Institutional Research Report

Nursing Program Employer Survey Summary
Preliminary Report

April 26, 2004

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Executive Summary

Purpose of this Report

This report will provide an analysis of the results from the Oakland Community College (OCC) Nursing Program Employer Survey, administered in February 2004. The survey examined the facilities and service areas in which OCC Nursing Program graduates are employed, the occupational outlook for future graduates (based on employer projections), and the performance of OCC graduates once employed. This report will include the following six sections:

- A general profile of the facilities, where OCC Nursing Program graduates are employed, including type of facility, area of service, and specialty area;
- A general assessment of the labor market for both registered and licensed practical nurses, at the regional, state, and national levels;
- A general assessment of the market outlook for OCC graduates, both in the Associate Degree in Nursing and Practical Nursing Programs, according to employer hiring projections;
- Employer evaluations of OCC Nursing Program graduates, including a textual analysis of employer suggestions for program improvement;
- And a comparison of employer evaluations of Nursing Program graduates with the ratings graduates offered in the 2001-2002 Graduate Follow-Up Survey.

Methodology

The survey was a combination of multiple-choice and open-ended questions. The responses were gathered from OCC Nursing Program employers via telephone interviews in February 2004. This report is based on those interviews and will focus largely on the text responses offered by respondents.[1]

Key Findings

- A total of 31 facilities responded to the Nursing Program Employer Survey; 53.7% of the sample was comprised of hospitals. Also included among the respondents were long-term care, assisted living, home health care, community health, and private clinic facilities.

- Employer demand for registered nurses will continue to grow over the next five years, with 83.9% of respondents indicating that they expect an increase in available RN positions in the next three to five years.

- Demand for practical nurses will remain largely stagnant during the next three to five years, with over 50% of the sample saying they will hire the same amount of PN graduates.

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[1] A copy of the survey can be found in Appendix A of this report.

- The overwhelming majority (90%) of OCC Nursing Program employers feel that the overall preparation ADN and PN graduates received at the college is somewhat good or very good.

- Respondents rated OCC Nursing Program graduates generally good (over 4.00/5.00) on seven out of the thirteen performance areas included in the survey. The highest rating (4.40/5.00) was in "performing nursing skills/procedures skillfully." The lowest rating (3.63/5.00) was in "utilizing critical thinking for problem solving."

- Of the suggestions for program improvement provided by respondents, most focused on incorporating more clinical exposure for students into the Nursing Program, emphasizing a wide variety of professional skills, and emphasizing critical thinking skills.

- Over 50% of the sample offered accolades for the Nursing Program, its curriculum, its faculty, and its students, stating that OCC has a sound nursing program, with well-prepared graduates and a strong faculty.

Respondent Profiles

Respondents were asked to identify their facilities by type, by service area, and by specialty area. The titles of the individual(s) answering the questions were also recorded for analysis.

Table 1.1

Type of Facility (N= 41)*		
Type of Facility	"N"	Percent
Hospital (Acute Care)	22	53.7%
Long-term or Extended Care	9	21.9%
Other	4	9.8%
Community Health or Public Health Agency	2	4.9%
Assisted Living	2	4.9%
Private Office or Clinic	1	2.4%
Home Health Care	1	2.4%

*Respondents were allowed to choose more than one response.

A total of 31 institutions responded to the Nursing Program Employer Survey; the majority (53.7%) of the sample was comprised of hospitals. The remaining categories, listed in the table above, had significantly fewer numbers. Within the "other" category, facilities identified themselves as a "woman's hospital," a "partial hospital, with no outpatient or emergency services," a psychiatric facility," and a "sub-acute rehabilitation facility."

Table 1.2

Position Title (N= 45)*		
Title	"N"	Percent
Human Resources	15	33.3%
Administrative or Chief Nursing Executive	14	31.1%
Nurse Educator/Education	14	31.1%
Nurse Manager/Management	2	4.5%

*More than one individual may have replied to a survey sent to
each facility. Also, one individual may have served in more than
one capacity.

Approximately 45% of the surveyed facilities had two or more individuals respond to the survey. These individuals included administrators, human resources personnel, and nursing educators in equal shares, while nurse managers comprised only 4.5% of respondents.

Table 1.3

Type of Service Area (N=103)*		
Service Area	"N"	Percent
Adult Services	24	23.3%
Geriatric Services	20	19.4%
Pediatric Services	17	16.5%
Education/Administration	15	14.6%
Family Health Services	14	13.6%
Other[2]	13	12.6%

*Respondents were allowed to choose more than one response.

The facilities and individual respondents were active in a number of health care areas, with nearly a quarter focused on adult services (23.3%), 19.4% in geriatric services, and 16.5% in pediatric services. These facilities and individuals are also active in education/administration, family health services, and a number of areas listed in the other category, including psychiatric services, emergency services, and rehabilitation.

While a general service area profile can be obtained from these numbers, overall, they are not conclusive. Respondents did not answer this question consistently; some answered the question in reference to the facility, while others answered the question in reference to their personal service area. As a result, these numbers are meant to be informative and are not included in the subsequent analysis.

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[2] A comprehensive listing of the remarks included in the "other" category can be found in Appendix F, at the end of this report.

Table 1.4

Specialty Areas (N= 78)*		
Specialty	"N"	Percent
Other[3]	22	28.2%
Medical-Surgical	18	23.1%
Critical Care/Emergency	14	17.9%
Perioperative	13	16.7%
Mental Health	11	14.1%

*Respondents were allowed to choose more than one response.

The specialty areas indicated by respondents were diverse in scope and included all facets of health care. While 23.1% of respondents indicated their specialty area was medical-surgical, nearly 29% indicated "other." "Other" included geriatrics, hospice care, rehabilitation, and obstetrics and gynecology.

As was the case with the service areas results, there are specific limitations to the numbers cited here. Some respondents, in indicating specialty areas on the survey, responded for their facilities at large, while others indicated their personal areas of specialty. As a result, these numbers are, again, meant to be informative and are not included in the subsequent analysis.

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[3] A comprehensive listing of the remarks included in the "other" category can be found in Appendix F, at the end of this report.

