



# 2018 NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



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The 2018 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the United States Census Bureau on behalf of the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the tenth cycle of the survey.

We appreciate your help with this important survey. If you need help or have questions about completing this form, please call 1-888-369-3598 or email us at [NSSRN@census.gov](mailto:NSSRN@census.gov).

FORM NSSRN  
(08/09/2017) Draft 20

## Section A. Eligibility and Education

A1a. 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 A1b

No → If No, you do not need to complete this questionnaire. Please mark "No" and return this questionnaire in the envelope provided so we know you are not eligible.

A1b. What state(s) issued the license(s)?  
List up to 4.

State      State      State      State

Check this box if you were issued a license by more than 4 states.



A2. In what state and year were you issued your first U.S. RN license?

State                      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A3. Which type of nursing degree qualified you for your first U.S. RN license? *Mark one box only.*

- Diploma
- Associate
- Bachelor's
- Master's
- Doctorate – PhD
- Doctorate – DNP
- Other

A4. In what month and year did you graduate from this RN program?

Month                      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A5. Where was this program located?

- In the U.S.  
*Print state abbreviation.* →
- Outside the U.S.  
*Print name of foreign country or U.S. territory.* ↴

A6. What post-high school degree(s) did you receive before starting your first RN program? *Mark all that apply.*

- Associate
- Bachelor's
- Master's
- Doctorate
- Other
- None

A7. Have you ever been licensed as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

- Yes
- No

A8. Were you ever employed in any of the following health-related jobs before completing your first RN program? *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

A9. How did you finance your first RN degree? *Mark all that apply.*

- Self-financed
- Employer tuition reimbursement plan
- Department of Veterans Affairs employer tuition plan
- Health Resources and Services Administration Support (e.g., National Health Service Corps, Nurse Corps Loan Repayment, Faculty Loan Repayment)
- 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

A10. Did you earn any **additional** academic degrees **after** acquiring your first RN degree that you described in Question A3? Do **not** include degrees you are currently working towards.

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

No → SKIP to Question A11 on page 4

Nursing Degrees					
	Associate in nursing	Bachelor's in nursing	Master's in nursing	Another Master's in nursing	Doctorate in nursing (PhD, ScD, DNS, ND, DNP)
A10a. In what year did you receive this degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10b. In what U.S. state or foreign country was this program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10c. Was 50% or more of the coursework for this degree online or through correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A10d. What was the primary focus of this degree? Enter two-digit code from the table at the bottom of the page.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-nursing Degrees					
	Associate (Non-nursing)	Bachelor's (Non-nursing)	Master's (Non-nursing)	Another Master's (Non-nursing)	Doctorate in non-nursing field (PhD, JD, MD, EdD)
A10e. In what year did you receive this degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10f. In what U.S. state or foreign country was this program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10g. Was 50% or more of the coursework for this degree online or through correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A10h. What was the primary focus of this degree? Enter two-digit code from the table below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Primary focus of degree**

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| 01 Clinical Practice                  | 05 Public Health/Community Health               | 09 Information Technology/Informatics |
| 02 Clinical Nurse Leader              | 06 Law  | 10 Research                           |
| 03 Administration/Business Management | 07 Biological or Physical Sciences              | 11 Other health field                 |
| 04 Education                          | 08 Humanities, Liberal Arts, or Social Sciences | 12 Other non-health field             |



**A11.** After acquiring your first RN degree, which you described in Question A3, have you completed a formal U.S. education program preparing you to be a Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist?

