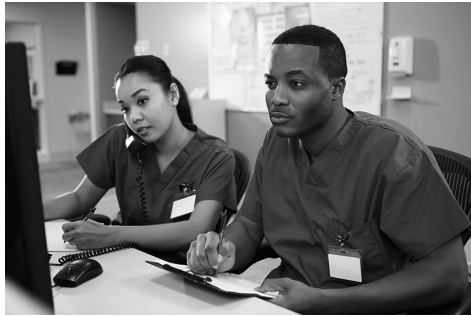




# 2022 NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



## Start Here

Respond online today at: <https://respond.census.gov/nssrn>

OR

Complete this form and mail it back as soon as possible.

The 2022 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 eleventh 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 [adp.nssrn@census.gov](mailto:adp.nssrn@census.gov).

### Section A. Licensure and Certification

- A1. On December 31, 2021, did you have an ACTIVE LICENSE to practice as a Registered Nurse (RN) or Advanced Practice Registered Nurse (APRN) in the U.S.?**
- Yes, I am licensed as an RN, but not an APRN.
  - Yes, I am licensed as both an RN and an APRN → Continue to Question A2. We will ask about your APRN in a later section.
  - 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.

- A2. What U.S. state(s) ISSUED the active RN license(s) that you held on December 31, 2021? Do not include APRN licenses.**

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

- A3. Were you living in the U.S. on December 31, 2021? Mark (X) No if you were living in a U.S. territory.**

- Yes
- 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.



A4. What U.S. state issued your FIRST RN license?

State

A5. In what year were you issued your FIRST U.S. RN license?

Year

A6. Have you ever been LICENSED as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

Yes

No

A7. On December 31, 2021, did you have any active nursing certifications as a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

Yes

No → SKIP to Question A12 on page 3

A8a. On December 31, 2021, did you have any active certification(s) as a Nurse Practitioner (NP)?

Yes

No → SKIP to Question A9a

A8b. Were any of your NP certifications from a NATIONAL CERTIFYING ORGANIZATION?

Yes

No → SKIP to Question A9a

A8c. Which of the following NP certifications did you have from a NATIONAL CERTIFYING ORGANIZATION? Mark (X) ALL that apply.

Family NP

Adult-Gerontology Primary Care NP

Adult-Gerontology Acute Care NP

Pediatric Primary Care NP

Pediatric Acute Care NP

Psychiatric-Mental Health NP

Neonatal NP

Women's Health Care NP

Emergency NP

Advanced Diabetes Management NP

Palliative Care NP

School NP

Other, Specify: ↴

A9a. On December 31, 2021, did you have any active certifications as a Clinical Nurse Specialist (CNS)?

Yes

No → SKIP to Question A10a on page 3

A9b. Were any of your CNS certification(s) from a NATIONAL CERTIFYING ORGANIZATION?

Yes

No → SKIP to Question A10a on page 3



**A9c. Which of the following CNS certifications did you have from a NATIONAL CERTIFYING ORGANIZATION? Mark (X) ALL that apply.**

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

**A10a. On December 31, 2021, did you have an active certification as a Nurse-Midwife?**

- Yes
- No → SKIP to Question A11a

**A10b. Was your Nurse-Midwife certification from a NATIONAL CERTIFYING ORGANIZATION?**

- Yes
- No

**A11a. On December 31, 2021, did you have an active certification as a Nurse Anesthetist?**

- Yes
- No → SKIP to Question A12

**A11b. Was your Nurse Anesthetist certification from a NATIONAL CERTIFYING ORGANIZATION?**

- Yes
- No

**A12. On December 31, 2021, which of the following skill based certifications did you have? Mark (X) ALL that apply.**

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

## Section B. Education

**B1. Which type of nursing degree qualified you for your FIRST U.S. RN license? Mark (X) ONE box only.**

- Diploma
- Associate
- Bachelor's
- Master's
- Doctorate - PhD
- Doctorate - DNP
- Other, Specify: ↘

**B2. In what year did you graduate with your first RN degree?**

 Year

**B3. What percent of the courses for this degree was completed online or through distance learning? Do not include clinicals.**

- 0%
- 1%-49%
- 50%-99%
- 100%

**B4. Where was this program located? If the program was 100% online, report the college or university location.**

In the U.S.  
Print state abbreviation: →

Outside the U.S.  
Print name of foreign country or U.S. territory: ↴

**B5. How did you pay for your first RN degree? Include the cost of tuition, room and board, fees, books, and supplies. Mark (X) ALL that apply.**

- Self-paid (including gifts from parents, spouse, or other family members or friends)
  - Money borrowed from parents, spouse, or other family members or friends, with the expectation of paying it back
  - Federally-assisted student loan
  - Other type of student loan
  - 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
  - State or local government scholarship or grant
  - Non-government scholarship or grant
  - Other resources, Specify: ↴
- 

**B6. What post-high school degree(s) did you receive BEFORE starting your first RN degree? Mark (X) ALL that apply.**

- None
- Associate
- Bachelor's
- Master's
- Doctorate
- Other, Specify: ↴

**B7. Were you ever employed in any of the following health-related jobs before completing your first RN degree? Mark (X) Yes or No for EACH item.**

	Yes	No
a. Nursing aide or nursing assistant	<input type="checkbox"/>	<input type="checkbox"/>
b. Home health aide or assistant	<input type="checkbox"/>	<input type="checkbox"/>
c. Licensed Practical or Vocational Nurse	<input type="checkbox"/>	<input type="checkbox"/>
d. Community health worker	<input type="checkbox"/>	<input type="checkbox"/>
e. Midwife	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency Medical Technician (EMT) or paramedic	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical assistant	<input type="checkbox"/>	<input type="checkbox"/>
h. Dental assistant	<input type="checkbox"/>	<input type="checkbox"/>
i. All other health technologists and technicians	<input type="checkbox"/>	<input type="checkbox"/>
j. Manager in health care setting	<input type="checkbox"/>	<input type="checkbox"/>
k. Clerk in health care setting	<input type="checkbox"/>	<input type="checkbox"/>
l. Other health-related job, Specify: ↴	<input type="checkbox"/>	<input type="checkbox"/>



**B8.** As of December 31, 2021, did you complete any **ADDITIONAL** nursing degrees or certificates **AFTER** acquiring your first RN degree that you described in Question B1? Do not include degrees or certificates you are currently working towards.

