

Nurse Practitioner Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current Dentistry workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of Dentistry and to improve the health of all Virginians. By law, information collected as part of this survey is confidential. License numbers and other individually identifying information are removed from Healthcare Workforce Data Center data sets. The Healthcare Workforce Data Center only releases information in the aggregate or to qualified research organizations who meet our strict confidentiality standards. Participation in this survey is voluntary. You may exit the survey at any time by scrolling to the bottom and pushing the "Submit" button or by clicking on the "Finish" button at the bottom of the left sidebar. Note: Clicking "Finish" will finalize your renewal application.

The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the demographic questions, match Federal data collection standards.

| Education and Background | |
|---|---|
| 1) Year of Birth: | <i>Dropdown: 1996 to 1920 (reverse order)</i> |
| 2) Sex: | <i>Dropdown: Male/Female</i> |
| Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity. | |
| 3a) Select one: | <i>Check one</i> |
| | Hispanic, Latino or Spanish Origin |
| | Not Hispanic, Latino or Spanish Origin |
| 3b) Select all that apply: | <i>Check all that apply</i> |
| | White |
| | Black or African American |
| | American Indian or Alaska Native |
| | Asian |
| | Native Hawaiian or Pacific Islander |
| | Some other race |
| 3c) If some other race, please specify: | <i>Fill in the blank</i> |
| 4) Where did you graduate from high school (Secondary School)? | <i>Dropdown</i> |
| | Outside of the US or Canada |
| | Canada |
| | 57 US States and Territories |

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| 5) | Was your childhood spent mostly in rural, urban or suburban areas? | <i>Dropdown: urban, rural, suburban</i> |
| 6) | Where did you obtain your initial nursing degree? | <i>Dropdown</i> |
| | | Did not obtain an undergraduate degree |
| | | Outside of the US or Canada |
| | | Canada |
| | | 57 US States and Territories |
| 7) | Where did you obtain the degree that initially qualified you to practice as a nurse practitioner? | <i>Dropdown</i> |
| | | Outside of the US or Canada |
| | | Canada |
| | | 57 US States and Territories |
| 8) | What is the highest Nursing certificate, diploma or degree you have received as of today: | <i>Dropdown</i> |
| | | NP Certificate without graduate degree |
| | | Masters Degree |
| | | Post Masters Certificate |
| | | Post Ph.D. Certificate |
| | | DNP |
| | | Ph.D. |
| | | Doctorate in Nursing |
| 9) | In what year did you obtain your initial nurse practitioner license or certification? | <i>Dropdown: List of years (1965-2015)</i> |
| 9) | Do you hold an active license to practice nursing in any other jurisdiction? | <i>Check all that apply</i> |
| | | District of Columbia |
| | | Kentucky |
| | | Maryland |
| | | North Carolina |
| | | Tennessee |
| | | West Virginia |
| | | One or more other US states |
| 10) | Please indicate your current primary area of clinical practice. | <i>Dropdown</i> |
| | | Certified Nurse Midwife |
| | | Certified Registered Nurse Anesthetist |
| | | Nurse Practitioner-Acute Care |
| | | Nurse Practitioner-Adult |

