*Logo for Department of Health and Human Services | 2008 National Sample Survey of Registered Nurses*

The 2017 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the ninth cycle of the survey.

Please complete and return this paper questionnaire in the envelope provided, OR respond online at [www.respond.census.gov/nssrn](http://www.respond.census.gov/nssrn). We appreciate your help with this important survey.

Please correct any errors in the name/address information below.

Corrections to First Name Corrections to M.I.

Corrections to Last Name

Corrections to Number and Street First Name M.I. Last Name

 Street Address

Corrections to City/Town City, State Zip code

Corrections to State Corrections to ZIP Code

If there are any corrections to the “State(s) State(s) Where Actively Licensed:

Where Actively Licensed”, please relist ALL of State 1, State 2, State 3

the states where you are actively licensed below.

 Website URL: [www.nssrn.org](http://www.nssrn.org)

 Access Code: [XXXXXXX] PIN# [X]

 OMB NO.: XXXX-XXXX Exp. Date X/XX/XX

**Section A.**

## Eligibility and Education

1. On December 31, 2017, were you actively licensed to practice as a registered nurse (RN) in any U.S. State or the District of Columbia (whether or not you were employed in nursing at that time)?

Yes**🡪***Go to Question 2*

No**🡪***If No, you do not need to complete this questionnaire. Please mark “no” and return this questionnaire so we know you are not eligible.*

1. In what U.S. State were you issued your first RN license?

State: Year:

1. Which type of nursing degree or nursing credential qualified you for your first U.S.

**RN license?** *Mark one box only.*

Diploma Program

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate degree – nursing (PhD)

Doctorate degree – nursing (DNP)

Doctorate degree – nursing other

Other

1. In what month and year did you graduate from this nursing program?

Month: Year:

1. Where was this program located?

In the United States🡪*Print state abbreviation*

Outside the United States🡪*Print name of foreign country, or U.S. territory.*

1. Please indicate all post-high-school degrees you received before starting your first RN educational program.

*Mark all that apply.*

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate

Other certificate

None

1. Have you ever been licensed as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

Yes

No

**8.** **Were you ever employed in any of the following health-related jobs before completing your first RN education?**

*Mark all that apply.*

Nursing Aide or Nursing Assistant

Home health aide or assistant

Licensed Practical or Vocational Nurse

Community health worker

Midwife

Other health-related job

Not employed in any health-related jobs before RN

1. How did you finance your first RN education? *Mark all that apply.*

Self Financed

Employer tuition reimbursement plan

Veterans Administration employer tuition plan

Health Resources and Services Administration Support (e.g., National Health Service Corps, Nurse Corps loan repayment, Faculty loan repayment, etc.)

Other federal traineeship, scholarship, or grant

Federally-assisted loan

Other type of loan

State/local government scholarship or grant

Non-government scholarship or grant

Other resources

1. Did you earn any additional academic degrees after graduating from your initial registered nurse education program that you described in Question 3? *Do not include degrees you are currently working towards.*

Yes🡪*Please complete all rows of the table below for each degree you earned*

No🡪*Go to Question 12a on page X*

|  |
| --- |
| **Nursing Degrees**  |
|  | Associates Degree in Nursing | Bachelor's degree in nursing  | Master's in nursing  | Another Master's in nursing  | Doctorate in nursing (PhD, ScD, DNS, ND, DNP)  |
| **10a. In what year did you receive this degree?** |  |  |  |  |  |
| **10b. In what U.S. state or country was this educational program located?** |  |  |  |  |  |
| **10c. Was 50% or more of the coursework for this degree through correspondence or online?** | Yes No | Yes No | Yes No | Yes No | Yes No |
| **10d. What was the primary focus of this degree?***Enter two-digit code from table below.* | NAA | NAA |  |  |  |
| **Non-nursing Degrees** |
|  | **Associates degree in non-nursing field**  | **Bachelor's degree in non-nursing field**  | **Master's in non-nursing field**  | **Another Master's in non-nursing field**  | **Doctorate in non-nursing field** (PhD, JD, MD, EdD)  |
| **10e. In what year did you receive the degree?** |  |  |  |  |  |
| **10f. In what U.S. state or country was this educational program located?** |  |  |  |  |  |
| **10g. Was 50% or more of the coursework for this degree through correspondence or online?** | Yes No | Yes No | Yes No | Yes No | Yes No |
| **10h. What was the primary focus of this degree?** *Enter two-digit code from table below.* |  |  |  |  |  |

|  |  |
| --- | --- |
| 01 Clinical Practice 02 Administration/Business/Management 03 Education 04 Public health/community health 05 Law  | 06 Biological or Physical Sciences07 Humanities, Liberal Arts, or Social Sciences08 Research 09 Other health field 10 Other non-health field |