Yes → Complete all rows of the table below for each nursing degree or certificate you earned as of December 31, 2021.

No → SKIP to Question B9a on page 6

**B8a.** What type of degree or certificate is this? Mark (X) ONE box only.

Additional Nursing Degrees & Certificates			
Second Nursing Degree or Certificate	Third Nursing Degree or Certificate	Fourth Nursing Degree or Certificate	Fifth Nursing Degree or Certificate
<input type="checkbox"/> Associate	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate
<input type="checkbox"/> LVN-to-RN Program	<input type="checkbox"/> LVN-to-RN Program	<input type="checkbox"/> LVN-to-RN Program	<input type="checkbox"/> LVN-to-RN Program
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Master's	<input type="checkbox"/> Master's	<input type="checkbox"/> Master's	<input type="checkbox"/> Master's
<input type="checkbox"/> Post-Master's Certificate	<input type="checkbox"/> Post-Master's Certificate	<input type="checkbox"/> Post-Master's Certificate	<input type="checkbox"/> Post-Master's Certificate
<input type="checkbox"/> Doctor of Nursing Practice	<input type="checkbox"/> Doctor of Nursing Practice	<input type="checkbox"/> Doctor of Nursing Practice	<input type="checkbox"/> Doctor of Nursing Practice
<input type="checkbox"/> Research Doctorate (PhD, DNS, etc.)	<input type="checkbox"/> Research Doctorate (PhD, DNS, etc.)	<input type="checkbox"/> Research Doctorate (PhD, DNS, etc.)	<input type="checkbox"/> Research Doctorate (PhD, DNS, etc.)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**B8b.** In what year did you receive this degree or certificate?

**B8c.** Where was this program located? If the program was 100% online, report the college or university location.

 In the U.S. *Print state abbreviation*  
 In the U.S. *Print state abbreviation*  
 In the U.S. *Print state abbreviation*  
 In the U.S. *Print state abbreviation*  
 Outside the U.S.

 Outside the U.S.

 Outside the U.S.

 Outside the U.S.

**B8d.** Did this degree or certificate qualify you to be any of the following?

 Nurse Practitioner  
 Clinical Nurse Specialist  
 Nurse-Midwife  
 Nurse Anesthetist  
 None of these

 Nurse Practitioner  
 Clinical Nurse Specialist  
 Nurse-Midwife  
 Nurse Anesthetist  
 None of these

 Nurse Practitioner  
 Clinical Nurse Specialist  
 Nurse-Midwife  
 Nurse Anesthetist  
 None of these

 Nurse Practitioner  
 Clinical Nurse Specialist  
 Nurse-Midwife  
 Nurse Anesthetist  
 None of these

**B8e.** What percent of the courses for this degree or certificate were completed online or through distance learning? Do not include clinicals.

 0%  
 1%-49%  
 50%-99%  
 100%

 0%  
 1%-49%  
 50%-99%  
 100%

 0%  
 1%-49%  
 50%-99%  
 100%

 0%  
 1%-49%  
 50%-99%  
 100%

**B8f.** What was the primary focus of this degree or certificate?

Enter the two-digit code listed below.

Enter the two-digit code listed below.

Enter the two-digit code listed below.

Enter the two-digit code listed below.

**Primary Focus of Nursing Degree or Certificate**

01 Clinical Practice	03 Administration/Business Management	05 Public Health/Community Health	07 Other health field
02 Clinical Nurse Leader	04 Education	06 Research	08 No Primary Focus



**B9a.** For ANY of the nursing degrees you had completed as of December 31, 2021, did you borrow any money? Include the cost of tuition, room and board, fees, books, and supplies.

Yes

No → SKIP to Question B10a

**B9b.** As of December 31, 2021, approximately how much debt from your nursing degree(s) did you still owe? Include all sources of debt.

\$0

\$1 - \$10,000

\$10,001 - \$20,000

\$20,001 - \$30,000

\$30,001 - \$40,000

\$40,001 - \$50,000

\$50,001 - \$60,000

\$60,001 - \$70,000

\$70,001 - \$80,000

\$80,001 - \$90,000

\$90,001 or more

**B10a.** As of December 31, 2021, did you have any NON-NURSING academic degrees? Do not include degrees you are currently working towards.

Yes

No → SKIP to Question B11a on page 7

**B10b.** As of December 31, 2021, what was the HIGHEST non-nursing degree you received?

Associate

Bachelor's

Master's

Doctorate

Other, Specify: ↴

**B10c.** In what year did you receive your highest non-nursing degree?

Year

**B10d.** What was the primary focus of your highest non-nursing degree? Mark (X) ONE box only.

Clinical Practice

Administration or Business Management

Education

Public Health or Community Health

Law

Biological or Physical Sciences

Humanities, Liberal Arts, or Social Sciences

Information Technology or Informatics

Research

Other health field

Other non-health field



**B11a. During the FALL TERM OF 2021, 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 Question B12

**B11b. Were you a full-time or part-time student?**

- Full-time student
- Part-time student

**B11c. What percent of the courses for this degree or certificate were completed online or through distance learning, excluding clinicals?**

- 0%
- 1%-49%
- 50%-99%
- 100%

**B11d. What type of degree or certificate were you working towards in this program? Mark (X) ONE box only.**

- Certificate or Award
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Post-Master's Certificate
- Doctorate - PhD
- Doctorate - DNP
- Doctorate - Other

**B12. As of December 31, 2021, were you planning to continue your formal nursing education leading to an academic degree or certificate? Do not consider degrees or certificates you were working towards in 2021.**

- Yes
- No
- I was undecided at that time

**B13a. Have you completed an RN residency or transition-to-practice program?**

- Yes → Year completed
- No → SKIP to Question B14

**B13b. Did you have a preceptor assigned to you during this residency or transition-to-practice program?**

- Yes
- No

**B14. Within the past year, have you received or provided emergency preparedness training in any of the following areas specifically related to patient care or medical response to these emergencies? Mark (X) Yes or No for EACH item.**