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| | | Nurse Practitioner-Emergency Room |
| | | Nurse Practitioner-Family |
| | | Nurse Practitioner-Gastroenterology |
| | | Nurse Practitioner-Geriatric |
| | | Nurse Practitioner-Medicine (subspecialties) |
| | | Nurse Practitioner-Neonatal |
| | | Nurse Practitioner-OB/GYN - Womens Health |
| | | Nurse Practitioner-Occupational Health |
| | | Nurse Practitioner-Organ Transplant |
| | | Nurse Practitioner-Pain Management |
| | | Nurse Practitioner-Pediatric |
| | | Nurse Practitioner-Psychiatric and Mental Health |
| | | Nurse Practitioner-Public Health |
| | | Nurse Practitioner-Surgical (subspecialties) |
| | | Other |
| | | |
| 10b) | If you selected "other specialty area", please provide a brief description: | <i>Open-ended</i> |
| | | |
| 11) | Do you hold any of the following credentials current as of today? | <i>Check all that apply</i> |
| | | ANCC: Acute Care NP (ACNP-BC) |
| | | ANCC: Adult NP (ANP-BC) |
| | | ANCC: Adult-Gerontology Acute Care NP (AGACNP-BC) |
| | | ANCC: Adult-Gerontology Primary Care NP (AGPCNP-BC) |
| | | ANCC: Adult Psychiatric-Mental Health NP (PMHNP-BC) |
| | | ANCC: Emergency NP (ENP-BC) |
| | | ANCC: Family NP (FNP-BC) |
| | | ANCC: Family Psychiatric-Mental Health NP (PMHNP-BC) |
| | | ANCC: Gerontological NP (GNP-BC) |
| | | ANCC: Pediatric NP (PNP-BC) |
| | | ANCC: School NP (SNP-BC) |
| | | ANCC/AADE: Diabetes Management-Advanced (BC-ADM) |
| | | AANPCP: Adult NP (ANP-C) |
| | | AANPCP: Family NP (FNP-C) |
| | | AANPCP: Gerontologic NP (GNP-C) |
| | | AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C) |
| | | NCC: Neonatal NP (NNP-BC) |
| | | NCC: Women's Health Care NP (WHNP-BC) |
| | | |
| 11b) | If you selected "other specialty area", please provide a brief description: | <i>Open-ended</i> |
| | | |

| Current Employment Status | | |
|---------------------------|--|---|
| 12 | Which choice best describes your <i>current</i> employment or work situation? | <i>Dropdown</i> |
| | | Employed as a nurse practitioner. |
| | | Employed in nursing, NOT as a nurse practitioner |
| | | Employed, NOT in a nursing related capacity. |
| | | I am retired. |
| | | Voluntarily unemployed (including for medical reasons). |
| | | Involuntarily unemployed. |
| 13) | Overall, and taking into account all positions you fill, how satisfied are you with your <i>current</i> employment or work situation? | <i>Dropdown</i> |
| | | Very satisfied |
| | | Somewhat satisfied |
| | | Somewhat dissatisfied |
| | | Very dissatisfied |
| 14) | If employed, how many positions do you <i>currently</i> hold? | <i>Dropdown</i> |
| | <i>Note: There is no legal standard for part-time work, and each employer defines part-time work differently. Part-time work generally refers to workweeks of 35-hours per week or less. Per diem, temporary, contract, self-employed and seasonal workers, and workers subject to annual limits on hours should consider average hours spent working over the term of employment.</i> | |
| | | One part-time position |
| | | One full-time position |
| | | Two part-time positions |
| | | One full-time position & one part-time position |
| | | Two full-time positions |
| | | More than two positions |
| 15) | Considering all positions you <i>currently</i> fill, how long is your average workweek? | <i>Dropdown</i> |
| | | I am not currently working |
| | | 1 to 4 hours |
| | | 5 to 9 hours |
| | | 10 to 14 hours |
| | | 15 to 19 hours |
| | | 20 to 24 hours |
| | | 25 to 29 hours |
| | | 30 to 34 hours |
| | | 35 to 39 hours |

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| | 40 to 44 hours |
| | 45 to 49 hours |
| | 50 to 54 hours |
| | 55 to 59 hours |
| | 60 to 64 hours |
| | 65 to 69 hours |
| | 70 to 74 hours |
| | 75 to 79 hours |
| | 80 or more hours |

Unless otherwise noted, the rest of the questions draw on your experiences over the past 12 months. If you did not work in the past 12 months in a capacity that drew on your nursing background, please skip to question 37.

