

Summary of the AOHP 2010 Membership Survey and Needs Assessment



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An updated, comprehensive AOHP Membership Survey and Needs Assessment was conducted in August 2010. The survey was distributed electronically to 1,069 members, with a return rate of 27%. There were 295 responses to the survey, representing 41 states as well as Bermuda and New Zealand. Fifty-two percent (52%) of respondents have been members of AOHP for one to five years. The respondents represented each AOHP chapter and a variety of practice settings in these geographic areas.

The Web-based survey led to enhanced data quality, immediate availability of response and anonymity. The independent nature of data collection allowed users to complete the survey during their own time, increasing the likelihood of self-reporting. The survey was developed using items drawn from previous surveys and an assessment of current topics that were considered of specific interest for healthcare workers. A new group of questions inquired about individual member participation at the chapter and national levels. Open ended comment sections were included for selected questions. Not all questions were answered by all respondents.

Personal and Professional Demographics

General

The range in age of AOHP members is 30 to 65 years, with two respondents indicating an age less than 30, and seven respondents indicating an age greater than 65. The majority, 75%, were 51 years or older.

Table 1 represents the age distribution of the respondents. Survey respondents were primarily female (94%), as well as 6% male. Ninety-five percent (95%) of the respondents had basic clinical training as registered nurses (RN), with an additional 3% being trained as licensed practical nurses (LPN).

Practicing in a healthcare setting for 16 years or more was chosen by 89% of the respondents. In addition, 36% have worked specifically in an employee health setting for greater than 15 years, while 19% have done so for 11 to 15 years.

Table 1 - Age

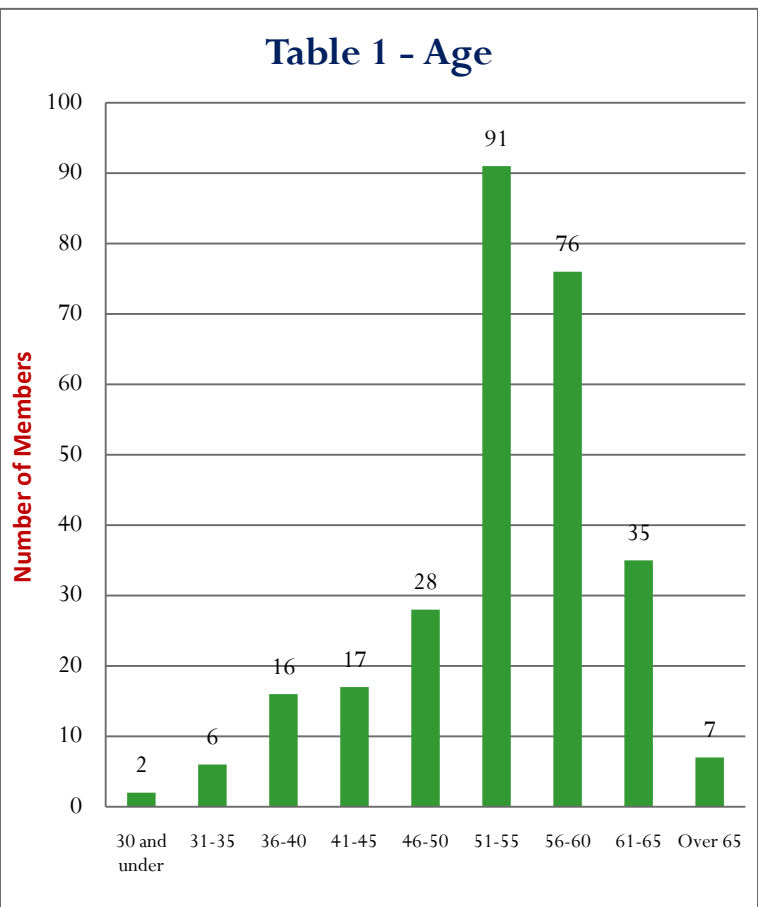
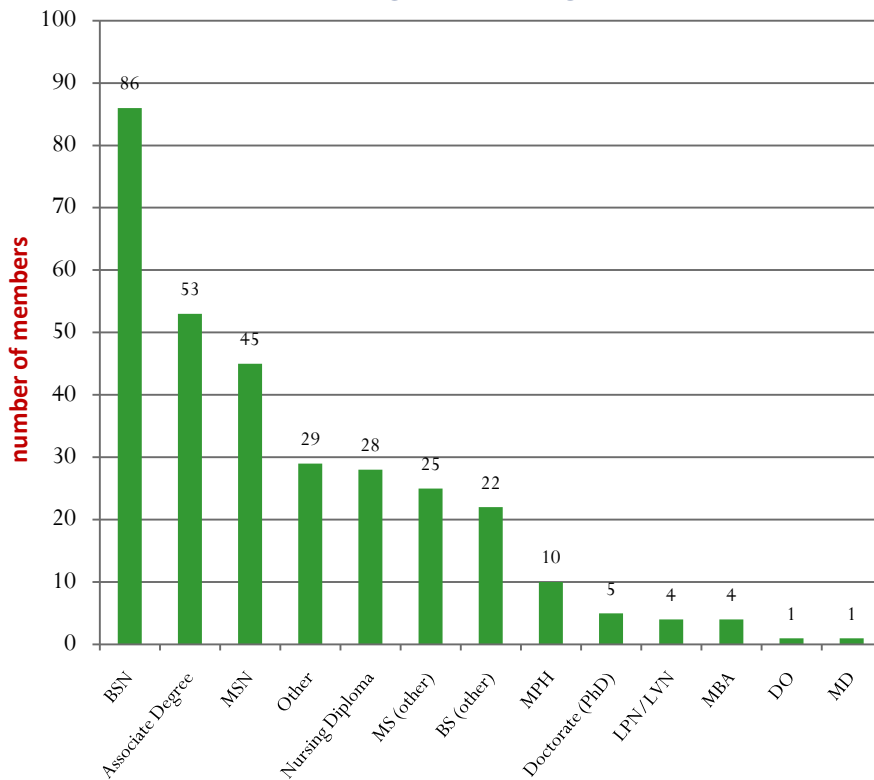


Table 2 - Highest Degree Earned



Education

As stated earlier, 95% of the respondents are registered nurses (RN) and 3% are LPNs. Twenty-nine respondents chose the “other” category related to basic clinical training, indicating a specialty in administration, epidemiology, industrial hygiene, case management and occupational health and safety. Eleven percent (11%) reported a job title of nurse practitioner (NP), physician assistant (PA) or physician (MD). Specialty areas for NP and PA practice included Family (38%), Adult (18%) and Occupational Health (41%). **Table 2** demonstrates the breakdown of degrees.

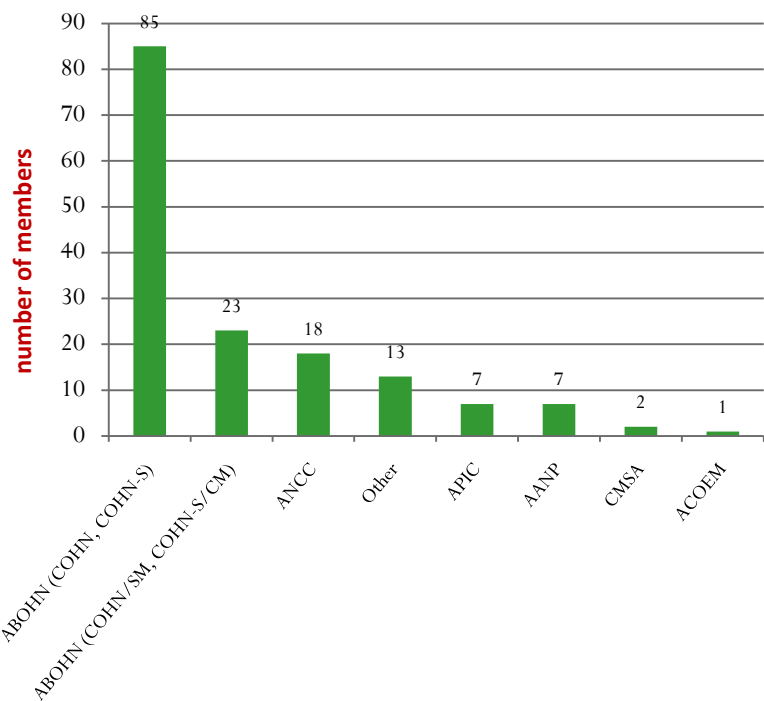
CEUs for licensure

Of the 300 respondents, 186 (63%) were required to earn continuing education units for license renewal.