Nursing Occupational Outlook: National, Statewide, and Regional Levels

National

Registered nurses held about 2.3 million jobs, nationwide, in 2002, making registered nursing the largest healthcare occupation overall. Approximately, three out of every five registered nurses work in hospitals, while others work in a variety of healthcare settings, including long-term care facilities, physicians' offices, and employment services. Although job opportunities for registered nurses will grow 21% to 25% in the next eight years, positions in hospitals will grow at a slower rate than those found in rapidly expanding markets, like freestanding ambulatory and surgical care centers, nursing care facilities, specialized long-term rehabilitation, and home healthcare. However, overall, more jobs are expected to be created for registered nurses over the next eight years than for any other occupation in the United States.[4]

Nationally, licensed practical nurses held approximately 702,000 positions in 2002, 28% of which were in hospitals, 26% in nursing care facilities, and 12% in physicians' offices. Employment growth for licensed practical nurses is expected to be between 10% and 20% during the next eight years, largely in response to the health care needs of an aging population. While opportunities for licensed practical nurses in hospitals are expected to decline over this time, employment in nursing care facilities is expected to increase 21% to 35% and employment in home healthcare services is expected to grow 36% or more during the same period.[5]

Michigan

In 2000, 76,850 registered nurses were employed in Michigan; by 2010 that number is expected to grow to 88,280, a 14.9% increase. In 2000, 18,730 licensed practical nurses were employed in Michigan; by 2010, that number is expected to grow 6.2% to 19,890. Registered nursing is classified by the state as a critical occupation (11th most critical), with an estimated 1910 job openings available every year.[6]

Detroit Region[7]

In 2000, 35,880 registered nurses were employed in the Detroit region; by 2010, that number is expected to increase 14.6% to 41,100. In 2000, 6,630 licensed practical nurses were employed in the Detroit region; by 2010, that number is expected to grow to 7,090, a 7.0% increase. In the region, registered nurses are the 11th most critical occupation, with an expected annual growth of 857 positions.[8]

[4] Bureau of Labor Statistics, Occupational Outlook Handbook, http://stats.bls.gov/oco/ocos083.htm
[5] Bureau of Labor Statistics, Occupational Outlook Handbook, http://stats.bls.gov/oco/ocos1023.htm
[6] Michigan Office of Labor Market Information, www.michlmi.org/LMI/occ_proj/occ_02.htm
[7] The Detroit region is defined here as the Detroit Metropolitan Statistical Area (Detroit MSA): Defined by the federal government as Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne counties. An MSA is a large population nucleus, together with adjacent communities which have a high degree of economic and social integration with that nucleus. These are defined by the Office of Management and Budget as a standard for Federal agencies in the preparation and publication of statistics relating to metropolitan areas. (Source: Bureau of Labor Statistics)
[8] Michigan Office of Labor Market Information, www.michlmi.org/LMI/occ_proj/occ_02.htm

Outlook for OCC Nursing Program Graduates

<u>Employment</u>

Figure 1
Which OCC Nursing Program Graduates
Do Employers Hire?
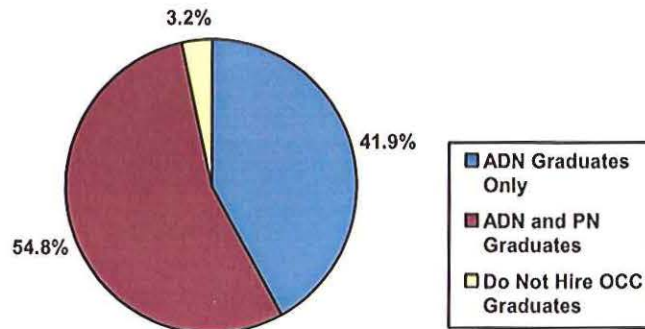
The majority of surveyed facilities (54.8%) hire both Associate Degree in Nursing (ADN) and Practical Nursing (PN) graduates, while 41.9% hire ADN graduates only. None of the facilities hire PN graduates only.[9]

Of those respondents who indicated the number of OCC Nursing Program graduates they had hired, 68% hired five or fewer OCC graduates in the last twelve months, while nearly 23% hired ten or more OCC graduates. All of the facilities hiring more than ten OCC graduates were hospitals.

Comparing these hiring estimates with the hiring of OCC graduates in the last five years, 32% of respondents indicated an increase in the number of OCC graduates hired at their facilities, while 44% stated that the numbers had stayed the same. Finally, 24% of respondents indicated the number had decreased. The increases were attributed by some respondents to more positions being available, more active recruitment practices by the facility, the strong reputation of OCC's Nursing Program, and hiring incentives, such as loan forgiveness and additional pre-hire training. According to some facilities, the decreases in hiring were because of an unfavorable location or lack of open positions.[10]

As a result, the vast majority (82%) of respondents indicated that OCC graduates make up less than 20% of their overall nursing workforce. Three facilities indicated that OCC graduates make up over 25% of their nursing workforce, with the highest proportion being one-half.

The majority of respondents (83.9%) stated that the short-term (present to five years) outlook for registered nursing positions at their facilities is favorable, with an expected increase in available positions. Of the hospitals surveyed, over 85% stated they expect

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[9] The full-text of offered explanations regarding hiring practices can be found in Appendix F, at the end of this report.
[10] The full-text of these explanations can be found in Appendix F, at the end of this report.

an increase in opportunities for registered nurses. Only one facility indicated a decrease in available positions.

For practical nurses, the market seems more stagnant, with over 50% of respondents indicating that the number of available positions will stay the same, and 25% indicating a decrease in positions at their facilities. Almost a third of surveyed hospitals (31.8%) expect a future decrease in practical nurse positions.

Wages and Advancement

Respondents indicated that entry-level registered nurses earn between $18.00 per hour and $25.00 per hour, with an average of $21.00 per hour. Entry-level practical nurses earn between $12.00 per hour and $20.00 per hour, with an average of $16.00 per hour.

Employers listed a broad range of advancement opportunities for nurses at their facilities. Management, education, and specialty positions were the most common. While several positions did not require any advanced education, such as a bachelor's or master's degree, in each of the top seven, several employers indicated that the broadest range of advancement opportunities are open only to those with more advanced education. Advanced practice nursing is the one category where every position required at least a bachelor's degree.[11]

Table 2

| Advancement Opportunities (N=90)*		
Advancement Classification	"N"	Percent
Management Position	28	31.0%
Education/Nurse Educator	15	16.7%
Specialization in a Specific Area	11	12.2%
Advanced Practice Nursing	9	10.0%
Miscellaneous	8	8.9%
Administrative Position	7	7.8%
Documentation/Analysis	6	6.7%
Professional Development Opportunities Offered	6	6.7%

*Respondents offered multiple responses.

