



2015 Licensed Practical Nurse Workforce Survey

Information to Grow Wisconsin's Workforce

LPNs are valuable members of the nursing profession. Your careful survey responses will be used to help plan future nursing care for the people of Wisconsin.

The Survey is designed to be as **simple and quick** as possible while gathering **critical information** on the LPN Workforce. Your honest responses are important to an accurate representation of nursing in Wisconsin.

Thank you for your time in completing this important survey

The survey takes between 10 to 15 minutes. **You will not be asked every question in the survey.** The information you provide will determine the questions asked.

No personal information or information from your license are attached to your survey responses.

Please have the following information available before you begin:

1. The year you received your first LPN **license**.
2. The year(s) you received your **diploma(s)**.
3. County and zip code location of your place of work.

Print, complete, and return the survey and signed affidavit to DSPS:

Fax: 608-251-3036

Email: DSPSRenewal@wisconsin.gov

Mail: DSPS – Renewal Unit

PO Box 8935

Madison, WI 53708-8935

If you have questions concerning your renewal, payment, or are experiencing technical difficulties, please report this to the Department of Safety and Professional Services (DSPS) at the following email address, DSPSRenewal@wisconsin.gov, or by calling 608-266-2112. **Please allow 2-3 business days for assistance. Making multiple requests for assistance slows down agency response time.**

Use the email address NursingSurvey@dwd.wisconsin.gov if you need help answering the survey questions, or have additional comments or suggestions. **This email address is active only during the open renewal period.**

LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

1. In what country were you initially **licensed** as a nurse?

- U.S.
 Another Country

2. In what year did you obtain your **initial** U.S. licensure as an LPN?

_____ Enter a 4-digit year between 1930 and 2015

3. In what year did you obtain your first **Wisconsin** license as an LPN?

_____ Enter a 4-digit year between 1930 and 2015

Education

4. For each of the following **nursing diplomas or degrees** you have received, please enter the year you received the diploma or degree.

Enter a 4-digit year between 1930 and 2015 for all that apply:

- _____ Diploma in Practical Nursing or Vocational Nursing
_____ Associate Degree in Nursing
_____ Bachelor Degree in Nursing
_____ Master Degree in Nursing
_____ Doctorate

5. Please indicate your plans for further education in nursing:
(Select only one response)

- I have no plans for additional nursing studies
 Currently enrolled in an Associate Program in Nursing
 Currently enrolled in a BSN program
 Currently enrolled in a graduate program in nursing
 Currently enrolled in a non-degree specialty certification program
 Plan to pursue further education in nursing in the next two years

6. What are the **two greatest challenges** you face or anticipate in pursuing higher nursing education? (Select at most only two responses)

- None (if selected, do not make any other selections)
- Commuting distance to educational program
- Cost of lost work time and benefits
- Cost of tuition, materials, books etc.
- Family/personal reasons
- Lack of flexibility in work schedule
- Limited access to online learning or other online resources
- Scheduling of educational programs offered
- Concern about my ability to succeed in college
- Other, not listed

Training

7. Have you received training in emergency preparedness and response (such as Incident Command System (ICS) 100, 200, 700; Hazardous Materials, etc.)? (Check all that apply)

- No
- Yes, I have received this training from my employer
- Yes, I have received this training from a voluntary organization (e.g. Red Cross)
- Yes, other

8. Have you applied training in emergency preparedness and response? (Check all that apply)

- No
- Yes, I have participated in an emergency preparedness and response exercise in the last two years
- Yes, I have responded to an actual emergency, incident, or major disaster within the last two years

9. Are you a member of the following: (Check all that apply)

- Wisconsin Emergency Assistance Volunteer registry (WEAVR)
- Medical Reserve Corps (MRC) unit
- No, I am not a member

CURRENT EMPLOYMENT INFORMATION

Please take into account **only your principal job** while answering the following questions. **Do not include unpaid volunteer work.**