	Yes	No
a. Chemical accident or attack	<input type="checkbox"/>	<input type="checkbox"/>
b. Biological accident or attack	<input type="checkbox"/>	<input type="checkbox"/>
c. Nuclear or radiological accident or attack	<input type="checkbox"/>	<input type="checkbox"/>
d. Infectious disease epidemics	<input type="checkbox"/>	<input type="checkbox"/>
e. Natural disaster	<input type="checkbox"/>	<input type="checkbox"/>
f. Other public health emergencies	<input type="checkbox"/>	<input type="checkbox"/>



## Section C. Employment

- C1.** On December 31, 2021, were you employed or self-employed in the United States in any type of nursing position (LVN, LPN, RN, or APRN)? *Employed includes working for pay, even if on temporary leave.*

- Yes
- No → *SKIP to Section G on page 22*

*Questions C2-C30 ask about your primary nursing position. If you had multiple nursing positions, the primary nursing position is the one you held on December 31, 2021 in which you spent the largest share of your working hours.*

- C2.** Where was the location of the primary nursing position you held on December 31, 2021? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*

City/Town

State

Zip

- C3.** Did you work 100% remotely for the primary nursing position you held on December 31, 2021?

- Yes
- No

- C4.** Thinking about the primary nursing position you held on December 31, 2021, how long had you been working for this EMPLOYER?

- Less than 1 year
- 1 - 5 years
- More than 5 years → *SKIP to Question C6*

- C5.** How long were you actively looking for new employment before accepting a position with this employer? *Please give your best estimate.*

- 6 months or fewer
- 7 - 12 months
- More than a year
- I was not actively looking for new employment

*Questions C6-C28 ask about your experiences in 2021 only.*

- C6.** In 2021, which of the following state licensures, certifications, or recognitions were you required to maintain for the primary nursing position you held on December 31, 2021? *Mark (X) ALL that apply.*

- RN
- APRN, Nurse Practitioner
- APRN, Clinical Nurse Specialist
- APRN, Nurse-Midwife
- APRN, Nurse Anesthetist
- None of the above → *SKIP to Question C8*

*Thinking of the primary nursing position you held on December 31, 2021, indicate your level of agreement with the statements in Questions C7a and C7b.*

- C7a.** For the license required in my primary nursing position, I could practice to the full extent of my state's legal scope of practice. *Answer only about the year 2021.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

- C7b.** In my primary nursing position, I was able to practice to the full extent of my nursing education and training. *Answer only about the year 2021.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

- C8.** In your primary nursing position, did you use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system in 2021? *Do not include billing record systems.*

- Yes
- No
- Don't know





**C9. For the primary nursing position you held on December 31, 2021, were you employed as a traveling nurse?**

Yes

No

**C10. For the primary nursing position you held on December 31, 2021, which of the following best describes your employment situation in 2021? Mark (X) ONE box only.**

Employed through an employment agency

Employed by an organization or facility

Self-employed or independent contractor

**C11. Which one of the following best describes the job title of the primary nursing position you held on December 31, 2021? Mark (X) ONE box only.**

Staff nurse or direct care nurse

Charge nurse or team leader

Front-line management (Nurse Manager, Unit or Department Supervisor)

Middle management or administration (director, house supervisor, associate dean, department head)

Senior management or administration (CEO, vice president, CNO, CNE, dean)

Certified Registered Nurse Anesthetist (CRNA)

Certified Nurse-Midwife (CNM)

Clinical Nurse Specialist (CNS)

Nurse Practitioner (NP)

Wound or ostomy nurse

School nurse or occupational health nurse

Public health nurse

Home health nurse

Community health nurse

Patient educator

Staff educator, professional practice specialist, or instructor in clinical setting

Academic educator, professor, or instructor in a school of nursing

Patient care coordinator, case manager, discharge planner, or nurse navigator

Quality improvement nurse or utilization review nurse

Infection control nurse

Advice or triage nurse

Informatics nurse

Forensics or crisis nurse

Transport, EMS, or Flight Nurse

Consultant

Legal nurse

Researcher

Surveyor, auditor, or regulator

No position title

Other, Specify: ↴



C12. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2021? Mark (X) ONE box only.

**Hospital (not including mental health or rehabilitation facilities)**

- Hospital Inpatient Department or Unit
- Hospital Emergency Department or Transport
- Hospital-Sponsored Ambulatory or Outpatient Clinic or Center (Clinic, Specialty, Surgery, etc.) (Non-ED)
- Hospital-Sponsored Urgent Care
- Hospital Administration, Education, Quality, etc.
- Hospital Nursing Home Unit
- Hospital Ancillary Unit (Radiology, Lab, GI lab, Consult Services, etc.)
- Hospital Other, *Specify:* ↴

**Other Inpatient settings**

- Skilled Nursing Facility or Nursing Home
- Rehabilitation, Long Term Care, or Long Term Acute Care Facility
- Hospice - Inpatient
- Mental or Behavioral Health Facility - Inpatient
- Substance Use Treatment Center - Inpatient
- Other Inpatient Setting, *Specify:* ↴

**Non-patient care settings**

- Public Health or Community Health Agency
- Local, State, or Federal Government Agency
- University or College Academic Department
- Insurance Company
- Call Center, Telenursing Center, or Remote Nursing
- Regulatory Agency or Organization
- Consulting Agency or Organization
- Professional Organization
- Other, *Specify:* ↴

**Outpatient, Ambulatory, or Other Clinical settings (non-hospital based)**

- Urgent, Emergency Care, or Transport (not hospital-sponsored)
- Occupational Health or Employee Health Services
- Correctional Facility
- Private Practice - Medical or NP
- Nurse-Managed Health Clinic or Center
- Ambulatory Surgery Center (not hospital based)
- Community Health Center or Federally Qualified Health Center (FQHC)
- Hospice - Outpatient
- Health Maintenance Organization or Managed Care
- Federally-run Clinic (VA, Military, NIH, IHS)
- Home Health or Day Care Services
- Public Clinic or Rural Health Clinic or Center
- Retail Clinic
- Rehabilitation - Outpatient
- Stand-Alone Dialysis or Infusion Clinic
- School Health Service (K-12 or Post-secondary)
- Mental or Behavioral Health Facility - Outpatient
- Substance Use Treatment Center - Outpatient
- Other, *Specify:* ↴