[11] A complete listing of advancement opportunities can be found in Appendix D, at the end of this report.

Quality of Preparation of OCC Graduates

Nearly one-third of respondents indicated that OCC Associate Degree in Nursing (ADN) and Practical Nursing (PN) graduates were better prepared than graduates from other programs. The remaining respondents said that the Nursing Program prepares ADN and PN graduates equally well as other programs, with only one respondent indicating that ADN graduates were not as well-prepared.

Figure 2
Employer Rating of Nursing Program Overall
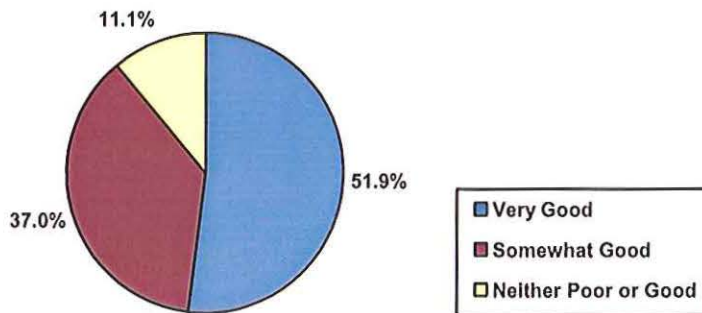
Nearly 90% of employers stated that, overall, the educational preparation received by OCC graduates, as it relates to the requirements of their facilities, is somewhat good or very good.

In addition to the overall ratings, respondents were asked to rate OCC Nursing Program graduates in 13 performance areas. The areas were rated on a five-point scale, with one being very poor and five being very good. An average of four and above is considered good overall. The results are contained below in Table 3.

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Table 3

	Employer Ratings of OCC Nursing Program Graduates in Key Performance Areas		
	Statement	Mean	"N"
A	Utilizing the nursing process as a basis for decision-making	4.20	20
B	Establishing the priorities for the delivery of care related to the client needs and available resources	4.05	20
C	Planning and implementing individualized nursing care in accordance with scientific principles	3.95	19
D	Performing nursing skills/procedures skillfully	4.40	20
E	Documenting and communicating data to assist in the provision of nursing care	3.95	19
F	Utilizing critical thinking for problem-solving	3.63	19
G	Communicating effectively with health team members and individuals with cultural diversity	4.11	19
H	Respecting individuals' rights, beliefs, and values	4.26	19
I	Developing and implementing a teaching plan with individuals and families	3.74	19
J	Collaborating and working effectively with team members in providing care	3.95	19
K	Recognizing the need and value for educational learning	4.21	19
L	Managing the nursing care of a group of patients	4.06	18
M	Incorporating the standards of professional nursing practice in providing care	4.05	19

Five-Point Scale: 1=very poor, 2=somewhat poor, 3=not poor or good,
4=somewhat good, and 5=very good

Overall, OCC Nursing program graduates earned generally good performance ratings. The four highest rated performance areas were: performing nursing skills/procedures skillfully (4.40/5.00), respecting individuals' rights, beliefs and values (4.26/5.00), recognizing the need and value for educational learning (4.21/5.00), and utilizing the nursing process as a basis for decision-making (4.20/5.00).

Five areas earned average ratings below 4.00: planning and implementing individualized nursing care in accordance with scientific principles (3.95/5.00), documenting and communicating data to assist in the provision of nursing care (3.95/5.00), collaborating and working effectively with team members in providing care (3.95/5.00), developing and implementing a teaching plan with individuals and families (3.74/5.00), and utilizing critical thinking for problem-solving (3.63/5.00).

Figure 3
Job Skill Ratings Comparison
Employer Satisfaction and Graduate Preparation
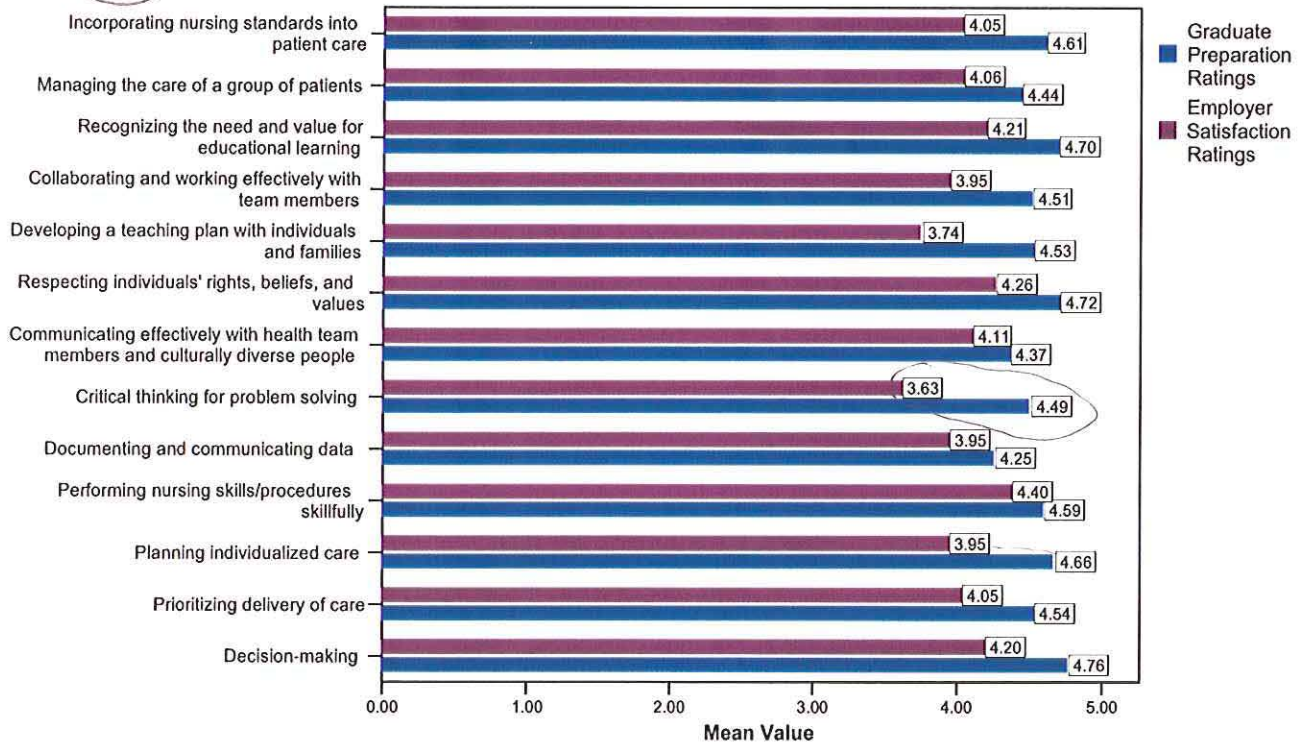
In comparing this report's findings with the results of the Graduate Follow-Up Survey – Nursing Supplemental Survey in January 2004 (Figure 3)[12], some contrast, between the skills graduates felt the most prepared to execute and the areas in which employers felt OCC graduates were the most capable, is apparent. While graduates felt the most prepared in their decision-making abilities (4.76/5.00), employers rated nursing graduates highest on their nursing skills (4.40/5.00). Graduates felt the least prepared in

