



California Board of Registered Nursing

Survey of Registered Nurses 2022

Conducted for the Board of Registered Nursing
by the
University of California, San Francisco

Here's how to fill out the Survey:

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

₁ YES
₂ NO —▶ **SKIP TO Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, please email Lela.Chu@ucsf.edu or call toll-free: (877) 276-8277.
- **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

**CALIFORNIA BOARD OF REGISTERED NURSING
2022 RN SURVEY**

SECTION A: EDUCATION & LICENSURE

1. What types of **nursing** degree programs have you completed? Include both initial and advanced education.

	Year completed	Location (2-letter state code or name of country)
Associate degree in nursing	_____	_____
30-unit option program (LVN-to-RN)	_____	_____
Baccalaureate in nursing (BSN or BS with nursing major)	_____	_____
Entry Level Master's program (ELM, MEPN, etc.)	_____	_____
Diploma program (hospital-based)	_____	_____
Master's Degree in nursing (non-ELM)	_____	_____
Post-Master's Certificate in nursing	_____	_____
Doctor of Nursing Practice (DNP)	_____	_____
Research-based Nursing Doctorate (PhD, DNSc, etc.)	_____	_____
Other (Describe): _____	_____	_____

2. What types of **non-nursing** post-secondary degree programs have you **completed**, before and/or after your nursing education? (Please report current enrollment in **Question #10**)

	Year
Associate degree (non-nursing)	_____
Bachelor's degree (non-nursing)	_____
Master's Degree (non-nursing)	_____
Doctorate (JD, MD, PhD, etc.)	_____
Other program type (Describe): _____	_____

3. **Prior** to starting your initial RN education, were you employed in a health occupation?
(**Check all that apply.**)

- a No
- b Yes, healthcare clerical or administrative
- c Yes, military medical corps
- d Yes, nursing aide/assistant
- e Yes, other health technician/therapist
- f Yes, medical assistant
- g Yes, licensed practical/vocational nurse
- h Yes, other (**Specify**): _____)

4. In what US state or other country were you **first licensed** as an RN?

2-letter US state code: _____

OR Other country: _____

5. In what year were you first licensed as an RN in the **United States**?

6. **Not including California**, do you hold an **active** RN license in **other states**?

- 0 No other states
- 1 Yes (list states: _____)

Are any of these Nurse Licensure Compact states? 1 Yes 0 No

7. Which of the following **California BRN certifications or listings** do you have?
(**Check all that apply.**)

- a None
- b Nurse Anesthetist
- c Public Health Nurse
- d Nurse-Midwife
- e Psychiatric/Mental Health Nurse
- f Nurse Practitioner
- g Clinical Nurse Specialist

8. **Since completing your initial RN education**, how many years and months have you worked in a job that requires a registered nursing license? Exclude years during which you did not work as an RN.

_____ years and _____ months

9. **How satisfied are you with the nursing profession overall?**

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Satisfied
- 5 Very satisfied

10. Are you currently enrolled in a degree program or certification program?

₁ Yes ₂ No → **Skip to Question #14**

11. What is your objective? (Check all that apply.)

- _a Associate degree in Nursing (ADN)
- _b Baccalaureate of Science in Nursing (BSN)
- _c Master's degree in Nursing (MSN)
- _d Doctor of Nursing Practice (DNP)
- _e Research or education-focused Doctorate in Nursing (PhD, DNSc, etc.)
- _f Non-degree nursing certificate
- _g Non-nursing Associate degree
- _h Non-nursing Baccalaureate degree
- _i Non-nursing Master's degree
- _j Non-nursing professional Doctorate (JD, MD, etc.)
- _k Non-nursing research or education-focused Doctorate(PhD, EdD, etc.)
- _l Non-nursing certificate

12. What percent of coursework is through online or distance learning?
Currently: _____% Normally: _____%

13. Why did you decide to return to school? (Check all that apply.)

- _a Personal fulfillment or enrichment
- _b Employer requires me to obtain BSN
- _c Difficulty finding a job with current education
- _d To be eligible for a promotion or higher-level position
- _e Employer encourages me to advance my education
- _f Desire for new skills to improve the quality of care I provide
- _g To prepare me to work in a different setting
- _h To get a higher salary
- _i Interest in an administrative/ management career
- _j Interest in a faculty/teaching career
- _k Interest in becoming an advanced practice nurse (NP, CNM, CRNA, CNS)
- _l Desire to change careers out of nursing
- _m Getting burned out in current job

14. Are you **currently employed for pay** in a position that **requires an RN license**, including any Advanced Practice Registered Nurse positions?

