

2022 REGISTERED NURSING WORKFORCE SURVEY

1. What is your license #? _____																	
2. What is your race? <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	2a. Hispanic origin or descent? <input type="checkbox"/> Yes <input type="checkbox"/> No 2b. If you speak another language other than English, please indicate. <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Arabic <input type="checkbox"/> Native American language <input type="checkbox"/> Other <input type="checkbox"/> None																
3. Please list all states in which you hold an active single-state license to practice as an <u>RN</u>: _____	4. Please list all states in which you hold an active license to practice as an <u>APRN</u>: _____																
5. Please list all states in which you are currently practicing: Practice is defined as where the patient is located at the time services are received. _____	6. What is your primary state of residence? _____																
7. Where was the location of the basic nursing education program that prepared you to take the RN licensing examination? <input type="checkbox"/> Nebraska <input type="checkbox"/> Foreign country <input type="checkbox"/> Iowa <input type="checkbox"/> South Dakota <input type="checkbox"/> Wyoming <input type="checkbox"/> Kansas <input type="checkbox"/> Missouri <input type="checkbox"/> Colorado <input type="checkbox"/> Other State or US territory	8. Which education programs have you completed? (Mark all that apply both Nursing and Non-nursing) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">NURSING:</td> <td style="width: 50%; vertical-align: top;">NON-NURSING:</td> </tr> <tr> <td><input type="checkbox"/> Practical Nursing</td> <td><input type="checkbox"/> Associate Degree</td> </tr> <tr> <td><input type="checkbox"/> RN Diploma</td> <td><input type="checkbox"/> Baccalaureate</td> </tr> <tr> <td><input type="checkbox"/> Associate Nursing</td> <td><input type="checkbox"/> Master's</td> </tr> <tr> <td><input type="checkbox"/> Baccalaureate Nursing</td> <td><input type="checkbox"/> Doctoral</td> </tr> <tr> <td><input type="checkbox"/> Master's Nursing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Post Graduate Certificate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Doctoral Nursing</td> <td></td> </tr> </table>	NURSING:	NON-NURSING:	<input type="checkbox"/> Practical Nursing	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> RN Diploma	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Associate Nursing	<input type="checkbox"/> Master's	<input type="checkbox"/> Baccalaureate Nursing	<input type="checkbox"/> Doctoral	<input type="checkbox"/> Master's Nursing		<input type="checkbox"/> Post Graduate Certificate		<input type="checkbox"/> Doctoral Nursing	
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9. Are you currently enrolled in any education programs? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">NURSING</td> <td style="width: 50%; vertical-align: top;">NON-NURSING</td> </tr> <tr> <td><input type="checkbox"/> Practical Nursing</td> <td><input type="checkbox"/> Associate Degree</td> </tr> <tr> <td><input type="checkbox"/> RN Diploma</td> <td><input type="checkbox"/> Baccalaureate</td> </tr> <tr> <td><input type="checkbox"/> Associate Nursing</td> <td><input type="checkbox"/> Master's</td> </tr> <tr> <td><input type="checkbox"/> Baccalaureate Nursing</td> <td><input type="checkbox"/> Doctoral</td> </tr> <tr> <td><input type="checkbox"/> Master's Nursing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Post-Graduate Certificate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Doctoral Nursing</td> <td></td> </tr> </table>	NURSING	NON-NURSING	<input type="checkbox"/> Practical Nursing	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> RN Diploma	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Associate Nursing	<input type="checkbox"/> Master's	<input type="checkbox"/> Baccalaureate Nursing	<input type="checkbox"/> Doctoral	<input type="checkbox"/> Master's Nursing		<input type="checkbox"/> Post-Graduate Certificate		<input type="checkbox"/> Doctoral Nursing		10. Check all APRN licenses you currently hold in any state (Mark <u>all</u> that apply) <input type="checkbox"/> Not licensed in an advanced practice role <input type="checkbox"/> Nurse Practitioner (APRN-NP) <input type="checkbox"/> Nurse Anesthetist (APRN-CRNA) <input type="checkbox"/> Nurse Midwife (APRN-CNM) <input type="checkbox"/> Clinical Nurse Specialist (APRN-CNS)
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11a. Which best describes your current primary work situation? (Mark all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Actively employed in nursing: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per diem (as needed) <input type="checkbox"/> Unemployed: <input type="checkbox"/> Seeking work as a nurse <input type="checkbox"/> Not seeking work as a nurse </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Actively employed in a field other than nursing: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per diem (as needed) <input type="checkbox"/> Retired </td> </tr> </table>	<input type="checkbox"/> Actively employed in nursing: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per diem (as needed) <input type="checkbox"/> Unemployed: <input type="checkbox"/> Seeking work as a nurse <input type="checkbox"/> Not seeking work as a nurse	<input type="checkbox"/> Actively employed in a field other than nursing: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per diem (as needed) <input type="checkbox"/> Retired	12. If not employed in nursing, indicate the reason (mark all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Difficulty finding a nursing position <input type="checkbox"/> Disabled <input type="checkbox"/> Disciplinary conditions <input type="checkbox"/> Enrolled in education program </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Family <input type="checkbox"/> Inadequate salary <input type="checkbox"/> Type of position I have available <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> Difficulty finding a nursing position <input type="checkbox"/> Disabled <input type="checkbox"/> Disciplinary conditions <input type="checkbox"/> Enrolled in education program	<input type="checkbox"/> Family <input type="checkbox"/> Inadequate salary <input type="checkbox"/> Type of position I have available <input type="checkbox"/> Other												
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11b. Do you volunteer as a nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please answer questions 13 - 29 only if you are actively employed in nursing.																
11c. If so, on average how many hours do you volunteer per month? _____																	

