Nurse Corps Evaluation: Participant and Alumni Survey

Introduction/Consent

Thank you for participating in our Survey of Nurse Corps Participants and Alumni! **We value your input.** Westat is conducting this survey under contract with the Health Resources and Services Administration (HRSA) Bureau of Health Workforce (BHW). Your responses will help us to improve the program for future generations of nurses. **To show our appreciation for taking time to complete our survey, we are offering you $5 redeemable at Amazon.com for your responses.** At the end of the survey you will receive a code that can be used to add our small gift to your Amazon.com account.

Your responses will be kept confidential. For all of the data we collect for analysis, we will use unique survey identifiers, not respondents' names. Any published reports will summarize the results in the aggregate and will not include individual responses. At the end of the evaluation, all of the data that are collected will be provided to HRSA.

Public Burden Statement: This survey is intended to gather information from Registered Nurses, Advanced Practice Nurses, and Nurse Faculty participating in the Nurse Corps program from 2017 to 2023. The information gathered will contribute to the Bureau of Health Workforce (BHW)'s comprehensive evaluation of the Nurse Corps program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-xxxx and it is valid until xx/xx/20xx. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

Please use the "Previous" and "Continue" buttons to navigate through the questions in the survey. You must use the "Continue" button on the screen after you have responded to a question in order for your answer to be saved. **Please do not use your browser buttons**.

To exit the survey at any time, simply close your internet browser window. Any data you have entered before closing will be saved. Reopening the survey later will allow you to return to the same location and finish the survey.

[IF PARTICIPANT WORKED AT 2+ SITES] You may have worked at more than one Nurse Corps site at the same time, or you may have transferred between Nurse Corps sites. If you worked at two Nurse Corps sites at the same time, please provide responses about your experiences at the site where you spent **most** of your time. If you divided your time equally across sites, please provide responses based on your collective experiences across sites. If you transferred sites, please provide responses about your experience at your **most recent** Nurse Corps site.

[IF ALUMNI] You may no longer be participating in the Nurse Corps program; in this case, please provide responses about your experiences while you were in the program.

Again, we greatly appreciate your time and participation. Let's get started!

Let's start with some questions about your participation in the Nurse Corps program and your employment decisions or plans after completing the program. By participation in the program, we mean that you received or are receiving funding from the Nurse Corps program.

1. Are you currently participating in the Nurse Corps Loan Repayment Program or Scholarship Program?

☐ Yes
☐ No

2. [ASK IF Q1=NO] Did you previously participate in the Nurse Corps Loan Repayment Program or Scholarship Program?

☐ Yes
☐ No→ [TERMINATE AND DISPLAY: That was the last question. We are only surveying people who are currently participating or previously participated in the Nurse Corps Loan Repayment Program or Scholarship Program. Thank you for your time. Please click on the "Submit" button to submit your responses. Once submitted, your answers cannot be changed.]

3. Our records indicate that you [IF STATUS=CURRENT, FILL "participate"; IF STATUS=ALUMNI, FILL "participated"] in [IF PROGRAM=LRP, FILL "the Loan Repayment Program"; IF PROGRAM=SP, FILL "the Scholarship Program"; IF PROGRAM=BOTH, FILL "both the Loan Repayment Program and Scholarship Program"]. Is that correct?

☐ Yes → Go to Box 1
☐ No → Go to Question #4

4. In which Nurse Corps program(s) [IF STATUS=ALUMNI, FILL "did"; STATUS=CURRENT, FILL "do"] you participate?

☐ Nurse Corps Loan Repayment Program → Go to Box 1
☐ Nurse Corps Scholarship Program → Go to Box 1
☐ Both Nurse Corps Programs → Go to Box 1

Box 1

[IF (PROGRAM=BOTH AND Q3=YES) OR Q4=BOTH, DISPLAY]: Please think about your most recent experience in the Nurse Corps program when answering the rest of this survey.

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5. [ASK IF STATUS=ALUMNI] Did you complete your service obligation for the Nurse Corps program?

☐ Yes
☐ No

6. [ASK IF Q5=NO] Please tell us the reason(s) why you did not complete your service obligation for the Nurse Corps program. Please select **all** that apply.

☐ Moved away from the Nurse Corps site(s)
☐ Was not satisfied with the program
☐ Was not satisfied with the Nurse Corps site(s)
☐ No longer needed loan repayment or scholarship assistance
☐ Unable to continue working in nursing (e.g., due to family demands)
☐ Could not complete my nursing program
☐ Other (please specify): _____

7. [ASK IF STATUS=ALUMNI; EXCLUDE IF PROGRAM=SP AND DID NOT COMPLETE NURSING SCHOOL] Did you apply for a continuation to extend your service from two to three years?

☐ Yes
☐ No

8. [ASK IF Q7=NO] Please tell us the reason(s) why you did not apply for a continuation to extend your service. Please select **all** that apply.