Yes

No → SKIP to Question A12a

**A11a.** Did you receive preparation as a...? Mark each column if yes.

**A11b.** What was the highest credential you received in that program?

1. Certificate/Award

2. Bachelor's Degree

3. Master's Degree

4. Post-Master's Certificate

5. Doctorate – PhD

6. Doctorate – DNP

7. Doctorate – other

**A11c.** In what year did you receive this credential?

	Nurse Practitioner	Clinical Nurse Specialist	Nurse-Midwife	Nurse Anesthetist
<b>A11a.</b> Did you receive preparation as a...? Mark each column if yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A11b.</b> What was the highest credential you received in that program?				
1. Certificate/Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Post-Master's Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Doctorate – PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Doctorate – DNP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Doctorate – other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A11c.</b> In what year did you receive this credential?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A12a.** 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 on page 5

**A12b.** Were you a full-time or part-time student?

Full-time student

Part-time student

**A12c.** What percentage of your coursework in this program was distance-based (online or correspondence)?

≤ 50%

> 50%

**A12d.** What type of degree or certificate were you working toward in this program?

Mark one box only.

Certificate/Award

Associate Degree

Bachelor's Degree

Master's Degree

Post-Master's Certificate

Doctorate – PhD

Doctorate – DNP

Doctorate – other

**Continue to Section B**



## Section B. Principal Nursing Employment

**B1.** 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 F on page 13

*For all the questions in this section (Questions B2 - B28), your principal nursing position is the nursing position, on December 31, 2017, in which you spent the largest share of your working hours.*

**B2.** Where was the location of the principal nursing position you held on December 31, 2017? *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

**B3.** Thinking about the principal nursing position you held on December 31, 2017, had you been working for this employer for less than 5 years?

Yes

No → SKIP to Question B7

**B4.** 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

**B5.** Did you go through an orientation program for the principal nursing position you held on December 31, 2017?

Yes

No → SKIP to Question B7

**B6.** Did you have a preceptor assigned to you during this orientation program?

Yes

No

**B7.** Were you required to maintain an active RN license for the principal nursing position you held on December 31, 2017?

Yes

No

**B8.** 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

**B9.** What type(s) of training have you received to facilitate team-based care? *Team-based care refers to comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care. Mark all that apply.*

Formal classroom training at your college or university

Formal classroom training offered by your place of employment

Online educational videos offered by your place of employment

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

No training at all

Other, Specify: ↴



**B10. For 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

**B11. 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)

**B12. For the principal nursing position you held on December 31, 2017, how many months did you normally work per year?**

months per year

**B13. 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)**

- Critical Access Hospital
- Inpatient unit, not Critical Access Hospital
- Emergency Department, not Critical Access Hospital
- Hospital sponsored ambulatory care (outpatient, surgery, clinic, urgent care, etc.)
- Hospital ancillary unit
- Hospital nursing home unit
- Hospital administration
- Hospital other, *Specify:* ↴

**Other inpatient setting**

- Nursing home unit NOT in hospital
- Rehabilitation facility/long-term care
- Inpatient mental health/substance abuse
- Correctional facility
- Inpatient hospice
- Other inpatient setting, *Specify:* ↴

**Clinic/Ambulatory**

- Nurse managed health center
- 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)
- Other, *Specify:* ↴

**Other types of settings**

- Home health agency/service
- Occupational health or employee health service
- Public health or community health agency (not a clinic)
- Government agency other than public/community health or correctional facility
- Outpatient dialysis center
- University or college academic department
- Insurance company
- Call center/telenursing center
- Other, *Specify:* ↴



**B14.** Next, we will ask for information about how much you worked in a typical week for the principal nursing position you held on December 31, 2017. Include on-call hours except on-call hours that were standby only.

Hours  
(enter 0 if none)

a. Number of hours scheduled in a typical week:

b. Number of hours worked in a typical week:

c. Number of hours paid at the following rates in a typical week:

1. Regular hourly rate or salary

2. Overtime

d. Number of hours unpaid in a typical week

**B15.** 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. Care coordination (including consultation with agencies and/or professionals)    %

c. Management, supervision, and administrative tasks    %

d. Research    %

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

f. Non-nursing tasks (e.g. housekeeping, locating supplies)    %

g. Other    %

Total = 100%

**B16.** 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
- Ambulatory care (including primary care outpatient settings, except surgical)
- Ancillary care (radiology, laboratory)
- Care coordination/patient navigation
- Critical/intensive care
- Education
- Emergency
- Health care management/administration
- Home health/hospice
- Informatics
- Long-term care/nursing home
- Public health/community health
- Rehabilitation
- Research
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- Urgent care
- Other, Specify: ↴



