

Nursing Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current Nursing workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of Nursing 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: 2000 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

5)	Was your childhood spent mostly in rural, urban or suburban areas?	<i>Dropdown: urban, rural, suburban</i>
6)	What type of degree program initially qualified you to practice nursing?	<i>Dropdown</i> LPN/LVN Diploma or Certificate Program Hospital RN Diploma Associate degree in nursing Baccalaureate degree in nursing Masters degree in nursing
7)	Where did you obtain the degree that initially qualified you to practice nursing?	<i>Dropdown</i> Outside of the US or Canada Canada 57 US States and Territories
8)	Please indicate the highest level of nursing education you have completed as of today:	<i>Dropdown</i> LPN/LVN Diploma or Certificate Program Hospital RN Diploma Associate degree in nursing Baccalaureate degree in nursing Masters degree in nursing Doctorate in nursing Doctorate in nursing science Doctorate in nursing practice Doctor of Philosophy in nursing
9)	Have you attained any non-nursing degrees or educational certificates? If so, please indicate your highest non-nursing degree.	<i>Dropdown</i> No, all of my degrees are in nursing Yes, an undergraduate certificate Yes, an associate degree Yes, a baccalauraute degree Yes, a post-graduate certificate Yes, a masters degree Yes, a doctorate degree
10)	Please indicate any current active licenses you hold from Virginia as of today:	<i>Check All That Apply</i> Licensed Practical Nurse Registered Nurse Clinical Nurse Specialist

		Certified Nurse Midwife
		Licensed Nurse Practitioner
		Certified Massage Therapist
		Respiratory Therapist
11)	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
12)	Please select the choice that best describes any primary area of specialization, training or experience you may have:	<i>Dropdown</i>
		General Nursing/No Specialty
		Acute/critical care
		Administration/Management
		Adult health
		Anesthesia
		Cardiology
		Case management
		Community health
		Emergency/Trauma
		Endoscopy
		Family health
		Geriatrics/gerontology
		Hospital/Float
		Informatics/Computer/Documentation
		Long-term care/assisted living/nursing home
		Medical Specialties (not listed)
		Neonatal care
		Obstetrics/Nurse Midwifery
		Occupational/Employee/Industrial health
		Oncology
		Orthopedics
		Palliative/Hospice care
		Pediatrics
		Policy/Regulation/Legal/Accreditation

		Prevention/Wellness
		Psychiatric/mental health
		Public health
		Quality improvement
		Rehabilitation
		Renal health/dialysis
		Student health
		Substance abuse
		Surgery/OR/Pre, Peri or Post-operative
		Womens health/gynecology
		Other Specialty Area
12b)	If you selected "other specialty area", please provide a brief description:	<i>Open-ended</i>
13)	Please select the choice that best describes any secondary area of specialization, training or experience you may have.	<i>Dropdown</i>
		General Nursing/No Specialty
		Acute/critical care
		Administration/Management
		Adult health
		Anesthesia
		Cardiology
		Case management
		Community health
		Emergency/Trauma
		Endoscopy
		Family health
		Geriatrics/gerontology
		Hospital/Float
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		Quality improvement
		Rehabilitation
		Renal health/dialysis
		Student health
		Substance abuse
		Surgery/OR/Pre, Peri or Post-operative
		Womens health/gynecology
		Other Specialty Area
13b)	If you selected "other specialty area", or if you would like to provide more detailed specialty information, please provide a brief description:	<i>Open-ended</i>
Current Employment Status		
14)	Which choice best describes your <i>current</i> employment or work situation?	<i>Dropdown</i>
		Employed in a nursing related capacity.
		Employed, NOT in a nursing related capacity.
		I am retired.
		Voluntarily unemployed (including for medical reasons).
		Involuntarily unemployed.
15)	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
16)	If employed, how many positions do you currently 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
17)	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
		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
<p><i>Unless otherwise noted, the rest of the questions draws 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 41.</i></p>		
<p>Primary Work Location</p>		
<p><i>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.</i></p>		
18)	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
19)	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
20a)	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>
20b)	How many hours do you (or did you) work in an average workweek at this location?	<i>Dropdown</i>
		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
21)	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>
21a)	Administration or business-related matters	None
21b)	Supervision or management of nursing staff	1% to 9%
21c)	Direct patient care, including patient education and coordination of care	10% to 19%
21d)	Education of health professions students (including acting as preceptor)	20% to 29%
21e)	Formal research	30% to 39%
21f)	Other	40% to 49%
		50% to 59%
		60% to 69%

