



* 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. 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 page 4) [][]

6. What type of nursing degree/credential qualified you for your first U.S. nursing license?
[] Vocational/Practical certificate [] Diploma [] Associate [] Bachelor's [] Master's [] Doctoral

6a. In what year did you obtain this first U.S. nursing license? [][][][]

7. In what country were you initially licensed as an RN or LPN? [] United States [] Other _____

8. In what year did you obtain your first U.S. RN license? [][][][]

8a. In what state was this first U.S. RN license issued? (two letter postal code) [][]

9. What is your highest level of nursing education completed? (check one)
[] Diploma - nursing [] Associate - nursing [] Bachelor's - nursing [] Master's - nursing
[] Doctoral - nursing (PhD) [] Doctoral - nursing (DNP) [] Doctoral - nursing (other)

10. If applicable, 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
[] Not applicable

11. Have you completed an advanced nursing practice education program? [] Yes [] No >> if 'No', skip to question 12

11a. Which of the following have you completed? (check all that apply)
[] CNM=Nurse Midwife [] CNS=Clinical Nurse Specialist [] CRNA=Nurse Anesthetist [] CRNP=Nurse Practitioner

11b. Year you completed advanced practice education [][][][] [][][][] [][][][][] [][][][][]

11c. State of your advanced practice program (2 letter postal code) [][] [][] [][] [][]

11d. Do you hold a national certification in this role? (check if yes) [] [] [] []

11e. Do you hold a state certification in this role? (check if yes) [] [] N/A []

11f. Are you currently practicing in any of these roles?(check if yes) [] [] [] []

11g. Do you practice with an on-site physician? (check if yes) [] [] [] []

11h. Do you practice in a primary care setting? (check if yes) [] [] [] []

11i. Have you experienced limits/barriers to your practice? (check if yes) [] [] [] []

11j. If you checked yes to 11i, please indicate the type(s) of limitation(s)/barrier(s) you encounter: (check all that apply)
[] Facility ByLaws [] Finding Collaborating Physicians [] Insurance Reimbursement for Services
[] Regulations/Scope of Practice Laws [] Insurer Credentialing [] Other _____



12. Are you currently in the process of continuing your nursing education? Yes No >> *if 'No', skip to question 13*

12a. What type of nursing degree are you primarily pursuing?

Associate Bachelor's Master's Post-masters Doctoral Other

12b. Indicate if you are currently pursuing any of the following advanced nursing education programs.

Nurse Midwife Clinical Nurse Specialist Nurse Anesthetist Nurse Practitioner None

12c. What is your anticipated graduation date?

0-2 years from today 3-4 years from today 5-6 years from today More than 6 years from today

13. 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 13 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 13 is 'employed in nursing' (either full-time, part-time or per diem), skip to question 15*

14. 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 13 is 'unemployed', you have now completed the survey. Thank you very much!!*

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

15a. In what **county** is your primary job located? (*PA only – see codes on page 4*)

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

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

17. 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.

Direct Patient Care

Indirect Patient Care:

- | | |
|--|--|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Infection Prevention/Control | <input type="checkbox"/> Informatics/Health Information Technology |
| <input type="checkbox"/> Nursing School Faculty/Administration | <input type="checkbox"/> Patient Staff Education |
| <input type="checkbox"/> Researcher/Consultant | <input type="checkbox"/> Other |



18. 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"/> Psychiatric/Mental Health/Substance Abuse |
| <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"/> Other |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Pediatrics/Neonatal | <input type="checkbox"/> No Specialty |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Public Health | |

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

>> *If the answer to question 19 is '1', skip to question 22*

20. Please check the type of setting that most closely corresponds to your secondary nursing practice position. (*check one*)
- | | |
|--|--|
| <input type="checkbox"/> Academic Setting | <input type="checkbox"/> Nursing Home/Extended Care/Assisted Living Facility |
| <input type="checkbox"/> Ambulatory Care Setting | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Health Service |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance Claims/Benefits | |

21. Please check the employment specialty that most closely corresponds to your secondary nursing practice position. (*check one*)
- | | | |
|---|--|--|
| <input type="checkbox"/> Acute Care/Critical Care | <input type="checkbox"/> Home Health | <input type="checkbox"/> Psychiatric/Mental Health/Substance Abuse |
| <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"/> Other |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Pediatrics/Neonatal | <input type="checkbox"/> No Specialty |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Public Health | |

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

23. 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 24*

23a. 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 _____ | |

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

25. 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 |
| RN 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 |
| RNs 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 |

26. How satisfied are you with your primary nursing job?
 Very dissatisfied Dissatisfied Satisfied Very Satisfied
27. How satisfied are you with nursing as a career?
 Very dissatisfied Dissatisfied Satisfied Very Satisfied
28. 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 31**
29. 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
30. Please identify where you learned to use computer systems in your role as a nurse (*check all that apply*).
 Nursing Education Program On-the-job Training Continuing Education
31. 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
- 31a. If you checked yes to question 31, did you have adequate information or resources to provide the answer?
 Yes No Not applicable
32. 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
33. 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 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	