



THE KAISER FAMILY FOUNDATION/HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH

Survey of Physicians and Nurses

The Kaiser Family Foundation, based in Menlo Park, California, is a nonprofit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

Methodology

The 1999 Survey of Physicians and Nurses was designed and analyzed by researchers at the Kaiser Family Foundation and the Harvard School of Public Health. The survey was administered by mail by the National Opinion Research Center to a national random sample of 1053 physicians and 768 nurses nationwide between February 11 and June 5, 1999. Because fewer Medicare beneficiaries are in managed care plans, the survey asked doctors and nurses only about their experiences with patients under 65 years of age. The physician sample was drawn from the American Medical Association's Masterfile and included physicians who indicate that they care for patients 20 or more hours each week. The sample was proportionately stratified to represent primary care physicians (general and family practitioners, general internists, pediatricians) and specialists (medical specialists and surgeons). The sample of registered nurses was drawn from a list provided by Medical Marketing Services, Inc. that was compiled from state nurse registries and other sources for use in surveys of nurses. Respondents were ineligible if they had not cared for patients in the year prior to the survey. The survey data are weighted by age, gender and region to be representative of national samples of patient care physicians and registered nurses and to account in part for non-response.

The survey collected quantitative information about physicians' and nurses' experiences with and attitudes towards health plans, particularly as it relates to patient care. The survey also collected verbatim responses from physicians and nurses in order to assess their judgements about the consequences of health plan denials for their patients. Reported verbatim responses were randomly selected from a total of 601 responses provided by physicians and 365 responses provided by nurses. Data presented on the consequences of health plan denials represents the judgements of the physicians surveyed, not independent clinical reviews. The maximum margin of sampling error for responses in a survey of 1,053 physicians is +/- 3% and for 768 nurses is +/- 4%. Estimates from smaller subgroups may be subject to higher margins of error based on the subgroup size.

Survey of Physicians, 1999

Introduction

“Managed care” is a very broad term which has many different meanings. In this survey we will be asking some questions about what managed care means to you and to what degree managed care has an impact on the care your patients receive.

For purposes of this survey, when the term “managed care” appears in a question, it is used to describe health insurance plans and organizations such as health maintenance organizations, preferred provider organizations and independent practice associations. Patient enrollment in these plans is usually characterized by agreement to use providers and services approved by the plan.

General Impressions of Managed Care

This series of questions asks your general impressions of managed care in the United States. Please answer these questions even if you have not had any direct personal experience with managed care.

During the past few years, do you think HMOs and other managed care plans have increased, decreased or had no effect on:

	increased	decreased	no effect
1. the quality of health care for people who are sick?	10%	72%	18%
2. the amount of time doctors spend with their patients?	5%	83%	12%
3. the likelihood of the early detection of patient illnesses?	18%	46%	34%
4. the likelihood that patients will get preventive services such as immunizations, health screenings, and physical exams?	45%	21%	33%
5. The ability of doctors to adapt treatment plans and decisions to patients' personal living arrangements and family circumstances?	5%	74%	20%
6. The use of practice guidelines and disease management protocols in patient care?	68%	12%	19%
7. Overall health care costs?	32%	30%	36%
8. The amount of administrative paperwork for providers and patients?	95%	2%	2%
9. The amount of inappropriate health care services that are provided to patients?	28%	32%	39%
10. The ability of patients to see medical specialists?	2%	86%	12%
11. The ability of patients to get the specific prescription drugs they need?	4%	80%	16%
12. The ability of patients to get the tests and treatments they need?	5%	77%	18%

When you think about managed care and the way it has affected patient care in the United States, would you say your views about managed care have been shaped a great deal, somewhat or not at all by:	a great deal	somewhat	not at all
13. Your experiences as a doctor	79%	17%	4%
14. Your experiences as a patient	23%	37%	40%
15. The reports of your friends and family members	39%	52%	9%
16. The reports of professional organizations to which you belong	31%	50%	19%
17. The media	22%	48%	30%

Please indicate if you think each of the following statements is mostly true OR mostly false:

18. Most managed care plans are alike with respect to issues that affect patient care.

Mostly true: 72%

Mostly false: 28%

19. Most managed care plans are generally good at making sure patients get what they need.

Mostly true: 35%

Mostly false: 65%

Managed Care and Your Care of Patients

The next questions ask you to consider the impact of managed care on you and the patients for whom you care.

