■■NCSBN

THE NATIONAL FOR M OF STATE NURSING WORKFORCE CENTERS



## NURSING WORKFORCE SURVEY

## **Marking Instructions**

Use a No. 2 pencil or blue or black ink pen only. Do not use pens with ink that soaks through the paper. Make solid marks that fill the oval completely.

Make no stray marks on this form Do not tear or mutilate this form.

) L		Correct Mark	<b>ØX</b> = 0	Incorrect Mark	s	
	mnarahmna —					
1.	What is your gender?   Male	○ Female				
2.	What is your race/ethnicity? (Mark all th	at apply)		3	. In what year	YEAR
	American Indian or Alaska Native     Asian				were you born?	1 9
	Black/African American					00
	Native Hawaiian or Other Pacific Islander					(D) (D)
	○ White/Caucasian					22
	○ Hispanic/Latino					33
	○ Other					44
						5 5
4.	What type of nursing degree/credential	qualified you fo	or your first US	S nursing lice	ense?	66
	<ul> <li>Vocational/practical certificate-nursing</li> </ul>	Master	's degree-nursin	ng		00
	○ Diploma-nursing	<ul> <li>Doctora</li> </ul>	al degree-nursin	ig (DNP)		88
	<ul> <li>Associate degree-nursing</li> </ul>	<ul> <li>Doctora</li> </ul>	al degree-nursin	ig (PhD)		99
	Baccalaureate degree-nursing	Doctora	al degree-nursin	ng other		
5.	What is your highest level of education?	+				
	<ul> <li>Vocational/practical certificate-nursing</li> </ul>		's dearee-nursin	na		

O Master's degree-other field

O Doctoral degree-nursing (PhD)

O Doctoral degree-nursing other

O Doctoral degree-other field

O Doctoral degree-nursing practice (DNP)

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DO NOT WRITE IN THIS AREA

O Diploma-nursing

Associate degree-nursing

Associate degree-other field

Baccalaureate degree-nursing

Baccalaureate degree-other field

6.	What type ○ RN	of license	do you current VN ⊃ Advano	<b>ly hold? <i>(Mark a</i></b> ed Practice RN I		-	r did you obtain al US licensure?	YEAR	
7.	Indicate w	hether you	ı are credential	ed in your state	to practice as a	ny of the followi	ng:	000	
	<ul><li>Nurse Properties</li><li>Clinical I</li></ul>			ified Registered I ified Nurse Midw	Nurse Anesthetist	<ul> <li>Not licensed/</li> <li>of the above</li> </ul>	certified as any	①①① ②②②	
	Olimbari	Nuise Spec	ialist O Cert	illed Naise Wildw	nie -	of the above		333	
9.	In what co	untry did y	ou receive you	r entry-level ed	ucation?			444	
	O United S	states	O Philipines	Other, ple	ease specify			<b>5 5</b>	
	Canada		○ India					666 777	
10.	In what co	untry were	you initially lic	ensed as RN o	r LPN?			888	
	O United S	states	O Philipines	Other, ple	ease specify			999	
	Canada		○ India						
11.			tates in which	•		indicate the sta	•		
		•	ctice as an RN			ntly practicing as			
	○ AK ○ AL	O IL O IN	○ ND ○ NE	○ TN ○ TX	○ AK ○ AL	○ IL ○ IN	○ ND ○ NE	○ TN ○ TX	
	○ AR	○ KS	O NH	O UT	○ AR	○ KS	O NH	O UT	
	$\bigcirc$ AZ	$\bigcirc$ KY	○ NJ	$\bigcirc$ VA	$\bigcirc$ AZ	○ KY	$\bigcirc$ NJ	$\bigcirc$ VA	
	○ CA	O LA	O NM	O VT	○ CA	○ LA	O NM	O VT	
	○ CO ○ CT	○ MA ○ MD	○ NV ○ NY	○ WA ○ WI	○ CO ○ CT	○ MA ○ MD	○ NV ○ NY	○ WA ○ WI	
	O DC	○ ME	ООН	○ WV	O DC	○ ME	ООН	$\circ$ W	
	$\bigcirc$ DE	$\bigcirc$ MI	○ OK	$\bigcirc$ WY	○ DE	$\bigcirc$ MI	○ OK	$\bigcirc$ WY	
	○ FL	O MN	O OR	O AS	○ FL	O MN	O OR	○ AS	
	○ GA ○ HI	○ MO ○ MS	○ PA ○ RI	◯ GU ◯ MP	⊝ GA ⊝ HI	○ MO ○ MS	○ PA ○ RI	GU MP	
	○ IA	○ MT	○ sc	○ VI	○ IA	○ MT	○ SC	○ VI	
	$\bigcirc$ ID		○ SD			○ NC	○ SD		
13.	Actively Actively Actively Actively Actively Actively Working Unemplo	employed in employed in employed in employed in employed in employed in in nursing opyed, seekin	ment status? (IV) In nursing full-time In nursing per dien In a field other tha In a field ot	e n n n nursing full-tim n nursing part-tin n nursing per die r e	e ne	you work the mos work year.  Secondary posity you work the secondary during your Per diem: an arm	tion: The position at wat hours during your tion: The position and greatest number regular work year.  angement wherein a tiy on an as needed to benefits.	at which er of	
14.	1. If unemployed, please indicate the reasons:  Taking care of home and family Disabled Difficulty in finding a nursing position Inadequate Salary Other, please specify								