☐ Moved away from the Nurse Corps site(s)
☐ Was not satisfied with the program
☐ Was not satisfied with the Nurse Corps site(s)
☐ No longer needed loan repayment or scholarship assistance
☐ Unable to continue working in nursing (e.g., due to family demands)
☐ Other (please specify): _____

9. In what time periods [IF STATUS=ALUMNI, FILL "did"; IF STATUS=CURRENT, FILL "have"] you [IF STATUS=ALUMNI, FILL "participate"; IF STATUS=CURRENT, FILL "participated"] in the Nurse Corps program? If you participated for some but not all of a time period, please select the time period. Please select **all** that apply.

☐ 2017-2019
☐ 2020-2021
☐ 2022-2023

10. [ASK IF PROGRAM=LRP CLINICAL OR LRP FACULTY; EXCLUDE IF PROGRAM=SP AND DID NOT COMPLETE NURSING SCHOOL] Would you have remained working [IF PROGRAM=LRP CLINICAL, FILL "in a rural or medically underserved community [HOVER OVER WEB TEXT: A Medically Underserved Community (MUC) is a geographic location or population of people eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic. As an umbrella term, MUC also includes populations such as people experiencing homelessness, migrant or seasonal workers, and residents of public housing.]"; IF PROGRAM=LRP FACULTY, FILL "at a school of nursing"] if you had not been accepted into the Nurse Corps Loan Repayment Program?

☐ Yes, definitely
☐ Yes, probably
☐ No
☐ Don't know

11. [ASK IF PROGRAM=SP AND CURRENTLY IN SERVICE OBLIGATION; EXCLUDE IF PROGRAM=SP AND DID NOT COMPLETE NURSING SCHOOL] Did your acceptance into the Nurse Corps Scholarship Program affect your ability to graduate from nursing school?

☐ Yes, I may not have graduated if not for the Nurse Corps scholarship program.
☐ No, I probably would have graduated either way.
☐ Don't know

12. [ASK IF PROGRAM=SP AND NOT CURRENTLY IN SCHOOL; EXCLUDE IF PROGRAM=SP AND DID NOT COMPLETE NURSING SCHOOL] Would you have worked in an underserved area after graduating if you had not been accepted into the Nurse Corps Scholarship Program?

☐ Yes, definitely
☐ Yes, probably
☐ No
☐ Don't know

13. [ASK IF PROGRAM=LRP FACULTY, STATUS=CURRENT] Do you plan to work at a school of nursing after you have fulfilled your Nurse Corps service obligation?

☐ Yes, definitely
☐ Yes, probably
☐ No
☐ Don't know

14. [ASK IF PROGRAM=LRP FACULTY, STATUS=CURRENT] How long do you plan to work at a school of nursing after you have fulfilled your Nurse Corps service obligation?

☐ Less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more
☐ Don't know

15. [ASK IF STATUS=CURRENT AND CURRENTLY IN SERVICE OBLIGATION] Do you plan to provide direct patient care at your current Nurse Corps site(s) after you have fulfilled your Nurse Corps service obligation?

☐ Yes, definitely
☐ Yes, probably
☐ No
☐ Don't know

16. [ASK IF Q15=NO OR DON'T KNOW] Do you plan to provide direct patient care in another rural or medically underserved community after you have fulfilled your Nurse Corps service obligation?

☐ Yes, definitely
☐ Yes, probably
☐ No
☐ Don't know

17. [ASK IF Q15 or Q16=YES] How long do you plan to provide direct patient care [IF Q15=YES DEFINITELY OR PROBABLY, FILL "at your Nurse Corps site(s)"; IF Q16=YES, DEFINITELY OR PROBABLY FILL "in a rural or medically underserved community"] after you have fulfilled your Nurse Corps service obligation?

☐ Less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more
☐ Don't know

18. [ASK IF STATUS=ALUMNI] Are you currently working in the nursing profession?

☐ Yes, full-time
☐ Yes, part-time
☐ No, working in another profession
☐ No, not currently working

19. [ASK IF Q18=NO] What are the primary reasons you are not working in a nursing position? Please select **all** that apply.

☐ Burnout
☐ Career change
☐ Difficulty finding a nursing position
☐ Disability/illness
☐ Family caregiving
☐ Inability to practice nursing on a professional level
☐ Inability to practice to the full extent of my license
☐ Inadequate staffing
☐ Lack of advancement opportunities
☐ Lack of collaboration/communication between health care professionals
☐ Lack of good management or leadership
☐ Liability concerns
☐ Physical demands of job
☐ Retirement
☐ Salaries too low/better pay elsewhere
☐ Scheduling/inconvenient hours
☐ Too many hours
☐ Too few hours
☐ School/educational program
☐ Skills are out-of-date
☐ Stressful work environment
☐ Could not complete nursing school

20. [ASK IF STATUS=ALUMNI and Q18=Yes, FT or PT] Are you still working at any of your Nurse Corps sites?

☐ Yes
☐ No

21. [ASK IF PROGRAM=SP OR LRP CLINICAL and Q18=Yes, FT or PT AND Q20=NO] Are you currently working in a rural or medically underserved community?
☐ Yes, a rural community
☐ Yes, a non-rural medically underserved community
☐ No

22. [ASK IF STATUS=ALUMNI AND PROGRAM=LRP FACULTY and Q18=Yes, FT or PT] Are you currently working in a school of nursing?

