

## EXIT INTERVIEW FOR REGISTERED NURSES

Date: \_\_\_\_\_

The following questions have been designed to provide information that will enable the Indian Health Service to make improvements in the work environment, compensation, working conditions, and job satisfaction for registered nurses. Please complete the following questionnaire before your final clearance. Place it in the envelope provided, seal, and return to the personnel office. The personnel office will mail the Exit Interview to the Area Nurse Consultant. No attempt will be made to identify respondents.

### CHECK ONE OF THE FOLLOWING REGARDING EMPLOYMENT STATUS.

Full Time

Part Time

Intermittent

Temporary

A. Check *ALL* reasons that apply for leaving:

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Transfer to another S.U.              | <input type="checkbox"/> 22. Gov't funding Continuing Ed.       |
| <input type="checkbox"/> 2. Transfer to another IHS area.         | <input type="checkbox"/> 23. Service Unit Administration        |
| <input type="checkbox"/> 3. Moving - contract completed           | <input type="checkbox"/> 24. Nursing Administration             |
| <input type="checkbox"/> 4. Temporary appointment                 | <input type="checkbox"/> 25. Immediate Nursing Supervisor       |
| <input type="checkbox"/> 5. Obligation loan/scholarship completed | <input type="checkbox"/> 26. Peers                              |
| <input type="checkbox"/> 6. Spouse moving away                    | <input type="checkbox"/> 27. Physicians                         |
| <input type="checkbox"/> 7. Retirement                            | <input type="checkbox"/> 28. Professional isolation             |
| <input type="checkbox"/> 8. Return to school                      | <input type="checkbox"/> 29. Living conditions                  |
| <input type="checkbox"/> 9. Illness/self or family                | <input type="checkbox"/> 30. Social isolation                   |
| <input type="checkbox"/> 10. Salary                               | <input type="checkbox"/> 31. Housing                            |
| <input type="checkbox"/> 11. Fringe benefits                      | <input type="checkbox"/> 32. Security/Safety                    |
| <input type="checkbox"/> 12. Indian Preference                    | <input type="checkbox"/> 33. Child care problems                |
| <input type="checkbox"/> 13. Career advancement                   | <input type="checkbox"/> 34. Children's education               |
| <input type="checkbox"/> 14. Specialty practice change            | <input type="checkbox"/> 35. Spouse employment                  |
| <input type="checkbox"/> 15. Vacation schedule                    | <input type="checkbox"/> 36. Bureaucratic regulations           |
| <input type="checkbox"/> 16. Number of annual leave days          | <input type="checkbox"/> 37. Leaving Nursing                    |
| <input type="checkbox"/> 17. Shift rotations                      | <input type="checkbox"/> 38. 638 assumption                     |
| <input type="checkbox"/> 18. Work schedule                        | <input type="checkbox"/> 39. Termination                        |
| <input type="checkbox"/> 19. Work Load                            | <input type="checkbox"/> 40. Resignation in lieu of termination |
| <input type="checkbox"/> 20. On-call duty                         | <input type="checkbox"/> 41. Tribal politics                    |
| <input type="checkbox"/> 21. Performing non-nursing duties        | <input type="checkbox"/> 42. Lack of recognition/awards         |

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. PLEASE RESPOND TO THE FOLLOWING STATEMENTS. *FIVE* INDICATES: I STRONGLY AGREE AND *ONE* INDICATES: I STRONGLY DISAGREE.