**C13. For the primary nursing position you held on December 31, 2021, did you work full-time or part-time in 2021? Mark (X) ONE box only. If you worked both full-time and part-time in 2021, select the schedule you worked for the largest portion of the year.**

- Full-time (including full-time for an academic year)
- Part-time (including working only part of the calendar or academic year)

**C14. For the primary nursing position you held on December 31, 2021, did you work EVERY week in 2021? Include paid vacation, paid sick leave, and military service as weeks worked.**

- Yes → SKIP to Question C17
- No

**C15. For the primary nursing position you held on December 31, 2021, how many MONTHS did you work in 2021? Include paid vacation, paid sick leave, and military service, and include months where you only worked for a few hours.**

Months worked in 2021

**C16. For the primary nursing position you held on December 31, 2021, how many WEEKS did you work in 2021? Include paid vacation, paid sick leave, and military service, and include weeks where you only worked for a few hours.**

Weeks worked in 2021

**C17. For the primary nursing position you held on December 31, 2021, how many hours were you SCHEDULED to work in a typical week in 2021?**

Hours scheduled per week

**C18. Next, we will ask for information about how much you WORKED in a typical week in 2021 for the primary nursing position you held on December 31, 2021.**

Hours  
(enter 0 if none)

a. How many hours did you work in a typical week in 2021? Include unpaid hours and hours paid at the base, overtime, and differential rates. Include on-call hours except on-call hours that were standby only.

Of the hours you reported above, how many of these hours were -

b. Worked at the overtime pay rate?

c. Unpaid?

**C19. For the primary nursing position you held on December 31, 2021, 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%



**C20. For the primary nursing position you held on December 31, 2021, in what level of care or type of work did you spend most of your time? Mark (X) ONE box only.**

- 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
- School nurse
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- Urgent care
- Other, Specify: ↴

*In questions C21-C24, the term telehealth refers to the use of information technology to support clinical health care, health education or administration and public health. Telehealth methods include videoconferencing, the internet, phone, store-and-forward imaging, streaming media, and terrestrial and wireless communications.*

**C21. For the primary nursing position you held on December 31, 2021, did your workplace use telehealth to provide patient care? Answer only about the year 2021.**

- Yes
- No → SKIP to Question C25 on page 13

**C22. Did you personally use some form of telehealth in the primary nursing position you held on December 31, 2021? Answer only about the year 2021.**

- Yes
- No → SKIP to Question C25 on page 13



**C23. In 2021, which type(s) of telehealth did you personally use in the primary nursing position you held on December 31, 2021? Mark (X) ALL that apply.**

- Live Video-Conferencing (a two-way audiovisual link between a patient and a care provider)
- Telephone calls without video
- Text messages or live chat
- Asynchronous Video-Conferencing (transmission of a recorded health history to a health practitioner, usually a specialist)
- Remote Patient Monitoring (the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time)
- mHealth (health care and public health information provided through mobile devices; the information may include general educational information, targeted texts, and notifications about disease outbreaks)
- Other, specify:

**C24. For the primary nursing position you held on December 31, 2021, about how many hours did you spend using telehealth during a typical week in 2021?**

 Hours per week

**C25. Did the primary nursing position you held on December 31, 2021 include any patient care? Answer only about the year 2021.**

- Yes
- No → SKIP to Question C29 on page 15

**C26. For the primary nursing position you held on December 31, 2021, what percent of your patient care time was spent providing prenatal care? Answer only about 2021. Your best estimate is fine.**

- 0%
- 1%-25%
- 26%-50%
- 51%-75%
- 76%-99%
- 100%

**C27. For the primary nursing position you held on December 31, 2021, please estimate the percentage of your patient care time spent with each population below. Answer only about the year 2021. Mark (X) ONE box only for each row.**

	0%	1%-25%	26%-50%	51%-75%	76%-99%	100%
a. Neonatal, Newborn, or Infant (less than 2 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pediatric (2 to 11 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adolescent (12 to 17 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adult (18 to 65 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Geriatric (more than 65 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C28. For the primary nursing position you held on December 31, 2021, in what type of clinical specialty did you spend MOST of your patient care time in 2021? Mark (X) ONE box only.**

- General medical surgical
- Ambulatory care – primary care
- Ambulatory care – specialty care (e.g. Dermatology, Endocrinology, Ophthalmology, Otolaryngology)
- Cardiac or cardiovascular care
- Chronic care
- Community or public health
- Critical care or intensive care
- Emergency or trauma care
- Gastrointestinal
- Home health or hospice
- Infectious or communicable disease
- Labor and delivery or neonatal care
- Neurological
- Obstetrics and Gynecology
- Occupational health
- Oncology
- Orthopedics
- Psychiatric or mental health
- Pulmonary or respiratory
- Rehabilitation
- Renal or dialysis
- School health service (K-12 or post-secondary)
- Substance use disorder
- Surgery, pre-op, post-op, PACU, or anesthesia
- Other specialty, *Specify:* ↴

**Continue on next page**



**C29. Thinking of the primary nursing position you held on December 31, 2021, to what extent did you...**  
*Answer only about 2021. Mark (X) ONE box only for each row.*

	A great extent	Somewhat	Very little	Not at all
a. <b>Participate in evidence-based care</b> ( <i>evidence-based care is care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Participate in patient-centered care</b> ( <i>care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Participate in team-based care</b> ( <i>comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Participate in value-based care</b> ( <i>care that improves health outcomes relative to the cost of care</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Participate in population-based health care</b> ( <i>care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Care for medically complex/special needs patients</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Care for patients with mental health conditions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Care for patients with substance use disorders</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <b>Work on quality improvement measures or procedures</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C30. Thinking of the primary nursing position you held on December 31, 2021, to what extent did you observe your organization doing the following? Answer only about 2021. Mark (X) ONE box only for each row.

	A great extent	Somewhat	Very little	Not at all	Not applicable
a. <b>Promoting evidence-based care</b> <i>(care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Promoting patient-centered care</b> <i>(care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Promoting team-based care</b> <i>(comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Promoting value-based care</b> <i>(care that improves health outcomes relative to the cost of care)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Promoting population-based health care</b> <i>(care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Promoting quality improvement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Please answer both questions C31 and C32 thinking about any nursing position you have ever held.