☐ Yes
☐ No

23. [ASK IF Q20=Yes OR Q21=Yes OR Q22=Yes] How long do you plan to continue working in a [IF PROGRAM=LRP CLINICAL OR SP, FILL "rural or medically underserved community"; IF TYPE=LRP FACULTY, FILL "school of nursing"]?

☐ Less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more
☐ Don't know

24. [ASK IF STATUS=ALUMNI and Q18=YES, FT or PT] Do you currently provide direct patient care in any of your nursing roles? By "direct patient care," we mean any patient interaction occurring in person, virtually, or a combination of in person and virtually.

☐ Yes
☐ No

25. [ASK IF Q24= YES] Are you currently a travel nurse?

☐ Yes
☐ No

26. [ASK IF STATUS=ALUMNI AND (Q20=YES OR Q21=YES OR Q22=YES); EXCLUDE IF PROGRAM=SP AND DID NOT COMPLETE NURSING SCHOOL] Since completing your Nurse Corps service obligation, for how long [IF Q20=YES OR Q21=YES OR Q22=YES, FILL "have you worked"; IF Q21 OR Q22=NO, FILL "did you work"; IF Q20 AND Q22 BOTH SKIPPED, FILL "have you worked/did you work"] in a [IF PROGRAM=LRP CLINICAL, FILL "rural or medically underserved community"; IF PROGRAM=LRP FACULTY, FILL "school of nursing"]?

☐ Less than 6 months
☐ At least 6 months, but less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more
☐ Don't know

27. [ASK IF STATUS=ALUMNI AND Q18=YES, FT OR PT] Which factors, if any, contributed to your decision to [IF Q20=YES OR Q21=YES OR Q22=YES, FILL "work"; IF (Q20=NO AND Q21=NO) OR Q22=NO, fill "stop working"] at a Nurse Corps site or [IF PROGRAM=LRP CLINICAL, FILL "in another rural or medically underserved community"; IF PROGRAM=LRP FACULTY, FILL "at a school of nursing"] after you fulfilled your Nurse Corps program service obligation? Please select **all** that apply.

☐ Work hours/schedule
☐ Salary/benefits
☐ Work-life balance/quality of life
☐ Site leadership
☐ Available resources
☐ Community factors (e.g., housing, transportation, recreation)
☐ Distance from family and friends
☐ Length of commute
☐ Change in career plans
☐ Desire to [IFQ21=YES OR Q21=YES OR Q22=YES, FILL "continue working"; IF (Q20=NO AND Q21=NO) OR Q22=NO, fill "stop working" with a medically underserved population
☐ Other (please specify): _____

28. [ASK IF Q20 OR Q22=NO and Q18=Yes, FT or PT] In what type of setting do you work? If you work in more than one setting, select the setting in which you spend most of your time.
☐ Academic Institution
☐ Critical Access Hospital
☐ Other Hospital
☐ Area Health Education Center
☐ Federally Qualified Health Center (FQHC) or "Look-Alike" [HOVER OVER WEB TEXT: A "Look-Alike" Facility meets program requirements but does not receive federal funding]
☐ Other Community Health Center
☐ Rural Health Clinic
☐ Tribal Health Site
☐ Primary Care Clinic (i.e., Physician-Owned or System-Owned Clinic)
☐ Specialty Care Clinic (i.e., Physician-Owned or System-Owned Clinic)
☐ Behavioral Health Clinic
☐ Other (please specify): _____

29. [ASK IF STATUS=ALUMNI and Q18=Yes, FT or PT] Please enter the ZIP code for your current employment setting. Provide the employment setting location even if you mostly work from home. If you **always** work remotely, please enter the ZIP code for the location from where you work remotely.

ZIP Code: _____
☐ Don't know

29a. [IFQ29= Don't know] Please enter the **city** and **state** for your current employment setting. Provide the employment setting location even if you mostly work from home. If you **always** work remotely, please enter the city and state for the location from where you work remotely.

City: _____

State:_____ *[DROP DOWN OF STATES]*

30. Please indicate your agreement with the following statement: I would recommend nursing as a profession to others.

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

The next questions are about your experiences working at your Nurse Corps site(s). If you [STATUS=CURRENTLY COMPLETING SERVICE OBLIGATION, FILL "work"; IF STATUS=ALUMNI, FILL "worked"] at more than one site, please provide responses about your experiences at the site where you [STATUS=CURRENTLY COMPLETING SERVICE OBLIGATION, FILL "spend"; IF STATUS=ALUMNI, FILL "spent"] most of your time. <u>Do not</u> include your experiences at secondary jobs not connected to your Nurse Corps funding. If you [STATUS=CURRENTLY COMPLETING SERVICE OBLIGATION, FILL "divide"; IF STATUS=ALUMNI, FILL "divided"] your time equally across sites, please provide responses based on your collective experiences across sites.

