Needs Assessment: Practice Nurses

Date

Dear Practice Nurse,

The x Division of General Practice is interested in better meeting the needs of practice nurses working in x.

The Division has designed a questionnaire to determine issues of importance to you. This questionnaire is anonymous and all questions are optional. Answers will be collated and analysed for consistent themes. Identification of individual respondents is not sought by the Division.

The information gathered here will inform a database which lists and describes the needs of practice nurses in the x Division. Your responses will help us plan a program of activities for you.

If there is more than one practice nurse working at your practice please photocopy this questionnaire, and return all completed copies.

Please take ten minutes to fill in this questionnaire. The information gathered will help guide the Division in planning speakers and activities according to your stated needs.

If you have any comments or concerns please contact me on x or x

Kind Regards

x
Practice Nurse Program Coordinator

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO THE DIVISION BY FAX (x), OR MAIL IN THE ENVELOPE SUPPLIED, BY x.
THANK YOU FOR YOUR ASSISTANCE

1a. Are you a Division 1 nurse ☐

Division 2 nurse ☐

1b. If you are a Division 2 nurse, are you supervised by a Division 1 nurse?

Yes ☐ No ☐

1c. If yes, In which way are you supervised?

Directly in the practice ☐

Indirectly. eg telephone contact ☐

Other. Please describe_____

2. Which age group do you belong to?

2a. Under 30 years ☐

2b. 30-39 years ☐

2c. 40-49 years ☐

2d. 50-59 years ☐

2e. Over 60 years ☐

3a. Is practice nursing your main job?

Yes ☐ No ☐

3b. Are you employed at more than one practice?

Yes ☐ No ☐

3c. Please indicate post code(s) for all practices in which you work.

_____

3d. At your principal practice do you work part-time ☐

full-time ☐

3e. If you work part-time, how many hours do you work per week? (Please indicate for each job)

OTHER SIDE PLEASE

3f. Are you employed as a nurse anywhere other than in General Practice?
If so please describe where and in what capacity.

_____

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4. How long have you been employed at your principal practice?

5a. Are you a member of a professional nursing organisation?

Yes ☐ No ☐

5b. If yes, what is the name of the organisation?
(Please name all if you are a member of more than one.)

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6. Do you participate in ongoing education or professional development activities?

Yes ☐ No ☐

7. In the practice environment do you have free access to:

7a. Designated treatment room or consulting room

Never Sometimes Always
|_____|_____|

7b. A computer

Never Sometimes Always
|_____|_____|

7c. Internet access

Never Sometimes Always
|_____|_____|

8. Does your practice have professional indemnity insurance to cover your practice?

Yes ☐ No ☐ Don't know ☐

9. Do you believe that your practice principal/s understand the capabilities and value of the practice nurse?

Yes ☐ No ☐ Don't know ☐

10. Is it hard to find a replacement for holidays?

Yes ☐ No ☐

11a. Are you interested in participating in a Practice Nurse Network? This means meeting with other practice nurses from the x region on a regular basis to discuss common concerns or interests. The normal meeting time would be restricted to 1-2 hours.

Yes ☐ No ☐

11b. Would you like a specific topic presented or discussed at each network meeting?

Yes ☐ No ☐

12a. Which week day/s would best suit you to attend Divisional activities?

12b. What time of day best suits you for attendance at training or networking sessions?

Lunchtime ☐ Evening ☐

12c. Choose from the list, areas in which you would like to enhance your skills, or learn more about. In column 1 please indicate all areas of interest, in column 2 choose four which interest you the most. This list will be used as a guide to planning network activities. Add topics which have been omitted.

Area of interest	Column 1	Column 2
Women's Health		
Immunisation/Travel vaccination		
Cardiac/ECG		
Pathology		
Business management skills		
Better use of IT		
Men's Health		
Paediatrics		
Chronic Illnesses		
Aged care		
Drug and Alcohol		
Complementary Medicines		
Health Promotion		

12d. What sort of a format would best suit your needs.? (Please indicate more than one if you wish)

'Hands on' clinical update ☐

Informal networking opportunity ☐

Lecture type activities ☐

Small group work ☐

OTHER SIDE PLEASE

13. If you were paid by your employer to attend (some or all of) these meetings, would this increase the likelihood of attending such a meeting.

Yes ☐ No ☐

14. What activities are you occupied with in the workplace?

Column 1: tick any which you participate in. (as many as are relevant)

Column 2: tick the ones that take up most of your working week.

Please add any workplace activities which have been omitted.

	Column 1	Column2
Immunisation related activities		
Paediatrics		
Midwifery		
Liaison with other health providers		
EPC health assessments: practice based		
EPC health assessments: home based		
Diabetes education		
Coordination of patient services		
Practice management		
Electronic data/record management		
Chronic disease management		
Sterilisation/infection control		
General nursing activities		
Wound management		
Health promotion		
Development of clinical protocols and procedures		
Nurse led triage		

Please add any comments

Thank you for taking the time to complete this questionnaire.
Please return it in the envelope provided or fax back (x)