*Strongly Disagree* *Strongly Agree*

*Circle One*

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I am satisfied with my salary.  | 1 | 2 | 3 | 4 | 5 |
| 2. My fringe benefits are competitive.   | 1 | 2 | 3 | 4 | 5 |
| 3. Facility policies, procedures and regulations are reasonable.                 | 1 | 2 | 3 | 4 | 5 |
| 4. Nursing service policies and procedures are clearly delineated and practical. | 1 | 2 | 3 | 4 | 5 |
| 5. My physical working environmental is adequate.                                | 1 | 2 | 3 | 4 | 5 |
| 6. My peers respect my professional judgement.                                   | 1 | 2 | 3 | 4 | 5 |
| 7. My supervisor respects my professional judgement.                             | 1 | 2 | 3 | 4 | 5 |
| 8. The nurse administrator respects my professional judgement.                   | 1 | 2 | 3 | 4 | 5 |
| 9. The hospital administrator respects me professionally.                        | 1 | 2 | 3 | 4 | 5 |
| 10. Physicians respect my professional judgment.                                 | 1 | 2 | 3 | 4 | 5 |
| 11. The consumer respects me.  | 1 | 2 | 3 | 4 | 5 |
| 12. My working relationship with my peers is rewarding.                          | 1 | 2 | 3 | 4 | 5 |
| 13. My immediate supervisor is supportive of my professional and personal needs. | 1 | 2 | 3 | 4 | 5 |
| 14. I have a collaborative relationship with my immediate supervisor.            | 1 | 2 | 3 | 4 | 5 |
| 15. Physicians and nurses collaborate on patient/program issues.                 | 1 | 2 | 3 | 4 | 5 |
| 16. The morale of my work unit is good.  | 1 | 2 | 3 | 4 | 5 |
| 17. I have the freedom to be innovative in my working environment.               | 1 | 2 | 3 | 4 | 5 |
| 18. Relationships with other departments are conducive to nursing practice.      | 1 | 2 | 3 | 4 | 5 |
| 19. Scheduled duty hours and shifts rotations are equitable.                     | 1 | 2 | 3 | 4 | 5 |
| 20. Nursing care is prioritized in a safe and therapeutic manner.                | 1 | 2 | 3 | 4 | 5 |
| 21. I had the opportunity to meet my career goals.                               | 1 | 2 | 3 | 4 | 5 |
| 22. Nursing orientation meets the needs of new employees.                        | 1 | 2 | 3 | 4 | 5 |
| 23. I feel that I have input in decision making.                                 | 1 | 2 | 3 | 4 | 5 |
| 24. Information is shared in a timely and accurate manner.                       | 1 | 2 | 3 | 4 | 5 |
| 25. Availability of community resources meets my/family needs.                   | 1 | 2 | 3 | 4 | 5 |
| 26. Overall I am satisfied with my job.  | 1 | 2 | 3 | 4 | 5 |
| 27. I am given opportunity to communicate with the Area Nurse Consultant.        | 1 | 2 | 3 | 4 | 5 |

C. PLEASE ANSWER BRIEFLY THE FOLLOWING QUESTIONS REGARDING YOUR WORK EXPERIENCE.

1. What is the most positive aspect of your work experience?
  
2. In what ways did you experience professional growth?
  
3. What was the major problem you experienced?
  
4. What are your general recommendations for improvement?
  
5. Did your supervisor ask you to stay longer?                      Yes     No
  
6. Did your supervisor recommend transferring to another service unit within the Area or to another IHS Area?  
Yes     No
  
7. What single change would have prompted you to reconsider to stay?

**THE INFORMATION REQUESTED BELOW IS OPTIONAL AND WILL BE KEPT CONFIDENTIAL.**

Position \_\_\_\_\_ Facility \_\_\_\_\_ Date Entered on Duty \_\_\_\_\_

Civil Service \_\_\_\_\_ Commissioned Corps \_\_\_\_\_ 638 Contract Direct Hire \_\_\_\_\_

BASIC NURSING EDUCATION (*Check one or more by inserting year completed.*)

A.D.N. \_\_\_\_\_ Diploma \_\_\_\_\_ BSN \_\_\_\_\_ MSN \_\_\_\_\_ Other \_\_\_\_\_

YEARS OF EXPERIENCE:    IHS \_\_\_\_\_ 638 Contract \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

ARE YOU A SCHOLARSHIP/LOAN REPAYMENT RECIPIENT?                      Yes     No

What Kind? \_\_\_\_\_  
*(437, NECI, COSTEP, etc.)*

NAME (*Optional*) \_\_\_\_\_