	C31. Have you received training in the following areas through formal education, work or professional development? Mark (X) Yes or No for EACH row.		C32. Do you feel that you have received sufficient training in this area? Mark (X) Yes, No, or N/A for EACH row.		
	Yes	No	Yes	No	N/A
<b>Care Delivery</b>					
a. Evidence-based care (care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient-centered care (care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Team-based care (comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Value-based care (care that improves health outcomes relative to the cost of care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Population-Focused Care</b>	Yes	No	Yes	No	N/A
e. Population-based health care (care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Working in an underserved community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Caring for medically complex/special needs patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Social determinants of health (e.g., impact of race and socioeconomic status)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Caring for patients with mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Caring for patients with substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthcare Leadership</b>	Yes	No	Yes	No	N/A
k. Quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Practice management and administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Questions C33-C40 ask about your primary nursing position.

**C33. In 2021, which of the following educational benefits did your employer offer to support employee professional development? Mark (X) ALL that apply.**

Tuition reimbursement

Loan forgiveness

Flexible scheduling

Other, Specify: ↴

None

**C34. Please estimate your 2021 pre-tax annual earnings from your primary nursing position. Include overtime and bonuses, but exclude sign-on bonuses.**

**C35. In 2021, were you represented by a labor union or collective bargaining unit in the primary nursing position you held on December 31, 2021?**

Yes

No

**C36. How satisfied were you with the primary nursing position you held on December 31, 2021?**

Extremely satisfied

Moderately satisfied

Moderately dissatisfied

Extremely dissatisfied

**C37. Did you hold the same primary nursing position from January 1, 2020 through December 31, 2021?**

Yes

No → SKIP to Question C40

**C38. Thinking about the primary nursing position you held on December 31, 2021, have you EVER felt burned-out?**

Yes

No → SKIP to Question C40

**C39. Thinking about the primary nursing position you held on December 31, 2021, which of the following best describes your feelings of burnout during the coronavirus pandemic? Mark (X) ONE box only.**

They increased during the coronavirus pandemic

They decreased during the coronavirus pandemic

They did not change during the coronavirus pandemic

**C40. Have you left the primary nursing position you held on December 31, 2021?**

Yes → Continue to Section D on page 19

No → SKIP to Section E on page 20



## Section D. Left the Primary Nursing Position Held on December 31, 2021

D1. Which of the following reasons contributed to your decision to LEAVE the primary nursing position you held on December 31, 2021? Mark (X) ALL that apply.

- Better pay or benefits
- Burnout
- Career advancement or promotion
- Career change
- Disability or illness
- Family caregiving
- High risk working conditions
- Inability to practice to the full extent of my license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration or communication between health care professionals
- Lack of good management or leadership
- Length of commute
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling (inconvenient hours, too many hours, or too few hours)
- School or educational program
- Spouse's or partner's employment opportunities
- Stressful work environment
- Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
- Unsatisfactory safety protocols
- Workplace harassment or violence
- Other, Specify: ↴

D2. Did you continue to work in nursing after leaving this position?

- Yes
- No → SKIP to Section F on page 21

D3. How long do you plan to work in NURSING in the geographic area of the primary nursing position you held on December 31, 2021?

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

D4. 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

**SKIP to Section F**



## Section E. Remained in the Primary Nursing Position Held on December 31, 2021

E1. Have you ever considered leaving the primary nursing position you held on December 31, 2021?

- Yes
- No → SKIP to Question E7 on page 21

E2. Have you considered leaving this position in the past year?

- Yes
- No

E3. 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

E4. Do you plan to work in nursing after you leave this position?

- Yes
- No
- Not sure

E5. How long do you plan to work in NURSING in the geographic area of the primary nursing position you held on December 31, 2021?

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

E6. Which of the following reasons would contribute to your decision to LEAVE your primary nursing position? Mark (X) ALL that apply.

- Better pay or benefits
- Burnout
- Career advancement or promotion
- Career change
- Change in child's school
- Disability or illness
- Family caregiving
- High risk working conditions
- Inability to practice to the full extent of my license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration or 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, or too few hours)
- School or educational program
- Spouse's or partner's employment opportunities
- Stressful work environment
- Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
- Unsatisfactory safety protocols
- Workplace harassment or violence
- Other, Specify: ↘



**E7. What factors contribute to your decision to REMAIN in your primary nursing position?**

Mark (X) ALL that apply.

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

**E8. 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

## Section F. Secondary Employment in Nursing

The questions in this section (Questions F1-F8) will ask about your "secondary nursing position." This is any nursing position(s) you held on December 31, 2021 in addition to your primary nursing position. This can be any position that required an LVN, LPN, RN, or APRN license.

**F1. In addition to your primary nursing position, were you working for pay in nursing in any OTHER positions on December 31, 2021?**

Do not report any positions where you worked outside the United States or in a U.S. territory.

- Yes
- No → SKIP to Section G on page 22

Questions F2-F8 ask about your experience in 2021 only.

**F2. For any other nursing position(s) you held on December 31, 2021, were you employed as a traveling nurse?**

- Yes
- No

**F3. For the other position(s) you held on December 31, 2021, which of the following best describes your employment situation(s) in 2021? Mark (X) ALL that apply.**

- Employed through an employment agency
- Employed by an organization or facility
- Self-employed or independent contractor



F4. What type of work setting best describes where you worked for the other position(s) held on December 31, 2021. Answer only about the year 2021. If you have more than one additional position, answer about the position where you spend the most time.

- Hospital
- Nursing home or extended care facility
- Academic education program
- Home health setting
- Public health or community health setting
- Rehabilitation or long-term care facility
- Mental or behavioral health setting
- School or college health service
- Occupational health or employee health services
- Physician practice (individual or group)
- Ambulatory care clinic or surgical center
- Insurance company
- Telehealth, telenursing, or call center
- Hospice care setting
- Government agency
- Consulting, regulatory urgent, retail, or convenience clinic
- Substance abuse setting

F5. Across all of the other nursing positions you held on December 31, 2021, how many weeks did you work in 2021? Enter a number from 1-52. Do not include weeks where you only worked your primary nursing position.