[ASK SECTION IF STATUS=ALUMNI OR CURRENTLY COMPLETING SERVICE OBLIGATION; EXCLUDE IF PROGRAM=SP AND DID NOT COMPLETE SCHOOL]

31. [STATUS=CURRENTLY COMPLETING SERVICE OBLIGATION, FILL "Do"; IF STATUS=ALUMNI, FILL "Did"] you provide direct patient care as part of your Nurse Corps service obligation?

☐ Yes
☐ No

32. [IF Q31=YES] What types of services [IF STATUS=CURRENT, FILL "do"; IF STATUS=ALUMNI, FILL "did"] **you** provide at your Nurse Corps site(s)? Please select **all** that apply.

☐ Acute Care
☐ Primary Care
☐ Behavioral Health or Substance Use Disorder Treatment
☐ Women's Health or Family Planning
☐ Emergency Medicine
☐ Specialty Care (e.g., Cardiology, Gastroenterology)
☐ COVID-19 Testing or Treatment
☐ Other (please specify): _____

33. [IF Q31=YES] What types of services [IF STATUS=CURRENT, FILL "are"; IF STATUS=ALUMNI, FILL "were"] provided at your Nurse Corps site(s) by all providers? Please select **all** that apply.

☐ Acute Care
☐ Primary Care
☐ Behavioral Health or Substance Use Disorder Treatment
☐ Women's Health or Family Planning
☐ Emergency Medicine
☐ Specialty Care (e.g., Cardiology, Gastroenterology)
☐ COVID-19 Testing or Treatment
☐ Other (please specify): _____

34. [IF Q31=YES] What [IF STATUS=CURRENT, FILL "is"; IF STATUS=ALUMNI, FILL "was"] your role, or which best describes the role(s) in which you [IF STATUS=CURRENT, FILL "work"; IF STATUS=ALUMNI, FILL "worked"]? Please select **all** that apply.

☐ Staff Nurse (including inpatient RNs, clinic/office, procedure/testing, OR, ER, flight nurse, IV nurse, transport, per diem, float)
☐ Charge Nurse (including combined charge/staff nurse, team leader, care coordinator, clinical coordinator, triage nurse)
☐ Advanced Practice Nurse in clinical practice (Nurse Practitioner, Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife)
☐ Coordinator of Clinical Program (such as coordinator for cardiac rehab, diabetic care, OR, ED, oncology services, transplant or trauma program)
☐ Nurse Manager (including Assistant Nurse Manager, Supervisor, Administrator)
☐ Case Manager
☐ Nursing Staff Education/Development; Research Role (such as clinical trial coordinator, data analyst)
☐ Other Clinical Role (with at least 50% direct care responsibilities, such as admit/ discharge, patient educator, pre-op/post-op teaching, nurse clinician, clinical consultant, lactation consultant)
☐ Other Non-Clinical Role (with <50% direct care responsibilities, such as quality/ performance improvement, outcomes management Joint Commission Coordinator, utilization review, informatics)
☐ Nurse Faculty at a school of nursing

35. [IF Q34= MORE THAN ONE RESPONSE] Which best describes your <u>primary</u> role, or the role in which you [IF STATUS= CURRENT, FILL "work"; IF STATUS=ALUMNI, FILL "worked"] the most hours?

[POPULATE WITH RESPONSES FROM Q34]
☐ I split time equally between these roles.

36. [IF Q31=YES] A patient panel is a group of patients that is assigned to you or your team for <u>ongoing</u> healthcare management. [IF STATUS=CURRENT, FILL "Do"; IF STATUS=ALUMNI, FILL "Did"] you have a patient panel at your Nurse Corps site(s)?

☐ Yes, my own panel
☐ Yes, a shared panel with other clinicians
☐ No

37. [IF Q36=YES, MY OWN OR SHARED] A patient panel is a group of patients that is assigned to you or your team for <u>ongoing</u> healthcare management. What was the average number of patients in your panel <u>at your Nurse Corps site(s)</u> during the following time periods? Your best guess is acceptable. Please provide a response for each time period. [POPULATE ROWS WITH TIME PERIODS IF COMPLETING SERVICE OBLIGATION DURING THE TIME PERIOD.]

Calendar Years	Type in the average number of patients in your panel at your Nurse Corps site(s)	Don't Know
2017-2019	_____	☐
2020-2021	_____	☐
2022-2023	_____	☐

38. [IF Q31=YES] How many different patients did **you** serve at your Nurse Corps site(s) <u>during a typical week</u>? Your best guess is acceptable. Please provide a response for each time period. [POPULATE ROWS WITH TIME PERIODS IF COMPLETING SERVICE OBLIGATION DURING THE TIME PERIOD.]

Calendar Years	Type in the number of patients you served during a typical week	Don't Know
2017-2019	_____	☐
2020-2021	_____	☐
2022-2023	_____	☐

39. [IF Q38 INCLUDES A NON-ZERO RESPONSE FOR 2020-2021 TIME PERIOD] What was the average number of patients for whom you provided COVID-19 testing or treatment <u>in a typical week</u> at your Nurse Corps site(s) <u>at the peak of the pandemic</u>?