[12] The Graduate Follow-Up Survey – Nursing Supplemental Survey is given to Nursing Program graduates no less than 10 months after their graduation. As a result, not all individuals answering the survey may have had less than 10 months of working experience. For further information, please contact the OCC, Office of Institutional Research.

the area of documenting and communicating data (4.25/5.00); employers agreed, but with a lower rating of 3.95/5.00.

Employers and graduates were in disagreement in three performance areas: critical thinking, planning individualized care, and developing a teaching plan for individuals and families. In the area of critical thinking, graduates felt that their preparation rated 4.49/5.00. Employers stated that their performance in that area was 3.63/5.00, a .86 difference. Similarly, a .79 difference between the two groups existed for the teaching plan area, with employers rating graduates at 3.74/5.00, and graduates rating their preparation at 4.53/5.00. Finally, in planning individualized care, employers rated the graduates' performance at 3.95/5.00, while graduates stated their preparation was a 4.66/5.00. Overall, employers rated graduates' performance lower in all thirteen categories than graduates rated their preparation to perform the same skills.

Employer Suggestions for Nursing Program Improvement

Finally, the survey asked respondents to offer suggestions for improving the preparation of OCC Nursing graduates. Those suggestions, included in their entirety at the end of this report, have been categorized for analysis into eight areas. Those areas are listed below, along with some general sub-categories or specific examples for additional explanation.[13] Respondents often indicated more than one area, and the number and percentage of respondents indicating each area can be found in parentheses at the end of the individual statements. In total, sixty-five comments were offered.[14]

- The Nursing Program should incorporate more clinical exposure for students, particularly in specialty areas. *(20%, N=13)*

    - Generally, more clinical work
    - Medical-surgical
    - Parenteral and venipuncture skills
    - Pediatric intensive care unit
    - Operating room
    - Geriatrics
    - Clinical priority settings
    - Internships in acute care settings at the end of the Nursing Program
    - More exposure to caring for a greater number of patients at the same time

- The Nursing Program should emphasize a variety of professional skills. *(18.5%, N=12)*

    - Medication passing
    - Organizational skills
    - Documentation skills

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[13] The full-text of these comments can be found in Appendix B, at the end of this report.
[14] There were a total "n" of 65 comments under this section.

- Planning patient care
- Balancing a work load
- Assessment
- Detail orientation
- Time management
- How to complete a quality improvement project

- The Nursing Program should emphasize critical thinking skills. *(15.4%, N=10)*
  Example: "The biggest concern is critical thinking - seeing the different parts and putting them all together." "(Students) need to (critically) understand how tasks relate to patient outcomes."

- The Nursing Program should emphasize management, leadership, and delegation skills. *(13.8%, N=9)*
  Example: "(Students need) more skill development in the delegation process of managing other team members."

- The Nursing Program should emphasize key personal skills for greater success in the work environment. *(12.3%, N=8)*

  - Stronger work ethic
  - Professionalism
  - Greater ability to work collaboratively with other health team members
  - Introduction to hospital culture as a student
  - Greater emphasis on cultural diversity

- The Nursing Program should emphasize communication skills, particularly when dealing with patients and their families and with other health team members. *(9.2%, N=6)*
  Example: "I'd like to see more of a focus on ... professional abilities in communicating with patients, their families, and other members of the health care team."

- The Nursing Program should emphasize an understanding of professional, state, and national nursing standards and regulations. *(6.2%, N=4)*
  - Nursing Standards
  - Awareness of the Joint Commission on Accreditation of Healthcare Organizations standards for accreditation
  - Stronger emphasis on the legal ramifications surrounding medication distribution
  - Knowledge of the regulations regarding medical care, specifically for nurses, in the state in which graduates are employed

- The Nursing Program should emphasize the application of education and professional standards to patient care. *(4.6%, N=3)*
  - Practical application of education to patient assessment and care
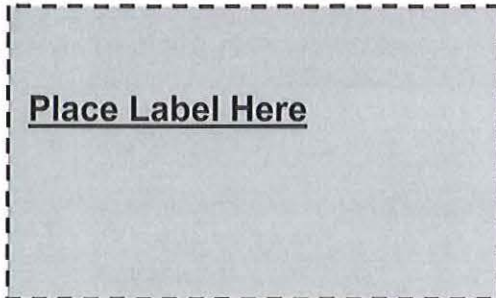 - Practical application of Nursing Standards to patient care

Additional Comments

In the final comments section, which will be included in their entirety at the end of this report, over 50% of respondents stated OCC has a sound nursing program, with well-prepared graduates, and a strong faculty.[15] Other comments included the following:

- Many facilities encourage further education, specifically BSN completion.

- One respondent stated that students should use the training staff in clinical rotations as a learning resource, regardless of where they will go on to work after graduation.

- One facility encourages the implementation of a criminal background check prior to enrollment into the nursing program.