10. Please indicate your employment status: (Select only one response)

- Actively working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
- Actively working in health care, not nursing
- Actively working in another field
- Unemployed, seeking work in nursing
- Unemployed, seeking work in another field
- Unemployed, not seeking work
- Retired

11. Has your employment status changed during the past year?
(If you have experienced more than one change, please **select the most significant change.**)

- No change in employment status
- Yes I changed the number of hours worked
- New position with the same employer
- New position with a different employer
- I was not working as an LPN, but am now in a LPN nursing job
- I was working as an LPN but I am no longer working as an LPN
- Other

12. Which of the following factors was the most important in your change in employment during the past year? (Select only one response)

- Not applicable
- I retired
- Childcare responsibilities
- Other family responsibilities
- Salary/medical or retirement benefits
- Laid off
- Change in spouse/partner work situation
- Change in financial status
- Relocation/moved to a different area
- Promotion/career advancement
- Change in my health status
- Seeking more convenient hours
- Dissatisfaction with previous position
- Other

NURSING CAREER INFORMATION

Please take into account **all your nursing work experiences, including unpaid volunteer nursing work**, when answering the questions in this section.

13. Please indicate any of the clinical areas listed below in which you have specialized knowledge and/or experience of two or more years:
(Check all that apply)

- None (if selected, do not make any other selections)
- Acute Care /Critical Care/Intensive Care
- Addiction/ AODA/Substance Abuse
- Adult Health
- Anesthesia
- Cardiac Care
- Community Health
- Corrections
- Dialysis/Renal
- Emergency/Trauma
- Family Health
- Geriatrics/Gerontology
- Home Health
- Hospice Care/ Palliative Care
- Labor and Delivery
- Maternal-Child Health
- Medical-Surgical
- Neonatal Care
- Obstetrics/Gynecology
- Occupational Health/Employee Health
- Oncology
- Pediatrics
- Public Health
- Psychiatric/Mental Health
- Rehabilitation
- Respiratory Care
- School Health (K-12 or post-secondary)
- Surgery/Pre-op/Post-op/ PACU
- Women's Health
- Other, not listed

14. Which of the following nursing skill-based certifications do you currently have?
(Check all that apply)

- No current skill-based certifications
- Certified Hemodialysis Nurse
- Certified Hospice and Palliative Licensed Nurse
- Emergency Medicine/Nursing **beyond** Basic Life Support
(ex. First Responder, Emergency Medical Technician, etc.)
- Gerontology
- IV Certification
- Wound Care Certification
- Cardiac-Vascular Nursing
- Other

15. Which of the following factors best captures the **single most important factor** in your career decisions today?

- I am retired/not working/not doing volunteer work
- Level of personal satisfaction/ collegial relationships
- Family/personal issues
- Pay
- Medical Benefits
- Retirement benefits
- Hours/shift availability
- Potential for advancement
- Employer supported education options
- Worksite location
- Physical work requirements
- Physical disability
- Other

16. How much longer do you plan to work in your present type of work?
(Select only one response)

- Not applicable
- Less than 2 years
- 2-4 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30 or more years

17. In your career, how many years have you worked as a Licensed Practical Nurse providing **direct patient care**?

Direct patient care is defined as, "To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting." Examples include providing treatments, counseling, patient education or administration of medication.

_____ Number of years

18. If you presently provide **direct patient care**, how much longer do you plan to work providing direct patient care? (Select only one response)

- _____ Does not apply
- _____ Less than 2 years
- _____ 2-4 years
- _____ 5-9 years
- _____ 10-19 years
- _____ 20-29 years
- _____ 30 or more years

19. How many separate nursing jobs do you currently have?
(Including unpaid volunteer nursing work)

_____ Number of jobs ***If you answered 0 jobs to this question, please skip to the UNEMPLOYED SECTION, Question 45.***

PRINCIPAL PLACE OF WORK

Please respond to the following questions by referring to your principal place of work (the place where you work the most hours), **even if this work is unpaid or voluntary.**

