Section I. NP Education, Licensure and Workforce Participation

**1.** Do you have a **current** certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?

Yes

No **→**If No go to #52 on page 7

**2.** In which state(s) do you currently have certification/licensure/recognition to practice as an NP? *List up to 3*

|\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|

**3.** Which educational program(s) did you complete for your **NP** preparation? *Check all that apply.*

Bachelor’s degree

Master’s degree

Post Master’s Certificate

Certificate Program (no master’s degree)

Doctor of Nursing Practice degree

Other

**4.** In what year did you complete your **initial** NP education program? |\_\_|\_\_|\_\_|\_\_|

**5.** In which area(s) have you ever received certification from a **national certifying organization** for NPs? *Check all that apply.*

Acute care adult

Acute care pediatric

Adult

Gerontology

Family

Pediatric

Neonatal

Psych/mental health

Women’s health

Other *(please specify)*

None

**6.** Are you employed in any positions that require state certification/ licensure/recognition to practice as an NP?

Yes **→**If Yes go to #8

No

**7.** If you are not working as an NP, what are the reasons? *Check all that apply.*

Overall lack of NP jobs/practice opportunities

Lack of NP jobs/practice opportunities in desired location

Lack of NP jobs/practice opportunities in desired type of facility

Lack of NP jobs/practice in desired specialty

Limited scope of practice for NPs in the state where practice is desired

Denied NP job due to lack of experience or qualification

Inadequate salary/compensation

Working outside the nursing field *(please describe)*

Maternity/parenting/family leave

Poor health or disability

Choose not to work at this time

Retired

Other

**8.** Do you volunteer as an **NP**?

Yes

No **→**If No go to #10

**9.** How many hours per month do you volunteer as an NP?

|  |  |  |
| --- | --- | --- |
|  |  |  |

Section II. All Nursing Employment

**10.** Do you work for pay in **nursing, as a Registered Nurse (RN) or as an NP**?

Yes

No **→**If No go to #52 on page 7

**11.** Your principal position is the RN or NP position in which you work the **most hours per week.** Please report **only** nursing positions for which you are **paid**. Do not include volunteer positions or adjunct faculty status.

Describe your principal position. *Check one.*

NP position

NP in clinical practice

Faculty in an NP education program

Faculty in another type of education program requiring an NP credential

Researcher requiring an NP credential

Administrator requiring an NP credential

Other *(please describe)*

Non-NP nursing position

RN staff nurse

Faculty in a non-NP nursing education program

Administrator/Manager

Patient care coordinator

Other APRN role *(please specify)*

Researcher

Consultant

Other *(please describe)*

**12.** In what type of setting do you practice in your principal position? *Check only one.*

Ambulatory Settings

Private physician office/practice

Private NP office/practice

Nurse Managed clinic

Retail based clinic

Urgent care clinic

Ambulatory surgery center

Federal clinic (FQHC, VA, Military, NIH, HIS)

Hospital Setting

Hospital inpatient unit

Hospital outpatient clinic (not an ED)

Hospital emergency department

Hospital–other (*please specify*)

Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

Long-term care facility

Hospice

Home care agency

Public or Community Health

Community clinic

Correctional facility

Health department

Mental health center

Rural health clinic

Other Settings

Academic (university/college) education program

Health maintenance organization/managed care

Occupational/employee health

School/college health service

**13.** What is the ZIP code where you practice in your principal position?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**14.** In your principal position do you **use** an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

Yes

No

Don’t know

**15.** In your principal position are there plans for installing a new EHR or EMR system within the next 18 months?

Yes

No

Don’t know

Other *(please describe)*

**16.** In a typical week, how many hours do you work in your principal position?

|  |  |
| --- | --- |
|  |  |

**17.** Please estimate your 2011 pre-tax annual earnings from your principal position. Include overtime, on-call earnings, and bonuses.

**$ |\_\_|**, |\_\_|\_\_|\_\_|, |\_\_|\_\_|\_\_|.00 per year

**18.** Do you have a National Provider Identifier (NPI) number?

Yes

No **→**If No go to #20

**19.** Do you bill under your NPI number?

Yes

No

**20.**  How satisfied are you with each of the following aspects of your principal position?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
| Proportion of time in patient care | 1 | 2 | 3 | 4 | 5 |
| Patient load | 1 | 2 | 3 | 4 | 5 |
| Patient mix | 1 | 2 | 3 | 4 | 5 |
| Amount of paperwork required | 1 | 2 | 3 | 4 | 5 |
| Level of autonomy | 1 | 2 | 3 | 4 | 5 |
| Number of hours worked, including overtime | 1 | 2 | 3 | 4 | 5 |
| Salary/benefits | 1 | 2 | 3 | 4 | 5 |
| Sense of value for what you do | 1 | 2 | 3 | 4 | 5 |
| Respect from physician colleagues | 1 | 2 | 3 | 4 | 5 |
| Respect from other colleagues | 1 | 2 | 3 | 4 | 5 |
| Amount of administrative support | 1 | 2 | 3 | 4 | 5 |
| Opportunities for professional development | 1 | 2 | 3 | 4 | 5 |
| Input into organizational/practice policies | 1 | 2 | 3 | 4 | 5 |