1. After graduating from the first nursing program, which you described in Question 3, have you completed a formal educational program preparing you as a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

Yes

No🡪*Go to Question 12a on page X*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Nurse Practitioner (NP)** | **Clinical Nurse Specialist (CNS)** | **Nurse-Midwife (NM)** | **Nurse Anesthetist (NA)** |
| **11a.** **You received preparation as a…?** |  |  |  |  |
| **11b**. **How long was the program?**1. Less than 8 months
2. 8-12 months
3. 13-36 months
4. 37 months or more
 |  |  |  |  |
| **11c.** **What was the highest credential you received in that program?**1. Certificate/Award2. Bachelor’s Degree3. Master’s Degree4. Post-Master’s Certificate5. Doctorate - PhD6. Doctorate - DNP |  |  |  |  |
| **11d. In what year did you receive this credential?** |  |  |  |  |

**12a. During the fall term of 2017, were you enrolled in a formal education program leading to an academic degree or certificate?**

Yes, in nursing

Yes, in a non-nursing field

No🡪*SKIP to Section B*

**12b.** **Were you a full-time or part-time student?**

Full-time student

Part-time student

**12c. What percentage of your coursework in this program was distance-based (online or correspondence)?**

≤ 50%

> 50%

**12d. What type of degree or certificate were you working toward in this program?**

*Mark one box only.*

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate degree – nursing (PhD)

Doctorate degree – nursing (DNP)

Doctorate degree – nursing other

Post-Master's Certificate

Other Certificate

**Section B.**

**Principal Nursing Employment**

**13a. On December 31, 2017, were you employed or self-employed in nursing? Employed in nursing includes working for pay in nursing, even if on temporary leave.**

Yes

No**🡪***SKIP to Section D on page XX*

*For all the questions in this section (Questions 13b – 44), your principal nursing position is the nursing position, on December 31, 2017, in which you spent the largest share of your working hours.*

**13b. Had you been working for this employer for less than 5 years?**

Yes

No🡪*SKIP to Question 14*

**13c. How long were you actively looking for new employment before accepting a position with this employer?**

1-6 months

7-12 months

More than a year

1. Were you required to maintain an active RN license in order to hold your principal nursing position held on December 31, 2017?

Yes

No

1. Where was the location of the principal nursing position you held on December 31, 2017? If you are not employed in a fixed location, enter the location that best reflects where you practice.

City/Town:

County

State (or country

if not U.S.A.)

ZIP

1. In the principal nursing position you held on December 31, 2017, which of the following best describes your employment situation? *Mark one box only.*

Employed through an employment agency as a traveling nurse

Employed through an employment agency, but not as a traveling nurse

Employed by the organization or facility at which you were working

Self-employed, per-diem, or working as-needed

1. Which one of the following best describes the employment setting of the principal nursing position you held on December 31, 2017?

*Mark one box only.*

**Hospital (not mental health)**

Inpatient

Emergency department

Hospital ambulatory care department (outpatient, surgery, clinic, etc.)

Hospital ancillary unit

Hospital, nursing home unit

Hospital Critical access

Hospital other (administration)

**Other inpatient setting**

Nursing home unit in hospital

Rehabilitation facility/ long-term acute

care

Inpatient mental health

Correctional facility

Inpatient hospice

Other inpatient setting, *Specify:*

**Clinic/Ambulatory**

Private medical practice, clinic, physician office etc

Public clinic (Rural health center, FQHC, Indian Health service, Tribal Clinic etc.)