Primary Work Location
Questions 16 to 21 refer to your primary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the most work hours during an average workweek or where you spent the most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

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| 16) | Please select the Virginia County or Independent City, or other location, of your primary place of employment, work or practice: | <i>Dropdown:</i> Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties |
| 17) | How long have you worked at this particular location? | <i>Dropdown</i> I do not currently work at this location Less than 6 months 6 months to 1 year 1 to 2 years 3 to 5 years 6 to 10 years More than 10 years |
| 18a) | Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc): | <i>Dropdown: 1 week - 52 weeks</i> |
| 18b) | How many hours do you (or did you) work in an average workweek at this location? | <i>Dropdown</i> |

| | | |
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| | | 1 to 4 hours |
| | | 5 to 9 hours |
| | | 10 to 14 hours |
| | | 15 to 19 hours |
| | | 20 to 24 hours |
| | | 25 to 29 hours |
| | | 30 to 34 hours |
| | | 35 to 39 hours |
| | | 40 to 44 hours |
| | | 45 to 49 hours |
| | | 50 to 54 hours |
| | | 55 to 59 hours |
| | | 60 to 64 hours |
| | | 65 to 69 hours |
| | | 70 to 74 hours |
| | | 75 to 79 hours |
| | | 80 or more hours |
| | | 80 or more hours |
| | | |
| 19) | In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%). | <i>Dropdown: (for each sub-question)</i> |
| 19a) | Administration or business-related matters | None |
| 19b) | Direct patient care, including patient education and coordination of care | 1% to 9% |
| 19c) | Education of health professions students (including acting as preceptor) | 10% to 19% |
| 19d) | Formal research | 20% to 29% |
| 19e) | Other | 30% to 39% |
| | | 40% to 49% |
| | | 50% to 59% |
| | | 60% to 69% |
| | | 70% to 79% |
| | | 80% to 89% |
| | | 90% to 99% |
| | | 100% |
| | | |
| 20a) | Please select the choice that best describes this location's organizational sector: | <i>Dropdown</i> |
| | | For-profit (e.g. private practice, corporate) |
| | | Non-profit (including religious affiliated) |
| | | State/local-government |
| | | US military |
| | | Veteran's Administration |

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| | | Other federal government |
| 20b) | Please select the choice that best describes this practice setting: | <i>Dropdown:</i> |
| | | Academia (Faculty Role) |
| | | Community/Rural Health Center |
| | | Corrections Facility |
| | | Solo Practice |
| | | Group Practice |
| | | Hospital-inpatient department |
| | | Hospital-outpatient department |
| | | Hospital-emergency department |
| | | Insurance provider |
| | | Mental health/intellectual disability-residential |
| | | Mental health/intellectual disability-outpatient |
| | | Skilled nursing facility |
| | | Continuing care / assisted living facility |
| | | Occupational health site |
| | | Retail/Convenient care clinic |
| | | School nurse (K-12) |
| | | Student health (college or university) |
| | | Public health agency/program |
| | | Urgent care clinic |
| | | Other practice setting |
| 20c) | If you selected "other practice setting" please provide a brief description: | <i>Open-ended</i> |
| 21) | Please indicate how you are (were) personally compensated for activities at this location: | <i>Dropdown</i> |
| | | Salary/Commission (excluding salaries from owners/partners) |
| | | Business/Practice income (including salaries of owners/partners) |
| | | Hourly wage |
| | | By contract, per diem, traveling |
| | | Volunteer, unreimbursed |
| <p>If you only had one practice location in the past 12 months, please skip to question 31. If you had additional practice locations, please continue.</p> | | |
| <p>Secondary Work Location</p> | | |

Questions 22 to 28 refer to your secondary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the second most work hours during an average workweek or where you spent the second most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

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| 22 | Is this location with the same employer or practice as your primary location, or a different employer/practice? | <i>Dropdown</i> Same employer or practice Different employer or practice |
| 23) | Please select the location of your secondary place of employment, work, volunteer work or practice: | <i>Dropdown:</i> Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties |
| 24) | How long have you worked at this location? | <i>Dropdown</i> I do not currently work here Less than 6 months 6 months to 1 year 1 to 2 years 3 to 5 years 6 to 10 years More than 10 years |
| 25a) | Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc): | <i>Dropdown: 1 week - 52 weeks</i> |
| 25b) | How many hours do you (or did you) work in an average workweek at this location? | <i>Dropdown</i> 1 to 9 hours 10 to 19 hours 20 to 29 hours 30 to 39 hours 40 to 49 hours 50 to 59 hours 60 to 69 hours |

