



MEMORANDUM

TO: Research Council Members
FROM: John S. Sloan, Jr., Dean of Student Services
SUBJECT: **Nursing Follow-up Study**
DATE: September 26, 1988

A handwritten signature in dark ink, appearing to be 'J. Sloan', written over the 'FROM' line of the memorandum.



Attached is a copy, for your information, of the nursing follow-up study that Nadia Boulos conducts. Please bring it to the next meeting. This document was given to J. Warner and myself to assist the council in formulating ideas and a direction for the college as we look towards a formalized college wide graduate follow-up.

JS/dd

(Q/097)

Research Council
FILE COPY



OAKLAND COMMUNITY COLLEGE

HIGHLAND LAKES CAMPUS • 7350 COOLEY LAKE ROAD • UNION LAKE, MICHIGAN 48085 • PHONE 313-360-3000

June 6, 1988

Dear OCC Nursing Alumnus:

I hope you will take a few moments to fill out this questionnaire. The information which you are asked to provide will help us to gain a better understanding of OCC Nursing alumni, their achievements, expectations and the impact Oakland Community College has had on their lives.

The enclosed questionnaire is designed to elicit your opinions and will give us data useful in appraising objectives and operations and planning for the future of the Department of Nursing. Enclosed is a stamped envelope so that you can return the questionnaire to us at your earliest convenience. You are not required to give your name on this form.

An additional item of information which we will need is the name of your present immediate Nursing supervisor in order to ask her/him to respond to a series of questions regarding your performance as a nurse. The questionnaire which will be used will help us to assess Nursing behaviors of our graduates.

Please be assured that all responses obtained in this process will be presented as group data through a coding system so that no individual answers can be identified. Your responses will be kept confidential and treated in an ethical and professional manner.

Please detach and return the completed form below and the questionnaire in the stamped envelope. In advance, let me express how much we appreciate your taking time to complete this questionnaire.

Sincerely,

Nadia E. Boulos

Nadia E. Boulos, Ph.D., R.N.
Director, Department of Nursing
OAKLAND COMMUNITY COLLEGE
HIGHLAND LAKES CAMPUS

OAKLAND COMMUNITY COLLEGE
Department of Nursing

Alumnus consent to contact immediate supervisor.

Your signature _____

Business Address: Agency Name _____

Address _____

Name of your immediate supervisor _____



OAKLAND COMMUNITY COLLEGE

HIGHLAND LAKES CAMPUS • 7350 COOLEY LAKE ROAD • UNION LAKE, MICHIGAN 48085 • PHONE 313-360-3000

July 19, 1988

Dear OCC Nursing Alumnus:

I am writing again to urge you to complete the enclosed questionnaire. The information which you are asked to provide will help us to gain a better understanding of OCC Alumni, their achievements, expectations and the impact OCC has had on their lives. It also helps the Nursing Department to improve and expand its offerings. Your participation is critical to the future direction of our program and NLN Accreditation.

Please take a few moments to fill out this questionnaire and return no later than August 5, 1988. Thank you for your cooperation. This is your chance to contribute to the continued and future success of our program.

An additional item of information which we will need is the name of your present immediate Nursing supervisor in order to ask her/him to respond to a series of questions to document the success of our graduates.

Please be assured that all responses obtained in this process will be presented as group data through a coding system so that no individual answers can be identified.

Please detach and return the completed form below and the questionnaire in the stamped envelope. In advance, let me express how much we appreciate your taking time to complete this questionnaire.

Sincerely,

Nadia E. Boulos

Nadia E. Boulos, Ph.D., R.N.
Director, Department of Nursing
OAKLAND COMMUNITY COLLEGE
HIGHLAND LAKES CAMPUS

NEB:ehr -----

OAKLAND COMMUNITY COLLEGE
Department of Nursing

Alumnus consent to contact immediate supervisor.

Your signature: _____

Business Address: Agency Name _____

Address _____

Name of your immediate supervisor _____



OAKLAND COMMUNITY COLLEGE

HIGHLAND LAKES CAMPUS • 7350 COOLEY LAKE ROAD • UNION LAKE, MICHIGAN 48085 • PHONE 313-360-3000

OAKLAND COMMUNITY COLLEGE
SURVEY OF NURSING GRADUATES
June, 1988

General Directions

Please check the box next to the number of the appropriate response to each question. When an open-ended response is called for, please write it legibly in the space provided. If you choose not to answer a question, leave it unmarked. Proceed through the sequence of questions pertinent to you as directed. Thank you for your cooperation.

SECTION I

Directions: Everyone should complete this section.