_____ patients per week

40. [IF Q31=YES] Please tell us about your use of telehealth during the following time periods. [POPULATE ROWS IF SERVICE OBLIGATION OCCURRED IN THE TIME PERIOD.]

Calendar Year	Did you use telehealth technology, including audio/video or audio-only technology?		About what percentage of your patient visits were through telehealth technology? Your best guess is acceptable.
2017-2019	☐ Yes	☐ No	_____%
2020-2021	☐ Yes	☐ No	_____%
2022-2023	☐ Yes	☐ No	_____%

41. [IF Q31=YES and APRN=Yes] How many patient encounters (e.g., visits) did **you** have at your Nurse Corps site(s) <u>during a typical week</u>? Your best guess is acceptable. Please provide a response for each time period. [POPULATE ROWS WITH TIME PERIODS IF COMPLETING SERVICE OBLIGATION DURING THE TIME PERIOD.]

Calendar Years	Type in the number of patient encounters during a typical week	Don't Know
2017-2019	_____	☐
2020-2021	_____	☐
2022-2023	_____	☐

42. [IF Q41 INCLUDES A NON-ZERO RESPONSE FOR 2020-2021 TIME PERIOD] What was the average number of patient encounters (e.g., visits) for which you provided COVID-19 testing or treatment <u>in a typical week</u> at your Nurse Corps site(s) <u>at the peak of the pandemic</u>?

_____ encounters per week

43. Overall, how satisfied [IF STATUS=CURRENT, FILL "are"; IF STATUS=ALUMNI, FILL "were"] you with your Nurse Corps site(s)?

☐ Very satisfied
☐ Satisfied
☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

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44. Please indicate your agreement with the following statement: I would recommend my Nurse Corps site(s) as a place to work.

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

45. What aspects of your Nurse Corps site environment [IF STATUS=CURRENT, FILL "are"; IF STATUS=ALUMNI, FILL "were"] most satisfying? Please select **all** that apply.

☐ Peer support (e.g., belonging, team approach, helpful and friendly staff)
☐ [IF PROGRAM=LRP FACULTY, FILL "Student interaction (e.g., making a difference, positive feedback, student satisfaction)"; OTHERWISE FILL "Patients and families (e.g., making a difference, positive feedback, patient satisfaction, patient interaction)"];
☐ Ongoing learning (e.g., preceptors, unit role models, mentorship)
☐ Interprofessional collaboration (e.g., working with other health care providers and across specialties)
☐ Scientific advancement (e.g., experiments, discoveries, publications, creating knowledge)
☐ New initiatives to advance diversity, equity, and inclusion (e.g., trainings, committees, events)
☐ Professional nursing role (e.g., challenge, benefits, fast pace, critical thinking, empowerment)
☐ Positive work environment (e.g., good ratios, available resources, great facility, up-to-date technology)

46. What aspects of your Nurse Corps site environment [IF STATUS=CURRENT, FILL "are"; IF STATUS=ALUMNI, FILL "were"] challenges? Please check **all** that apply.

☐ The site administration lacks clarity of roles and responsibilities
☐ There are rigid or inefficient management practices
☐ There are not enough personnel at the site to meet patient loads
☐ The site administration struggles with scheduling time for clinical training
☐ There is a lack of services to meet clients' full range of needs
☐ There is a lack of training opportunities in desired areas
☐ The site does not support work-life balances for nurses
☐ There is insufficient time to treat each patient
☐ Wages and benefits are insufficient for the work required
☐ There are limited opportunities to provide interprofessional, integrated care
☐ There are limited opportunities to provide team-based care
☐ There is a lack of workforce diversity (e.g., race, age)
☐ The site does not treat nurses equitably; there is discrimination by race, sex, or age
☐ The site's location (e.g., distance, lack of transportation options, safety)
☐ There is a lack of mentorship and/or supervision

47. [Ask IF Q46 HAS MORE THAN ONE ITEM SELECTED] Which aspect of your Nurse Corps site environment has been the **most challenging**?
[AUTOPOPULATE WITH SELECTIONS FROM Q46]
[ ] Don't know

48. [IF IN SERVICE OBLIGATION PRIOR TO 2020] Thinking about your experience at your Nurse Corps site(s) **prior to the pandemic**, please select the answer below that best describes your level of burnout while working at your Nurse Corps site(s) during that time. Use your own definition of "burnout."

☐ I had no symptoms of burnout.
☐ I was under stress, and didn't always have as much energy as I used to, but I didn't feel burned out.
☐ I was beginning to burn out and had one or more symptoms of burnout, e.g., emotional exhaustion.
☐ The symptoms of burnout that I was experiencing wouldn't go away. I thought about work frustrations a lot.
☐ I felt completely burned out.

49. [IF IN SERVICE OBLIGATION IN 2020 AND 2021] Thinking about your experience at your Nurse Corps site(s) **during the pandemic (in 2020 and 2021)**, please select the answer below that best describes your level of burnout while working at your Nurse Corps site(s) during that time. Use your own definition of "burnout."
☐ I had no symptoms of burnout.