₁ **Yes**, working full-time, part-time or per diem

Continue to Section B below

₂ **No** → **Skip to Section C, page 7**

SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING

Please complete this section **if you are working in a position that requires an RN license**, including APRN positions. In this survey, "RN" or "registered nursing" refers to both RNs and APRNs.

15. How many **hours** do you **normally** work in all positions that require a registered nursing license? (Please complete all items.)

- a. _____ # hours per **day** in all nursing positions
- b. _____ # hours per **week** in all nursing positions (do not include unworked on-call hours)
- c. _____ # overtime hours per **week** in all nursing positions
- d. _____ # hours **on call not worked** per week in all nursing positions
- e. _____ # hours in **direct patient care** per week

16. How many **months** per year do you work as an RN?
_____ # months per **year**

17. What are your intentions regarding your nursing employment in the next:

Two Years? (Check only one.)	Five Years? (Check only one.)
<input type="checkbox"/> ₁ Plan to increase hours of nursing work	<input type="checkbox"/> ₁ Plan to increase hours of nursing work
<input type="checkbox"/> ₂ Plan to work approximately as much as now	<input type="checkbox"/> ₂ Plan to work approximately as much as now
<input type="checkbox"/> ₃ Plan to reduce hours of nursing work	<input type="checkbox"/> ₃ Plan to reduce hours of nursing work
<input type="checkbox"/> ₄ Plan to leave nursing entirely but not retire	<input type="checkbox"/> ₄ Plan to leave nursing entirely but not retire
<input type="checkbox"/> ₅ Plan to retire	<input type="checkbox"/> ₅ Plan to retire

18. Overall, based on your definition of burnout, how would you rate your level of burnout? (Check only one.)

- ₁ I enjoy my work. I have no symptoms of burnout
- ₂ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- ₃ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- ₄ The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot
- ₅ I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help

Questions 19 - 34 refer to your principal nursing position, which is the current RN or APRN position in which you spend most of your working time.

19. In your **principal** nursing position, are you...?
(Check only one.)

- ₁ A regular employee (including per diem)
- ₂ Employed locally through a temporary agency
- ₃ Travel nurse/travel agency
- ₄ Self-employed

20. How long have you been employed as an RN with your **principal** employer in any position?

_____ years and _____ months

21. How many **hours per week** do you normally work in your **principal** nursing position?

_____ # hours per week

22. How many **months per year** do you normally work in your **principal** nursing position?

_____ # months per year

23. Which one of these best describes the **job title** of your **principal** nursing position? (Check only one.)

- ₁ Staff nurse/direct care nurse
- ₂ Charge Nurse and direct care nurse
- ₃ Charge Nurse or Team Leader (not direct care)
- ₄ Senior management (CEO, Vice President, Dean)
- ₅ Middle management (Asst. Director, Dept. Head, Associate Dean)
- ₆ Front-line management (Head Nurse, Manager)
- ₇ Clinical Nurse Specialist (CNS)
- ₈ Certified Registered Nurse Anesthetist (CRNA)
- ₉ Certified Nurse-Midwife (CNM)
- ₁₀ Nurse Practitioner (NP)
- ₁₁ School Nurse
- ₁₂ Public Health/Community Health Nurse
- ₁₃ Educator, academic setting (professor, instructor)
- ₁₄ Staff educator, service setting (in-service educator)
- ₁₅ Patient educator
- ₁₆ Patient care coordinator/case manager/discharge planner/patient navigator
- ₁₇ Quality improvement/utilization review nurse
- ₁₈ Informatics/Clinical documentation specialist
- ₁₉ Infection control nurse
- ₂₀ Occupational health nurse
- ₂₁ Telenursing/telephone advice nurse
- ₂₂ Other (Please describe): _____

24. Which of the following best describes the **type of setting** of your **principal** nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work?
(Check only one.)

Hospital (not mental health)

- ₁ Hospital, **inpatient** care or **emergency** dept.
- ₂ Hospital, **ancillary** unit (GI lab, radiology, etc.)
- ₃ Hospital, **ambulatory care** department (outpatient, surgery, clinic, etc.)
- ₄ Hospital, **nursing home** unit
- ₅ Hospital, **other** type of department (administration, home health, etc.)