<p>13. How many employers do you currently have as a nurse?</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more</p>	<p>14. What is the average combined number of hours worked during a typical week in nursing positions?</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">HOURS</td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	HOURS																															
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<p>15. Indicate the zip code, county and state of your PRIMARY EMPLOYER:</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">ZIP CODE</td> <td style="width: 100px; border-bottom: 1px solid black; text-align: center;">CITY</td> <td style="width: 100px; border-bottom: 1px solid black; text-align: center;">STATE</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	ZIP CODE	CITY	STATE				<p>16. How many miles do you travel one way from your residence for your PRIMARY nursing employment?</p> <p><input type="checkbox"/> 0 – 5 miles <input type="checkbox"/> 21 – 30 miles</p> <p><input type="checkbox"/> 6 – 10 miles <input type="checkbox"/> 31 – 50 miles</p> <p><input type="checkbox"/> 11 – 20 miles <input type="checkbox"/> > 50 miles</p>																										
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<p>17. Do you utilize tele-health in your primary or secondary positions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. If yes, when utilizing tele-health, are patients ever located in a different state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																
<p>19a. If you are a SALARIED employee or practice owner in your PRIMARY nursing employment, what is your current annual salary?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Less than \$5,000</td> <td><input type="checkbox"/> At least \$55,000 but less than \$65,000</td> </tr> <tr> <td><input type="checkbox"/> 5,000 - \$25,000</td> <td><input type="checkbox"/> At least \$65,000, but less than \$85,000</td> </tr> <tr> <td><input type="checkbox"/> More than \$25,000 but less than \$35,000</td> <td><input type="checkbox"/> At least \$85,000, but less than \$105,000</td> </tr> <tr> <td><input type="checkbox"/> At least \$35,000 but less than \$45,000</td> <td><input type="checkbox"/> At least 105,000 but less than 135,000</td> </tr> <tr> <td><input type="checkbox"/> At least \$45,000 but less than \$55,000</td> <td><input type="checkbox"/> 135,000 and more</td> </tr> </table> <p>19b. If you are paid hourly in your PRIMARY NURSING POSITION, what is your average HOURLY wage? _____</p>	<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> At least \$55,000 but less than \$65,000	<input type="checkbox"/> 5,000 - \$25,000	<input type="checkbox"/> At least \$65,000, but less than \$85,000	<input type="checkbox"/> More than \$25,000 but less than \$35,000	<input type="checkbox"/> At least \$85,000, but less than \$105,000	<input type="checkbox"/> At least \$35,000 but less than \$45,000	<input type="checkbox"/> At least 105,000 but less than 135,000	<input type="checkbox"/> At least \$45,000 but less than \$55,000	<input type="checkbox"/> 135,000 and more	<p>20b. Identify the specific type of setting that most closely corresponds to your PRIMARY nursing practice position if you work in one of the following facilities:</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><u>Hospital:</u></p> <p><input type="checkbox"/> Academic Medical Center</p> <p><input type="checkbox"/> Critical Access</p> <p><input type="checkbox"/> Long-Term Acute Care (LTAC)</p> <p><input type="checkbox"/> Psychiatric</p> <p><input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> Regional Referral</p> <p><input type="checkbox"/> Specialty (e.g., cardiac, orthopedic, spine)</p> <p><input type="checkbox"/> Other _____</p> </td> <td style="vertical-align: top;"> <p><u>Mental Health/Substance Use:</u></p> <p><input type="checkbox"/> Community Setting</p> <p><input type="checkbox"/> Inpatient Psychiatric</p> <p><input type="checkbox"/> Outpatient Clinic</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Other _____</p> <p><u>Developmental Disability:</u></p> <p><input type="checkbox"/> Community Service</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Other _____</p> </td> </tr> </table>	<p><u>Hospital:</u></p> <p><input type="checkbox"/> Academic Medical Center</p> <p><input type="checkbox"/> Critical Access</p> <p><input type="checkbox"/> Long-Term Acute Care (LTAC)</p> <p><input type="checkbox"/> Psychiatric</p> <p><input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> Regional Referral</p> <p><input type="checkbox"/> Specialty (e.g., cardiac, orthopedic, spine)</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Mental Health/Substance Use:</u></p> <p><input type="checkbox"/> Community Setting</p> <p><input type="checkbox"/> Inpatient Psychiatric</p> <p><input type="checkbox"/> Outpatient Clinic</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Other _____</p> <p><u>Developmental Disability:</u></p> <p><input type="checkbox"/> Community Service</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Other _____</p>																				
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<input type="checkbox"/> Industry/Sales/IT	<input type="checkbox"/> Other _____																																