Certification

National certification is held by 43% (124) of the respondents. The American Board for Occupational Health Nurses (ABOHN) is the certifying organization for 70% of the respondents, with 19% listing a subspecialty or additional ABOHN subspecialty certification in case management. **Table 3** indicates the types of certifications.

Table 3 - Type of Certification



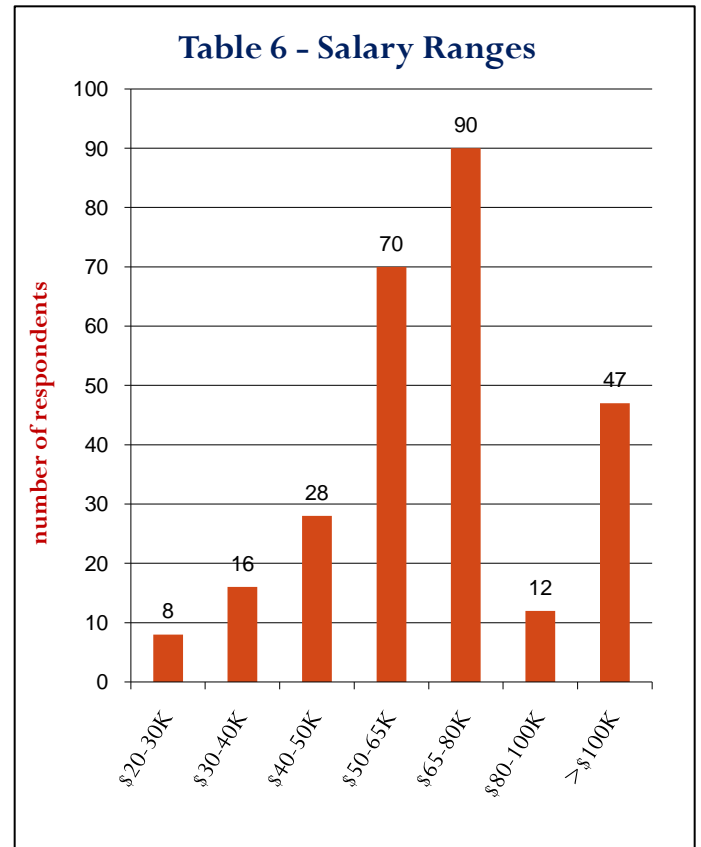
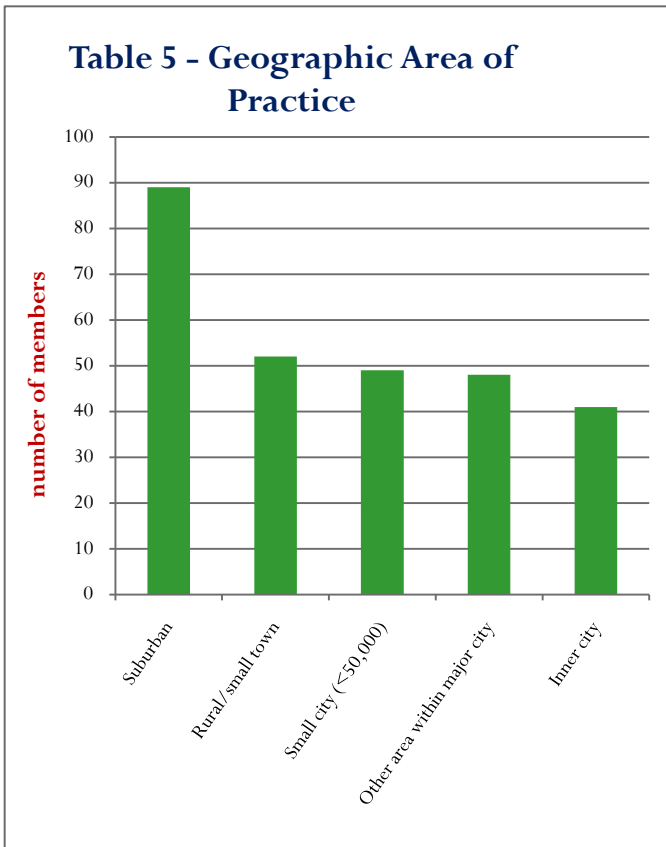
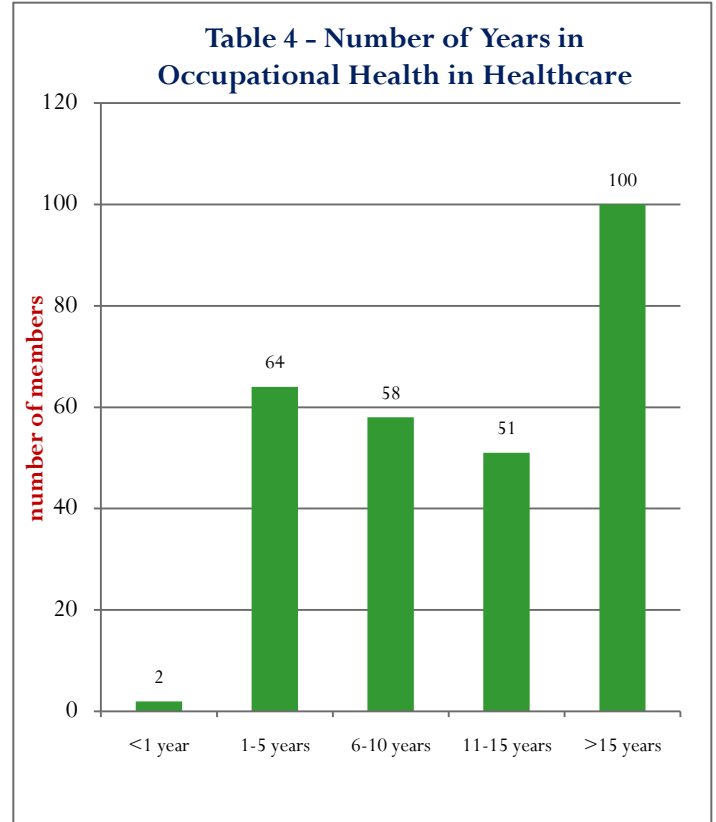
Practice Setting

General

One hundred seventy-five (175) respondents have worked in occupational health in healthcare from less than one year to more than 15 years. Thirty-six percent (36%) have worked 15 years or more in this setting. **Table 4** demonstrates the nearly even breakdown among the one to 15 years of work in this specialty.

All geographic areas were represented by the responses. Thirty-two percent (32%) of respondents practiced in a suburban setting. See **Table 5** for the breakdown ranging from rural to inner city responses.

The primary work setting for 78% of respondents was an acute care not-for-profit hospital. Ten percent (10%) worked in an acute care for-profit hospital. Nineteen respondents worked in an occupational medicine clinic, two respondents worked in an acute care university setting, and four respondents worked in home health or an extended care/long term care site.



Eighty-five percent (85%) of the facilities participated in voluntary accreditation. Ninety-one percent (91%) are accredited by The Joint Commission (TJC). The remaining facilities are accredited by Healthcare Facilities Program (7%) or National Integrated Healthcare Accreditation (2%). One respondent noted that his/her facility had dropped accreditation by TJC.

Seventy-nine percent (79%) of members work full-time (30-40 hours per week), 13% work part-time (20-29 hours per week), and 6% work between eight and 19 hours per week.

Thirty-three percent (33%) of respondents' salaries ranged from \$65,000-\$80,000 annually. Twenty-six percent (26%) were in the \$50,000 to \$60,000 range. See **Table 6** for the breakdown in salary ranges.

Role Responsibilities

Table 7 delineates the areas of role responsibility and organizational leadership. The leading area of function that includes *both* role responsibility and organizational leadership is employee/occupational health services. Other areas of organizational leadership include medical surveillance, workers' compensation and respirator fit testing. Accident prevention, case management and safety leadership roles were nearly evenly divided between the occupational health professional and other organizational departments. Industrial hygiene was the area where the occupational health professional (OHP) had the least role responsibility or leadership involvement.

