STATE OF WISCONSIN
DWD
Department of Workforce Development

2015 Licensed Practical Nurse Workforce Survey

Information to Grow Wisconsin's Workforce

LPNs are valuable members of the nursing profession. Your careful survey responses will be used to help plan future nursing care for the people of Wisconsin.

The Survey is designed to be as **simple and quick** as possible while gathering **critical information** on the LPN Workforce. Your honest responses are important to an accurate representation of nursing in Wisconsin.

Thank you for your time in completing this important survey

The survey takes between 10 to 15 minutes. **You will not be asked every question in the survey.** The information you provide will determine the questions asked.

No personal information or information from your license are attached to your survey responses.

Please have the following information available before you begin:

1. The year you received your first LPN **license**.
2. The year(s) you received your **diploma(s).**
3. County and zip code location of your place of work.

Print, complete, and return the survey and signed affidavit to DSPS:
Fax: 608-251-3036
Email: DSPSRenewal@wisconsin.gov
Mail: DSPS – Renewal Unit
PO Box 8935
Madison, WI 53708-8935

If you have questions concerning your renewal, payment, or are experiencing technical difficulties, please report this to the Department of Safety and Professional Services (DSPS) at the following email address, DSPSRenewal@wisconsin.gov , or by calling 608-266-2112. **Please allow 2-3 business days for assistance. Making multiple requests for assistance slows down agency response time.**

Use the email address NursingSurvey@dwd.wisconsin.gov if you need help answering the survey questions, or have additional comments or suggestions. **This email address is active only during the open renewal period.**

LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

1. In what country were you initially **licensed** as a nurse?

___ U.S.
___ Another Country

2. In what year did you obtain your **initial** U.S. licensure as an LPN?

_____ Enter a 4-digit year between 1930 and 2015

3. In what year did you obtain your first **Wisconsin** license as an LPN?

_____ Enter a 4-digit year between 1930 and 2015

Education

4. For each of the following **nursing diplomas or degrees** you have received, please enter the year you received the diploma or degree.

Enter a 4-digit year between 1930 and 2015 for all that apply:

_____ Diploma in Practical Nursing or Vocational Nursing
_____ Associate Degree in Nursing
_____ Bachelor Degree in Nursing
_____ Master Degree in Nursing
_____ Doctorate

5. Please indicate your plans for further education in nursing:
(Select only one response)

____ I have no plans for additional nursing studies
____ Currently enrolled in an Associate Program in Nursing
____ Currently enrolled in a BSN program
____ Currently enrolled in a graduate program in nursing
____ Currently enrolled in a non-degree specialty certification program
____ Plan to pursue further education in nursing in the next two years

6. What are the **two greatest challenges** you face or anticipate in pursuing higher nursing education? (Select at most only two responses)

____ None (if selected, do not make any other selections)
____ Commuting distance to educational program
____ Cost of lost work time and benefits
____ Cost of tuition, materials, books etc.
____ Family/personal reasons
____ Lack of flexibility in work schedule
____ Limited access to online learning or other online resources
____ Scheduling of educational programs offered
____ Concern about my ability to succeed in college
____ Other, not listed

Training

7. Have you received training in emergency preparedness and response (such as Incident Command System (ICS) 100, 200, 700; Hazardous Materials, etc.)? (Check all that apply)

____ No
____ Yes, I have received this training from my employer
____ Yes, I have received this training from a voluntary organization (e.g. Red Cross)
____ Yes, other

8. Have you applied training in emergency preparedness and response? (Check all that apply)

____ No
____ Yes, I have participated in an emergency preparedness and response exercise in the last two years
____ Yes, I have responded to an actual emergency, incident, or major disaster within the last two years

9. Are you a member of the following: (Check all that apply)

____ Wisconsin Emergency Assistance Volunteer registry (WEAVR)
____ Medical Reserve Corps (MRC) unit
____ No, I am not a member

CURRENT EMPLOYMENT INFORMATION

Please take into account **only your principal job** while answering the following questions. **Do not include unpaid volunteer work.**

10. Please indicate your employment status: (Select only one response)

____ Actively working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
____ Actively working in health care, not nursing
____ Actively working in another field
____ Unemployed, seeking work in nursing
____ Unemployed, seeking work in another field
____ Unemployed, not seeking work
____ Retired

11. Has your employment status changed during the past year?
(If you have experienced more than one change, please **select the most significant change**.)