**B17a. Did the principal nursing position you held on December 31, 2017, include any patient care?**

Yes

No → SKIP to Question B18 on page 9

**B17b. 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.**

Pre-natal	<input type="text"/>	%
Newborn or Neonatal (less than 2 years old)	<input type="text"/>	%
Pediatric (2 to 11 years old)	<input type="text"/>	%
Adolescent (12 to 17 years old)	<input type="text"/>	%
Adult (18 to 65 years old)	<input type="text"/>	%
Geriatric (more than 65 years old)	<input type="text"/>	%
<b>Total =</b>		<b>100%</b>

**B17c. 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 one box only.**

- General medical surgical
- Ambulatory care
- Cardiac or cardiovascular care
- Chronic care
- Critical care
- Dermatology
- Emergency or trauma care
- Endocrinology
- Gastrointestinal
- Gynecology (women's health)
- Home health/hospice
- Infectious/communicable disease
- Labor and delivery
- Neurological
- Obstetrics
- Occupational health
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (ear, nose and throat)
- Primary care
- Psychiatric or mental health  
(substance abuse and counseling)
- Pulmonary/respiratory
- Radiology (diagnostic or therapeutic)
- Renal/dialysis
- Other specialty, Specify:



**B18. Thinking about the principal nursing position you held on December 31, 2017, to what extent did you...**

	A great extent	Somewhat	Very little	Not at all
Participate in team-based care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel confident in your ability to effectively practice in interprofessional teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively use Health Information technology in your practice to manage the health of your patient population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B19. For the principal nursing position you held on December 31, 2017, to what extent did you observe your organization emphasizing the following?**

	A great extent	Somewhat	Very little	Not at all
Care coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B20. What training topics would help you do your job better? Mark all that apply.**

- Evidence-based care
- Patient-centered care (care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)
- Team-based care
- Practice management and administration
- Social determinants of health, (e.g. impact of race and social-economic status)
- Working in an underserved community
- Caring for medically complex/ special needs patients
- Population-based health
- Quality improvement
- Value-based care
- None of the above

*In the following questions, the term telehealth refers to communication technology, such as remote conferencing through phone and video, used to connect geographically dispersed practitioners.*

**B21. For the principal nursing position you held on December 31, 2017, did your workplace use telehealth?**

- Yes
- No

**B22. Did you personally use some form of telehealth in the principal nursing you held on December 31, 2017?**

- Yes
- No → SKIP to Question B24 on page 10

**Continue on next page**



## Section C. Left the Principal Nursing Position Held on December 31, 2017

**B23.** Which type(s) of telehealth did you use in the principal nursing position you held on December 31, 2017? *Mark all that apply.*

- Provider to provider consults
- RN to patient direct calls (e.g. care management/home monitoring) by phone or video
- NP primary care e-visits
- Other, *Specify:* ↴

**B24.** How satisfied were you with the principal nursing position you held on December 31, 2017?

- Extremely satisfied
- Moderately satisfied
- Moderately dissatisfied
- Extremely dissatisfied

**B25.** In that principal nursing position, were you able to practice to the full extent of your knowledge/education/training?

- Yes
- No

**B26.** Please estimate your 2017, pre-tax annual earnings from your principal nursing position. *Include overtime and bonuses, but exclude sign-on bonuses.*

**B27.** Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on December 31, 2017?

- Yes
- No

**B28.** Have you left the principal nursing position you held on December 31, 2017?

- Yes → *Skip to Section C*
- No → *Skip to Section D on page 11*

**C1.** Which of the following reasons contributed to your decision to leave the principal nursing position you held on December 31, 2017? *Mark all that apply.*

- Better pay/benefits
- Burnout
- Career advancement/promotion
- Career change
- Change in child's school
- Disability/illness
- Family caregiving
- Inability to practice to the full extent of your license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Length of commute
- Patient population
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Sign-on bonus offered
- Spouse's employment opportunities
- Stressful work environment
- Other, *Specify:* ↴



C2. Did you continue to work in nursing after leaving this position?

