

Commitment to Excellence Project

Informational and discussion item only

The following information concerning this project was prepared by the National Council's Commitment to Excellence work groups and staff.

Introduction and Purpose

The purpose of the Commitment to Ongoing Regulatory Excellence (CORE) project is to provide an ongoing performance measurement and benchmarking system for nursing regulators. CORE provides and compares data that can be used for performance measurement and organizational enhancements by Boards of Nursing. By providing evidenced-based data nursing regulators are better able to meet their legislative mandate to protect the public. Through CORE, Boards of Nursing receive data collected and analyzed by NCSBN. The data may help Boards promote excellence in the provision of regulatory services with the overall goal of public protection.

This is the third CORE report on measurement outcomes related to five Board functions: (1) discipline, (2) practice, (3) education program approval, (4) licensure, and (5) governance¹. Previous reports were issued in 2002 and 2005. To compare and identify trends, findings from previous years are reported with results from the 2007 surveys.

NCSBN surveyed Boards of Nursing and random samples of groups of stakeholders that are directly affected by Board actions. These groups included: (1) employers (2) nursing programs and (3) nurses.

In previous years, CORE also surveyed associations, persons making a complaint, and nurses who were the subject of a complaint. Based on feedback from member Boards, the project eliminated the survey of associations after concluding the responses were not beneficial. Further, because there was a very low response rate from persons making a complaint and persons who were the subject of a complaint, the CORE project conducted a pilot study as a test to determine if mailing a questionnaire at the end of the complaint process to persons making a complaint and nurses complained against would increase response rates. Since response rates did not increase, these two surveys were discontinued.

For 2007, the surveys were reviewed and shortened considerably. Only questions deemed essential to measure performance were included. In addition, the format of the questionnaires was changed from a scanned form to a paper and pencil format making the surveys more visually appealing and easier to fill out.

¹ The term "governance" can refer to organizational structures, administrative processes, managerial judgment, systems of incentives and rules, administrative philosophies, or a combination of these elements. One goal of governance is to enable an organization to do its work and fulfill its' mission. Good governance should lead to organizational effectiveness.

In the past, Boards identified that it was difficult to provide lists of stakeholders. Many states do not have lists of employers and/or it was difficult to provide a list of nurses. To reduce this burden, CORE used the list of education programs from NCLEX, and for jurisdictions participating in Nursys, NCSBN drew a sample of nurses from Nursys rather than have the Boards provide lists of nurses. Thirty-four Boards authorized drawing samples from their listings in Nursys. This strategy is the primary reason why there has been a 63% increase in the number of lists of nurses obtained from Boards in 2005 (n=30) to 2008 (n=49).

Participation in CORE has been a challenge for member Boards or Boards may have only been able to participate in one aspect of CORE and not all components. Therefore, a new strategy was implemented to provide Boards feedback from all their stakeholders. The new strategy was that for any jurisdiction that could not provide a list of nurses or employers, NCSBN obtained the list from other sources and, with the Board's permission, surveyed them. The nurses' responses were then included in the state-level report.

Attachments:

A: The Texas CORE report is attached for your information. It is lengthy and still being reviewed by staff. At the October meeting, an analysis with suggested strategic initiatives will be presented to the Board.

B: Attached you will also find a report, *Qualitative Interviews Conducted With Executive Directors And Staff Of Boards of Nursing*, conducted by NCSBN in 2007 to identify best practices in Boards of Nursing.

Summary:

No action required. Follow up will be provided at the October Board meeting.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

**Commitment to Ongoing Regulatory Excellence
(CORE)**

Results of FY2007 Data

State Report

December 2008

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INTRODUCTION

The purpose of the Commitment to Ongoing Regulatory Excellence (CORE) project is to provide an ongoing performance measurement and benchmarking system for nursing regulators. CORE provides and compares data that can be used for performance measurement and organizational enhancements by Boards of Nursing. By providing evidenced-based data nursing regulators are better able to meet their legislative mandate to protect the public.

Through CORE, Boards of Nursing receive data collected and analyzed by NCSBN. The data may help Boards promote excellence in the provision of regulatory services with the overall goal of public protection.

This is the third CORE report on measurement outcomes related to five Board functions: (1) discipline, (2) practice, (3) education program approval, (4) licensure, and (5) governance¹. Previous reports were issued in 2002 and 2005. To compare and identify trends, findings from previous years are reported with results from the 2007 surveys.

NCSBN surveyed Boards of Nursing and random samples of groups of stakeholders that are directly affected by Board actions. These groups included: (1) employers (2) nursing programs and (3) nurses.

For each survey question results are presented in four tables. First, a table of aggregate results is presented. A second table presents jurisdiction specific results. The third table presents results for either umbrella or independent boards depending on the Umbrella of the board for which the report was generated. Finally, results are presented for comparison purposes of boards that are of the same size (i.e., have the same number of licensees).

Some tables contain no data. These tables are included to make comparisons with the aggregate, umbrella/independent, and size reports easier (i.e., the table numbers are the same for quick reference) as well as to indicate the absence of data from the Board or one or more of its stakeholder groups.

The CORE Committee is pleased to present the data for the 2007 CORE Project to Member Boards and hopes the data will prove helpful as one method of performance measurement. NCSBN staff remains available to assist individual states in further analysis and interpretation of their state's data.

¹ The term "governance" can refer to organizational structures, administrative processes, managerial judgment, systems of incentives and rules, administrative philosophies, or a combination of these elements. One goal of governance is to enable an organization to do its work and fulfill its' mission. Good governance should lead to organizational effectiveness.

METHOD

Response Rates

Boards of Nursing

Fifty-nine Boards of Nursing were mailed a CORE survey. Non-responders were mailed a second follow-up survey. The overall response rate from Boards of Nursing was 58% which is the same response rate achieved in 2005 (Table 1). There was an increase in participation among nurses, employers, and education programs which is due to the deployment of the strategies mentioned above.

Table 1: Response Rates

	Number Mailed			Number Returned			Response Rate		
	2002	2005	2007	2002	2005	2007	2002	2005	2007
Boards of Nursing	60	59	59	39	34	34	65%	58%	58%
Nurses	13,996	28,000	57,521	2,681	5,061	16,521	19%	18%	29%
Employers	1,378	2,464	3,056	443	571	893	32%	23%	36%
Education Programs	1,060	1,412	2,928	619	612	1,583	58%	43%	54%

Table 1a: Response Rates of State Stakeholder Survey Tools

	Number Mailed			Number Returned			Response Rate		
	2002	2005	2007	2002	2005	2007	2002	2005	2007
Nurses	800	1000	1200	154	14	299	19%	14%	25%
Employers	100	100	100	28	18	33	28%	18%	33%
Education Programs	90	184	199	57	76	103	44%	41%	52%

Fifty-five Boards of Nursing (93%) participated in the 2007 study. Participation of a jurisdiction was defined as having a survey completed and returned by the Board of Nursing or one of the three stakeholder groups in that jurisdiction. Appendix A lists all Boards of Nursing participating in the 2002, 2005 and 2007 data collection efforts and the surveys completed by each Board and stakeholder group. There was a 22% increase in the number of participating Boards from 2005. There was also an increase of 42% in the number of jurisdictions that had all four surveys (Board of Nursing, Nurses, Employers, Education Programs) returned.

Demographics

Boards of Nursing

Of the 59 jurisdictions, 29 Boards of Nursing are classified as umbrella Boards (those Boards indicating that they were a “unit within an umbrella state agency) and 30 are classified as independent (not part of an umbrella agency; able to make most budget, policy, hiring and firing, discipline, and administrative services decisions independently). Of the responding Boards, 12 were umbrella Boards and 22 were independent. See Appendix A for a list of Boards of Nursing and their administrative Umbrellas. Information about administrative Umbrellas was obtained from NCSBN’s *Member Board Profiles*.

While the average number of licensees falls in the 50,000 to 99,999 range, the majority of Boards have between 20,000 and 49,999 licensees (Table 2).

Table 2: Number of Boards of Nursing by Licensee Population

	Less than 20,000	20,000 to 49,999	50,000 to 99,999	100,000 to 199,999	200,000 or more
Number of Boards of Nursing	9	20	14	9	6

Nurses

Three fourths of the respondents to the survey of nurses were RNs. Three percent were advanced practice nurses and about 23% were LPN/VNs.

Table 3: Types of Licenses/Certification Held -- Aggregate

What type(s) of nursing license/certification do you hold? Check all that apply.	2002	2005	2007
	(n=2,681)	(n=4,912)	(n=16,487)
LPN/VN	24.0%	28.2%	22.8%
RN	72.8%	72.6%	76.2%
APRN with prescriptive privileges	4.8%	1.2%	2.1%
APRN without prescriptive privileges	2.4%	0.7%	0.9%
Other	2.1%	1.6%	2.8%

Table 3a: Types of Licenses/Certification Held - State

<i>What type(s) of nursing license/certification do you hold? Check all that apply.</i>	2002	2005	2007
LPN/VN		34.8%	23.7%
RN		65.9%	74.9%
APRN with prescriptive privileges		100%	1%
APRN without prescriptive privileges		100%	0.3%
Other			1.3%

Table 3b: Types of Licenses/Certification Held - Independent

<i>What type(s) of nursing license/certification do you hold? Check all that apply.</i>	2007
	Independent (n=8,759)
LPN/VN	20.2%
RN	79.2%
APRN with prescriptive privileges	1.8%
APRN without prescriptive privileges	0.8%
Other	2.1%

Table 3c: Types of Licenses/Certification Held - 200,000 or more

<i>What type(s) of nursing license/certification do you hold? Check all that apply.</i>	2007
	200,000 or more (n=1,201)
LPN/VN	45.5%
RN	55.0%
APRN with prescriptive privileges	1.3%
APRN without prescriptive privileges	0.8%
Other	2.6%

Five percent of the respondents were nursing students.

Table 4: Education -- Aggregate

<i>Are you currently a nursing student?</i>	N	% of All Respondents
Currently a nursing student	16,383	1.2%

Table 4a: Education - **State**

<i>Are you currently a nursing student?</i>	% of All Respondents
Currently a nursing student	0.7%

Table 4b: Education - Independent

<i>Are you currently a nursing student?</i>	Independent	
	N	% of All Respondents
Currently a nursing student	8,729	1.4%

Table 4c: Education - Size

<i>Are you currently a nursing student?</i>	Size	
	N	% of All Respondents
Currently a nursing student	1,196	0.8%

Nine out of 10 respondents who were nurses were currently employed at the time of the survey.

Table 5: Employment as a Nurse -- Aggregate

<i>Are you currently employed as a nurse?</i>	2002	2005	2007
	(n=2,669)	(n=5,029)	(n=16,408)
Percent currently employed	88.40%	89.60%	90.4%

Table 5a: Employment as a Nurse - **State**

<i>Are you currently employed as a nurse?</i>	2002	2005	2007
Percent currently employed		95%	92.6%

Table 5b: Employment as a Nurse - Independent

<i>Are you currently employed as a nurse?</i>	Independent
	(n=8,724)
Percent currently employed	92.1%

Table 5c: Employment as a Nurse - 200,000 or more

<i>Are you currently employed as a nurse?</i>	200,000 or more
	(n=1,196)
Percent currently employed	84.8%

Nurses who were not currently employed had been out of nursing for an average of almost 5 years.

Table 6: Number of Years Since Employed as a Nurse If Not Currently Employed in Nursing -- Aggregate

	2002	2005	2007
<i>How long has it been since you were employed in nursing?</i>	(n=309)	(n=462)	(n=1,015)
RN			4.3
LPN			5.2
APRN			6.2
All License Types	6.3	5.4	4.7

Table 6a: Number of Years Since Employed as a Nurse If Not Currently Employed in Nursing - State

<i>How long has it been since you were employed in nursing?</i>	2002	2005	2007
RN			0.3
LPN			0.2
APRN			-
All License Types		1	0.3

Table 6b: Number of Years Since Employed as a Nurse If Not Currently Employed in Nursing - Independent

<i>How long has it been since you were employed in nursing?</i>	2007
	Independent
	(n=397)
RN	3.3
LPN	3.0
APRN	7.4
All License Types	3.4

Table 6c: Number of Years Since Employed as a Nurse If Not Currently Employed in Nursing - 200,000 or more

<i>How long has it been since you were employed in nursing?</i>	2007
	200,000 or more
	(n=120)
RN	4.9
LPN	7.0
APRN	6.8
All License Types	6.1

Table 7: Place of Employment indicates that more nurses are working in a hospital setting than in 2005. Given the aging of the population it is sometimes thought that there will be a trend toward more nurses working in long-term care settings. During the 1990s these settings added RNs at a

much faster pace than hospitals did. Yet since 2001, employment growth in the nonhospital sector has lagged far behind that of hospitals.²

Table7: Place of Employment -- Aggregate

<i>Which one of the following best describes the type of organization that is your current primary place of employment? Check only one.</i>	2002	2005	2007
	(n=2,415)	(n=4,607)	(n=15,171)
Hospital	50.7%	57.9%	64.3%
Community-based/Ambulatory care	24.5%	18.9%	14.6%
Long-term care facility	10.7%	13.8%	12.5%
Academia/Nursing Education Programs	-	-	1.1%
Managed Care Organization	-	-	0.6%
Temporary service agency	1.7%	0.7%	0.6%
Other	12.4%	8.7%	6.3%

Table 7a: Place of Employment - State

<i>Which one of the following best describes the type of organization that is your current primary place of employment? Check only one.</i>	2002	2005	2007
Hospital		68.15	75.27
Community-based/Ambulatory care		15.56	10.25
Long-term care facility		12.59	10.25
Academia/Nursing Education Programs			0.35
Managed Care Organization			-
Temporary service agency		0.74	-
Other		2.96	3.89

Table 7b: Place of Employment - Independent

<i>Which one of the following best describes the type of organization that is your</i>	2007
--	------

² U.S. Bureau of the Census, Current Population Survey, Outgoing Rotation Group Annual Merged Files, 1983-2003.

<i>current primary place of employment? Check only one.</i>	Independent (n=8,181)
Hospital	68.5%
Community-based/Ambulatory care	12.1%
Long-term care facility	12.1%
Academia/Nursing Education Programs	1.0%
Managed Care Organization	0.5%
Temporary service agency	0.5%
Other	5.4%

Table 7c: Place of Employment - 200,000 or more

<i>Which one of the following best describes the type of organization that is your current primary place of employment? Check only one.</i>	2007
	200,000 or more
	(n=1,057)
Hospital	53.5%
Community-based/Ambulatory care	17.1%
Long-term care facility	18.5%
Academia/Nursing Education Programs	1.0%
Managed Care Organization	0.6%
Temporary service agency	1.0%
Other	8.4%

Participants indicated they had been licensed as nurses for an average of almost 9 years. This may be low since some jurisdictions provided mailing lists exclusively of nurses that had been licensed for 6 months or less.

Table 8: Length of Licensure -- Aggregate

	2002	2005	2007
<i>How long have you been licensed to practice as a nurse (total time at all levels of licensure)?</i>			
	(n=2,618)	(n=4,918)	(n=16,357)
Average number of years licensed to practice	19.8	12.6	8.9

Table 8a: Length of Licensure -- **State**

<i>How long have you been licensed to practice as a nurse (total time at all levels of licensure)?</i>	2002	2005	2007
--	------	------	------

Average number of years licensed to practice	3.1	2.2
--	-----	-----

Table 8b: Length of Licensure - Independent

<i>How long have you been licensed to practice as a nurse (total time at all levels of licensure)?</i>	2007
	Independent
	(n=8,695)
Average number of years licensed to practice	6.5

Table 8c: Length of Licensure - 200,000 or more

<i>How long have you been licensed to practice as a nurse (total time at all levels of licensure)?</i>	2007
	200,000 or more
	(n=1,185)
Average number of years licensed to practice	13.1

Employers

Most of those who responded on behalf of employers were directors of nursing or chief nursing officers.

Table 9: Position of Respondent -- Aggregate

<i>Which of the following describes your position?</i>	2002	2005	2007
	(n=480)	(n=561)	(n=891)
Director of Nursing/Chief Nursing Officer	83.8%	89.9%	94.6%
Other supervising nurse	5.8%	4.4%	1.5%
Non-nurse employer/supervisor	4.8%	1.6%	0.6%
Other	5.6%	5.0%	3.4%

Table 9a: Position of Respondent - **State**

<i>Which of the following describes your position?</i>	2002	2005	2007
Director of Nursing/Chief Nursing Officer		88.8%	100%
Other supervising nurse		5.5%	-
Non-nurse employer/supervisor			-
Other		5.5%	-

Table 9b Position of Respondent - Independent

<i>Which of the following describes your position?</i>	2007
	Independent
	(n=626)
Director of Nursing/Chief Nursing Officer	94.4%
Other supervising nurse	1.4%
Non-nurse employer/supervisor	0.5%
Other	3.7%

Table 9c Position of Respondent - 200,000 or more

<i>Which of the following describes your position?</i>	2007
	200,000 or more
	(n=77)
Director of Nursing/Chief Nursing Officer	97.4%
Other supervising nurse	1.3%
Non-nurse employer/supervisor	
Other	1.3%

Persons responding on behalf of employers had been employed in their current position, on average, about six and a half years.

Table 10: Length of Employment -- Aggregate

<i>How long have you been in this position?</i>	2002		2005		2007	
	N	Mean	n	Mean	n	Mean
# of years in current position	406	7.4	563	6.9	698	6.58

Table 10a: Length of Employment - State

<i>How long have you been in this position?</i>	2002	2005	2007
	Mean	Mean	Mean
# of years in current position		5.3	5.4

Table 10b: Length of Employment - Independent

<i>How long have you been in this position?</i>	2007	
	Independent	
	n	Mean
# of years in current position	497	6.4

Table 10c: Length of Employment - 200,000 or more

<i>How long have you been in this position?</i>	2007	
	200,000 or more	
	n	Mean
# of years in current position	54	7.0

Over half of the employers were hospitals. Another third of the respondents represented long-term care facilities.

Table 11: Place of Employment -- Aggregate

<i>Which of the following best describes your place of employment? Please check one</i>	2002	2005	2007
	(n=483)	(n=562)	(n=889)
Hospital	49.3%	49.3%	56.6%
Long-term care facility	30.9%	32.4%	34.3%
Community-based/Ambulatory care	12.2%	10.9%	3.9%
Temporary service agency	0.6%	1.2%	0.34%
Other	7.0%	6.2%	4.8%

Table 11a: Place of Employment - **State**

<i>Which of the following best describes your place of employment? Please check one</i>	2002	2005	2007
Hospital		94.4%	63.64
Long-term care facility		5.5%	36.36
Community-based/Ambulatory care			-
Temporary service agency			-
Other			-

Table 11b: Place of Employment - Independent

<i>Which of the following best describes your place of employment? Please check one</i>	2007
	Independent
	(n=624)
Hospital	55.0%
Long-term care facility	34.8%
Community-based/Ambulatory care	4.8%
Temporary service agency	0.5%
Other	5.0%

Table 11c: Place of Employment - 200,000 or more

<i>Which of the following best describes your place of employment? Please check one</i>	2007
	200,000 or more
	(n=77)
Hospital	59.0%
Long-term care facility	39.0%
Community-based/Ambulatory care	--
Temporary service agency	--
Other	1.3%

Table 12: Number of FTE Nursing Personnel Employed -- Aggregate

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency? (Count nurses by their most advanced license.)</i>	2002		2005		2007	
	n	Mean	n	Mean	n	Mean
Registered nurses	465	118.1	486	88.4	833	143.1
Nursing assistive personnel	441	53.6	471	55.8	833	54.3
Licensed practical/vocational nurses	444	25.2	478	16.7	833	18.9
Advanced Practice registered nurses	371	5	425	5.5	833	10.2
Total		201.9		166.4	833	226.4

Table 12a: Number of FTE Nursing Personnel Employed - State

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency? (Count nurses by their most advanced license.)</i>	2002	2005	2007
	Mean	Mean	Mean
Registered nurses		166.5	84.7
Nursing assistive personnel		70.1	35.8
Licensed practical/vocational nurses		43.0	27.9
Advanced Practice registered nurses		5.7	2.1
Total		285.4	150.5

Table 12b: Number of FTE Nursing Personnel Employed - Independent

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency? (Count nurses by their most advanced license.)</i>	2007	
	Independent	
	n	Mean
Registered nurses	587	131.7
Nursing assistive personnel	587	49.0
Licensed practical/vocational nurses	587	18.4
Advanced Practice registered nurses	587	11.7
Total	587	210.7

Table 12c: Number of FTE Nursing Personnel Employed - 200,000 or more

<i>Approximately how many full-time equivalent (FTE) nurses are employed by your facility/agency? (Count nurses by their most advanced license.)</i>	2007	
	200,000 or more	
	n	Mean
Registered nurses	76	161.1
Nursing assistive personnel	76	64.8
Licensed practical/vocational nurses	76	28.1
Advanced Practice registered nurses	76	6.1
Total	76	260.1

Employers were asked about the number of new graduates (licensed 12 months or less) hired by their facilities during the past 12 months.

Table 13: Number of New Graduates Hired by License Type -- Aggregate

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	2002		2005		2007	
	n	Mean	n	Mean	n	Mean
Number of RNs hired in last 12 mos.	369	8.3	510	8.4	649	15.2
Number of LPN/VNs hired in last 12 mos.	442	2.3	496	2	649	2.2
Number of APRNs hired in last 12 mos.	321	0.5	431	0.4	649	0.5

Table 13a: Number of New Graduates Hired by License Type - **State**

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	2002	2005	2007
	Mean	Mean	Mean
Number of RNs hired in last 12 mos.		20.1	10.0
Number of LPN/VNs hired in last 12 mos.		4.2	3.7
Number of APRNs hired in last 12 mos.		0.3	0.2

Table 13b: Number of New Graduates Hired by License Type - Independent

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	2007	
	Independent	
	n	Mean
Number of RNs hired in last 12 mos.	445	15.1
Number of LPN/VNs hired in last 12 mos.	445	2.1
Number of APRNs hired in last 12 mos.	445	0.3

Table 13c: Number of New Graduates Hired by License Type - 200,000 or more

<i>Approximately how many new graduates (licensed 12 months or less) were hired by your facility/agency during the past 12 months?</i>	2007	
	200,000 or more	
	n	Mean
Number of RNs hired in last 12 mos.	57	19.6
Number of LPN/VNs hired in last 12 mos.	57	3.3
Number of APRNs hired in last 12 mos.	57	1.0

FINDINGS

Budget

Average expenditures in fiscal year (FY) 2007 across 28 responding Boards were \$3,998,837 (ranging from \$367,000 to \$23,078,334). Total average expenditures for FY2002, FY2005 and FY2007 are reported in Table 14.