School health service (K-12 or college)

Outpatient mental health/substance abuse

Urgent care (not hospital based)

Ambulatory surgery center (free standing)

Nurse managed health center

Other, *Specify:*

**Other types of setting**

Occupational health or employee health service

Public health or community health agency (not a clinic)

Government agency other than public/communityhelth or corrections

Outpatient dialysis center

University or college academic department

Home health agency/service

Case management/disease management

Call center/telenursing center

Other, **S***pecify*:

1. For the principal nursing position you held on December 31, 2017, did you work full-time or part-time? *Mark one box only.*

Full-time (including full-time for an academic year)

Part-time (including working only part of the calendar or academic year)

1. For the principal nursing position you held on December 31, 2017, how many months did you normally work per year?

months per year

1. Next we will ask for information about the number of hours you worked in a typical week for the principal nursing position you held on December 31, 2017.

Hours

 (*enter 0 if none*)

a. Number of hours worked, including all overtime and on-call hours, except on-call hours that were

stand-by only

b. Number of hours you stated above in “a” that were paid as overtime

1. For the principal nursing position you held on December 31, 2017, please estimate the percentage of your time spent in the following activities during a typical workweek*. Do not use decimals.*

a. Patient care and charting

%

b. Non-nursing tasks

%

(housekeeping, locating supplies)

c. Consultation with agencies and/or professionals

%

d. Supervision and management

%

e. Administration

%

f. Research

%

g. Teaching, precepting or orienting students or new hires (include preparation time)

%

%

%

%

%

h. Other

%

*Total 100*

**22a. For the principal nursing position you held on December 31, 2017, in what level of care or type of work did you spend most of your time?** *Mark all that apply.*

General or specialty inpatient

Care coordination

Patient Navigator

Critical/intensive care

Step-down, transitional, progressive, telemetry

Sub-acute care

Informatics

Emergency

Urgent care

Rehabilitation

Long-term care/nursing home

Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)

Ambulatory care (including primary care, outpatient settings, except surgical)

Ancillary care (radiology, laboratory)

Home health/Hospice

Public health/community health

Education

Business, administration, review

Research

Other, *Specify*

**22b.** **Did the principal nursing position you held on December 31, 2017, include any patient care?**

Yes

No🡪*Go to Question 23*

**22c.** **For the principal nursing position you held on December 31, 2017, please estimate the percentage of your patient care time spent with each population below.** *Do not use decimals.*

%

Adult

%

Geriatric

Pre-natal

%

Newborn or

%

Neonatal

Pediatric and/or

%

 Adolescent

%

 *Total 100*

**22d.** **For the principal nursing position you held on December 31, 2017, in what type of clinical specialty did you spend most of your patient care time?**

*Mark all that apply.*

General medical surgical

Critical care

Cardiac or cardiovascular care

Chronic care

Dermatology

Emergency or trauma care

Endocrinology

Gastrointestinal

Gynecology (women's health)

Hospice

Infectious/communicable disease

Labor and delivery

Neurological

Obstetrics

Occupational health

Oncology

Ophthalmology

Orthopedics

Otolaryngology (Ears, Nose and Throat)

Primary care

Psychiatric or mental health (substance abuse and counseling)

Pulmonary/respiratory

Radiology (diagnostic or therapeutic)

Renal/dialysis

Urology

Other specialty for a majority of my time

*Specify:*

1. In your principal nursing position did you use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system? *Do not include billing record systems.*

Yes

No

Don't know

1. To what extent did you participate in team-based care?

To a great extent

Somewhat

Very little

Not at all

1. What type(s) of training have you received to facilitate team-based care?

*Mark all that apply.*

Online educational videos offered by your place of employment

Formal classroom training at your place of employment

Informal training (e.g., on the job)

Formal classroom training at your college or university

No training at all

Other, *Specify*

1. To what extent are you confident in your ability to effectively practice in interprofessional teams?

To a great extent

Somewhat

Very little

Not at all

1. To what extent can you effectively use Health Information Technology in your practice to manage the health of your patient population?

