

Minnesota Department of Health's 2024 Healthcare Workforce Survey

What is the purpose of this survey?

The Minnesota Department of Health (MDH) collects this data to inform state and national health care workforce policies, to understand emerging trends in health care, and to help ensure access to medical, oral, and behavioral health care services for all Minnesotans.

Do I have to take this survey?

Yes. By law, you are required to provide this information. However, your responses WILL NOT affect your eligibility for a license in any way.

Are my survey responses protected?

Yes. The survey information you provide is classified as private data on individuals, which is protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13. Your responses will be combined with others and reported by MDH in summary format only. We may only share your responses with authorized government entities or researchers, as allowed by law. We do not share individual responses with your licensing board or your employer.

Whom should I contact if I have questions about this survey?

Please call the Minnesota Department of Health at (651) 201-3838 or toll free at (800) 366-5424, or email us at health.workforce@state.mn.us. Our office hours are 8:00am to 4:30pm, Monday through Friday. We make every effort to respond as quickly as possible. (Please note: if you have questions about anything else related to your renewal, please contact your Board.)

Click the NEXT button below to acknowledge that you have read these statements and begin the survey.

Page Break

Display This Question: To all survey respondents

Which of these best represents your **current** work status?

- Working in a position that is related to my professional license (either within or outside Minnesota)
- Not working in a position that is related to my professional license (e.g., working outside the field, retired, not working, etc.)

Display This Question:

If Which of these best represents your current work status? = Not working in a position that is related to my professional license (e.g., working outside the field, retired, not working, etc.)

Which of these best reflects what you are doing instead?

- Retired
- Laid off or furloughed
- Between jobs or seeking work in a **health care setting**
- Working (or seeking work) **outside health care**
- Providing care to family member(s) such as children, parents, or others
- In school/continuing education
- Something else: _____

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

About how many hours do you work in a typical week, including all duties of your job(s) (e.g., patient/client care time, documentation, administrative work, etc.)? (If your work schedule varies, an average or an estimate is fine.)

Display This Question:

*If profession ≠ Licensed Nursing Home Administrator
And profession ≠ NE Licensed Assisted Living Director*

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

In your position(s), do you provide any direct care to patients or clients?

- Yes
- No

Display This Question:

- If profession = Psychologist
- Or profession = Physician
- Or profession = Physician Assistant
- Or profession = Licensed Professional Clinical Counselor
- Or profession = Licensed Marriage & Family Therapist
- Or profession = Licensed Independent Clinical Social Worker
- Or profession = Physical Therapist
- Or profession = Dentist
- Or profession = Advanced Practice Registered Nurse
- Or profession = Pharmacist

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Do you own or co-own your own business, or an individual or group private practice?

- Yes
- No

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Approximately how many years have you been in your current job with your current employer? (Please enter your response in years. Use decimals for partial years [e.g., 0.5 for half a year, etc.]. If you have more than one job, please respond for the one in which you work the most hours.)

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Do you expect to leave your current job within the next six months? (Reminder: all your responses are completely confidential and are not shared with your employer or your licensing board.)

- Yes, very likely or definitely
- Maybe
- No
- Decline to answer

Display This Question:

If Do you expect to leave your current job within the next six months? (Reminder: all your responses... = Yes, very likely or definitely

Or Do you expect to leave your current job within the next six months? (Reminder: all your responses... = Maybe

Why are you thinking of leaving your current job? (Check all that apply. Reminder: your responses are completely confidential and are not shared with your employer or your licensing board.)

- I'm burned out
- My patient or client load is too high
- Problems with coworkers / work team
- Problems with my leadership / management
- I want a higher paying job
- I want a job that doesn't involve patient / client care
- I want to change professions entirely
- I plan to retire
- For personal reasons (e.g., maternity/paternity, taking care of parents, illness, etc.)
- Decline to answer
- Other (description optional): _____

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

About how many more years do you plan to work in your profession in general (regardless of whether or not you change specific jobs)?

- Less than 1 year
- Between 1 and 5 years
- Between 5 and 10 years
- More than 10 years

Display This Question:

*If About how many more years do you plan to work in your profession in general (regardless of whether... = Less than 1 year
Or About how many more years do you plan to work in your profession in general (regardless of whether... = Between 1 and 5
years*

What is the main reason you plan to leave your profession within the next five years? *(More than one of these may apply; please choose the response that best reflects your thinking right now.)*

- To retire
 - To leave the profession because of burnout or dissatisfaction
 - To pursue a different career
 - To pursue training in order to advance in my current profession or a related one
 - For family or other personal reasons
 - For some other reason *(description optional)*: _____
-

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

In which setting do you typically work the most hours?