- Yes
- No → SKIP to Section E on page 13

C3. Approximately when do you plan to retire from nursing?

- Already retired → SKIP to Section E on page 13
- Within a year
- In 1-2 years
- In 3-5 years
- More than 5 years from now
- Undecided

C4. How long do you plan to work in the geographic area of the principal nursing position you held on December 31, 2017?

- Already left the geographic area
- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years
- Not sure

**Skip to Section E**

## Section D. Remained in the Principal Nursing Position Held on December 31, 2017

D1. Have you ever considered leaving the principal nursing position you held on December 31, 2017?

- Yes
- No → SKIP to Question D7 on page 12

D2. Have you considered leaving this position in the past year?

- Yes
- No

D3. Which of the following reasons would contribute to your decision to leave your principal nursing position? *Mark all that apply.*

- Better pay/benefits
- Burnout
- Career advancement/promotion
- Career change
- Change in child's school
- Disability/Illness
- Family caregiving
- Inability to practice to the full extent of your license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Length of commute
- Patient population
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Sign-on bonus offered
- Spouse's employment opportunities
- Stressful work environment
- Other, *Specify:* ↴



**D4. 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
- Not sure


**D5. Do you plan to work in nursing after you leave this position?**

- Yes
- No
- Not sure

**D6. How long do you plan to work in the geographic area of the principal nursing position you held on December 31, 2017?**

- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years
- Not sure

**D7. What factors contribute to your decision to remain in your principal nursing position? Mark all that apply.**

- Ability to provide full scope of services
- Availability of loan repayment financial support
- Availability of resources to do my job well
- Availability of training opportunities
- Balanced schedule/hours
- Commitment to underserved communities
- Cost of living
- Difficulty finding another job
- Experience at site
- Length of commute
- Opportunities for advancement
- Proximity to desirable school district
- Proximity to extended family/parents/siblings
- Proximity to spouse's employment opportunities
- Salary and benefits
- Sense of community with peers
- Use of Electronic Health Records
- Use of telehealth
- Other, Specify: 

**D8. Approximately when do you plan to retire from nursing?**

- Already retired
- Within a year
- In 1-2 years
- In 3-5 years
- More than 5 years from now
- Undecided

**Continue to Section E**



## Section E. Secondary Employment in Nursing


E1. 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 F

E2. Which of the following best describes your employment with the **other** nursing position(s) held on December 31, 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

E3. What type(s) of work setting(s) best describe where you worked for the other nursing position(s) held on December 31, 2017? Mark all that apply.

- Hospital
- Nursing home/extended care facility
- Academic education program
- Home health setting
- Public or community health setting
- Rehabilitation facility/long-term care
- Mental health/substance abuse
- School health service
- Occupational health
- Physician practice (individual or group)
- Ambulatory care clinic
- Insurance claims/benefits
- Telehealth, telenursing or call center
- Other, Specify: 

E4. In your other 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	Location where most work was done (state or country)
Additional job #1	<input type="text"/>	<input type="text"/>	
Additional job #2	<input type="text"/>	<input type="text"/>	
All other jobs	<input type="text"/>	<input type="text"/>	N/A

E5. Please estimate your 2017, pre-tax annual earnings from all of the nursing positions that you reported in Question E4. Do not include earnings from your principal nursing position.

Continue to Section F

## Section F. Nurse Practitioners

F1a. On December 31, 2017, did you have an active certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?

- Yes
- No → SKIP to Section G on page 17

F1b. What state(s) issued the license/certification/recognition? List up to 4.

State	State	State	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Check this box if you were issued certification/licensure/recognition by more than 4 states.