To a Great Extent

Somewhat

Very Little

Not at All

1. In the principal nursing position you held on December 31, 2017, to what extent have you observed your organization emphasizing the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **To a Great Extent** | **Somewhat** | **Very little** | **Not at all** |
| **Team work** |  |  |  |  |
| **Care coordination** |  |  |  |  |
| **Discharge planning** |  |  |  |  |
| **Team-based care** |  |  |  |  |
| **Evidence- based practice** |  |  |  |  |

1. Thinking about the changes to the health care system created by the Affordable Care Act, what impact do think the change has had on the following aspects of patient care?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Made better** | **Made worse** | **Had no effect** |
| **Safety** |  |  |  |
| **Timeliness** |  |  |  |
| **Effectiveness** |  |  |  |
| **Efficiency** |  |  |  |
| **Equity** |  |  |  |
| **Patient centeredness** |  |  |  |
| **Assuring that the nation has an adequate supply of nurses** |  |  |  |

1. If all nurses could join together to address one of the following health care problems, in your opinion which is the most important for nurses to address?

*Mark only one.*

Racial and ethnic disparities in health care

Number of Americans without health insurance

Violence in America

Drug and alcohol abuse

Obesity in children and adults

Chronic illness

1. What additional training opportunities would help you do your job better? *Mark all that apply.*

Evidence-based care

Patient-centered care

Team-based integrated care

Practice management and administration

Social determinants of health

Working in an underserved community

Caring for medically complex/special needs patients

Population based health

Quality improvement

Value based care

1. Using a scale from 1 to 5 with 1=Novice and 5=Expert, please rate your competency in the following areas of population health

Monitoring health status to identify and solve community health problems

Diagnosing and investigating health problems and hazards in the community

Informing and educating people about health issues

Mobilizing community partnerships and actions to identify and solve health problems

Developing policies and plans that support individual and community health efforts

Enforcing laws and regulations that protect health and ensure safety

Linking people to needed health care and assuring the provision of health care when otherwise unavailable

Assuring competent public and personal health care workforce

Evaluating effectiveness, accessibility and quality of health care services

Researching new and innovative solutions to health problems

1. Using a scale from 1 to 5 where 1 means "not very prepared" and 5 means "very prepared" please rate how prepared you feel to care for the patient population at your site.
2. In your principal nursing position on December 31, 2017, did your practice use telehealth?

Yes🡪*SKIP to Question 36*

No

1. Why didn’t your practice use telehealth? *Mark all that apply*.

Costs are too high

Staff lacks technical knowledge

Resistance from staff

Licensing barriers

Insufficient connectivity bandwidth

Don't know

1. Did you personally use some form of telehealth in your principal nursing position on December 31, 2017?

Yes

No

1. How satisfied are/were you with the principal nursing position you held on December 31, 2017?

Extremely satisfied

Moderately satisfied

Moderately dissatisfied

Extremely dissatisfied

1. Please estimate your 2017 annual earnings from your principal nursing position. *Include overtime and bonuses, but exclude sign-on bonuses*.

 $ .00 per year

1. Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on December 31, 2017?

Yes

No

**40a.** **Have you left the principal nursing position you held on December 31, 2017?**

Yes 🡪*SKIP to Question 44*

No

**40b.** **Have you considered leaving, or do you plan to leave the principal nursing position you held on December 31, 2017?**

Yes

No🡪*SKIP to Question 43*

Undecided🡪*SKIP to Question 41*

**40c.** **When do you plan to leave this position?**

Less than one year from now

1-3 years from now

More than 3 years from now

**40d**. **Do you plan to work in nursing after you leave this position?**

Yes

No

Unsure

1. How long do you plan to work in this geographic area?

Less than a year

1-2 years

3-5 years

More than 5 years

Not sure

1. Which of the following reasons would contribute to your decision to leave your principal nursing position?

*Mark all that apply.*

Patient population

Burnout

Stressful work environment

Lack of advancement opportunities

Lack of collaboration/communication between health care professionals

Lack of good management or leadership

Career advancement/promotion

Inadequate staffing

Interpersonal differences with colleagues or supervisors

Physical demands of job

Better pay/benefits

Scheduling/inconvenient hours/too many hours

Relocating to different geographic area

Sign-on bonus offered

Going back to school

Retiring

Disability / Illness

Spouse's employment opportunities

Children's schooling

Length of commute

Career change

Other, *Specify*:

1. What factors contribute to your decision to remain in your principal nursing position? *Mark all that apply.*

Availability of loan repayment financial support

Ability to provide full scope of services

Commitment to underserved communities

Salary and benefits

Opportunities for advancement

Cost of living

Experience at site

Balanced schedule/hours

Use of electronic Health record system

Use of telehealth

Availability of training opportunities

Availability of resources to do my job well

Sense of community with peers

Proximity to extended family/parents/siblings

Proximity to spouse's employment opportunities

Proximity to desirable school district

Difficulty finding another job

Length of commute

Other, *Specify:*

1. Approximately when do you plan to retire from nursing?

In 2018

In 1-2 years

In 3-5 years

More than 5 years from now

Undecided

**Section C.**

**Secondary Employment in Nursing**

1. Aside from the principal nursing position you just described, did you hold any other positions in nursing for pay on December 31, 2017?