- One facility suggests giving second year students as much time in clinical training dealing with patient care as possible, and in particular, giving students more patients to care for at a time to better prepare them for the workforce.

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[15] The full-text of these comments can be found in Appendix C, at the end of this report.

Appendix A: Nursing Program Employer Survey

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+-----------------------------+
|                             |     Interviewer Name: _____
|                             |
|   Place Label Here          |
|                             |     Date: _____
|                             |
|                             |
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A.   *If calling a hospital:* Hello, my name is _____, and I'm calling from Oakland Community College. Can you please transfer me to the Human Resources Office?

Once transferred to Human Resources Office: Hello, my name is _____, and I'm calling from the Oakland Community College. May I please speak to the recruiter for Nursing graduates?

B.   *If calling a clinic or physician office:* Hello, my name is _____, and I'm calling from Oakland Community College. May I please speak to the Office Manager?

We're conducting a survey to assess the labor market and other related issues for Nursing graduates. Do you have a few minutes to answer some questions regarding nursing and your facility's use of these professionals? For your information, this call may be monitored for training purposes.

1. Position or title of person completing survey:

    a. Administrator or Chief Nursing Executive

    b. Nurse Manager or Assistant Nurse Manager

    c. Nurse Educator

    d. Shift Supervisor

    e. Other (*Specify*) _____

2. What type of agency or clinical setting is your facility?

    a. Hospital (Acute Care)

    b. Long-term or Extended Care Facility

    c. Community Health or Public Health Agency

    d. Home Health Care

    e. Assisted Living

    f. Private Office or Clinic

    g. Other (*Specify*) _____

3. In what type of service area do you work?

    a. Adult Services

    b. Pediatric Services

    c. Geriatric Services

    d. Family Health Services

    e. Education/Administration

    h. Other (*Specify*) _____

4. What is your area of specialization?

    a. Medical-Surgical

    b. Critical Care/Emergency

    c. Perioperative

    d. Mental Health

    e. Other (*Specify*) _____

    f. Not applicable (*Survey respondent is an executive level manager*)

5. Please estimate the number of new **OCC** graduates hired during the past 12 months: ----------
   _____

6. How has this number changed from your previous hiring pattern in the last five years?

    a.   Stayed the same **(Go to Q7)**

    b.   Increased   **(Go to Q6a)**

    c.   Decreased   **(Go to Q6b)**

6a.   *If the number of OCC graduates hired has **INCREASED***, what are the main reasons?

_____

_____

6b.   *If the number of OCC graduates hired has **DECREASED***, what are the main reasons?

_____

_____

7. Which **OCC** Nursing program graduates does your facility hire as new graduates?

    a.   Associate degree in Nursing graduates only

    b.   Practical Nurse graduates only

    c.   Both (a) and (b)

    d.   Do not hire OCC Nursing graduates (Please *Explain*) _____

_____

_____

8. Approximately what percentage of nurses at your facility are OCC graduates: _____

9. What is the present and short-term (next three to five year's) outlook for *registered* nursing positions at your facility?

    a.   Stay the same

    b.   Increase

    c.   Decrease

10. What is the present and short-term (next three to five year's) outlook for *licensed practical* nursing positions at your facility?

    a.   Stay the same

    b.   Increase

    c.   Decrease

11. Do Nurses have opportunities for advancement at your facility?

    1   Yes
    0   No

    11a. *If yes,* what types of jobs are available for advancement

_____

_____

_____

12. How would you rate the level of preparation of *OCC Nursing graduates* with an *Associate Degree* compared with graduates of other Nursing programs?

    a.   OCC graduates are better prepared than graduates from other programs

    b.   OCC graduates compare equally to graduates from other programs

    c.   OCC graduates are not as well prepared as graduates from other programs

    d.   I have no basis for comparison

13. How would you rate the level of preparation of *OCC Practical Nursing graduates* compared with graduates of other Nursing programs?

    a.   OCC graduates are better prepared than graduates from other programs

    b.   OCC graduates compare equally to graduates from other programs

    c.   OCC graduates are not as well prepared as graduates from other programs

    d.   I have no basis for comparison

14. What is your overall rating of the educational preparation received by OCC Nursing graduates (Associate Degree or Practical Nursing graduates) as it relates to the requirements of their positions at your facility?

    a.   Very Poor

    b.   Somewhat Poor

    c.   Neither Poor or Good

    d.   Somewhat Good

    e.   Very Good

15.   What is the average *Hourly* Pay Rate for entry-level *RN* positions at your facility?

$_____Per Hour

16.   What is the average *Hourly* Pay Rate for entry-level *Practical Nurse* positions at your facility?

$_____Per Hour

17. Now, I am going to read you a list of statements, and for each statement, please let me know which rating best reflects your opinion about the OCC Nursing Graduates you employ.

<mark>*(Interviewer: Please read statements A* **through** *M)***</mark>

		Very Poor	Some-what Poor	Not Poor or Good	Some-what Good	Very Good	Not Applic-able
A	Utilizing the nursing process as a basis for decision-making	1	2	3	4	5	6
B	Establishing the priorities for the delivery of care related to the client needs and available resources	1	2	3	4	5	6
C	Planning and implementing individualized nursing care in accordance with scientific principles	1	2	3	4	5	6
D	Performing nursing skills/procedures skillfully	1	2	3	4	5	6
E	Documenting and communicating data to assist in the provision of nursing care	1	2	3	4	5	6
F	Utilizing critical thinking for problem-solving	1	2	3	4	5	6
G	Communicating effectively with health team members and individuals with cultural diversity	1	2	3	4	5	6
H	Respecting individuals' rights, beliefs, and values	1	2	3	4	5	6
I	Developing and implementing a teaching plan with individuals and families	1	2	3	4	5	6
J	Collaborating and working effectively with team members in providing care	1	2	3	4	5	6
K	Recognizing the need and value for educational learning	1	2	3	4	5	6
L	Managing the nursing care of a group of patients	1	2	3	4	5	6
M	Incorporating the standards of professional nursing practice in providing care	1	2	3	4	5	6

18. What, in your opinion, are additional areas of education that should be incorporated into the Nursing Program?

19. Are there any other comments or observations you would like to make regarding OCC Nursing Program Graduates.

THANK YOU VERY MUCH FOR YOUR ASSISTANCE ON THIS PROJECT.