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| | | 70 to 79 hours |
| | | 80 or more hours |
| 26) | In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%). | <i>Dropdown: (for each sub-question)</i> |
| 26a) | Administration or business-related matters | None |
| 26b) | Direct patient care, including patient education and coordination of care | 1% to 9% |
| 26c) | Education of health professions students (including acting as preceptor) | 10% to 19% |
| 26d) | Formal research | 20% to 29% |
| 26e) | Other | 30% to 39% |
| | | 40% to 49% |
| | | 50% to 59% |
| | | 60% to 69% |
| | | 70% to 79% |
| | | 80% to 89% |
| | | 90% to 99% |
| | | 100% |
| 27a) | Please select the choice that best describes this location's organizational sector: | <i>Dropdown</i> |
| | | For-profit (e.g. private practice, corporate) |
| | | Non-profit (including religious affiliated) |
| | | State/local-government |
| | | US military |
| | | Veteran's Administration |
| | | Other federal government |
| 27b) | Please select the choice that best describes this practice setting: | <i>Dropdown:</i> |
| | | Academia (Faculty Role) |
| | | Community/Rural Health Center |
| | | Corrections Facility |
| | | Solo Practice |
| | | Group Practice |
| | | Hospital-inpatient department |
| | | Hospital-outpatient department |
| | | Hospital-emergency department |
| | | Insurance provider |
| | | Mental health/intellectual disability-residential |
| | | Mental health/intellectual disability-outpatient |
| | | Skilled nursing facility |
| | | Continuing care / assisted living facility |

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| | | Occupational health site |
| | | Retail/Convenient care clinic |
| | | School nurse (K-12) |
| | | Student health (college or university) |
| | | Public health agency/program |
| | | Urgent care clinic |
| | | Other practice setting |
| | | |
| 27c) | If you selected "other practice setting" please provide a brief description: | <i>Open-ended</i> |
| | | |
| 28) | Please indicate how you are (were) personally compensated for activities at this location: | <i>Dropdown:</i> |
| | | Salary/Commission (excluding salaries from owners/partners) |
| | | Business/Practice income (including salaries of owners/partners) |
| | | Hourly wage |
| | | By contract, per diem, traveling |
| | | Volunteer, unreimbursed |
| | | |
| If you had only two locations in the past 12 months, please skip to question 31. If you had additional practice locations, please continue. | | |
| | | |
| 29) | How many total work locations have you had <i>over the past 12 months</i> ? | <i>Dropdown</i> |
| | | 3 |
| | | 4 |
| | | 5 |
| | | 6 or more |
| | | |
| 30) | How many work locations do you have <i>currently</i> ? | <i>Dropdown</i> |
| | | 3 |
| | | 4 |
| | | 5 |
| | | 6 or more |
| | | |
| Employment Information | | |
| <i>The Healthcare Workforce Data Center collects compensation information to assess the balance of supply and demand in the state and in localities, and to assist students in planning health careers and choosing specialties. Information from these questions will only be presented in the aggregate. The confidentiality of information for these and all questions is protected by law. All questions are voluntary.</i> | | |
| | | |
| 31) | Within the past 12 months, have you experienced any of the following: | <i>Check all that apply</i> |