☐ I was under stress, and didn't always have as much energy as I used to, but I didn't feel burned out.
☐ I was beginning to burn out and had one or more symptoms of burnout, e.g., emotional exhaustion.
☐ The symptoms of burnout that I was experiencing wouldn't go away. I thought about work frustrations a lot.
☐ I felt completely burned out.

50. [IF IN SERVICE OBLIGATION IN 2022 OR LATER] Thinking about your experience at your Nurse Corps site(s) **in 2022 and 2023**, please select the answer below that best describes your level of burnout while working at your Nurse Corps site(s) during that time. Use your own definition of "burnout."

☐ I have no symptoms of burnout.
☐ I am under stress, and don't always have as much energy as I used to, but I don't feel burned out.
☐ I am beginning to burn out and have one or more symptoms of burnout, e.g., emotional exhaustion.
☐ The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
☐ I feel completely burned out.

51. Thinking about your experience while in the Nurse Corps program, please indicate your level of agreement with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐ tend to bounce back quickly after hard times.	☐	☐	☐	☐	☐
I have a hard time making it through stressful events.	☐	☐	☐	☐	☐
It does not take me long to recover from a stressful event.	☐	☐	☐	☐	☐
It is hard for me to snap back when something bad happens.	☐	☐	☐	☐	☐
I usually come through difficult times with little trouble.	☐	☐	☐	☐	☐
I tend to take a long time to get over setbacks in my life.	☐	☐	☐	☐	☐

52. What supports or resources [IF STATUS=CURRENT, FILL "are"; IF STATUS=ALUMNI, FILL "were"] available at your Nurse Corps site(s)? Please select **all** that apply.
☐ Mentors/preceptors
☐ Direct supervision
☐ Peer support
☐ Regular meetings with site leadership (e.g., weekly, monthly, quarterly)
☐ Onboarding/orientation processes
☐ Professional development (e.g., continuing medical education, career guidance, conference support)
☐ Amount of paid time off
☐ Other benefits (e.g., health insurance, life insurance, paid parental leave)
☐ Flexibility in scheduling
☐ Other (please specify): _____
☐ No supports or resources are available [DISALLOW IF ANOTHER OPTION SELECTED]

53. In which areas [IF STATUS=CURRENT, FILL "do"; IF STATUS=ALUMNI, FILL "did"] you receive assistance and/or training from your Nurse Corps site(s)? Please select **all** that apply.

☐ Clinical issues (e.g., safety, quality)
☐ Health care financing (e.g., managed care payment)

☐ Workforce development (e.g., building staff skills)
☐ Site operations (e.g., board member engagement, strategic planning)
☐ [IF PROGRAM=LRP FACULTY, FILL "Classroom and remote educational technology"; OTHERWISE, FILL "Health information technology and data (e.g., use of electronic health records, telehealth)"]
☐ Social determinants of health (e.g., cultural competence, disadvantaged populations)
☐ Peer-to-peer learning
☐ Health literacy among patients
☐ Language access and translation
☐ Pandemic emergency preparedness
☐ Other (please specify): _____
☐ None [DISALLOW IF ANOTHER OPTION SELECTED]

54. In which areas [IF STATUS=CURRENT, FILL "do"; IF STATUS=ALUMNI, FILL "did"] you NEED assistance and/or training that [IF STATUS=CURRENT, FILL "is"; IF STATUS=ALUMNI, FILL "was"] not available at your site(s)? Please select **all** that apply.

☐ Clinical issues (e.g., safety, quality)
☐ Health care financing (e.g., managed care payment)
☐ Workforce development (e.g., building staff skills)
☐ Site operations (e.g., board member engagement, strategic planning)
☐ [IF PROGRAM=LRP FACULTY, FILL "Classroom and remote educational technology"; OTHERWISE, FILL "Health information technology and data (e.g., use of electronic health records, telehealth)"]
☐ Social determinants of health
☐ Peer-to-peer learning
☐ Health literacy among patients
☐ Language access and translation
☐ Pandemic emergency preparedness
☐ Other (please specify): _____
☐ None [DISALLOW IF ANOTHER OPTION SELECTED]

The next set of questions is about your experiences at your Nurse Corps site(s) during the COVID-19 pandemic.

[ASK SECTION IF ANY PART OF SERVICE OBLIGATION OCCURRED DURING 2020-2021]]

55. What health workforce and patient protections were in place at your site(s) during the COVID-19 pandemic? Please select **all** that apply.

☐ Access to telehealth/remote technology
☐ Enhanced sick leave policies for COVID-19 positive staff
☐ Protocols/rules prohibiting patient visitation
☐ Protocols for limited patient visitation
☐ Protocols for screening patients
☐ Vaccination policies and clinics
☐ Staff training on protections against COVID-19
☐ Emergency protocols and policies for COVID-19
☐ Self-assessment tools to assist site(s) in preparing for COVID-19
☐ Other (please specify): _____

56. Which of the following have **you** experienced at your Nurse Corps site(s) as a result of the COVID-19 pandemic? Please select **all** that apply.