- Clinic, office, or other ambulatory care setting** (including professional offices, behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practices, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
 - Hospital – inpatient or outpatient** (including emergency departments, behavioral health/psychiatric, specialty, day surgery, transitional/rehabilitation units)
 - Long-term care facility** (e.g., assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
 - Home health care** (including any medical or behavioral health that is provided in patients' or clients' homes, including Home Infusion)
 - A remote location** (e.g., home) to care for patients or clients via telemedicine, phone, and/or email
 - Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
 - Correctional facility**
 - Community or faith-based organization** (including community collaboratives, churches, non-profits, or social service agencies)
 - Public health agency** (including city/county health board, or city/county/state public health organization)
 - Mobile clinic**
 - School (Pre-K through 12)**
 - Other (description optional):** _____
-

Display This Question:

If profession = Pharmacist

Or profession = Pharmacy Technician

And If

In which setting do you typically work the most hours? = Pharmacy (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)

In which type of pharmacy do you work? (If your work site falls into more than one category, please choose the one you think best applies.)

- Supermarket pharmacy (e.g., Target, Cub, Walmart, etc.)
 - Chain community pharmacy (e.g., Walgreens, CVS, Riteaid, etc.)
 - Independent community pharmacy
 - Hospital-based pharmacy
 - Clinic-based pharmacy
 - Mail service pharmacy
 - Other type of pharmacy (e.g., telepharmacy, nuclear pharmacy, compounding pharmacy, medication therapy pharmacy, etc.)
-

Display This Question:

*If profession = Dentist
Or profession = Dental Therapist
Or profession = Dental Hygienist
Or profession = Dental Assistant*

And If

In which setting do you typically work the most hours? = Clinic, office, or other ambulatory care setting (including professional offices, behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practices, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)

In which type of clinic do you work the most hours? (If your work site falls into more than one category, please choose the one you think best applies.)

- Solo private practice
 - Small group private practice (2-4 dentists)
 - Large group private practice (5+ dentists)
 - Community based non-profit (e.g., church, homeless shelter, early childhood education, etc.)
 - Community health center (CHC) or Federally qualified health center (FQHC)
 - Mobile dental clinic (e.g., Southside, Operation Grace, etc.)
 - Dental education institution clinic
-

Display This Question:

If In which setting do you typically work the most hours? = Long-term care facility (e.g., assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)

Which of these best describes the type of facility where you work? (If your facility falls into more than one category, please choose the one you think best applies.)

- Assisted living community
 - Chemical dependency treatment facility
 - Skilled nursing facility
 - Home-based care
 - Hospice
 - Nursing home
 - Other (please specify): _____
-

Display This Question:

If in which setting do you typically work the most hours? = Long-term care facility (e.g., assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)

Approximately how many clients/patients does your facility care for at any one time? (If you're not sure, an estimate is fine.)

- Up to 20
 - 21 to 40
 - 41 to 60
 - 61 to 80
 - 81 to 100
 - More than 100
-

Display This Question:

If in which setting do you typically work the most hours? = Long-term care facility (e.g., assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)

Which of the following patient groups does your facility serve? (Check all that apply.)

- Memory/dementia patients
 - Elderly patients
 - Patients with physical disabilities
 - Patients with mental disabilities
 - Chemical dependency patients
 - Unsure
 - Other (please specify): _____
-

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

And profession is not Dentist

And profession is not Physician

And profession is not Pharmacist

What is the highest degree you have completed?

- High school diploma or equivalent
- Certificate (such as technical or vocational)
- Professional diploma (such as in nursing)
- Some college, no degree
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor's degree
- Certificate, certification or other credential (post Bachelor's degree)
- Master's degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree

Display This Question:

And profession is not Dentist

And profession is not Physician

And profession is not Pharmacist

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Where did you complete this degree?

▼ Minnesota ... Wyoming

Display This Question:

- If profession = Licensed Professional Nurse*
- Or profession = Registered Nurse*
- Or profession = Advanced Practice Registered Nurse*
- Or profession = Licensed Graduate Social Worker*
- Or profession = Licensed Independent Clinical Social Worker*
- Or profession = Licensed Independent Social Worker*
- Or profession = Licensed Social Worker*
- Or profession = Psychologist*
- Or profession = Licensed Marriage & Family Therapist*
- Or profession = Licensed Professional Counselor*
- Or profession = Licensed Professional Clinical Counselor*
- Or profession = Licensed Alcohol & Drug Counselor*
- Or profession = Pharmacy Technician*
- Or profession = Physical Therapist*
- Or profession = Physical Therapist Assistant*
- Or profession = Occupational Therapist*
- Or profession = Occupational Therapist Assistant*

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Was this degree in *insert profession-specific degree field*? (*See appendix for definitions)

- Yes
 - No
-

Display This Question:

- If profession = Licensed Professional Nurse*
- Or profession = Registered Nurse*
- Or profession = Advanced Practice Registered Nurse*
- Or profession = Licensed Graduate Social Worker*
- Or profession = Licensed Independent Clinical Social Worker*
- Or profession = Licensed Independent Social Worker*
- Or profession = Licensed Social Worker*
- Or profession = Psychologist*
- Or profession = Licensed Marriage & Family Therapist*
- Or profession = Licensed Professional Counselor*
- Or profession = Licensed Professional Clinical Counselor*
- Or profession = Licensed Alcohol & Drug Counselor*
- Or profession = Physical Therapist*
- Or profession = Occupational Therapist*

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

What was the first (or initial/lowest) degree you completed that qualified you to work as a *insert profession-specific qualification*? (*See appendix for definitions)

- Same as my highest degree
- High school diploma or equivalent
- Certificate (such as technical or vocational)
- Professional diploma (such as in nursing)
- Some college, no degree
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor's degree
- Certificate, certification or other credential (post Bachelor's degree)
- Master's degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree

Display This Question:

- If profession = Licensed Professional Nurse
- Or profession = Registered Nurse
- Or profession = Advanced Practice Registered Nurse
- Or profession = Licensed Graduate Social Worker
- Or profession = Licensed Independent Clinical Social Worker
- Or profession = Licensed Independent Social Worker
- Or profession = Licensed Social Worker
- Or profession = Psychologist
- Or profession = Licensed Marriage & Family Therapist
- Or profession = Licensed Professional Counselor
- Or profession = Licensed Professional Clinical Counselor
- Or profession = Licensed Alcohol & Drug Counselor
- Or profession = Physical Therapist
- Or profession = Occupational Therapist

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

And If

What was the first (or initial/lowest) degree you completed that qualified you to work as a ... is not Same as my highest degree

Was this initial degree in *insert profession-specific degree field*? (*See appendix for definitions)

- Yes
- No

Display This Question:

- If profession = Dental Hygienist
- And Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Do you have a written collaborative agreement with a dentist? (A collaborative agreement allows you to provide services outside a traditional dental office or in a community/non-traditional setting, per MN Statute 150A.10, Subd. 1a).

- Yes
- No
- Don't know

Display This Question:

If Do you have a written collaborative agreement with a dentist? (A collaborative agreement allows y... = Yes

About how often do you use your collaborative agreement in your current job?

- Never
 - Up to 25 percent of my time
 - Between 25 and 50 percent of my time
 - Between 50 and 75 percent of my time
 - More than 75 percent of my time
-

Display This Question:

If profession = Dental Therapist

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

In general, what percentage of your time do you spend doing typical dental hygiene procedures?

- None--I spend all of my time doing dental therapy procedures
 - Up to 25 percent of my time
 - Between 25 and 50 percent of my time
 - Between 50 and 75 percent of my time
 - More than 75 percent of my time
-

Display This Question:

If profession = Dental Therapist

And If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

Are you certified as an Advanced Dental Therapist (ADT)?

- Yes
 - I'm in the process of getting an ADT certification
 - No, but I would be interested in getting an ADT certification
 - No, and I'm not currently interested in getting an ADT certification
-

Display This Question:

If profession = Dental Therapist

And If

Are you certified as an Advanced Dental Therapist (ADT)? = Yes

In general, what percent of your time do you spend performing procedures that are authorized strictly for Advanced Dental Therapists (this may include evaluations, extractions, or any other procedures related to CDT codes D0120, D0140, D0145, and/or D7140)?

- None
 - Up to 25 percent of my time
 - Between 25 and 50 percent of my time
 - Between 50 and 75 percent of my time
 - More than 75 percent of my time
-

Display This Question:

If profession = Dental Therapist

And If

Are you certified as an Advanced Dental Therapist (ADT)? = Yes

In general, what percent of your time do you work under general supervision when the collaborative dentist is not physically present at your practice location (including community and clinic settings)?

- None
 - Up to 25 percent of my time
 - Between 25 and 50 percent of my time
 - Between 50 and 75 percent of my time
 - More than 75 percent of my time
-

Display This Question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

*profession is not Licensed Nursing Home Administrator
And profession is not Licensed Assisted Living Director*

Approximately how much of the care that you personally provide is via telemedicine?

- None
 - Up to 10 percent
 - Between 10 and 25 percent
 - Between 25 and 50 percent
 - Between 50 and 75 percent
 - Between 75 and 100 percent
 - All of the care I provide is via telemedicine
-

Display This Question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

Or If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

And profession = Licensed Nursing Home Administrator

Or If

Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

And profession = Licensed Assisted Living Director

Which of the following patient groups **insert profession-specific underserved on a daily basis, if any? (Check all that apply.)**
(*See appendix for definitions)

- Immigrants or refugees
 - Other racial or ethnic minority group members
 - Low-income or uninsured patients
 - Medicaid (MA), MinnesotaCare, or other Minnesota Health Care program recipients
 - Patients who require an interpreter
 - Veterans
 - Populations with disabilities
 - Rural residents
 - LGBTQ+ patients
 - Unsure
 - None of these
-

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

How satisfied have you been with your career in the last 12 months?

