Utah Medical Education Council
Registered Nurse Workforce Survey 2014

Demographics

1. **Please indicate your gender and age: Gender: ☐ Female ☐ Male ____Age**

2. **What is your ethnic/racial background?** (*please mark only one*)
   ☐ American Indian/Alaska Native ☐ African American ☐ Asian ☐ Hispanic/Latino
   ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other (*please specify*)_____

3. **Please describe the area where you spent the majority of your upbringing** *(when you lived there):*
   ☐ Rural ☐ Suburban ☐Urban/Metropolitan Area State:_____

Licensure/Education Information

4. **Did you work any of the following health related jobs before completing your initial RN education?**
   ☐ No Health Related Position Before RN Education ☐ Medical Assistant
   ☐ Nursing Aide or Nursing Assistant ☐ Laboratory Technician
   ☐ Home Health Aide or Assistant ☐ Radiological Technician
   ☐ Licensed Practical or Vocational Nurse ☐ Manager in Health Care Setting
   ☐ Emergency Medical Technician (EMT) or paramedic ☐ Military Medical Corps
   ☐ Other Type of Health Related Position: (please specify)_____

5. **What type of nursing degree/credential qualified you for your first U.S. nursing license?**
   ☐ Vocational/Practical Certificate-Nursing ☐ Baccalaureate Degree-Nursing
   ☐ Diploma -Nursing ☐ Master's Degree-Nursing
   ☐ Associate Degree-Nursing ☐ Doctorate Degree-Nursing

6. **In what state did you receive your nursing degree/credential that qualified you for your initial RN License? State:_____**

7. **What year did you obtain your first U.S. RN License? Year: _____**
   a. **Please specify any other country where you have obtained an RN license: Country:_____**

8. **How did you finance your initial RN education? Please mark all that apply**
   ☐ Earnings From Your Health-Care-Related Employment ☐ Employer Tuition Reimbursement Plan
   ☐ Earnings From Your Non-Health-Care-Related Employment ☐ Federally Assisted Loan
   ☐ Earnings From Other Household Members ☐ Other Type of Loan
   ☐ State or Local Government Scholarship or Grant ☐ Personal Household Savings
   ☐ Other Family Resources *(Parents or Other Relatives)* ☐ Non-Government Scholarship or Grant
   ☐ Other Resources ☐ Educational Institution Scholarship

9. **What is your highest level of education?**
   ☐ Diploma-Nursing ☐ Master's Degree-Nursing
   ☐ Associate-Nursing ☐ Master's Degree-Non-Nursing
   ☐ Associate Degree-Non-Nursing ☐ Doctoral Degree-Nursing (PhD)
   ☐ Baccalaureate Degree-Nursing ☐ Doctoral Degree- Nursing practice (DNP)
   ☐ Baccalaureate Degree-Non-Nursing ☐ Doctoral Degree-Nursing Other
   ☐ Doctoral Degree- Non-Nursing

Employment Information

10. Please indicate your average number of work hours per week: *(please mark N/A if It doesn't apply)*
In Utah:_____ *(if no out of state hours, skip a. & b. below)* Out of Utah:_____ *(continue to a. below)*

a. If you indicated Out of State hours, please list the one state where you provide the majority of services outside of Utah: _____

b. If you do not provide any health care services in Utah…

i. Please list the reason(s) you maintain a Utah license:
_____

ii. Please indicate the ONE main reason why you no longer practice in Utah:
*(please provide only one reason)*_____

11. Please indicate the type(s) of position(s) you hold: *(please mark all that apply)*

☐ Full Time Nursing ☐ Full Time Non-Nursing ☐ Faculty-Nursing ☐ Single Employment Position
☐ Part Time Nursing ☐ Part Time Non-Nursing ☐ Retired ☐ Multiple Employment Positions
☐ Contractor-Nursing ☐ Temporary-Nursing ☐ Volunteer in Nursing
☐ Unemployed-Seeking Work as Nurse ☐ Unemployed-Not Seeking Work as a Nurse

b. If you marked above that you are a contractor, on average, how many contracts do you provide services for per month? _____

***c.* If you marked you were unemployed in the previous question, please indicate your reason for being unemployed** *(please mark all that apply):*

☐ Taking Care of Home ☐ Taking Care of Family ☐ Disabled
☐ Inadequate Salary ☐ Attending School ☐ Difficulty Finding Nursing Position
☐ Other *(please specify)* _____

12. Please indicate the practice Name, Zip Code of your primary practice/contracting location as well as that of any other location(s) *(if applicable)***. Also, Please estimate the total hours worked per week** *(not including on call)* **at each practice location.**

Primary Practice/Contract	Name:_____	Zip:_____	Total hrs/wk:_____
Secondary Practice/Contract	Name:_____	Zip:_____	Total hrs/wk:_____
Other Practice/Contract	Name:_____	Zip:_____	Total hrs/wk:_____

***13.* Please identify the type of setting that most closely corresponds to your nursing practice position**
*(**P**-Primary Setting, **S**- Secondary Setting)*

P	S		P	S	
☐	☐	Hospital	☐	☐	School Health Service
☐	☐	Home Health	☐	☐	Occupational Health
☐	☐	Correctional Facility	☐	☐	Ambulatory Care Setting
☐	☐	Academic Setting	☐	☐	Insurance Claims/Benefits
☐	☐	Public Health	☐	☐	Policy/Planning/Regulatory/Licensing
☐	☐	Community Health	☐	☐	Other
☐	☐	Nursing Home/Extended Care/ Assisted Living Facility			Specify _____

14. Have you changed your primary work setting within the last year?

☐ Yes *(answer a. below)* ☐ No *(proceed to next question)*

a. Please indicate the work setting you moved FROM based on the setting categories from the previous question:_____