Other inpatient setting

- ₆ **Nursing home/extended care/skilled nursing facility/group home**
- ₇ **Rehabilitation** facility/ long-term acute care
- ₈ Inpatient **mental health**/substance abuse
- ₉ **Correctional** facility/prison/jail
- ₁₀ **Inpatient hospice** (not hospital-based)
- ₁₁ **Other inpatient setting**

Clinic/ambulatory

- ₁₂ **Private** medical practice, clinic, office, etc.
- ₁₃ **Public** clinic, rural health center, FQHC, etc.
- ₁₄ **School health** service (K-12 or college)
- ₁₅ Outpatient **mental health**/substance abuse
- ₁₆ **Urgent care**, not hospital-based
- ₁₇ **Ambulatory surgery** center (free-standing)
- ₁₈ **Other clinic/ambulatory**
(Please describe): _____

Other types of employment settings

- ₁₉ **Occupational health** or employee health service
- ₂₀ **Public health** or community health agency (not a clinic)
- ₂₁ **Government agency** other than public/community health or corrections
- ₂₂ Outpatient **Dialysis Center**
- ₂₃ University or college (**academic** department)
- ₂₄ **Home health** agency/hospice agency
- ₂₅ **Case management**/disease management
- ₂₆ **Call center**/telenursing center
- ₂₇ Self-employed
- ₂₈ **Other setting**
(Please describe): _____

25. Indicate the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position. **(Check only one.)**

- | | | |
|---|--|--|
| <input type="checkbox"/> ₀ Not involved in direct patient care | <input type="checkbox"/> ₈ Emergency/trauma | <input type="checkbox"/> ₁₆ Oncology |
| <input type="checkbox"/> ₁ General medical-surgical | <input type="checkbox"/> ₉ Geriatrics | <input type="checkbox"/> ₁₇ Pediatrics |
| <input type="checkbox"/> ₂ Critical care/Intensive care | <input type="checkbox"/> ₁₀ Gynecology/family planning | <input type="checkbox"/> ₁₈ Psychiatry/mental health |
| <input type="checkbox"/> ₃ Ambulatory care – primary care | <input type="checkbox"/> ₁₁ Home health care | <input type="checkbox"/> ₁₉ Rehabilitation |
| <input type="checkbox"/> ₄ Ambulatory care – specialty | <input type="checkbox"/> ₁₂ Hospice | <input type="checkbox"/> ₂₀ School health (K-12 or college) |
| <input type="checkbox"/> ₅ Community/public health | <input type="checkbox"/> ₁₃ Labor & delivery | <input type="checkbox"/> ₂₁ Step-down or telemetry |
| <input type="checkbox"/> ₆ Corrections | <input type="checkbox"/> ₁₄ Mother-baby unit or newborn nursery | <input type="checkbox"/> ₂₂ Surgery/peri-operative |
| <input type="checkbox"/> ₇ Dialysis | <input type="checkbox"/> ₁₅ Neonatal care | <input type="checkbox"/> ₂₃ Other (Specify): _____ |

26. Please rate each of the following factors of your **principal** nursing position:

	Very <u>dissatisfied</u>	Dissatisfied	Neither satisfied nor <u>dissatisfied</u>	Satisfied	Very satisfied	Does not apply
A. Your job overall	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
B. Your salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
C. Employee benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
D. Adequacy of RN skill level where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
E. Adequacy of the number of RN staff where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
F. Adequacy of clerical support services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
G. Non-nursing tasks required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
H. Amount of charting required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I. Your workload	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
J. Physical work environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
K. Work schedule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
L. Job security	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
M. Opportunities for advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
N. Support from other nurses you work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
O. Teamwork between coworkers and yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
P. Leadership from your nursing administration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Q. Involvement in patient care decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
R. Relations with physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
S. Relations with other non-nursing staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
T. Relations with agency or registry nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
U. Interaction with patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
V. Time available for patient education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
W. Involvement in policy or management decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
X. Opportunities to use my skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Y. Opportunities to learn new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Z. Quality of preceptor and mentor programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
AA. Employer-supported educational opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
BB. Quality of patient care where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
CC. Feeling that work is meaningful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DD. Recognition for a job well done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
EE. Respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

27. Where is your **principal** nursing position located?
(Please complete all items.)

- a. Zip Code _____
- b. City _____
- c. State _____ (2-letter)

28. How many miles is it **one-way** from your residence to your **principal** nursing position? If you work for a traveling nurse agency or registry, indicate the **average** one-way distance to your current or most recent employment location.