Weeks in 2021

F6. Across all of the other nursing positions you held on December 31, 2021, on average how many hours per week did you work in 2021? Do not include hours worked in your primary nursing position.

Hours

F7. Across all of the other nursing positions you held on December 31, 2021, in what state was most of the work done in 2021?

State

F8. Please estimate your 2021 pre-tax annual earnings from all of the nursing positions that you reported about in THIS SECTION. Include overtime and bonuses, but exclude sign-on bonuses. Do NOT include earnings from your primary nursing position.

\$  ,  .00

## Section G. Nurse Practitioners

G1a. On December 31, 2021, did you have an active certification, license, or other legal recognition to practice as a Nurse Practitioner (NP) from a STATE BOARD OF NURSING?

- Yes
- No → SKIP to Section H on page 25

G1b. What U.S. state(s) issued the active NP license(s), certification(s), or recognition(s)? List up to 8.

State	State	State	State
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>

G2. Do you have a National Provider Identifier (NPI) number?

- Yes
- No → SKIP to Question G4

G3. Do you or have you ever billed under your NPI number?

- Yes
- No
- Don't know

G4. To what extent did your education prepare you to be a Licensed Independent Practitioner (LIP)? An LIP is permitted to provide care and services without supervision from a physician.

- I do not practice independently
- A great extent
- Somewhat
- Very little
- Not at all



G5. Did you complete an NP post-graduate residency or fellowship program?

Yes

No

G6. Have you ever precepted any NP students?

Yes

No → SKIP to Question G11

G7. When did you precept the NP student(s)?  
Mark (X) ALL that apply.

Prior to March 2020

During or after March 2020

Questions G8-G20 ask about your experiences in 2021 only.

G8a. In 2021, how many NP students did you precept?  
If you did not precept NP students in 2021, enter 0 and SKIP to Question G11.

Students

G8b. In 2021, how many hours of YOUR TIME did you spend precepting students to meet their clinical requirements?

Hours

G9. Did you receive any remuneration (e.g. money, tuition reduction, free CEs, etc.) to precept NP students in 2021?

Yes

No → SKIP to Question G11

G10. Which of the following types of remuneration did you receive from precepting students in 2021?  
Mark (X) ALL that apply.

Money ↘

How much money did you receive in 2021?

\$

Tuition reduction

Free CEs

Other, Specify: ↘

G11. On December 31, 2021, were you employed in an NP position that required state certification, licensure, or recognition?

Yes

No → SKIP to Question G30 on page 25

G12. In any of the NP position(s) you held on December 31, 2021, did you provide patient care?  
Answer only about the year 2021.

Yes

No → SKIP to Question G22 on page 24

G13. Across ALL of the NP positions you held on December 31, 2021, about how many patients did you see in a typical day in 2021? If none, enter zero.

Patients per day

Questions G14-G22 ask about your primary NP position. If you had multiple NP positions, the primary NP position is the one you held on December 31, 2021 in which you spent the largest share of your NP working hours.

G14. Did the primary NP position you held on December 31, 2021, include any patient care?  
Answer only about the year 2021.

Yes

No → SKIP to Question G22 on page 24

G15a. In 2021, was a physician required to SIGN OFF ON ANY of the patients you saw in your primary NP position?

Yes

No → SKIP to Question G16a

G15b. In 2021, was a physician required to SIGN OFF ON ALL of the patients you saw in your primary NP position?

Yes

No

G16a. In 2021, was a physician required to SEE ANY of the patients you saw in your primary NP position?

Yes

No → SKIP to Question G17 on page 24

G16b. In 2021, was a physician required to SEE ALL of the patients you saw in your primary NP position?

Yes

No



G17. In the primary NP position you held on December 31, 2021, what percentage of your patients were from racial or ethnic minority groups in 2021? *Your best estimate is fine.*

%  Don't know

G18. In the primary NP position you held on December 31, 2021, what percentage of your patients had limited English proficiency in 2021? *Your best estimate is fine.*

%  Don't know

G19. Thinking about the primary NP position you held on December 31, 2021, please estimate the percentage of your patients that were covered by the following types of insurance in 2021. *Your best estimate is fine.*

Private insurance	<input type="text" value="000"/> %
Medicare, for people 65 and older, or people with certain disabilities	<input type="text" value="000"/> %
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="text" value="000"/> %
TRICARE or other military health care	<input type="text" value="000"/> %
VA	<input type="text" value="000"/> %
Indian Health Service	<input type="text" value="000"/> %
Uninsured	<input type="text" value="000"/> %
Other	<input type="text" value="000"/> %
Total = 100%	
<input type="checkbox"/> Don't know	

G20. In the primary NP position you held on December 31, 2021, 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. Answer only about the year 2021.*

Yes  
 No → SKIP to Question G22

G21. In the primary NP position you held on December 31, 2021, on average, about how many patients were on your panel in 2021? *Your best estimate is fine.*

Patients

G22. In the primary NP position that you held on December 31, 2021, did you have the title Hospitalist in 2021?

Yes  
 No

G23. Did you have hospital admitting privileges on December 31, 2021?

Yes  
 No

G24. Were you covered by malpractice insurance on December 31, 2021?

Yes  
 No → SKIP to Question G26

G25. Who paid for your malpractice insurance?

Self  
 Employer  
 Both

G26. Did you have FULL prescriptive authority on December 31, 2021?

Yes → SKIP to Question G29 on page 25  
 No

G27. Did you have an x-waiver on December 31, 2021? *An x-waiver allows outpatient use of buprenorphine to treat opioid use disorder.*

Yes  
 No

G28. Why didn't you have FULL prescriptive authority? *Mark (X) ALL that apply.*

Was in the process of applying  
 MD or other NP wrote all of my prescriptions  
 State scope of practice regulations  
 Not required  
 Other, Specify:





G29. On December 31, 2021 did you have a personal Drug Enforcement Administration (DEA) number?