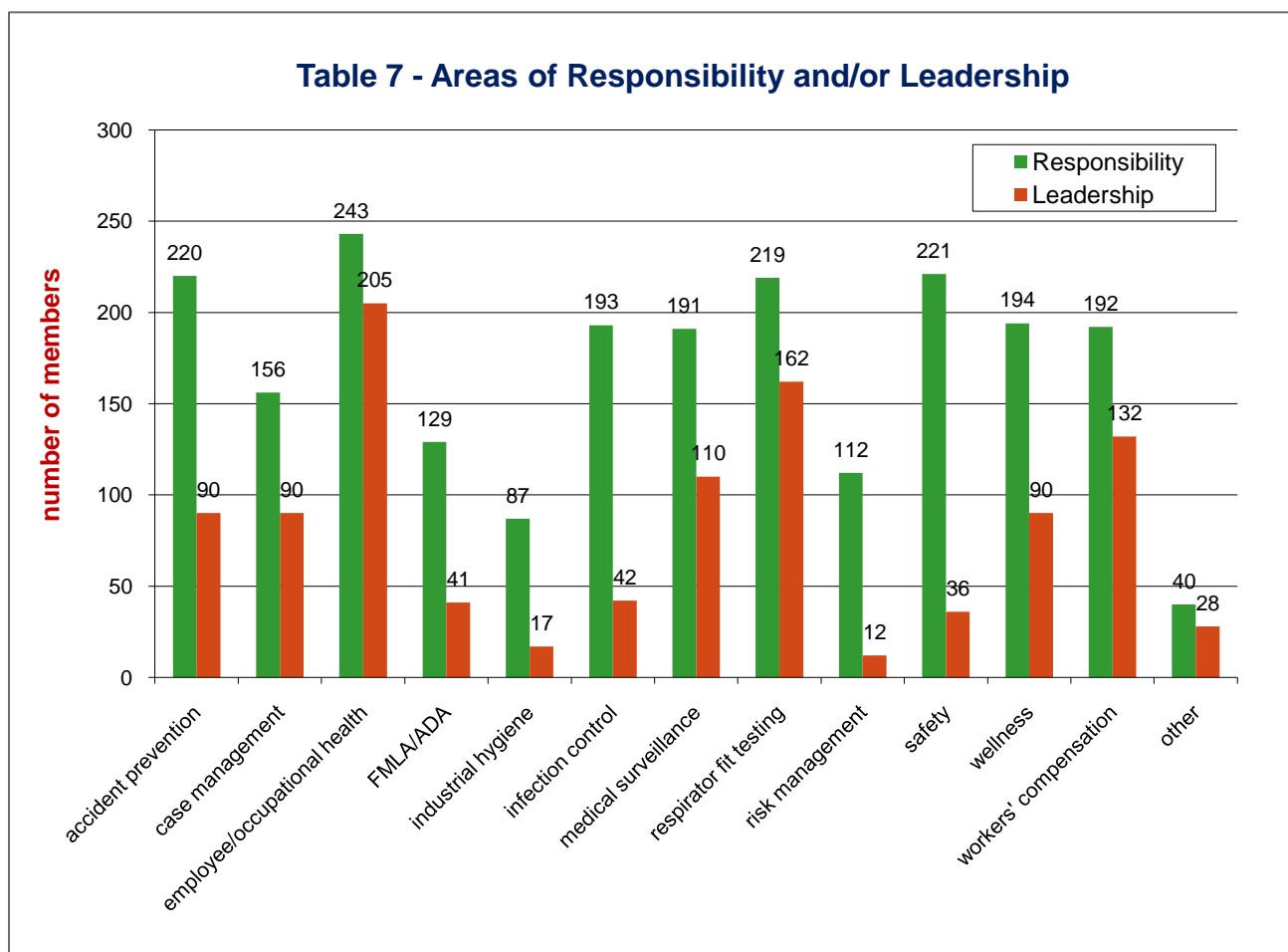


Table 8 reflects the percentage of time spent performing the various functions of the OHP in healthcare. These tasks are based on the ABOHN categories of functions for the occupational health nurse. Nine members responded that they had participated in a research study in the past two years. Research topics included sharps injury prevention, influenza vaccination rates, disaster preparedness, office ergonomics and health promotion.

Sixty-nine percent (69%) report to human resources, and 16% report to nursing. Other organizational reporting included chief executive officers, vice presidents, infection control, ambulatory services, corporate health, risk management, occupational medicine, quality, safety and emergency medicine.

Productivity statistics are provided by 55% of the respondents, while 45% do not provide productivity information. Forty-four percent (44%) of those members who compile productivity statistics would be willing to share their productivity measurement process with other members.

Association Member Participation

Chapter/State Participation

- *Chapter/State Meetings* - Twenty-three percent (23%) have attended two or three meetings per year, while 21% have attended every meeting. Of the 270 respondents, 41% have never attended a chapter meeting.
- *Chapter/State Meeting Costs* - **Table 9** illustrates the type of reimbursement that members receive for chapter/state meetings. Registration fees for meetings

Table 8 - Percentage of Time in Roles of OHP

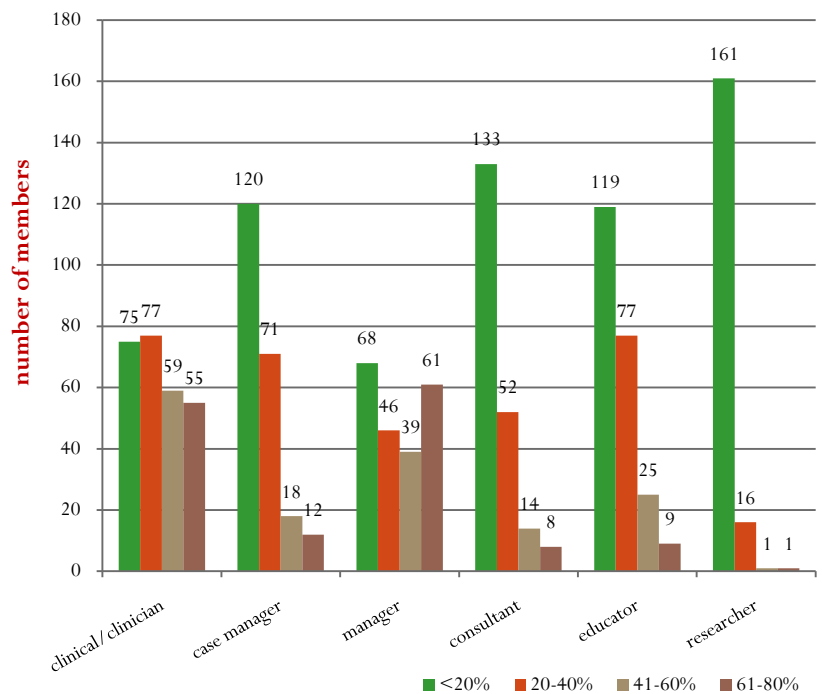
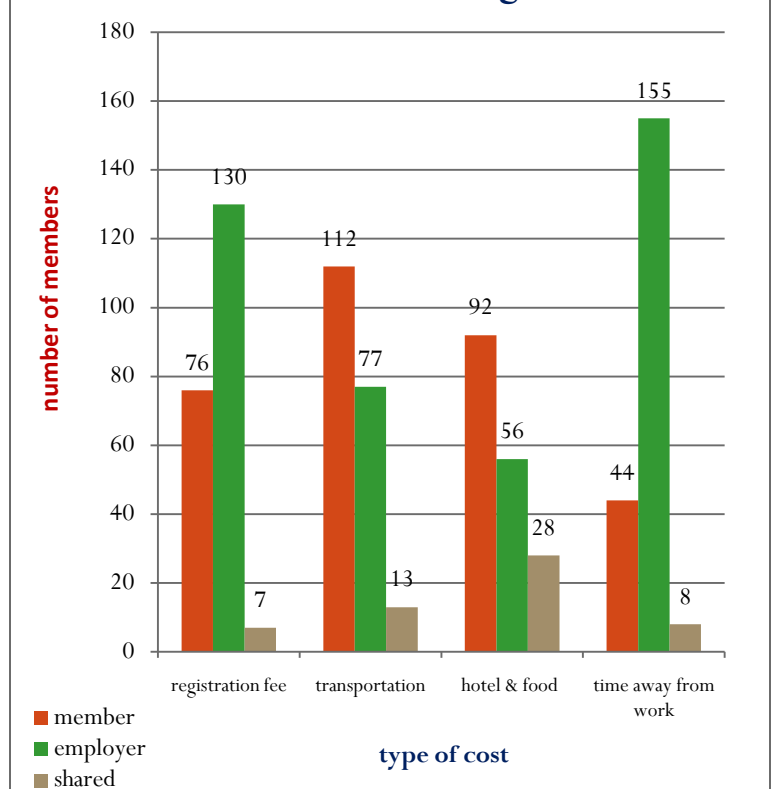


Table 9 - Payment for Chapter/State Meetings



and time away from work are most often provided by the employer.