_____ miles one-way

29. To what extent, if any, do the following factors affect your ability to provide **high-quality patient care** or to **do your best work** in your **principal nursing position**?

	Not at all	A little	Moderate extent	Great extent	Does not apply
Workplace violence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Patients with substance use disorders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Immigration status of patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Patient care decisions outside my control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Functionality of electronic health records	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Poor leadership from manager/institution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Institution support of my professional judgement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

30. To what extent do you agree with the statements below about **the organization for which you work** in your **principal nursing position**?

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly Disagree
If I did the best job possible, my organization would notice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization really cares about my well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization responds to my complaints	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization takes pride in my accomplishments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization values my contribution to its well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

31. What is the likelihood that you will leave your **principal nursing position** within **two years**?

- ₁ Will not leave
- ₂ Small possibility
- ₃ Reasonably likely
- ₄ Definitely leaving

32. To what extent do these factors contribute to your desire to leave or stay in your **principal nursing position**?

	Strongly makes me want to <u>stay</u>			Does not affect my plan to <u>stay/leave</u>			Strongly makes me want to <u>leave</u>
A. Work environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B. Manager/administration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C. Availability/lack of loan repayment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
D. Availability/lack of training opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
E. Patient population	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
F. Length of commute	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
G. Opportunities for advancement (or lack of)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
H. Schedule/hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I. Proximity to family and friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
J. Proximity to spouse/partner's job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
K. Pay and benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
L. Physical demands of the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
M. Respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
N. Teamwork with my coworkers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
O. Childcare or eldercare challenges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

33. Please specify the **total annual earnings** for your **principal nursing position only, before** deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

\$ _____ /year

34. Does your compensation from your **principal** nursing position offer: **(Check all that apply.)**

- _a Retirement plan
- _b Personal health insurance
- _c Family/dependent health insurance
- _d Dental insurance
- _e Tuition reimbursement
- _f Paid time to pursue an educational degree
- _g None of these benefits

35. Are you doing **volunteer work** as an RN or APRN (working in an unpaid capacity)?

- ₂ No ₁ Yes → Are you in an internship/ transition/residency program?
₁ Yes ₂ No

36. Approximately what percentage of your time is spent on each of the following functions during a typical week in your **principal** position?

- a. _____% Patient care and charting
- b. _____% Patient education
- c. _____% Indirect patient/client care (consulting, planning, evaluating care)
- d. _____% Teaching, precepting or orienting students or new hires/staff
- e. _____% Supervision/management
- f. _____% Administration
- g. _____% Research
- h. _____% Non-nursing tasks (housekeeping, etc.)
- i. _____% Other **(Describe):** _____

100% Total _____

37. Do you currently hold more than one nursing job?

- ₁ Yes
₂ No → **Skip to Question #42 (right)**

38. How many **additional** nursing positions do you hold? **(do not count your principal job)**

- ₁ One ₂ Two ₃ Three or more

39. In your **other** nursing positions, are you...? **(Check all that apply.)**

- _a A regular employee _c Self-employed
- _b Employed through a temporary agency, not traveling _d Travel nurse or employed through a traveling nurse agency

40. What type of work do you do in your **other nursing positions?** **(Check all that apply.)**

- _a Hospital staff
- _b Public health or community health
- _c Long-term acute care
- _d School health
- _e Nursing home, extended care, or skilled nursing facility staff
- _f Mental health or substance abuse treatment
- _g Home health or hospice
- _h Telehealth/telenursing
- _i Teaching health professions or nursing students
- _j Ambulatory care, occupational health
- _k Self-employed
- _l Other **(Please describe:** _____
_____)

41. Please report the following for your **other** nursing positions. **Do not repeat your principal position.**

Additional position 1:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

Additional position 2:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

All other additional positions:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

42. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? **(Check all that apply.)**

- _a Yes, a temporary agency or registry
- _b Yes, a traveling agency
- _c No **(Skip to Section D on page 8.)**

43. In what year did you most recently begin work as a temporary, registry, or traveling nurse?

44. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry. (Check all that apply.)