Yes

No 🡪*SKIP to Section D*

1. Which of the following best describes your employment with the other nursing position(s) held on December 31st, 2017?

*Mark all that apply.*

Employed through an employment agency as a traveling nurse

Employed through an employment agency, but not as a traveling nurse

 Employed by the organization or facility at which you are working

Self-employed, per diem, or working as needed

1. What type of work setting(s) best describe where you worked for the other nursing position(s) held on December 31st, 2017?

*Mark all that apply.*

Hospital

Nursing home/Extended care facility

Academic education program

Home health setting

Public or community health setting

Long-term acute care

Mental Health/ substance Abuse

School health service

Occupational health

Ambulatory care setting

Insurance claims/benefits

Telehealth, telenursing or call center

Other

1. In your additional nursing position(s) held on December 31, 2017, please indicate how much you worked, and where the job was located:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weeks Per Year | Average hours per week, during weeks of work | Locations of where most of work was done(*state or country*) |
| Additional job #1 |  |  |  |
| Additional job #2 |  |  |  |
| All other jobs |  |  |  |

1. Please estimate your 2017 annual earnings from all your other nursing position(s). *Do not include earnings from your principal nursing position.*

 $ , , .00 per year

**Section D.**

**Nurse Practitioners**

1. On December 31, 2017, did 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🡪*SKIP to Section E*

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

Acute Care adult

Acute Care pediatric

Adult

Family

Gerontology

Neonatal

Pediatric

Psychiatric & Mental Health

Women's Health

Other, *Specify*

1. To what extent did your master's or doctoral training prepare you to be an independent practitioner?

To a Great Extent

Somewhat

Very Little

Not at All

1. Did you complete an NP post-graduate residency program?

Yes

No

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

Yes

No🡪*SKIP to Question 56*

1. Do you or have you ever billed under your NPI number?

Yes

No

1. On December 31, 2017, were you employed in any positions that required state certification/licensure/recognition to practice as an NP?

Yes

No🡪SKIP to Q 74

*For the next several questions, please think about all of the NP positions you held on December 31, 2017*.

1. To what extent would you agree or disagree with the following: In my NP position(s), I am allowed to practice to the fullest extent of my state's legal scope of practice.

Strongly agree

Agree

Disagree

Strongly disagree

1. To what extent would you agree or disagree with the following: In my NP position(s), my NP skills are being fully utilized.

Strongly agree

Agree

Disagree

Strongly disagree

1. Across all of the NP positions you held on December 31, 2017, about how many patients did you see in a typical week?

Number (3 digits)

**60. Did you have a panel of patients that you managed, where you were the primary provider?**

Yes

No 🡪 *SKIP to Question 66a*

**61.** **Across all of those NP positions, about how many patients were on your panel?**

**62. What percentage of your panel were patients from racial/ethnic minority groups?**

%

63. What percentage of your panel were patients with limited English proficiency?

%

**64. Were the majority of your patients reimbursed through:**

*Mark only one.*

Fee-for-service

Capitated (HMO)

Other

Don’t Know

65. What percentage of your patient panel was covered by the following types of insurance?

Private Insurance

Medicare, for people 65 and older, or people with certain disabilities

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

TRICARE or other military health care

VA

Indian Health Service

Self-pay/Uninsured

Other

66a. Were you a Nurse Practitioner prior to 2010?