- *Teleconference Availability* - Seventy-eight percent (78%) of respondents indicated they would take advantage of teleconferencing for meetings. Thirteen percent (13%) of the respondents were not aware of AOHP’s teleconferencing availability.
- *Updates from Chapter/State Officers* - Eighty-five percent (85%) of members received updates from their officers.
- *Service at Chapter/State Level* – 90 respondents (32%) had served as chapter/state officers. Time constraints were cited as the most common reason for not serving as a chapter officer by 70% of members, followed by inconvenient meeting locations (37%).

National Participation

- *Annual National Conference* – Of 193 responses, 26% attended the national conference every year, while 20% attend every other year. More than half of the members who responded have never attended the national conference (54%).
- *National Conference Costs* – **Table 10** illustrates that for the majority of members, costs for national conference attendance were paid by the employer.
- *Service at the National Level* - Of the 273 respondents, 11% had served on a national committee or as an Executive Board member. Sixty-two percent (62%) indicated that time constraints prevented them from serving, while 39% (94 respondents) did not feel qualified to serve at this level.

Technology Demographics and Interest

AOHP Web site

Eighty-one percent (81%) of respondents use the AOHP Web site as a resource. **Table 11** shows the ranking for the use of the Web site as a resource to members. Forty-three percent (43%) access the Web site once a week to once a month. Fifty percent (50%) use the Web site less than once per month, and 5% are unaware of the Web site.

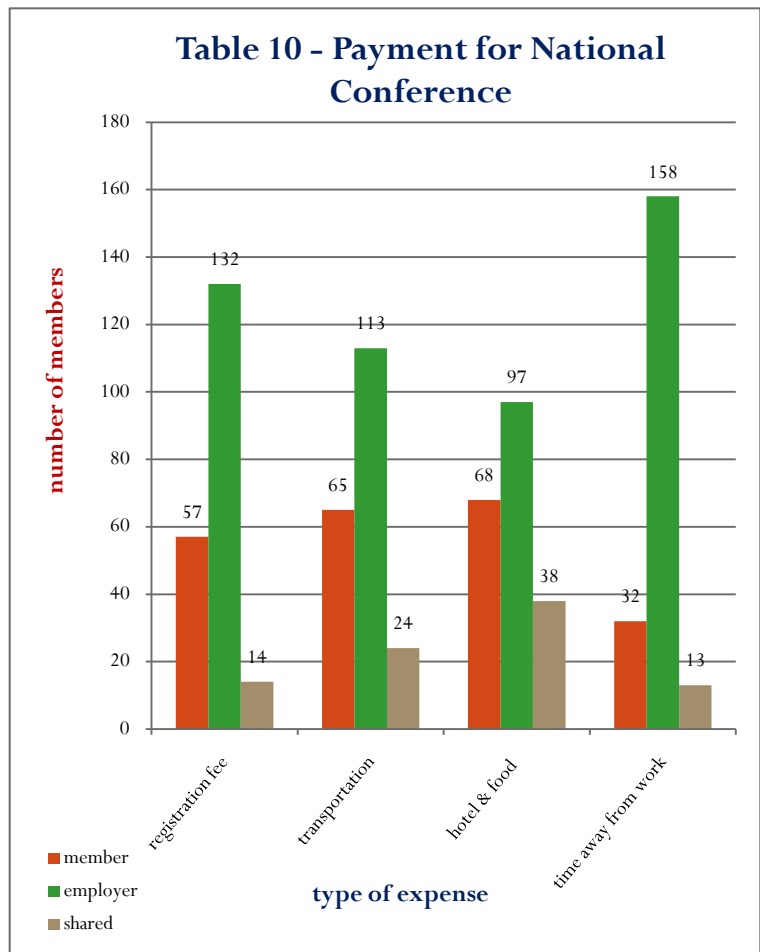
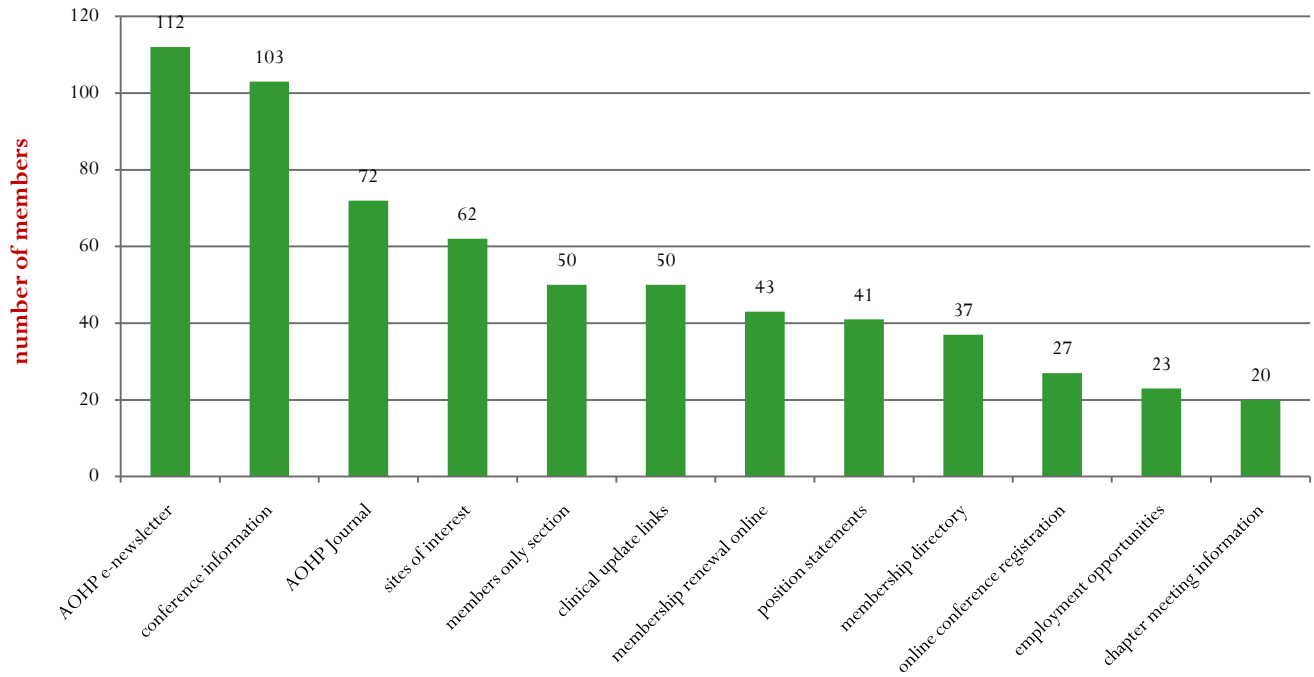


Table 11 - Top Three Sections Visited on Web Site



Respondents were asked to choose their Internet utilization (AOHP or other Web sites). They could choose all that applied. **Table 12** illustrates how members use these resources. Members were also asked to rate how often they would use the Members Only section of the Web site to access particular information. **Table 13** illustrates the responses to this question.

Table 12 - Internet Utilization

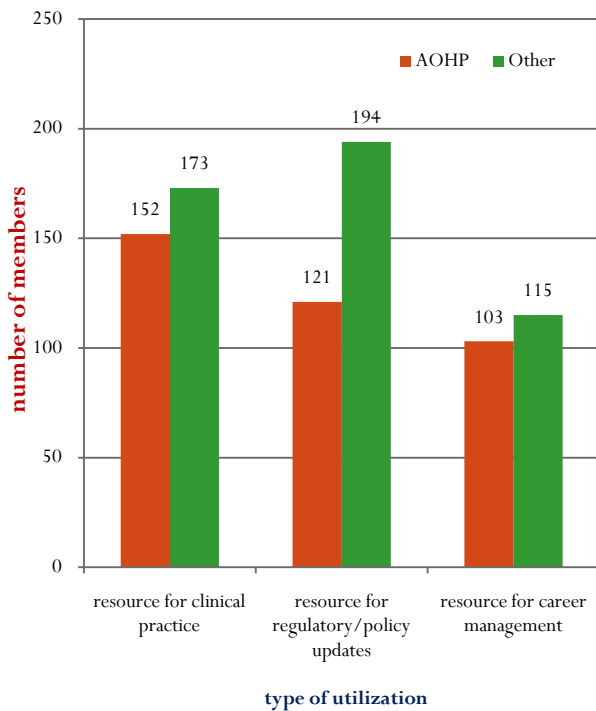
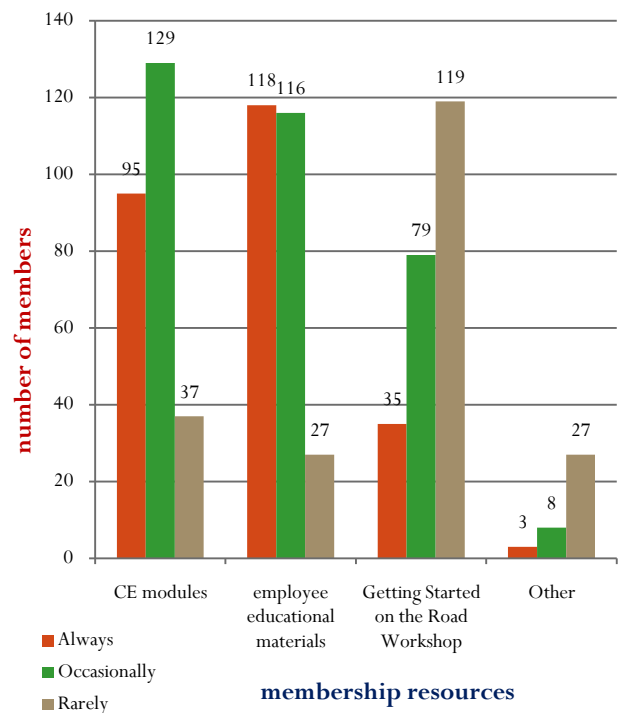


