

Nurse Practitioner Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current Dentistry workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of Dentistry 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: 1996 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)	Where did you obtain your initial nursing degree?	<i>Dropdown</i>
		Did not obtain an undergraduate degree
		Outside of the US or Canada
		Canada
		57 US States and Territories
7)	Where did you obtain the degree that initially qualified you to practice as a nurse practitioner?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
8)	What is the highest Nursing certificate, diploma or degree you have received as of today:	<i>Dropdown</i>
		NP Certificate without graduate degree
		Masters Degree
		Post Masters Certificate
		Post Ph.D. Certificate
		DNP
		Ph.D.
		Doctorate in Nursing
9)	In what year did you obtain your initial nurse practitioner license or certification?	<i>Dropdown: List of years (1965-2015)</i>
9)	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
10)	Please indicate your current primary area of clinical practice.	<i>Dropdown</i>
		Certified Nurse Midwife
		Certified Registered Nurse Anesthetist
		Nurse Practitioner-Acute Care
		Nurse Practitioner-Adult

		Nurse Practitioner-Emergency Room
		Nurse Practitioner-Family
		Nurse Practitioner-Gastroenterology
		Nurse Practitioner-Geriatric
		Nurse Practitioner-Medicine (subspecialties)
		Nurse Practitioner-Neonatal
		Nurse Practitioner-OB/GYN - Womens Health
		Nurse Practitioner-Occupational Health
		Nurse Practitioner-Organ Transplant
		Nurse Practitioner-Pain Management
		Nurse Practitioner-Pediatric
		Nurse Practitioner-Psychiatric and Mental Health
		Nurse Practitioner-Public Health
		Nurse Practitioner-Surgical (subspecialties)
		Other
10b)	If you selected "other specialty area", please provide a brief description:	<i>Open-ended</i>
11)	Do you hold any of the following credentials current as of today?	<i>Check all that apply</i>
		ANCC: Acute Care NP (ACNP-BC)
		ANCC: Adult NP (ANP-BC)
		ANCC: Adult-Gerontology Acute Care NP (AGACNP-BC)
		ANCC: Adult-Gerontology Primary Care NP (AGPCNP-BC)
		ANCC: Adult Psychiatric-Mental Health NP (PMHNP-BC)
		ANCC: Emergency NP (ENP-BC)
		ANCC: Family NP (FNP-BC)
		ANCC: Family Psychiatric-Mental Health NP (PMHNP-BC)
		ANCC: Gerontological NP (GNP-BC)
		ANCC: Pediatric NP (PNP-BC)
		ANCC: School NP (SNP-BC)
		ANCC/AADE: Diabetes Management-Advanced (BC-ADM)
		AANPCP: Adult NP (ANP-C)
		AANPCP: Family NP (FNP-C)
		AANPCP: Gerontologic NP (GNP-C)
		AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)
		NCC: Neonatal NP (NNP-BC)
		NCC: Women's Health Care NP (WHNP-BC)
11b)	If you selected "other specialty area", please provide a brief description:	<i>Open-ended</i>

Current Employment Status		
12	Which choice best describes your <i>current</i> employment or work situation?	<i>Dropdown</i>
		Employed as a nurse practitioner.
		Employed in nursing, NOT as a nurse practitioner
		Employed, NOT in a nursing related capacity.
		I am retired.
		Voluntarily unemployed (including for medical reasons).
		Involuntarily unemployed.
13)	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
14)	If employed, how many positions do you <i>currently</i> 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
15)	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

Unless otherwise noted, the rest of the questions draw 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 37.

Primary Work Location
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.

16)	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
17)	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
18a)	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>
18b)	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
		80 or more hours
19)	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>
19a)	Administration or business-related matters	None
19b)	Direct patient care, including patient education and coordination of care	1% to 9%
19c)	Education of health professions students (including acting as preceptor)	10% to 19%
19d)	Formal research	20% to 29%
19e)	Other	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
20a)	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
20b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Academia (Faculty Role)
		Community/Rural Health Center
		Corrections Facility
		Solo Practice
		Group Practice
		Hospital-inpatient department
		Hospital-outpatient department
		Hospital-emergency department
		Insurance provider
		Mental health/intellectual disability-residential
		Mental health/intellectual disability-outpatient
		Skilled nursing facility
		Continuing care / assisted living facility
		Occupational health site
		Retail/Convenient care clinic
		School nurse (K-12)
		Student health (college or university)
		Public health agency/program
		Urgent care clinic
		Other practice setting
20c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
21)	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
<p>If you only had one practice location in the past 12 months, please skip to question 31. If you had additional practice locations, please continue.</p>		
<p>Secondary Work Location</p>		

Questions 22 to 28 refer to your secondary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the second most work hours during an average workweek or where you spent the second 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.

22	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
23)	Please select the location of your secondary place of employment, work, volunteer work or practice:	<i>Dropdown:</i> Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties
24)	How long have you worked at this location?	<i>Dropdown</i> I do not currently work here 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
25a)	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>
25b)	How many hours do you (or did you) work in an average workweek at this location?	<i>Dropdown</i> 1 to 9 hours 10 to 19 hours 20 to 29 hours 30 to 39 hours 40 to 49 hours 50 to 59 hours 60 to 69 hours

		70 to 79 hours
		80 or more hours
26)	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>
26a)	Administration or business-related matters	None
26b)	Direct patient care, including patient education and coordination of care	1% to 9%
26c)	Education of health professions students (including acting as preceptor)	10% to 19%
26d)	Formal research	20% to 29%
26e)	Other	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
27a)	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
27b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Academia (Faculty Role)
		Community/Rural Health Center
		Corrections Facility
		Solo Practice
		Group Practice
		Hospital-inpatient department
		Hospital-outpatient department
		Hospital-emergency department
		Insurance provider
		Mental health/intellectual disability-residential
		Mental health/intellectual disability-outpatient
		Skilled nursing facility
		Continuing care / assisted living facility

		Occupational health site
		Retail/Convenient care clinic
		School nurse (K-12)
		Student health (college or university)
		Public health agency/program
		Urgent care clinic
		Other practice setting

27c) If you selected "other practice setting" please provide a brief description: *Open-ended*

28) Please indicate how you are (were) personally compensated for activities at this location: *Dropdown:*

		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 31. If you had additional practice locations, please continue.

29) How many **total** work locations have you had *over the past 12 months*? *Dropdown*

		3
		4
		5
		6 or more

30) How many work locations do you have *currently*? *Dropdown*

		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.

31) Within the past 12 months, have you experienced any of the following: *Check all that apply*

		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?
32)	Do you engage in any of the following activities at any current work location?	<i>Check all that apply</i>
		Remote health, caring for patients in Virginia
		Remote health, caring for patients outside of Virginia
		Meaningful use of EHRs
32)	What is your estimated annual net 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 or more
33)	Do you receive any of the following benefits from any <i>current</i> employer?	<i>Check all that apply:</i>
		Paid Leave
		Health Insurance
		Dental Insurance
		Retirement (401k, Pension, etc.)
		Group Life Insurance
		Signing/retention bonus
34)	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
35)	At what age do you plan 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
36)	Within the next two years do you plan to do any of the following:	<i>Check all that apply</i>
		Retire
		Cease work in nursing
		Continue to work in nursing, but cease working in Virginia
		Increase patient care hours
		Decrease patient care hours
		Increase time spent teaching health professions students
		Decrease time spent teaching health professions students
		Pursue additional nursign-related education
End of Questionnaire for active practitioners-Thank you!		
37)	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-related 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?
38)	Do you provide any volunteer, mentoring or other services within the nursing profession 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
39)	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!		