- _a Wages
- _b Supplemental income
- _c Waiting for a desirable permanent position
- _d Unable to find any permanent RN job
- _e Travel/see other parts of the country
- _k Other (Please describe): _____
- _f Unable to work enough hours at my primary job
- _g Maintain skills/get experience
- _h Control of schedule
- _i Control of work conditions
- _j Control of work location

SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING

The purpose of this section is to learn why people are not employed in nursing or have left nursing practice. The term "registered nurse" applies to both RNs and APRNs.

If you are currently employed as an RN or APRN, please skip to Section D, next page

45. What was the last year you worked for pay as an RN or APRN? _ _ _ _

I have never worked for pay as an RN or APRN

46. How important are each of the following factors in why you are **not employed** in nursing?

	Not at all important	Somewhat important	Important	Very important	Does not apply
Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Difficult to find desired nursing position	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cannot find any work as an RN/APRN	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inconvenient schedules in nursing jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Negative effect of work on my health or well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Unsafe workplace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Non-job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfied with benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of support from my employer/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inability to deliver quality care consistently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with the nursing profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relocated to a different area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Travel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Returned to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other (Describe): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

47. Which of the following best describes your current intentions regarding work in nursing?

- ₁ Currently seeking employment in nursing
- ₂ Plan to work in nursing in the future, but not looking for a job now → How soon?
- ₃ Retired
- ₄ Definitely will not return to nursing, but not retired
- ₅ Undecided at this time
- ₁ Less than one year
- ₂ 1-2 years
- ₃ 3-4 years
- ₄ 5 or more years

48. To what extent would these changes affect your desire to return to nursing?

	Would not affect my plans	—————→			Would greatly increase my desire to return_to nursing
A. Job opportunities became more available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Work environments improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Student loan repayment become more available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. On-the-job training and development became more available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. School/childcare schedules became more stable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Commute became shorter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Employers offered more opportunities for advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Pay improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Work schedules improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Fringe benefits improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Physical demands of the job were lessened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Management/administration became more attentive to nursing staff needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. My personal health situation improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. Other (Describe): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

49. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?

₂ No ₁ Yes → Are you in an internship/transition residency program? ₁ Yes ₂ No

SECTION D: CHANGES IN THE PAST YEAR

50. Have you changed employers, positions, how much you work, or whether you work, in the **past 12 months**?

₁ Yes ₂ No → **Skip to Section E on the next page.**

51. Have you changed **employers or whether you work** in the past year? (**Check all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> _a I am not working in nursing now, but was working earlier this year | <input type="checkbox"/> _e Added second non-nursing job |
| <input type="checkbox"/> _b I was not working earlier this year, but am working now in nursing | <input type="checkbox"/> _f Changed second nursing employer |
| <input type="checkbox"/> _c Changed principal employer | <input type="checkbox"/> _g Stopped working in second nursing job |
| <input type="checkbox"/> _d Added second nursing job | <input type="checkbox"/> _h Stopped working in secondary non-nursing job |
| <input type="checkbox"/> _i Other (Please describe): _____ | |

52. If you changed your principal employer, in what setting did you previously work? **Check only one.**

- ₁ Hospital
- ₂ Ambulatory care (physician office, surgery center, urgent care center)
- ₃ Long-term care (nursing home, skilled nursing facility, extended care)
- ₄ Home health (including home-based hospice)
- ₅ Other (**Describe**): _____

53. Have you changed **job titles** in the past year?

₁ Yes ₂ No → **Skip to Question #55**

54. What was your job title before the change?

55. Has there been a change in **how much you work** as an RN in the past year? (**Check only one.**)

- ₁ No change in hours worked
- ₂ Increased hours – employer imposed
- ₃ Increased hours – my choice
- ₄ Decreased hours – employer imposed
- ₅ Decreased hours – my choice

₆ Other (**Please describe**): _____

56. How important were each of the following factors in your **change** in employment or hours worked during the past year?

	Not at all important	Somewhat important	Important	Very important	Does not apply
Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Employer reduced my hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Employer increased my hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Promotion/career advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Desire to fully use skills/learn new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Change in spouse/partner work situation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanted or needed more convenient work hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Negative effect of work on my health or well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Unsafe workplace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Non-job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Salary/benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of support from my employer/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inability to deliver quality care consistently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other dissatisfaction with my job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with the nursing profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relocated to a different area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Change in household financial status	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Returned to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other (Describe): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION E: EMPLOYMENT IN NON-NURSING POSITIONS