Table 14: FY2002, FY2005 and FY2007 Total Expenditures --Aggregate

	2002			2005			2007		
<i>Excluding capital expenditures, please indicate the Board's total FY2007 expenditures</i>	n	Average Expenditure	Range	n	Average Expenditure	Range	n	Average Expenditure	Range
Total expenditures	22	\$3,147,774	\$308,225 to \$14,620,889	27	\$3,357,955	\$304,349 to \$17,324,950	28	\$3,998,837	\$367,000 to \$23,078,334

Table14a: FY2002, FY2005 and FY2007 Total Expenditures - State

	2002	2005	2007
<i>Excluding capital expenditures, please indicate the Board's total FY2007 expenditures</i>	Average Expenditure	Average Expenditure	Average Expenditure
Total expenditures		\$4,107,523	

Table 14b: FY2007 Total Expenditures - Independent

	2007		
<i>Excluding capital expenditures, please indicate the Board's total FY2007 expenditures</i>	Independent		
	n	Average Expenditure	Range
Total expenditures	21	\$3,347,537	\$367,000 to \$23,078,334

Table 14c: FY2007 Total Expenditures - 200,000 or more

	2007		
<i>Excluding capital expenditures, please indicate the Board's total FY2007 expenditures</i>	200,000 or more		
	n	Average Expenditure	Range
Total expenditures	3	\$15,000,852	\$7,335,000 to \$23,078,334

Looking at the nominal dollars makes it look as if there was a 27% increase in average expenditures from 2002 to 2007. However, when adjusted for inflation using the Consumer Price Index, the "constant dollars," reveals the real growth to be 10.8%. This represents an average increase of 1.8% per year. As indicated by Tables 15 and 16, this increase in average expenditures has not kept up with the rate of inflation or with the average increase in wages.

Table 15: Rate of Inflation:
2002-2007

Year	Rate of Inflation
2002	1.59%
2003	2.27%
2004	2.68%
2005	3.39%
2006	3.24%
2007	2.85%
Total	16.02%

Table 16: Increase in Net Compensation 2002-2007

Year	Avg. Increase in Net Compensation
2002	1.00%
2003	2.45%
2004	4.65%
2005	3.66%
2006	4.60%
2007	4.54%
Total	20.89%

Adjusting costs for inflation, on a per licensee basis, Boards of Nursing spent almost the same amount of money, on average, in 2007 than in 2002.

Table 17: Expense Calculations Adjusted for Inflation --Aggregate

Variable	2002		2005		2007	
	n	Value	n	Value	n	Value
Expenses per licensee (total budget divided by number of nurse licensees)	22	\$48.84	26	\$39.95	28	\$48.80

Table 17a: Expense Calculations Adjusted for Inflation - State

Variable	2002	2005	2007
	Value	Value	Value
Expenses per licensee (total budget divided by number of nurse licensees)		\$15.75	

Table 17b: Expense Calculations Adjusted for Inflation - Independent

Variable	2007	
	Independent	
	n	Value
Expenses per licensee (total budget divided by number of nurse licensees)	21	\$48.30

Table 17c: Expense Calculations Adjusted for Inflation - 200,000 or more

Variable	2007	
	200,000 or more	
	n	Value
Expenses per licensee (total budget divided by number of nurse licensees)	3	\$55.14

Boards of Nursing were also asked to indicate what percentage of their total expenditures went toward discipline, licensure, education programs, and practice. Approximately one-third of costs are expended in the area of discipline and about one-fifth are expended for licensure. Since not all Boards answered all line items, the number of Boards included in the calculation of averages for each line item is indicated in the “n” column.

Table18: FY2007 Total Expenditures by Functional Area -- Aggregate

<i>Excluding capital expenditures please indicate the Board's total FY2007 expenditures.</i>	n	Average Expenditures	Range
Total Expenditures	28	\$3,998,837	\$367,000 to \$23,078,334
Discipline	25	32.7%	9% to 59%
Licensure	23	19.3%	5% to 81%
Education Programs Approval	23	7.1%	0% to 25%
Practice	23	5.4%	0% to 29%
Other Expenses	24	36.3%	0% to 64%

Table 18a: FY2007 Total Expenditures by Functional Area - **State**

<i>Excluding capital expenditures please indicate the Board's total FY2007 expenditures.</i>	Average Expenditures
Total Expenditures	
Discipline	
Licensure	
Education Programs Approval	
Practice	
Other Expenses	

Table 18b: FY2007 Total Expenditures by Functional Area - Independent

<i>Excluding capital expenditures please indicate the Board's total FY2007 expenditures.</i>	2007		
	Independent		
	n	Average Expenditures	Range
Total Expenditures	21	\$3,347,537	\$367,000 to \$23,078,334
Discipline	18	33.8%	17% to 59.0%
Licensure	18	16.6%	5.0% to 32.3%
Education Programs Approval	18	8.1%	2.0% to 25.0%
Practice	18	6.2%	0.0% to 29.0%
Other Expenses	18	35.8%	0.0% to 29.0%

Table 18c: FY2007 Total Expenditures by Functional Area - 200,000 or more

<i>Excluding capital expenditures please indicate the Board's total FY2007 expenditures.</i>	2007		
	200,000 or more		
	n	Average Expenditures	Range
Total Expenditures	3	\$15,000,852	\$7,335,000 to \$23,078,334
Discipline	3	40.9%	24.1% to 59%
Licensure	2	23.5%	15.0% to 32%
Education Programs Approval	2	3.9%	2.8% to 5%
Practice	2	0.0%	0.0% to 0%
Other Expenses	3	38.3%	22.0% to 51.8%

Staff

On average, there was 16 full-time staff involved in the discipline process. Five of these staff was nurses and approximately 11 full-time staff was non-nurses.

Table 19: Average Number of FTE Staff Involved in the Discipline Process by Type of Staff in 2007 -- Aggregate

<i>Please enter the number of full-time equivalent (FTE) staff who were involved in the discipline process during FY2007 (excluding investigators): Please enter all that apply. To convert part-time employees to FTEs, divide the number of paid hours by 2,080 (52 weeks multiplied by 40 hours per week).</i>	n	Total FTEs	Staff Who Are Nurses	Non-Nurse Staff
Board of Nursing Employees	32	11.5	3.4	7.8
Contracted Personnel	32	1.4	1.1	0.2
Non-Board Employees from other State Agencies	32	1.3	0.0	1.3
Other	32	1.8	0.5	1.3
Total		16 ³	5	10.6

Table 19a: Average Number of FTE Staff Involved in the Discipline Process by Type of Staff in 2007 - State

<i>Please enter the number of full-time equivalent (FTE) staff who were involved in the discipline process during FY2007 (excluding investigators): Please enter all that apply. To convert part-time employees to FTEs, divide the number of paid hours by 2,080 (52 weeks multiplied by 40 hours per week).</i>	Total FTEs	Staff Who Are Nurses	Non-Nurse Staff
Board of Nursing Employees			
Contracted Personnel			
Non-Board Employees from other State Agencies			
Other			
Total			

³ The total number of FTEs is slightly higher than the sum of staff who are nurses plus the number of staff who are non-nurses because some respondents provided information about the total number of FTEs without providing a breakdown as the type of staff.

Table 19b: Average Number of FTE Staff Involved in the Discipline Process by Type of Staff in 2007 - Independent

<i>Please enter the number of full-time equivalent (FTE) staff who were involved in the discipline process during FY2007 (excluding investigators): Please enter all that apply. To convert part-time employees to FTEs, divide the number of paid hours by 2,080 (52 weeks multiplied by 40 hours per week).</i>	Independent			
	n	Total FTEs	Staff Who Are Nurses	Non-Nurse Staff
Board of Nursing Employees	22	11.5	3.5	7.8
Contracted Personnel	22	.2	.1	.1
Non-Board Employees from other State Agencies	22	1.5	0.0	1.5
Other	22	0.9	0.6	0.3
Total	22	14.2	4.2	9.6

Table 19c: Average Number of FTE Staff Involved in the Discipline Process by Type of Staff in 2007 - 200,000 or more

<i>Please enter the number of full-time equivalent (FTE) staff who were involved in the discipline process during FY2007 (excluding investigators): Please enter all that apply. To convert part-time employees to FTEs, divide the number of paid hours by 2,080 (52 weeks multiplied by 40 hours per week).</i>	200,000 or more			
	n	Total FTEs	Staff Who Are Nurses	Non-Nurse Staff
Board of Nursing Employees	3	32.3	11.7	20.7
Contracted Personnel	3	10.7	10.7	0.0
Non-Board Employees from other State Agencies	3	8.3	0.0	8.3
Other	3	12.0	0.3	11.7
Total	3	63.3	22.7	40.7

On average, one and a half FTEs involved in the discipline process are assigned to monitor nurses on active probation/restriction/ monitoring. This excludes those FTEs who monitor nurses in alternative programs. This represents about 9% of the FTEs involved in the discipline process.

Table 20: FTEs Assigned to Monitor Nurses on Active Probation/Restriction/Monitoring --
Aggregate

<i>Of the number of FTEs involved in the discipline process, how many FTEs are assigned to monitor nurses on active probation/restriction/ monitoring (excluding alternative programs)?</i>	n	Average	Ranges of Responses
Number of FTEs	30	1.5	0 to 5

Table 20a: FTEs Assigned to Monitor Nurses on Active Probation/Restriction/Monitoring -
State

<i>Of the number of FTEs involved in the discipline process, how many FTEs are assigned to monitor nurses on active probation/restriction/ monitoring (excluding alternative programs)?</i>	Average
Number of FTEs	

Table 20b: FTEs Assigned to Monitor Nurses on Active Probation/Restriction/Monitoring -
Independent

<i>Of the number of FTEs involved in the discipline process, how many FTEs are assigned to monitor nurses on active probation/restriction/ monitoring (excluding alternative programs)?</i>	2007		
	Independent		
	n	Average	Ranges of Responses
Number of FTEs	21	1.7	0.0 to 5.0

Table 20c: FTEs Assigned to Monitor Nurses on Active Probation/Restriction/Monitoring -
200,000 or more

<i>Of the number of FTEs involved in the discipline process, how many FTEs are assigned to monitor nurses on active probation/restriction/ monitoring (excluding alternative programs)?</i>	2007		
	200,000 or more		
	n	Average	Ranges of Responses
Number of FTEs	2	4.5	4.0 to 5.0

It takes a little over seven and a half months, on average, for a case to be resolved from the date the complaint was received until the date of final resolution. The average case involving an APRN takes 20% less time than that of an RN or LPN.

Table 21: Estimated Time (in days) to Resolve a Case by Type of Licensees -- Aggregate

<i>On average, in FY2007, how many days (please estimate if data not readily available) does it take for a case to be resolved from the date the complaint was received to the date of final resolution?</i>	n	Average	Median	Range
Number of days	28	227.6	164	1 to 1,149
Number of days for RN/LPNs	18	222.2	123	39 to 1,149
Number of days for APRNs	13	177.7	156	39 to 300

Table 21a: Estimated Time (in days) to Resolve a Case by Type of Licensees - **State**

<i>On average, in FY2007, how many days (please estimate if data not readily available) does it take for a case to be resolved from the date the complaint was received to the date of final resolution?</i>	Average
Number of days	
Number of days for RN/LPNs	
Number of days for APRNs	

Table 21b: Estimated Time (in days) to Resolve a Case by Type of Licensees - Independent

<i>On average, in FY2007, how many days (please estimate if data not readily available) does it take for a case to be resolved from the date the complaint was received to the date of final resolution?</i>	2007			
	Independent			
	n	Average	Median	Range
Number of days	20	119.1	123	1 to 1149
Number of days for RN/LPNs	14	223.8	116	39 to 1149
Number of days for APRNs	9	157.4	130	39 to 295

Table 21c: Estimated Time (in days) to Resolve a Case by Type of Licensees - 200,000 or more

<i>On average, in FY2007, how many days (please estimate if data not readily available) does it take for a case to be resolved from the date the complaint was received to the date of final resolution?</i>	2007			
	200,000 or more			
	n	Average	Median	Range
Number of days	3	560	300	231 to 1,149
Number of days for RN/LPNs	3	562	300	237 to 1,149
Number of days for APRNs	2	248	248	196 to 300

Investigations

Boards of Nursing were asked to indicate the total number of cases open for investigation on the last day of fiscal year 2006. They were then asked how many new cases were assigned in the 2007 fiscal year and how many cases remained open at the end of fiscal year 2007. The total number of cases open at the end of fiscal year 2007 minus the sum of the cases open at the end of FY2006 and the new cases assigned in FY2007 equals the total number of cases completed in fiscal year 2007.

Table 22 indicates that, on average, 66% of cases were completed in fiscal year 2007.

Table 22: Percent of Investigations Completed in FY2007 -- Aggregate

<i>(What was the total number of cases open for <u>investigation</u> on the last day of FY2006? + What was the total number of new cases assigned to investigators during FY2007? - What was the total number of <u>investigations</u> open on the last day of FY2007?)/100</i>	n	Average	Range
Percent of investigations completed FY2007	31	66%	23.1% to 91.5%

Table 22a: Percent of Investigations Completed in FY2007 - State

<i>(What was the total number of cases open for <u>investigation</u> on the last day of FY2006? + What was the total number of new cases assigned to investigators during FY2007? - What was the total number of <u>investigations</u> open on the last day of FY2007?)/100</i>	Average
Percent of investigations completed FY2007	

Table 22b: Percent of Investigations Completed in FY2007 - Independent

<i>(What was the total number of cases open for <u>investigation</u> on the last day of FY2006? + What was the total number of new cases assigned to investigators during FY2007? - What was the total number of <u>investigations</u> open on the last day of FY2007?)/100</i>	2007		
	Independent		
	n	Average	Range
Percent of investigations completed FY2007	21	67.2	25.6 to 87.2

Table 22c: Percent of Investigations Completed in FY2007 - 200,000 or more

<i>(What was the total number of cases open for <u>investigation</u> on the last day of FY2006? + What was the total number of new cases assigned to investigators during FY2007? - What was the total number of <u>investigations</u> open on the last day of FY2007?)/100</i>	2007		
	200,000 or more		
	n	Average	Range
Percent of investigations completed FY2007	3	66.2	25.6 to 91.5

A single nurse can have more than one investigation opened with reference to them in any given year. Table 23 indicates that the average Board opened at least one investigation for 744 nurses in 2007.

Table 23: Number of Nurses with an Open Investigation in 2007 -- Aggregate

<i>How many individual nurses had investigations opened against them during fiscal year (FY) 2007?</i>	n	Average	Range
Number of nurses with open investigations	33	743.9	9 to 3,705
Number of nurses with open investigations per 1,000 licensees	27	10.6	0.4 to 34.9
Number of RN/LPNs	28	626.2	8 to 2,190
Number of APRNs	26	33.3	0 to 319

Table 23a Number of Nurses with an Open Investigation in 2007 - **State**

<i>How many individual nurses had investigations opened against them during fiscal year (FY) 2007?</i>	Average
Number of nurses with open investigations	
Number of nurses with open investigations per 1,000 licensees	
Number of RN/LPNs	
Number of APRNs	

Table 23b Number of Nurses with an Open Investigation in 2007 - Independent

<i>How many individual nurses had investigations opened against them during fiscal year (FY) 2007?</i>	2007		
	Independent		
	n	Average	Range
Number of nurses with open investigations	21	785.7	93 to 3,705.0
Number of nurses with open investigations per 1,000 licensees	17	13.8	1.6 to 34.9
Number of RN/LPNs	17	608.4	89.0 to 1,776.0
Number of APRNs	15	18.4	0.0 to 132.0

Table 23c Number of Nurses with an Open Investigation in 2007 - 200,000 or more

<i>How many individual nurses had investigations opened against them during fiscal year (FY) 2007?</i>	2007		
	200,000 or more		
	n	Average	Range
Number of nurses with open investigations	3	1,751.7	509 to 2,440
Number of nurses with open investigations per 1,000 licensees	3	5.9	1.6 to 9.1
Number of RN/LPNs	3	1,606.7	509 to 2,190
Number of APRNs	3	145.0	0 to 319

Disciplinary Actions

On average, 143 nurses were initially placed on probation/restriction/monitoring in 2007.

Table 24: Nurses Initially Placed on Active Probation/Restriction/Monitoring in FY2007 --
Aggregate

<i>How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2007 (excluding alternative programs)?</i>	n	Average	Monthly Average	Range
Number of nurses on active Probation/Restriction/Monitoring	34	143.3	12	0 to 199
Number for RN/LPNs	26	129.8	11	1 to 932
Number for APRNs	24	3.6	0.3	0 to 54

Table 24a: Nurses Initially Placed on Active Probation/Restriction/Monitoring in FY2007 -
State

<i>How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2007 (excluding alternative programs)?</i>	Average	Monthly Average
Number of nurses on active Probation/Restriction/Monitoring		
Number for RN/LPNs		
Number for APRNs		

Table 24b: Nurses Initially Placed on Active Probation/Restriction/Monitoring in FY2007 -
Independent

<i>How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2007 (excluding alternative programs)?</i>	2007			
	Independent			
	n	Average	Monthly Average	Range
Number of nurses on active Probation/Restriction/Monitoring	22	100.8	8.4	2.0 to 635.0
Number for RN/LPNs	16	69.8	5.8	2.0 to 315.0
Number for APRNs	14	0.8	0.1	0.0 to 5.0

Table 24c: Nurses Initially Placed on Active Probation/Restriction/Monitoring in FY2007 - 200,000 or more

<i>How many individuals were initially placed on active probation/restriction/monitoring for even one day during FY2007 (excluding alternative programs)?</i>	2007			
	200,000 or more			
	n	Average	Monthly Average	Range
Number of nurses on active Probation/Restriction/Monitoring	3	289	32.4	55.0 to 986.0
Number for RN/LPNs	2	529	44.1	126.0 to 932.0
Number for APRNs	2	27	2.3	0.0 to 54.0

On average, of all nurses who were under current order (not just those who were put under order in FY2007) almost 38 nurses violated board orders during that 12 month period of time.

Table 25: Number of Nurses Who Violated Board Orders in FY2007 -- Aggregate

<i>How many nurses violated Board orders in FY2007? (excluding alternative programs)</i>	n	Average	Range
Number of nurses who violated Board orders	31	37.8	0 to 199
Violation rate per 1,000 licenses	25	0.5	0 to 2
Number for RN/LPNs	26	31.8	0 to 199
Number for APRNs	24	0.7	0 to 8

Table 25a: Number of Nurses Who Violated Board Orders in FY2007 - **State**

<i>How many nurses violated Board orders in FY2007? (excluding alternative programs)</i>	Average
Number of nurses who violated Board orders	
Violation rate per 1,000 licenses	
Number for RN/LPNs	
Number for APRNs	

Table 25b: Number of Nurses Who Violated Board Orders in FY2007 - Independent

<i>How many nurses violated Board orders in FY2007? (excluding alternative programs)</i>	2007		
	Independent		
	n	Average	Range
Number of nurses who violated Board orders	20	31.4	1.0 to 81.0
Violation rate per 1,000 licenses	17	0.6	0.0 to 2.0
Number for RN/LPNs	17	28.2	1.0 to 81.0
Number for APRNs	15	0.5	0.0 to 3.0

Table 25c: Number of Nurses Who Violated Board Orders in FY2007 - 200,000 or more

<i>How many nurses violated Board orders in FY2007? (excluding alternative programs)</i>	2007		
	200,000 or more		
	n	Average	Range
Number of nurses who violated Board orders	4	91.5	12 to 199
Violation rate per 1,000 licenses	3	0.3	0 to 0.9
Number for RN/LPNs	3	85.0	12 to 199
Number for APRNs	3	0.0	0 to 0

In FY2007, the average Board had 275 settlements. Fifty-four percent of the settlements were formal and 46% were informal.

Table 26: Formal Settlements in FY2007 -- Aggregate

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	n	Average	Range
Number of formal settlements	27	147.8	0 to 840
Number for RN/LPNs	23	121.8	0 to 808
Number for APRNs	16	6.6	0 to 47

Table 26a: Formal Settlements in FY2007 - State

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	Average
Number of formal settlements	
Number for RN/LPNs	
Number for APRNs	

Table 26b: Formal Settlements in FY2007 - Independent

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	2007		
	Independent		
	n	Average	Range
Number of formal settlements	18	101.6	1.0 to 727.0
Number for RN/LPNs	15	58.9	1.0 to 238.0
Number for APRNs	9	2.2	0.0 to 16.0

Table 26c: Formal Settlements in FY2007 - 200,000 or more

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	2007		
	200,000 or more		
	n	Average	Range
Number of formal settlements	2	437.0	44 to 830
Number for RN/LPNs	2	413.5	44 to 783
Number for APRNs	1	47.0	47 to 47

Table 27: Informal Settlements in FY2007 -- Aggregate

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	n	Average	Range
Number of informal settlements	27	127.3	0 to 700
Number for RN/LPNs	23	110.1	0 to 313
Number for APRNs	16	9.6	0 to 111

Table27a: Informal Settlements in FY2007 - **State**

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	Average
Number of informal settlements	
Number for RN/LPNs	
Number for APRNs	

Table 27b: Informal Settlements in FY2007 - Independent

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	2007		
	Independent		
	n	Average	Range
Number of informal settlements	17	156.6	0.0 to 700.0
Number for RN/LPNs	14	135.2	3.0 to 313.0
Number for APRNs	8	4.1	0.0 to 14.0

Table 27c: Informal Settlements in FY2007 - 200,000 or more

<i>Please indicate the number of Board actions for each type of nurse during FY2007 and whether the settlement process was formal or informal.</i>	2007		
	200,000 or more		
	n	Average	Range
Number of informal settlements	2	279	186 to 372
Number for RN/LPNs	2	223.5	186 to 261
Number for APRNs	1	111	111 to 111

Nine out of every 10 employers indicated the Board of Nursing in their state had non-disciplinary remediation activities for nurses who have practice issues.