Yes → SKIP to Section I on page 26

No → SKIP to Section I on page 26

G30. What are the reasons that you were not employed in an NP position that required state certification, licensure, or recognition? Mark (X) 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 was desired

Lack of experience or qualification

Inadequate salary or benefits

Working outside the field of nursing

Family caregiving

Disability or illness

Chose not to work

Retirement

Other, Specify: ↘

## Section H. Nurses Not Working in Nursing

If you were working for pay in nursing on December 31, 2021, please SKIP to Section I.

H1. What are the primary reasons you were not working in a nursing position for pay on December 31, 2021? Mark (X) ALL that apply.

Burnout

Career change

Difficulty finding a nursing position

Disability or illness

Family caregiving

High risk working conditions

Inability to practice nursing on a professional level

Inadequate staffing

Lack of advancement opportunities

Lack of collaboration or communication between health care professionals

Lack of good management or leadership

Liability concerns

Physical demands of job

Retirement

Salaries too low or better pay elsewhere

Scheduling (inconvenient hours, too many hours, or too few hours)

School or educational program

Skills are out-of-date

Stressful work environment

Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)

Unsatisfactory safety protocol

Workplace harassment or violence

Other, Specify: ↘



## Section I. Prior Nursing Employment

H2. What are your intentions regarding paid work in nursing? Mark (X) 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 H5
- No future intention to work for pay in nursing → SKIP to Question H6a
- Undecided at this time → SKIP to Question H6a
- Have returned to nursing since December 31, 2021 → SKIP to Section I

H3. How long have you been actively looking for paid work in nursing? Enter zero if less than one month.

Month(s)

H4. Are you looking for a position that is full-time or part-time?

- Full-time → SKIP to Question H6a
- Part-time → SKIP to Question H6a
- Either → SKIP to Question H6a

H5. When do you plan to return to paid work in nursing? Enter zero if less than one year.

Year(s)

Don't know

H6a. Have you ever been employed or self-employed in nursing?

- Yes
- No → SKIP to Section I

H6b. In what year were you last employed or self-employed as a nurse? Enter 4-digit year below.

Year

I1. How many years have you worked in nursing since receiving your first U.S. RN license? Count only the years in which you worked at least 6 months.

- 0 - 5 years
- 6 - 10 years
- 11 - 20 years
- 21 - 30 years
- 31 or more years

I2. Have you left work in nursing since becoming an RN?

- No
- Yes, for less than a year
- Yes, for 1 - 2 years
- Yes, for 3 - 5 years
- Yes, for more than 5 years

Questions I3 - I9 ask about your employment in 2020.

I3. Were you employed in nursing on December 31, 2020?

- Yes
- No → SKIP to Section J on page 29

I4. For the primary nursing position you held on December 31, 2020, did you work full-time or part-time in 2020? Mark (X) ONE box only. If you worked both full-time and part-time in 2020, select the schedule you worked for the largest portion of the year.

- Full-time (including full-time for an academic year)
- Part-time (including working only part of the calendar or academic year)



15. How would you describe the primary nursing position you held on December 31, 2020?
- Same position and same employer as primary nursing position on December 31, 2021 → *SKIP to Section J on page 29*
  - Different position but same employer as primary nursing position held on December 31, 2021
  - Different employer, same position as primary nursing position held on December 31, 2021
  - Different employer, different position than primary nursing position held on December 31, 2021
  - Was not working in a nursing position on December 31, 2021

16. What was the location of the primary nursing position you held on December 31, 2020? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*
- In the U.S. ↴  
City/Town
  - State      Zip
  - Outside the U.S. - *Print name of foreign country or U.S. territory:* ↴

17. Did you work 100% remotely for the primary nursing position you held on December 31, 2020?
- Yes
  - No

18. What were the primary reason(s) for your employment change? *Mark (X) ALL that apply.*
- Better pay or benefits
  - Burnout
  - Career advancement or promotion
  - Career change
  - Family caregiving
  - High risk working conditions
  - Inability to practice to the full extent of my license
  - Inadequate staffing
  - Interpersonal differences with colleagues or supervisors
  - Lack of advancement opportunities
  - Lack of collaboration or 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, or too few hours)
  - School or educational program
  - Spouse's or partner's employment opportunities
  - Stressful work environment
  - Underlying health condition(s) that may increase risk of severe illness due to Coronavirus (self or family)
  - Unsatisfactory safety protocol
  - Workplace harassment or violence
  - Other, *Specify:* ↴

19. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2020? Mark (X) ONE box only.

**Hospital (not including mental health or rehabilitation facilities)**

- Hospital Inpatient Department or Unit
- Hospital Emergency Department or Transport
- Hospital-Sponsored Ambulatory or Outpatient Clinic or Center (Clinic, Specialty, Surgery, etc.) (Non-ED)
- Hospital-Sponsored Urgent Care
- Hospital Administration, Education, Quality, etc.
- Hospital Nursing Home Unit
- Hospital Ancillary Unit (Radiology, Lab, GI lab, Consult Services, etc.)
- Hospital Other, *Specify:* ↴

**Other Inpatient settings**

- Skilled Nursing Facility or Nursing Home
- Rehabilitation, Long Term Care, or Long Term Acute Care Facility
- Hospice - Inpatient
- Mental or Behavioral Health Facility - Inpatient
- Substance Use Treatment Center - Inpatient
- Other Inpatient Setting, *Specify:* ↴

**Non-patient care settings**

- Public Health or Community Health Agency
- Local, State, or Federal Government Agency
- University or College Academic Department
- Insurance Company
- Call Center, Telenursing Center, or Remote Nursing
- Regulatory Agency or Organization
- Consulting Agency or Organization
- Professional Organization
- Other, *Specify:* ↴

**Outpatient, Ambulatory, or Other Clinical settings (non-hospital based)**

- Urgent, Emergency Care, or Transport (not hospital-sponsored)
- Occupational Health or Employee Health Services
- Correctional Facility
- Private Practice - Medical or NP
- Nurse-Managed Health Clinic or Center
- Ambulatory Surgery Center (not hospital based)
- Community Health Center or Federally Qualified Health Center (FQHC)
- Hospice - Outpatient
- Health Maintenance Organization or Managed Care
- Federally-run Clinic (VA, Military, NIH, IHS)
- Home Health or Day Care Services
- Public Clinic or Rural Health Clinic or Center
- Retail Clinic
- Rehabilitation - Outpatient
- Stand-Alone Dialysis or Infusion Clinic
- School Health Service (K-12 or Post-secondary)
- Mental or Behavioral Health Facility - Outpatient
- Substance Use Treatment Center - Outpatient
- Other, *Specify:* ↴



## Section J. Nursing During the Coronavirus Pandemic

Questions J1 - J3c ask about the time period between March 1, 2020 and December 31, 2021.

