



**Commonwealth of Pennsylvania  
Department of Health  
2016 Survey of Practical Nurses**

License #: PN \_\_\_\_\_ ☾  
 \* *Required to avoid duplication*  
 \* *Anonymous & aggregate reporting only*

**DO NOT MAIL THIS SURVEY IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE.**

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in the important work of understanding and projecting the nursing workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past workforce reports visit [www.health.pa.gov](http://www.health.pa.gov). Thank you for your cooperation!

1. Year of Birth       2. Sex    Male    Female      3. Hispanic or Latino Origin    Yes    No
4. Race (*check one*)    American Indian/Alaska Native       Asian       Black/African American  
 Native Hawaiian/ Other Pacific Islander    White/Caucasian       Two or more races  
 Other \_\_\_\_\_
5. State of Residence (*enter two letter postal code*)       5a. County of Residence (*PA only – see codes on last page*)
6. What type of nursing degree/credential qualified you for your first U.S. nursing license?  
 Vocational/Practical certificate/diploma       Associate       Bachelor
- 6a. In what year did you obtain this first U.S. nursing license?
7. In what country were you initially licensed as a PN or RN?    United States       Other \_\_\_\_\_
8. In what year did you obtain your first U.S. PN license?
- 8a. In what state was your first U.S. PN license issued? (*two letter postal code*)
9. Did you work as a Nursing Assistant prior to obtaining your PN license?    Yes    No    >> *if 'No', skip to question 10*
- 9a. In what year did you begin working as a Nursing Assistant?
10. What is your highest level of nursing education completed? (*check one*)  
 Vocational/Practical certificate/diploma       RN Diploma – nursing       Associate – nursing  
 Bachelor's – nursing       Master's – nursing       Doctoral – nursing
11. Are you currently in the process of continuing your nursing education?    Yes    No    >> *if 'No', skip to question 12*
- 11a. What type of nursing degree are you primarily pursuing?  
 Associate       Bachelor's       Master's       Post-Master's       Doctoral       Other
- 11b. How long have you been pursuing your degree?  
 Less than 3 years       3 to less than 5 years       5 to less than 7 years       7+ years
- 11c. When is your anticipated graduation date?  
 Less than 3 years from today       3 to less than 5 years from today  
 5 to less than 7 years from today       7+ years from today
- >> *Skip to question 13*
12. Are you planning to continue your nursing education in the next 0-3 years?    Yes    No    >> *if 'Yes', skip to question 13*
- 12a. What is the main reason you are not planning to continue your nursing education? (*check one*)  
 Financial reasons       Not enough time       Satisfied with current education       Other  
 Current RN programs do not transfer prior PN credits or credit PN experience
13. Do you hold a degree in a non-nursing field?    Yes    No    >> *if 'No', skip to question 14*
- 13a. What is your highest level of non-nursing education completed? (*check one*)  
 Associate – non-nursing       Bachelor's – non-nursing       Master's – non-nursing       Doctoral – non-nursing
- 13b. Was this degree completed before the degree/credential that qualified you for your first U.S. PN license?    Yes    No

14. In addition to your PN license, are you also currently licensed as a RN?  Yes  No >> *if 'No', skip to question 15*

14a. Are you currently practicing only as an RN?  Yes  No

>> *If the answer to question 14a is 'Yes', you have completed this survey. Thank you very much!!*

15. What is your employment status? (*select the **one** best fitting category*)

- Employed full-time in nursing or a position that requires a nursing license
- Employed part-time in nursing or a position that requires a nursing license
- Employed per diem in nursing or a position that requires a nursing license
- Employed full-time in a field other than nursing
- Employed part-time in a field other than nursing
- Employed per diem in a field other than nursing
- Working as a volunteer in a nursing position
- Unemployed, seeking work as a nurse
- Unemployed, not seeking work as a nurse
- Retired

>> *If the answer to question 15 is 'working as a volunteer' or 'retired' or 'employed in a field other than nursing', you have completed this survey. Thank you very much!!*

>> *If the answer to question 15 is 'employed in nursing' (either full-time, part-time or per diem), skip to question 17*

16. Please select the best reason for your being unemployed.

- Difficulty in finding a nursing position
- I am currently disabled
- I am currently enrolled either part-time or full-time as a student
- Inadequate salary
- Taking care of home and family
- Other

>> *If the answer to question 15 is 'unemployed', you have now completed the survey. Thank you very much!!*

17. In what **state** is your primary job located? (*two letter postal code*)

17a. In what **county** is your primary job located? (*PA only – see codes on last page*)

18. Please check the type of setting that most closely corresponds to your primary nursing practice position. (*check one*)