5.	In how many positions	are you cu	rrently employed as a	nurse? 🔾 1	2 30	r more			
6.	How many hours	HOURS		17. Please indicate if	you work in an	y of these	areas		
	do you work during			or specialty settin	-	•			
	a typical week in			a. Camp Nurse			○ No		
	all your nursing	000		b. Correctional		○ Yes	○ No		
	positions?	(D) (D) (D)		c. Developmental	,		○ No		
		222		d. Faith-based (ex	: Parish Nurse)	○ Yes	○ No		
		333		e. Forensic			○ No		
		444		f. Holistic	Comileon	○ Yes	○ No		
		555		<ul><li>g. Military/uniform</li><li>h. Telehealth</li></ul>	Services	○ Yes	○ No		
		666 777		i. Travel Nurse		<ul><li>○ Yes</li><li>○ Yes</li></ul>	○ No ○ No		
		888		i. Havorivaiso		O les	O 140		
3.	Please indicate the sta		code of your	19. Please estimate					
	primary employer:			your 2014 pre-tax	ļļļļ	.00	0 per year		
	OAK OIL OND	$\bigcirc$ TN	ZIP CODE	annual earnings	00000				
	O AL O IN O NE	$\bigcirc$ TX		from your <u>primary</u>					
	O AR O KS O NH	O UT		nursing position.	2222				
	O AZ O KY O NJ	○ VA		Include overtime and bonuses, but	3333333		l .		
	OCO OMA ONV	○ WA	2222	exclude sign-on		444444			
	OCT OMD ONY OW					06666			
	ODC OME OOH	$\circ$ w	4444		0000				
	ODE OMI OOK	○ WY	5555		8888				
	○FL ○MN ○OR	AS	6666		9999	999			
	○ GA ○ MO ○ PA	$\bigcirc$ GU	00000						
	○HI ○MS ○RI	$\bigcirc$ MP	8888						
	OIA OMT OSC		9999						
_	OID ONC OSD								
0.	Please identify the type of setting that most closely corresponds to your primary nursing practice position:  Academic Setting  Home Health  Policy/Planning/Regulatory/Licensing Agency								
	Ambulatory Care Setting	na	○ Hospital	O Public H		or y/Licerisii i	g Agency		
	Assisted Living Facility		○ Insurance Claims/Be		Health Service				
	Community Health		<ul> <li>Nursing Home/Exten</li> </ul>						
	Correctional Facility		Occupational Health						
1.	Please identify the posi		-	<b>sponds to your <u>primary</u></b> Nurse Manager	nursing praction Other-Not H	-			
	Case Manager			Nurse Researcher	<ul> <li>Staff Nurse</li> </ul>				
	Clinical Nurse Leader	$\bigcirc$ N	urse Faculty	Other-Health Related					
2.	<ul> <li>Please identify the emp</li> <li>Acute Care/Critical Care</li> </ul>		<u>pecialty</u> that most clos ledical Surgical	ely corresponds to you Primary Care	r <u>primary</u> nursi	ng practic	e position:		
	<ul> <li>Adult Health/Family Health/Family</li> </ul>		eonatal	<ul> <li>Psychiatric/Mental I</li> </ul>	Health/Substanc	e Abuse			
	Anesthesia		ephrology	O Public Health					
	○ Community		eurology/Neurosurgical	○ Radiology					
	Genetics Geriatric/Gerontology Home Health		ccupational Health	Rehabilitation					
			ncology	<ul> <li>School Health</li> <li>Urologie</li> </ul>					
			rthopedic alliative Care/Hospice	○ Urologic ○ Women's Health					
			amative Care/HOSDICE	·					
	○ Informatics		ediatrics	Other					