Table 13 - Web Resources - Membership, if available



Social Networking

Of 263 respondents, 94% did not belong to Facebook; however, 21% indicated that there was value in belonging to Facebook.

Fifty-six percent (56%) of members were not aware of LinkedIn. Of those members (127) who were aware of LinkedIn, 17% felt that there was value in AOHP joining LinkedIn.

Professional Practice

Members use a variety of resources to maintain clinical/pharmaceutical knowledge. The question asked the respondents to list all resources they utilized. The choices of 261 respondents are demonstrated in **Table 14**. The Internet is the top ranked resource at 93%, followed by publications.

Approximately 50% of respondents (263) subscribe to the Thompson/American Health Consultants (AHC) publication *Hospital Employee Health*. AHC's *Hospital Infection Control* is subscribed to by 17% of the 228 respondents.

Organizational Demographics

The majority of members (69%) have their dues paid by their employer. Twenty-eight percent (28%) pay their own dues, and 3% share dues expenses with their employer.

Seventy-four percent (74%) of the members consider AOHP to be their primary professional membership, and 121 respondents indicated membership in other professional associations. **Table 15** demonstrates the breakdown of dual membership. Sixty-eight percent (68%) of the responders with dual membership are members of the American Association of Occupational Health Nurses (AAOHN), and 26% are members of the Association

Table 14 - Maintenance of Clinical/Pharmaceutical Information

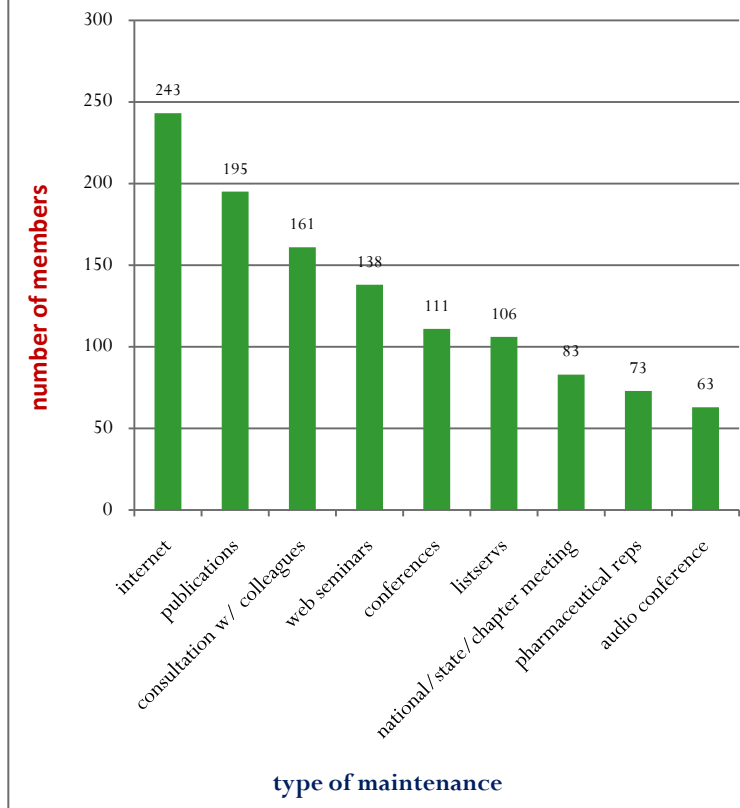
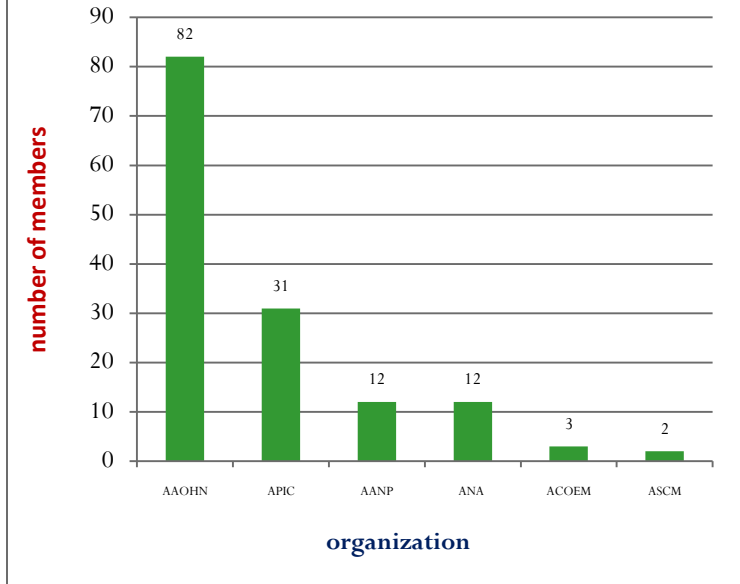
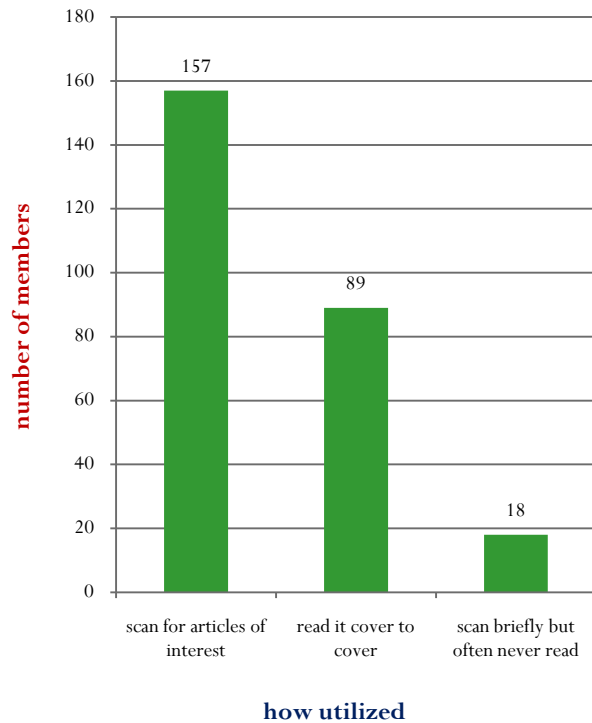


Table 15 - Membership in Other Professional Associations



of Practitioners in Infection Control (APIC). There were 12 members in the “Other” category for dual membership that belong to the American Nurses Association (ANA).

Table 16 - Journal Utilization



Member Communication

Journal Utilization

The *Journal* is utilized by all members who responded to the survey. **Tables 16 and 17** reveal respondents’ use of the *Journal*. No members discard the *Journal* upon its’ receipt. Seventy-six percent (76%) of the 265 respondents utilize the *Journal* as an educational tool.

Clinical information was ranked as the most beneficial content in the *Journal*. **Table 18** ranks the remaining content as to its benefit. Eighty-six percent (86%) of members indicated that none of the current features of the *Journal* should be eliminated, and 87% indicated they would take advantage of continuing education in the *Journal*. Sixty-eight percent (68%) indicated they would pay a fee for continuing education hours in the *Journal*.