20. Which of the following categories best describes your job at your principal place of work?
(Select only one response)

- Nursing
- Health related services outside of nursing
- Retail sales and services
- In-service or patient educator
- Financial, accounting, and insurance processing staff
- Consulting
- Other
- I am not working at the present time. ***If not working, please skip to the UNEMPLOYED SECTION, Question 45.***

21. Does this job require licensure as an LPN?

- Yes
- No

22. Which of the following categories best describes your employment status at this job?
(Select only one response)

- A regular employee
- Self-employed
- Employed through a temporary employment service agency
- Travel nurse or employed through a traveling nurse agency
- Volunteer

23. What is the zip code of your **principal place of work**?

(If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

- Zip code (if in the U.S.) _____ (5 digits only)
 Outside of U.S. (*If you check this response, you may skip the next question*)

24. If you work in Wisconsin, in what county is your principal place of work located?

- Does not apply
- Specify name of Wisconsin county: _____

25. What is your current employment basis for this principal position? (Select only one response)

- Full time, salaried
- Full time, hourly wage
- Part time, salaried
- Part time, hourly wage
- Per diem (called as needed)
- Volunteer

26. In this job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

_____ Number of hours

27. In this job, on average how many days do you work in a **two week time period**?

_____ Number of days

28. For what reason would you work more than your scheduled hours for the **two week time period**? (Select only one response)

- I am salaried
- I have agreed to this as part of my employment
- I am required to work the additional hours (not on-call)
- I am required to work the additional hours (on-call)
- I may voluntarily agree to work the additional hours

29. How many weeks did you work (including paid vacations) in calendar year 2014?

_____ Number of weeks

30. What is the approximate per hour wage that you are paid for the shift that you work most frequently? (Select only one response)

- Under \$9.25
- \$9.25 – 11.74
- \$11.75 – 14.74
- \$14.75 – 18.74
- \$18.75 – 23.99
- \$24.00 – 30.24
- \$30.25 and over

31. Does your compensation from your **principal** working position include:
(Check all that apply)

- Retirement plan
- Dental insurance
- Personal health insurance
- Family health insurance
- Tuition reimbursement, all or partial
- Fitness center reimbursement or access to fitness facilities
- Flexibility in scheduling to allow for further nursing education
- None

32. How long have you worked in your **principal** job?

Number of years (please round up to the nearest year)

33. In your current role, is your **primary function** to provide **direct patient care**?

Direct patient care (DPC) is defined as, *“To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.”*
Examples include providing treatments, counseling, patient education or administration of medication.

(Select only one response)

- Yes
- No, I provide limited DPC
- No, I supervise DPC
- No, but I provided direct patient care in the past
- No, but I have provided limited DPC in the past
- No, I have never provided DPC

34. Please select **only one** in the categories below as best describing your **primary work setting**. (The headings are intended as guides only)

Hospital (Medical/Surgical, Alcohol or Drug Abuse (AODA)/Psychiatric, Long-Term Acute Care)

- Hospital, emergency/urgent care
- Hospital, 24 hour inpatient unit (other than intensive care or obstetrics)
- Hospital, outpatient/ambulatory care
- Hospital, obstetrics
- Hospital, intensive care
- Hospital, inpatient mental health/substance abuse
- Hospital, perioperative services - Operating Department (OR), Post Anesthetic Care Unit (PACU), and others
- Hospital, other departments
- Hospital, I work in several/all hospital units

Extended Care, such as Adult Family Homes (AFH), Community-Based Residential Facilities (CBRF), and Residential Care Apartment Complexes (RCAC)

- Nursing home
- Skilled nursing facility
- Hospice facility
- Intermediate care facility (ICF)
- Mental Retardation care facility (MR)
- Assisted living facility
- Rehabilitation facility/group home/CBRF
- Long-term acute care

Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)

- Medical practice, clinic, physician office,
- Surgery center, dialysis center
- Urgent care, not hospital-based
- Outpatient mental health/substance abuse
- Correctional facility, prison or jail (federal, state or local)
- School health service
- Call center/ tele-nursing center

Home Health (Private Home)

- Home health agency
- Home health service
- Hospice

Public Health

- Public health (governmental: federal, state, or local)
- Community health centers, agencies and departments
- Occupational health or employee health service
- School health services (K-12, college and universities)

Other (Insurance, call center etc.)