Table 28: Non-disciplinary Remediation Activities for Nurses with Practice Issues -- Aggregate

<i>Does your state Board have non-disciplinary remediation activities for nurses who have practice issues? (Exclude programs that address alcohol, drug or mental health problems)</i>	2005 (n=567)	2007 (n=467)
Non-disciplinary remediation activities	83.3%	91.0%

Table 28a: Non-disciplinary Remediation Activities for Nurses with Practice Issues - **State**

<i>Does your state Board have non-disciplinary remediation activities for nurses who have practice issues? (Exclude programs that address alcohol, drug or mental health problems)</i>	2005	2007
Non-disciplinary remediation activities	100%	87.5%

Table 28b: Non-disciplinary Remediation Activities for Nurses with Practice Issues - Independent

<i>Does your state Board have non-disciplinary remediation activities for nurses who have practice issues? (Exclude programs that address alcohol, drug or mental health problems)</i>	2007
	Independent
	(n=326)
Non-disciplinary remediation activities	91.7%

Table 28c: Non-disciplinary Remediation Activities for Nurses with Practice Issues - 200,000 or more

<i>Does your state Board have non-disciplinary remediation activities for nurses who have practice issues? (Exclude programs that address alcohol, drug or mental health problems)</i>	2007
	200,000 or more
	(n=45)
Non-disciplinary remediation activities	91.1%

Licensure

Most nurses still use the mail to obtain or renew their license. More and more nurses, however, seem to be using a board of nursing Web-based application to renew or obtain a nurse license.

Table 29: Method Last Used to Obtain/Renew License -- Aggregate

<i>By which of the following methods did you last obtain or renew your license in this state?</i>	2005	2007
	(n=4,856)	(n=16,032)
Mail	48.8%	39.2%
On-line for entire process	30.4%	36.4%
Printed application from Board Web site and mailed/faxed in	9.4%	10.3%
Other	6.5%	9.8%
Walk-in	4.9%	4.3%

Table 29a: Method Last Used to Obtain/Renew License - State

<i>By which of the following methods did you last obtain or renew your license in this state?</i>	2005	2007
Mail	32.0%	40.6%
On-line for entire process	23.6%	24.1%
Printed application from Board Web site and mailed/faxed in	23.6%	16.9%
Other	16.7%	17.9%
Walk-in	3.8%	0.3%

Table 29b: Method Last Used to Obtain/Renew License - Independent

<i>By which of the following methods did you last obtain or renew your license in this state?</i>	2007
	Independent (n=8485)
Mail	33.4%
On-line for entire process	40.2%
Printed application from Board Web site and mailed/faxed in	11.1%
Other	11.2%
Walk-in	4.1%

Table 29c: Method Last Used to Obtain/Renew License - 200,000 or more

<i>By which of the following methods did you last obtain or renew your license in this state?</i>	2007
	200,000 or more
	(n=1,159)
Mail	47.9%
On-line for entire process	31.9%
Printed application from Board Web site and mailed/faxed in	11.8%
Other	7.9%
Walk-in	0.5%

In 2005, nurses were asked how satisfied they were with both the licensure and renewal process. On average, nurses said their satisfaction level was between satisfied and very satisfied.

Table 30: Perceptions of Nurses Regarding the Licensure and Renewal Process -- Aggregate

<i>How satisfied or dissatisfied are you with the licensure and renewal process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2005	
	n	Rating
Satisfaction with licensure and renewal process	4,814	2.36

In 2007, nurses were asked to rate their satisfaction for the licensure process and the renewal process separately. The ratings for when each question was asked separately were almost identical as to when the questions were asked together.

Table 31: Perceptions of Nurses Regarding the Licensure Process -- Aggregate

<i>How satisfied or dissatisfied are you with the licensure process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	n	Rating
Satisfaction with licensure process	16,151	2.35

Table 31a: Perceptions of Nurses Regarding the Licensure Process - **State**

<i>How satisfied or dissatisfied are you with the licensure process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2005	2007
	Rating	
Satisfaction with licensure process	3.19	3.36

Table 31b: Perceptions of Nurses Regarding the Licensure Process - Independent

<i>How satisfied or dissatisfied are you with the licensure process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	Independent	
	Rating (n=8,561)	
Satisfaction with licensure process	3.34	

Table 31c: Perceptions of Nurses Regarding the Licensure Process - 200,000 or more

<i>How satisfied or dissatisfied are you with the licensure process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	200,000 or more	
	Rating (n=1,169)	
Satisfaction with licensure process	3.41	

Table 32: Perceptions of Nurses Regarding the Renewal Process -- Aggregate

<i>How satisfied or dissatisfied are you with the renewal process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	n	Rating
Satisfaction with renewal process	11,530	2.36

Table 32a: Perceptions of Nurses Regarding the Renewal Process - **State**

<i>How satisfied or dissatisfied are you with the renewal process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	Rating	
Satisfaction with renewal process	3.23	

Table 32b: Perceptions of Nurses Regarding the Renewal Process - Independent

<i>How satisfied or dissatisfied are you with the renewal process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	Independent	
	n	Rating
Satisfaction with renewal process	5,727	3.33

Table 32c: Perceptions of Nurses Regarding the Renewal Process - 200,000 or more

<i>How satisfied or dissatisfied are you with the renewal process? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	2007	
	200,000 or more	
	n	Rating
Satisfaction with renewal process	861	3.41

Boards of Nursing that do not use Nursys® were asked to indicate how many verifications they conducted in FY2007.

Table 33: Number of Licensure Verifications Performed
For other Boards of Nursing in FY2007 -- Aggregate

<i>For each type of nurse, how many verifications of licensure did your Board perform in FY2007 for other Boards of Nursing?</i>	n	Average	Range
Number of licensure verifications	18	3,437.9	15 to 16,220
Number for RN/LPNs	11	3,764.9	0 to 16,220
Number for APRNs	10	234.3	0 to 1,788
Number of Verifications performed by Nursys	35	2,222	1 to 77,765

Table 33a: Number of Licensure Verifications Performed
For other Boards of Nursing in FY2007 - **State**

<i>For each type of nurse, how many verifications of licensure did your Board perform in FY2007 for other Boards of Nursing?</i>	Average
Number of licensure verifications	
Number for RN/LPNs	
Number for APRNs	
Number of Verifications performed by Nursys	

Table 33b: Number of Licensure Verifications Performed
For other Boards of Nursing in FY2007 - Independent

<i>For each type of nurse, how many verifications of licensure did your Board perform in FY2007 for other Boards of Nursing?</i>	2007		
	Independent		
	n	Average	Range
Number of licensure verifications	9	2,880.7	15.0 to 16,220.0
Number for RN/LPNs	6	4,115.2	588.0 to 16,220.0
Number for APRNs	5	34.6	0.0 to 132.0

Table 33c: Number of Licensure Verifications Performed
For other Boards of Nursing in FY2007 - 200,000 or more

<i>For each type of nurse, how many verifications of licensure did your Board perform in FY2007 for other Boards of Nursing?</i>	2007		
	200,000 or more		
	n	Average	Range
Number of licensure verifications	4	11,018.0	3,253.0 to 16,220.0
Number for RN/LPNs	2	14,465.5	12,711.0 to 16,220.0
Number for APRNs	2	894.0	0.0 to 1,788.0
Number of Verifications performed by Nursys			

Table 34: Timeliness of Verification -- Aggregate

<i>On average, how many days does it take to verify a license for each type of nurse registered in your state for another Board of nursing?</i>	n	Average	Range
Number of days to verify a license	15	11.1	1 to 45
Number for RN/LPNs	11	11.1	1 to 45
Number for APRNs	8	9.3	1 to 21

Table 34a: Timeliness of Verification - **State**

<i>On average, how many days does it take to verify a license for each type of nurse registered in your state for another Board of nursing?</i>	Average
Number of days to verify a license	
Number for RN/LPNs	
Number for APRNs	

Table 34b: Timeliness of Verification - Independent

<i>On average, how many days does it take to verify a license for each type of nurse registered in your state for another Board of nursing?</i>	2007		
	Independent		
	n	Average	Range
Number of days to verify a license	7	8.6	1.0 to 45.0
Number for RN/LPNs	6	9.3	1.0 to 45.0
Number for APRNs	2	3.0	1.0 to 5.0

Table 34c: Timeliness of Verification - 200,000 or more

<i>On average, how many days does it take to verify a license for each type of nurse registered in your state for another Board of nursing?</i>	2007		
	200,000 or more		
	n	Average	Range
Number of days to verify a license	4	18.3	7.0 to 45.0
Number for RN/LPNs	2	29.5	14.0 to 45.0
Number for APRNs	1	14.0	14.0 to 14.0

Employers were asked which methods they used to verify licenses. Almost 80% of employers use a Web-based verification system. Automated phone systems, call-ins, e-mail, and NCSBN's Nursys were each used by between 11% and 15% of employers to verify licenses.

Table 35: Percent of Employers Using Method to Verify Licenses -- Aggregate

<i>Which method do you use to verify licenses (“verification” means confirmation of licensure status): (Check all that apply)</i>	2005		2007	
	n	%	n	%
Method				
Web-based verification system	508	71.9%	867	79.1%
Phone – automated system	508	18.7%	867	14.8%
Call-in	508	20.9%	867	13.3%
E-mail	508	9.1%	867	12.2%
Nursys	508	15.6%	867	11.2%
Letter	508	6.1%	867	5.2%
Fax	508	2.8%	867	3.34%

Table 35a: Percent of Employers Using Method to Verify Licenses - State

<i>Which method do you use to verify licenses (“verification” means confirmation of licensure status): (Check all that apply)</i>	2005	2007
Method	%	%
Web-based verification system	66.7%	68.7%
Phone – automated system	53.3%	37.5%
Call-in	13.3%	12.5%
E-mail	6.7%	6.3%
Nursys	20%	21.9%
Letter	13.3%	3.1%
Fax	6.7%	100%

Table 35b: Percent of Employers Using Method to Verify Licenses - Independent

<i>Which method do you use to verify licenses (“verification” means confirmation of licensure status): (Check all that apply)</i>	2007	
	Independent	
Method	n	%
Web-based verification system	606	78.1%
Phone – automated system	606	17.0%
Call-in	606	14.5%
E-mail	606	11.9%
Nursys	606	11.1%
Letter	606	5.3%
Fax	606	3.3%

Table 35c: Percent of Employers Using Method to Verify Licenses - 200,000 or more

<i>Which method do you use to verify licenses (“verification” means confirmation of licensure status): (Check all that apply)</i>	2007	
	200,000 or more	
Method	n	%
Web-based verification system	75	74.7%
Phone – automated system	75	21.3%
Call-in	75	10.7%
E-mail	75	8.0%
Nursys	75	18.7%
Letter	75	5.3%
Fax	75	1.3%

Practice Issues

When asked the degree of autonomy staff have in providing advice about or clarifying practice information, all Boards indicated staff have autonomy, 2 Boards (6.06%) said that staff may respond only to questions that had prior Board action or decision, 31 Boards (93.94%) said that staff may utilize multiple resources as well as their own professional knowledge but refer to the Board when the resources available do not provide a clear response, and no Board indicated that staff have complete autonomy (i.e., questions are never referred to Board).

Table provides the average number of decisions made by type of Board activity: advice, clarification, or formal Board decisions. Advice/clarification was defined as providing information based on law, rule, previous Board decisions and opinions, or professional nursing knowledge. Formal Board decisions are defined as practice decisions that require Board action, such as advisory opinions, declaratory rulings, and Board opinions. While the question was meant to exclude decisions made by Board staff, given that the range of responses was as high as 250,000 per year it is likely that some respondents included staff decisions in their totals.

Table 36: Number of Practice Decisions Made by Board (excluding staff) in FY2007 --
Aggregate

<i>What are the estimated number of practice decisions handled by the Board in FY2007?</i>	n	Average	Ranges of Responses
Number of Decisions Made	35	10,397.6	2 to 250,000
Advice/Clarification	35	10,304.9	0 to 250,000
Formal Board Decision	35	92.7	0 to 2,000

Table 36a: Number of Practice Decisions Made by Board (excluding staff) in FY2007 - **State**

<i>What are the estimated number of practice decisions handled by the Board in FY2007?</i>	Average
Number of Decisions Made	
Advice/Clarification	
Formal Board Decision	

Table 36b: Number of Practice Decisions Made by Board (excluding staff) in FY2007 -
Independent

<i>What are the estimated number of practice decisions handled by the Board in FY2007?</i>	2007		
	Independent		
	n	Average	Ranges of Responses
Number of Decisions Made	22	3,669.9	6.0 to 23,603.0
Advice/Clarification	22	3,616.1	0.0 to 1,040.0
Formal Board Decision	22	53.8	0.0 to 1,040.0

Table 36c: Number of Practice Decisions Made by Board (excluding staff) in FY2007 - 200,000
or more

<i>What are the estimated number of practice decisions handled by the Board in FY2007?</i>	2007		
	200,000 or more		
	n	Average	Ranges of Responses
Number of Decisions Made	4	6,382.3	6.0 to 12,020.0
Advice/Clarification	4	6,376.0	4.0 to 12,000.0
Formal Board Decision	4	6.3	0.0 to 20.0

The first mailing of the questionnaire asked about the estimated number of phone/fax/face-to-face/e-mail questions received during FY2007. The question should have asked for the number of “practice related” inquires received by phone/fax/face-to-face/e-mail. An e-mail was sent out to each jurisdiction indicating the question should be answered only as it relates to practice.

Follow-up surveys with the corrected question were also sent to non-responders to the first mailing. Nevertheless, it is unknown how many jurisdictions provided information about all types of questions rather than just practice questions and the reported numbers may be inflated.

Table 37: Number of Phone/Fax/Face-to-Face/E-mail Questions Received in FY2007 -- Aggregate

<i>Estimated number of practice related phone/fax/face-to-face/e-mail questions received during FY2007.</i>	n	Average	Ranges of Responses
Number of Practice Questions	32	63,733.4	235 to 900,000

Table 37a: Number of Phone/Fax/Face-to-Face/E-mail Questions Received in FY2007 - State

<i>Estimated number of practice related phone/fax/face-to-face/e-mail questions received during FY2007.</i>	Average
Number of Practice Questions	

Table 37b: Number of Phone/Fax/Face-to-Face/E-mail Questions Received in FY2007 - Independent

<i>Estimated number of practice related phone/fax/face-to-face/e-mail questions received during FY2007.</i>	2007		
	Independent		
	n	Average	Ranges of Responses
Number of Practice Questions	19	12,067.7	400.0 to 59,864.0

Table 37c: Number of Phone/Fax/Face-to-Face/E-mail Questions Received in FY2007 - 200,000 or more

<i>Estimated number of practice related phone/fax/face-to-face/e-mail questions received during FY2007.</i>	2007		
	200,000 or more		
	n	Average	Ranges of Responses
Number of Practice Questions	4	197,297.5	6,000 to 750,000

On a scale of 4 (completely understand) to 1 (completely misunderstand), nurses reported that they understand (3.50) the scope/legal limits of a nurse's practice, as defined by the Nurse Practice Act and related state statutes and rules.

Table 38: How Well Nurses and Employers Understand the Scope of Practice as defined by the Nurse Practice Act -- Aggregate

<i>How well do you understand the scope/legal limits of a nurse's practice, as defined by the Nurse Practice Act and related state statutes and rules? (Scale: 4 = completely understand; 3 = understand; 2 = misunderstand; 1 = completely misunderstand)</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Understand scope of practice	3.42	3.64	3.32	3.39	3.5	3.7

Table 38a: How Well Nurses and Employers Understand the Scope of Practice as defined by the Nurse Practice Act - State

<i>How well do you understand the scope/legal limits of a nurse's practice, as defined by the Nurse Practice Act and related state statutes and rules? (Scale: 4 = completely understand; 3 = understand; 2 = misunderstand; 1 = completely misunderstand)</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Understand scope of practice			3.27	3.59	3.54	3.76

Table 38b: How Well Nurses and Employers Understand the Scope of Practice as defined by the Nurse Practice Act - Independent

<i>How well do you understand the scope/legal limits of a nurse's practice, as defined by the Nurse Practice Act and related state statutes and rules? (Scale: 4 = completely understand; 3 = understand; 2 = misunderstand; 1 = completely misunderstand)</i>	2007	
	Independent	
	Nurses (n=8,724)	Employers (n=624)
Understand scope of practice	3.53	3.73

Table 38c: How Well Nurses and Employers Understand the Scope of Practice as defined by the Nurse Practice Act - 200,000 or more

<i>How well do you understand the scope/legal limits of a nurse's practice, as defined by the Nurse Practice Act and related state statutes and rules? (Scale: 4 = completely understand; 3 = understand; 2 = misunderstand; 1 = completely misunderstand)</i>	2007	
	200,000 or more	
	Nurses (n=1,189)	Employers (n=77)
Understand scope of practice	3.46	3.74

When trying to find out about scope of practice or practice decisions, most nurses primarily use the nursing practice law and rules, the Board's Web site, and the Board's newsletter. Employers also primarily use those three sources of information but also utilize personal communication with Board staff about a third of the time and public meetings/education workshops and other association Web sites about a fifth of the time. About half of the nurses and employers also use the Board's Web site.

Table 39: Sources Used to Find Out About Scope of Practice/Practice Decisions -- Aggregate

<i>Which of the following do you use to find out about scope of practice/practice decisions? Check all that apply.</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Nursing practice law and rules	73.5%	84.4%	75%	75.1%	58%	80%
Board Web site	21.1%	43.1%	36.9%	53.6%	43%	52.3%
Board newsletter	62.6%	58.6%	41%	49.9%	17%	38%
Personal communication with Board staff or member	24.9%	57.7%	15.7%	49.7%	9%	31.5%
Public meetings/educational workshops	23.4%	27.3%	14.1%	20.8%	8%	19.2%
Other association Web site	3.3%	9.1%	6.3%	7.9%	6%	18.7%
Other association newsletter	12.1%	19.0%	10.8%	12.3%	5%	14.6%
Public notice	6.3%	6.8%	4.8%	6.3%	3%	7.0%
Public hearings	2.1%	3.4%	1.3%	2.6%	1%	3.2%
Other	9.5%		7.2%		7%	

Table 39a: Sources Used to Find Out About Scope of Practice/Practice Decisions - State

<i>Which of the following do you use to find out about scope of practice/practice decisions? Check all that apply.</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Nursing practice law and rules			81.7%	94.4%	64.4%	72.7%
Board Web site			50.4%	77.8%	64.7%	75.8%
Board newsletter			36.5%	55.6%	22%	63.6%
Personal communication with Board staff or member			15.6%	38.9%	10.2%	24.2%
Public meetings/educational workshops			13.9%	16.7%	6.4%	21.2%
Other association Web site			9.6%	16.7%	6.1%	2.12%
Other association newsletter			7.8%	16.7%	3.1%	12.1%
Public notice			5.2%	16.7%	1.7%	6.1%
Public hearings			1.7%	0	0.7%	3%
Other			1.7%	0	2.4%	100%

Table 39b: Sources Used to Find Out About Scope of Practice/Practice Decisions - Independent

<i>Which of the following do you use to find out about scope of practice/practice decisions? Check all that apply.</i>	2007	
	Nurses (n=8,474 to 8,480)	Employers (n=624)
Nursing practice law and rules	59.0%	80.9%
Board Web site	47.9%	56.6%
Board newsletter	20.3%	46.0%
Personal communication with Board staff or member	9.04%	34.5%
Public meetings/educational workshops	6.8%	17.8%
Other association Web site	5.2%	18.0%
Other association newsletter	4.1%	14.3%
Public notice	2.4%	5.9%
Public hearings	0.6%	3.5%
Other	5.8%	2.7%

Table 39c: Sources Used to Find Out About Scope of Practice/Practice Decisions - 200,000 or more

<i>Which of the following do you use to find out about scope of practice/practice decisions? Check all that apply.</i>	2007	
	Nurses (n=1,133)	Employers (n=77)
Nursing practice law and rules	59.8%	77.9%
Board Web site	40.4%	57.1%
Board newsletter	20.1%	29.9%
Personal communication with Board staff or member	8.4%	27.3%
Public meetings/educational workshops	7.7%	19.5%
Other association Web site	5.4%	22.1%
Other association newsletter	5.7%	11.7%
Public notice	3.7%	7.8%
Public hearings	0.7%	3.9%
Other	6.8%	6.5%

The Board of Nursing was the first source two-fifths of nurses would contact if they had a question about statutes, rules, or legal requirements. About one-third of nurses consult nursing practice law and rules first while 11% contact a risk management department if they have questions about statutes, rules, or legal requirements.

When needing assistance with a practice question two-thirds of employers would first go to the Board of Nursing while one-fifth would go directly to the nursing practice law and rules.

Table 40: Who to Contact First with Statute, Rule, or Legal Requirements Question -- Aggregate

<i>If you had a statute, rule, and other legal requirements question, which one of the following resources would you be most likely to contact first for assistance? Please check one.</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Board of Nursing	55.2%	73.4%	48.7%	60.2%	43%	63.4%
Nursing practice law and rules	15.8%	11.3%	17.7%	21.6%	32%	18.5%
Risk Management Department	14.8%	5.2%	19.0%	7.7%	11%	5.6%
Professional Association	4.6%	4.2%	3.2%	2.7%	4%	4.8%
Facility Attorney	1.5%	2.4%	3.7%	2.2%	4%	2.8%
School of Nursing	1.5%	1.5%	1.7%	0.4%	2%	2.5%
Board of Health	0.3%	1.3%	0.5%	1.4%	1%	1.6%
Other	6.3%	0.7%	5.5%	3.8%	4%	0.7%

Table 40a: Who to Contact First with Statute, Rule, or Legal Requirements Question - **State**

<i>If you had a statute, rule, and other legal requirements question, which one of the following resources would you be most likely to contact first for assistance? Please check one.</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Board of Nursing			45.3%	44.4%	48.9%	65.6%
Nursing practice law and rules			24.4%	44.4%	38.0%	28.1%
Risk Management Department			17.2%	5.5%	6.5%	3.1%
Professional Association			2.8%		1.0%	3.1%
Facility Attorney			1.4%		1.7%	
School of Nursing			2.8%		2.7%	
Board of Health					0.3%	
Other			5.7%	5.5%	0.6%	

Table 40b: Who to Contact First with Statute, Rule, or Legal Requirements Question - Independent

<i>If you had a statute, rule, and other legal requirements question, which one of the following resources would you be most likely to contact first for assistance? Please check one.</i>	2007	
	Independent	
	Nurses (n=8,322)	Employers (n=623)
Board of Nursing	45.5%	67.4%
Nursing practice law and rules	32.8%	17.7%
Risk Management Department	10.0%	5.6%
Professional Association	2.5%	3.7%
Facility Attorney	3.4%	1.8%
School of Nursing	2.3%	0.6%
Board of Health	0.2%	1.3%
Other	3.5%	1.9%

Table 40c: Who to Contact First with Statute, Rule, or Legal Requirements Question - 200,000 or more

<i>If you had a statute, rule, and other legal requirements question, which one of the following resources would you be most likely to contact first for assistance? Please check one.</i>	2007	
	200,000 or more	
	Nurses (n=1,173)	Employers (n=76)
Board of Nursing	41.2%	59.2%
Nursing practice law and rules	32.6%	25.0%
Risk Management Department	11.9%	6.6%
Professional Association	4.0%	4.0%
Facility Attorney	4.4%	1.3%
School of Nursing	2.0%	1.3%
Board of Health	1.2%	1.3%
Other	2.8%	1.3%

Overall, less than 5% of nurses contacted the Board of Nursing about practice issues in 2007. A little over two-fifths of employers contacted the Board about a practice issue.