Overall, do you think managed care has had a mostly positive, somewhat positive, neutral, somewhat negative, mostly negative impact on	mostly positive	somewhat positive	neutral	somewhat negative	mostly negative
20. the way you practice medicine?	2%	7%	23%	43%	25%
21. The medical care services available to your patients?	2%	6%	19%	48%	24%

In an earlier series of questions we asked about your general impressions of managed care in the US. Now we'd like you to look at a list of statements about those issues and think about the impact of managed care on **YOU** and **YOUR** patients.

22. We are interested in knowing what aspect of managed care has had the biggest POSITIVE and NEGATIVE impact on you and your patients. Referring to the numbers on the item list, please indicate which ONE of the items reflects your view of the biggest POSITIVE and NEGATIVE impacts of managed care on you and your patients, or specify another item you wish we had included:

(% of respondents indicating item)	22A. Positive Impacts	22C. Negative Impacts
1. Increased the quality of care for people who are sick	1%	0%
2. Decreased the quality of care for people who are sick	< 1%	15%
3. Increased the amount of time I spend with patients	1%	< 1%
4. Decreased the amount of time I spend with patients	< 1%	11%
5. Increased the likelihood my patients' illnesses will be detected earlier	4%	< 1%
6. Decreased the likelihood my patients' illnesses will be detected earlier	< 1%	2%
7. Increased the amount of preventive services my patients are receiving	27%	< 1%
8. Decreased the amount of preventive services my patients are receiving	0%	1%
9. Increased my ability to adapt treatment plans and decisions to patients' personal living arrangements and family circumstances	< 1%	< 1%
10. Decreased my ability to adapt treatment plans and decisions to patients' personal living arrangements and family circumstances	0%	11%
11. Increased the use of practice guidelines and disease management protocols in patient care	23%	< 1%
12. Decreased the use of practice guidelines and disease management protocols in patient care	< 1%	< 1%
13. Increased overall health care costs	2%	1%
14. Decreased overall health care costs	8%	< 1%
15. Increased the amount of administrative paperwork for providers and patients	8%	31%
16. Decreased the amount of administrative paperwork for providers and patients	< 1%	< 1%
17. Increased the amount of inappropriate health care services that are provided to patients	1%	< 1%
18. Decreased the amount of inappropriate health care services that are provided to patients	6%	1%
19. Increased the ability of patients to see medical specialists	< 1%	< 1%
20. Decreased the ability of patients to see medical specialists	< 1%	12%
21. Increased the ability of patients to get the specific prescription drugs they need	3%	< 1%
22. Decreased the ability of patients to get the specific prescription drugs they need	0%	2%
23. Increased the ability of patients to get the tests and treatments they need	1%	0%
24. Decreased the ability of patients to get the tests and treatments they need	0%	8%
25. Other	12%	7%

22B. How POSITIVE is the impact of this item [on a scale of 1 to 10, where 10 is most positive]?

1 : 6%
2 : 5%
3 : 6%
4 : 5%
5 : 9%
6 : 11%
7 : 15%
8 : 14%
9 : 5%
10 : 5%

22D. How NEGATIVE is the impact of this item [on a scale of 1 to 10, where 10 is most negative]?