20c. Identify the position title that most closely corresponds to your PRIMARY nursing practice position:

- | | |
|---|--|
| <input type="checkbox"/> Staff Nurse | <input type="checkbox"/> APRN |
| <input type="checkbox"/> Nurse Researcher | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Nurse Executive | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Informatics/Nursing Systems |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Patient educator | <input type="checkbox"/> Other-Health Related |
| <input type="checkbox"/> Staff Educator | <input type="checkbox"/> Other /Not Health Related |

20d. What is your PRIMARY practice focus:

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Health Promotion/Prevention/Wellness | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Hematology | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Bariatric | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Psych-Mental Health |
| <input type="checkbox"/> Cath Lab/Interventional/Radiology | <input type="checkbox"/> Home Health | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hospice/Palliative Care | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cosmetic/Esthetic | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> Complementary/Alternative/Integrative | <input type="checkbox"/> Immunology/Rheumatology | <input type="checkbox"/> Respiratory/Pulmonology |
| <input type="checkbox"/> Critical Care/Step-Down | <input type="checkbox"/> Insurance | <input type="checkbox"/> Retail Health |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> School/ Student Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Men's Health | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Neonatal | <input type="checkbox"/> Substance Use/Addiction |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Surgery/Perioperative |
| <input type="checkbox"/> Emergency/Trauma | <input type="checkbox"/> Obesity/ Weight Management | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Obstetrics/Newborn | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Family practice | <input type="checkbox"/> Occupational/Employee/ Workplace | <input type="checkbox"/> Urology/Nephrology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Wound Care |
| | | <input type="checkbox"/> Other _____ |

21a. Which setting BEST describes your SECONDARY work/practice site:

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Military /DoD |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Nursing Home (SNF/NF) |
| <input type="checkbox"/> Birthing Center | <input type="checkbox"/> Occupational/Employee/Workplace Health |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="checkbox"/> College Health | <input type="checkbox"/> Psych-Mental Health |
| <input type="checkbox"/> Correctional/Priso | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Research |
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| <input type="checkbox"/> Hospice/Palliative Care | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> VA Facility |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Volunteer Clinic |
| <input type="checkbox"/> Industry/Sales/IT | <input type="checkbox"/> Other _____ |