- |   |  |
|---|--|
| <input type="checkbox"/> Ambulatory Care/Clinic   | <input type="checkbox"/> Insurance Claims/Benefits                   |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Medical Office                              |
| <input type="checkbox"/> Community Health         | <input type="checkbox"/> Nursing Home                                |
| <input type="checkbox"/> Correctional Facility    | <input type="checkbox"/> Occupational Health                         |
| <input type="checkbox"/> Educational              | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Home Health              | <input type="checkbox"/> Public Health                               |
| <input type="checkbox"/> Hospital                 | <input type="checkbox"/> School Health Service                       |
|   | <input type="checkbox"/> Other _____                                 |

19. Please check the type of job that most closely corresponds to your primary nursing practice position. (*check one*)

*Note: For purposes of this survey, direct patient care includes the amount of time a nurse spends directly with patients in a medical setting; including time spent on patient record keeping and patient specific office work. This would also include 'on call' hours if the nurse is required to remain in a medical facility.*

- |   |  |
|---|--|
| <input type="checkbox"/> Direct Patient Care          |  |
| Indirect Patient Care:                                |  |
| <input type="checkbox"/> Administration/Management    | <input type="checkbox"/> Nursing School Faculty/Administration     |
| <input type="checkbox"/> Infection Prevention/Control | <input type="checkbox"/> Informatics/Health Information Technology |
| <input type="checkbox"/> Case Management              | <input type="checkbox"/> Patient /Staff Education                  |
| <input type="checkbox"/> Medical Records              | <input type="checkbox"/> Other                                     |

20. Please check the employment specialty that most closely corresponds to your primary nursing practice position. (**check one**)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acute Care/Critical Care   | <input type="checkbox"/> Home Health                               | <input type="checkbox"/> Public Health     |
| <input type="checkbox"/> Administrative             | <input type="checkbox"/> Hospice                                   | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Maternal-Child Health                     | <input type="checkbox"/> Rehabilitation    |
| <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> Medical Surgical                          | <input type="checkbox"/> School Health     |
| <input type="checkbox"/> Case Management            | <input type="checkbox"/> Occupational Health                       | <input type="checkbox"/> Trauma            |
| <input type="checkbox"/> Community                  | <input type="checkbox"/> Oncology                                  | <input type="checkbox"/> Women's Health    |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Palliative Care                           | <input type="checkbox"/> No Specialty      |
| <input type="checkbox"/> Emergency Care             | <input type="checkbox"/> Pediatrics/Neonatal                       | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Geriatric/Gerontology      | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |  |

21. In how many positions are you currently employed as a nurse?  1  2  3 or more

>> **If the answer to question 21 is '1', skip to question 26**

22. In what state is your secondary job located? (two letter postal code)

22a. In what county is your secondary job located? (PA only – see codes on last page)

23. Please check the type of setting that most closely corresponds to your secondary nursing practice position.

- |   |  |
|---|--|
| <input type="checkbox"/> Ambulatory Care/Clinic   | <input type="checkbox"/> Insurance Claims/Benefits                   |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Medical Office                              |
| <input type="checkbox"/> Community Health         | <input type="checkbox"/> Nursing Home                                |
| <input type="checkbox"/> Correctional Facility    | <input type="checkbox"/> Occupational Health                         |
| <input type="checkbox"/> Educational              | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Home Health              | <input type="checkbox"/> Public Health                               |
| <input type="checkbox"/> Hospital                 | <input type="checkbox"/> School Health Service                       |
|   | <input type="checkbox"/> Other _____                                 |

24. Please check the type of job that most closely corresponds to your secondary nursing practice position. (**check one**)

- Direct Patient Care
- Indirect Patient Care:
- |   |  |
|---|--|
| <input type="checkbox"/> Administration/Management    | <input type="checkbox"/> Nursing School Faculty/Administration     |
| <input type="checkbox"/> Infection Prevention/Control | <input type="checkbox"/> Informatics/Health Information Technology |
| <input type="checkbox"/> Case Management              | <input type="checkbox"/> Patient/Staff Education                   |
| <input type="checkbox"/> Medical Records              | <input type="checkbox"/> Other                                     |