- 1. What is your overall impression of the following items as they pertain to your nursing coursework at OCC?

Table with 6 rows of questions and 5 columns of response options (1-5). Includes a column for numerical scores and a final column for totals.

- 2. Please indicate below your overall impression of the following items as they pertain to your non-nursing courses at OCC.

Table with 2 rows of questions and 5 columns of response options (1-5). Includes a column for numerical scores and a final column for totals.

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----------|
| 3. Faculty's apparent interest in students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 13 |
| 4. Content of courses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 14 |

3. What is your overall evaluation of the following OCC services? Please check all the items you have personally used.

- | | 1 | 2 | 3 | 4 | 5 | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----------|
| | Very Poor | Poor | Fair | Good | Very Good | | |
| 1. Financial assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 15 |
| 2. Counseling services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 16 |
| 3. Learning assistance/
tutorial services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 17 |
| 4. Libraries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 18 |
| 5. Job placement services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 19 |
| 6. Veterans' assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 20 |
| 7. Athletic & recreational activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 21 |
| 8. Child play centers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 22 |
| 9. Cooperative work experiences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 | <hr/> 23 |

4. How would you rate your overall education experience at OCC?

- 1 - Very Poor
 - 2 - Poor
 - 3 - Fair
 - 4 - Good
 - 5 - Very Good
- 01

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5. Would you recommend the nursing courses which you took at OCC to others?

- 1 - No, none of them
 - 2 - Yes, some of them
 - 3 - Yes, most of them
 - 4 - Yes, all of them
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6. Would you recommend the non-nursing courses which you took at OCC to others?

- 1 - No, none of them
- 2 - Yes, some of them
- 3 - Yes, most of them
- 4 - Yes, all of them

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7. In your opinion, what are the three most important strengths of the OCC Nursing Program?

- 1.
- 2.
- 3.

8. What, in your opinion, are the three most important weaknesses of the OCC Nursing Program?

- 1.
- 2.
- 3.

9. In the space below, or on a separate sheet of paper, provide any additional comments, suggestions or recommendations which you might have about OCC's Nursing Program.

10. Do you plan to take any courses at OCC in the future?

- 1 - Yes
- 2 - No
- 3 - Don't know

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11. Are you currently enrolled in a four-year college or university?

- 1 - Yes → Proceed to Q.#12
- 2 - No → Proceed to Section II

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12. At which college or university are you currently enrolled?

13. What was the major factor dictating the choice of this institution? Please check one only.

- 1 - Acceptance of most transferable credits
- 2 - Most convenient location
- 3 - Tuition rate
- 4 - Quality of courses in my field
- 5 - General reputation of the college
- 6 - Other, please specify:

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14. What is your declared major?

- 1 - Nursing
- 2 - Non-nursing. Please specify:

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15. How many credits earned at OCC did not transfer:

- 1 - All OCC credits accepted
- 2 - Lost 1-5 credits
- 3 - Lost 6-10 credits
- 4 - Lost 11-15 credits
- 5 - Lost 16-20 credits
- 6 - Lost more than 20 credits

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16. What is your status at your current college?

- 1 - Part-time (up to 12 hours)
- 2 - Full-time (more than 12 hours)

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17. What is your classification at your current college?

- 1 - Junior
- 2 - Senior
- 3 - Graduate student
- 4 - Other

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PLEASE PROCEED TO SECTION II

SECTION II

Directions: Only those who held or currently hold a nursing job should complete this section. Others should proceed directly to Section III.

1. Did you work for your first employer while still a nursing student at OCC?

- 1 - Yes
- 2 - No

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2. Were you able to contract for your first nursing job before graduation from OCC?

- 1 - Yes
- 2 - No

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3. Which was most helpful in finding your first nursing job? (Check one only.)

- 1 - Nursing Career/Recruitment Day
- 2 - OCC Placement Office
- 3 - Other OCC staff/faculty
- 4 - Employment agencies
- 5 - Want ads
- 6 - Personal contacts
- 7 - Other. Please specify:

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4. How soon after graduation from OCC did you get your first nursing job?

- 1 - Within two weeks
- 2 - Two weeks-one month
- 3 - One-three months
- 4 - Other. Please indicate the reason for delay: _____

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5. To which clinical area were you assigned in your first nursing job?

