# 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 of physical characteristics or similar American Indian/Alaska Nation Asian Black Native Hawaiian/Pacific Islan White Other Decline to answer	r social and geographic or ve	group or groups that you identify with as having similar rigins. Check all that apply.*
6.	What ethnicity(ies) do you most sometimes the country where yo African [ African American [ American [ Asian Indian [ Brazilian [ Cambodian [		efers to your background, heritage, culture, ancestry, o orn. Check all that apply.* Laotian Mexican, Mexican American, Chicano Middle Eastern Portuguese Puerto Rican Russian
	Cape Verdean	 Haitian	

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	Italian
Albanian	Khmer
American Sign Language (ASL)	Korean
Arabic	Portuguese
Cape Verdean Creole	Russian
Chinese	Somali
Farsi	Spanish
French	Vietnamese
Greek	Other
Haitian Creole	

- 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
- 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	Office Nurse
Case Manager	🗌 School Nurse
Charge Nurse	📃 Staff Nurse
Consultant	Supervisor
Instructor/Faculty	🗌 Other
Manager/Director	

23. In this role, do you routinely provide direct care to patients?\*

Not applicable
Yes

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24. Please identify the **populations** you work with in your primary nursing position. Check all that apply.\*

Not	working	as a	nurse
	I ! I-		

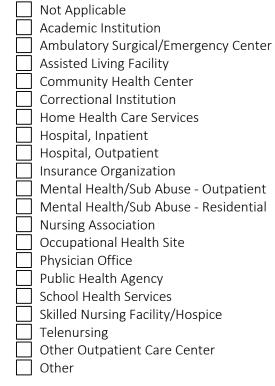
- Not applicable to my work
- All ages
- ] Neonatal/Infants | Children
- Adolescents/Young Adults
- \_\_\_\_ Adolescents/ Young Adult
- Adults
- Elders

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

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

**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.**
- 27. Which of the following best describes your secondary practice **setting**? (Choose one).



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

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

## 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