57. Are you currently employed in a **non-nursing** position (that does not require a registered nursing license)?

₁ Yes ₂ No → **Skip to Section F**

58. Does your position utilize any of your nursing knowledge?

₁ Yes ₂ No

59. Please report the following for your **non-nursing** positions (combined if you have more than one).

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

60. Please indicate the field(s) of your work position(s) outside of nursing. (**Check all that apply.**)

_a Health-related services outside of nursing

_b Pharmaceuticals, biotechnology, or medical devices

_c Retail sales and services

_d Education (non-nursing, including K-12 or college)

_e Financial, accounting, and insurance services

_f Consulting organization

_g Other (**Please describe**): _____

SECTION F: RESIDENCE OUTSIDE CALIFORNIA

61. Do you reside primarily outside California?

- ₁ Yes ₂ No → **Skip to Section G, below**
 ↓

62. If you reside outside California, please check any of the following that apply regarding the past 12 months. **(Check all that apply.)**

- _a Worked as an RN in California for temporary agency/registry in the past 12 months
- _b Worked as an RN for California employer in telenursing in the past 12 months
- _c Worked as an RN for out-of-state telenursing employer with California clients in the past 12 months
- _d Regularly commuted to California for an RN job in the past 12 months
- _e Worked as an RN in California in the past 12 months but have since moved out
- _f Did not work as an RN in California in the past 12 months

63. How many months did you work in **California** as an RN in the past 12 months?

_____ months or

₀ Did not work as an RN in CA

64. If you reside outside California, do you plan to work as an RN in California in the next **two years**? **(Check all that apply.)**

- _a **Yes**, I plan to travel to California intermittently to work as an RN
- _b **Yes**, I plan to relocate to California and work as an RN
- _c **Yes**, I plan to perform telenursing for a California employer
- _d **Yes**, I plan to perform telenursing for out-of-state employer with California clients
- _e **Yes**, I plan to regularly commute to California to work as an RN
- _f **No**, I plan to keep my California license active but do not plan to practice in California
- _g **No**, I plan to let my California license lapse

SECTION G: THE COVID-19 PANDEMIC

Please complete this section if you were employed in nursing any time between March 2020 and today.

If you were not employed in nursing at any time since March 2020, please skip to Section H on page 12

65. Did you experience any of the following changes during the pandemic? **(Check all that apply).**

	March-December 2020		January 2021-present	
	Employer imposed this	I chose this	Employer imposed this	I chose this
Took paid time off (by choice or furloughed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Took unpaid time off (by choice or furloughed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Worked additional paid hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Worked additional unpaid or volunteer hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Changed role(s) from patient care to non-patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Changed role(s) from non-patient care to patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Floated to a different unit/department within the organization, within the same state	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Floated to a different unit/department within the organization, outside home state	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Took care of COVID-19 patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Retired from nursing earlier than planned		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Left nursing work permanently but not retired		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Delayed retirement to continue nursing work		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Returned to nursing work after having retired or stopped working prior to the pandemic		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Left my organization to work as a traveling nurse		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄

66. To what degree did you become upset or frustrated about each of the following in the past 9 months?

	Not at all	A small degree	A moderate degree	A great degree
Lack of adequate personal protective equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of reliable COVID-19 tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of clear, evidence-based treatment protocols for COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of understanding in the community of COVID-19 risks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of adequate nurse staffing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of adequate ancillary and support staffing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of collaboration and teamwork with my coworkers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of good leadership in my organization	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

67. To what degree have you experienced these feelings during the past six months?

	Not at all	A small degree	A moderate degree	A great degree
Fear or anxiety about caring for COVID-19 patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fear or anxiety for the safety of my family and friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fear or anxiety of becoming seriously ill from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fear or anxiety of spreading COVID-19 to family or friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

68. Have you ever had a COVID-19 infection?

_a Yes, confirmed by test _b Had symptoms but not tested _c No → **Skip to the next question**

How serious was your infection? →

- ₁ Mild short-term symptoms, treated at home
- ₂ Serious symptoms, but not hospitalized
- ₃ Serious symptoms, hospitalized

Has your recovery been complete? →

- ₁ I have no lingering symptoms or illness
- ₂ I have mild lingering symptoms/illness
- ₃ I have serious lingering symptoms/illness

69. During the COVID-19 pandemic, did you experience the following?

	Never	1-2 times	3-4 times	5 or more times
You had to deny family visits to a critically ill patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Someone you worked with died from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A patient you cared for died from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Someone you lived with was hospitalized for COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A family member or close friend died from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