Yes

No🡪*SKIP to Question 67*

**66b. Did your overall patient population size increase, decrease, or stay the same since 2010?**

Increased

Decreased

Stayed the same

I don’t know

1. Did you have hospital admitting privileges on December 31, 2017?

Yes

No

1. Were you covered by malpractice insurance on December 31, 2017?

Yes

No🡪*SKIP to Question* *70*

1. Who paid for your malpractice insurance?

Self

Employer

Both

1. Did you have prescriptive authority?

*Yes🡪 SKIP* *to question 72*

No

1. Why didn't you have prescriptive authority? *Mark all that apply.*

Was in the process of applying

MD or other NP wrote all of my prescriptions

State Scope of Practice regulations

Other (specify)

1. On December 31, 2017 did you have a personal drug enforcement administration (DEA) number?

Yes

No

1. In any of your NP positions, did you have the title Hospitalist?

Yes🡪*SKIP to Section F*

No🡪 *SKIP to Section F*

***Please SKIP to section F***

1. What are the reasons that you were not working as a Nurse Practitioner on December 31, 2017? *Mark 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

Lack of experience or qualification

Inadequate salary/compensation

Working outside the nursing field

Maternity/parenting/family leave

Poor health or disability

Choose not to work at this time

Retired

Other, *Specify*

**Section E.**

**Nurses Not Working in Nursing**

*If you were working for pay in nursing on December 31, 2017, please go to Section F on page XX.*

1. What are your intentions regarding paid work in nursing?

*Mark one box only.*

Have returned to nursing since December 31, 2017

*🡪SKIP to Section* F *on page XX*

Plan to return to nursing in the future, not looking for work *now*

*🡪SKIP to Question 78*

No future intention to work for pay in nursing

🡪*SKIP to Question 79a*

Undecided at this time

🡪*SKIP to Question 79a*

Actively looking for work in nursing

1. How long have you been actively looking for paid work in nursing? *Enter zero if less than one month.*

months (*if one or more*)

1. Are you looking for a position that is full-time or part-time?

Full-time 🡪*SKIP to Question 79a*

Part-time 🡪*SKIP to Question 79a*

Either 🡪*SKIP to Question 79a*

1. When do you plan to return to paid work in nursing? *Enter zero if less than one year.*

years

**79a. Have you ever been employed or self employed in nursing?**

Yes

No🡪*SKIP to Question 80*

**79b. How long has it been since you were last employed or self-employed as a nurse?**

*Enter zero if less than one year*

years

1. What are the primary reasons you were not working in a nursing position for pay on December 31, 2017? *Mark all that apply.*

Retired

Taking care of home and family

Burnout

Stressful work environment

Scheduling/inconvenient hours/too many hours

Physical demands of job

Disability/Illness

Inadequate staffing

Salaries too low/better pay elsewhere

Skills are out-of-date

Liability concerns

Lack of collaboration/communication between health care professionals

Inability to practice nursing on a professional level

Lack of advancement opportunities

Lack of good management or leadership

Career change

Difficult to find a nursing position

Went back to school

Other

**Section F.**

**Prior Nursing Employment**

1. Since receiving your first U.S. RN license, how many years have you worked in nursing? Count only the years in which you worked at least 6 months. *Enter zero if less than one year.*

years

**82a. Have you left work in nursing for one or more years since becoming an RN?**

Yes

No 🡪*SKIP to question 83*

**82b.** **For how many years?** *Enter zero if less than one year.*

years

1. Next, we are going to ask about your employment approximately one year ago. Were you employed in nursing on December 31, 2016?

Yes

No🡪 *SKIP to Section G on page XX*

1. For the principal nursing position you held on December 31, 2016, did you work full-time or part-time? *Mark one box.*

Full-time (including full-time for an academic year)

Part-time (including working only part of the calendar or academic year)

1. How would you describe the principal nursing position you held on December 31, 2016?

Same position and same employer as principal nursing position on December 31, 2017🡪*SKIP to Section G on page XX*

Different position but same employer as principal nursing position held on December 31, 2017

Different employer than principal nursing position held on December 31, 2017.

1. What was the location of the principal nursing position you held on December 31, 2016? If you were not employed in a fixed location enter the location that best reflects where you practiced.

City/Town

County

State (or country

 if not U.S.A.)

