

# NATIONAL SAMPLE SURVEY OF NURSE PRACTITIONERS

VERSION 02/17/12

## 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?

--	--	--

Authority of the federal agency, HRSA, to collect the information requested, the purpose and use of this information and the voluntary nature of participation, the extent to which information provided will be treated as private or confidential appears in the first communications with potential participants (in advance letters, brochures, and instruments), whether conveyed verbally and/or in written form.

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-XXXX. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, MD 20857



---

**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

 In 1-2 years  
 In 3-5 years  
 In 6-10 years  
 More than 10 years from now  
 Undecided

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

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?

	<u>Most</u> <u>Patients</u>	<u>Some</u> <u>Patients</u>	<u>Few</u> <u>Patients</u>	<u>No</u> <u>Patients</u>
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** position I 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\_\_\_\_\_

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:\_\_\_\_\_

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

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

*Thank you so much for completing this questionnaire!*