2017 Licensed Practical Nurse Licensure Renewal Survey:

The ongoing collection of health care workforce data enables the Department of Public Health to assess, forecast, and inform workforce development to meet the needs of Massachusetts residents. Please provide an answer for all required questions, which are denoted with an asterisk (*) at the end of the question. You will not be able to submit a survey until all required questions have been answered.

Section 1: Demographics

1. Zip Code of Primary Residence*
   ☐☐☐☐☐

2. Sex*
   - ☐ Male
   - ☐ Female
   - ☐ Other
   - ☐ Decline to Answer

3. Year of Birth*
   ☐☐☐☐

4. Are you Hispanic/Latino/Spanish?*
   - ☐ Yes
   - ☐ No
   - ☐ Decline to Answer

5. What race do you most identify with? Race refers to the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. Check all that apply.*
   - ☐ American Indian/Alaska Native
   - ☐ Asian
   - ☐ Black
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White
   - ☐ Other
   - ☐ Decline to answer

6. What ethnicity(ies) do you most identify with? Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country where you or your family were born. Check all that apply.*

☐ African	☐ Cuban	☐ Laotian
☐ African American	☐ Dominican	☐ Mexican, Mexican American, Chicano
☐ American	☐ European	☐ Middle Eastern
☐ Asian Indian	☐ Filipino	☐ Portuguese
☐ Brazilian	☐ French Canadian	☐ Puerto Rican
☐ Cambodian	☐ Guatemalan	☐ Russian
☐ Cape Verdean	☐ Haitian	☐ Salvadoran
☐ Caribbean Islander	☐ Honduran	☐ Vietnamese
☐ Chinese	☐ Japanese	☐ Other
☐ Colombian	☐ Korean	☐ Decline to Answer

7. Without using an interpreter, in which language(s) (other than English), are you fluent enough to provide adequate care for and speak with patients? Check all that apply.*
   - ☐ None
   - ☐ Albanian
   - ☐ American Sign Language (ASL)
   - ☐ Arabic
   - ☐ Cape Verdean Creole
   - ☐ Chinese
   - ☐ Farsi
   - ☐ French
   - ☐ Greek
   - ☐ Haitian Creole
   - ☐ Italian
   - ☐ Khmer
   - ☐ Korean
   - ☐ Portuguese
   - ☐ Russian
   - ☐ Somali
   - ☐ Spanish
   - ☐ Vietnamese
   - ☐ Other

8. Are you currently engaged in active duty in the armed services?
   - ☐ Yes
   - ☐ No

Section 2: Education

9. What type of nursing degree/credential qualified you for your **first** U.S. practical/vocational nursing license?*
   - ☐ Diploma or Certificate
   - ☐ Associate Degree

10. Where did you obtain this nursing degree/credential?*
    - ☐ Massachusetts
    - ☐ Other US State
    - ☐ U.S. Territory
    - ☐ Foreign Country

11. What is the highest level of non-nursing education you have completed?*
    - ☐ Not applicable
    - ☐ Associate Degree
    - ☐ Baccalaureate Degree
    - ☐ Master's Degree
    - ☐ Doctoral Degree

12. Do you possess any health care education certificates? Check all that apply. *
    - ☐ None
    - ☐ Certified Medication Assistant (DMH/DDS)
    - ☐ Certified Nursing Assistant
    - ☐ Home Health Aide
    - ☐ Medical Assistant
    - ☐ Other

Section 3: Employment

13. How many years have you been practicing nursing in the United States?*
    - ☐ Less than 1 year
    - ☐ 1-5 years
    - ☐ 6-10 years
    - ☐ 11-15 years
    - ☐ 16-20 years
    - ☐ 21-30 years
    - ☐ More than 30 years

14. What is your current employment status? Check all that apply.*
    - ☐ Full-time in field of Nursing
    - ☐ Part-time in field of Nursing
    - ☐ Per Diem in field of Nursing
    - ☐ Volunteering in field of Nursing
    - ☐ Employed in Non-Nursing field
    - ☐ Unemployed
    - ☐ Retired

15. If not employed in nursing, please indicate the major reason(s). Check all that apply.*
    - ☐ Not Applicable
    - ☐ Attending school
    - ☐ Cannot find nursing position
    - ☐ Disabled
    - ☐ Laid off
    - ☐ Not interested in nursing
    - ☐ Retired
    - ☐ Taking care of home/family
    - ☐ Other
    - ☐ Decline to answer

16. Considering **all** positions you currently fill in the field of nursing, how many **hours per week** do you work on average? If not currently working in nursing, please select 0.*
    (Drop down of 0-79, and then "80 or more")

17. Considering **all** positions you currently fill in the field of Nursing, approximately what percentage of your working hours do you personally spend on the following activities? (Answers for 21a through 21d should equal 100%. If not currently working in nursing, please enter 0% for each question.)
    a. Direct Patient Care (including patient education and care coordination)*
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

b. Administration or business-related manners*
- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

c. Education of Health Professions Students (including acting as preceptor)*
- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

d. Other*
- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

18. In the past 12 months, how many weeks did you work in the field of nursing (not counting vacation, medical leave, etc.)? Answer should be within 0 and 52.*
(Drop down of 0-52)

19. If there was training available to help you care for patients with disabilities, which of the following topics would you select? Check all that apply.
- ☐ Blindness or low vision
- ☐ Brain injuries (stroke, traumatic brain injury, etc.)
- ☐ Deafness or hard of hearing
- ☐ Epilepsy
- ☐ Intellectual or developmental disabilities
- ☐ Mental illness
- ☐ Mobility disabilities (wheelchair users, scooters, etc.)
- ☐ Not applicable to my work
- ☐ I do not need additional training

Instructions: The next group of questions is related to your PRIMARY practice, at the organization where you work the **most hours each month**. If you work an equal number of hours between two practice settings please choose one as your primary and one as your secondary setting. If you do not have a primary practice setting, please select 'Not Applicable'.