**F2. On December 31, 2017, in which area(s) were you certified by 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:* ↴

**F3. To what extent did your master's or doctoral training prepare you to be a licensed independent practitioner?**

- A great extent
- Somewhat
- Very little
- Not at all

**F4. Did you complete an NP post-graduate residency or fellowship program?**

- Yes
- No

**F5. Do you have a National Provider Identifier (NPI) number?**

- Yes
- No → *SKIP to Question F7*

**F6. Do you or have you ever billed under your NPI number?**

- Yes
- No
- Don't know

**F7. 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 Question F26 on page 16*

**F8. Thinking about the main NP position you held on December 31, 2017, what type of professional relationship did you have with the physician(s) you worked with? Mark all that apply.**

- In my main NP position, there were no physicians on site
- I collaborated with a physician at another site
- I collaborated with a physician on site
- I was considered an equal colleague to the physician(s) I worked with
- I was accountable to a physician who served as a medical director
- I was supervised by a physician, and I had to accept his/her clinical decision about the patients I saw
- A physician saw and signed off on the patients I saw
- Other, *Specify:* ↴

**F9. Thinking of all the NP positions you held on December 31, 2017, indicate your level of agreement with the following statements.**

**F9a. In my NP position(s), I could practice to the fullest extent of my state's legal scope of practice.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**F9b. In my NP position(s), my NP education is was fully utilized.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree



F10. In the NP position(s) you held on December 31, 2017, did you provide patient care?

Yes

No → SKIP to Question F19

F10a. Across all of the NP positions you held on December 31, 2017, about how many patients did you see in a typical week? If none, enter zero.

Patients

F11. Were you providing patient care as an NP in 2013?

Yes

No → SKIP to Question F13

F12. Did your overall patient population size increase, decrease, or stay the same since 2013?

Increased

Decreased

Stayed the same

Don't know

F13. Across all NP positions you held on December 31, 2017, did you have a panel of patients that you managed, where you were the primary provider? A panel is a group of patients that you see across a period of time.

Yes

No → SKIP to Question F19

F14. Across all of your NP positions, on average, about how many patients were on your panel?

Patients

F15. What percentage of your panel were patients from racial/ethnic minority groups?

%

F16. What percentage of your panel were patients with limited English proficiency?

%

F17. Please estimate the percentage of your patient panel that was covered by the following types of insurance. Do not use decimals.

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  %

Total = 100%

Don't know

F18. How were medical expenses reimbursed for the majority of your panel of patients? Mark one box only.

Fee-for-service (e.g. PPO and Original Medicare)

Capitated fees per patient (e.g. HMO)

Other

Don't know

F19. Did you have hospital admitting privileges on December 31, 2017?

Yes

No

F20. Were you covered by malpractice insurance on December 31, 2017?

Yes

No → SKIP to Question F22 on page 16





F21. Who paid for your malpractice insurance?

- Self
- Employer
- Both

F22. Did you have prescriptive authority?

- Yes → SKIP to Question F24
- No

F23. 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: ↘

F24. On December 31, 2017 did you have a personal Drug Enforcement Administration (DEA) number?

- Yes
- No

F25. In any of your NP positions, did you have the title Hospitalist?

- Yes → SKIP to Section H on page 17
- No → SKIP to Section H on page 17

F26. What are the reasons that you were NOT working as an NP on December 31, 2017?  
Mark all that apply.

- Overall lack of NP job opportunities
- Lack of NP job opportunities in desired location
- Lack of NP job opportunities in desired specialty
- Lack of NP job opportunities in desired type of facility
- Limited scope of practice for NPs in the state where practice is desired
- Lack of experience or qualification
- Inadequate salary/benefits
- Working outside the field of nursing
- Family caregiving
- Disability/illness
- Chose not to work
- Retirement
- Other, Specify: ↘

Continue on next page



## Section G. Nurses Not Working in Nursing

If you were working for pay in nursing on December 31, 2017, please SKIP to Section H.

