



# Observer Retention Survey

United State Department of Commerce  
National Oceanic and Atmospheric Administration  
National Marine Fisheries Service  
National Observer Program  
1315 East-West Hwy, Silver Spring, MD 20910



*This survey is designed to investigate factors that contribute to observer retention. The collection of information in turn will improve regional observer programs. The survey is voluntary, but by completing it, you will help us understand how national and regional observer policies and practices affect your experience and provide you with an opportunity to affect the programs in areas where you work. Please respond to this survey if you are a current or former observer in a U.S. fishery.*

*Your responses will be anonymous. We estimate it will take approximately 20 minutes to respond to the survey. Please take the survey once. Thank you for your cooperation.*

Please indicate if you have observed in a U.S. fishery?  Yes (Start the survey)  No (End the survey)

### 1. What is your gender?

Male  Female

### 2. What is your age (years)?

Less than 20  20 – 29  30 – 39  40 – 49  50 – 59  60 or More

### 3. What level of education did you have when you became an observer?

High school or less  Associate’s degree  Bachelor’s degree   
 Master’s degree  Doctorate or higher

### 4. What is the highest level of education you have completed?

High school or less  Associate’s degree  Bachelor’s degree   
 Master’s degree  Doctorate or higher

5. When did you first become an observer? Year \_\_\_\_\_

6. Please specify the month, if 2015 or later \_\_\_\_\_

7. When did you stop being an observer?  Currently active or Year \_\_\_\_\_

8. Please specify the month, if 2015 or later \_\_\_\_\_

### 9. How many sea days have you observed in total?

Less than 10  10 – 30  31 – 90  91 – 270  271 – 900  More than 900

### 10. Please indicate each period of continuous work, where observing was your primary form of employment? (Please limit your responses to the 5 most recent periods)

Region	Program Type	Start/Leave	Region	Program Type	Start/Leave
<b>North Pacific</b>	Groundfish and halibut (full coverage)		<b>Northeast</b>	NEFOP observer	
	Groundfish and halibut (partial coverage)			At-sea monitor	
	Not listed above			Both NMFS and ASM	
<b>West Coast</b>	Groundfish non-catch share			Industry funded scallop	
	Groundfish catch share			Not listed above	

	California gillnet fisheries		<b>Southeast</b>	Pelagic longline	
	California longline fishery			Shark bottom longline	
	Not listed above			Gillnets	
<b>Pacific Islands</b>	Hawaii pelagic longline			Reef fish	
	Samoa longline fisheries			Shrimp trawl	
	Not listed above			Not listed above	

11. How long did you intend to work as an observer when you first decided to become an observer?

- A few months                                       One year                                       Two years  
 Between two and five years                       More than five years                       Not decided at that time

12. Why did you want to become an observer? (Choose all that apply)

- Contact with the ocean                       Seasonal work schedule                       Fill an education/employment gap  
 Protect environment                       Good pay                                       Travel opportunity                       Field work  
 Adventure                                       Advancement in my field                       Other: \_\_\_\_\_

***For question 13 to 20, please respond based on your most recent experience as an observer***

13. What type of contract did you have with your employer during your most recent observer experience?

- Trip based                                       Less than 3 months                                       3 to 6 months                                       7 to 11 months                                        
 Yearly or longer                                       No contract                                       Other: \_\_\_\_\_

14. How many sea-days do/did you work during a typical month?

- 1 – 5                       6 – 10                       11 – 15                       16 – 20                       21 – 25                       More than 25

15. Please indicate your level of satisfaction concerning the number of sea days you worked.

- Too many days                       More than expected                       About right                       Less than expected                       Too few days

16. How often are/were trips cancelled?

- Never                       less than 5%                       6% – 20%                       21% – 50%                       51% – 80%                       More than 80%

17. How far in advance are/were you usually notified before being deployed on a trip?

- Less than 6 hours                       6 – 12 hours                       12 – 24 hours                       24 – 48 hours                       48 – 72 hours                       72 hours or longer

18. How satisfied are you with each of the following aspects of the observer program?

	Type	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
(1)	Tools and technical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Debriefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Outreach and conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Resolving observer-reported incidents (e.g., harassment, safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Dealing with staff from NMFS/ Observer Program office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How satisfied are you with each of the following aspects of your employer/provider company?

	Type	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
(1)	Wage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Advance notice of upcoming trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Advance notice of trip cancellation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Types of contracts available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Emergency response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Technical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8)	General support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9)	Ease of switching employer/provider company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10)	Resolving observer-reported incidents (e.g., harassment, safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How satisfied are you with each of the following aspects of captain/crew that you have worked with?