ZIP

1. What were the primary reason(s) for your employment change? *Mark all that apply.*

Patient Population

Burnout

Stressful work environment

Lack of advancement opportunities

Lack of collaboration/communication between health care professionals

Lack of good management or leadership

Career advancement/promotion

Inadequate staffing

Interpersonal differences with colleagues or supervisors

Physical demands of job

Better pay/benefits

Scheduling/inconvenient hours/too many hours

Relocated to different geographic area

Laid off/downsizing of staff/ reorganization/

Sign-on bonus offered

Personal/family

Went back to school

Retired

Disability / Illness

Spouse's employment opportunities

Children's schooling

Length of commute

Career change

Other, *Specify:*

1. Which one of the following best describes the employment setting of the principal nursing position you held December 31, 2016? *Mark one box only.*

**Hospital (not mental health)**

Inpatient

Emergency department

Hospital ambulatory care department (outpatient, surgery, clinic etc.)

Hospital ancillary unit

Hospital, nursing home unit

Hospital, Critical access

Hospital other (administration)

# Other inpatient setting

Nursing home/extended care/skilled nursing facillity/ group home

Rehabilitation facility/ long-term acute care

Inpatient mental health

Correctional facility

Inpatient hospice

Other inpatient setting, *Specify*

# Clinic/Ambulatory

Private medical practice, clinic, physician office, etc.

Public clinic (Rural health center, FQHC, Indian Health service, Tribal Clinic etc.)

School health service (K-12 or college)

Outpatient mental health/substance abuse

Urgent care (not hospital based)

Ambulatory surgery center (free standing)

Nurse managed health center

Other, *Specify*

# Other types of setting

Occupational health or employee health service

Public health or community health agency (not a clinic)

Government agency other than public/community health or corrections

Outpatient dialysis center

University or college academic department

Home health agency/service

Case management/disease management

Call center/telenursing center

Other, *Specify*

**Section G.**

**National Practitioner Data Bank**

1. The National Practitioner Data Bank (NPDB), which includes the Healthcare Integrity and Protection Data Bank (HIPDB), is a nationwide repository of negative actions taken against healthcare professionals. Its primary function is to aid employers in making well-informed hiring decisions. Currently, certain entities are required to query the NPDB on physicians and dentists, prior to making hiring and clinical privileges decisions. Do you think the query requirement should be expanded to other healthcare professions?

Yes, it should be expanded to all healthcare professions.

Yes, it should be expanded to some but not all healthcare professions.

No, it should not be expanded.

1. Have you been reported to the NPDB or the HIPDB?

Yes

No🡪*SKIP to Question 93*

1. Who submitted the report?

State licensing board

Medical malpractice payer, such as an insurance company

Hospital

Federal agency

Other (Specify)

Unknown

1. Did the NPDB report impact your career? *Mark all that apply.*

No, the report did not impact my career.

Yes, the report had a negative impact on my current position (e.g., reprimand, termination, etc.).

Yes, the report made it difficult to obtain employment.

1. When making hiring decisions, do you feel that health care employers should consider prior negative health care related actions taken against prospective employees?

Yes, they should consider prior negative actions.

No, they should not consider negative prior actions.

1. The NPDB collects reports on adverse actions taken against a physician that affect that physician’s clinical privileges. Many nurse practitioners currently perform job functions similar to primary care physicians. Do you feel the NPDB should also collect reports on adverse actions against a nurse practitioner that could affect their clinical privileges?

Yes, they should be reported

No, they should not be reported

1. Do you think nurse practitioners who are supervised by a physician should be subject to the same reporting requirements as physicians, less strict reporting requirements, or more strict reporting requirements?

Less strict reporting requirements for nurse practitioners who are supervised by a physician,

More strict reporting requirements for nurse practitioners who are supervised by a physician,

The same reporting requirements as physicians.

**Section H.**

**General Information**

1. Where did you reside on December 31, 2017? This information is critical for producing state/county estimates of the nursing workforce.

City/Town:

County

State (or country

 if not U.S.A.)

ZIP

1. Did you reside in the same city/town a year ago (December 31, 2016)?

Yes 🡪*SKIP to Question 99*

No

1. Where did you reside on December 31, 2016? This information is critical for producing state/county estimates

City/Town:

County

State (or country

 if not U.S.A.)