____ No change in employment status
____ Yes I changed the number of hours worked
____ New position with the same employer
____ New position with a different employer
____ I was not working as an LPN, but am now in a LPN nursing job
____ I was working as an LPN but I am no longer working as an LPN
____ Other

12. Which of the following factors was the most important in your change in employment during the past year? (Select only one response)

____ Not applicable
____ I retired
____ Childcare responsibilities
____ Other family responsibilities
____ Salary/medical or retirement benefits
____ Laid off
____ Change in spouse/partner work situation
____ Change in financial status
____ Relocation/moved to a different area
____ Promotion/career advancement
____ Change in my health status
____ Seeking more convenient hours
____ Dissatisfaction with previous position
____ Other

NURSING CAREER INFORMATION

Please take into account **all your nursing work experiences, including unpaid volunteer nursing work,** when answering the questions in this section.

13. Please indicate any of the clinical areas listed below in which you have specialized knowledge and/or experience of two or more years:
(Check all that apply)

____ None (if selected, do not make any other selections)
____ Acute Care /Critical Care/Intensive Care
____ Addiction/ AODA/Substance Abuse
____ Adult Health
____ Anesthesia
____ Cardiac Care
____ Community Health
____ Corrections
____ Dialysis/Renal
____ Emergency/Trauma
____ Family Health
____ Geriatrics/Gerontology
____ Home Health
____ Hospice Care/ Palliative Care
____ Labor and Delivery
____ Maternal-Child Health
____ Medical-Surgical
____ Neonatal Care
____ Obstetrics/Gynecology
____ Occupational Health/Employee Health
____ Oncology
____ Pediatrics
____ Public Health
____ Psychiatric/Mental Health
____ Rehabilitation
____ Respiratory Care
____ School Health (K-12 or post-secondary)
____ Surgery/Pre-op/Post-op/ PACU
____ Women's Health
____ Other, not listed

14. Which of the following nursing skill-based certifications do you currently have? (Check all that apply)

____ No current skill-based certifications
____ Certified Hemodialysis Nurse
____ Certified Hospice and Palliative Licensed Nurse
____ Emergency Medicine/Nursing **beyond** Basic Life Support (ex. First Responder, Emergency Medical Technician, etc.)
____ Gerontology
____ IV Certification
____ Wound Care Certification
____ Cardiac-Vascular Nursing
____ Other

15. Which of the following factors best captures the **single most important factor** in your career decisions today?

____ I am retired/not working/not doing volunteer work
____ Level of personal satisfaction/ collegial relationships
____ Family/personal issues
____ Pay
____ Medical Benefits
____ Retirement benefits
____ Hours/shift availability
____ Potential for advancement
____ Employer supported education options
____ Worksite location
____ Physical work requirements
____ Physical disability
____ Other

16. How much longer do you plan to work in your present type of work? (Select only one response)

____ Not applicable
____ Less than 2 years
____ 2-4 years
____ 5-9 years
____ 10-19 years
____ 20-29 years
____ 30 or more years

17. In your career, how many years have you worked as a Licensed Practical Nurse providing **direct patient care**?

Direct patient care is defined as, *"To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting."* Examples include providing treatments, counseling, patient education or administration of medication.