25. Please check the employment specialty that most closely corresponds to your secondary nursing practice position.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acute Care/Critical Care   | <input type="checkbox"/> Home Health                               | <input type="checkbox"/> Public Health     |
| <input type="checkbox"/> Administrative             | <input type="checkbox"/> Hospice                                   | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Adult Health/Family Health | <input type="checkbox"/> Maternal-Child Health                     | <input type="checkbox"/> Rehabilitation    |
| <input type="checkbox"/> Anesthesia                 | <input type="checkbox"/> Medical Surgical                          | <input type="checkbox"/> School Health     |
| <input type="checkbox"/> Case Management            | <input type="checkbox"/> Occupational Health                       | <input type="checkbox"/> Trauma            |
| <input type="checkbox"/> Community                  | <input type="checkbox"/> Oncology                                  | <input type="checkbox"/> Women's Health    |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Palliative Care                           | <input type="checkbox"/> No Specialty      |
| <input type="checkbox"/> Emergency Care             | <input type="checkbox"/> Pediatrics/Neonatal                       | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Geriatric/Gerontology      | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |  |

26. In a typical week, how many hours do you work in all of your nursing positions combined?

27. In the past six months, did you personally provide language interpretive services to patients? (languages other than English)

Yes  No >> **If 'No', skip to question 28**

27a. In which language(s) did you personally provide language interpretive services to patients? (**check all that apply**)

- |                                  |                                   |                                     |                                      |  |
|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Chinese  | <input type="checkbox"/> French     | <input type="checkbox"/> German      | <input type="checkbox"/> Hindi         |
| <input type="checkbox"/> Italian | <input type="checkbox"/> PA Dutch | <input type="checkbox"/> Polish     | <input type="checkbox"/> Russian     | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Urdu     | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |  |

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28. Please indicate your level of satisfaction with the following factors in your primary nursing job (*check one for each job factor*)
- |                                       |  |                                       |                                    |   |                              |
|---------------------------------------|--|---------------------------------------|------------------------------------|---|------------------------------|
| Salary                                | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Benefits                              | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Career development opportunity        | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Staffing levels                       | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Efficiency of workplace processes     | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| PN participation in decisions         | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| PNs valued by administration          | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Supervisory relationship              | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Workplace emphasis on quality of care | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Workplace emphasis on patient safety  | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |
| Workplace emphasis on staff safety    | <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> N/A |

29. How satisfied are you with your primary nursing job?  
 Very dissatisfied     Dissatisfied     Satisfied     Very Satisfied

30. How satisfied are you with practical nursing as a career?  
 Very dissatisfied     Dissatisfied     Satisfied     Very Satisfied

31. In the past year, have you been impacted by workplace violence?     Yes     No

32. In your primary job, do you use computer systems to access patient health information (medical records, orders, etc.)?  
 Yes     No    >> *if 'No', skip to question 35*

33. In your primary job, do you use computer systems (does not include faxing) to exchange patient health information (send or receive) with other health care providers/facilities?  
 Yes     No     Not sure

34. In your primary job, do you have enough training to effectively use computer systems to perform your duties?  
 Yes     No     Not applicable

35. In your primary job in the past year, have you been asked by a patient about security or privacy of health information?  
 Yes     No     Not applicable

35a. If you checked yes to question 35, did you have adequate information or resources to provide the answer?  
 Yes     No     Not applicable

36. How much longer do you intend to remain employed in nursing?  
 Less than 3 years     3 to less than 6 years     6 to less than 11 years     11 to less than 16 years     16+ years

37. If you plan to leave nursing in less than 6 years, indicate your primary reason below (*check one*).  
 Change Careers     Financial Reasons     Retirement     Stress/Burnout  
 Family Reasons     Physical Demands     Return to School     Other

## Thank you!

**If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access [www.serv.pa.gov](http://www.serv.pa.gov) for more information.**

Pennsylvania County Codes						
01=Adams	11=Cambria	21=Cumberland	31=Huntingdon	41=Lycoming	51=Philadelphia	61=Venango
02=Allegheny	12=Cameron	22=Dauphin	32=Indiana	42=McKean	52=Pike	62=Warren
03=Armstrong	13=Carbon	23=Delaware	33=Jefferson	43=Mercer	53=Potter	63=Washington
04=Beaver	14=Centre	24=Elk	34=Juniata	44=Mifflin	54=Schuylkill	64=Wayne
05=Bedford	15=Chester	25=Erie	35=Lackawanna	45=Monroe	55=Snyder	65=Westmoreland
06=Berks	16=Clarion	26=Fayette	36=Lancaster	46=Montgomery	56=Somerset	66=Wyoming
07=Blair	17=Clearfield	27=Forest	37=Lawrence	47=Montour	57=Sullivan	67=York
08=Bradford	18=Clinton	28=Franklin	38=Lebanon	48=Northampton	58=Susquehanna	00=Not in PA
09=Bucks	19=Columbia	29=Fulton	39=Lehigh	49=Northumberland	59=Tioga	
10=Butler	20=Crawford	30=Greene	40=Luzerne	50=Perry	60=Union	