70. To what extent do you agree with the following statements about the pandemic?

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Does not apply
My employer has been protective of my health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I feel well-prepared to care for COVID-19 patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Quality of care for non-COVID-19 patients is as good as before the pandemic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Childcare/school closures have made it difficult to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Eldercare needs have made it difficult to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have changed nursing jobs due to burnout from the pandemic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have left my nursing job to become a traveling nurse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have left the field of nursing entirely due to burnout	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have left my nursing job due to vaccine mandates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

SECTION H: DEMOGRAPHICS

71. Year of birth: _____
72. What is your gender identity?
- ₁ Female ₃ Trans Woman ₅ Non-binary
₂ Male ₄ Trans Man ₆ Genderqueer
₇ Gender non-conforming
₈ Prefer to self-describe: _____
73. In what country were you born?
- ₁ USA
₂ Other country: _____
74. What was your parents' highest education?
- | | |
|---|---|
| <p><u>Mother</u></p> <p><input type="checkbox"/>₁ High school or less <input type="checkbox"/>₂ Some college
 <input type="checkbox"/>₃ Assoc. degree <input type="checkbox"/>₄ Bachelor's degree
 <input type="checkbox"/>₅ Graduate degree <input type="checkbox"/>₆ Don't know</p> | <p><u>Father</u></p> <p><input type="checkbox"/>₁ High school or less <input type="checkbox"/>₂ Some college
 <input type="checkbox"/>₃ Assoc. degree <input type="checkbox"/>₄ Bachelor's degree
 <input type="checkbox"/>₅ Graduate degree <input type="checkbox"/>₆ Don't know</p> |
|---|---|
75. Marital status ₁ Single
₂ Currently married/partnered
₃ Separated/divorced/widowed
76. Do you have children living at home with you?
₂ No ₁ Yes If Yes, **how many** are:
- _____ # 0-2 years old
 _____ # 3-5 years old
 _____ # 6-12 years old
 _____ # 13-17 years old
 _____ # 18 years or older
77. Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? **Do not include paid positions.**
- ₁ Yes ₂ No
- If Yes, **how many** adults do you assist or care for? ₁ 1 adult ₂ 2 adults ₃ 3 or more
78. Do you speak any of these non-English languages fluently?
- _a Spanish _e Vietnamese _i Arabic
_b Cantonese _f Armenian _j Japanese
_c Mandarin _g Korean _k Russian
_d Tagalog _h Farsi
_i Other (specify: _____)

79. Your home Zip code: _____
or foreign country: _____
80. What is your ethnic/racial background? **(Check all that apply).**
- _a Caucasian/White/European/Middle Eastern
_b African-American / Black / African
_c American Indian/Native American/Alaskan Native
- Latino/Hispanic**
- _d Central American _g Mexican
_e South American _h Other Hispanic
_f Caribbean
- Asian/Pacific Islander**
- _i Cambodian _o Indian _t Pakistani
_j Chinese _p Indonesian _u Samoan
_k Fijian _q Japanese _v Thai
_l Filipino _r Korean _w Tongan
_m Guamanian _s Laotian/Hmong _x Vietnamese
_n Hawaiian _y Other Asian
- _z Other
81. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household:
- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than \$50,000 | <input type="checkbox"/> ₆ \$150,000 – \$174,999 |
| <input type="checkbox"/> ₂ \$50,000 - \$74,999 | <input type="checkbox"/> ₇ \$175,000 – \$199,999 |
| <input type="checkbox"/> ₃ \$75,000 - \$99,999 | <input type="checkbox"/> ₈ \$200,000 - \$224,999 |
| <input type="checkbox"/> ₄ \$100,000 - \$124,999 | <input type="checkbox"/> ₉ \$225,000 – \$249,999 |
| <input type="checkbox"/> ₅ \$125,000 – \$149,999 | <input type="checkbox"/> ₁₀ \$250,000 or more |
82. Approximately what percentage of your **total household** income comes from your nursing job(s)?
- ₁ None ₂ 1-19% ₄ 40-59% ₇ 80-99%
₃ 20-39% ₆ 60-79% ₈ 100%
83. Have you ever served on active duty or reserves in the U.S. Armed Forces? (Check all that apply)
- _a I now serve on active duty
_b I previously served on active duty
_c I now am on reserves
_d I previously was on reserves
_e I have never been on active duty or reserves
- If you have served, are/were you in the medical corps? ₁ Yes ₂ No