**G1. What are your intentions regarding paid work in nursing? Mark one box only.**

- Actively looking for work in nursing
- Plan to return to nursing in the future, not looking for work now → SKIP to Question G4
- No future intention to work for pay in nursing → SKIP to Question G5a
- Undecided at this time → SKIP to Question G5a
- Have returned to nursing since December 31, 2017 → SKIP to Section H

**G2. How long have you been actively looking for paid work in nursing? Enter zero if less than one month.**

 Month(s)

**G3. Are you looking for a position that is full-time or part-time?**

- Full-time → SKIP to Question G5a
- Part-time → SKIP to Question G5a
- Either → SKIP to Question G5a

**G4. When do you plan to return to paid work in nursing? Enter zero if less than one year.**

 Year(s)

**G5a. Have you ever been employed or self-employed in nursing?**

- Yes
- No → SKIP to Question G6

**G5b. How long has it been since you were last employed or self-employed as a nurse? Enter zero if less than one year.**

 Year(s)

**G6. What are the primary reasons you were not working in a nursing position for pay on December 31, 2017? Mark all that apply.**

- Burnout
- Career change
- Difficult to find a nursing position
- Disability/illness
- Family caregiving
- Inability to practice nursing on a professional level
- Inability to practice to the full extent of your license
- Inadequate staffing
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Liability concerns
- Physical demands of job
- Retirement
- Salaries too low/better pay elsewhere
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Skills are out-of-date
- Stressful work environment
- Other, Specify:

**Continue to Section H**

## Section H. Prior Nursing Employment

**H1. 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.**

 Year(s)

H2. Have you left work in nursing for one or more years since becoming an RN?

Yes → For how many years?

No

H3. 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 I on page 20

H4. For the principal nursing position you held on December 31, 2016, 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)

H5. 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 I on page 20

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

H6. 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

H7. What were the primary reason(s) for your employment change? Mark all that apply.

Better pay/benefits

Burnout

Career advancement/promotion

Career change

Change in child's school

Disability/Illness

Family caregiving

Inability to practice to the full extent of your license

Inadequate staffing

Interpersonal differences with colleagues or supervisors

Lack of advancement opportunities

Lack of collaboration/communication between health care professionals

Lack of good management or leadership

Length of commute

Patient population

Physical demands of job

Relocation to different geographic area

Retirement

Scheduling/inconvenient hours/too many hours/too few hours

School/educational program

Sign-on bonus offered

Spouse's employment opportunities

Stressful work environment

Other, Specify: ↴



H8. Which one of the following best describes the employment setting of the principal nursing position you held on December 31, 2016? *Mark one box only.*

**Hospital (not mental health)**

- Critical Access Hospital
- Inpatient unit, not Critical Access Hospital
- Emergency Department, not Critical Access Hospital
- Hospital sponsored ambulatory care (outpatient, surgery, clinic, urgent care, etc.)
- Hospital ancillary unit
- Hospital nursing home unit
- Hospital administration
- Hospital other, *Specify:* ↴

**Other inpatient setting**

- Nursing home unit NOT in hospital
- Rehabilitation facility/long-term care
- Inpatient mental health/substance abuse
- Correctional facility
- Inpatient hospice
- Other inpatient setting, *Specify:* ↴

**Clinic/Ambulatory**

- Nurse managed health center
- 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)
- Other, *Specify:* ↴

**Other types of settings**

- Home health agency/service
- Occupational health or employee health service
- Public health or community health agency (not a clinic)
- Government agency other than public/community health or correctional facility
- Outpatient dialysis center
- University or college academic department
- Insurance company
- Call center/telenursing center
- Other, *Specify:* ↴

**Continue on next page**



## Section I. National Practitioner Data Bank

11. 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 wellinformed hiring decisions. Currently, certain entities are required to query the NPDB on physicians and dentists, prior to making decisions on hiring and clinical privileges. 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

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

- Yes
- No → SKIP to Question 15

13. Who submitted the report(s)?  
Mark all that apply.

- State licensing board
- Medical malpractice payer, such as an insurance company
- Hospital
- Federal agency
- Unknown
- Other, Specify: ↴

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

- Yes, the report had a negative impact on my position (e.g., reprimand, termination)
- Yes, the report made it difficult to obtain employment
- No, the report did not impact my career

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

- Yes, they should consider prior negative actions
- No, they should not consider negative prior actions

16. 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

17. 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?