21b. Identify the specific type of setting that most closely corresponds to your SECONDARY nursing practice position if you work in one of the following facilities:

Hospital:

- Academic Medical Center
- Critical Access
- Long-Term Acute Care (LTAC)
- Psychiatric
- Rehabilitation
- Regional Referral
- Specialty (e.g., cardiac, orthopedic, spine)
- Other _____

Mental Health/Substance Use:

- Community Setting
- Inpatient Psychiatric
- Outpatient Clinic
- Residential
- Other _____

Developmental Disability:

- Community Service
- Residential
- Other _____

<p>21c. Identify the position title that most closely corresponds to your <u>SECONDARY</u> nursing practice position:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Staff Nurse</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> APRN</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Nurse Researcher</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Case Manager</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Nurse Executive</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Consultant</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Nurse Manager</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Informatics/Nursing Systems</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Faculty</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Medical Director</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Patient</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other-Health Related</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Staff educator</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other-Not Health Related</td> </tr> </table>	<input type="checkbox"/> Staff Nurse	<input type="checkbox"/> APRN	<input type="checkbox"/> Nurse Researcher	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Nurse Executive	<input type="checkbox"/> Consultant	<input type="checkbox"/> Nurse Manager	<input type="checkbox"/> Informatics/Nursing Systems	<input type="checkbox"/> Faculty	<input type="checkbox"/> Medical Director	<input type="checkbox"/> Patient	<input type="checkbox"/> Other-Health Related	<input type="checkbox"/> Staff educator	<input type="checkbox"/> Other-Not Health Related	<p>21d. What is your <u>SECONDARY</u> practice focus:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Acute Care</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Gerontology</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Pain Management</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Allergy</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Health Promotion/Prevention/Wellness</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Pediatrics</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Anesthesia</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Hematology</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Primary Care</td> </tr> <tr> <td style="vertical-align: top; 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Questions #22 through #28 ask about your satisfaction level with your nursing career