_____ Number of years

18. If you presently provide **direct patient care**, how much longer do you plan to work providing direct patient care? (Select only one response)

____ Does not apply
____ Less than 2 years
____ 2-4 years
____ 5-9 years
____ 10-19 years
____ 20-29 years
____ 30 or more years

19. How many separate nursing jobs do you currently have?
(Including unpaid volunteer nursing work)

_____ Number of jobs ***If you answered 0 jobs to this question, please skip to the UNEMPLOYED SECTION, Question 45.***

PRINCIPAL PLACE OF WORK

Please respond to the following questions by referring to your principal place of work (the place where you work the most hours), **even if this work is unpaid or voluntary.**

20. Which of the following categories best describes your job at your principal place of work? (Select only one response)

____ Nursing
____ Health related services outside of nursing
____ Retail sales and services
____ In-service or patient educator
____ Financial, accounting, and insurance processing staff
____ Consulting
____ Other
____ I am not working at the present time. ***If not working, please skip to the UNEMPLOYED SECTION, Question 45.***

21. Does this job require licensure as an LPN?

____ Yes
____ No

22. Which of the following categories best describes your employment status at this job? (Select only one response)

____ A regular employee
____ Self-employed
____ Employed through a temporary employment service agency
____ Travel nurse or employed through a traveling nurse agency
____ Volunteer

23. What is the zip code of your **principal place of work**?
(If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

Zip code (if in the U.S.) _____(5 digits only)
____ Outside of U.S. *(If you check this response, you may skip the next question)*

24. If you work in Wisconsin, in what county is your principal place of work located?

____ Does not apply
Specify name of Wisconsin county: _____

25. What is your current employment basis for this principal position? (Select only one response)

____ Full time, salaried
____ Full time, hourly wage
____ Part time, salaried
____ Part time, hourly wage
____ Per diem (called as needed)
____ Volunteer

26. In this job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

_____ Number of hours

27. In this job, on average how many days do you work in a **two week time period?**

_____ Number of days

28. For what reason would you work more than your scheduled hours for the **two week time period?** (Select only one response)

____ I am salaried
____ I have agreed to this as part of my employment
____ I am required to work the additional hours (not on-call)
____ I am required to work the additional hours (on-call)
____ I may voluntarily agree to work the additional hours

29. How many weeks did you work (including paid vacations) in calendar year 2014?

_____ Number of weeks

30. What is the approximate per hour wage that you are paid for the shift that you work most frequently? (Select only one response)

____ Under $9.25
____ $9.25 – 11.74
____ $11.75 – 14.74
____ $14.75 – 18.74
____ $18.75 – 23.99
____ $24.00 – 30.24
____ $30.25 and over

31. Does your compensation from your **principal** working position include: (Check all that apply)

____ Retirement plan
____ Dental insurance
____ Personal health insurance
____ Family health insurance
____ Tuition reimbursement, all or partial
____ Fitness center reimbursement or access to fitness facilities
____ Flexibility in scheduling to allow for further nursing education
____ None

32. How long have you worked in your **principal** job?

_____ Number of years (please round up to the nearest year)

33. In your current role, is your **primary function** to provide **direct patient care**?

Direct patient care (DPC) is defined as, *"To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting."* Examples include providing treatments, counseling, patient education or administration of medication.

(Select only one response)

____ Yes
____ No, I provide limited DPC
____ No, I supervise DPC
____ No, but I provided direct patient care in the past
____ No, but I have provided limited DPC in the past
____ No, I have never provided DPC

34. Please select **only one** in the categories below as best describing your **primary work setting**. (The headings are intended as guides only)

Hospital (Medical/Surgical, Alcohol or Drug Abuse (AODA)/Psychiatric, Long-Term Acute Care)

___ Hospital, emergency/urgent care
___ Hospital, 24 hour inpatient unit (other than intensive care or obstetrics)
___ Hospital, outpatient/ambulatory care
___ Hospital, obstetrics
___ Hospital, intensive care
___ Hospital, inpatient mental health/substance abuse
___ Hospital, perioperative services - Operating Department (OR), Post Anesthetic Care Unit (PACU), and others
___ Hospital, other departments
___ Hospital, I work in several/all hospital units

Extended Care, such as Adult Family Homes (AFH), Community-Based Residential Facilities (CBRF), and Residential Care Apartment Complexes (RCAC)

___ Nursing home
___ Skilled nursing facility
___ Hospice facility
___ Intermediate care facility (ICF)
___ Mental Retardation care facility (MR)
___ Assisted living facility
___ Rehabilitation facility/group home/CBRF
___ Long-term acute care

Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)

___ Medical practice, clinic, physician office,
___ Surgery center, dialysis center
___ Urgent care, not hospital-based
___ Outpatient mental health/substance abuse
___ Correctional facility, prison or jail (federal, state or local)
___ School health service
___ Call center/ tele-nursing center

Home Health (Private Home)

___ Home health agency
___ Home health service
___ Hospice

Public Health

___ Public health (governmental: federal, state, or local)
___ Community health centers, agencies and departments
___ Occupational health or employee health service
___ School health services (K-12, college and universities)

Other (Insurance, call center etc.)

