

2013 FCN Workforce Survey

Introductory Language:

In this section, the Florida Center for Nursing is asking you to voluntarily provide information about your employment and educational preparation. No individual data will be reported; your responses will be combined and analyzed with those of all other nurses. Your answers are critical to plan for the future nurse workforce needs of the state, as well as essential to project future need for nurses and to guide policy decisions. Analysis of this information is publicized every 2 years in the FCN's [Statewide Nurse Supply Reports](#).

1. Year of Initial U.S. Licensure (**Drop down box**)
2. In what country were you initially licensed as an RN or LPN? (**Drop down box**)
3. What type of nursing degree/credential qualified you for your first U.S. nursing license? (Select only one)

- | | | | |
|--------------------------|--|--------------------------|------------------------------|
| <input type="checkbox"/> | Vocational/Practical certificate-nursing | <input type="checkbox"/> | Baccalaureate degree-nursing |
| <input type="checkbox"/> | Diploma-nursing | <input type="checkbox"/> | Master's degree-nursing |
| <input type="checkbox"/> | Associate degree-nursing | <input type="checkbox"/> | Doctoral degree-nursing |

4. What is your highest level of education in NURSING? (Select only one)

- | | | | |
|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | Vocational/Practical nursing certificate | <input type="checkbox"/> | Master's degree in nursing |
| <input type="checkbox"/> | Diploma in nursing | <input type="checkbox"/> | PhD in nursing |
| <input type="checkbox"/> | Associate degree in nursing | <input type="checkbox"/> | Doctorate of Nursing Practice |
| <input type="checkbox"/> | Baccalaureate degree in nursing | <input type="checkbox"/> | Other nursing doctoral degree |

5. What is your highest NON-NURSING degree? (Select only one)

- | | |
|---|--|
| <input type="checkbox"/> Associate degree –Non-Nursing | <input type="checkbox"/> Law degree (JD) |
| <input type="checkbox"/> Baccalaureate degree–Non-Nursing | <input type="checkbox"/> Doctorate in medicine (MD, DO) |
| <input type="checkbox"/> Master’s degree–Business Related | <input type="checkbox"/> Doctoral degree–Other health discipline |
| <input type="checkbox"/> Master’s degree–Health Related | <input type="checkbox"/> Doctoral degree–Other discipline |
| <input type="checkbox"/> Master’s degree–Other | <input type="checkbox"/> No degree outside of nursing |

6. Are you credentialed to practice as one of the following Advanced Practice Nurse certifications? (Select only one)

- Yes – Certified Registered Nurse Anesthetist
- Yes – Certified Nurse Midwife
- Yes – Nurse Practitioner (any specialty)
- No

7. Do you perform any nursing work as a volunteer?

- Yes
- No

8. Do you work any hours for pay in a field other than nursing?

- Yes (please proceed to 8a)
- No (please proceed to 9)

8a. Which of the following best describes your **non-nursing** position? (Select only one)

- Full-time
- Part-time
- Per diem

9. If not currently employed for pay, please select the option that best describes your status? (Select only one)

- Seeking work as a nurse
- Seeking work in a field other than nursing
- Not seeking work at this time
- Retired
- Not applicable (I am employed for pay.)

10. If not currently seeking employment for pay, please indicate the reasons. (Select all that apply.)

- Taking care of home and family
- Disabled/Illness
- Inadequate Salary
- Not applicable (I am employed for pay or retired.)
- Currently enrolled in school
- Difficulty in finding a nursing position
- Other

11. Are you actively **employed for pay in nursing** or in a position that requires a nursing license?

- Yes
- No (end of survey)

12. In how many positions are you currently employed as a nurse? (Select only one)

- 1
- 2
- 3 or more

13. Which of the following best describes your **main** nursing position? Your main position is the one at which you work the most hours during your regular work year. (Select only one)

- Full-time
- Part-time
- Per diem

14. How many hours do you work during a typical week in **all** your nursing positions? (Drop down box, range 0 - 80)

15. Number of weeks per year that you work in **all** your nursing positions, including paid time off (year round employment = 52 weeks). (Drop down box, range 1-52 weeks)

16. Please identify the type of setting that most closely corresponds to your **main** nursing practice position. (Select only one)

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> School Health Service |
| <input type="checkbox"/> Nursing Home/Extended Care | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Ambulatory Care Setting |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Insurance Claims/Benefits |
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Physician's Office |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Temporary / Staffing Agency |
| <input type="checkbox"/> Healthcare Consulting/Product Sales | <input type="checkbox"/> Other |
| <input type="checkbox"/> Urgent Care/Walk-in Clinic | |

17. Please identify the position title that most closely corresponds to your **main** nursing practice position. (Select only one)

- | | |
|---|---|
| <input type="checkbox"/> Staff Nurse | <input type="checkbox"/> Nurse Researcher (non-faculty) |
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Nurse Executive/Administrator | <input type="checkbox"/> Travel Nurse |
| <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Nurse Faculty | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Quality Management/Risk Management | <input type="checkbox"/> Other-Health Related |
| <input type="checkbox"/> Utilization Review/Infection Control | <input type="checkbox"/> Other-Not Health Related |

18. Please identify the employment specialty that most closely corresponds to your **main** nursing practice position. (Select only one)

- | | |
|---|---|
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Neonatal |
| <input type="checkbox"/> Community | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse Rehabilitation (non-psychiatric) |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Maternal-Child Health | <input type="checkbox"/> Emergency/Trauma |
| <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Women's Health/OB-GYN |
| <input type="checkbox"/> Occupational health | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Operating Room/Peri-operative |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other Acute care |

19. What are your nursing employment plans for the next 5 years? (Select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Work as much as now | <input type="checkbox"/> Move into Florida |
| <input type="checkbox"/> Reduce Hours | <input type="checkbox"/> Move out of Florida |
| <input type="checkbox"/> Increase Hours | <input type="checkbox"/> Leave nursing/retire |
| | <input type="checkbox"/> Other/Don't know |

End of Survey