1 : 0%
2 : 1%
3 : 2%
4 : 3%
5 : 3%
6 : 3%
7 : 9%
8 : 24%
9 : 17%
10 : 27%

Specific Experiences of Nonelderly Patients

In the next questions, we are interested in getting specific information about the patients for whom you provide care. For the item in each row, please indicate how frequently this situation has affected a patient in your care and answer the follow-up questions about the impact, if any, on your patients' well-being. **For these items in each row, please limit your responses to patients under 65 years old at the time of treatment and to patients you have treated over the last two years.**

	A. In the last two years, for each item please indicate about how frequently this issue occurred as you cared for your patients.						B. Did any of your patients experience a decline in health status or a worsening of their medical condition as a result of this situation? In the most recent case, was the decline.... (Based on respondents who answered weekly, monthly, every 6 months, or yearly to question A.)				C. Did the most recent occurrence involve a patient with a Managed Care Plan or a Traditional Insurance Plan. (Based on respondents who answered answered don't know.) weekly, monthly, every 6 months, or yearly to question A. Figures in parentheses exclude those who answered don't know)		
	Weekly	Monthly	Every 6 Months	Yearly	Never (go to next question)	NA to my Practice (go to next question)	Yes a Decline, Very Serious	Yes a Decline, Somewhat Serious	Yes a Decline, Not at all Serious	No, no Decline	Managed Care	Traditional Insurance	Don't Know
23. An insurance plan did not approve some or all of an overnight hospital stay.	9%	22%	21%	8%	19%	16%	6%	33%	27%	26%	73% (92%)	7% (8%)	11% (NA)
24. An insurance plan did not provide coverage for a prescription drug that you thought was best.	33%	28%	14%	4%	9%	8%	5%	32%	34%	21%	76% (93%)	6% (7%)	8% (NA)
25. An insurance plan did not approve a request to pay for a diagnostic test or procedure.	16%	26%	21%	6%	16%	8%	8%	38%	28%	17%	72% (91%)	7% (9%)	10% (NA)
26. An insurance plan did not approve a request for referral to a medical specialist.	10%	19%	17%	6%	25%	16%	12%	38%	28%	11%	80% (98%)	2% (2%)	8% (NA)
27. An insurance plan did not approve a referral for mental health, substance abuse or addiction treatment.	6%	12%	13%	7%	28%	26%	16%	49%	21%	6%	72% (90%)	8% (10%)	10% (NA)

28A. If you answered that in the past 2 years a patient's health status declined as a result of ONE OR MORE OF THESE ITEMS (FROM 23-27) please check which item causing a decline

28B. Please describe for us the most recent situation in which this event happened.

29) To the best of your knowledge, did this patient experience an economic hardship as a result of the situation?

(See separate compilation of verbatim responses.)

Experiences with Health Plans

					B. Does this more often occur with Managed Care Plans, Traditional Insurance Plans or equally with both types of plans? (Based on those respondents who answered often, sometimes, or rarely to question A.)		
In the last two years, how often...	often	sometimes	rarely	never	managed care	traditional insurance	both
30A. has a health plan provided you with guidelines, standardized care plans, protocols or new an innovative tools (such as videos, diaries, etc.) to manage a patient's illness?	19%	28%	23%	29%	71%	3%	20%
				(go to question 31A)			
31A. has a health plan provided you with data about your clinical practice that has been useful to you in making the care you provide more effective and efficient?	6%	19%	28%	47%	63%	5%	23%
				(go to question 32A)			
32A. has a patient's health plan helped you encourage a patient to practice better health promotion and prevention such as exercise, diet, smoking cessation, appropriate screening, etc?	11%	22%	21%	45%	55%	3%	30%
				(go to question 33A)			
33A. have you exaggerated the severity of a patient's condition to get your patients care that you thought was medically necessary?	5%	21%	22%	51%	55%	3%	31%
				(go to question 34A)			
34A. has a patient had to pay out of pocket for services you thought they needed because their health plan wouldn't cover them?	12%	45%	25%	17%	58%	4%	27%
				(go to question 35A)			
35A. How often has a family member or friend asked you for help because they were worried about decisions their health plan had made about their medical care?	19%	39%	21%	21%	58%	2%	26%
				(go to question 36)			

36. If a friend or family member was sick, how worried would you be that their HEALTH PLAN would be more concerned about saving money than about what is the best treatment for them? Would you be...