- Very satisfied
 - Satisfied
 - Dissatisfied
 - Very dissatisfied
-

Display This Question:

If Which of these best represents your current work status? = Working in a position that is related to my professional license (either within or outside Minnesota)

How satisfied are you with your career overall?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

Display This Question:

If How satisfied have you been with your career in the last 12 months? = Dissatisfied

Or How satisfied have you been with your career in the last 12 months? = Very dissatisfied

Or How satisfied are you with your career overall? = Dissatisfied

Or How satisfied are you with your career overall? = Very dissatisfied

For policy planning purposes, please tell us more about why you have been experiencing dissatisfaction with your work. How much do you agree with each of the following statements? (Please note: your responses are completely confidential. They are not shared with anyone, including your employer or your licensing board.)

I feel dissatisfied with my work because...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Does not apply
My patient or client load is too heavy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't trust management or others in authority where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The paperwork demands are too high (e.g., charting, other documentation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-authorization or other insurance-related work takes too much time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pay is too low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm burned out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my management doesn't listen to my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough of my work involves actual patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else not mentioned (<i>description optional</i>):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If How satisfied have you been with your career in the last 12 months? = Dissatisfied

Or How satisfied have you been with your career in the last 12 months? = Very dissatisfied

Or How satisfied are you with your career overall? = Dissatisfied

Or How satisfied are you with your career overall? = Very dissatisfied

If you wish to share more about what is contributing to your work dissatisfaction, please do so here. (Please note: your responses are completely confidential. MDH does not share them with anyone, including your employer or your licensing board. We will only share this information grouped (anonymously) with other responses for policy-planning purposes.)

Display This Question: To all survey respondents

Which racial/ethnic categories apply to you? (Check all that apply.)

- African
- Black/African American
- American Indian or Alaska Native
- Asian - South Asian
- Asian - Southeast Asian
- Asian - Other
- Hispanic/Latin
- Middle Eastern/North African (MENA)
- White
- Other Race / Other Ethnicity (description optional): _____

Display This Question:

If profession = LALD

Or If

profession = LNHA

Or If

In your position(s), do you provide any direct care to patients or clients? = Yes

What languages do you personally speak in your **insert profession-specific language? (Please exclude languages spoken only through an interpreter.) (*See appendix for definitions)**

English

Arabic

Chinese (Mandarin/Cantonese)

Hmong

Khmer

Lao

Oromo

Russian

American Sign Language

Somali

Spanish

Swahili

Vietnamese

Other (description optional): _____

End of Survey Message:

Thank you for taking the Minnesota Department of Health's Healthcare Workforce Survey.

Your response has been recorded. Click the "Continue to payment" button to complete your license renewal.

APPENDIX. Definitions for profession-specific piped-in question text

Profession-specific degree field:

“... nursing”

- Licensed Professional Nurse
- Registered Nurse
- Advanced Practice Registered Nurse

“... a mental health related field (e.g., social work, psychology, substance abuse counseling, marriage and family therapy, mental health counseling, or related)”

- Licensed Graduate Social Worker
- Licensed Independent Clinical Social Worker
- Licensed Independent Social Worker
- Licensed Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Licensed Alcohol & Drug Counselor

“... psychology”

- Psychologist

“... pharmacy”

- Pharmacy Technician

“... physical therapy”

- Physical Therapist
- Physical Therapist Assistant

“... occupational therapy”

- Occupational Therapist
- Occupational Therapist Assistant

Profession-specific qualification:

“... a nurse”

- Licensed Professional Nurse
- Registered Nurse
- Advanced Practice Registered Nurse

“... a social worker”

- Licensed Graduate Social Worker
- Licensed Independent Clinical Social Worker
- Licensed Independent Social Worker
- Licensed Social Worker

“... a licensed counselor”

- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Licensed Alcohol & Drug Counselor

“... a marriage and family therapist”

- Licensed Marriage & Family Therapist

“... a psychologist”

- Psychologist

“... a physical therapist”

- Physical Therapist

“... an occupational therapist”

- Occupational Therapist

Profession-specific underserved

“Does your facility care for...”

- Licensed Assisted Living Directors
- Licensed Nursing Home Administrators

“Do you serve...”

- All other professions

Profession-specific language

“... work”

- Licensed Assisted Living Directors
- Licensed Nursing Home Administrators

“... practice”

- All other professions