Resources and Services Administration Bureau of Clinician Recruitment and Service

#### NURSE Corps LRP and SP

#### Critical Shortage Facilities

#### Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents.

### 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 Corps 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.

### **Introduction**

1. Which one of the following best describes your position?
   1. Administration
   2. Physician
   3. Manager
   4. HR
   5. Other, please specify
2. Which one of the following best describes the type of facility you are located at?
   1. Hospital
      1. Critical Access Hospital
      2. Disproportionate Share Hospital
      3. Nonprofit, Non-Disproportionate Share Hospital
      4. Public Hospital
   2. Ambulatory Care
      1. Ambulatory Surgical Center
      2. Federally Qualified Health Center (FQHC) or Look-Alike
      3. Indian Health Service Health Center
      4. Native Hawaiian Health Center
      5. Rural Health Clinic
   3. Public Health (State or Local Public Health or Human Service Department)
   4. Long Term Care
      1. Home Health Agency
      2. Hospice Program
      3. Nursing Home
      4. Skilled Nursing Facility
   5. Nursing School
      1. Nurse Faculty at a public nursing school
      2. Nurse Faculty at a private nonprofit nursing school
   6. Other, please specify

1. Which of the following best describes your location?
   1. Urbanized Area of 50,000 or more people
   2. Urban Cluster of at least 2,500 and less than 50,000 people
   3. Rural area, frontier (any county with 6 or fewer people per square mile)
   4. Rural area, not frontier (any county with greater than 6 people per square mile)
2. How large is your organization (patients seen per year)?
   1. 1-2,5000 patients
   2. 2,501-5,000 patients
   3. 5,001-7,500 patients
   4. 7,501-10,000 patients
   5. Over 10,000 patients
3. From the drop-down box, please select the state where you are located.

### Retention

1. Which of the following disciplines is the hardest to fill? **(Select one)**
   1. Registered Nurse
   2. Nurse Practitioner
   3. Certified Registered Nurse Anesthetists
   4. Other, please specify
2. You selected **[Insert Q6 selection]** as the hardest discipline to fill. How long does it take to recruit for this discipline?
   1. Less than 3 months
   2. 3 months to less than 6 months
   3. 6 months to less than 1 year
   4. 1 year to less than 2 years
   5. 2 years or more
3. Does your site have a recruitment and/or retention plan?
   1. Has a recruitment plan
   2. Has a retention plan
   3. Has both a recruitment plan and retention plan
   4. Has neither
   5. Don’t know/Not sure
4. How long do you anticipate nurses to remain working at your service site after they have completed their service obligation?
   1. Less than 3 months
   2. 3 months to less than 6 months
   3. 6 months to less than 1 year
   4. 1 year to less than 2 years
   5. 2 years or more
   6. I do not expect them to remain after their obligation is complete
5. In your mind, what factors have the biggest influence on nurses remaining at your site after their 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
6. What one factor has the biggest influence on nurses remaining at your site after their service obligation is complete? **(Select one)**
   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
7. Which, if any, of the following reasons do you feel cause nurses to leave your site once their service obligation is complete? **(Select all that apply)**
   1. Lack of distance learning opportunities
   2. Lack of resources to do their 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
   9. None of the above
8. How are you working to retain NURSE Corps nurses? **(Select all that apply)**
   1. Offering salary above the local average for similar positions
   2. Offering additional fringe benefits
   3. Providing a flexible work environment
   4. Paying for continuing education
   5. Providing malpractice coverage
   6. Providing a pension plan
   7. Including program nurses in key practice decisions
   8. Offering program nurses leadership roles at the site
   9. Including program nurses in development of the site policies and procedures
   10. Other, please specify
9. What are the challenges in retaining NURSE Corps nurses at sites past the completion of their service obligation? Please rank responses from 1 being most challenging to 7 being least challenging.
   1. Flexibility of work schedule
   2. Work/life balance
   3. Pension
   4. Benefits
   5. Provision of adequate support staff and facilities
   6. Ability to practice using special skills or areas of expertise/interest
   7. Other, please specify
10. In order to help retain NURSE Corps nurses at sites past the completion of their service obligation, what types of support do you need from NURSE Corps that you are not currently receiving? **(Capture verbatim response)**

Using a scale from 1 to 10, where 1 is “Poor” and 10 is “Excellent”: please rate the following statements. If a question does not apply to you, please select: “N/A.” **[Randomize]**