☐ Missed work at my Nurse Corps site(s) (e.g., facility closed, layoffs, need for sick leave/quarantine)
☐ Became unemployed
☐ Administered COVID-19 testing or treatment
☐ Provided more acute/urgent care visits, as opposed to well visits
☐ Provided more care via telehealth
☐ Provided fewer patient visits overall (including all visit types)
☐ Provided more patient visits overall (including all visit types)
☐ Staff needed to take on different or additional roles
☐ Worked longer hours/covered more shifts
☐ Faced a lack of personnel or resources (e.g., hospital beds) to meet patient demand
☐ Had limited access to personal protective equipment (PPE)
☐ Was not provided with emergency policies/protocols in sufficient time
☐ Other: please specify _____
☐ Did not experience any changes at my Nurse Corps site(s) during the COVID-19 pandemic [DISALLOW IF ANOTHER OPTION SELECTED]

57. [ASK IF Q56=MISSED WORK] Why did you miss work at your Nurse Corps site(s) as a result of the COVID-19 pandemic? Please select **all** that apply.

☐ Had to self-isolate or self-quarantine

☐ Volunteered to be away from Nurse Corps site(s) to provide care to patients at a temporary/ emergency location
☐ Required to provide care outside of a Nurse Corps health care facility
☐ Travel restrictions or guidance prevented return to the site(s)
☐ Site(s) closed (temporarily or permanently)
☐ Site(s) laid off staff or reduced staff hours
☐ Site(s) switched to emergency operations only due to COVID-19
☐ Needed to care for children or other family members

58. [ASK IF Q56=MISSED WORK] Have you experienced any of the following as a result of missing work at your Nurse Corps site(s)? Please select **all** that apply.

☐ Requested a suspension of loan repayment obligations
☐ Used allotted personal days
☐ Received approval to shift regular clinical service to telehealth/telemedicine
☐ Received approval to increase the maximum number of hours of care I can provide in an approved alternative setting
☐ Was unable to verify service or complete employment verifications due to the absence of the site Point of Contact
☐ I did not experience any of the above [DISALLOW IF ANOTHER OPTION SELECTED]

59. What changes did your Nurse Corps site(s) make within the following specialty areas to better manage the COVID-19 outbreak? For each specialty area, please select **all** of the changes that apply. If no changes were made, please select "No change to services." [PROGRAMMING NOTE: DISABLE OTHER OPTIONS IF "NO CHANGE" IS SELECTED AND DISABLE "NO CHANGE" IF ANY OF THE THREE CHANGES ARE SELECTED]

	Added services	Expanded services	Modified services	No change to services
Primary care				
Behavioral Health or Substance Use Disorder Treatment				
Women's Health or Family Planning				
Specialty Care (e.g., Cardiology, Gastroenterology)				
COVID-19 Testing or Treatment				
Other: please specify _____				

60. How prepared was/were your site(s) for the COVID-19 pandemic?

☐ Very prepared
☐ Somewhat prepared
☐ Somewhat unprepared
☐ Very unprepared

61. How prepared is/are your site(s) for future outbreaks, given the experience with COVID-19?

☐ Very prepared
☐ Somewhat prepared
☐ Somewhat unprepared
☐ Very unprepared

62. How did the COVID-19 pandemic affect your decision to remain in the nursing profession?

☐ Caused me to change jobs but remain in nursing
☐ Caused me to seek employment outside of nursing
☐ Caused me to stop working for pay or retire
☐ Did not change my employment decision
☐ Reinforced my decision to remain in nursing

Let's shift to your experiences when applying to the Nurse Corps program and your satisfaction with the program.

63. Which factors, if any, influenced your decision to apply to the Nurse Corps program? Please select **all** that apply.

☐ Financial assistance (whether or not you were already working at a Nurse Corps site)
☐ Desire to work in a rural or medically underserved community
☐ Prior work or training experience in a rural or medically underserved community
☐ Experience living in a rural or medically underserved community
☐ The COVID-19 pandemic
☐ Positive feedback on the program from others
☐ Other (please specify): _____

64. [ASK IF Q63 HAS MORE THAN ONE RESPONSE SELECTED] Which was the **main** factor that influenced your decision to apply to the Nurse Corps program? [POPULATE WITH RESPONSES SELECTED IN Q63]

65. [ASK IF PROGRAM=LRP CLINICAL OR LRP FACULTY] Did you apply to the Nurse Corps program while you were at your Nurse Corps site(s)?

☐ Yes
☐ No

66. [ASK IF Q65 = YES] What types of support were provided by your site(s) during the process of applying to the Nurse Corps program? Please select **all** that apply.

☐ Assistance with the process of applying to the Nurse Corps program
☐ Assistance with the content of the application form
☐ Assistance with the application interface
☐ Mentoring and education about the program
☐ Other (please specify): _____
☐ I did not receive any support from my Nurse Corps site(s) during the application process

67. [Ask if Q66 NOT EQUAL TO DID NOT RECEIVE SUPPORT] How satisfied were you with the support you received from your site(s) while you were applying to the program?

☐ Very satisfied
☐ Satisfied
☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

68. What types of support would have been helpful but were not available during the application and approval process? Please select **all** that apply.