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| | | Voluntary unemployment (including for medical reasons)? |
| | | Involuntary unemployment? |
| | | Switched employers/practices? |
| | | Worked part-time or temporary positions, but would have preferred a full-time or permanent position? |
| | | Worked two or more positions at the same time? |
| | | |
| 32) | Do you engage in any of the following activities at any current work location? | <i>Check all that apply</i> |
| | | Remote health, caring for patients in Virginia |
| | | Remote health, caring for patients outside of Virginia |
| | | Meaningful use of EHRs |
| | | |
| 32) | What is your estimated annual net income from nursing related activities? | <i>Dropdown:</i> |
| | | Volunteer work only |
| | | Less than \$20,000 |
| | | \$20,000-\$29,999 |
| | | \$30,000-\$39,999 |
| | | \$40,000-\$49,999 |
| | | \$50,000-\$59,999 |
| | | \$60,000-\$69,999 |
| | | \$70,000-\$79,999 |
| | | \$80,000-\$89,999 |
| | | \$90,000-\$99,999 |
| | | \$100,000-\$109,999 |
| | | \$110,000-\$119,999 |
| | | \$120,000 or more |
| | | |
| 33) | Do you receive any of the following benefits from any <i>current</i> employer? | <i>Check all that apply:</i> |
| | | Paid Leave |
| | | Health Insurance |
| | | Dental Insurance |
| | | Retirement (401k, Pension, etc.) |
| | | Group Life Insurance |
| | | Signing/retention bonus |
| | | |
| 34) | What is your estimated current educational debt? | <i>Dropdown:</i> |
| | | None |
| | | Less than \$10,000 |
| | | \$10,000-\$19,999 |
| | | \$20,000-\$29,999 |

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| | | \$30,000-\$39,999 |
| | | \$40,000-\$49,999 |
| | | \$50,000-\$59,999 |
| | | \$60,000-\$69,999 |
| | | \$70,000-\$79,999 |
| | | \$80,000-\$89,999 |
| | | \$90,000-\$99,999 |
| | | \$100,000-\$109,999 |
| | | \$110,000-\$119,999 |
| | | \$120,000 or more |
| | | |
| 35) | At what age do you plan to retire from nursing? | <i>Dropdown</i> |
| | | Under age 50 |
| | | 50 to 54 |
| | | 55 to 59 |
| | | 60 to 64 |
| | | 65 to 69 |
| | | 70 to 74 |
| | | 75 to 79 |
| | | 80 or over |
| | | I do not intend to retire |
| | | |
| 36) | Within the next two years do you plan to do any of the following: | <i>Check all that apply</i> |
| | | Retire |
| | | Cease work in nursing |
| | | Continue to work in nursing, but cease working in Virginia |
| | | Increase patient care hours |
| | | Decrease patient care hours |
| | | Increase time spent teaching health professions students |
| | | Decrease time spent teaching health professions students |
| | | Pursue additional nursign-related education |
| | | |
| End of Questionnaire for active practitioners-Thank you! | | |
| | | |
| 37) | If you did not practice, teach or otherwise work in nursing within the past twelve months, did/are you. . .? | <i>Check all that apply:</i> |
| | | I am retired. |
| | | Work occasionally for charity/consultation/special patients? |
| | | Pursue nursing-related education or certifications? |
| | | Pursue education not related to nursing? |

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| | | Work in another profession or field? |
| | | Experience temporary voluntary unemployment (including for medical reasons)? |
| | | Experience temporary involuntary unemployment? |
| | | |
| 38) | Do you provide any volunteer, mentoring or other services within the nursing profession in Virginia? If so, approximately how many hours in the past year? | <i>Dropdown:</i> |
| | | None |
| | | 1-25 hours |
| | | 26-50 hours |
| | | 51-75 hours |
| | | 76-100 hours |
| | | Over 100 hours |
| | | |
| 39) | Do you expect to begin working in nursing in Virginia? If so, when? | <i>Dropdown:</i> |
| | | Not currently planning to practice/work in Virginia |
| | | Plan to practice/work in a volunteer capacity |
| | | Yes, within the next year |
| | | Yes, within 1-2 years |
| | | Yes, within 3-5 years |
| | | Yes, in more than 5 years |
| | | Yes, do not know when |
| | | |
| End of Questionnaire-Thank you! | | |