Table 41: Contacted Board about Practice Issues -- Aggregate

<i>During the past 12 months, did you ask the Board of Nursing in this state about practice issues?</i>	2007	
	Nurses	Employers
Contacted Board about Practice Issues	4.9%	43.6%

Table 41a: Contacted Board about Practice Issues - **State**

<i>During the past 12 months, did you ask the Board of Nursing in this state about practice issues?</i>	2007	
	Nurses	Employers
Contacted Board about Practice Issues	4.4%	33.3%

Table 41b: Contacted Board about Practice Issues - Independent

<i>During the past 12 months, did you ask the Board of Nursing in this state about practice issues?</i>	2007	
	Independent	
	Nurses (n=8,724)	Employers (n=628)
Contacted Board about Practice Issues	5.3%	47.1%

Table 41c: Contacted Board about Practice Issues - 200,000 or more

<i>During the past 12 months, did you ask the Board of Nursing in this state about practice issues?</i>	2007	
	200,000 or more	
	Nurses (n=1,192)	Employers (n=77)
Contacted Board about Practice Issues	3.6%	40.3%

When asking a practice question, nurses and employers both felt the Board responded in a timely manner about 84% of the time. This represents a slight decrease for both groups of respondents from the previous survey cycle.

Table 42: Timeliness of Board of Nursing on Questions about Practice Issues -- Aggregate

<i>Overall, did the Board respond to practice questions in a timely manner?</i>	2005		2007	
	Nurses	Employers	Nurses	Employers
Percent indicating Board responded in timely manner	85.20%	89.80%	83.7%	84.1%

Table 42a: Timeliness of Board of Nursing on Questions about Practice Issues - **State**

<i>Overall, did the Board respond to practice questions in a timely manner?</i>	2005		2007	
	Nurses	Employers	Nurses	Employers
Percent indicating Board responded in timely manner	71.4%	100%	75%	90.9%

Table 42b: Timeliness of Board of Nursing on Questions about Practice Issues - Independent

<i>Overall, did the Board respond to practice questions in a timely manner?</i>	2007	
	Independent	
	Nurses (n=372)	Employers (n=292)
Percent indicating Board responded in timely manner	84.7%	83.9%

Table 42c: Timeliness of Board of Nursing on Questions about Practice Issues - 200,000 or more

<i>Overall, did the Board respond to practice questions in a timely manner?</i>	2007	
	200,000 or more	
	Nurses (n=29)	Employers (n=31)
Percent indicating Board responded in timely manner	89.7%	83.9%

Responses by Boards of Nursing to practice issues were not only timely but helpful. Nurses and employers were asked how helpful the Board of Nursing was in responding to questions about practice issues. Note, the wording of the questions was slightly different for the nurses and employers. Nevertheless, both nurses and employers who had contacted the Board of Nursing about a practice issue rated the responses they received as being between helpful and very helpful.

Table 43: Helpfulness of the Board of Nursing on Questions about Practice Issues -- Aggregate

<p><i>Nurses: Overall, how helpful or unhelpful was the response you received from the Board of Nursing in this state?</i></p> <p><i>Employers: How helpful or unhelpful was the response you received from the Board staff in this state when inquiring about practice issues during the past 12 months?</i></p> <p><i>(Scale: 4 = very helpful; 3 = helpful; 2 = unhelpful; 1 = very unhelpful)</i></p>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
<p>Helpfulness of Board of nursing</p>	3.37	3.47	3.32	3.51	3.3	3.4

Table 43a: Helpfulness of the Board of Nursing on Questions about Practice Issues --**State**

<p><i>Nurses: Overall, how helpful or unhelpful was the response you received from the Board of Nursing in this state?</i></p> <p><i>Employers: How helpful or unhelpful was the response you received from the Board staff in this state when inquiring about practice issues during the past 12 months?</i></p> <p><i>(Scale: 4 = very helpful; 3 = helpful; 2 = unhelpful; 1 = very unhelpful)</i></p>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
<p>Helpfulness of Board of nursing</p>			3.00	3.50	3.55	3.00

Table 43b: Helpfulness of the Board of Nursing on Questions about Practice Issues -Independent

<p><i>Nurses: Overall, how helpful or unhelpful was the response you received from the Board of Nursing in this state?</i></p> <p><i>Employers: How helpful or unhelpful was the response you received from the Board staff in this state when inquiring about practice issues during the past 12 months?</i></p> <p><i>(Scale: 4 = very helpful; 3 = helpful; 2 = unhelpful; 1 = very unhelpful)</i></p>	2007	
	Independent	
	Nurses (n=438)	Employers (n=294)
Helpfulness of Board of nursing	3.29	3.43

Table 43c: Helpfulness of the Board of Nursing on Questions about Practice Issues -200,000 or more

<p><i>Nurses: Overall, how helpful or unhelpful was the response you received from the Board of Nursing in this state?</i></p> <p><i>Employers: How helpful or unhelpful was the response you received from the Board staff in this state when inquiring about practice issues during the past 12 months?</i></p> <p><i>(Scale: 4 = very helpful; 3 = helpful; 2 = unhelpful; 1 = very unhelpful)</i></p>	2007	
	200,000 or more	
	Nurses (n=38)	Employers (n=31)
Helpfulness of Board of nursing	3.37	3.23

In addition to being timely and helpful, nurses and employers rated the Board staff as being between somewhat knowledgeable and very knowledgeable about scope of practice.

Table 44: Knowledge of Board of Nursing staff on Scope of Practice -- Aggregate

<p><i>Nurses: How knowledgeable was Board staff regarding scope of practice? (Scale: 4 = very knowledgeable; 3 = knowledgeable; 2 = somewhat knowledgeable; 1 = not knowledgeable at all)</i></p> <p><i>Employers: How knowledgeable or unknowledgeable was Board staff regarding scope of practice? (Scale: 4=Very knowledgeable; 3= Somewhat knowledgeable; 2= Unknowledgeable; 1= Very unknowledgeable)</i></p>	2005		2007	
	Nurses	Employers	Nurses	Employers
Knowledge of staff on scope of practice issues	3.28	3.66	3.17	3.59

Table 44a: Knowledge of Board of Nursing staff on Scope of Practice - **State**

<p><i>Nurses: How knowledgeable was Board staff regarding scope of practice? (Scale: 4 = very knowledgeable; 3 = knowledgeable; 2 = somewhat knowledgeable; 1 = not knowledgeable at all)</i></p> <p><i>Employers: How knowledgeable or unknowledgeable was Board staff regarding scope of practice? (Scale: 4=Very knowledgeable; 3= Somewhat knowledgeable; 2= Unknowledgeable; 1= Very unknowledgeable)</i></p>	2005		2007	
	Nurses	Employers	Nurses	Employers
Knowledge of staff on scope of practice issues	2.80	3.80	3.30	3.55

Table 44b: Knowledge of Board of Nursing staff on Scope of Practice - Independent

<p><i>Nurses: How knowledgeable was Board staff regarding scope of practice? (Scale: 4 = very knowledgeable; 3 = knowledgeable; 2 = somewhat knowledgeable; 1 = not knowledgeable at all)</i></p> <p><i>Employers: How knowledgeable or unknowledgeable was Board staff regarding scope of practice? (Scale: 4=Very knowledgeable; 3= Somewhat knowledgeable; 2= Unknowledgeable; 1= Very unknowledgeable)</i></p>	2007	
	Nurses (n=381)	Employers (n=292)
Knowledge of staff on scope of practice issues	3.19	3.62

Table 44c: Knowledge of Board of Nursing staff on Scope of Practice - 200,000 or more

<p><i>Nurses: How knowledgeable was Board staff regarding scope of practice? (Scale: 4 = very knowledgeable; 3 = knowledgeable; 2 = somewhat knowledgeable; 1 = not knowledgeable at all)</i></p> <p><i>Employers: How knowledgeable or unknowledgeable was Board staff regarding scope of practice? (Scale: 4=Very knowledgeable; 3= Somewhat knowledgeable; 2= Unknowledgeable; 1= Very unknowledgeable)</i></p>	2007	
	200,000 or more	
	Nurses (n=31)	Employers (n=31)
Knowledge of staff on scope of practice issues	3.35	3.48

Even though nurses and employers were asked about how responsive the Board staff were to changes in practice in a slightly different way, both respondent groups indicated the Board was somewhat responsive.

Table 45: Responsiveness of Board of Nursing to Changes in Practice -- Aggregate

<p><i>Nurses: How responsive is the Board of Nursing to changes in practice? (Scale: 4 = very responsive; 3 = responsive; 2 = somewhat responsive; 1 = not responsive at all)</i></p> <p><i>Employers: How responsive or unresponsive is the Board of Nursing to changes in practice? (Scale: 4 = responsive; 3 = somewhat responsive; 2 = somewhat unresponsive; 1 = unresponsive)</i></p>	2005		2007	
	Nurses	Employers	Nurses	Employers
Responsiveness of Board to changes in practice	2.94	3.44	2.85	3.35

Table 45a: Responsiveness of Board of Nursing to Changes in Practice - **State**

	2005		2007	
	Nurses	Employers	Nurses	Employers
<p><i>Nurses: How responsive is the Board of Nursing to changes in practice? (Scale: 4 = very responsive; 3 = responsive; 2 = somewhat responsive; 1 = not responsive at all)</i></p> <p><i>Employers: How responsive or unresponsive is the Board of Nursing to changes in practice? (Scale: 4 = responsive; 3 = somewhat responsive; 2 = somewhat unresponsive; 1 = unresponsive)</i></p>				
Responsiveness of Board to changes in practice	2.60	3.47	3.29	3.30

Table 45b: Responsiveness of Board of Nursing to Changes in Practice - Independent

	2007	
	Independent	
	Nurses (n=256)	Employers (n=592)
<p><i>Nurses: How responsive is the Board of Nursing to changes in practice? (Scale: 4 = very responsive; 3 = responsive; 2 = somewhat responsive; 1 = not responsive at all)</i></p> <p><i>Employers: How responsive or unresponsive is the Board of Nursing to changes in practice? (Scale: 4 = responsive; 3 = somewhat responsive; 2 = somewhat unresponsive; 1 = unresponsive)</i></p>		
Responsiveness of Board to changes in practice	2.95	3.41

Table 45c: Responsiveness of Board of Nursing to Changes in Practice - 200,000 or more

<i>Nurses: How responsive is the Board of Nursing to changes in practice? (Scale: 4 = very responsive; 3 = responsive; 2 = somewhat responsive; 1 = not responsive at all)</i>	2007	
	200,000 or more	
<i>Employers: How responsive or unresponsive is the Board of Nursing to changes in practice? (Scale: 4 = responsive; 3 = somewhat responsive; 2 = somewhat unresponsive; 1 = unresponsive)</i>	Nurses (n=22)	Employers (n=73)
Responsiveness of Board to changes in practice	3.14	3.21

Board Communications

About one-tenth of the nurses had contacted the Board of Nursing about a non-practice issue.

Table 46: Contacted Board about Non-Practice Issues -- Aggregate

<i>During the last 12 months, did you have any other communication with this state Board of Nursing? (e.g., attended a formal presentation by the Board of Nursing, asked a non-practice issue question, etc.)</i>	2007	
	n	Nurses
Contacted Board about Non-Practice Issues	16,424	11.4%

Table 46a: Contacted Board about Non-Practice Issues - State

<i>During the last 12 months, did you have any other communication with this state Board of Nursing? (e.g., attended a formal presentation by the Board of Nursing, asked a non-practice issue question, etc.)</i>	2007
	Nurses
Contacted Board about Non-Practice Issues	19.9%
Satisfaction with Board about Non-Practice Issues	2.93

Table 46b: Contacted Board about Non-Practice Issues - Independent

<i>During the last 12 months, did you have any other communication with this state Board of Nursing? (e.g., attended a formal presentation by the Board of Nursing, asked a non-practice issue question, etc.)</i>	2007	
	Independent	
<i>If yes, how “satisfied” or “dissatisfied” were you with the other communication you had with this state Board of Nursing? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>	n	Nurses
Contacted Board about Non-Practice Issues	8,729	13.8%
Satisfaction with Board about Non-Practice Issues	1,177	3.12

Table 46c: Contacted Board about Non-Practice Issues - 200,000 or more

<i>During the last 12 months, did you have any other communication with this state Board of Nursing? (e.g., attended a formal presentation by the Board of Nursing, asked a non-practice issue question, etc.)</i>	2007	
	200,000 or more	
<i>If yes, how “satisfied” or “dissatisfied” were you with the other communication you had with this state Board of Nursing? (Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>		
Contacted Board about Non-Practice Issues	1,192	11.5%
Satisfaction with Board about Non-Practice Issues	129	3.06

Nurses who had contacted the Board of Nursing over the past 12 months about a non-practice issue were asked for the degree of satisfaction they felt with the communication. Although nurses are still satisfied with the Board’s communication about non-practice issues, there appears to be a trend toward declining satisfaction over the last 6 years.

Employers were also asked for the degree of satisfaction they felt regarding communication with their Boards over the past 12 months (on issues other than practice issues). Similar to nurses, while still satisfied with the Board’s communication about non-practice issues, there is a downward trend among employers in their degree of satisfaction. Employers also seem to be slightly more satisfied with presentations by a Board representative than with inquiries they make to the Board.

Table 47: Perceptions of Employers Regarding Communication with Board on Non-Practice Issues -- Aggregate

<p><i>How satisfied or dissatisfied were you with information or assistance provided by the Board of Nursing over the past 12 months during presentations you attended or in response to an inquiry you made (other than questions about practice issues)?</i></p> <p><i>In response to an inquiry your office made (whether in writing or orally)</i></p> <p><i>Presentations by Board representatives</i></p> <p><i>(Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i></p>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Inquiry made by respondent's office	336	3.35	443	3.24	688	3.14
Presentation by Board representative	207	3.29	266	3.28	423	3.27

Table 47a: Perceptions of Employers Regarding Communication with Board on Non-Practice Issues - State

<p><i>How satisfied or dissatisfied were you with information or assistance provided by the Board of Nursing over the past 12 months during presentations you attended or in response to an inquiry you made (other than questions about practice issues)?</i></p> <p><i>In response to an inquiry your office made (whether in writing or orally)</i></p> <p><i>Presentations by Board representatives</i></p> <p><i>(Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i></p>	2002	2005	2007
	Rating	Rating	Rating
Inquiry made by respondent's office		3.54	3.04
Presentation by Board representative		3.50	3.31

Table 47b: Perceptions of Employers Regarding Communication with Board on Non-Practice Issues - Independent

<i>How satisfied or dissatisfied were you with information or assistance provided by the Board of Nursing over the past 12 months during presentations you attended or in response to an inquiry you made (other than questions about practice issues)?</i>	2007	
	Independent	
	n	Rating
<i>In response to an inquiry your office made (whether in writing or orally)</i>		
<i>Presentations by Board representatives</i>		
<i>(Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>		
Inquiry made by respondent's office	501	3.19
Presentation by Board representative	315	3.30

Table 47c: Perceptions of Employers Regarding Communication with Board on Non-Practice Issues - 200,000 or more

<i>How satisfied or dissatisfied were you with information or assistance provided by the Board of Nursing over the past 12 months during presentations you attended or in response to an inquiry you made (other than questions about practice issues)?</i>	2007	
	200,000 or more	
	n	Rating
<i>In response to an inquiry your office made (whether in writing or orally)</i>		
<i>Presentations by Board representatives</i>		
<i>(Scale: 4 = very satisfied; 3 = satisfied; 2 = dissatisfied; 1 = very dissatisfied)</i>		
Inquiry made by respondent's office	59	3.03
Presentation by Board representative	34	3.29

Nurses, employers, and education programs were asked to rate the Board of Nursing newsletter, Web site, and automated telephone system on a scale of 4 (excellent) to 1 (poor). While stakeholders generally rate the three modes of communication as “good” there is a downward trend in the ratings. The lowest average rating by the stakeholders in 2007 was for the telephone system, followed by the Web site and then the newsletter.

Table 48: Perceptions of Nurses Regarding Board Newsletter, Web Site, and Telephone System - Aggregate

Newsletter				Web Site				Telephone system						
<i>Please rate the Board of Nursing's newsletter ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2002	2005	2007	<i>Please rate the Board of Nursing's Web site ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2002	2005	2007	<i>Please rate the Board of Nursing's telephone system ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2002	2005	2007			
	Nurse	3.06	3.07		3	Nurse	3.03		3.04	2.96	Nurse	2.75	2.6	2.56
	Employer	3.21	3.13		3.04	Employer	3.19		3.14	2.96	Employer	2.9	2.72	2.52
	Education Program	3.31	3.29		3.29	Education Program	3.32		3.13	3.29	Education Program	2.8	2.51	3.29
	Avg. Rating	3.19	3.16		3.11	Avg. Rating	3.18		3.1	3.07	Avg. Rating	2.81	2.61	2.79

Table 48a: Perceptions of Nurses Regarding Board Newsletter, Web Site, and Telephone System - State

Newsletter				Web Site				Telephone system						
<i>Please rate the Board of Nursing's newsletter ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2002	2005	2007	<i>Please rate the Board of Nursing's Web site ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2002	2005	2007	<i>Please rate the Board of Nursing's telephone system ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2002	2005	2007			
	Nurse		3.03		3.12	Nurse			3.10	3.14	Nurse		2.50	2.56
	Employer		3.13		3.33	Employer			3.24	3.22	Employer		2.87	2.38
	Education Program		3.47		3.54	Education Program			3.36	3.35	Education Program		2.55	2.54
	Avg. Rating		3.21		3.33	Avg. Rating			3.23	3.23	Avg. Rating		2.64	2.49

Table 48b: Perceptions Regarding Board Newsletter, Web Site, and Telephone System - Independent

Newsletter		Web Site		Telephone system	
<i>Please rate the Board of Nursing's newsletter ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2007	<i>Please rate the Board of Nursing's Web site ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2007	<i>Please rate the Board of Nursing's telephone system ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2007
Nurse	3.02	Nurse	2.98	Nurse	2.55
Employer	3.09	Employer	3.02	Employer	2.57
Education Program	3.35	Education Program	3.21	Education Program	2.64
Avg. Rating	3.15	Avg. Rating	3.07	Avg. Rating	2.59

Table 48c: Perceptions of Nurses Regarding Board Newsletter, Web Site, and Telephone System - 200,000 or more

Newsletter		Web Site		Telephone system	
<i>Please rate the Board of Nursing's newsletter ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2007	<i>Please rate the Board of Nursing's Web site ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2007	<i>Please rate the Board of Nursing's telephone system ((Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor))</i>	2007
Nurse	3.07	Nurse	3.06	Nurse	2.64
Employer	3.12	Employer	3.02	Employer	2.34
Education Program	3.26	Education Program	3.13	Education Program	2.54
Avg. Rating	3.15	Avg. Rating	3.07	Avg. Rating	2.51

Discipline Issues

Nurses indicated they somewhat understand state laws about reporting misconduct by a nurse.

Table 49: Nurses' Understanding of State Laws about Reporting Misconduct -- Aggregate

<i>How well do you understand the laws in your state about reporting misconduct by a nurse? (Scale: 4=completely understand; 3=somewhat understand; 2=somewhat misunderstand; 1=completely misunderstand)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Nurses' understanding of state laws about reporting misconduct by a nurse	2,632	3.47	5,013	3.49	16,230	3.28

Table 49a: Nurses' Understanding of State Laws about Reporting Misconduct - State

<i>How well do you understand the laws in your state about reporting misconduct by a nurse? (Scale: 4=completely understand; 3=somewhat understand; 2=somewhat misunderstand; 1=completely misunderstand)</i>	2002	2005	2007
	Rating	Rating	Rating
Nurses' understanding of state laws about reporting misconduct by a nurse		3.60	3.39

Table 49b: Nurses' Understanding of State Laws about Reporting Misconduct - Independent

<i>How well do you understand the laws in your state about reporting misconduct by a nurse? (Scale: 4=completely understand; 3=somewhat understand; 2=somewhat misunderstand; 1=completely misunderstand)</i>	2007	
	Independent	
	n	Rating
Nurses' understanding of state laws about reporting misconduct by a nurse	8,657	3.30

Table 49c: Nurses' Understanding of State Laws about Reporting Misconduct - 200,000 or more

<i>How well do you understand the laws in your state about reporting misconduct by a nurse? (Scale: 4=completely understand; 3=somewhat understand; 2=somewhat misunderstand; 1=completely misunderstand)</i>	2007	
	200,000 or more	
	n	Rating
Nurses' understanding of state laws about reporting misconduct by a nurse	1,179	3.36

It is difficult to compare nurses and employers understanding of their obligation to report suspected violations of nursing statutes and rules since the two groups of respondents were asked somewhat different questions about the matter. However, while not asked directly of nurses, it is

implicit that if a nurse understands state laws about reporting misconduct they have an obligation to report a suspected violation of nursing statutes and rules. When employers were asked about reporting suspected violations they indicated they had an almost complete understanding of their obligations to do so.