Appendix B: Suggestions for Program Improvement (Full-Text)

- An increase in critical thinking skills.
- Concentrate more on documentation, critical thinking skills, detail-orientation and communication (problem-solving techniques and strategies with the residents and their families.)
- Critical thinking skills/ability; new graduates don't always make the right decisions at first (without some forethought.) / Students do not know the difference between a quality improvement project and a research paper. They really need to include the theory underlying quality improvement process.
- I'd like to see more of a focus on leadership aspects and professional abilities in communicating with patients, their families and other members of the health care team. Community colleges in general are proficient in honing students' technical skills, but need to also polish their professional skills. / The biggest concern is critical thinking - seeing the different parts and putting them all together.
- It would be hard to incorporate more because of their (the students) restricted time in an APN program. A BSN degree or background includes a broader group of people and courses in its educational experience and greater opportunity to develop critical thinking skills.
- It would be wonderful if the OR and PICU were more included. Cultural diversity and ethnicity are 2 areas that need continued coverage.
- Leadership and collaboration. Inter-disciplinary teamwork and provision of care. Venipuncture. Provision for a 'specialty' clinical rotation such as 'critical care' for example (although OCC graduates are logical and operational - in providing direct care of patients.)
- Management of Staff, Supervisory Roles.
- Management, Delegation, Supervision.
- Many new graduates need more of the 'soft skills': delegation, communication (with other health care members and in dealing with difficult patients or staff), and introduction to the culture of the hospital.
- More advanced skills reflecting increase [unintelligible] of the patient that a new graduate will love to care for. Critical thinking, emphasize and prioritize organizational skills during clinical rotation.
- More clinical skills, care planning, how to effectively communicate the needs of the residents to the CNAs, and medication passing.
- More clinicals, medical-surgical and organization skills
- More exposure to clinical settings.
- More of a focus on 'critical thinking' skills and how 'tasks' relate to patient outcomes. Increased number of clinical hours: an extension. Internships in acute care settings at the end of the program as part of the curriculum. Exposure to more patients and clinical priority settings.
- More skill development in the delegation process of managing other team members.
- Poor documentation; minimal ability to think critically or put the pieces together to form a patient outcome in developing a care plan or balance a work load. Typical of new graduate hirees across the board: a haphazard you-owe-me work ethic. They need to understand the need to show up for work everyday, to actually work - not just to do what is minimally required of them, only to "get by." There is a distinction in this area between the older and newer nurses; the work ethic among older (in the profession longer) nurses is better.
- Probably, 'critical thinking skills'
- Professionalism: in presenting oneself as a nursing student and in recognizing what is expected of me. / I was impressed with the meeting held at OCC's Highland Lakes campus in November where hospital representatives were present.

Please note: A slash between comments indicates two separate comments from different respondents at the same facility. Comments were edited for readability only.

- The rules/regulations of the states [in] which the graduates intend to become employed. More time management and 'team-leading' focus.
- They are well-prepared but lack the [understanding of the] legal ramifications of the medications they pass. They need more team-leadership experience and they need more geriatric experience. Improvement in documentation in patients' medical charts.
- They need to focus more: critical thinking skills, Nursing Standards and their application in the clinical area with patients, their families, and 'JCAHO' awareness.
- We really wish they had more clinical 'parenteral therapy' skills, experience such as starting IVs, drawing blood. (We have to teach them when they come here.) Much more on 'cultural diversity' - a big issue in accreditation. Emphasis on assessment.
- Work ethic: they need to work hard. Critical thinking ability: need to think on their feet. Need to transfer 'book learning' into practical application in making good patient assessments.

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Appendix C: Additional Comments (Full-Text)

- Second year students need as much time as possible for patient care during clinical rotations. Although pre- and post-conferences are important, they should be kept to a minimum. Also, students need more patients on their last year. I recently managed a group of 8 students for another college and talking to clinical instructors from OCC, HFCC, and Schoolcraft, the average number of patients per graduating students is 3. That is not enough. They will have to handle anywhere from 5-7 patients on day shifts upon graduation and they are not prepared for that task.
- Donna White is a great and wonderful instructor for students and with patients. Please bring her back; we love her!
- Encourage a criminal background check. The respondent inquired as to whether nursing student graduates are screened for a positive criminal background prior to licensure/application and whether any certain restrictions exist.
- I work with the students and I appreciate that their instructors are well prepared.
- It's a good school. If I had a choice between OCC graduates and those from another community college, I would lean toward OCC because of its reputation.
- It is a pleasure working with the school and the students. They are well-prepared.
- It is a well thought out program. The instructors are prepared and the students are prepared.
- My experience in assigning the clinical rotations has been that, overall, the students are very well-prepared and motivated and that the administration (school and instructors) are organized. I always have the papers I need.
- My general perception is that they (OCC Nursing graduates) are well-educated, well-prepared (skillful) for the clinical setting and are successful with their state board exams.
- Personal opinion: BSN should be the minimum requirement for all areas (everywhere)
- Some of the nurse managers with whom I've spoken are eager to interview and eager to hire Nursing graduates from OCC. They are prepared and comfortable in the clinical setting.
- They are quite competent. OCC graduates are better prepared than those from other Nursing programs (tech skills due to the instructors and the length of time spent in their clinical rotations. OCC Nursing graduates are exposed to more in the clinical area - they've seen and performed many of the procedures and have some measure of experience and familiarity by the time they come in to work. We encourage BSN completion.
- They are the best ADN graduates; we highly recruit them. Nadia and the faculty do an excellent job in communicating effectively with the students and staff (and in helping the students to appreciate that the ADN program is the first step toward professional nursing and that learning is a lifelong process.)
- They need to see their role in training; some shy away and don't become involved with the nursing staff (possibly because they don't plan on working here and as such, do not see the need to interact.). But the staff is a valuable learning resource for them. So in this way, students may set up their own barriers.
- We've always enjoyed having them here.
- We've been very pleased with OCC students and employees. Overall, OCC is doing a great job.
- We are very pleased with the OCC graduate employees as well the instructors and students. They are very professional.
- We enjoy having the students with us.
- We have a contract with OCC and we'd like to get the students here for clinicals (for more reality-based clinical experiences.)
- We like them very much. We hire them and OCC uses our facility in its clinical training rotation as well as students from Mott Community College.