ZIP

1. What is your gender?

Male

Female

1. What is the year of your birth?

**101.** **Are you of Hispanic, Latino or Spanish origin?**

Yes

No

**102.** **What is your race?**

*Mark all that apply.*

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Some other race

1. What languages do you speak fluently, other than English? *Mark all that apply.*

No other languages

Spanish

Filipino language (Tagalog, other Filipino dialect)

Chinese language (Cantonese, Mandarin, other Chinese language)

Russian

Korean

Vietnamese

American Sign Language

Other language(s)

1. What is your marital status?

Married or in domestic partnership

Widowed, divorced, separated

Never married

1. Which of the following best describes the children/parents/dependents who either live at home with you or for whom you provide a significant amount of care? *Mark all that apply.*

Child(ren) less than 6 years old at home

Child(ren) 6 to 18 years old at home

Other adults at home (i.e., parents or dependents)

Others living elsewhere (i.e., children, parents or dependents)

None

1. Including employment earnings, investment earnings, and other income of all household members, what was your 2017, pre-tax annual total household income? *Mark one box only.*

$15,000 or less

$15,001 to $25,000

$25,001 to $35,000

$35,001 to $50,000

$50,001 to $75,000

$75,001 to $100,000

$100,001 to $150,000

$150,001 to $200,000

More than $200,000

**Section I.**

**License and Certification Detail**

1. Please provide any other names under which you may have held a nursing license.

First name M.I. Last Name

First name M.I. Last Name

1. On December 31, 2017, which of the following skill-based certifications did you have? *Mark all that apply.*

No skill-based certifications

Life Support (BLS, ALS, BCLS, etc.)

Resuscitation (CPR, NRP, etc.)

Emergency Medicine/Nursing (EMT, ENPC, etc.)

Trauma Nursing (TNCC, ATCN, ATN, etc.)

Critical Care Certificate

Other, *Specify*

Other, *Specify*

**109.** **On December 31, 2017, did you have any current National nursing certifications as a Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist?**

Yes

No🡪 *SKIP to Section J on page XX*

**110a. On December 31, 2017, did you have a current certification as a Clinical Nurse Specialist (CNS)?**

Yes

No 🡪 *SKIP to Question 111a*

**110b. Was this certification required by your employer for your job?**

Yes

No

**110c. Was this certification from a national certifying organization?**

Yes

No

**110d. Which of the following Clinical Nurse Specialist (CNS) certifications did you have?**

Acute Care/Critical Care CNS

Adult Health CNS

Community Health/Public Health CNS

Diabetes Management CNS

Gerontological CNS

Home Health CNS

Hospice and Palliative Care CNS

Medical-Surgical CNS

Oncology CNS

Pediatric CNS

Psychiatric & Mental Health CNS - Adult

Psychiatric & Mental Health CNS - Child/Adolescent

Psychiatric & Mental Health CNS - Family

Other, *Specify:*

**111a. On December 31, 2017, did you have a current certification as a Nurse-Midwife (CNM)?**

Yes

No 🡪 *SKIP to Question 112a*

**111b. Was this certification required by your employer for your job?**

 Yes

 No

**111c. Was this certification from a national certifying organization?**

 Yes

 No

**112a. On December 31, 2017, did you have a current certification as a Nurse Anesthetist (CRNA)?**

Yes

No 🡪 skip to Section J

**112b. Was this certification required by your employer for your job?**

 Yes

 No

**112c. Was this certification from a national certifying organization?**

 Yes

 No

**Section J.**

**Contact Information**

**113. Please provide your e-mail address and telephone number, as well as the best time of day to reach you. This information will only be used in the event that we need to contact you about any of your responses.**

E-mail address:

Telephone:

Home (*Area Code)* *Telephone Number*

Work

Cell

**Time of day/week best to contact you by phone**:

*Please* *return this survey and any duplicate surveys in the enclosed, postage-paid envelope.*

*We estimate that it will take about XX minutes per person to collect the information. This includes time for reviewing the instructions and completing and reviewing your answers. You may send comments regarding time estimates or any other aspect of this data collection process, including suggestions for reducing this burden, to Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, 4600 Silver Hill Road, Room 7H054, Washington, DC 20233. You may also e-mail comments to* ***DEMO.Paperwork@census.gov****; use "Demo Survey Comments XXXX-XXXX" as the subject.*

*The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval number XXXX-XXXX; the expiration date is XX/XX/XXXX. Displaying this number shows that the Census Bureau is authorized to conduct this survey. If this number were not displayed, we could not request your participation. Please use this number in any correspondence concerning this survey.*

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