Table 50: Employers' Understanding of Obligation to Report a Suspected Violation of Nursing Statutes and Rules -- Aggregate

<i>How well do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing? (Scale: 4 = understand; 3 = somewhat understand; 2 = somewhat do not understand; 1 = do not understand)</i>	2002		2005		2007	
	n	Mean	n	Mean	n	Mean
Understanding of obligation to report violation	470	3.83	565	3.72	892	3.83

Table 50a: Employers' Understanding of Obligation to Report a Suspected Violation of Nursing Statutes and Rules - **State**

<i>How well do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing? (Scale: 4 = understand; 3 = somewhat understand; 2 = somewhat do not understand; 1 = do not understand)</i>	2002	2005	2007
	Mean		
Understanding of obligation to report violation		3.94	3.91

Table 50b: Employers' Understanding of Obligation to Report a Suspected Violation of Nursing Statutes and Rules - Independent

<i>How well do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing? (Scale: 4 = understand; 3 = somewhat understand; 2 = somewhat do not understand; 1 = do not understand)</i>	2007	
	Independent	
	n	Mean
Understanding of obligation to report violation	627	3.83

Table 50c: Employers' Understanding of Obligation to Report a Suspected Violation of Nursing Statutes and Rules - 200,000 or more

<i>How well do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing? (Scale: 4 = understand; 3 = somewhat understand; 2 = somewhat do not understand; 1 = do not understand)</i>	2007	
	200,000 or more	
	n	Mean
Understanding of obligation to report violation	77	3.82

Employers are not only aware of their obligation to report suspected violations of nursing statutes and rules but almost all of them say they know how to report such violations. Far fewer nurses (about two-thirds) than employers report they are knowledgeable about how to report a suspected violation of the nursing laws and rules.

Table 51: Nurses' and Employers Knowledge of How to Report a Suspected Violation of Nursing Statute and Rules -- Aggregate

<i>Do you know how to report a suspected violation of the nursing laws or rules?</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Percent who say they know how to report violation	66.5%	97.2%	62.9%	97.0%	64.5%	95.2%

Table 51a: Nurses' and Employers Knowledge of How to Report a Suspected Violation of Nursing Statute and Rules - State

<i>Do you know how to report a suspected violation of the nursing laws or rules?</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Percent who say they know how to report violation			63.3%	94.4%	74.5%	93.9%

Table 51b: Nurses' and Employers Knowledge of How to Report a Suspected Violation of Nursing Statute and Rules - Independent

<i>Do you know how to report a suspected violation of the nursing laws or rules?</i>	2007	
	Independent	
	Nurses (n=8,699)	Employers (n=619)
Percent who say they know how to report violation	66.3%	95.2%

Table 51c: Nurses' and Employers Knowledge of How to Report a Suspected Violation of Nursing Statute and Rules - 200,000 or more

<i>Do you know how to report a suspected violation of the nursing laws or rules?</i>	2007	
	200,000 or more	
	Nurses (n=1,190)	Employers (n=76)
Percent who say they know how to report violation	68.9%	94.7%

Nurses and employers were asked if and how often they had been involved in Board disciplinary process during the past 24 months. Only 3% of the nurses were involved in the disciplinary process whereas about half of the employers were. On average, employers were involved in the disciplinary process about two and a half times per year.

Table 52: Frequency of Involvement in Disciplinary Process -- Aggregate

<i>Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)?</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Involved in Board disciplinary process in past 24 months	3.9%	36.1%	2.1%	39.9%	3.23%	47.6%
Number of times involved in process	Question not asked	2.6	Question not asked	2.3	Question not asked	2.64

Table 52a: Frequency of Involvement in Disciplinary Process - State

Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)?	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Involved in Board disciplinary process in past 24 months			0.7%	55.6%	3.03	45.5%
Number of times involved in process	Question not asked		Question not asked	2.80	Question not asked	2.73

Table 52b: Frequency of Involvement in Disciplinary Process - Independent

Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)?	2007	
	Independent	
	Nurses (n=8,711)	Employers (n=628)
Involved in Board disciplinary process in past 24 months	3.4%	47.6%
Number of times involved in process	Question not asked	2.8

Table 52c: Frequency of Involvement in Disciplinary Process - 200,000 or more

Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)?	2007	
	200,000 or more	
	Nurses	Employers
Involved in Board disciplinary process in past 24 months	2.9%	44.2%
Number of times involved in process	Question not asked	2.58

Of the employers who had been involved in the disciplinary process during the past 24 months, almost 88% had filed a complaint in FY2007. About one-third of these employers who had been involved in the disciplinary process during the past 24 months had been interviewed by Board staff or the attorney general's office.

Table 53: Type of Employer Involvement in Disciplinary Process -- Aggregate

<i>Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)? Please indicate how you were involved. Check all that apply</i>	2002	2005	2007
	(n=172)	(n=216)	(n=407)
I was involved in the filing of a complaint (or provider report) with the Board of Nursing	86.0%	80.6%	87.7%
I was interviewed by representatives (staff, investigator) from the Board of Nursing and/or Attorney General's office	23.3%	35.2%	30.7%
Other	15.1%	10.2%	9.3%
I served as a witness during a hearing	3.5%	3.7%	5.7%
I had a complaint filed against me at the Board of Nursing	2.3%	2.8%	2.5%

Table 53a: Type of Employer Involvement in Disciplinary Process - **State**

<i>Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)? Please indicate how you were involved. Check all that apply</i>	2002	2005	2007
I was involved in the filing of a complaint (or provider report) with the Board of Nursing		88.9%	93.3%
I was interviewed by representatives (staff, investigator) from the Board of Nursing and/or Attorney General's office		11.1%	100%
Other		11.1%	6.7%
I served as a witness during a hearing		100%	0%
I had a complaint filed against me at the Board of Nursing		100%	6.7%

Table 53b: Type of Employer Involvement in Disciplinary Process - Independent

<i>Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)? Please indicate how you were involved. Check all that apply</i>	2007
I was involved in the filing of a complaint (or provider report) with the Board of Nursing	88.7%
I was interviewed by representatives (staff, investigator) from the Board of Nursing and/or Attorney General's office	24.2%
Other	9.5%
I served as a witness during a hearing	4.2%
I had a complaint filed against me at the Board of Nursing	1.4%

Table 53c: Type of Employer Involvement in Disciplinary Process - 200,000 or more

<i>Have you been involved in any aspect of this state Board's complaint handling/discipline process over the past 24 months (e.g., filed a complaint or provided a report to the Board, as a witness, an interviewee, were the focus of a complaint, etc)? Please indicate how you were involved. Check all that apply</i>	2007
I was involved in the filing of a complaint (or provider report) with the Board of Nursing	93.9%
I was interviewed by representatives (staff, investigator) from the Board of Nursing and/or Attorney General's office	21.2%
Other	3.0%
I served as a witness during a hearing	3.0%
I had a complaint filed against me at the Board of Nursing	3.0%

Overall, employers felt that the Board communicated the disciplinary process well. Similarly, employers felt the Board did well in providing assistance during the disciplinary process.

Table 54: Aspects of the Disciplinary Process -- Aggregate

<p><i>Overall, how well or poorly was the Board of Nursing's disciplinary process communicated to you?</i></p> <p><i>How well or poorly did the Board staff provide you with assistance you needed during the disciplinary process?</i></p> <p><i>(Scale: 4 = very well; 3 = well; 2 = poorly; 1 = very poorly)</i></p>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Communication of disciplinary process	156	2.93	211	2.9	414	2.71
Provided needed assistance during the disciplinary process	145	3.33	202	3.14	388	2.87

Table 54a: Aspects of the Disciplinary Process - State

<p><i>Overall, how well or poorly was the Board of Nursing's disciplinary process communicated to you?</i></p> <p><i>How well or poorly did the Board staff provide you with assistance you needed during the disciplinary process?</i></p> <p><i>(Scale: 4 = very well; 3 = well; 2 = poorly; 1 = very poorly)</i></p>	2002	2005	2007
	Rating	Rating	Rating
Communication of disciplinary process		3.00	2.73
Provided needed assistance during the disciplinary process		3.14	2.73

Table 54b: Aspects of the Disciplinary Process - Independent

<i>Overall, how well or poorly was the Board of Nursing's disciplinary process communicated to you?</i>	2007	
	Independent	
	n	Rating
<i>How well or poorly did the Board staff provide you with assistance you needed during the disciplinary process?</i>		
<i>(Scale: 4 = very well; 3 = well; 2 = poorly; 1 = very poorly)</i>		
Communication of disciplinary process	292	2.75
Provided needed assistance during the disciplinary process	280	2.89

Table 54c: Aspects of the Disciplinary Process - 200,000 or more

<i>Overall, how well or poorly was the Board of Nursing's disciplinary process communicated to you?</i>	2007	
	200,000 or more	
	n	Rating
<i>How well or poorly did the Board staff provide you with assistance you needed during the disciplinary process?</i>		
<i>(Scale: 4 = very well; 3 = well; 2 = poorly; 1 = very poorly)</i>		
Communication of disciplinary process	32	2.56
Provided needed assistance during the disciplinary process	31	2.74

About half of the employers felt that complaints were resolved in a timely manner.

Table 55: Employer Perception of Timeliness of the Complaint Resolution -- Aggregate

<i>Overall, did the Board process resolve the complaint(s) in a timely manner?</i>	2007
	Employers
Yes	55.2%
No	44.8%

Table 55a: Employer Perception of Timeliness of the Complaint Resolution - State

<i>Overall, did the Board process resolve the complaint(s) in a timely manner?</i>	2007
	Employers
No	91.67
Yes	8.33

Table 55b: Employer Perception of Timeliness of the Complaint Resolution - Independent

<i>Overall, did the Board process resolve the complaint(s) in a timely manner?</i>	2007
	Independent
	Employers (n=200)
Yes	40%
No	60%

Table 55c: Employer Perception of Timeliness of the Complaint Resolution - 200,000 or more

<i>Overall, did the Board process resolve the complaint(s) in a timely manner?</i>	2007
	200,000 or more
	Employers (n=24)
Yes	25%
No	75%

Protecting the Public

Nurses and employers were asked in slightly different ways how effective or ineffective the Board's disciplinary (complaint/investigation/resolution) process was in protecting the public. All of the sampled nurses were asked the question but only employers who had been involved in the discipline process in the last 24 months were asked an almost identical question. Both sets of respondents indicated the Board was effective but employers continued to think the Board was less effective than in previous years.

Table 56: Effectiveness of the Disciplinary Process in Protecting the Public -- Aggregate

<i>Nurses: Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public?</i>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
<i>Employers: Overall, how effective or ineffective is the Board's disciplinary process in protecting the public?</i>						
<i>(Scale: 4 = very effective; 3 = effective; 2 = ineffective; 1 = very ineffective)</i>						
Effectiveness of disciplinary process	Question Not Asked	3.04	Question Not Asked	2.97	3.09	2.74

Table 56a: Effectiveness of the Disciplinary Process in Protecting the Public - State

	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
<p><i>Nurses: Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public?</i></p> <p><i>Employers: Overall, how effective or ineffective is the Board's disciplinary process in protecting the public?</i></p> <p>(Scale: 4 = very effective; 3= effective; 2= ineffective; 1= very ineffective)</p>						
Effectiveness of disciplinary process	Question Not Asked		Question Not Asked	3.14	3.18	2.60

Table 56b: Effectiveness of the Disciplinary Process in Protecting the Public - Independent

	2007	
	Nurses (n=4,333)	Employers (n=294)
<p><i>Nurses: Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public?</i></p> <p><i>Employers: Overall, how effective or ineffective is the Board's disciplinary process in protecting the public?</i></p> <p>(Scale: 4 = very effective; 3= effective; 2= ineffective; 1= very ineffective)</p>		
Effectiveness of disciplinary process	3.10	2.80

Table 56c: Effectiveness of the Disciplinary Process in Protecting the Public - 200,000 or more

	2007	
	Nurses (n=592)	Employers (n=32)
<p><i>Nurses: Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public?</i></p> <p><i>Employers: Overall, how effective or ineffective is the Board's disciplinary process in protecting the public?</i></p> <p>(Scale: 4 = very effective; 3= effective; 2= ineffective; 1= very ineffective)</p>		
Effectiveness of disciplinary process	3.11	2.56

Whether or not a nurse had been involved in the discipline process in the last 24 months or not did not seem to seem to affect how they rated the effectiveness of the process. Both those who had been involved in the process and those who weren't rated the process as being effective.

Table 57: Nurses Involvement in the Discipline Process by Effectiveness of the Process in Protecting the Public -- Aggregate

<p><i>During the past 24 months, have you been involved in any aspect of the Board of Nursing’s disciplinary process (e.g., filed a complaint, provided a report to the Board, was the focus of a complaint, was a witness during a hearing, or was interviewed about a complaint)?</i></p> <p><i>Overall, how effective or ineffective was the Board’s disciplinary (complaint/investigation/resolution) process in protecting the public? (Scale: 4=Very effective; 3= Effective; 2= Ineffective; 1=Very Ineffective)</i></p>	<p>Effectiveness of discipline process in protecting the public</p>	
<p>Nurse Involved in the Board of Nursing Discipline Process</p>	<p>n</p>	<p>Rating</p>
<p>No</p>	<p>7,350</p>	<p>3.09</p>
<p>Yes</p>	<p>412</p>	<p>3.06</p>

Table 57a: Nurses Involvement in the Discipline Process by Effectiveness of the Process in Protecting the Public - **State**

<p><i>During the past 24 months, have you been involved in any aspect of the Board of Nursing’s disciplinary process (e.g., filed a complaint, provided a report to the Board, was the focus of a complaint, was a witness during a hearing, or was interviewed about a complaint)?</i></p> <p><i>Overall, how effective or ineffective was the Board’s disciplinary (complaint/investigation/resolution) process in protecting the public? (Scale: 4=Very effective; 3= Effective; 2= Ineffective; 1=Very Ineffective)</i></p>	<p>Effectiveness of discipline process in protecting the public</p>	
<p>Nurse Involved in the Board of Nursing Discipline Process</p>	<p>Rating</p>	
<p>Yes</p>	<p>3.25</p>	

Table 57b: Nurses Involvement in the Discipline Process by Effectiveness of the Process in Protecting the Public - Independent

<p><i>During the past 24 months, have you been involved in any aspect of the Board of Nursing's disciplinary process (e.g., filed a complaint, provided a report to the Board, was the focus of a complaint, was a witness during a hearing, or was interviewed about a complaint)?</i></p> <p><i>Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public? (Scale: 4=Very effective; 3= Effective; 2= Ineffective; 1=Very Ineffective)</i></p>	Effectiveness of discipline process in protecting the public	
	Independent	
Nurse Involved in the Board of Nursing Discipline Process	n	Rating
	229	3.08

Table 57c: Nurses Involvement in the Discipline Process by Effectiveness of the Process in Protecting the Public - 200,000 or more

<p><i>During the past 24 months, have you been involved in any aspect of the Board of Nursing's disciplinary process (e.g., filed a complaint, provided a report to the Board, was the focus of a complaint, was a witness during a hearing, or was interviewed about a complaint)?</i></p> <p><i>Overall, how effective or ineffective was the Board's disciplinary (complaint/investigation/resolution) process in protecting the public? (Scale: 4=Very effective; 3= Effective; 2= Ineffective; 1=Very Ineffective)</i></p>	Effectiveness of discipline process in protecting the public	
	200,000 or more	
Nurse Involved in the Board of Nursing Discipline Process	n	Rating
	No	564
Yes	27	3.19

Over the years, nurses and employers have consistently rated the effectiveness of the Board in protecting the health and safety of the public as good.

Table 58: Perceptions of Nurses Regarding Effectiveness in Protecting the Public -- Aggregate

<p><i>Nurses: Overall, how effective is the state's Board of Nursing in protecting the health and safety of the public. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i></p> <p><i>Employers: Overall, how well or poorly does the Board of Nursing fulfill its role in protect the health and safety of the public (Scale: 4= Very well; 3= Well; 2= Poorly; 1= Very poorly)</i></p>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Effectiveness in protecting the public	3.1	3.34	3.21	3.27	3.11	3.04

Table 58a: Perceptions of Nurses Regarding Effectiveness in Protecting the Public - **State**

<p><i>Nurses: Overall, how effective is the state's Board of Nursing in protecting the health and safety of the public. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i></p> <p><i>Employers: Overall, how well or poorly does the Board of Nursing fulfill its role in protect the health and safety of the public (Scale: 4= Very well; 3= Well; 2= Poorly; 1= Very poorly)</i></p>	2002		2005		2007	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Effectiveness in protecting the public			3.28	3.24	3.27	2.87

Table 58b: Perceptions of Nurses Regarding Effectiveness in Protecting the Public - Independent

<p><i>Nurses: Overall, how effective is the state's Board of Nursing in protecting the health and safety of the public. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i></p> <p><i>Employers: Overall, how well or poorly does the Board of Nursing fulfill its role in protect the health and safety of the public (Scale: 4= Very well; 3= Well; 2= Poorly; 1= Very poorly)</i></p>	2007	
	Independent	
	Nurses (n=8,490)	Employers (n=583)
Effectiveness in protecting the public	3.14	3.10

Table 58c: Perceptions of Nurses Regarding Effectiveness in Protecting the Public - 200,000 or more

<i>Nurses: Overall, how effective is the state's Board of Nursing in protecting the health and safety of the public. (Scale: 4 = excellent; 3 = good; 2 = fair; 1 = poor)</i>	2007	
	200,000 or more	
	Nurses (n=1,145)	Employers (n=72)
<i>Employers: Overall, how well or poorly does the Board of Nursing fulfill its role in protect the health and safety of the public (Scale: 4= Very well; 3= Well; 2= Poorly; 1= Very poorly)</i>		
Effectiveness in protecting the public	3.12	2.89

Board Role and Functions

Employers were asked to identify the Board's current and ideal roles regarding regulatory policy with respect to the balance between the focus on policy development and policy enforcement. Between 76% and 84% of employers believe the Board of Nursing should focus equally on development and enforcement. In order to achieve this balance, however, they think Boards currently either need to have more focus on policy development (17.9%) or more focus on policy enforcement (12.5%).

Table 59: Perceptions of Board's Role Regarding Regulatory Policy & Enforcement -- Aggregate

<i>What best reflects the Board's current role regarding regulatory policy?</i>	2005		2007	
	Current Role	Ideal Role	Current Role	Ideal Role
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>	(n=514)	(n=519)	(n=781)	(n=784)
All focus on regulatory policy development	4.8%	2.5%	7.4%	4.9%
More focus on policy development	23.3%	9.1%	17.9%	11.7%
Equal focus on development & enforcement	56.5%	83.9%	57.8%	76.5%
More focus on policy enforcement	12.4%	4.1%	12.5%	5.6%
All focus on regulatory policy enforcement	3%	0.4%	4.2%	1.1%

Table 59a: Perceptions of Board's Role Regarding Regulatory Policy & Enforcement - **State**

<i>What best reflects the Board's current role regarding regulatory policy?</i>	2005		2007	
	Current Role	Ideal Role	Current Role	Ideal Role
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>				
All focus on regulatory policy development	17.6%	5.8%	6.6%	10.0%
More focus on policy development	11.7%	5.8%	33.3%	3.3%
Equal focus on development & enforcement	52.9%	88.2%	56.6%	80.0%
More focus on policy enforcement	17.6%		-	6.6%
All focus on regulatory policy enforcement	17.6%		3.3%	-

Table 59b: Perceptions of Board's Role Regarding Regulatory Policy & Enforcement - Independent

<i>What best reflects the Board's current role regarding regulatory policy?</i>	2007	
	Independent	
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>	Current Role (n=557)	Ideal Role (n=555)
All focus on regulatory policy development	5.9%	5.2%
More focus on policy development	16.9%	10.8%
Equal focus on development & enforcement	60.0%	77.3%
More focus on policy enforcement	12.6%	6.0%
All focus on regulatory policy enforcement	4.7%	0.7%

Table 59c: Perceptions of Board's Role Regarding Regulatory Policy & Enforcement - 200,000 or more

<i>What best reflects the Board's current role regarding regulatory policy?</i>	2007	
	200,000 or more	
	Current Role	Ideal Role
<i>What best reflects the Board's ideal role regarding regulatory policy?</i>	(n=67)	(n=68)
All focus on regulatory policy development	9.0%	7.4%
More focus on policy development	28.4%	13.2%
Equal focus on development & enforcement	58.2%	75.0%
More focus on policy enforcement	1.5%	4.4%
All focus on regulatory policy enforcement	3.0%	

Nurses were asked to what extent they understood or misunderstood the differences between the roles of the Board of Nursing and professional associations. Somewhat misunderstand and misunderstand were response categories offered for the first time in the 2007 survey. The addition of these two categories explains 87% of the drop in the percentage of nurses who said they understand the differences in roles.

Table 60: Differences Between Roles of Board of Nursing and Professional Associations -- Aggregate

<i>To what extent do you believe that you understand the differences between the roles of the Board of Nursing and professional associations?</i>	2002	2005	2007
	(n=2,605)	(n=4,925)	(n=16,417)
Understand	35.40%	25.50%	22%
Somewhat Understand	48.40%	55.00%	51.8%
Somewhat Misunderstand	-	-	9.1%
Misunderstand	-	-	2.6%
Differences are not clear	16.20%	19.50%	14.4%

Table 60a: Differences Between Roles of Board of Nursing and Professional Associations -
State

<i>To what extent do you believe that you understand the differences between the roles of the Board of Nursing and professional associations?</i>	2002	2005	2007
Understand		35.7%	23.5%
Somewhat Understand			53.2%
Somewhat Misunderstand		48.9%	11.4%
Misunderstand			3.0%
Differences are not clear		15.3%	8.7%

Table 60b: Differences Between Roles of Board of Nursing and Professional Associations -
Independent

<i>To what extent do you believe that you understand the differences between the roles of the Board of Nursing and professional associations?</i>	2007
	Independent (n=8,731)
Understand	22.9%
Somewhat Understand	53.6%
Somewhat Misunderstand	9.2%
Misunderstand	2.2%
Differences are not clear	12.1%

Table 60c: Differences Between Roles of Board of Nursing and Professional Associations -
200,000 or more

<i>To what extent do you believe that you understand the differences between the roles of the Board of Nursing and professional associations?</i>	2007
	200,000 or more
	(n=1,190)
Understand	20.5%
Somewhat Understand	50.8%
Somewhat Misunderstand	7.8%
Misunderstand	3.2%
Differences are not clear	17.7%

Table 61 the percent of employers who thought the Board of Nursing's statutes/rules were accessible and the percent who thought the Board's statutes/rules were clear.