___ Call center/ tele-nursing
___ Government agency other than public/community health or corrections
___ Non-governmental health policy, planning or professional organization
___ Insurance company claims/benefits
___ Sales (pharmaceutical, medical devices, software, etc.)
___ Self-employed/consultant
___ Other

35. Is this a federally owned facility?

____ Yes
____ No

36. Is this a tribal facility?

____ Yes
____ No

SECONDARY PLACE OF WORK

Please respond to the following questions by referring to your secondary place of work **even if this is unpaid voluntary work.**

37. Do you have a secondary place of work?

____ Yes
____ No ***If No, please skip this section and go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.***

38. Which of the following categories best describes your job at your secondary place of work? (Select only one response)

____ Nursing
____ Health related services outside of nursing
____ Retail sales and services
____ In-service or patient educator
____ Financial, accounting, and insurance processing staff
____ Consulting
____ Other

39. Does this job require licensure as an LPN?

____ Yes
____ No

40. What is the zip code of your **secondary place of work**? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

Zip code (if in the U.S.) _____(5 digits only)
___ Outside of U.S. *(If you check this response, you may skip the next question)*

41. If your secondary place of work is in Wisconsin, what county is your secondary place of work located?

___ Does not apply

Specify name of Wisconsin county: _____

42. In your **secondary** job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

_____ Number of hours

43. In your **secondary** job, on average how many days do you work **two week time period**?

_____ Number of days

44. In this job, how many weeks did you work (including paid vacations) in calendar year 2012?

_____ Number of weeks

Once you have completed the SECONDARY PLACE OF WORK SECTION, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.

UNEMPLOYED SECTION

45. Which of the following best describes your current intentions regarding work in nursing? (Select only one response)

____ Currently seeking employment in nursing
____ Plan to return to nursing in the future
____ I am retired/unable to return to nursing
____ Definitely will not return to nursing, but not retired
____ Undecided at this time

46. What factors would influence you to return to nursing? (Check all that apply)

____ I would not consider returning
____ Modified physical requirements of job
____ Affordable childcare at or near work
____ Improvement in my health status
____ Improved health care benefits
____ Retirement benefits
____ More or flexible hours
____ Opportunity for career advancement
____ Improved pay
____ Shift
____ Work environment
____ Worksite location
____ Other

Please continue to the DEMOGRAPHIC INFORMATION section, and start with Question 47.

DEMOGRAPHIC INFORMATION

47. What is your year of birth?

_____ Enter a 4-digit year between 1915 and 1998.

48. What is your gender?

____ Female
____ Male

49. Are you of Hispanic, Latino, or Spanish ethnicity?

____ Yes
____ No

50. Which of the following would you use to describe your racial identity? (Select the most appropriate)

____ White
____ Black or African American
____ American Indian or Alaska Native
____ Asian
____ Native Hawaiian or Other Pacific Islander
____ Two or more races

51. Please indicate languages, other than English, in which you can communicate with patients and pose questions about their condition: (Check all that apply)

____ No other languages
____ Spanish
____ Filipino, Tagalog
____ German
____ French
____ Russian
____ Hmong, Miao
____ Hindi
____ Polish
____ American Sign Language
____ Other language

52. Please enter the zip code of your **primary residence:**

Zip code (if in the U.S.) _____(5 digits only)
___ Outside of U.S. (If you check this response, you may skip the next question)

53. If you reside in Wisconsin, please indicate the county of your **primary residence**:

___ Does not apply
Specify name of Wisconsin county: _____

THANK YOU FOR COMPLETING THE SURVEY.

PLEASE TURN TO THE LAST PAGE AND SIGN THE AFFIDAVIT.