20. 5 digit zip code of your primary nursing practice setting. **If not currently practicing, enter 00000.***
    ☐☐☐☐☐

21. Which of the following best describes your primary practice **setting**? (Choose one).*
    - ☐ Not Applicable
    - ☐ Academic Institution
    - ☐ Ambulatory Surgical/Emergency Center
    - ☐ Assisted Living Facility
    - ☐ Community Health Center
    - ☐ Correctional Institution
    - ☐ Home Health Care Services
    - ☐ Hospital, Inpatient
    - ☐ Hospital, Outpatient
    - ☐ Insurance Organization
    - ☐ Mental Health/Sub Abuse - Outpatient
    - ☐ Mental Health/Sub Abuse - Residential
    - ☐ Nursing Association
    - ☐ Occupational Health Site
    - ☐ Physician Office
    - ☐ Public Health Agency
    - ☐ School Health Services
    - ☐ Skilled Nursing Facility/Hospice
    - ☐ Telenursing
    - ☐ Other Outpatient Care Center
    - ☐ Other

22. Please identify the **role** which best describes your primary nursing position.*
    - ☐ Not working as a nurse
    - ☐ Case Manager
    - ☐ Charge Nurse
    - ☐ Consultant
    - ☐ Instructor/Faculty
    - ☐ Manager/Director
    - ☐ Office Nurse
    - ☐ School Nurse
    - ☐ Staff Nurse
    - ☐ Supervisor
    - ☐ Other

23. In this role, do you routinely provide direct care to patients?*
    - ☐ Not applicable
    - ☐ Yes
    - ☐ No

24. Please identify the **populations** you work with in your primary nursing position. Check all that apply.*
    - ☐ Not working as a nurse
    - ☐ Not applicable to my work
    - ☐ All ages
    - ☐ Neonatal/Infants
    - ☐ Children
    - ☐ Adolescents/Young Adults
    - ☐ Adults
    - ☐ Elders

25. Which of the following best describes your **area of practice** in your primary position?*

- ☐ Not applicable
- ☐ Acute Care
- ☐ Administration
- ☐ Anesthesia/Perioperative
- ☐ Case Management
- ☐ Critical Care
- ☐ Dialysis
- ☐ Education
- ☐ Emergency/Trauma
- ☐ Family Practice
- ☐ Home Health
- ☐ Infection Prevention
- ☐ Labor & Delivery/Post Partum
- ☐ Long term care
- ☐ Mental Health/Sub Abuse
- ☐ Occupational Health
- ☐ Oncology
- ☐ Palliative Care
- ☐ Primary Care
- ☐ Public Health
- ☐ Rehabilitation
- ☐ School Health
- ☐ Other

Instructions: The next group of questions is related to your SECONDARY practice setting. If you do not have a secondary practice setting, please select 'Not Applicable'.

26. 5 digit zip code of your secondary nursing practice setting. **If you do not have a secondary practice, enter 00000.**
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27. Which of the following best describes your secondary practice **setting**? (Choose one).

- ☐ Not Applicable
- ☐ Academic Institution
- ☐ Ambulatory Surgical/Emergency Center
- ☐ Assisted Living Facility
- ☐ Community Health Center
- ☐ Correctional Institution
- ☐ Home Health Care Services
- ☐ Hospital, Inpatient
- ☐ Hospital, Outpatient
- ☐ Insurance Organization
- ☐ Mental Health/Sub Abuse - Outpatient
- ☐ Mental Health/Sub Abuse - Residential
- ☐ Nursing Association
- ☐ Occupational Health Site
- ☐ Physician Office
- ☐ Public Health Agency
- ☐ School Health Services
- ☐ Skilled Nursing Facility/Hospice
- ☐ Telenursing
- ☐ Other Outpatient Care Center
- ☐ Other

28. Please identify the **role** which best describes your secondary nursing position.

- ☐ Not working as a nurse
- ☐ Case Manager
- ☐ Charge Nurse
- ☐ Consultant
- ☐ Instructor/Faculty
- ☐ Manager/Director
- ☐ Office Nurse
- ☐ School Nurse
- ☐ Staff Nurse
- ☐ Supervisor
- ☐ Other

Section 4: Future Plans

29. With regard to your nursing practice, within the next five years do you plan to do any of the following? (Check all that apply)
    - ☐ Work the same as now
    - ☐ Increase hours of work
    - ☐ Reduce hours of work
    - ☐ Leave nursing practice, but not retire
    - ☐ Retire
    - ☐ Return to nursing practice
    - ☐ Seek additional education in nursing
    - ☐ Take a leave of absence
    - ☐ Other
    - ☐ Not Applicable

30. If you are currently enrolled or have plans to enroll in a nursing education program, which of the following best describes your present situation?
    - ☐ Not Applicable
    - ☐ Taking prerequisites for a Registered Nurse (RN) Program
    - ☐ On a wait list for admission to an RN program
    - ☐ Enrolled in a Diploma RN Program
    - ☐ Enrolled in an Associate RN Program
    - ☐ Enrolled in a Baccalaureate RN Program
    - ☐ Enrolled in a Master's RN Program
    - ☐ Other