**21.** What is your overall level of satisfaction with your principal position?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

**22.** Do you plan to leave your principal position?

Yes, will leave in 2012

Yes, will leave in 1-2 years

No plans to leave in next 2 years

Undecided

**23.** Approximately when do you plan to retire from nursing and NP work?

In 2012

In 1-2 years

In 3-5 years

In 6-10 years

More than 10 years from now

Undecided

**24.** Aside from the principal position you just described, are you working **for pay** in any other nursing, RN or NP positions?

Yes

No **→** If No go to #30 on page 5

**25.** Your **secondary** position is the RN or NP position in which you work the **second greatest number of hours per week.** Please report **only** nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status.

Describe your secondary position. *Check only one.*

NP position

NP in clinical practice

Faculty in an NP education program

Faculty in another type of education program requiring an NP credential

Researcher requiring an NP credential

Administrator requiring an NP credential

Other *(please describe)*

Non-NP nursing position

RN staff nurse

Faculty in a non-NP nursing education program

Administrator/Manager

Patient care coordinator

Other APRN role *(please specify)*

Researcher

Consultant

Other *(please describe)*

**26.** In what type of setting do you practice in your secondary position? *Check only one.*

Ambulatory Settings

Private physician office/practice

Private NP office/practice

Nurse Managed clinic

Retail based clinic

Urgent care clinic

Ambulatory surgery center

Federal clinic (FQHC, VA, Military, NIH, IHS)

Hospital Setting

Hospital inpatient unit

Hospital outpatient clinic (not an ED)

Hospital emergency department

Hospital–other (*please specify*)

Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

Long-term care facility

Hospice

Home care agency

Public or Community Health

Community clinic

Correctional facility

Health department

Mental health center

Rural health clinic

Other Settings

Academic (university/college) education program

Health maintenance organization/managed care

Occupational/employee health

School/college health service

Other *(please describe)*

**27.** What is the ZIP code where you practice in your secondary position?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**28.** In a typical week, how many hours do you work in your secondary position?

|  |  |
| --- | --- |
|  |  |

**29.** Please estimate your 2011 pre-tax annual earnings from your secondary position. Include overtime, on-call earnings, and bonuses.

**$ |\_\_|**, |\_\_|\_\_|\_\_|, |\_\_|\_\_|\_\_|.00 per year

Section III. NP Employment Only

**30.** Your NP position may have been described as a principal or secondary position in Section II. In this section, we will gather additional details **only** on your NP employment. Do you work for pay as an NP?

Yes

No **→** If No go to #52 on page 7

Your **main NP position** is the one in which you work the most hours per week, if you work more than one **NP** job.

**31.** Check the **one** term below that best describes the specialty of the practice/facility in which you work for your **main** **NP** position.

Not working in a clinical specialty

Primary Care Specialties

Internal Medicine

Family Practice

Geriatrics

General Pediatrics

Pediatric Subspecialties

Internal Medicine Subspecialties

Adolescent Medicine

Cardiology

Endocrinology

Gastroenterology

Hematology / Oncology

Infectious Disease

Pulmonary/Respiratory

Renal/Nephrology

Rheumatology

OB/GYN Women’s Health

General Surgery

Surgical Specialties

Urology

Orthopedics

Other *(specify)*

Other

Allergy& Immunology

Dermatology

Emergency Care

Hospitalist

Intensive Care

Long Term Care

Neonatal

Neurology

Occupational Health

Palliative Care/Pain Management

Psychiatry/Mental Health

Rehabilitation

School Health

Urgent Care

Wound/Ostomy

Other *(specify)*

**32.** Are you a hospitalist in your **main NP** position?

Yes

No

**33.** Thinking about your **main NP** position, what percent of your time do you spend on each of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Care/ Documentation | Teaching/ Precepting/ Orienting | Supervision/ Management/  Administration | Other | Total |
| % | % | % | % | **100%** |