Very worried: 46%

Somewhat worried: 39%

Not too worried: 12%

Not at all worried: 2%

37. How often have you or someone in your office made contact with health plans on behalf of patients for something OTHER than a routine request for referral or other approval?

Often: 32%

Sometimes: 34%

Rarely: 13%

Never: 19%

(Skip to Question 41)

38. **(Based on those respondents who answered OFTEN, SOMETIMES or RARELY to question 37.)** Concerning YOUR last intervention, to whom did you make contact with at the health care plan (a doctor, a nurse, a plan manager, etc.)?

Doctor: 20%

Nurse: 18%

Plan Manager/Administrator: 37%

Multiple Mentioned: 8%

Pharmacy/Formulary/Pharmacist: 1%

Other: 2%

Don't Know: 5%

No Answer: 8%

39. **(Based on those respondents who answered OFTEN, SOMETIMES or RARELY to question 37.)** Was that intervention with a traditional insurance plan or a managed care plan?

Traditional Insurance Plan: 9%

Managed Care Plan: 90%

40. **(Based on those respondents who answered OFTEN, SOMETIMES or RARELY to question 37.)** What was the outcome of that intervention?

Resolved in patient's favor: 42%

Resolved in plan's favor: 22%

Compromise: 21%

Not resolved at this time: 15%

Characteristics of Your Medical Practice

41. Is your primary medical practice or employment setting primarily associated with a single HMO or other type of managed care health plan (more than 75% of patients covered by one plan)?

Yes: 13%

No: 77%

42. About how many patients did you care for in each of the following settings in your most recent typical week of practice? **(Figures represent means)**

Hospital: 14%

Office or clinic: 76%

Outpatient or day treatment facility: 6%

Home: 1%

Long term care facility: 3%

43. During a typical week of practice, how much time do you spend on average with each of your patients in your office or clinic? Mean = 14 minutes

About what percentage of your patients are:	10% or less	11%-25%	26%-50%	More than 50%
44. African-American	49%	26%	10%	3%
45. Hispanic/Latino	57%	20%	7%	3%
46. Native American	76%	3%	1%	1%
47. Asian-American	71%	12%	2%	1%
48. White	2%	4%	19%	64%

49. Approximately what percentage of your income comes from each of the following types of compensation?

- A. Salary: 48%
- B. Fee-for-service without withholds: 25%
- C. Fee-for-service with withholds: 13%
- D. Capitation split among your group: 2%
- E. Capitation to you individually: 3%
- F. Bonus payments: 3%
- G. Other source of revenue: 5%

	10% or less	11% - 25%	26% - 50%	More than 50%
50. In a worst case scenario, what percentage of your annual income could you realistically <i>lose</i> if the costs of care for your patients were very high?	52%	27%	13%	5%
51. In a best case scenario, what percentage of your annual income could you realistically <i>gain</i> if the costs of care for your patients were very low?	63%	23%	7%	3%

52. What percent of your patients are PRIMARILY in each of the following coverage categories?

- A. Medicare beneficiaries? 33%
- B. Medicaid beneficiaries? 13%
- C. Private Insurance? 42%
- D. Have no insurance? 8%
- E. CHAMPUS or other government programs? 5%

53. Thinking about your INSURED patients, what percentage of your insured patient belong to each of these types of organizations?

- A. Staff model HMOs with salaried doctors: 9%
- B. Group model HMOs: 10%
- C. Network model HMOs: 15%
- D. Independent practice association HMOs: 11%
- E. POS (point of service plan): 10%
- F. PPO (preferred provider organization): 18%
- G. Traditional fee for service: 26%

54. To the best of your knowledge, about how many contracts do you, or your employer, have with managed care plans? Please include both discount and capitation-based contracts.

- 0 : 14%
- 1-7 : 27%
- 8-14 : 29%
- 15 or more : 30%

55. What was your 1998 net income before taxes?

- < \$50,000 : 12%
- \$50,000 - \$99,000 : 13%
- \$100,000 - \$199,000 : 46%
- > \$200,000 : 30%

56. What was the total income of your household in 1998 (include your income, your spouses income, and income from any other sources)?