☐ Assistance with the process of applying to the Nurse Corps program
☐ Assistance with the content of the application form
☐ Assistance with the application interface
☐ Mentoring and education about the program
☐ Other (please specify): _____

69. How satisfied [IF STATUS= ALUMNI, FILL "were"; IF STATUS= CURRENT, FILL "are"] you with the Nurse Corps program overall?

☐ Very satisfied
☐ Satisfied
☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

70. If you could make improvements to the Nurse Corps application process and your experience during the program, which of the following would you suggest? Please select **all** that apply.

☐ Improved use of technology
☐ Improved communications with the program office
☐ Better trained program staff
☐ More responsive program staff
☐ More reasonable timeframes
☐ Simpler processes
☐ Increased clarity of instruction and guidance
☐ Fairer processes for making awards
☐ Other (please specify): _____

71. Please indicate your agreement with the following statement: I would recommend the Nurse Corps program to others.

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

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The last questions focus on the nursing practice preparation that you received, or received so far, in your nursing education program.

72. Please select **all** of the Registered Nursing (RN) degrees you have earned as of today.

☐ Diploma
☐ Associate
☐ Bachelor's
☐ Master's
☐ Doctorate – PhD
☐ Doctorate – DNP
☐ I am still working on my first RN degree:
     ☐ Diploma
     ☐ Associate
     ☐ Bachelor's
     ☐ Direct entry Master's
     ☐ Direct entry Doctorate

73. [Ask if Q72 NE 7 AND PROGRAM TYPE= LRP CLINICAL OR LRP FACULTY] Where did you receive your highest nursing degree? Please type the full name of your school (e.g., University of Wisconsin, not UW or U of Wis). *Please provide the city and state of the regional campus location, if applicable.*

_____ [AUTOFILL OF SCHOOLS]

Other (please specify): _____

City:_____
State:_____ [DROP DOWN OF STATES]

74. What area(s) [IF PROGRAM=SP AND STILL IN SCHOOL, FILL "do"; OTHERWISE FILL "did"] you focus on in the education program for your [IF PROGRAM=SP AND STILL IN SCHOOL, FILL "first"; OTHERWISE FILL "highest"] nursing degree? Please select **all** that apply.

☐ Acute Care
☐ Primary Care
☐ Behavioral Health or Substance Use Disorder Treatment
☐ Women's Health or Family Planning
☐ Emergency Medicine
☐ Specialty Care (e.g., Cardiology, Gastroenterology)
☐ COVID-19 Testing or Treatment
☐ Other (please specify): _____

75. What area [IF PROGRAM=SP AND STILL IN SCHOOL, FILL "is"; OTHERWISE FILL "was"] your **primary focus** during the education program for your [IF PROGRAM=SP AND STILL IN SCHOOL, FILL "first"; OTHERWISE FILL "highest"] nursing degree?

[POPULATE WITH RESPONSES SELECTED IN Q74 **AND** INCLUDE THE RESPONSE OPTION BELOW]

☐ I was cross-trained across multiple specialties

76. How satisfied are you with the preparation for [IF PROGRAM=LRP FACULTY, FILL "teaching and/or research"; OTHERWISE FILL "practice"] you [IF PROGRAM=SP AND CURRENTLY IN SCHOOL, FILL "are receiving"; OTHERWISE FILL "received"] while earning your [IF PROGRAM=SP AND CURRENTLY IN SCHOOL, FILL "first"; OTHERWISE FILL "highest"] nursing degree?

☐ Very satisfied
☐ Satisfied
☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied
☐ Very Dissatisfied

77. Please indicate your level of agreement or disagreement with each of the following statements about the classroom and the clinical instruction that you received in nursing school while pursuing your highest degree.

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	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐ was satisfied with the quality of instruction	☐	☐	☐	☐	☐
Instructors were usually available to answer questions	☐	☐	☐	☐	☐
I was satisfied with the curriculum	☐	☐	☐	☐	☐
My curriculum adequately prepared me to provide medication either individually or as part of a team	☐	☐	☐	☐	☐
My curriculum adequately prepared me for the type of health care position I'm seeking or am in now	☐	☐	☐	☐	☐
My curriculum adequately prepared me for the COVID-19 pandemic	☐	☐	☐	☐	☐
My curriculum adequately prepared me for future public health emergencies	☐	☐	☐	☐	☐
My curriculum adequately prepared me to provide telehealth services	☐	☐	☐	☐	☐
My curriculum adequately prepared me to provide integrated, interprofessional care	☐	☐	☐	☐	☐
My curriculum adequately prepared me with strategies for coping with stressful practice environments	☐	☐	☐	☐	☐

78. Would you be willing to participate in a 45-minute interview about your experiences in the Nurse Corps program? Interviews will be scheduled at a time convenient for you, and you will be paid $75 for your time. (Please note that we may not be able to interview everyone who is willing to speak with us.)
☐ Yes, I am willing to be interviewed.

       If yes, Your name:

Email address:
Phone number:

That was the last question. Please click on the "Submit" button to submit your responses. Once submitted, your answers cannot be changed.

Thank you again for participating in our survey!