**J1. Were you employed in nursing at any time between March 1, 2020 and December 31, 2021?**

- Yes
- No → SKIP to Question J9a on page 30

**J2. Between March 1, 2020 and December 31, 2021, which of the following did you experience DUE TO THE CORONAVIRUS PANDEMIC?**

Mark (X) ALL that apply.

- Furloughed WITH pay
- Furloughed WITHOUT pay
- Forced to take my own PAID time off
- Forced to take UNPAID time off
- Laid off from work with intent to return to nursing
- Delayed retirement
- Changed employer but remained in nursing
- Changed role(s) from patient care to non-patient care
- Changed role(s) from non-patient care to patient care
- Temporarily floated to a different unit or department within my employer, within the same state
- Temporarily floated to a different unit or department within my employer, outside home state
- Temporarily left my employer to assist with pandemic response, within the same state
- Temporarily left my employer to assist with pandemic response, outside home state
- None of the above

**J3a. At any time between March 1, 2020 and December 31, 2021, did you decide to leave work in nursing DUE TO THE CORONAVIRUS PANDEMIC?**

- Yes, I retired earlier than I had planned
- Yes, I left work in nursing but did not retire
- No → SKIP to Question J4

**J3b. Which of the following reasons contributed to why you left work in nursing between March 1, 2020 and December 31, 2021? Mark (X) ALL that apply.**

- Unsatisfactory safety protocol(s)
- High-risk working conditions
- Underlying health conditions (self or family)
- Floating to unfamiliar units or departments
- Caring for family members
- Inadequate staffing
- Overworked or burned-out
- Other, Specify: ↴

**J3c. Did you intend to return to work in nursing?**

- Yes
- No
- I was not sure if I would return or not

**J4. How often did you feel burned-out by your work in nursing in 2019, 2020, and 2021?**

	Did not work in nursing	Never	A few times a year or less	A few times a month	A few times a week	Every day
2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J5. At any point in 2020 or 2021, were you required to receive a COVID-19 test to conduct your work in nursing? If you were only required to receive a test to return to work after being infected with COVID-19, mark No.**

- Yes
- No

**J6. As of December 31, 2021, had you ever been tested for COVID-19? Do not include antibody tests.**

- Yes
- No



**J7.** Have you ever tested positive for COVID-19 or had a health care provider tell you that you had COVID-19? *Include antibody tests.*

Yes

No → *SKIP to Question J9a*

**J8.** As of December 31, 2021, had you ever been hospitalized due to COVID-19?

Yes

No

**J9a.** As of December 31, 2021, had you received at least one dose of a COVID-19 vaccine?

Yes

No → *SKIP to Question J10*

**J9b.** When did you receive your first dose of a COVID-19 vaccine?

Month

Year

**J10.** At any point in 2020 or 2021, were you required to have received at least one dose of a COVID-19 vaccine to conduct your work in nursing?

Yes

No

**K2.** Have you EVER been reported to the NPDB?

Yes

No → *SKIP to Question K5*

**K3.** Who submitted the report(s)?

*Mark (X) ALL that apply.*

State licensing board

Medical malpractice payer, such as an insurance company

Hospital

Federal agency

Unknown

Other, *Specify:* ↴

**K4.** Did the NPDB report impact your career?

*Mark (X) ALL that apply.*

No, the report did not impact my career

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

Yes, the report made it difficult to obtain employment

Yes, other

Don't know

**K5.** 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 prior negative actions

**K6.** 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 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

## Section K. National Practitioner Data Bank

**K1.** The National Practitioner Data Bank (NPDB), is a nationwide repository of negative actions taken against health care 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 decisions on hiring and clinical privileges.

**Do you think the query requirement should be expanded to other health care professions?**

Yes, it should be expanded to all health care professions

Yes, it should be expanded to some but not all health care professions

No, it should not be expanded

I am unfamiliar with the National Practitioner Data Bank → *SKIP to Section L on page 31*



## Section L. General Information

**K7. 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

**K8. Do you have clinical privileges at a hospital or some other healthcare facility?**

- Yes
- No
- Don't know

**L1. Where did you live on December 31, 2021?**

*This information is critical for producing state estimates of the nursing workforce.*

City/Town

State

Zip

**L2. Where did you live on December 31, 2020?**

*This information is critical for producing state estimates of the nursing workforce.*

Same address reported in Question L1

In the U.S. ↴

City/Town

State

Zip

Outside the U.S. - *Print name of foreign country or U.S. territory:* ↴

**L3. What is your sex?**

Male

Female

**L4. What is the year of your birth?**

Year



NOTE: Answer BOTH Question L5 about Hispanic origin and Question L6 about race. For this survey, Hispanic origins are not races.

**L5. Are you of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes, Puerto Rican
- Yes, another Hispanic, Latino, or Spanish origin

**L6. What is your race? Mark (X) one or more boxes.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

**L7. What languages do you speak fluently, other than English? Mark (X) ALL that apply.**

- No additional languages
- Spanish
- Filipino language (Tagalog, other Filipino dialect)
- Chinese language (Cantonese, Mandarin, other Chinese language)
- Russian
- Korean
- Vietnamese
- American Sign Language
- Other language(s), Specify: ↴

**L8. What is your marital status?**

- Married or in a domestic partnership
- Widowed, divorced, or separated
- Never married

**L9. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) 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

**L10. Which of the following best describes the dependents (children, parents, etc.) who either live at home with you or for whom you provide A SIGNIFICANT AMOUNT OF CARE? Mark (X) 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





**L11. Including employment earnings, investment earnings, and other income of all household members, what was your 2021, pre-tax annual total household income? Mark (X) 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

**Thank you for your participation.**

*Please return this survey in the enclosed, postage-paid envelope.*



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