**34.** Do you provide direct patient care in your **main NP** position?

Yes

No **→**If No go to #47 on page 7

**35.** Thinking about your **main NP** position, for how many of your patients do you provide the following services?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Most Patients | Some Patients | Few Patients | No Patients |
| Diagnosis, treatment, and management of acute illnesses | 1 | 2 | 3 | 4 |
| Diagnosis, treatment, and management of chronic illnesses | 1 | 2 | 3 | 4 |
| Conduct physical examinations and obtain medical histories | 1 | 2 | 3 | 4 |
| Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies | 1 | 2 | 3 | 4 |
| Prescribe drugs for acute and chronic illnesses | 1 | 2 | 3 | 4 |
| Provide preventative care, including screening and immunizations | 1 | 2 | 3 | 4 |
| Perform procedures | 1 | 2 | 3 | 4 |
| Counsel and educate patients and families | 1 | 2 | 3 | 4 |
| Provide care coordination | 1 | 2 | 3 | 4 |
| Make referrals | 1 | 2 | 3 | 4 |
| Participate in practice improvement activities | 1 | 2 | 3 | 4 |
|  |  |  |  |  |

**36.** Which of the following best describes your billing arrangements for your **main** **NP** position?

Bill under my provider number

Bill under my clinic/facility number

Bill under a physician’s provider number

No billing, cash only

No billing, grant supported/free clinic

Other (*please describe)*

**37.** How often is a physician **present** on site to discuss patient problems as they occur in your **main** **NP** position?

0% of the time

1%-25% of the time

26%-50% of the time

51%-75% of the time

76%-100% of the time

**38.** What type of professional relationship do you have with the physician(s) in your **main** **NP** position*? Check all that apply.*

No physician in my practice

Collaborate with a physician at another site

Collaborate with a physician on site

Equal colleagues/no hierarchy

S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers

Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see

Physician sees and signs off on the patients I see

Other *(please describe)*

**39.** To what extent would you agree or disagree with the following: In my **main NP** positionI am allowed to practice to the fullest extent of my state’s legal scope of practice.

Strongly Agree

Agree

Disagree

Strongly Disagree

**40.** To what extent would you agree or disagree with the following: In my **main NP** position**,** my NP skills are being fully utilized.

Strongly Agree

Agree

Disagree

Strongly Disagree

**41.** How are you paid in your **main** **NP** position?

Annual salary

By the hour

Percentage of billing

Other *(please specify)*

**42.** Now please think about **all of your NP positions**. In a typical week, how many patients do you see? |\_\_|\_\_|\_\_|

**43.** Thinking about **all of your NP positions**, do you have a panel of patients that you manage, where you are the primary provider?

Yes

No **→** If No go to #45

**44.** Across **all of your NP positions**, how many patients are on your panel?

|\_\_|\_\_|\_\_|\_\_|

**45.** Do you take evening or weekend call for **any of your NP positions**?

Yes

No

**46.** Do you have hospital admitting privileges?

Yes

No

**47.** Do you have malpractice insurance?

Yes

No **→**If No go to #49

**48.** Who pays for your malpractice insurance?

Self

Employer

Both

**49.** Do you have prescriptive authority?

Yes**→**If Yes go to #51

No

**50.** Why don’t you have prescriptive authority?

In process of applying

MD or other NP writes all my prescriptions

Other *(please explain)*

**51.** Do you currently have a personal drug enforcement administration (DEA) number?

Yes

No

Section IV. Demographic Characteristics

**52.** Are you…

Male

Female

**53.** What is your year of birth? |\_\_|\_\_|\_\_|\_\_|

**54.** Are you of Latino or Hispanic ethnicity?

Yes

No

**55.** Which one or more of the following would you use to describe your race? *Check all that apply*.

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

**56.** What is your marital status?

Never Married

Married

Separated

Divorced

Widowed

**57.** Please check **all** educational degree(s) you have earned.

Diploma in Registered Nursing

Associate degree – Nursing

Associate degree – Non-nursing

Baccalaureate degree – Nursing

Baccalaureate degree – Non-nursing

Master’s degree – Nursing

Master’s degree – Non-nursing

Doctorate of Nursing Practice (DNP)

PhD or other Doctorate – Nursing

Doctorate – Non-nursing

Other

**58.** In what year did you obtain your **initial** U.S. licensure as an **RN**?   
|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**59.** What is your **home** address ZIP

code: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**60.** Would you be willing to share your e-mail address to receive the results of the survey?

If so, please provide it here:

***Thank you so much for completing this questionnaire!***