	AL AR AZ CA	ondary em ⊝ IL ⊝ IN ⊝ KS	nployer:	TN TX UT	ZIP CODE	you tax ear	ease estim ur 2014 pro c <u>annual</u> rnings fron	e-	111	0000	
	AK CAL	⊃ IL ⊃ IN ⊃ KS	O ND O NE O NH	$\bigcirc$ TX		tax ea	c <u>annual</u> rnings fron	n	111		
	AL AR AZ CA	⊃ IN ⊃ KS	○ NE ○ NH	$\bigcirc$ TX	00000	ear	rnings fron	n	111		
	AR CA CA	⊃ KS	○ NH			-	•				
	O AZ O			$\bigcirc$ UT			_				
	○ CA ⊂	⊃ KY				you	ur <u>seconda</u>	ary (	222	2222	
			$\bigcirc$ NJ	○ VA	11111	nu	rsing posit			3333	
		⊃ LA	○ NM	○ VT	22222		clude overt			4444	
			○ NV	○ WA	33333		d bonuses			5555	
			○ NY	○ WI	4444		clude sign-			6666	
			O OH	○ WV	5555		nuses.			7777	
			O OK	○ WY	6666	1				333	
			O OR	O AS	7777		No Second			9999	
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	OID C	⊃ NC	○ SD	O No Se	condary Practice	Position					
		-			nost closely co	•					•
	O No Second	-	e Position		•		ance Claims			O Public F	
	<ul> <li>Academic</li> </ul>	-			ctional Facility		ng Home/Ex				Health Service
	<ul> <li>Ambulator</li> </ul>	ry Care Set	tting	Home	Health	Occu	pational Hea	alth	(	Other	
	Assisted L	iving Facil	ity	Hospit	tal	Policy	y/Planning/F	Regulatory/	Licensin	g Agency	
26.	Please ident	tify the <u>po</u>	sition title	e that mo	st closely corre	sponds t	to your <u>sec</u>	ondary n	ursing p	ractice p	osition:
	O No Secondary Practice Position						○ Nurse Faculty ○ Other-Health Related				Related
	<ul> <li>Advanced</li> </ul>	Practice N	√urse	○ Cor	nsultant		Nurse Mana	ager	Oth	ier-Not Hea	alth Related
	Case Man	ager		○ Nur	rse Executive		Nurse Rese	earcher	Sta	ff Nurse	
	Diana didani			A							
		-			y that most clo	_	-	your <u>sec</u>	ondary	nursing p	ractice positi
				osition			<ul> <li>Perioperative</li> <li>Primary Care</li> <li>Psychiatric/Mental Health/Substance Abuse</li> </ul>				
	Acute Care										
	Adult Heal		Health					ental Healti	n/Substa	ince Abuse	<del>)</del>
	Anesthesia			O Nephro	• • • • • • • • • • • • • • • • • • • •		ıblic Health				
	Communit	•			logy/Neurosurgio		diology				
	Emergency	y/Trauma			oational Health		habilitation				
	Genetics			Oncole			hool Health				
	Geriatric/€		у	<ul><li>Orthor</li></ul>			•				
	Home Hea	alth		<ul><li>Palliati</li></ul>	ive Care/Hospice	e ○ Wo	omen's Heal	lth			
	Informatics	S		Pediat	trics	○ Otl	her				
28. 1	What percer	ntage of t	he time de	o you esti	mate you provi	de nursir	ng services	s or comm	nunicate	with a p	atient or
					where you are		-	or electr	onically	?	
	<ul><li>Never</li><li>When provid</li></ul>	25 – 1 🔾 Iina nursi		⊃ 26 – 50% es or comi	5		76 – 100% te patient	or client v	via phor	ne or elec	tronically.
	•	-	•		a state border		to patient				,
	O Not applic			_		ever $\bigcirc$	1 – 25%	□ 26 - 50	)% ()	51 – 75%	○ 76 – 100%
30.				atients or cl	แยกเร municating wit	h a remo	te natient	or client	via nhor	ne or elec	tronically.
		-	-		a national bord		te patient	or onem.	ria piloi	ie or elec	tromoany,
	O Not applic	able: I do	not provide	nursina se	ervices ON	ever $\bigcirc$	1 - 25%	$\bigcirc$ 26 - 50	0% (	51 – 75%	O 76 - 100%
				atients or cl							
31.					ication you use	to provi	de nursing	services	or com	municate	with a
	remote patie		-	-							
-	<ul> <li>Not applic</li> </ul>				ervices or commi						
1		messagin	g (ex: text r				Telephor	ne (	⊃ Other		
1	<ul> <li>Electronic</li> </ul>						C Frankii				
1	<ul><li>Electronic</li><li>Voice over</li></ul>	r internet p			,		Email				
1	<ul><li>Electronic</li><li>Voice over</li></ul>	r internet p			FaceTime) te ICU, eICU)		○ Video ca	all			
	<ul><li>Electronic</li><li>Voice over</li><li>Virtual ICU</li></ul>	r internet p			,			all			
1	<ul><li>Electronic</li><li>Voice over</li><li>Virtual ICU</li></ul>	r internet p	wn as: tele	-ICU, remo	te ICU, eICU)			all			
	Electronic Voice over Virtual ICU	r internet p J (also kno	wn as: tele-	-ICU, remo	,		○ Video ca	all			