- < \$50,000 : 9%
- \$50,000 - \$99,000 : 6%
- \$100,000 - \$199,000 : 41%
- > \$200,000 : 44%

57. What is your primary racial or ethnic background?

White, non-Hispanic: 70%

African-American: 2%

Hispanic: 4%

Asian-American: 10%

Native American: 0%

Other: 2%

Reflecting on your medical practice in general, please note how much of a concern each of the following is to you (great concern, small concern, not a concern)

	great concern	small concern	not a concern
58. Not making as much money as I had planned to at this stage of my career	26%	34%	30%
59. Not having enough professional autonomy in the clinical decisions I make for patients	47%	29%	14%
60. Spending too much time on administration rather than directly with patients	58%	23%	9%

61. In the past two years, have you dropped your participation in a particular managed care plan because you were unsatisfied, frustrated, or unhappy with that plan?

Yes: 37%

No: 52%

Survey of Nurses, 1999

Introduction

“Managed care” is a very broad term which has many different meanings. In this survey we will be asking some questions about what managed care means to you and to what degree managed care has an impact on the care your patients receive.

For purposes of this survey, when the term “managed care” appears in a question, it is used to describe health insurance plans and organizations such as health maintenance organizations, preferred provider organizations and independent practice associations. Patient enrollment in these plans is usually characterized by agreement to use providers and services approved by the plan.

General Impressions of Managed Care

This series of questions asks your general impressions of managed care in the United States. Please answer these questions even if you have not had any direct personal experience with managed care.

During the past few years, do you think HMOs and other managed care plans have increased, decreased or had no effect on:	increased	decreased	no effect
1. the quality of health care for people who are sick?	12%	78%	9%
2. the amount of time nurses spend with their patients?	4%	85%	10%
3. the likelihood of the early detection of patient illnesses?	20%	57%	20%
4. the likelihood that patients will get preventive services such as immunizations, health screenings, and physical exams?	42%	31%	26%
5. The ability of nurses to adapt treatment plans and decisions to patients' personal living arrangements and family circumstances?	14%	63%	22%
6. The use of practice guidelines and disease management protocols in patient care?	51%	25%	23%
7. Overall health care costs?	51%	26%	22%
8. The amount of administrative paperwork for providers and patients?	92%	3%	4%
9. The amount of inappropriate health care services that are provided to patients?	27%	41%	30%
10. The ability of patients to see medical specialists?	7%	82%	10%
11. The ability of patients to get the specific prescription drugs they need?	10%	68%	21%
12. The ability of patients to get the tests and treatments they need?	8%	79%	13%

When you think about managed care and the way it has affected patient care in the United States, would you say your views about managed care have been shaped a great deal, somewhat or not at all by:	a great deal	somewhat	not at all
13. Your experiences as a nurse	70%	25%	4%
14. Your experiences as a patient	38%	39%	21%
15. The reports of your friends and family members	47%	45%	6%
16. The reports of professional organizations to which you belong	29%	45%	24%
17. The media	27%	53%	18%

Please indicate if you think each of the following statements is mostly true OR mostly false:

18. Most managed care plans are alike with respect to issues that affect patient care.

Mostly true: 73%

Mostly false: 24%

19. Most managed care plans are generally good at making sure patients get what they need.

Mostly true: 34%

Mostly false: 64%

Managed Care and Your Care of Patients

The next questions ask you to consider the impact of managed care on you and the patients for whom you care.

Overall, do you think managed care has had a mostly positive, somewhat positive, neutral, somewhat negative, mostly negative impact on	mostly positive	somewhat positive	neutral	somewhat negative	mostly negative
20. the way you care for your patients?	3%	6%	41%	33%	15%
21. The medical care services available to your patients?	2%	9%	19%	48%	19%

In an earlier series of questions we asked about your general impressions of managed care in the US. Now we'd like you to look at a list of statements about those issues and think about the impact of managed care on **YOU** and **YOUR** patients.