- Call center/ tele-nursing
- Government agency other than public/community health or corrections
- Non-governmental health policy, planning or professional organization
- Insurance company claims/benefits
- Sales (pharmaceutical, medical devices, software, etc.)
- Self-employed/consultant
- Other

35. Is this a federally owned facility?

Yes

No

36. Is this a tribal facility?

Yes

No

SECONDARY PLACE OF WORK

Please respond to the following questions by referring to your secondary place of work **even if this is unpaid voluntary work.**

37. Do you have a secondary place of work?

Yes

No ***If No, please skip this section and go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.***

38. Which of the following categories best describes your job at your secondary place of work? (Select only one response)

Nursing

Health related services outside of nursing

Retail sales and services

In-service or patient educator

Financial, accounting, and insurance processing staff

Consulting

Other

39. Does this job require licensure as an LPN?

Yes

No

40. What is the zip code of your **secondary place of work**? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

Zip code (if in the U.S.) _____ (5 digits only)

Outside of U.S. (*If you check this response, you may skip the next question*)

41. If your secondary place of work is in Wisconsin, what county is your secondary place of work located?

___ Does not apply

Specify name of Wisconsin county: _____

42. In your **secondary** job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

_____ Number of hours

43. In your **secondary** job, on average how many days do you work **two week time period**?

_____ Number of days

44. In this job, how many weeks did you work (including paid vacations) in calendar year 2012?

_____ Number of weeks

Once you have completed the SECONDARY PLACE OF WORK SECTION, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.

UNEMPLOYED SECTION

45. Which of the following best describes your current intentions regarding work in nursing?
(Select only one response)

- Currently seeking employment in nursing
- Plan to return to nursing in the future
- I am retired/unable to return to nursing
- Definitely will not return to nursing, but not retired
- Undecided at this time

46. What factors would influence you to return to nursing? (Check all that apply)

- I would not consider returning
- Modified physical requirements of job
- Affordable childcare at or near work
- Improvement in my health status
- Improved health care benefits
- Retirement benefits
- More or flexible hours
- Opportunity for career advancement
- Improved pay
- Shift
- Work environment
- Worksite location
- Other

Please continue to the DEMOGRAPHIC INFORMATION section, and start with Question 47.

DEMOGRAPHIC INFORMATION

47. What is your year of birth?

_____ Enter a 4-digit year between 1915 and 1998.

48. What is your gender?

_____ Female

_____ Male

49. Are you of Hispanic, Latino, or Spanish ethnicity?

_____ Yes

_____ No

50. Which of the following would you use to describe your racial identity?
(Select the most appropriate)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

_____ Two or more races

51. Please indicate languages, other than English, in which you can communicate with patients and pose questions about their condition: (Check all that apply)

_____ No other languages

_____ Spanish

_____ Filipino, Tagalog

_____ German

_____ French

_____ Russian

_____ Hmong, Miao

_____ Hindi

_____ Polish

_____ American Sign Language

_____ Other language

52. Please enter the zip code of your **primary residence**:

Zip code (if in the U.S.) _____(5 digits only)

___ Outside of U.S. (If you check this response, you may skip the next question)

53. If you reside in Wisconsin, please indicate the county of your **primary residence**:

___ Does not apply

Specify name of Wisconsin county: _____

THANK YOU FOR COMPLETING THE SURVEY.

PLEASE TURN TO THE LAST PAGE AND SIGN THE AFFIDAVIT.

