

Practical Nursing Workforce Survey 2023

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| 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"/> Other <input type="checkbox"/> Arabic <input type="checkbox"/> Native American Language <input type="checkbox"/> None | 3. What is your primary state of residence? _____ |
| 4. List all states in which you hold an active single-state license to practice as an LPN: _____ | 5. List all states in which you are currently practicing: _____ |
| 6. Where was the location of the basic nursing education program that prepared you to take the LPN licensing examination? <input type="checkbox"/> Nebraska <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Missouri <input type="checkbox"/> South Dakota <input type="checkbox"/> Wyoming <input type="checkbox"/> Colorado <input type="checkbox"/> Other State or US territory <input type="checkbox"/> Foreign country | 7. Which nursing education programs have you completed? (Mark all that apply) <input type="checkbox"/> Practical Nursing Program Diploma <input type="checkbox"/> Vocational/Practical Nursing Certificate |
| 8. Are you currently enrolled in a nursing education program leading to a degree/certificate? <input type="checkbox"/> Not currently enrolled <input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Associate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Diploma Program <input type="checkbox"/> Other | 9. If you have a non-nursing degree(s), did you earn this degree <u>before</u> entering your basic nursing education program that prepared you for LPN licensure? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Which of the following best describes your current primary work situation? (Select one). <input type="checkbox"/> Actively employed in nursing: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per diem <input type="checkbox"/> Working in nursing only as a volunteer <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 <input type="checkbox"/> Unemployed: <input type="checkbox"/> Seeking work as a nurse <input type="checkbox"/> Not seeking work as a nurse <input type="checkbox"/> Retired | 11. If unemployed, please indicate the reasons: <input type="checkbox"/> Disciplinary conditions <input type="checkbox"/> Family <input type="checkbox"/> Inadequate salary <input type="checkbox"/> Difficulty in finding a nursing position <input type="checkbox"/> Disabled <input type="checkbox"/> Enrolled in education program <input type="checkbox"/> Type of position I have experience/education for is not available <input type="checkbox"/> Other |

| 12a. Do you volunteer as a nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12b. If you volunteer, on average how many hours do you volunteer per month? | | | | | | | | | | |
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| Please answer questions 13 - 28 only if you are actively employed in nursing. | | | | | | | | | | | |
| 13. In how many positions are you currently employed as a nurse? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more | 14. What is the average number of hours worked during a typical week in nursing positions? <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 2px;">HOURS</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | HOURS | | | | | | | | | |
| HOURS | | | | | | | | | | | |
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| 15. Please indicate the zip code, county and state of your PRIMARY EMPLOYER: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <th colspan="5" style="padding: 2px;">ZIP CODE</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> _____ County _____ State </div> | ZIP CODE | | | | | | | | | | 16. How many miles do you travel one way to get to work at your principal nursing employment? <input type="checkbox"/> 0 – 5 miles <input type="checkbox"/> 21 – 30 miles <input type="checkbox"/> 6 – 10 miles <input type="checkbox"/> 31 – 50 miles <input type="checkbox"/> 11 – 20 miles <input type="checkbox"/> > 50 miles |
| ZIP CODE | | | | | | | | | | | |
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| 17. Do you utilize tele-health in your primary or secondary positions? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. If yes, when utilizing tele-health, are patients ever located in a different state? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 19a. If you are a SALARIED employee or practice owner in your PRIMARY nursing employment, what is your current annual salary? <input type="checkbox"/> Less than \$5,000 <input type="checkbox"/> At least \$45,000 but less than \$55,000 <input type="checkbox"/> 5,000 - \$25,000 <input type="checkbox"/> At least \$55,000 but less than \$65,000 <input type="checkbox"/> More than \$25,000 but less than \$35,000 <input type="checkbox"/> At least \$65,000, but less than \$85,000 <input type="checkbox"/> At least \$35,000 but less than \$45,000 <input type="checkbox"/> At least \$85,000, but less than \$105,000 <input type="checkbox"/> \$105,000 and more | 20. Which setting BEST describes your PRIMARY work/practice site? <input type="checkbox"/> Ambulatory Surgical Center <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/Prison Facility <input type="checkbox"/> Public Health <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Research <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Retail Clinic <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Rural Health Clinic <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> School Health Service <input type="checkbox"/> Health Department <input type="checkbox"/> Substance Use/Addiction <input type="checkbox"/> Home Health <input type="checkbox"/> University/Academic <input type="checkbox"/> Hospice/Palliative Care <input type="checkbox"/> Urgent Care <input type="checkbox"/> Hospital <input type="checkbox"/> VA Facility <input type="checkbox"/> Insurance Claims/Benefits <input type="checkbox"/> Volunteer Clinic <input type="checkbox"/> Industry/Sales/IT <input type="checkbox"/> Other_____ | | | | | | | | | | |
| 19b. What is your average hourly wage for your primary nursing position? _____ | | | | | | | | | | | |

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| <p>21. What do you like MOST about your primary nursing employment? (Select one)</p> <p><input type="checkbox"/> Autonomy <input type="checkbox"/> There is opportunity for advancement</p> <p><input type="checkbox"/> Benefits (insurance, paid vacation, retirement, etc.) <input type="checkbox"/> Hours/schedule</p> <p><input type="checkbox"/> Location <input type="checkbox"/> People for whom I provide service (patients)</p> <p><input type="checkbox"/> People with whom I work (co-workers) <input type="checkbox"/> Salary</p> <p><input type="checkbox"/> Work itself <input type="checkbox"/> Other _____</p> | <p>22. What do you like LEAST about your primary nursing employment? (Select one)</p> <p><input type="checkbox"/> Benefits (insurance, paid vacation, retirement, etc.) <input type="checkbox"/> People for whom I provide service (patients)</p> <p><input type="checkbox"/> Hours/schedule <input type="checkbox"/> Location <input type="checkbox"/> Salary</p> <p><input type="checkbox"/> Lack of autonomy <input type="checkbox"/> Work itself</p> <p><input type="checkbox"/> Location <input type="checkbox"/> Nothing, there isn't anything I don't like</p> <p><input type="checkbox"/> No opportunity to advance <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> People with whom I work (co-workers)</p> |
| <p>23. How likely are you to leave your principal employment in the next 12 months?</p> <p><input type="checkbox"/> Very unlikely</p> <p><input type="checkbox"/> Somewhat unlikely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p> | <p>24. If very likely or somewhat likely that you will leave your principal employment in the next 12 months, what is the main reason? (Select one)</p> <p><input type="checkbox"/> Dissatisfaction with manager/people I work with <input type="checkbox"/> Lack of opportunity for advancement</p> <p><input type="checkbox"/> Dissatisfaction with job <input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Dissatisfaction with salary <input type="checkbox"/> Returning to school</p> <p><input type="checkbox"/> Family/personal <input type="checkbox"/> Obtaining RN license</p> <p><input type="checkbox"/> Lack of autonomy <input type="checkbox"/> Other</p> |
| <p>25a. 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>25c. Does your workplace have a system for reporting incivility/bullying?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>25b. 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>25d. 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>26a. 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>27. Are you a traveling nurse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>26b. 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. 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> |

**PLEASE REMEMBER TO ADD YOUR LICENSE NUMBER ON PAGE 1.
THANK YOU FOR COMPLETING THE SURVEY!**