Table 61: Accessibility and Clarity of Board of Nursing statutes/rules -- Aggregate

<i>Are Boards of Nursing statutes/rules accessible?</i>	2005		2007	
	n	Percent	n	Percent
<i>Are Board of Nursing statutes/rules clear?</i>				
Rules are accessible	559	95.7%	585	95.7%
Rules are clear	554	75.1%	567	73.2%

Table 61a: Accessibility and Clarity of Board of Nursing statutes/rules - **State**

<i>Are Boards of Nursing statutes/rules accessible?</i>	2005	2007
	Percent	Percent
<i>Are Board of Nursing statutes/rules clear?</i>		
Rules are accessible	100%	100%
Rules are clear	72.2%	65.6%

Table 61b: Accessibility and Clarity of Board of Nursing statutes/rules - Independent

<i>Are Boards of Nursing statutes/rules accessible?</i>	2007	
	Independent	
<i>Are Board of Nursing statutes/rules clear?</i>	n	Percent
Rules are accessible	623	4.0%
Rules are clear	605	74.1%

Table 61c: Accessibility and Clarity of Board of Nursing statutes/rules - 200,000 or more

<i>Are Boards of Nursing statutes/rules accessible?</i>	2007	
	200,000 or more	
<i>Are Board of Nursing statutes/rules clear?</i>	n	Percent
Rules are accessible	76	98.7%
Rules are clear	74	67.6%

Level of Regulation

Nurses, employers, and nursing programs were asked for their views about existing statutes and administrative rules and regulations. They rated activities in the areas of practice standards (scope of practice), the discipline process, education program approval, and requirements for licensure. Overall, all three stakeholder groups felt that there was adequate regulation of these areas. Almost one-fifth of the employers felt that there was too little regulation in the areas of complaint resolution/discipline process while one in ten felt there was too much regulation in education program approval/accreditation.

Table 62: Ratings of Existing Statutes and Administrative Rules and Regulations (2002) -- Aggregate

	2002					
	Too much regulation		Adequate regulation		Too little regulation	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Practice standards/scope of practice	4.5%	4.9%	92.3%	91.7%	3.2%	3.7%
Complaint resolution/discipline process	3.8%	4.8%	91.4%	89.2%	4.8%	6%
Education program approval/accreditation	5.4%	6.1%	87%	85.4%	7.6%	8.5%
Requirements for licensure	4.1%	4.2%	89.7%	88.4%	6.2%	7.3%

Table 62a: Ratings of Existing Statutes and Administrative Rules and Regulations (2002) -
State

	2002					
	Too much regulation		Adequate regulation		Too little regulation	
	Nurses	Employers	Nurses	Employers	Nurses	Employers
Practice standards/scope of practice						
Complaint resolution/discipline process						
Education program approval/accreditation						
Requirements for licensure						

Table 63: Ratings of Existing Statutes and Administrative Rules and Regulations (2005) --
Aggregate

<i>Please rate the degree or extent of regulation in this state in each of the following areas. (Scale: 4 = Too much regulation, 3 = Adequate regulation, or 2 = Too little regulation)</i>	2005								
	Too much regulation			Adequate regulation			Too little regulation		
	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs
Practice standards/scope of practice	3.5%	4.8%	4.2%	93.1%	88.2%	91.7%	3.4%	7%	4.2%
Complaint resolution/discipline process	2.4%	5.5%	3.5%	92%	79.2%	92.7%	5.6%	15.3%	3.83%
Education program approval/accreditation	4.2%	6.3%	14.3%	88.9%	84.7%	81.8%	6.9%	9%	3.9%
Requirements for licensure	4.9%	5.9%	3.5%	90.6%	88.8%	94%	4.5%	5.4%	2.5%

Table 63a: Ratings of Existing Statutes and Administrative Rules and Regulations (2005) -
State

<i>Please rate the degree or extent of regulation in this state in each of the following areas. (Scale: 4 =Too much regulation, 3 = Adequate regulation, or 2 =Too little regulation)</i>	2005								
	Too much regulation			Adequate regulation			Too little regulation		
	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs
Practice standards/scope of practice	3.2%	11.1%	10.7%	93.6%	83.3%	88%	3.2%	5.6%	1.3%
Complaint resolution/discipline process	5.8%	11.7%	7%	90.4%	70.6%	88.7%	3.8%	17.6%	4.2%
Education program approval/accreditation	7.4%	6.2%	25.3%	82.8%	81.2%	73.3%	9.8%	12.5%	1.3%
Requirements for licensure	7.6%		7.9%	84.7%	82.3%	89.5%	7.6%	17.6%	2.6%

Table 64 Ratings of Existing Statutes and Administrative Rules and Regulations (2007) --
Aggregate

<i>Please rate the degree or extent of regulation in this state in each of the following areas. (Scale: 4 =Too much regulation,3 = Adequate regulation, or 2 =Too little regulation)</i>	2007								
	Too much regulation			Adequate regulation			Too little regulation		
	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs
Practice standards/scope of practice	4.6%	2.9%	2.6%	92.5%	90.4%	93.8%	2.9%	6.7%	3.6%
Complaint resolution/discipline process	3%	3.6%	2.2%	90.5%	78.9%	94.7%	6.5%	17.4%	3.1%
Education program approval/accreditation	4.2%	5.3%	10.8%	88.3%	79.5%	86%	7.5%	15.2%	3.2%
Requirements for licensure	4.3%	3.3%	3.3%	91.8%	87.6%	95%	3.9%	9.2%	1.8%

Table 64a: Ratings of Existing Statutes and Administrative Rules and Regulations (2007) -
State

<i>Please rate the degree or extent of regulation in this state in each of the following areas. (Scale: 4 =Too much regulation,3 = Adequate regulation, or 2 =Too little regulation)</i>	2007								
	Too much regulation			Adequate regulation			Too little regulation		
	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs
Practice standards/scope of practice	2.5%	12.9%	4.8%	95%	74.2%	92.2%	2.5%	12.9%	2.9%
Complaint resolution/discipline process	1.9%	7.1%	4.3%	93.1%	75%	94.7%	4.9%	17.8%	1%
Education program approval/accreditation	6.1%	3.3%	16.8%	84.5%	80%	83.2%	9.4%	16.7%	
Requirements for licensure	5.4%	3.4%	2.9%	91.1%	86.2%	97.1%	3.5%	10.3%	

Table 64b: Ratings of Existing Statutes and Administrative Rules and Regulations (2007) -
Independent

<i>Please rate the degree or extent of regulation in this state in each of the following areas. (Scale: 4 =Too much regulation,3 = Adequate regulation, or 2 =Too little regulation)</i>	2007								
	Too much regulation			Adequate regulation			Too little regulation		
	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs
Practice standards/scope of practice	4.3%	3.1%	2.2%	93.3%	91.1%	95.7%	2.4%	4.4%	2.1%
Complaint resolution/discipline process	3.1%	4.4%	2.4%	91.3%	79.7%	94.3%	5.6%	15.9%	3.4%
Education program approval/accreditation	4.0%	4.0%	11.8%	89.0%	82.7%	85.3%	7.0%	13.4%	2.9%
Requirements for licensure	4.7%	3.1%	3.5%	92.0%	89.8%	95.6%	3.3%	7.1%	0.9%

Table 64c: Ratings of Existing Statutes and Administrative Rules and Regulations (2007) - 200,000 or more

<i>Please rate the degree or extent of regulation in this state in each of the following areas. (Scale: 4 =Too much regulation,3 = Adequate regulation, or 2 =Too little regulation)</i>	2007								
	Too much regulation			Adequate regulation			Too little regulation		
	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs	Nurses	Employers	Education Programs
Practice standards/scope of practice	5.5%	6.9%	3.2%	91.2%	80.6%	92.3%	3.3%	12.5%	4.5%
Complaint resolution/discipline process	2.2%	2.9%	3.1%	90.1%	70.0%	93.8%	7.7%	27.1%	3.1%
Education program approval/accreditation	4.6%	4.3%	11.8%	87.1%	70.0%	86.2%	8.3%	25.7%	2.0%
Requirements for licensure	4.2%	2.8%	2.9%	91.8%	85.9%	94.5%	4.0%	11.3%	2.6%

Employers were asked for their views about the Board of Nursing’s involvement in certain topical areas of interest. In terms of evolving scopes of practice and legislative issues, employers feel the Board of Nursing is close to be adequately involved. In terms of nursing supply and demand and workplace issues, employers feel the Board needs more involvement.

Table 65: Perceptions of Employers of Board of Nursing’s Involvement in Areas of Interest -- Aggregate

<i>In your opinion, what is the Board of Nursing’s level of involvement in the following issues? (Scale: 3 = too much involvement, 2 = adequate involvement, or 1 = too little involvement)</i>	Too Much	Adequate	Too Little
Nursing supply and demand issues	.78%	41.1%	58.1%
Evolving scopes of practice	.98%	73.9%	25.1%
Legislative issues	2.6%	76.3%	21.1%
Workplace issues	1.9%	53.8%	44.2%

Table 65a: Perceptions of Employers of Board of Nursing's Involvement in Areas of Interest -
State

<i>In your opinion, what is the Board of Nursing's level of involvement in the following issues? (Scale: 3 = too much involvement, 2 = adequate involvement, or 1 = too little involvement)</i>	Too Much	Adequate	Too Little
Nursing supply and demand issues		34.5%	65.5%
Evolving scopes of practice		75%	25%
Legislative issues		84.4%	15.6%
Workplace issues	3.2%	38.7%	58.1%

Table 65b: Perceptions of Employers of Board of Nursing's Involvement in Areas of Interest –
 Independent-- 2007

<i>In your opinion, what is the Board of Nursing's level of involvement in the following issues? (Scale: 3 = too much involvement, 2 = adequate involvement, or 1 = too little involvement)</i>	Too much regulation	Adequate regulation	Too little regulation
Nursing supply and demand issues (n=552)	.7%	45.7%	53.6%
Evolving scopes of practice (n=577)	.7%	76.6%	22.7%
Legislative issues (n=567)	1.9%	77.6%	20.5%
Workplace issues (n=553)	2.2%	57.3%	40.5%

Table 65c: Perceptions of Employers of Board of Nursing's Involvement in Areas of Interest - 200,000 or more

<i>In your opinion, what is the Board of Nursing's level of involvement in the following issues? (Scale: 3 = too much involvement, 2 = adequate involvement, or 1 = too little involvement)</i>	Too much regulation	Adequate regulation	Too little regulation
Area of Interest			
Nursing supply and demand issues		31.8%	68.2%
Evolving scopes of practice		65.3%	34.7%
Legislative issues	7.0%	77.5%	15.5%
Workplace issues	1.5%	38.8%	59.7%

Preparation for Practice

Nurses were asked how well their basic education prepared them to provide safe and effective nursing care. In 2007, almost 96% of RNs said they felt they were very well or well prepared by their basic education to practice nursing.

Table 66: RN Preparation for Practice -- Aggregate

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2002 (n=1,915)	2005 (n=3,473)	2007 (n=12,634)
Very well	50.3%	46.9%	41.8%
Well	46.2%	49%	54%
Poorly	3.4%	4%	4%
Very poorly	0.1%	0.1%	0.2%

Table 66a: RN Preparation for Practice - **State**

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2002	2005	2007
Very well		42.2%	37.7%
Well		53.3%	60.0%
Poorly		3.3%	1.8%
Very poorly		1.1%	0.4%

Table 66b: RN Preparation for Practice - Independent

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2007
	Independent
	(n=6,957)
Very well	39.3%
Well	56.5%
Poorly	4.0%
Very poorly	0.2%

Table 66c: RN Preparation for Practice - 200,000 or more

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2007
	200,000 or more
	(n=660)
Very well	46.2%
Well	49.1%
Poorly	4.4%
Very poorly	0.3%

The longer a nurse has been licensed the more likely they are to think they were prepared well or very well by their basic education. The differences are very minor, however, ranging from a low of 94.7% among those licensed 1 to 2 years to a high of 97.7% among those licensed 35 or more years.

Table 67: RN Preparation for Practice by Years of Licensure (2007) -- Aggregate

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	33.9%	32.6%	36.8%	47.2%	53.6%	56.9%	69.5%
Well	61.4%	62.3%	58.5%	49%	42.6%	40.2%	28.2%
Poorly	4.4%	4.8%	4.5%	3.5%	3.7%	2.2%	2.2%
Very poorly	0.2	0.2%	0.17%	0.3%	0.1%	0.2%	0.1%

Table 67a: RN Preparation for Practice by Years of Licensure – State (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	34.4%	40%	50%	61.1%	50%	25%	
Well	63.3%	60%	50%	33.3%	50%	75%	
Poorly	1.6%	0	0	5.5%	0	0	
Very poorly	0.5%	0	0	0	0	0	

Table 67b: RN Preparation for Practice by Years of Licensure – Independent (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	33.5%	31.1%	35.1%	46.0%	56.7%	58.4%	68.3%
Well	62.0%	63.6%	59.8%	50.7%	40.8%	39.3%	29.3%
Poorly	4.3%	5.1%	4.8%	3.1%	2.5%	2.3%	2.4%
Very poorly	0.2%	0.2%	0.3%	0.2%	0.0%	0.0%	0.0%

Table 67c: RN Preparation for Practice by Years of Licensure – 200,000 or more (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	38.8%	54.6%	42.8%	56.4%	58.6%	46.8%	64.1%
Well	57%	45.5%	42.9%	38.2%	37.9%	46.8%	29.7%
Poorly	3.7%	0.0%	14.3%	5.5%	3.5%	6.3%	6.3%
Very poorly	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

LPN/VNs also felt that their basic education prepared them for practice. Almost 97% said they were well or very well prepared.

Table 68: LPN/VN Preparation for Practice

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2002	2005	2007
	(n=583)	(n=1,303)	(n=3,567)
Very well	58.8%	45.3%	48%
Well	39.8%	52.2%	48.7%
Poorly	1.4%	2.44%	3.1%
Very poorly	0.0%	0.1%	0.2%

Table 68a: LPN/VN Preparation for Practice- **State**

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2002	2005	2007
Very well		30.4%	51.4%
Well		67.3%	41.1%
Poorly		2.1%	7.3%
Very poorly			

Table 68b: LPN/VN Preparation for Practice- Independent

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2007
	Independent (n=1,686)
Very well	46.4%
Well	50.1%
Poorly	3.3%
Very poorly	0.2%

Table 68c: LPN/VN Preparation for Practice- 200,000 or more

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	2007
	200,000 or more
	(n=517)
Very well	55.7%
Well	41.4%
Poorly	2.9%
Very poorly	

Similar to RNs, the longer an LPN/VN is licensed the more likely they are to say their basic education prepared them well or very well. Ninety-six percent of those with 0 to 1 years of licensure felt this way while 99.3% of those licensed 35 or more years said they were well or very well prepared.

Table 69: Preparation of Basic Education (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	41.9%	37.1%	41.3%	53.9%	63.1%	63.4%	66.4%
Well	54.1%	59.4%	54.9%	43.3%	35%	35.1%	32.7%
Poorly	3.6%	3.5%	3.8%	2.8%	2%	1.5%	0.9%
Very poorly	0.29%	0%	0%	0%	0%	0%	0%

Table 69a: Preparation of Basic Education – State (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	48.44	-	100	100	100	100	-
Well	43.75	-	0	0	0	0	-
Poorly	7.81	-	0	0	0	0	-
Very poorly	-	-	-	-	-	-	-

Table 69b: Preparation of Basic Education – Independent (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	44.1%	41.7%	45.0%	54.4%	57.1%	58.8%	60.8%
Well	52.1%	54.9%	52.3%	42.4%	40.5%	40.0%	39.2%
Poorly	3.5%	3.4%	2.8%	3.3%	2.4%	1.3%	0.0%
Very poorly	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 69c: Preparation of Basic Education – 200,000 or more (2007)

<i>How well did your basic education prepare you to provide safe and effective nursing care?</i>	0 to 1 years	1 to 2 years	2 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 or more years
Very well	46.0%	33.3%	60.5%	57.9%	60.4%	58.3%	61.5%
Well	46.0%	66.7%	39.5%	42.1%	36.5%	40.6%	36.9%
Poorly	8.1%	0.0%	0.0%	0.0%	3.1%	1.0%	1.5%
Very poorly							

Again, while the response categories to questions offered to nurses and employers were different making exact comparisons of answers difficult, it appears that employers rate new nurses as less prepared than the nurses' rate themselves. Overall, employers feel that experienced nurses (nurses licensed for more than 12 months) are well prepared to provide safe and effective nursing care. New nurses (licensed less than 12 months), on the other hand, were rated as being between poorly prepared and well prepared. Employers thought new nurses were poorly prepared to supervise care provided by others, respond to emergency situations, and document a legally defensible account of care. The only function employers thought a new nurse approached being well prepared was in the administration of medication by common routes.

Table 70: Preparedness of New Graduates by Function -- Aggregate

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	2005		2007	
	n	Rating	n	Rating
Administer medication by common routes	495	3.04	787	2.97
Work with machinery used for patient care	481	2.64	781	2.56
Work effectively within a health care team	484	2.79	784	2.69
Perform psychomotor skills	485	2.49	779	2.43
Communicate relevant information	--	--	784	2.59
Perform thorough physical assessments	487	2.74	781	2.61
Document a legally defensible account of care	490	2.53	780	2.39
Recognize abnormal physical findings	487	2.64	782	2.56
Teach patients	487	2.7	782	2.61
Assess the effectiveness of treatments	489	2.63	780	2.54
Recognize abnormal diagnostic lab findings	483	2.55	776	2.47
Do math necessary for medication administration	483	2.76	771	2.65
Respond to emergency situations	489	2.4	775	2.32
Create a plan of care for patients	484	2.8	781	2.64
Supervise care provided by others	480	2.24	767	2.15
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	Response category not provided in 2005	Response category not provided in 2005	763	2.97

Table 70a: Preparedness of New Graduates by Function - **State**

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	2005	2007
Function	Rating	Rating
Administer medication by common routes	2.94	3.00
Work with machinery used for patient care	2.40	2.43
Work effectively within a health care team	2.63	2.70
Perform psychomotor skills	2.33	2.46
Communicate relevant information	2.60	2.52
Perform thorough physical assessments	2.38	2.59
Document a legally defensible account of care	2.60	2.41
Recognize abnormal physical findings	2.67	2.55
Teach patients	2.63	2.56
Assess the effectiveness of treatments	2.63	2.46
Recognize abnormal diagnostic lab findings	2.87	2.39
Do math necessary for medication administration	2.25	2.74
Respond to emergency situations	3.06	2.36
Create a plan of care for patients	2.13	2.46
Supervise care provided by others	2.94	2.19
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	Response category not provided in 2005	2.81

Table 70b: Preparedness of New Graduates by Function - Independent

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	2007	
	Independent	
Function	n	Rating
Administer medication by common routes	548	3.00
Work with machinery used for patient care	545	2.59
Work effectively within a health care team	546	2.73
Perform psychomotor skills	542	2.47
Communicate relevant information	548	2.61
Perform thorough physical assessments	545	2.66
Document a legally defensible account of care	541	2.42
Recognize abnormal physical findings	543	2.58
Teach patients	545	2.62
Assess the effectiveness of treatments	542	2.57
Recognize abnormal diagnostic lab findings	537	2.49
Do math necessary for medication administration	535	2.64
Respond to emergency situations	539	2.35
Create a plan of care for patients	544	2.66
Supervise care provided by others	530	2.17
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	530	2.83

Table 70c: Preparedness of New Graduates by Function - 200,000 or more

<i>In your opinion, how well or poorly prepared are new graduates (licensed less than 12 months)? Please circle the appropriate number. (Scale: 4 = very well prepared; 3 = well prepared; 2 = poorly prepared; 1 = very poorly prepared)</i>	2007	
	200,000 or more	
Function	n	Rating
Administer medication by common routes	70	2.76
Work with machinery used for patient care	70	2.37
Work effectively within a health care team	70	2.53
Perform psychomotor skills	69	2.20
Communicate relevant information	71	2.46
Perform thorough physical assessments	72	2.44
Document a legally defensible account of care	72	2.33
Recognize abnormal physical findings	71	2.42
Teach patients	70	2.44
Assess the effectiveness of treatments	71	2.34
Recognize abnormal diagnostic lab findings	71	2.35
Do math necessary for medication administration	69	2.58
Respond to emergency situations	71	2.25
Create a plan of care for patients	71	2.39
Supervise care provided by others	69	2.03
Experienced nurses (licensed for more than 12 months) adequately prepared to provide safe and effective nursing care	69	2.97

Education Programs

Nursing programs were asked for their views about the effectiveness of existing statutes and administrative rules and regulations in the areas of public protection, practice standards (scope of practice), education program approval, and requirements for licensure.

Table 71: Perceptions of Nursing Programs Regarding Effectiveness of Regulation -- Aggregate

<i>Please rate your Board of Nursing's effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Public protection/accountability	194	3.85	610	3.77	1,565	3.84
Promotion of quality in education	194	3.69	610	3.64	1,550	3.71
Responsiveness to health care changes	194	3.57	607	3.48	1,550	3.56
Responsiveness to innovation in education	193	3.52	606	3.41	1,546	3.46

Table 71a: Perceptions of Nursing Programs Regarding Effectiveness of Regulation - **State**

<i>Please rate your Board of Nursing's effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2002	2005	2007
	Rating	Rating	Rating
Public protection/accountability		3.83	3.89
Promotion of quality in education		3.72	3.75
Responsiveness to health care changes		3.64	3.74
Responsiveness to innovation in education		3.50	3.66

Table 71b: Perceptions of Nursing Programs Regarding Effectiveness of Regulation - Independent

<i>Please rate your Board of Nursing's effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2007 Independent n	Rating
Public protection/accountability	919	3.87
Promotion of quality in education	908	3.73
Responsiveness to health care changes	909	3.62
Responsiveness to innovation in education	906	3.52

Table 71c: Perceptions of Nursing Programs Regarding Effectiveness of Regulation - 200,000 or more

<i>Please rate your Board of Nursing's effectiveness in each of the following areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2007	
	200,000 or more	
	n	Rating
Public protection/accountability	313	3.88
Promotion of quality in education	312	3.73
Responsiveness to health care changes	311	3.61
Responsiveness to innovation in education	311	3.51

Table 72: Perceptions of Nursing Programs Regarding Effectiveness of Review Process by Program Area -- Aggregate

<i>Please rate your Board of Nursing's review process in the following program areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2005		2007	
	Program Area	n	Rating	n
Administration	541	3.7	1,222	3.79
Curricula	542	3.67	1,224	3.76
Clinical facilities	526	3.58	1,192	3.74
Classroom/lab	519	3.48	1,187	3.75
Student/faculty policy	534	3.6	1,200	3.76
Program Evaluation Plan	497	3.46	1,209	3.74

Table 72a: Perceptions of Nursing Programs Regarding Effectiveness of Review Process by Program Area - State

<i>Please rate your Board of Nursing's review process in the following program areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2005	2007
	Rating	Rating
Administration	3.71	3.90
Curricula	3.69	3.86
Clinical facilities	3.66	3.83
Classroom/lab		3.85
Student/faculty policy		3.87
Program Evaluation Plan		3.86

Table 72b: Perceptions of Nursing Programs Regarding Effectiveness of Review Process by Program Area - Independent

<i>Please rate your Board of Nursing's review process in the following program areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2007	
	Independent	
Program Area	n	Rating
Administration	775	3.82
Curricula	775	3.79
Clinical facilities	756	3.78
Classroom/lab	761	3.79
Student/faculty policy	770	3.80
Program Evaluation Plan	768	3.78

Table 72c: Perceptions of Nursing Programs Regarding Effectiveness of Review Process by Program Area - 200,000 or more

<i>Please rate your Board of Nursing's review process in the following program areas. (Scale: 4 = very effective; 3 = somewhat effective; 2 = ineffective; 1 = not effective at all)</i>	2007	
	Independent	
Program Area	n	Rating
Administration	213	3.84
Curricula	213	3.82
Clinical facilities	211	3.79
Classroom/lab	209	3.78
Student/faculty policy	210	3.78
Program Evaluation Plan	208	3.80

Nursing programs were asked to rate the adequacy of their experiences related to the approval process on a scale of 4 (adequate) to 1 (inadequate). All of the ratings were close to adequate.