1. Rate at which program nurses remain at your site after completion of their service obligation
2. Adequacy of resources available to help retain program nurses after completion of their service obligation

### Recruitment

1. Did you know about the NURSE Corps LRP/SP before a program nurse began working at your facility?
   1. Yes
   2. No
2. How did you learn about the NURSE Corps LRP and/or NURSE Corps SP? **(Select all that apply)**
   1. Current NURSE Corps LRP/SP participant
   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 Twitter)
   7. Site Administrator or Site Staff
   8. Exhibit at a professional meeting
   9. Through online research
   10. Through a colleague
   11. Advertisements (print, newsletters, etc)
   12. Other, please specify

### Registration Process

Please think about the registration process you went through when a NURSE Corps LRP/SP nurse started employment at your facility

1. For any of the NURSE Corps program nurses at your site, have you had to complete a six month employment verification request?
   1. Yes
   2. No

Using a scale from 1 to 10, where 1 is “Poor” and 10 is “Excellent”; please rate the registration process on the following statements. If a question does not apply to you, please select: “N/A.” **[Randomize]**

1. Ease of filling out employment verification
2. Ease of getting the information required for employment verification
3. Amount of time it took to complete employment verification
4. Ease of submitting employment verification documents
5. Amount of effort it takes to keep up with employment verification request **(Skip if Q24=b)**

### Customer Service

1. Have you contacted NURSE Corps LRP/SP during the past 12 months?
   1. Yes
   2. No (Skip to 38)
2. How did you most recently contact NURSE Corps LRP/SP?
   1. Through a program analyst
   2. Call Center
   3. Email
   4. Through online portal
   5. Other, please specify
3. What was the reason for your most recent contact with the NURSE Corps LRP/SP program?
   1. Question about employment verification
   2. Issue with program member
   3. Other, please specify
4. 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. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 7 days
   5. Greater than 1 week, less than 1 month
   6. Greater than 1 month
   7. Never responded to my initial contact
5. 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
6. [If Q29=a-f] Was the NURSE Corps LRP/SP representative able to resolve your issues?
   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. If a question does not apply to you, please select: “N/A.” [Randomize]

1. Ease of reaching a NURSE Corps LRP/SP representative
2. Courteousness of the NURSE Corps LRP/SP representative
3. Knowledge of the NURSE Corps LRP/SP representative
4. Timeliness of the representative’s response to your inquiry or concern
5. Relevance of the information provided by the NURSE Corps LRP/SP representative
6. Level of service provided by the NURSE Corps LRP/SP representative

### Information/Communication

1. 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. Email updates
   2. Webinars
   3. NURSE Corps LRP/SP website updates
   4. 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 the following. If a question does not apply to you, please select: “N/A.” [Randomize]

1. The timeliness of the communications
2. The relevance of the information provided
3. Received enough detail to meet your needs
4. Your understanding of the information
5. The frequency of receiving information
6. 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. Social Media (such as Facebook or Twitter)
   10. Other, please specify
7. How often would you like to receive communications from the NURSE Corps LRP/SP?
   1. Weekly
   2. Monthly
   3. Quarterly
   4. Twice per year
   5. Yearly
8. What types of information would you like to be included in the NURSE Corps LRP/SP communications? **[Capture verbatim response]**

### Program Nurses

1. Please select the type of nurses you have at your site that are part of the NURSE Corps LRP/SP? [Select all that apply]
   1. Registered Nurse
   2. Nurse Practitioner
   3. Certified Registered Nurse Anesthetists
   4. Other, please specify

Using a scale from 1 to 10, where 1 means “Poor” and 10 means “Excellent” and comparing NURSE Corps program nurses to non-program nurses, please rate the NURSE Corps program nurses at your site on the following: If a question does not apply to you, please select: “N/A.” [Randomize]

1. Dependability of NURSE Corps program nurses
2. Attendance and tardiness
3. Preparedness to do required job tasks
4. Willingness to learn new skills and technology
5. Eagerness to take on new responsibilities
6. In what ways, if any, do NURSE Corps program nurses fall short compared to non-program nurses? (Capture open-ended response)

### **ACSI Benchmark Questions**

1. 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?
2. 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 programfallen short of or exceeded your expectations?
3. 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

1. 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 hire NURSE Corps LRP/SP nurses?
2. 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?
3. 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 NURSE Corps Loan Repayment Program/NURSE Corps Scholarship Program nurses to someone else?
4. 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 verbatim 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!*