22. We are interested in knowing what aspect of managed care has had the biggest POSITIVE and NEGATIVE impact on you and your patients. Referring to the numbers on the item list, please indicate which ONE of the items reflects your view of the biggest POSITIVE and NEGATIVE impacts of managed care on you and your patients, or specify another item you wish we had included:

(% of respondents indicating item)	22A. Positive Impacts	22C. Negative Impacts
1. Increased the quality of care for people who are sick	2%	0%
2. Decreased the quality of care for people who are sick	0%	21%
3. Increased the amount of time I spend with patients	1%	0%
4. Decreased the amount of time I spend with patients	0%	15%
5. Increased the likelihood my patients' illnesses will be detected earlier	4%	0%
6. Decreased the likelihood my patients' illnesses will be detected earlier	0%	3%
7. Increased the amount of preventive services my patients are receiving	20%	0%
8. Decreased the amount of preventive services my patients are receiving	0%	1%
9. Increased my ability to adapt treatment plans and decisions to patients' personal living arrangements and family circumstances	2%	0%
10. Decreased my ability to adapt treatment plans and decisions to patients' personal living arrangements and family circumstances	0%	4%
11. Increased the use of practice guidelines and disease management protocols in patient care	20%	0%
12. Decreased the use of practice guidelines and disease management protocols in patient care	0%	1%
13. Increased overall health care costs	3%	3%
14. Decreased overall health care costs	6%	1%
15. Increased the amount of administrative paperwork for providers and patients	6%	6%
16. Decreased the amount of administrative paperwork for providers and patients	1%	1%
17. Increased the amount of inappropriate health care services that are provided to patients	2%	1%
18. Decreased the amount of inappropriate health care services that are provided to patients	8%	1%
19. Increased the ability of patients to see medical specialists	1%	0%
20. Decreased the ability of patients to see medical specialists	0%	12%
21. Increased the ability of patients to get the specific prescription drugs they need	3%	0%
22. Decreased the ability of patients to get the specific prescription drugs they need	0%	3%
23. Increased the ability of patients to get the tests and treatments they need	1%	0%
24. Decreased the ability of patients to get the tests and treatments they need	0%	11%
25. Other	9%	8%

22B. How POSITIVE is the impact of this item [on a scale of 1 to 10, where 10 is most positive]?

1 : 5%
2 : 2%
3 : 4%
4 : 5%
5 : 13%
6 : 14%
7 : 16%
8 : 16%
9 : 5%
10 : 6%

22D. How NEGATIVE is the impact of this item [on a scale of 1 to 10, where 10 is most negative]?

1 : 1%
2 : 1%
3 : 2%
4 : 3%
5 : 5%
6 : 5%
7 : 10%
8 : 22%
9 : 14%
10 : 31%

Experiences of Nonelderly Patients

In the next questions, please limit your responses to patients under 65 years old at the time of treatment and to patients you have cared for over the last two years.

23. Within the last two years, has an insurance plan made a decision that resulted in a decline in health status or worsening of the medical condition of a patient for whom you were caring?

Yes: 48%

No: 48% (skip to question 29A)

24. **(Based on those respondents who answered yes to question 23.)** How frequently do situations like this occur?

Weekly: 26%

Monthly: 37%

Every 6 months: 19%

Yearly: 4%

No Answer: 13%

25. **(Based on those respondents who answered yes to question 23.)** Please briefly describe the most recent situation in which this happened and the impact on the patient.

(See separate compilation of verbatim responses.)

26. **(Based on those respondents who answered yes to question 23.)** Was the decline in health status or worsening of medical condition for this patient very serious, somewhat serious, or not at all serious?

Very serious: 37%

Somewhat serious: 49%

Not at all serious: 4%

27. **(Based on those respondents who answered yes to question 23.)** To the best of your knowledge, did this patient experience an economic hardship as a result of the situation?