Table 73: Perceptions of Nursing Programs on Approval Process -- Aggregate

<i>Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Interval between Board visits	183	3.62	495	3.84	1,150	3.82
Preparation time for Board visits	182	3.68	480	3.81	1,136	3.87
Communication with Board staff	187	3.66	530	3.77	1,209	3.78
Time spent on site during visit	181	3.75	446	3.88	1,083	3.9
Feedback/evaluation provided by Board	184	3.66	518	3.76	1,182	3.78
Timeliness of providing feedback	184	3.68	514	3.74	1,181	3.77
Comprehensiveness of feedback provided	183	3.64	510	3.73	1,178	3.77
Fairness/objectivity of Board findings	184	3.64	516	3.76	1,176	3.78
Time given to correct deficiencies	156	3.69	433	3.82	1,043	3.86
Fairness in monitoring compliance	166	3.7	479	3.79	1,120	3.84
Overall benefit of approval process	180	3.66	515	3.7	1,172	3.79
Due process for disagreements re. findings	123	3.63	354	3.76	899	3.84

Table 73a: Perceptions of Nursing Programs on Approval Process - **State**

<i>Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)</i>	2002	2005	2007
	Rating	Rating	Rating
Interval between Board visits		3.85	3.87
Preparation time for Board visits		3.76	3.87
Communication with Board staff		3.81	3.92
Time spent on site during visit		3.88	3.99
Feedback/evaluation provided by Board		3.78	3.95
Timeliness of providing feedback		3.87	3.92
Comprehensiveness of feedback provided		3.71	3.94
Fairness/objectivity of Board findings		3.66	3.82
Time given to correct deficiencies		3.82	3.89
Fairness in monitoring compliance		3.75	3.92
Overall benefit of approval process		3.75	3.86
Due process for disagreements re. findings		3.58	3.92

Table 73b: Perceptions of Nursing Programs on Approval Process - Independent

Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)	Independent 2007	Rating
Interval between Board visits	762	3.86
Preparation time for Board visits	761	3.89
Communication with Board staff	777	3.79
Time spent on site during visit	740	3.91
Feedback/evaluation provided by Board	763	3.83
Timeliness of providing feedback	763	3.80
Comprehensiveness of feedback provided	759	3.81
Fairness/objectivity of Board findings	759	3.79
Time given to correct deficiencies	684	3.88
Fairness in monitoring compliance	733	3.86
Due process for disagreements re. findings	759	3.81

Table 73c: Perceptions of Nursing Programs on Approval Process - 200,000 or more

Please rate each of the following areas related to the approval process. (Scale: 4 = adequate; 3 = somewhat adequate; 2 = somewhat inadequate; 1 = inadequate)	2007	
	200,000 or more	
	n	Rating
Interval between Board visits	190	3.76
Preparation time for Board visits	184	3.78
Communication with Board staff	204	3.83
Time spent on site during visit	162	3.95
Feedback/evaluation provided by Board	196	3.84
Timeliness of providing feedback	196	3.83
Comprehensiveness of feedback provided	196	3.82
Fairness/objectivity of Board findings	194	3.84
Time given to correct deficiencies	176	3.84
Fairness in monitoring compliance	191	3.88
Overall benefit of approval process	195	3.79
Due process for disagreements re. findings	153	3.88

Nursing Education Programs

On average, ninety percent of education programs have received full approval. Approximately 1% have either been denied or lost their approval.

Table 74: Number of Education Programs that Received Full Approval, Conditional Approval, Or Not Approved in FY2007 -- Aggregate

<i>Please indicate the number of education programs (include each program and campus that is assigned an NCLEX program code) in your state and how many at the end of FY2007 had received initial approval, full approval, conditional approval, denied initial approval or had lost approval.</i>	n	Average	Range
Number of Programs	34	61.1	5 to 197
Number of Programs with Initial Approval	33	6.2	0 to 42
Number of Programs with Full Approval	31	55	5 to 178
Number of Programs with Conditional Approval	31	2.8	0 to 16
Number of Programs Denied Initial Approval	31	0.4	0 to 7
Number of Programs that Lost Approval	31	0.3	0 to 2

Table 74a: Number of Education Programs that Received Full Approval, Conditional Approval, Or Not Approved in FY2007 - **State**

<i>Please indicate the number of education programs (include each program and campus that is assigned an NCLEX program code) in your state and how many at the end of FY2007 had received initial approval, full approval, conditional approval, denied initial approval or had lost approval.</i>	Average
Number of Programs	
Number of Programs with Initial Approval	
Number of Programs with Full Approval	
Number of Programs with Conditional Approval	
Number of Programs Denied Initial Approval	
Number of Programs that Lost Approval	

Table 74b: Number of Education Programs that Received Full Approval, Conditional Approval, Or Not Approved in FY2007 - Independent

<i>Please indicate the number of education programs (include each program and campus that is assigned an NCLEX program code) in your state and how many at the end of FY2007 had received initial approval, full approval, conditional approval, denied initial approval or had lost approval.</i>	2007		
	Independent		
	n	Average	Range
Number of Programs	22	51.3	12.0 to 133.0
Number of Programs with Initial Approval	20	5.2	0.0 to 18.0
Number of Programs with Full Approval	20	45.5	6.0 to 118.0
Number of Programs with Conditional Approval	20	2.5	0.0 to 16.0
Number of Programs Denied Initial Approval	20	0.2	0.0 to 1.0
Number of Programs that Lost Approval	20	0.3	0.0 to 2.0

Table 74c: Number of Education Programs that Received Full Approval, Conditional Approval, Or Not Approved in FY2007 - 200,000 or more

<i>Please indicate the number of education programs (include each program and campus that is assigned an NCLEX program code) in your state and how many at the end of FY2007 had received initial approval, full approval, conditional approval, denied initial approval or had lost approval.</i>	2007		
	200,000 or more		
	n	Average	Range
Number of Programs	4	161.5	130 to 197
Number of Programs with Initial Approval	4	16.0	4 to 42
Number of Programs with Full Approval	4	139.3	118 to 178
Number of Programs with Conditional Approval	4	6.3	0 to 13
Number of Programs Denied Initial Approval	4	1.8	0 to 7
Number of Programs that Lost Approval	4	0.5	0 to 2

Nursing programs believe that it is essential that Boards of Nursing be involved in approving distance education programs.

Table 75: Perceptions of Nursing Programs on Distance Education Approval Process --
Aggregate

<i>How essential is Board of Nursing involvement in approving distance education programs? (Scale: 4 = very essential; 3 = essential; 2 = somewhat essential; 1 = not essential)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Essentialness of Board involvement	153	3.01	398	3.02	986	2.91

Table 75a: Perceptions of Nursing Programs on Distance Education Approval Process - **State**

<i>How essential is Board of Nursing involvement in approving distance education programs? (Scale: 4 = very essential; 3 = essential; 2 = somewhat essential; 1 = not essential)</i>	2002	2005	2007
	Rating	Rating	Rating
Essentialness of Board involvement		2.80	2.79

Table 75b: Perceptions of Nursing Programs on Distance Education Approval Process -
Independent

<i>How essential is Board of Nursing involvement in approving distance education programs? (Scale: 4 = very essential; 3 = essential; 2 = somewhat essential; 1 = not essential)</i>	2007	
	Independent	
	n	Rating
Essentialness of Board involvement	625	2.92

Table 75c: Perceptions of Nursing Programs on Distance Education Approval Process - 200,000
or more

<i>How essential is Board of Nursing involvement in approving distance education programs? (Scale: 4 = very essential; 3 = essential; 2 = somewhat essential; 1 = not essential)</i>	2007	
	200,000 or more	
	n	Rating
Essentialness of Board involvement	172	2.83

Nursing programs were asked to rate the helpfulness of the Board of Nursing in addressing emerging issues on a scale of 4 (very helpful) to 1 (very unhelpful). Overall, nursing programs felt that Boards of Nursing were somewhat helpful.

Table 76: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues
-- Aggregate

<i>Are Board staff helpful in addressing emerging issues?(For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Helpfulness of Board of Nursing	183	3.46	594	3.17	1,544	3.27

Table 76a: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues - State

<i>Are Board staff helpful in addressing emerging issues?(For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2002	2005	2007
	Rating		
Helpfulness of Board of Nursing		3.26	3.61

Table 76b: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues - Independent

<i>Are Board staff helpful in addressing emerging issues?(For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	Independent	
	n	Rating
Helpfulness of Board of Nursing	913	3.31

Table 76c: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues - 200,000 or more

<i>Are Board staff helpful in addressing emerging issues?(For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	200,000 or more	
	n	Rating
Helpfulness of Board of Nursing	307	3.39

Nursing programs were asked to rate the timeliness of the Board of Nursing in addressing emerging issues on a scale of 4 (very timely) to 1 (very untimely). Just as they found Boards of Nursing somewhat helpful they also found them somewhat timely in addressing emerging issues.

Table 77: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues -- Aggregate

<i>Are Board staff timely in addressing emerging issues? (For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very timely; 3 = somewhat timely; 2 = somewhat untimely; 1 = very untimely)</i>	2005		2007	
	n	Rating	n	Rating
Timeliness of Board of Nursing	585	3.15	1,528	3.23

Table 77a: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues - **State**

<i>Are Board staff timely in addressing emerging issues? (For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very timely; 3 = somewhat timely; 2 = somewhat untimely; 1 = very untimely)</i>	2005	2007
	Rating	Rating
Timeliness of Board of Nursing	3.24	3.52

Table 77b: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues - **Independent**

<i>Are Board staff timely in addressing emerging issues? (For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very timely; 3 = somewhat timely; 2 = somewhat untimely; 1 = very untimely)</i>	2007	
	Independent	
	n	Rating
Timeliness of Board of Nursing	902	3.26

Table 77c: Perceptions of Nursing Programs on Board of Nursing in Addressing Emerging Issues - **200,000 or more**

<i>Are Board staff timely in addressing emerging issues? (For example, the proliferation of distance learning, development of new models to provide preceptorship/mentorship experiences for students and graduates, etc.) (Scale: 4 = very timely; 3 = somewhat timely; 2 = somewhat untimely; 1 = very untimely)</i>	2007	
	200,000 or more	
	n	Rating
Timeliness of Board of Nursing	305	3.37

Forty-seven percent of education programs had made an inquiry of the Board of Nursing during the last 2 years. These programs, found the response to their inquiry to be between somewhat and very helpful.

Table 78: Perceptions of Nursing Programs on Board of Nursing Regarding Educational Issues --
Aggregate

<i>During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing in this state regarding educational issues? If you responded “yes”, then how helpful was the response you received? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Helpfulness of Board of Nursing	153	3.78	472	3.72	1,390	3.68

Table 78a: Perceptions of Nursing Programs on Board of Nursing Regarding Educational Issues
- State

<i>During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing in this state regarding educational issues? If you responded “yes”, then how helpful was the response you received? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2002	2005	2007
	Rating	Rating	Rating
Helpfulness of Board of Nursing		3.74	3.81

Table 78b: Perceptions of Nursing Programs on Board of Nursing Regarding Educational Issues
- Independent

<i>During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing in this state regarding educational issues? If you responded “yes”, then how helpful was the response you received? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	Independent	
	n	Rating
Helpfulness of Board of Nursing	832	3.70

Table 78c: Perceptions of Nursing Programs on Board of Nursing Regarding Educational Issues
- 200,000 or more

<i>During the past 2 years, did you or any faculty members make any inquiries of the Board of Nursing in this state regarding educational issues? If you responded “yes”, then how helpful was the response you received? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	200,000 or more	
	n	Rating
Helpfulness of Board of Nursing	276	3.77

Nursing programs were asked to rate the helpfulness of the Board of Nursing regarding resources helpful in familiarizing program directors with pertinent rules, regulations and policies on a scale of 4 (very helpful) to 1 (very unhelpful). On average, education programs found the Boards of Nursing activities and resources to be between somewhat and very helpful in familiarizing program directors with pertinent rules, regulations and policies.

Table 79: Perceptions of Nursing Programs on Board of Nursing Regarding Familiarizing Program Directors with Rules, Regulations and Policies -- Aggregate

<i>Overall, were the Board of Nursing's activities and resources helpful in familiarizing program directors with pertinent rules, regulations and policies? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	n	Rating
Helpfulness of Board of Nursing	1,556	3.62

Table 79a: Perceptions of Nursing Programs on Board of Nursing Regarding Familiarizing Program Directors with Rules, Regulations and Policies - **State**

<i>Overall, were the Board of Nursing's activities and resources helpful in familiarizing program directors with pertinent rules, regulations and policies? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	Rating	
Helpfulness of Board of Nursing	3.78	

Table 79b: Perceptions of Nursing Programs on Board of Nursing Regarding Familiarizing Program Directors with Rules, Regulations and Policies - Independent

<i>Overall, were the Board of Nursing's activities and resources helpful in familiarizing program directors with pertinent rules, regulations and policies? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	Independent	
	n	Rating
Helpfulness of Board of Nursing	918	3.68

Table 79c: Perceptions of Nursing Programs on Board of Nursing Regarding Familiarizing Program Directors with Rules, Regulations and Policies - 200,000 or more

<i>Overall, were the Board of Nursing's activities and resources helpful in familiarizing program directors with pertinent rules, regulations and policies? (Scale: 4 = very helpful; 3 = somewhat helpful; 2 = somewhat unhelpful; 1 = very unhelpful)</i>	2007	
	200,000 or more	
	n	Rating
Helpfulness of Board of Nursing	309	3.68

Approximately one in ten nursing programs had received sanctions or faced closure in the past two years.

Table 80: Percent of Nursing Programs that Received Sanctions or Faced Closure in The Past Two Years -- Aggregate

<i>During the past 2 years, has your nursing program received sanctions, faced closure, or been the subject of additional monitoring?</i>	2002		2005		2007	
	n	Percent	n	Percent	n	Percent
Received Sanctions or Faced Closure	188	5.9%	601	4.8%	1,547	11.3%

Table 80a: Percent of Nursing Programs that Received Sanctions or Faced Closure in The Past Two Years - State

<i>During the past 2 years, has your nursing program received sanctions, faced closure, or been the subject of additional monitoring?</i>	2002	2005	2007
	Percent	Percent	Percent
Received Sanctions or Faced Closure		5.2%	6.9%

Table 80b: Percent of Nursing Programs that Received Sanctions or Faced Closure in The Past Two Years - Independent

<i>During the past 2 years, has your nursing program received sanctions, faced closure, or been the subject of additional monitoring?</i>	2007	
	Independent	
	n	Percent
Received Sanctions or Faced Closure	914	11.5%

Table 80c: Percent of Nursing Programs that Received Sanctions or Faced Closure in The Past Two Years - 200,000 or more

<i>During the past 2 years, has your nursing program received sanctions, faced closure, or been the subject of additional monitoring?</i>	2007	
	200,000 or more	
	n	Percent
Received Sanctions or Faced Closure	310	5.8%

Nursing Programs that had received sanctions or faced closure in the past two years were asked to rate the Board of Nursing on the fairness of the process used to investigate and resolve problems. Programs rated the Board on a scale of 4 (very fair) to 1 (very unfair). On average, programs found the Board to be between fair and very fair.

Table 81: Perceptions of Nursing Programs Receiving Sanctions Regarding Process Used by Board to Investigate Problems -- Aggregate

<i>Overall, how fair or unfair to all parties was the process used by the Board to investigate and resolve problems? (Scale: 4 = very fair; 3 = fair; 2 = unfair; 1 = very unfair)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Fairness of process	11	3.36	74	3.54	151	3.62

Table 81a: Perceptions of Nursing Programs Receiving Sanctions Regarding Process Used by Board to Investigate Problems - State

<i>Overall, how fair or unfair to all parties was the process used by the Board to investigate and resolve problems? (Scale: 4 = very fair; 3 = fair; 2 = unfair; 1 = very unfair)</i>	2002	2005	2007
	Rating	Rating	Rating
Fairness of process		3.50	3.86

Table 81b: Perceptions of Nursing Programs Receiving Sanctions Regarding Process Used by Board to Investigate Problems - Independent

<i>Overall, how fair or unfair to all parties was the process used by the Board to investigate and resolve problems? (Scale: 4 = very fair; 3 = fair; 2 = unfair; 1 = very unfair)</i>	2007	
	Independent	
	n	Rating
Fairness of process	89	3.68

Table 81c: Perceptions of Nursing Programs Receiving Sanctions Regarding Process Used by Board to Investigate Problems – 200,000 or more

<i>Overall, how fair or unfair to all parties was the process used by the Board to investigate and resolve problems? (Scale: 4 = very fair; 3 = fair; 2 = unfair; 1 = very unfair)</i>	2007	
	200,000 or more	
	n	Rating
Fairness of process	15	3.60

Almost 95% of Nursing Programs that had received sanctions or faced closure in the past two years thought the outcome of the Board of Nursing’s involvement was appropriate. About 92% of the nursing programs thought the Board acted in a timely manner.

Table 82: Perceptions of Programs Receiving Sanctions Regarding Outcome Appropriateness and Board Timeliness -- Aggregate

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate?</i>	2002		2005		2007	
	n	Percent	n	Percent	n	Percent
<i>Overall, did the Board of Nursing act in a timely manner?</i>						
Appropriateness of involvement	7	100%	65	95.4%	130	94.6%
Timeliness of Board of Nursing	9	100%	64	93.8%	143	92.3%

Table 82a: Perceptions of Programs Receiving Sanctions Regarding Outcome Appropriateness and Board Timeliness - State

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate?</i>	2002	2005	2007
	Percent	Percent	Percent
<i>Overall, did the Board of Nursing act in a timely manner?</i>			
Appropriateness of involvement		81.8%	100%
Timeliness of Board of Nursing		76.9%	100%

Table 82b: Perceptions of Programs Receiving Sanctions Regarding Outcome Appropriateness and Board Timeliness - Independent

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate?</i>	2007	
	Independent	
<i>Overall, did the Board of Nursing act in a timely manner?</i>	n	Percent
Appropriateness of involvement	81	93.8%
Timeliness of Board of Nursing	86	94.2%

Table 82c: Perceptions of Programs Receiving Sanctions Regarding Outcome Appropriateness and Board Timeliness - 200,000 or more

<i>Overall, were the outcomes of the Board of Nursing's involvement appropriate?</i>	2007	
	200,000 or more	
<i>Overall, did the Board of Nursing act in a timely manner?</i>	n	Percent
Appropriateness of involvement	14	92.9%
Timeliness of Board of Nursing	14	92.9%

Nursing Programs that received sanctions or faced closure in the past two years rated the Board of Nursing as keeping them between well and very well informed.

Table 83: Perceptions of Nursing Programs Receiving Sanctions Regarding How Well the Board Kept Them Informed -- Aggregate

<i>Overall, how well did the Board of Nursing keep you informed? (Scale: 4 = very well informed; 3 = well informed; 2 = minimally informed; 1 = not informed at all)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
How well informed	13	3.77	83	3.41	155	3.47

Table 83a: Perceptions of Nursing Programs Receiving Sanctions Regarding How Well the Board Kept Them Informed - State

<i>Overall, how well did the Board of Nursing keep you informed? (Scale: 4 = very well informed; 3 = well informed; 2 = minimally informed; 1 = not informed at all)</i>	2002	2005	2007
	Rating	Rating	Rating
How well informed		3.64	3.86

Table 83b: Perceptions of Nursing Programs Receiving Sanctions Regarding How Well the Board Kept Them Informed - Independent

<i>Overall, how well did the Board of Nursing keep you informed? (Scale: 4 = very well informed; 3 = well informed; 2 = minimally informed; 1 = not informed at all)</i>	2007	
	Independent	
	n	Rating
How well informed	90	3.57

Table 83c: Perceptions of Nursing Programs Receiving Sanctions Regarding How Well the Board Kept Them Informed - 200,000 or more

<i>Overall, how well did the Board of Nursing keep you informed? (Scale: 4 = very well informed; 3 = well informed; 2 = minimally informed; 1 = not informed at all)</i>	2007	
	200,000 or more	
	n	Rating
How well informed	16	3.56

Nursing Programs were asked to rate the Board of Nursing staff on the degree of helpfulness with any assistance provided. Programs rated the Board on a scale of 1 (consistently helpful) to 4 (not helpful at all). On average, programs found Board staff to be near consistently helpful.