Table 17 - Main Journal Benefit

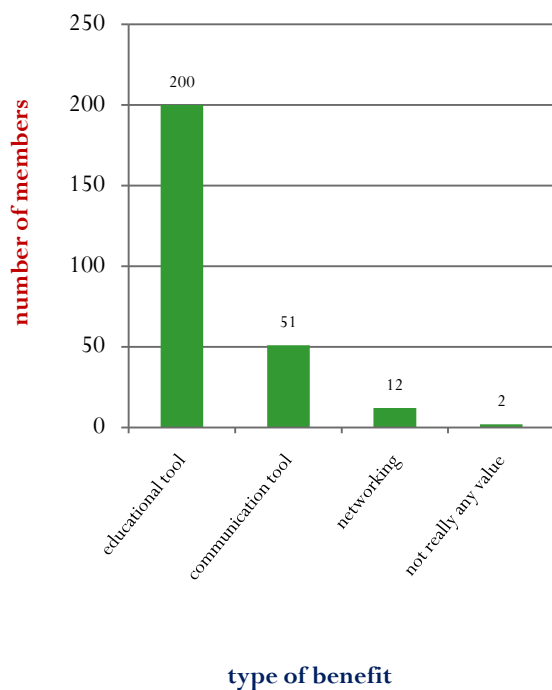
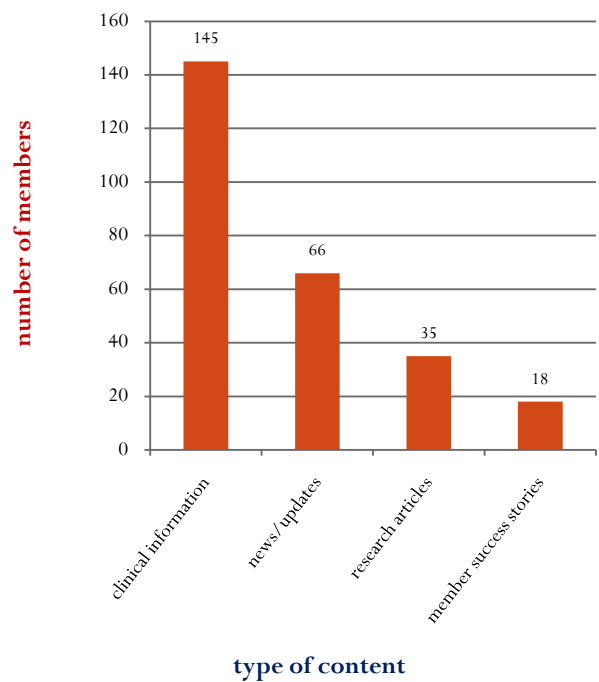


Table 18 - Most Beneficial Journal Content

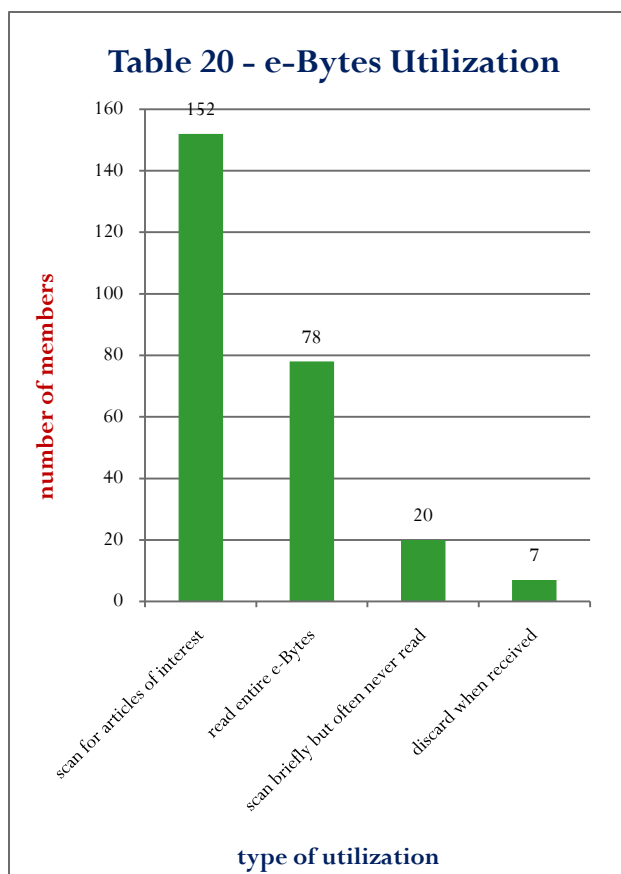
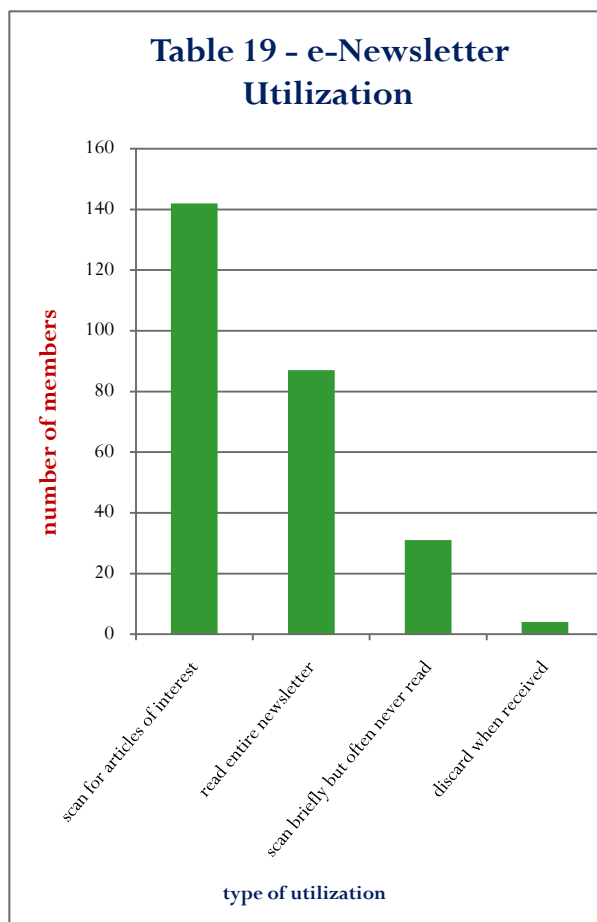


Making a Difference e-Newsletter Utilization

Two hundred sixty respondents utilize *Making a Difference*, the quarterly e-newsletter. Fifty-four percent (54%) of the respondents scan the e-newsletter for articles of interest. **Table 19** further breaks down the utilization of the e-newsletter. Some recommendations for other e-newsletter topics related to practice issues such as Tuberculin skin testing, sharps injury prevention and respirator fit testing.

Monthly e-Bytes Utilization

Fifty-nine percent (59%) use the e-Bytes by searching for articles of interest, while 30% read the entire electronic communication. **Table 20** ranks the use of the publication.