Yes: 52%

No: 34%

28. **(Based on those respondents who answered yes to question 23.)** Was this patient in a managed care plan or in a traditional insurance plan?

managed care plan: 78%

traditional insurance plan: 9%

Experiences with Health Plans

					B. Does this more often occur with Managed Care Plans, Traditional Insurance Plans or equally with both types of plans?		
In the last two years, how often...	often	sometimes	rarely	never	managed care	traditional insurance	both
29A. has a health plan provided you with guidelines, standardized care plans, protocols or new an innovative tools (such as videos, diaries, etc.) to manage a patient's illness?	8%	19%	22%	45%	35%	6%	40%
				(go to question 30A)			
30A. have you exaggerated the severity of a patient's condition to get your patients care that you thought was medically necessary?	7%	23%	16%	46%	32%	4%	36%
				(go to question 31)			

31. If a friend or family member was sick, how worried would you be that their HEALTH PLAN would be more concerned about saving money than about what is the best treatment for them? Would you be...

Very worried: 59%

Somewhat worried: 30%

Not too worried: 6%

Not at all worried: 0%

Reflecting on your work as a nurse, please note how much of a concern each of the following is to you (great concern, small concern, not a concern)?	great concern	small concern	not a concern
32. Not making as much money as I had planned to at this stage of my career	26%	44%	28%
33. Not having enough professional autonomy in the clinical decisions I make for patients	33%	41%	23%
34. Inadequate training to cope with changes in the health care system	28%	46%	24%
35. Inadequate nurse staffing levels where I work	69%	18%	9%

Employment and Demographic Characteristics

36. What is your primary place of employment?

1. A home health care agency: 11%

2. A solo or group physician group practice: 5%

3. A (free-standing out patient care) clinic or care center: 5%

4. A private hospital: 30%

5. A hospital affiliated with a medical school or university: 15%

6. A hospital governed by a government agency: 6%

7. A long term care facility: 8%

8. Other: 22%

37. Is this facility owned or operated by an HMO or other managed care organization?

Yes: 17%

No: 80%

38. During a typical week....

A. How many hours do you work as a nurse?

Not working currently (but have in the past year) : 4%

< 20 : 9%

20 – 35 : 22%

36 - 40 : 44%

> 40 : 20%

B. How many hours do you spend caring for patients?

None now : 10%
< 20 : 27%
20 - 35 : 42%
36 - 40 : 16%
> 40 : 14%

39. What was your 1998 personal income from nursing employment before taxes?

< \$20,000 : 17%
\$20,000 - \$35,000 : 27%
\$36,000 - \$45,000 : 24%
\$46,000 - \$80,000 : 23%
> \$80,000 : 1%

40. What was the total income of your household in 1998 (include your income, your spouses income, and income from any other sources)?

< \$40,000 : 24%
\$40,000 - \$59,000 : 21%
\$60,000 - \$79,000 : 28%
> \$79,000 : 16%

41. What is your primary racial or ethnic background?

White, non-Hispanic: 87%
African-American: 4%
Hispanic: 1%
Asian-American: 2%
Native American: 1%
Other: 1%

42. What is your age?

20 – 34 : 19%
35 – 49 : 48%
50 – 64 : 25%
>64 : 4%

43. Are you male or female?

Male: 5%
Female: 93%

44. What is your current marital status?

Single, never married: 10%
Married: 71%
Divorced: 14%
Widowed: 3%

45. Please circle all degrees or training certificates you have received. **(Multiple responses accepted.)**

Associated degree in nursing: 37%

Diploma certificate in nursing: 36%

Baccalaureate degree in nursing: 36%

Master's degree in nursing: 6%

Doctoral degree in nursing: 0%

Advanced practice nursing certificate or degree (this includes nurse practitioner, midwife, or anestetist, or clinical nurse specialist): 6%



The Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025

650-854-9400 Facsimile: 650-854-4800

Washington Office:

1450 G Street N.W., Suite 250
Washington, DC 20005

202-347-5270 Facsimile: 202-347-5274

<http://www.kff.org>

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