		70% to 79%
		80% to 89%
		90% to 99%
		100%
22)	At this location, approximately what percentage of your patients are. . .?	None
22a)	Children	1% to 9%
22b)	Adolescent	10% to 19%
22c)	Adult	20% to 29%
22d)	Geriatric	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
23a)	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
23b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Academic/Research institution (teaching or research)
		Administrative association or regulatory agency
		Ambulatory/outpatient surgical unit
		Clinic, primary care or non-specialty (e.g. FQHC, retail or free clinic)
		Clinic, non-surgical specialty (e.g., dialysis, diagnostic, infusion, blood)
		Corrections/jail
		Day care
		Freestanding Emergency Center
		Home health care
		Hospice
		Hospital, emergency department

		Hospital, inpatient department
		Hospital, outpatient department
		Insurance company, health plan
		Long term care facility, nursing home
		Mental health, development or substance abuse, residential
		Mental health, or substance abuse, outpatient center
		Occupational health site
		Pharmacy
		Physician office
		Public health agency
		Rehabilitation facility
		School (providing care to students)
		Other practice setting
23c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
24)	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 only had one practice location in the past 12 months, please skip to question 35. If you had additional practice locations, please continue.		
Secondary Work Location		
<i>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.</i>		
25	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

26)	Please select the Virginia County or Independent City, or other location, of your secondary 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
27)	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
28a)	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>
28b)	How many hours do you (or did you) work in an average workweek at this location?	<i>Dropdown</i>
		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
29)	In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles:	<i>Dropdown: (for each sub-question)</i>

29a)	Administration or business-related matters	None
29b)	Supervision or management of nursing staff	1% to 9%
29c)	Direct patient care, including patient education and coordination of care	10% to 19%
29d)	Education of health professions students (including acting as preceptor)	20% to 29%
29e)	Formal research	30% to 39%
29f)	Other	40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
30)	At this location, approximately what percentage of your patients are. . . ?	None
30a)	Children	1% to 9%
30b)	Adolescent	10% to 19%
30c)	Adult	20% to 29%
30d)	Geriatric	30% to 39%
		40% to 49%
		50% to 59 %
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
31a)	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
31b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Academic/Research institution (teaching or research)
		Administrative association or regulatory agency
		Ambulatory/outpatient surgical unit
		Clinic, primary care or non-specialty (e.g. FQHC, retail or free clinic)

		Clinic, non-surgical specialty (e.g., dialysis, diagnostic, infusion, blood)
		Corrections/jail
		Day care
		Freestanding Emergency Center
		Home health care
		Hospice
		Hospital, emergency department
		Hospital, inpatient department
		Hospital, outpatient department
		Insurance company, health plan
		Long term care facility, nursing home
		Mental health, development or substance abuse, residential
		Mental health, or substance abuse, outpatient center
		Occupational health site
		Pharmacy
		Physician office
		Public health agency
		Rehabilitation facility
		School (providing care to students)
		Other practice setting
31c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
32)	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 34. If you had additional practice locations, please continue.		
33)	How many total work locations have you had <i>over the past 12 months</i> ?	<i>Dropdown</i>
		3
		4
		5
		6 or more

34)	How many work locations do you have <i>currently</i> ?	<i>Dropdown</i>
		3
		4
		5
		6 or more

Employment Information

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.

35)	Within the past 12 months, have you experienced any of the following:	<i>Check all that apply</i>
		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?

36)	What is your estimated annual personal 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-\$129,999
		\$130,000-\$139,999
		\$140,000-\$149,999
		\$150,000 or more

37)	Do you receive any of the following benefits from any current employer?	<i>Check all that apply:</i>
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		Paid Leave
		Health Insurance
		Dental Insurance
		Retirement (401k, Pension, etc.)
		Group Life Insurance
		Signing/retention bonus
38)	What is your estimated current educational debt?	<i>Dropdown:</i>
		None
		Less than \$10,000
		\$10,000-\$19,999
		\$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
39)	At what age do you expect 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
40)	Within the next two years do you plan to do any of the following:	<i>Check all that apply</i>
		Retire
		Cease working in nursing
		Continue working in nursing, but cease working in Virginia
		Increase patient care hours

		Decrease patient care hours
		Increase time spent teaching nursing
		Decrease time spent teaching nursing
		Pursue additional nursing education
End of Questionnaire for active practitioners-Thank you!		
41)	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 education or certifications?
		Pursue education not related to nursing?
		Work in another profession or field?
		Experience temporary voluntary unemployment (including for medical reasons)?
		Experience temporary involuntary unemployment?
42)	Do you provide any volunteer, mentoring or other services within nursing 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
43)	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!		

Acute/critical care
Adult health
Anesthesia
Case management
Community health
Family health
Geriatrics/gerontology
Informatics
Maternal/Womens health
Medical/surgical
Neonatal care
Nurse Midwifery
Occupational health
Oncology
Palliative care
Pediatrics
Policy/Regulation
Psychiatric mental health
Public health
Quality improvement
Rehabilitation
Renal health/dialysis
Student health
Substance abuse
Trauma