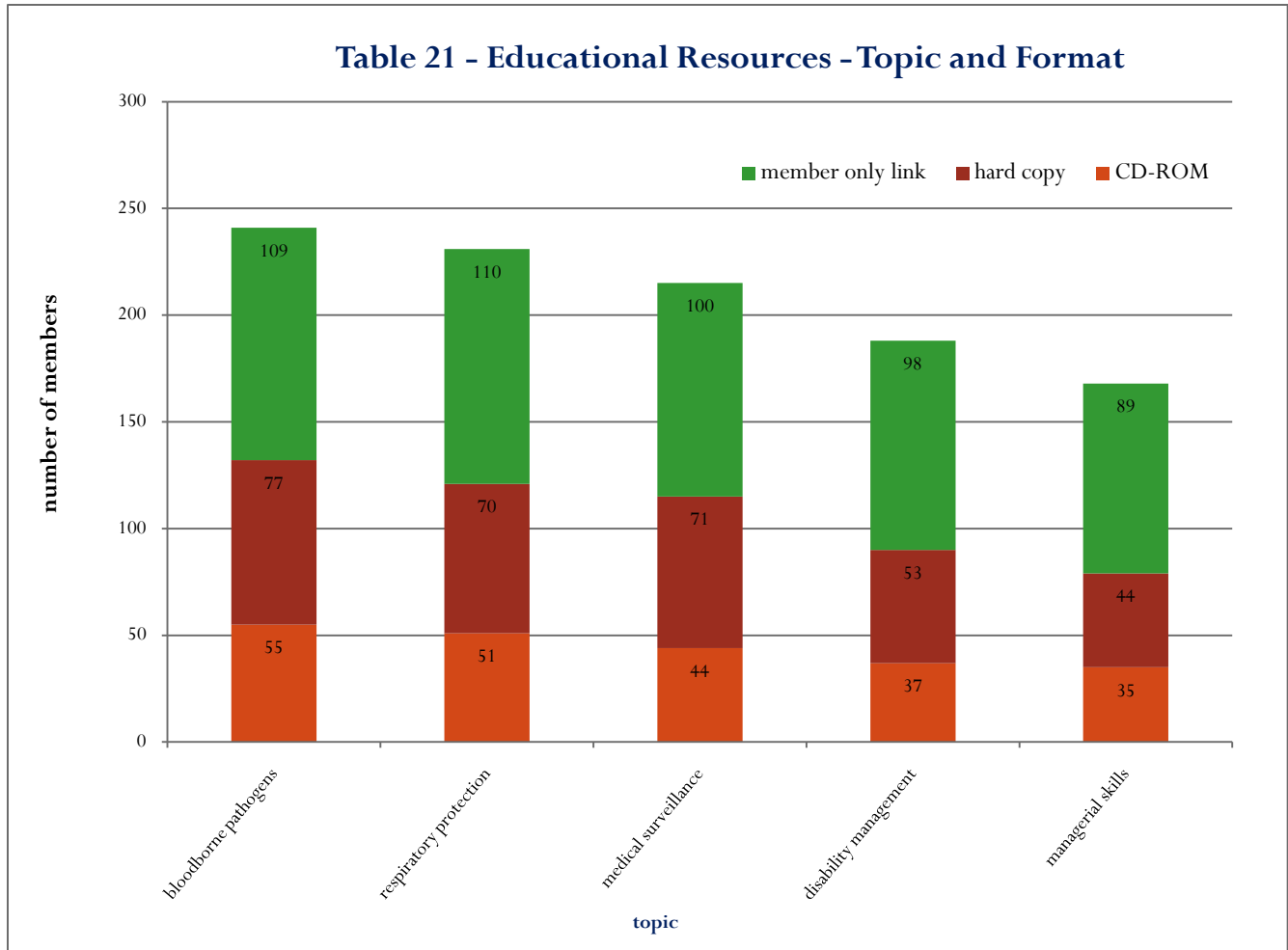


Educational Resources

Members were also asked to identify the topic and format for educational resources they found to be most useful. Topics chosen as most useful included respiratory protection, followed by bloodborne pathogens and medical surveillance. Disability management and managerial skills were also selected. A Members Only link to the Web site was listed as the most useful resource, followed by hard copy text and a CD-ROM. Respondents were interested in obtaining continuing education hours and would utilize

AOHP resources if provided by the association. Respondents were equally divided when answering the question regarding willingness to pay a fee for these types of resources, with 49.8% indicating willingness to pay and 50.2% indicating not willing to pay for the continuing education. **Table 21** illustrates the ranking of the remaining topics and preferred format for the resources. Nursing contact hours would be of benefit to 86% of the respondents.

Table 21 - Educational Resources - Topic and Format



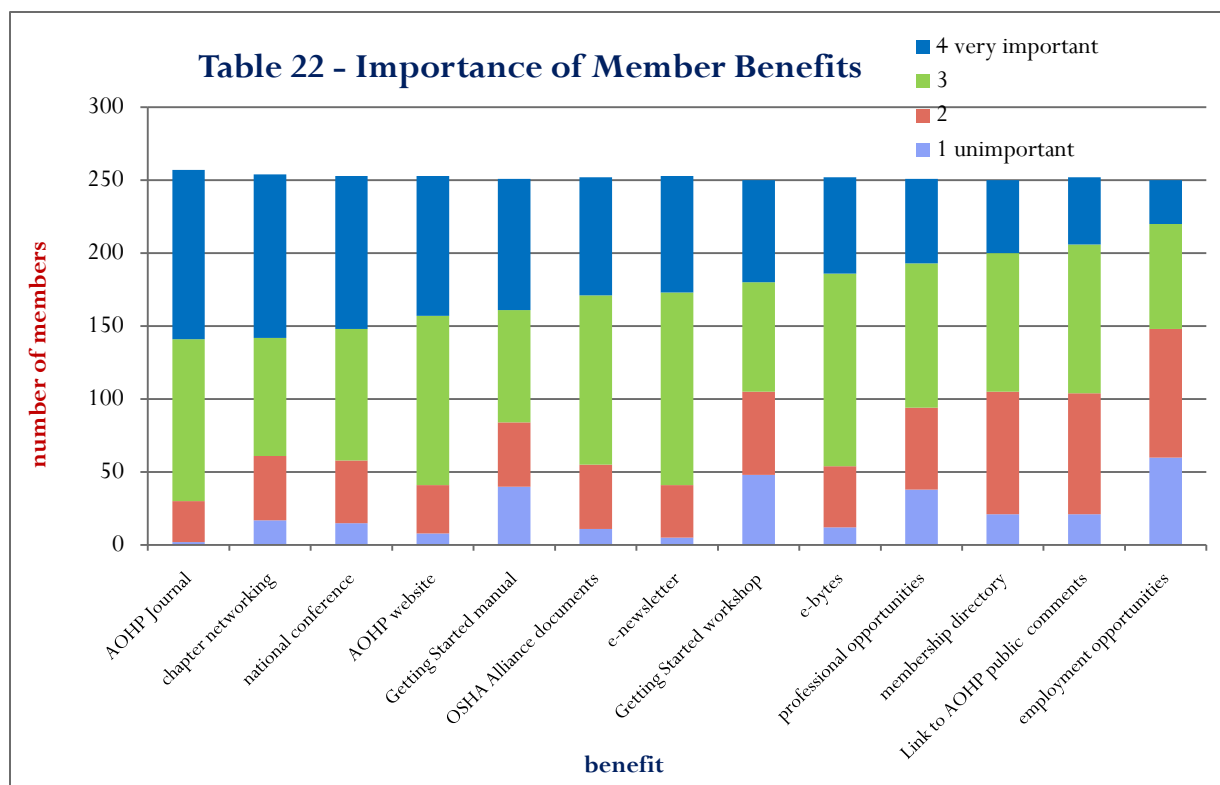
Utilization of Available Beyond Getting Started Resources

Although 86% felt that additional *Beyond Getting Started* resources would be valuable, less than 50% of the 252 respondents had utilized the current *Beyond Getting Started* resources. Two of these resources have been developed as part of AOHP’s Alliance with the Occupational Safety and Health Administration (OSHA). The resources are *Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting*, and a generic Respirator Fit Testing Card. The third resource is the *Beyond Getting Started Resource Guide: Preparing for Mass Immunization/Prophylaxis of Healthcare Workers*. For those who indicated there would be no additional benefit, issues related to time constraints and uncertainty regarding the specific resource itself were included in the comments.

Association Member Services

Membership Benefits

Members were asked to rate a number of member benefits on a scale of one to four with 1 = unimportant to 4 = very important. **Table 22** delineates specific areas of membership that were chosen as very important. The *AOHP Journal* was listed as the most important, followed by chapter networking and the AOHP national conference. The e-newsletter and e-bytes were chosen as somewhat important.



Annual Dues

Assessment of annual AOHP dues revealed 57% of respondents felt this was a very good investment, while 37% felt that membership provided a somewhat good investment. Only 2% of the respondents reported membership in AOHP was a poor investment. As stated earlier, AOHP was considered a primary professional membership by 74% of the respondents.

AOHP National Office

Feedback was also sought regarding experience with AOHP’s National Office in Wexford, Pennsylvania. Interaction with the National Office staff was reported as very positive, with 56% (148) of the respondents indicating a very positive, timely and courteous approach. Forty percent (40%) of respondents have not interacted with the National Office.