- 1 - Medical and/or surgical nursing
- 2 - Maternal nursing
- 3 - Pediatric nursing
- 4 - Psych./mental health
- 5 - Community Health
- 6 - Gerontology
- 7 - Other. Please specify:

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6. Did your first employer provide you with a job orientation?
 1 - Yes
 2 - No → Proceed to Q. #9 01 39
7. How long was that orientation?
 days 01 40 41
8. Was that orientation -
1. Planned? 1 - Yes
 2 - No 01 42
2. Supervised? 1 - Yes
 2 - No 01 43
3. Adequate? 1 - Yes
 2 - No 01 44
9. In that first nursing job, to which shift were you assigned?
 1 - Days
 2 - Afternoons
 3 - Nights
 4 - Rotating 01 45
10. Having practiced nursing, how would you evaluate your preparation at OCC?
 1 - Very good
 2 - Good
 3 - Fair
 4 - Poor
 5 - Very Poor 01 46
11. How did the Nursing courses you took at OCC help you in your job? (You may check more than one.)
- 1 - Helped me obtain my job 01 47
- 2 - Helped improve my performance 01 48
- 3 - Helped me advance in my job 01 49
- 4 - Other. Please specify:
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12. How did the General Education courses (i.e., non-nursing courses) you took at OCC help you in your nursing job? (You may check more than one.)

1 - Helped me obtain my job

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2 - Helped improve my performance

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3 - Helped me advance in my job

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4 - Other. Please specify:

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PLEASE PROCEED TO SECTION III.

SECTION III: DEMOGRAPHICS

1. Age:

- 1 - Under 21 years
- 2 - 21-30 years
- 3 - 31-40 years
- 4 - 41-50 years
- 5 - Over 50 years

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2. Sex:

- 1 - Male
- 2 - Female

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3. Ethnicity:

- 1 - Caucasian
- 2 - Black
- 3 - Hispanic
- 4 - American Indian
- 5 - Asian
- 6 - Other. Please specify: _____

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4. Year obtained A.D.N. from OCC:

- 1 - 1985
- 2 - 1986
- 3 - 1987

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5. Highest degree currently held:

- 1 - A.D.N.
- 2 - Baccalaureate in Nursing
- 3 - Baccalaureate in another field
- 4 - Other. Please specify: _____

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6. Have you worked in a nursing job since graduation from OCC?

- 1 - Yes
- 2 - No

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7. What is your current employment status?

- 1 - Employed in Nursing → Proceed to Q. #8
- 2 - Employed in Non-nursing (i.e., no RN license required) → Proceed to Q. #11
- 3 - Not employed. Please specify why: _____

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61

8. Check the one phrase that best describes your current nursing practice setting.

- 1. Hospital/health care facility
 - 1 - Acute
 - 2 - Long-term care (e.g., nursing home) 01 62
- 2. Community setting
 - 1 - Public Health Dept.
 - 2 - HMO
 - 3 - Home health agency
 - 4 - VNA
 - 5 - Doctor's office
 - 6 - Clinic/health center 01 63
- 3. Temporary Agency/Pool
 - 1 - Home health
 - 2 - Hospital 01 64
- 4. Other. Please specify:
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9. Check the focus of your current clinical practice:

- 1 - Medical and/or surgical nursing
- 2 - Maternal nursing
- 3 - Pediatric nursing
- 4 - Psych/mental health
- 5 - Community health
- 6 - Gerontology
- 7 - Other. Please specify: _____ 01 66

10. Check the phrase that best describes your current position title.

- 1 - Staff nurse
- 2 - Head or charge nurse
- 3 - Middle manager
- 4 - Administrator
- 5 - Public health/school nurse
- 6 - Staff development
- 7 - Other. Please specify _____ 01 67

→ Proceed to Q. #12

11. What is the most important reason for holding a non-nursing job?

- 1 - Could not find a nursing job
- 2 - Decided that my interests were not in nursing
- 3 - Preferred to work in another field
- 4 - Found better paying job in another field
- 5 - Other. Please specify:
_____ 01 68

12. How long have you been employed in your current job?

- 1 - Less than one year
- 2 - One-two years
- 3 - More than two years

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13. Are you employed -

- 1 - Full-time?
- 2 - Part-time?

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14. In which county is your current place of work?

- 1 - Macomb
- 2 - Oakland
- 3 - Wayne
- 4 - St. Clair
- 5 - Other. Please specify: _____

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15. Information about the salaries of our graduates helps our students to make career decisions. Individual salary information will be kept confidential. Please indicate below the regular hourly rate at which you are currently employed.

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16. Do you carry malpractice insurance?

- 1 - Yes
- 2 - No

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17. To which of the following professional organizations do you belong?

- 1 - M.N.A.
- 2 - M.L.N.
- 3 - Other. Please specify:

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Thank you for your cooperation.