- We think they are well prepared. They've passed their boards on the high end and we are pleased with the ones we have hired. /Keep up the good work.

Please note: A slash between comments indicates two separate comments from different respondents at the same facility. Comments were edited for readability only.

Appendix D: Advancement Opportunities (Full-Text)

- (Within limits) Unit Manager, Clinical Administration, and any other posting (if qualified) / Clinical Nurse Specialist or Nurse Supervisor
- Any Advanced Practice Nurse position: CRNA, CNS, Nurse Educator, Nurse Manager
- BSN is required for a position in 'management' or for Nurse Educator. RNs may be employed in: utilization review, case management, performance improvement, and any clinical area
- Charge type leadership positions, management, E.R., Critical Care, and Medical-Surgical Internships
- Clinical Nurse Specialist, Nurse Practitioner, Professional Development Ladder, Nurse Educator. Opportunity for transfer within the DMC system (metro-wide), available positions (hire from within first)
- Clinician, Specialist, Manager; on-site BSN completion
- Education and Management after (during) BSN completion , specialty units, committees related to quality of care / 3 areas: Clinical, Administration, Education
- For ADN - RN, an eligibility for the first 2 levels of the Professional (Clinical) Development Ladder only - not the third level which is reserved for BSN requirement, which holds advanced positions in management
- LPN to RN: Supervisory, Managerial, Director of Nursing
- Management
- Management opportunities, Community Health Education, Inservice or Nurse Educator
- Management or Nurse Consultant
- Management positions, MDS (minimum data set-clerical), or Director of Nursing
- Management positions/Charge nurse: we are a flat organization, not very many levels for advancement
- Management, Care Management Specialist, Administration, Nurse Practitioner, Clinical Nurse Specialist / They would need BSN for any 'leadership positions. Could function as Clinical or Unit Manager, Pain Coordinators, and other specialty roles
- Management, Education, Advanced Practical Nurse, Nurse Anesthetist, Nurse Practitioner, Nurse-midwife
- Management, Education, Nurse Practitioner
- Management, Nurse Anesthetist, Care Management, Nurse Educator, Tissue Trauma Department
- Manager, Director of Nursing or Assistant MDS
- Nurse Educator, Clinical Nurse Manager or Assistant; Nurse Practitioner or CRNA with advanced education / Only advanced positions are: Assistant Clinical Manager and Lead Preceptor. Advanced degree (MSN or BSN) needed for other opportunities
- Nurse Manager (of a unit); Minimum Data Set Nurse (clerical input, patient care-family conference, Department heads with cross-training e.g. Social Service needs
- Nurse Manager, Critical Care, Clinical Leader
- Operating Room, but advanced degrees (BSN or MSN) are required for Management and Education positions
- Positions of Management; less patient care, more documentation (medical records, etc.)
- Possibilities range from "Staff Nurse" to "Supervisory" to "Administrative" - depending upon level of education and experience
- Preceptor roles; Management or other opportunities in the hospital for graduate students (we anticipate an on-site BSN completion program in future) / Management, Qualities, All areas
- Shift Admin to CNS / CNS, Educator, Management and Service Line Leader
- Supervision. If they go back to school for advancement, these are various fields: Cardiac, Rehabilitation, Physical Therapy, Education, etc.
- Treatment Nurse or MDS (minimum data set) or Assessment Nurse

- We offer an on-site BSN completion course for employees; U-D Mercy runs the cohort. We are in the process of establishing a Masters-completion program as part of our succession planning arrangement. Also, opportunities may range from "Nurse Educator" all the way up to "Director of Patient Care" (which is like the "VP" of nursing services).

Please note: A slash between comments indicates two separate comments from different respondents at the same facility. Comments were edited for readability only.

Appendix E: Advancement Classifications, with Sub-Categories

- Management (28)
    - Management
    - Management (Advanced Degree Required)
    - Supervision/Supervisor
    - Supervisor (Advanced Degree Required)
    - Charge Nurse or Shift Administrator
    - Unit Manager
    - Clinical Leader/Assistant Clinical Nurse Manager/Clinical Administration
    - Clinical Nurse Manager (Advanced Degree Required)
    - Department Head
    - Service Line Leader

- Education (15)
    - Nurse Educator
    - Nurse Educator (Advanced Degree Required)
    - Preceptor (RN only)
    - Lead Preceptor
    - Inservice Educator
    - Education Specialist

- Specialization in a Specific Area (11)
    - Clinician
    - Clinical (RN Only)
    - Case Management
    - Care Management Specialist
    - Specialties
    - Specialties (Advanced Degree Required)
    - Critical Care
    - Emergency Room
    - Operating Room
    - Tissue Trauma
    - Treatment Nurse

- Advanced Practice Nursing (Advanced Degree Required) (9)
    - Certified Registered Nurse Anesthetist (CRNA)
    - Certified Nurse Specialist (CNS)
    - Nurse Practitioner (NP)
    - Nurse Midwife
    - Advanced Practice Nurse (APN)

- Miscellaneous (8)
    - Service on committees related to quality of care
    - Staff Nurse
    - Transfer opportunities within the health system
    - Community Health Education
    - Patient care-family conference
    - Nurse Consultant
    - Qualities
    - Other opportunities for graduate students

- Administration (7)
    - Director of Nursing

- o Director of Patient Care
- o Administration
- o Administration (Advanced Degree Required)

- Documentation/Analysis (6)
  - o Minimum Data Set
  - o Documentation
  - o Clerical Input
  - o Utilization Review (RN only)
  - o Performance Improvement (RN only)

- Professional Development Opportunities Offered (6)
  - o On-site BSN completion
  - o On-site MSN completion
  - o Professional Development Ladder
  - o Professional Development Ladder (BSN or MSN only)
  - o Medical-Surgical Internships
  - o Critical Care Internships

Please note: These categories were devised using career resources and medical profession definitions found at four web-sites:
http://www.discovernursing.com
http://nursingworld.org
http://www.nursingresource.org
http://cancerweb.ncl.ac.uk

Appendix F: Other text answers (Full-text)

Explanation for employer hiring practices

- PCU will hire ADN only due to the patient restricted code of practice for LPN. Some Medical-Surgical units will hire LPN.
- We require at least 1-2 years of experience in the 'mental health' care area at this facility.
- We use more RNs more, but we still have LPNs.