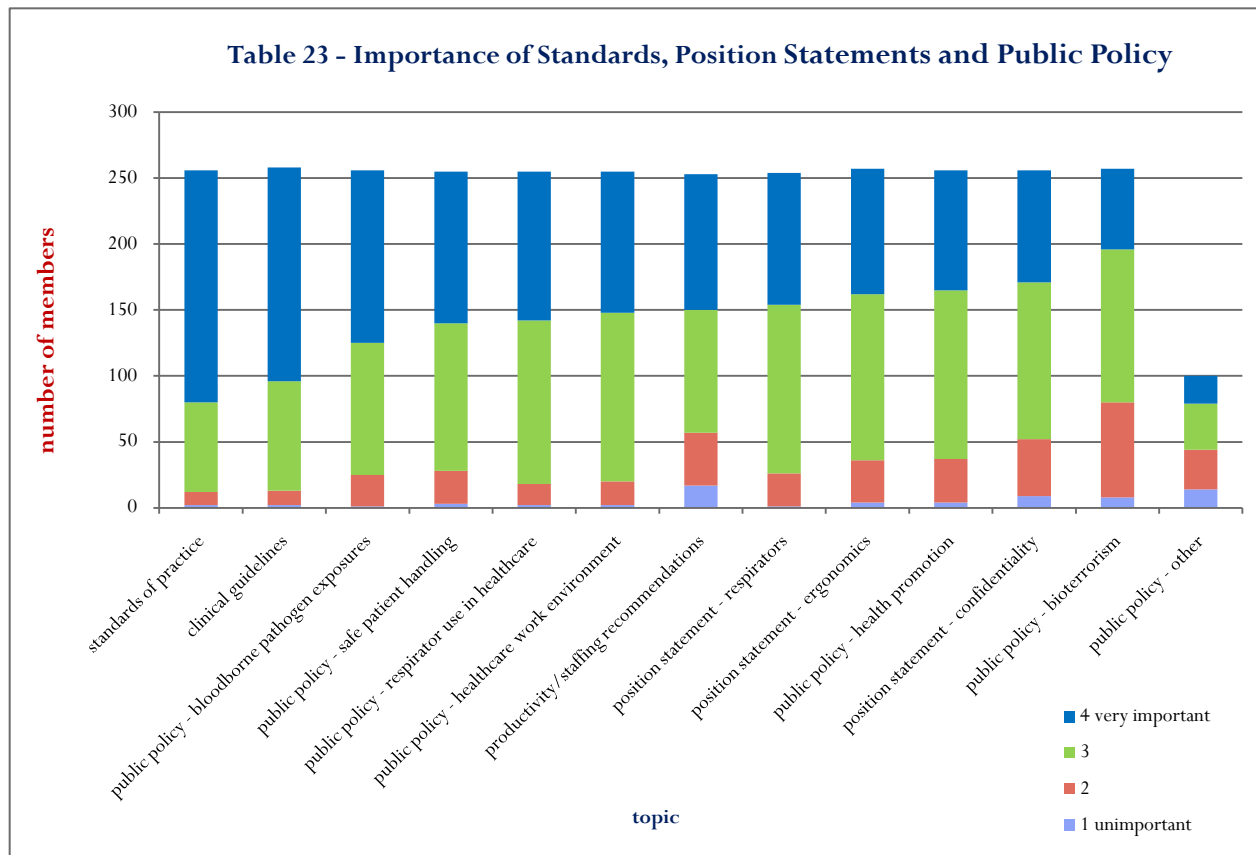
Standards, Position Statements and Public Policy

Respondents were asked to indicate, by level of importance, specific areas for consideration of future development by AOHP. A scale of 1 = unimportant to 4 = very important was used. **Table 23** depicts the rankings of these topics.

Areas considered very important or important include:

- Standards of practice
- Clinical guidelines
- Public policy issues – bloodborne pathogen exposures
- Public policy issues – safe patient handling
- Public policy issues – respirator use in healthcare
- Public policy issues – healthcare work environment
- Productivity /staffing recommendations
- Position statements for pending legislative issues
- Public policy issues – health promotion

The findings revealed a clear indication of importance for guidelines and standards of practice, as well as public policy issues that can be developed and advanced by AOHP.



Discussion

Table 24 compares findings from the past three AOHP Membership Surveys and Needs Assessments from 2000 through 2010. The chart also includes comments related to the changes.

AOHP as an organization was described as an excellent resource for occupational health professionals in healthcare both at the local and national levels. The professionalism and integrity of the organization was cited, and the capacity for expert linkage to occupational health standards was noted. Expansion of the AOHP Web site to include educational articles, and references and archives of the list services, was recommended. Members advocated for publication of research completed by AOHP members in the association’s *Journal*. Respondents identified an opportunity for improvement in the provision of general information for chapters to enhance involvement and connectedness with the national organization. There were a number of general comments from respondents that will be shared with the entire Executive Board for their review and consideration.

Table 24 – Comparison of 2000, 2005 and 2010 Surveys

Survey Topic	2000 Survey	2005 Survey	2010 Survey	Comments
Response Rate				
	17%	27%	27%	The 2010 survey results were only Web-based responses. For the first time no hard copy surveys were distributed.
Age				
	Second largest group of respondents ages 41-45	Second largest group of respondents ages 46-50	Second largest group of respondents ages 56-60	Age 51-55 remains the largest age group for all surveys during the past 10 years. Change correlates with aging workforce.
Certification				
	81%	48%	43%	The decrease may be due to the increase in newcomers into the specialty and their need to gain experience before becoming certified.
Years in Occupational Health in Healthcare				
	Largest group 6-10 years	Largest group 1-5 years	Largest group >15 years	Respondents have remained in the specialty.
Role responsibility				
Both organizational leadership and responsibility:	Employee health Workers' compensation Medical surveillance Case management	Employee health At least 50% of respondents also have organizational leadership for: case management, medical surveillance, respiratory fit testing, wellness and workers' compensation	Employee Health Medical surveillance Workers' compensation Respirator fit testing	Employee health remains the most common area of both organizational leadership and responsibility. The majority of respondents have also been leaders in medical surveillance and workers' compensation in all of the surveys.

Survey Topic	2000 Survey	2005 Survey	2010 Survey	Comments
Responsibility with no organizational leadership	FMLA/ADA Industrial hygiene Infection control Risk management Safety Wellness	Accident prevention FMLA/ADA Industrial hygiene Infection control Risk management Safety	Safety Accident Prevention Infection Control Workers' Compensation Wellness	Safety and Infection Control remain the two leading areas where members have responsibility.
Productivity stats				
	59% - yes	45% - yes	55% - yes	There has been no significant change in the percentage of respondents that maintain productivity stats. Developing and maintaining these stats are important to demonstrate the value of the OHP. In addition, in the 2010 survey, 56% of respondents who maintained stats were <i>not</i> willing to share their process for productivity statistics.
Unaware of AOHP Web site				
	32%	12%	5%	Increased awareness and use of the Web site as a member benefit. Increased use of Web resources was noted by all members. First time social networking questions were asked. Will need to monitor use of social networking as younger members join the association as only 6% of members in the survey belong to Facebook.
Resources to maintain knowledge - ranking				
	Publications Consult with colleagues Conferences Internet Pharmaceutical reps National/chapter meetings	Internet Publications Consult with colleagues Conferences National/chapter meetings Pharmaceutical reps Audio conferences	Internet Publications Consult with colleagues Web seminars Conferences Listservs National/chapter meetings Pharmaceutical reps Audio conferences	The Internet has become the leading resource for members to keep up to date. In 2010, Web seminars were rated higher than face-to-face conferences and listservs out-ranked national/chapter meetings.

Survey Topic	2000 Survey	2005 Survey	2010 Survey	Comments
Subscriptions				
Hospital Employee Health	64% - yes	52% - yes	50% - yes	Unsure of reason for decrease; may be due to cost.
Hospital Infection Control	24% - yes	21% - yes	17% - yes	
Who pays dues				
Employer	66% - yes	72% - yes	69% - yes	Employers are continuing to pay for dues at a high rate, thus supporting the role of the OHP.
Self	32% - yes	22% - yes	28% - yes	
Dues as good investment				
	54% - good	58% - good	57% - very good	The majority of respondents view their dues as a very good investment. The percentage of members who see their dues as a poor investment has not changed from 2005 to 2010. The goal is to have 100% of members view their dues as a good investment.
	41% - somewhat good	40% - somewhat good	37% - somewhat good	
	5% - poor	2% - poor	2% - poor	
National Office				
	24% - very positive 24% - somewhat positive 2% - not positive 61% - no contact	61% - very positive 8% - somewhat positive 1% - not positive 41% - no contact	56% - very positive 4% - somewhat positive 0% - not positive 40% - no contact	Significant change in very positive responses in the 2005 survey was due to new management. The high level of satisfaction has been maintained.

Conclusion

The survey responses provide an opportunity for the AOHP Executive Board to analyze the results and develop a plan to better meet the needs of the membership. The Executive Board will take the survey findings into consideration as it embarks on the revision of the association's strategic plan in September 2011 when the Board meets at the national conference in Minneapolis, Minnesota to celebrate AOHP's 30th successful year. The results of the strategic planning process will be shared with the membership in an upcoming issue of the *Journal*.

Thank you again for taking the time to respond to this survey. Your input is greatly appreciated and much valued!