15. **Please rank the top three employer-offered benefits that factored in your decision to work where you are currently employed?***(please place a 1,2 or 3 next to three of the following options, please only rank three of the options)*

____ Paid Vacation ____Annual Signing Bonus ____Retirement Plan ____Health Insurance
____ Base Salary ____Schedule Flexibility ____ Pension ____ Upward Mobility
____ Annual Raise ____ Reputation of Facility ____Shift Differential Pay
____ Other*: (please specify)*_____

16. Do you precept/mentor nursing students? ☐ Yes ☐ No
If yes, how many do you mentor per academic year? _____

a. If yes, have you experienced any of the following as a result of being a preceptor/mentor? ☐ Burnout ☐ Stress ☐ Inadequate Compensation ☐ Inconvenience

b. If you do not currently precept/mentor students, would you like to in the future? ☐ Yes ☐ No

c. If no, please briefly explain why not:_____

17. Please indicate what level of care or type of work that most closely corresponds to your nursing position.

P	S		P	S	
☐	☐	General or Specialty Inpatient	☐	☐	Surgery(pre-op &post-op)
☐	☐	Critical/Intensive Care	☐	☐	Ambulatory Care
☐	☐	Step-down, Transitional, Telemetry	☐	☐	Ancillary Care
☐	☐	Sub-acute Care	☐	☐	Home Health
☐	☐	Emergency	☐	☐	Public Health/Community Health
☐	☐	Urgent Care	☐	☐	Education
☐	☐	Rehabilitation	☐	☐	Business, Administration, Case management
☐	☐	Long-Term Care/Nursing Home	☐	☐	Research
☐	☐	Other:(please specify)_____			

18. Please indicate the clinical specialty in which you currently practice.
(mark the specialty you spend the most time practicing in under primary. If applicable, mark the specialty you spend the next most time practicing in under secondary.) **Mark only one in each column.**

P	S		P	S	
☐	☐	No Patient Care	☐	☐	Labor and Delivery
☐	☐	General Medical Surgical	☐	☐	Neurological
☐	☐	Critical Care	☐	☐	Obstetrics
☐	☐	Cardiac or Cardiovascular Care	☐	☐	Occupational Health
☐	☐	Chronic Care	☐	☐	Oncology
☐	☐	Dermatology	☐	☐	Primary Care
☐	☐	Emergency or Trauma Care	☐	☐	Psychiatric or Mental Health
☐	☐	Gastrointestinal	☐	☐	Pulmonary
☐	☐	Gynecology (Women's Health)	☐	☐	Radiology
☐	☐	Hospice	☐	☐	Renal/Dialysis
☐	☐	Infections/Communicable Disease	☐	☐	Other:(please specify)_____

19. Please indicate the patient population you spend at least 50% of your patient care time with.

P	S		P	S	
☐	☐	No Patient Care	☐	☐	Newborn or Neonatal
☐	☐	Adult	☐	☐	Pediatric and/or Adolescent
☐	☐	Geriatric	☐	☐	Pre-natal
☐	☐	Multiple Age Groups*(less than 50% time spent with any of the above)*	☐	☐	Other: Specify:_____

20. Please identify the primary position title that most closely corresponds to your nursing position:

☐ Consultant	☐ Nurse Manager	☐ Staff Nurse
☐ Nurse Researcher	☐ Nurse Educator-Clinical Setting	☐ Other-Health Related
☐ Nurse Executive-Clinical	☐ Nurse Educator-Academic Setting	☐ Other-Not Health Related
☐ Nurse Executive-Academic	☐ Advanced Practice Nurse	☐ Nurse Care Manager

21. What is your average annual gross *(before tax)* **income *excluding benefits*?**

☐ <$20,000	☐ $50,000-$59,999	☐ $90,000-$99,999
☐ $20,000-$29,999	☐ $60,000-$69,999	☐ $100,000-$109,999
☐ $30,000-$39,999	☐ $70,000-$79,999	☐ $110,000-$200,000
☐ $40,000-$49,999	☐ $80,000-$89,999	☐ >$200,000

22. How many years have you been with your current primary employer? _____

23. In how many years do you plan on retiring? _____

24. Do you plan to leave your primary work setting?

- ☐ Yes, within 1 year
- ☐ Yes, in 1 to 3 years
- ☐ No plans to leave within the next 3 years
- ☐ Undecided

25. If you plan to leave your primary work position within 3 year, do you:

- ☐ Plan to move to another nursing position
- ☐ Plan to leave the nursing field temporarily but return in the future *(see a. and b. below)*
- ☐ Plan to leave the nursing field permanently *(see c. below)*

a. If you plan to leave the nursing field temporality, what is your reason for planning to leave?

_____

b. When do you plan to return to nursing? _____

c. If you plan to leave the nursing field permanently, what is your primary reason?

☐ Retirement	☐ Skills Are Out of Date
☐ Taking Care of Home and Family	☐ Liability Concerns
☐ Salaries Too Low/Better Pay Elsewhere	☐ Inability to Practice Nursing on a Professional Level
☐ Stressful Work Environment	☐ Lack of Advancement Opportunities
☐ Scheduling/Inconvenient Hours	☐ Lack of Good Management or Leadership
☐ Physical Demands of the Job	☐ Career Change
☐ Disability	☐ Travel
☐ Illness	☐ To Seek More Education
☐ Inadequate Staffing	☐ Lack of Collaboration/Communication Between Health Care Professionals
☐ Burnout	
☐ Other:(please specify)_____	

THANK YOU VERY MUCH FOR YOUR PARTICIPATION. PLEASE RETURN THE SURVEY IN THE PROVIDED POSTAGE PAID ENVELOPE.