Explanation for increase in hiring of OCC Nursing Program graduates at facilities

- Location of our facility - not too far from HL campus or Clarkston area. Our reputation as a hospital. And we are pleased with the clinical abilities of OCC graduates.
- More positions are available (result of nursing shortage)
- St. John has grown and expanded as an organization, having both 'east side' as well as Oakland County locations now with Providence Hospital and its various medical centers attracting new graduates.
- The students do their clinicals here and they like it, so they're more apt to apply for a job.
- We are more active engaging them / recruiting them prior to graduation; we staff more OCC students than we do from any other school.
- We had them as students
- We have good luck with OCC in terms of passing 'boards' (exams) and staying with us. We train them so that they are familiar with the faculty and procedures, etc.
- We offer "loan forgiveness" (thereby) attracting new graduates and a "critical care academy," a 16 week orientation in various services/areas (prior to hiring in a given area).

Explanation for decrease in the hiring of OCC Nursing Program graduates at facilities

- It is hard work
- OCC graduates use this as a trauma facility but have not applied here for employment. Don't know if it's because we are Detroit-based and they don't want to seek employment closer to home- Oakland County.
- One of the reasons for hiring [fewer] graduates is probably the location on the hospital and the proximity of two other schools of nursing: Schoolcraft and HFCC. Very few applicants from OCC for my unit: PCU; last one, if any, was three years ago.
- There were not a lot of open positions; we retain the nurses we hire.
- We have had no applicants
- We have kept our nurses.

Full Text of "Other" Category in Service Area Responses
Inpatient and outpatient services, full-service hospital, open heart, oncology, orthopedics, neurology, emergency services, trauma, acute care rehabilitation, human resources, maternal-child services, obstetrics/gynecology, prenatal and neonatal intensive care, operating room, psychiatric, home care, and all other specialties

Full Text of "Other" Category in Specialty Area Responses
Education/administration, geriatrics, hospice and post-operative rehabilitation therapy, peri-anesthesia, open-heart, Level I trauma center and tertiary care, maternal/child, neonatal, ambulatory surgery, orthopedic, spinal cord injury, closed-head injury, perinatal, skilled living facility, step-down unit, sub-acute orthopedic, transplant, bariatric surgeries, women's birthing center, and oncology.

Oakland Community College
Nursing Program Employer Survey Respondents
(By Location)
April 2004

LAPEER

GENESEE

MACOMB

AH

HL OAKLAND

LIVINGSTON

OR

SO

RO

WASHTENAW

WAYNE
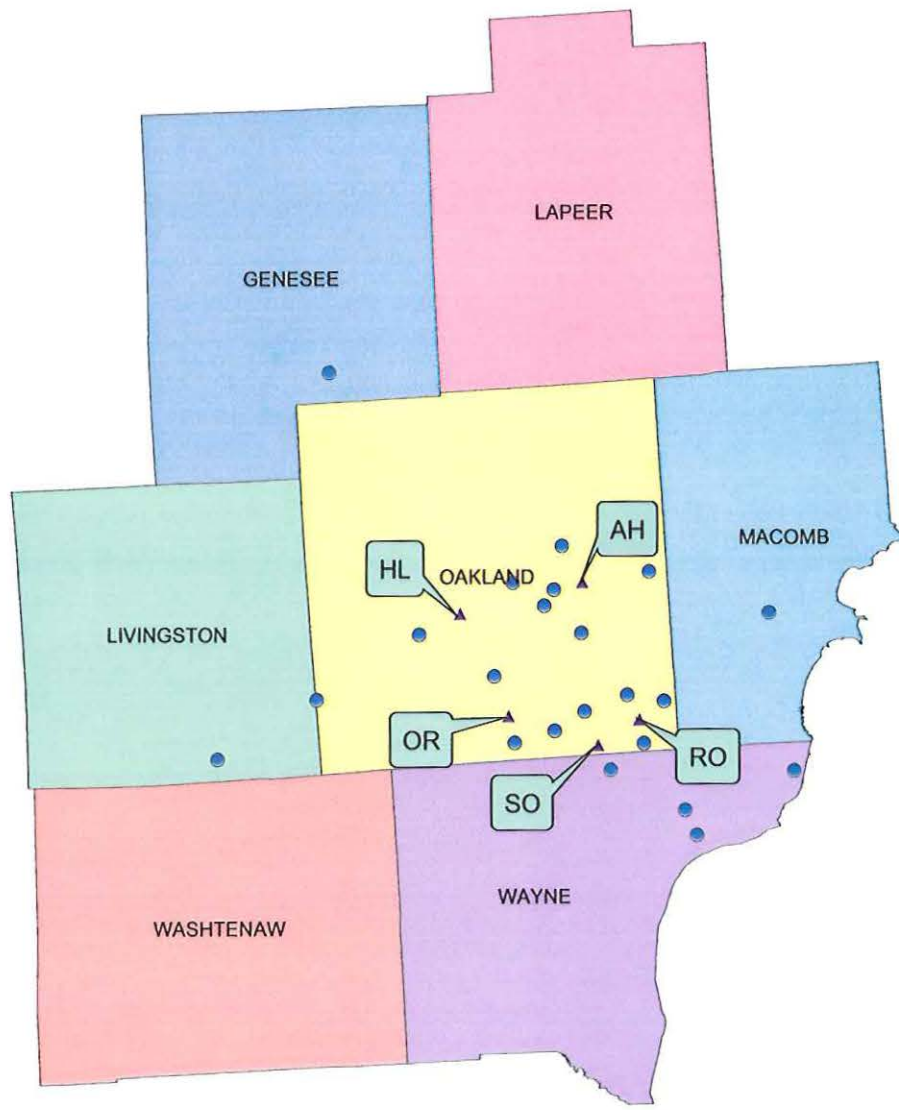
Legend

▲ Campuses

● Survey Respondent Location

N

0 5 10   20   30 Miles

AH= Auburn Hills
HL= Highland Lakes
OR= Orchard Ridge
RO= Royal Oak
SO= Southfield