	Type	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
(1)	Setting up deployment details (e.g., phone call, text, email, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Cooperation with data collection activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Verbal interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Physical interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Condition of accommodations (e.g., sleeping area, bathroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***For question 21 to 32, please respond based on your entire experience as an observer***

21. Have you experienced harassment during your deployment?

Yes (If yes, continue to Q22)  No (If no, continue to Q27)

22. Did you report the incident(s) of harassment?

Yes (If yes, continue to Q23 - 25)  No (If no, continue to Q26)

23. Who did you directly report the incident to? (Please mark all that apply)

Employer  NMFS Observer Program  NMFS OLE  Coast Guard  Other

24. Were you kept informed until there was a resolution to your report?

Yes  No

25. How satisfied are you with the handling of your report?

Very dissatisfied  Dissatisfied  Neutral  Satisfied  Very satisfied

26. Why didn't you report the incident? (Please mark all that apply)

Worried about retaliation or damage to my professional reputation  Resolved situation at sea myself  
 Just wanted to put the experience behind me and not relive it  Didn't think NMFS would do anything about it  
 Upon return, the situation didn't seem as bad as I had originally thought  Other: \_\_\_\_\_

27. What is your current job?

Fishing industry  Observer  Observer provider company  NMFS (observer program)  
 NMFS (other than observer program)  NOAA NOS  Other NOAA office  DOI  DOE

- USGS                       BOEM                       State agency                       Other U.S. Government                       NGOs  
 International agency     University/College     Others: \_\_\_\_\_

28. How interested are you in continuing to work in a marine related field, after having worked as an observer?

- Less                               Same                               More                               Not sure

29. Do you think being an observer is helpful for advancing a career in marine related field?

- Very useless                       Useless                       Neutral                       Helpful                       Very helpful

30. Do you think fishery community value the contribution of observers?

- Strongly unvalued                       Unvalued                       Neutral                       Valued                       Strongly valued

31. What is your attitude towards the use of technology for data collection? (e.g., use of tablets, laptops, electronic scales)

- Very unsupportive                       Unsupportive                       Neutral                       Supportive                       Very supportive

32. What is your attitude towards the use of electronic monitoring? (e.g., the use of camera, computer vision)

- Very unsupportive                       Unsupportive                       Neutral                       Supportive                       Very supportive

**International / Regional Questions (North Pacific, Northeast, West coast)**

33. Were you ever deployed in a foreign fishery?

- Yes (If yes, continue to Q34 –36)     No (If no, continue to Q37)

34. What organization(s) have you worked with? (Please mark all that apply)

- IATTC – Inter-American Tropical Tuna Commission                       IOTC – Indian Ocean Tuna Commission  
 ICCAT – International Commission for the Conservation of Atlantic Tunas                       SPTT – South Pacific Tuna Treaty  
 NPFC – North Pacific Fisheries Commission                       FFA – Pacific Islands Forum Fisheries Agency  
 WCPFC – Western and Central Pacific Fisheries Commission                       IPHC – International Pacific Halibut Commission  
 CCAMLR – Convention for Conservation of Antarctic Marine Living Resources                       Other: \_\_\_\_\_

35. What kind of vessel(s) did you work with? (Please mark all that apply)

- Commercial fishing vessel                       Transshipment vessel                       Other: \_\_\_\_\_

36. For each of the following categories as it relates to your experience in an international fishery, please indicate whether you prefer working in a foreign or U.S. fishery.

<i>Preference</i>	<i>Foreign fishery</i>	<i>U.S. fishery</i>	<i>No preference</i>	<i>Not applicable</i>
Interaction with Captain/Crew				
Safety (emergency response, vessel equipment etc.)				
Communication				
Length of trip				
Working conditions				
Pay				
Travel to deployment				
Availability of deployment				
Health concerns (bedbug, accommodation etc.)				

37. What are the major reasons you didn't observe in a foreign fishery? (Check all that apply)

- Deployment unavailable                       Safety                       Worries about language and communication  
 Low pay                       Length of trip                       Far away from home                       Others: \_\_\_\_\_

38. Were you an observer in the North Pacific region after 1999?

- Yes (If yes, continue to Q39-41)     No (If no, continue to Q42)

39. How satisfied are you with each type of deployments you participate in?



		<i>dissatisfied</i>				<i>satisfied</i>	<i>applicable</i>
(1)	Catch-share Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Non catch-share Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. If you have any comments, suggestions or statements for the National Observer Program, please write them in the following space. All information in this survey should be anonymous.

51. Are you interested in sharing or giving additional comments to your observing experience with National Observer Program by a follow-up interview?

Yes (If yes, continue to Q52 in a separate link to provide contact information)     No (If no, end of the survey)

\*52. Please leave your name and email or phone number in the following space. Your contact information will be not linked with your response to the survey. You may be contacted by National Observer Program by the method you provided.

---

We greatly appreciate your efforts and contributions to the management and conservation of marine resources. Safe travels.

Thank you!

*Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments or any other suggestions for this burden to Dr. Yuntao Wang and Jane DiCosimo, NOAA NMFS, 1315 East-West Hwy., Silver Spring, MD 20910.*

*This is a voluntary survey, and responses are anonymous as required by section 402(b) of the Magnuson Stevens Act and NOAA Administrative Order 216-100, Confidentiality of Fisheries Statistics, and will not be released for public use except without identification as to its source. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.*