<p>22. What do you like MOST about your primary nursing employment? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Autonomy</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Salary</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Benefits (insurance, paid vacation,</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> There is opportunity for advancement</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Hours/schedule</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Work itself</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Location</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> People with whom I work (co-workers)</td> <td></td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> People for whom I provide service</td> <td></td> </tr> </table>	<input type="checkbox"/> Autonomy	<input type="checkbox"/> Salary	<input type="checkbox"/> Benefits (insurance, paid vacation,	<input type="checkbox"/> There is opportunity for advancement	<input type="checkbox"/> Hours/schedule	<input type="checkbox"/> Work itself	<input type="checkbox"/> Location	<input type="checkbox"/> Other _____	<input type="checkbox"/> People with whom I work (co-workers)		<input type="checkbox"/> People for whom I provide service		<p>23. What do you like LEAST about your primary nursing employment? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Benefits (insurance, paid vacation, retirement, etc.)</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> People with whom I work (co-workers)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Hours/schedule</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> People for whom I provide service</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Lack of autonomy</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Salary</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Location</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Work itself</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> No opportunity for advancement</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Nothing, there isn't anything I don't like</td> <td></td> </tr> </table>	<input type="checkbox"/> Benefits (insurance, paid vacation, retirement, etc.)	<input type="checkbox"/> People with whom I work (co-workers)	<input type="checkbox"/> Hours/schedule	<input type="checkbox"/> People for whom I provide service	<input type="checkbox"/> Lack of autonomy	<input type="checkbox"/> Salary	<input type="checkbox"/> Location	<input type="checkbox"/> Work itself	<input type="checkbox"/> No opportunity for advancement	<input type="checkbox"/> Other _____	<input type="checkbox"/> Nothing, there isn't anything I don't like	
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<p>24. How likely are you to leave your <u>PRIMARY</u> employment in the next 12 months?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Very unlikely</td> <td style="width: 25%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Somewhat unlikely</td> <td style="width: 25%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Somewhat likely</td> <td style="width: 25%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Very likely</td> </tr> </table>	<input type="checkbox"/> Very unlikely	<input type="checkbox"/> Somewhat unlikely	<input type="checkbox"/> Somewhat likely	<input type="checkbox"/> Very likely	<p>25. If very likely or somewhat likely that you will leave your <u>PRIMARY</u> employment in the next 12 months, what is the main reason? (Select one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Dissatisfaction with job</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Lack of autonomy</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Dissatisfaction with manager/people I work with</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Retirement</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Dissatisfaction with salary</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Returning to school</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Family/personal</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Lack of opportunity for advancement</td> <td></td> </tr> </table>	<input type="checkbox"/> Dissatisfaction with job	<input type="checkbox"/> Lack of autonomy	<input type="checkbox"/> Dissatisfaction with manager/people I work with	<input type="checkbox"/> Retirement	<input type="checkbox"/> Dissatisfaction with salary	<input type="checkbox"/> Returning to school	<input type="checkbox"/> Family/personal	<input type="checkbox"/> Other _____	<input type="checkbox"/> Lack of opportunity for advancement											
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<p>26a. Have you felt physically unsafe in your current workplace in the last 6 months?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Very often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never</p> <p>26b. Do you have resources (i.e., equipment, staffing, training) to provide safe patient care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>26c. Does your workplace have a system for reporting uncivility/bullying:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26d. Rate your comfort level with reporting incivility/ bullying in your workplace:</p> <p><input type="checkbox"/> Always comfortable <input type="checkbox"/> Very often comfortable <input type="checkbox"/> Sometimes comfortable <input type="checkbox"/> Rarely comfortable <input type="checkbox"/> Never comfortable</p>
<p>27a. Have you experienced incivility/bullying in your workplace in the previous 6 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27b. Rate your ability to control incivility/bullying in your workplace:</p> <p><input type="checkbox"/> Always able to control <input type="checkbox"/> Very often able to control <input type="checkbox"/> Sometimes able to control <input type="checkbox"/> Rarely able to control <input type="checkbox"/> Never able to control</p>	<p>28. Are you a practice owner?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Are you a traveling nurse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. How satisfied are you with nursing as a career?</p> <p><input type="checkbox"/> Very Satisfied <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very Dissatisfied</p>
<p>31. Do you have a current national certification in nursing from an approved certifying body?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32. How do you rate your level of nursing knowledge and skill in your primary nursing position?</p> <p><input type="checkbox"/> Expert <input type="checkbox"/> Skilled <input type="checkbox"/> Proficient <input type="checkbox"/> Competent <input type="checkbox"/> Beginner</p>
<p>33. Continuing education requirements for re-licensure help you to maintain nursing competence.</p> <p><input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>	<p>34. Practice hour requirements for re-licensure help you to maintain nursing competence.</p> <p><input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Undecided <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>

35. If you are an APRN, check all certification(s) that you hold. If you are not an APRN, you can end this survey.

<ul style="list-style-type: none"> <input type="checkbox"/> Acute Care <input type="checkbox"/> Adult <input type="checkbox"/> Adult Gerontology <input type="checkbox"/> Adult-Gerontology-Acute Care <input type="checkbox"/> Adult-Gerontology-Primary Care <input type="checkbox"/> Certified Nurse Midwife <input type="checkbox"/> Certified Registered Nurse Anesthetist <input type="checkbox"/> Dermatology <input type="checkbox"/> Diabetes Management-Advanced <input type="checkbox"/> Emergency <input type="checkbox"/> Family <input type="checkbox"/> Gerontology <input type="checkbox"/> Hospice and Palliative Care 	<ul style="list-style-type: none"> <input type="checkbox"/> Neonatal <input type="checkbox"/> Oncology-Advanced <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pediatric <input type="checkbox"/> Pediatric-Acute Care <input type="checkbox"/> Pediatric-Primary Care <input type="checkbox"/> Psychiatric-Mental Health <input type="checkbox"/> Psychiatric Mental Health-Adult <input type="checkbox"/> Psychiatric-Mental Health-Child Adolescent <input type="checkbox"/> School Health <input type="checkbox"/> Women's Health <input type="checkbox"/> Wound Care <input type="checkbox"/> Other (please specify): _____
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PLEASE REMEMBER TO ADD YOUR **LICENSE NUMBER** ON PAGE 1
THANK YOU FOR COMPLETING THE SURVEY!