- The same reporting requirements as physicians
- 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

Continue on next page



## Section J. General Information

- J1. 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

- J2. Where did you reside on December 31, 2016? This information is critical for producing state/county estimates.

Same address reported in Question J1

City/Town

County

State (or country if not U.S.A.)

Zip

- J3. What is your sex?

Male

Female

- J4. What is the year of your birth?

- J5. Are you of Hispanic, Latino or Spanish origin?

Yes

No

- J6. 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

- J7. 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)

- J8. What is your marital status?

Married or in domestic partnership

Widowed, divorced, separated

Never married

Continue on next page



J9. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? *Mark one box only.*

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now

J10. 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 (e.g., parents or dependents)
- Others living elsewhere (e.g., children, parents or dependents)
- None

J11. 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.*

- \$25,000 or less
- \$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 K. License and Certification Detail

K1. Please provide any other names under which you may have held a nursing license. *If none, leave blank.*

First name M.I.

Last name

First name M.I.

Last name

K2. On December 31, 2017, which of the following skill-based certifications did you have? *Mark all that apply.*

- No skill-based certifications
- Ambulatory Care Certification
- Critical Care Certificate
- Emergency Medicine/Nursing (EMT, ENPC, etc.)
- Life Support (BLS, ACLS, BCLS, etc.)
- Resuscitation (CPR, NRP, etc.)
- Trauma Nursing (TNCC, ATCN, ATN, etc.)
- Other, *Specify:*

K3. On December 31, 2017, did you have any active national nursing certifications as a Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist?

- Yes
- No → *SKIP to Section L on page 23*





K4a. On December 31, 2017, did you have an active certification as a Clinical Nurse Specialist (CNS)?

- Yes
- No → SKIP to Question K5a on page 23

K4b. Was this certification required by your employer for your job?

- Yes
- No

K4c. Was this certification from a national certifying organization?

- Yes
- No

K4d. Which of the following Clinical Nurse Specialist (CNS) certifications did you have? Mark all that apply.

- Acute Care/Critical Care
- Adult Health
- Community Health/Public Health
- Diabetes Management
- Gerontological
- Home Health
- Hospice and Palliative Care
- Medical-Surgical
- Oncology
- Pediatric
- Psychiatric & Mental Health - Adult
- Psychiatric & Mental Health - Child/Adolescent
- Psychiatric & Mental Health - Family
- Other, Specify: ↘

K5a. On December 31, 2017, did you have an active certification as a Nurse-Midwife?

- Yes
- No → SKIP to Question K6a

K5b. Was this certification required by your employer for your job?

- Yes
- No

K5c. Was this certification from a national certifying organization?

- Yes
- No

K6a. On December 31, 2017, did you have an active certification as a Nurse Anesthetist?

- Yes
- No → SKIP to Section L

K6b. Was this certification required by your employer for your job?

- Yes
- No

K6c. Was this certification from a national certifying organization?

- Yes
- No

## Section L. Contact Information

L1. Please provide your e-mail address and telephone number. This information will only be used in the event that we need to contact you about any of your responses.

E-mail address:

Telephone number: (Mark one box only)

Area Code + Number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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- Home
- Work
- Cell



Use the space below to correct any errors in your name/address information.

Corrections to First Name

Corrections  
to M.I.

Corrections to Last Name

Corrections to Number and Street

Corrections to City/Town

Corrections to State

Corrections to Zip Code

## Thank you for your participation.

*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](mailto: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.