Table 84: Perceptions of Nursing Programs on Assistance Provided by Board Staff -- Aggregate

<i>How helpful has the Board of Nursing staff been with any assistance you have needed? (Scale: 4 = consistently helpful; 3 = occasionally helpful; 2 = rarely; 1 = not helpful at all)</i>	2002		2005		2007	
	n	Rating	n	Rating	n	Rating
Helpfulness of Board	191	3.91	596	3.85	1,548	3.85

Table 84a: Perceptions of Nursing Programs on Assistance Provided by Board Staff - State

<i>How helpful has the Board of Nursing staff been with any assistance you have needed? (Scale: 4 = consistently helpful; 3 = occasionally helpful; 2 = rarely; 1 = not helpful at all)</i>	2002	2005	2007
	Rating	Rating	Rating
Helpfulness of Board		3.89	3.95

Table 84b: Perceptions of Nursing Programs on Assistance Provided by Board Staff - Independent

<i>How helpful has the Board of Nursing staff been with any assistance you have needed? (Scale: 4 = consistently helpful; 3 = occasionally helpful; 2 = rarely; 1 = not helpful at all)</i>	2007	
	Independent	
	n	Rating
Helpfulness of Board	910	3.85

Table 84c: Perceptions of Nursing Programs on Assistance Provided by Board Staff - 200,000 or more

<i>How helpful has the Board of Nursing staff been with any assistance you have needed? (Scale: 4 = consistently helpful; 3 = occasionally helpful; 2 = rarely; 1 = not helpful at all)</i>	2007	
	200,000 or more	
	n	Rating
Helpfulness of Board	312	3.84

Appendix A
Participation in CORE Surveys by State and Year

	BON	Board Survey	Nurses Survey	Employers Survey	Programs Survey	Board Structure	Size of Jurisdiction (# Licensees)
1	AK	-- -- --	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	Less than 20,000
2	AS	--	--	--	2007	Independent	Less than 20,000
3	AR	2002 2005 2007	-- 2005 2007	-- 2005 2007	-- 2005 2007	Independent	20,000 to 49,999
4	AZ	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	50,000 to 99,999
5	CAVN		2007	2007	2007	Umbrella	50,000 to 99,999
6	CARN	2002 2005 2007		2007	2007	Independent	200,000 or more
7	CO		2007	2007	2007	Umbrella	50,000 to 99,999
8	CT	2002 2005 2007	-- -- --	-- -- --	-- -- --	Umbrella	50,000 to 99,999
9	DC		2007	2007	2007	Umbrella	20,000 to 49,999
10	DE	-- -- --	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	Less than 20,000
11	FL	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Umbrella	200,000 or more
12	GAPN	-- -- --	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	20,000 to 49,999
13	GARN	2002 -- --	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	100,000 to 199,999
14	HI	2002 2005 2007	-- -- --	-- -- --	-- -- --	Umbrella	Less than 20,000
15	IA	2002 -- 2007	-- 2005 2007	-- 2005 2007	-- 2005 2007	Independent	50,000 to 99,999

16	ID	2002 -- 2007	-- 2005 2007	-- 2005 2007	-- 2005 2007	Independent	Less than 20,000
17	IL		-- 2005 2007	-- 2005 2007	-- 2005 2007	Umbrella	100,000 to 199,999
18	IN	2002 2005 --	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	100,000 to 199,999
19	KS	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	20,000 to 49,999
20	KY	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	50,000 to 99,999
21	LAPN	2002 -- 2007	-- -- --	-- -- 2007	-- -- 2007	Independent	20,000 to 49,999
22	LARN	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	20,000 to 49,999
23	MA	-- -- --	-- 2005 2007	-- 2005 2007	-- 2005 2007	Umbrella	100,000 to 199,999
24	MD	2002 2005 2007	-- 2005 2007	-- -- 2007	-- -- 2007	Independent	50,000 to 99,999
25	ME	-- -- --	-- 2005 2007	-- -- 2007	-- -- 2007	Independent	20,000 to 49,999
26	MI	-- -- --	-- -- 2007	-- -- --	-- -- 2007	Umbrella	100,000 to 199,999
27	MN	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	50,000 to 99,999
28	MO	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	100,000 to 199,999
29	MS	2002 -- --	2005 -- 2007	-- -- 2007	-- -- 2007	Independent	20,000 to 49,999
30	MT	2002 -- --	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	Less than 20,000
31	NC	2002 2005	2002 2005	2002 2005	2002 2005	Independent	100,000 to 199,999

		2007	2007	2007	2007		
32	ND	2002 2005 2007	2002 2005 2007	2002 2005 --	2002 2005 2007	Independent	Less than 20,000
33	NE	2002 -- --	2002 2005 2007	2002 2005 --	2002 2005 2007	Umbrella	20,000 to 49,999
34	NH	2002 2005 2007	-- -- 2007	-- -- 2007	-- -- 2007	Independent	20,000 to 49,999
35	NJ	2002 -- --	-- -- 2007	-- -- 2007	-- -- 2007	Independent	100,000 to 199,999
36	NM	2002 -- --	-- 2005 2007	-- 2005 2007	-- 2005 2007	Independent	20,000 to 49,999
37	NV	2002 2005 2007	-- 2005 2007	-- 2005 2007	-- 2005 2007	Independent	20,000 to 49,999
38	NY	2002 2005 2007	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	200,000 or more
39	OH	2002 2005 2007	-- -- 2007	-- -- 2007	-- -- 2007	Independent	100,000 to 199,999
40	OK	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	50,000 to 99,999
41	OR	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	20,000 to 49,999
42	PA	2002 2005 2007	-- -- 2007	-- -- --	-- -- 2007	Umbrella	200,000 or more
43	RI	-- -- 2007	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	20,000 to 49,999
44	SC	2002 2005 2007	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	50,000 to 99,999
45	SD	-- 2005 2007	-- 2005 2007	-- 2005 2007	-- 2005 2007	Independent	Less than 20,000
46	TN	-- -- 2007	-- 2005 2007	-- -- 2007	-- -- 2007	Umbrella	50,000 to 99,999
47	TX	--	2002	2002	2002	Independent	200,000 or

		2005 --	2005 2007	2005 2007	2005 2007		more
48	UT	-- -- --	-- 2005 2007	-- -- 2007	-- -- 2007	Umbrella	20,000 to 49,999
49	VA	-- -- 2007	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	100,000 to 199,999
50	VI	-- -- --	-- -- 2007	-- -- --	-- -- 2007	Umbrella	Less than 20,000
51	VT	-- -- --	-- -- 2007	-- -- --	-- -- 2007	Umbrella	Less than 20,000
52	WA	2002 2005 2007	2002 -- --	2002 -- --	2002 -- 2007	Umbrella	50,000 to 99,999
53	WI	2002 2005 2007	-- -- 2007	-- -- 2007	-- -- 2007	Umbrella	50,000 to 99,999
54	WVPN	2002 2005 2007	2002 2005 2007	2002 2005 2007	2002 2005 2007	Independent	Less than 20,000
55	WVRN	2002 2005 2007	-- -- 2007	2002 2005 2007	2002 2005 2007	Independent	20,000 to 49,999
56	AL	-- -- --	-- -- --	-- -- --	-- -- --	Independent	50,000 to 99,999
57	GU	-- -- --	-- -- --	-- -- --	-- -- --	Umbrella	Less than 20,000
58	MP	-- -- --	-- -- --	-- -- --	-- -- --	Umbrella	Less than 20,000
59	WY	-- -- --	-- -- --	-- -- --	-- -- --	Independent	Less than 20,000
	Total	34	49	45	53		

QUALITATIVE INTERVIEWS CONDUCTED WITH EXECUTIVE DIRECTORS AND STAFF OF BOARDS OF NURSING

March 2007

INTRODUCTION

Not an End, But a Beginning . . .

Each board of nursing is unique in its own way. Thus, each must map a strategy, incorporating goals and action steps carefully customized to its needs. A plan that is appropriate in one setting won't necessarily be appropriate in another, no matter how similar the organizations. Nonetheless, it is possible to learn from the successes, failures and mistakes of others. One way or another, every board deals with challenges related to human resources, technology, capacity building, funding, organizational development and governance. Whatever their specific goals and methods, all must find ways to remain relevant, meet the needs of changing stakeholder populations and make the best use of available funds. Often, a solution that works for one can be successfully adapted by another. In other words, borrowing shamelessly from the best helps achieve higher performance more quickly and efficiently.

In March 2007, members of the CORE committee and NCSBN staff conducted semi-structured qualitative interviews with nine executive officers and staff from boards of nursing to answer the question "Why are some boards better performers than others?" and to identify key best practice themes among boards of nursing that scored consistently high on the CORE key indicators.

In the semi-structured approach, the interviewer has an outline of topics or issues to be covered, but is free to vary the wording and order of the questions to some extent. The major advantage is that the data are somewhat more systematic and comprehensive than in an informal conversational interview, while the tone of the interview still remains fairly conversational and informal. A possible drawback is while this format is more systematic than the conversational interview, it is still difficult to compare or analyze data because different respondents are responding to somewhat different questions.

The best practice themes identified below can serve as working examples to generate policies and initiative at other boards of nursing.

Principles and Practices for Excellence

Business Processes

Performance Measurement

Effective and efficient boards of nursing utilize performance measurement as a method of improving performance in a systematic and logical way. By measuring and comparing one board of nursing's performance against others, lessons learned from the best can be used to make targeted improvements. Performance measurement involves answering the questions:

Who performs better?

Why are they better?

What actions do we need to take in order to improve our performance?

By utilizing CORE key performance indicators, boards of nursing are able to measure their performance simply and set targets based on national performance data. This process identifies “the best in class” performance achieved for specific business processes or activities. It identifies performance that has been achieved in reality, and can be used to establish improvement goals.

Strategic Planning in Boards

One emergent theme was strategic planning. Most of the boards mentioned how important they felt it was to be strategic in their planning. A strategic plan is a tool that provides guidance in fulfilling a mission with maximum efficiency and impact. To be effective and useful, it articulates specific goals and describes the action steps and resources needed to accomplish them. As a rule, strategic plans are reviewed and revamped every three to five years.

The strategic plan is to be differentiated from an operating plan which is a coordinated set of tasks for carrying out the goals delineated in a strategic plan. It thus goes into greater detail than the strategic plan from which it is derived, spelling out time frames and the roles of individual staff and board members, for example. It also has a shorter horizon than a strategic plan— usually one fiscal year.

The strategic plan also differs from a business plan which typically focuses on the actions necessary to generate income from specific program or service. A business plan includes information about an organization’s products, competitive environment and revenue assumptions.

Independence

There are two basic operational frameworks for health professions boards in the United States—freestanding independent boards and umbrella state agencies that house many boards under a single administration or in one location.

It is, of course, possible to have an inefficient independent agency just as it is possible to have an inefficient program under any other type of structure, but performance seems to be much better if the board is an independent agency. This all depends, of course, upon the caliber and expertise of the people who do the administering. However, if all other things are equal, an independent board seems to afford the best organizational structure.

One advantage of an independent board is more accountability. The best way to hide a tree is in a forest. A separate, independent board will operate in the spotlight of inescapable scrutiny, accountability, and responsibility. If its programs are not functioning well, there can be no possibility of evasion, no shifting of responsibility, no passing the buck. There is no hierarchy of administrators, divisions, or bureaucrats to stand between unhappy nurses and the people employed to give them service.

Independent boards can be more effective in developing and utilizing necessary financial resources and avoid being responsible to people who have other program interests and who may, therefore, subordinate the needs of programs for nurses to other interests or pet projects.

Even though the board of nursing has the ultimate responsibility for discipline, higher performers provide staff the independence and authority to answer routine practice questions without going to the board of nursing. Some boards also delegate authority related to disciplinary processes and practice to staff.

Independent Legal Counsel

The quality and quantity of available legal services provided to a board is an important factor in determining what the board is able to accomplish. In higher performing boards of nursing the board hires outside counsel to conduct disciplinary hearings, handle litigation and the rule-making process, and advice on personnel issues. This is significantly different from what happens in other states, where it is usual to have a member of the state's attorney general's office provide legal services. The state's lawyer has the nursing board as one of several clients and also answers to the attorney general, who may aspire to higher elected office. Under such a system, political concerns can override any interests the nursing board might have to protect the public's health and safety.

Criminal Background Checks

Boards of nursing are responsible for taking reasonable measures to fostering patient safety and well being. This responsibility extends to all facets of a board's interactions with its clientele. One protective measure that has received attention is the screening processes used to examine the backgrounds of individuals who seek positions requiring direct contact with vulnerable service recipients.

While not a panacea, or the only factor in predicting future dangerousness, careful screening of nurses who work with vulnerable populations is an important risk management precaution. Failure to adequately screen applicants may place service recipients in dangerous situations. Checking criminal history records of licensure applicants is a valuable tool in a comprehensive screening process.

Renewal Process

The preferred timing for renewal of licenses seems to be either to use the date of birth or a cycle of 3-4 months during the same period time each year. This allows the workload to spread out and seems to be less disruptive to the workflow process. Licensure renewals periods should not include the month of December since nurses renewing their licenses go on vacation and miss their renewal date and staff also take time off during the holidays thus increasing the burden on the staff that remain in the office.

Continuous Quality Improvement

The way that a board of nursing conducts its business can be improved in a number of ways. A place to start is to view the processes currently in place and assess them by primarily outlining and flow charting what they are as well as highlighting areas that could be improved and identifying ways of improving the processes that are manageable.

At least one board has applied for the Bald ridge Award as a cost-effective way to gain an outside perspective on their organization's strengths and opportunities for improvement. The application process accelerates improvement efforts by going beyond the internal self-assessment process and introducing a rigorous, objective, external view of the board's improvement process.

Information Technology

Successful boards of nursing have made and continue to make a strategic transformation to electronic delivery of services while remaining capable of manipulating hard copy objects within that electronic environment. They leverage information technology to increase the efficiency of business practices and the timeliness of service to the public.

Online Processing

Due to shrinking budgets and the need to deliver additional services, boards of nursing in many states have implemented programs to use the Internet to deliver and collect fees for their services, resulting often in streamlining of processes, reducing costs and tightening security and internal controls.

Benefits of online processing include:

- Improved usage rates
- Makes customer service information more complete
- Helps staff follow up on incomplete applications
- Applications complete the first time – follow-up on incomplete applications no longer required
- Savings in mailing costs for paper renewals
- Decrease in insufficient funds incidents
- Reduction in resources needed to process renewals– full-time paper renewal technician now a part-time position; ability to do other work
- Streamlining of business processes:
- Multiple staff can access an online application simultaneously
- Increased flexibility in assigning work and completing tasks
- Redirection of work - customer service staff working with phone and walk-in customers to get them into the online renewal process
- Increased security and tightened internal controls around financial transactions

Knowledge Management

Knowledge Management is a term used to describe the processes that can enable boards of nursing to share and exploit the knowledge and learning of its people. This can result in:

- Increased efficiency in project implementation
- Reductions in wasteful costs
- Greater innovation
- Greater success in winning new business

Through knowledge management the vital lessons and insights that are usually locked up in peoples' heads can be made available for others. With effective knowledge management, people do not need to go through all the same painful learning that their colleagues or predecessors have already absorbed. They do not need to repeat the same mistakes, re-invent the same processes or rules of thumb.

Knowledge is typically accumulated through experience or education. Some boards help to share what people know by writing down procedures or flow charting all their businesses processes.

Negotiation Skills Training

Part of a Board of Nursing's duties in carrying out its mission to protect the public's health, safety and welfare is investigating complaints and allegations against licensees, and sanctioning a license when a violation has occurred. The Board thoroughly investigates all allegations of violations of its laws and regulations.

If the evidence obtained during the investigation supports the allegation(s), at this point in the process a settlement may be negotiated with the licensee, outlining the facts of the violation(s) and the appropriate sanction. If the licensee contests the charges, the case is set for a formal

administrative hearing. Providing the negotiating/dispute resolution/communication skills training to investigators has been found to reduce the number of administrative hearings.

Internal Culture

The theme of Internal Culture is about getting the best out of people through the development of a culture of openness, honesty, trust and respect that encourages and facilitates the contributions of all participants in successful delivery of projects to the mutual benefit of all those involved.

Leadership and Management

What is well done is based on what is well run. Vision and change begin at the top and cascades throughout the whole organization. Leaders make a difference to the business, rather than just making the business work.

The executive officer and board of directors work as a team with vision, skill, and sufficient resources to accomplish the organization's mission. While leadership is shared, critical management skills rest with the executive officer. However, the board must be sufficiently skilled in management to assess the work of this director and assist in strategic decision making.

Common identified traits of a good leader include:

- Enthusiasm
- Champion of change
- Good communicator
- Leads by example
- Open
- Risk tolerant
- Visionary
- Motivator, failure tolerant
- Good delegator

Particularly in small boards of nursing, it can be difficult to differentiate between management and leadership because the executive officer may be involved in all aspects of the organization. Basically, however, the executive officer is said to manage tasks and lead people.

Motivation

All the people interviewed mentioned the need to have the right people for the job in order for the board of nursing to perform to its optimum level. This is not a useful principle since it is vague and even the less successful organizations identify staff as a strength of their organization and try and hire top performers.

Where organizations do differentiate themselves is how they motivate their employees. Because motivation is an inner state, we cannot tell people to be motivated or do it for them. We can only create the conditions under which someone is likely to make an inner commitment. Applying great importance to the careful recruitment, training and development of their staff, and treating people management as a core business activity, seems to translate into valuable contributions from its work force.

What does motivate staff? While pay, security and status were mentioned as high motivators, the evidence shows that they are not. Get them wrong (i.e., underpay your staff) and low levels of motivation and high levels of staff turnover are likely. But getting them right will not generate high levels of motivation. It merely lessens the potential for dissatisfaction.

Research across numerous industries tells us that staff satisfaction and motivation are greatest where staff feel valued, cared for, are allowed to use their discretion, enjoy a sense of achievement, enjoy the support of their colleagues and the company, have an intrinsic interest in the job, perform jobs that offer variety, are given appropriate training, learn from the job and have a fair chance of advancement.

Clearly, getting the pay and conditions right is important but creating an environment in which people are able to thrive is where the real challenge lies. Most of the successful boards of nursing mentioned motivating their employees by creating an atmosphere at work that is fun, stretching, challenging, go-getting, tough, can-do, exciting, and friendly.

Involvement at a National Level

Involvement at the national level by staff and board members provides a number of benefits including:

- Provides access to valuable education and information resources
- Creates awareness of national standards that need to be implemented at the board level

- Provides leadership training
- Provides opportunities for collaboration
- Learn from others what has been effective and ineffective so as to utilize a generally accepted technique or solution rather than a locally invented solution

National involvement includes attendance at NCSBN's mid-year meeting and delegate assembly as well as committee membership.

Teamwork

Simply bringing people together does not necessarily ensure they will function effectively as a team. Effective teamwork does not occur automatically. It may be undermined by a variety of problems, such as lack of organization, misunderstanding, poor communication and inadequate participation.

Some boards utilize tools (e.g., DISC Profile) to facilitate rapport and connection between board members and between staff. These tools help people to better understand what motivates people and being able to recognize how to effectively deal with others. understand behavioral styles which benefits personal and professional relationships by improving communication skills and reducing conflict. This process helps the Board and the Executive Director to know how to interact and communicate with new board members. It's also helpful for staff as a benefit to the work product.

Key ways in which teams can harness the collective energy of all their members to achieve a common purpose include:

- Good leadership and attention to team-building
- Commitment by team members to understand and identify with one another's goals

- The development of a shared vision
- A sense of common ownership of the task at hand and joint responsibility for its achievement
- Co-ordinated efforts and planned sharing of tasks evenly across the team
- The open exchange of information within the team, and
- Honesty, frankness, and trust among team members.

Leadership is critical to teamwork: the team leader is responsible for ensuring that members work together to achieve the goal or objective. On occasion, the leader must be able to inspire

team members to 'go the extra mile'. Tasks allocated to individual members of the team should be meaningful and challenging ' people work better if the tasks they face are interesting, motivating and enjoyable.

Effective leaders aim to:

- Keep participants focused and make the project as a whole demanding for individual team members
- Ensure that the team has the resources and information necessary to complete its task
- Create opportunities for all members to contribute to the task, and ensure that all feel their contribution is visible to, and valued by, the team as a whole
- Avoid blaming individuals for problems in the project or in the team
- Be aware of participants' loyalties to people - or organizations - outside the team
- Be fair and impartial
- Be willing to share credit with the entire team.

In order to work effectively, a team needs to have a clear vision of what it wants to achieve. This must be one that motivates and inspires team members ' a future they feel is worth striving for. If a team is set an unattainable goal, it can have a de-motivating effect.

Teams are more motivated to deliver a vision that they themselves have developed. When team members believe they have made a real contribution to the overall vision they are likely to work hard to achieve it. Shared aims help to create a sense of common purpose and ownership, and promote team identity.

Communication is the process of transmitting and understanding information and ideas. Good communication is essential if a team is to collaborate successfully and make best use of its pooled knowledge. Open communication and information sharing help team members to anticipate what they can expect from one another and when they can expect it, eliminate surprises and make it easier for members to work together, engender trust and familiarity among team members, and allow more forceful group behavior, including the willingness to question and challenge in the search for better solutions.

Organizations that invest in training for their employees demonstrate that the organization is committed to improving its performance through its people.

Client Focus

In conjunction with the themes of leadership and independence, employees at high performing boards are empowered to fully meet the needs of their customers. Empowerment means that each employee is given the responsibility, the training, and the full confidence of the organization to meet and exceed customers' expectations. This usually means clients are not handed-off to another employee. "When you see a problem, you own it"

Staff is cross-trained which allows them to handle every conceivable customer issue, request or complaint by themselves during the first interaction with the customer.

External Relations

External relations deal with the board of nursing's interactions with stakeholders.

Communication

Effective communication is essential. The board's Web site can be at the forefront of everything you do for customers: selling, marketing, getting feedback, displaying products, conducting e-commerce, and more. The best websites are easy to navigate and customers can find the information they need easily, and conduct transactions securely, on the site. For example, is it

easy to find out the dates of the next board meeting? Or, is there a frequently asked questions section which deals with nurse practice act questions?

Being at the Table

Having a seat at the table can be extremely beneficial. Being at the table is a metaphor about being on equal footing with those who make decisions about our lives. For example, nurses need to have an equal seat at the table, alongside physicians and administrators, when it comes to evaluating and designing hospital and health-care systems so as to reduce stress and turnover among nurses thereby keeping them in the profession and lessening the impact of the nursing shortage.

Being at the table allows the board of nursing's interests to be heard and protected. Having a seat at the table helps shape policy to the benefit of the nursing community and their stakeholders. To become a source of influence it is necessary to cultivate relationships with legislators and healthcare leaders, build coalitions, and exhibit their strategic and decision-making prowess and their political will.

For some boards it is hard to find the delicate balance between day-to-day operations and big-picture initiatives. While the board of nursing must make sure that the basics of the job are taken care of first, it must also be focused on strategy. Ultimately, there is a hierarchy of roles and priorities to be followed--moving from the smooth execution of the basics to the assumption of a seat at the table to, finally, becoming a champion of change.