Thank you for taking the time to participate in the 2014 Registered Nurse Workforce Survey!

The Registered Nurse Survey was created to collect critical information on the RN Workforce in Wisconsin. It was designed to be as simple and quick as possible. Your responses are important to an accurate representation of the RN workforce.

The survey should take between 15 to 20 minutes. Please have the following information available before you begin:

1. The year you received your first RN license.
2. The year(s) you received your diploma(s).
3. Country or county and zip code of your place(s) of work.

No personal information is attached to your survey responses. Information collected will be not be reported by individual zip code. You will not be asked every question in the survey. The information you provide will determine the questions asked.

Complete and return the completed survey and signed affidavit to DSPS:
Fax: 608-251-3036
Email: DSPSRenewal@wisconsin.gov
Mail: DSPS – Renewal Unit
    PO Box 8935
    Madison, WI 53708-8935

If you have questions concerning your license renewal, payment or you are experiencing technical difficulties while taking the survey, please contact the Department of Safety and Professional Services (DSPS) at DSPSRenewal@wisconsin.gov or by calling 608-266-2112. Please allow 2-3 business days for assistance. Please note that making multiple requests for assistance slows down agency response time.

If you have questions concerning the survey questions or if you have comments or suggestions, please email RNSurveySupport@dwd.wisconsin.gov. This email address is active only during the renewal period of January 6 - March 3, 2014.
LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

1. In what country were you initially licensed as a nurse?
   ___ U.S.
   ___ Another Country

2. In what year did you obtain your initial U.S. licensure as an RN?
   ___________ Enter a 4-digit year between 1930 and 2014.

3. In what year did you obtain your first Wisconsin license as an RN?
   ___________ Enter a 4-digit year between 1930 and 2014.

Education

4. For each of the following nursing diplomas or degrees you have received, please enter the year you received the diploma or degree.
   Enter a 4-digit year between 1930 and 2014 for all that apply:
   ___________ Practical Nursing or Vocational Nursing Diploma
   ___________ Diploma in Nursing
   ___________ Associate Degree in Nursing
   ___________ Bachelor Degree in Nursing
   ___________ Master Degree in Nursing or related health field
   ___________ Doctorate of Nursing Practice
   ___________ Doctorate of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)
   ___________ PhD in Nursing

5. For your most recent degree, did you receive the degree from a Wisconsin based college or university?
   ___ Yes
   ___ No
6. Please indicate your plans for further education in nursing:  
(Select only one response)

___ I have no plans for additional nursing studies  
___ Currently enrolled in a BSN program  
___ Currently enrolled in a Master’s degree program in nursing  
___ Currently enrolled in a Master’s degree program in a related health field  
___ Currently enrolled in a Doctorate of Nursing Practice program  
___ Currently enrolled in a Nursing PhD program  
___ Currently enrolled in a non-degree specialty certification program  
___ Plan to pursue further education in nursing in the next two years

7. What are the **two greatest challenges** you face or anticipate in pursuing higher nursing education? (Select at most only two responses)

___ None  
___ Commuting distance to educational program  
___ Cost of lost work time and benefits  
___ Cost of tuition, materials, books etc.  
___ Family/personal reasons  
___ Lack of flexibility in work schedule  
___ Limited access to online learning or other online resources  
___ Scheduling of educational programs offered  
___ Other, not listed

**Training**

8. Have you received training in emergency preparedness and response (such as Incident Command System (ICS) 100, 200, 700; Hazardous Materials, etc.)?  (Check all that apply)

___ No  
___ Yes I have received this training from my employer.  
___ Yes I have received this training from a voluntary organization (e.g. Red Cross)  
___ Yes other.

9. Have you applied training in emergency preparedness and response?  (Check all that apply)

___ No  
___ Yes, I have participated in an emergency preparedness and response exercise in the last two years  
___ Yes, I have responded to an actual emergency, incident, or major disaster within the last two years
10. Are you a member of the following? (Check all that apply)

___ Wisconsin Emergency Assistance Volunteer registry (WEAVR)
___ Medical Reserve Corps (MRC) unit
___ No, I am not a member

CURRENT EMPLOYMENT INFORMATION

Please take into account only your current employment status while answering the following questions. Do not include unpaid volunteer work.

11. Please indicate your employment status: (Select only one response)

___ Actively working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
___ Actively working in health care, not nursing
___ Actively working in another field
___ Unemployed, seeking work in nursing
___ Unemployed, seeking work in another field
___ Unemployed, not seeking work
___ Retired

12. Has your employment status changed during the past year? (If you have experienced more than one change, please select the most significant change.)

___ No change in employment status
___ Yes I changed the number of hours worked
___ New position with the same employer
___ New position with a different employer
___ I was not working as a registered nurse, but am now in a registered nursing job
___ I was working as a registered nurse but I am no longer working as a registered nurse
___ Other

13. Which of the following factors was the most important in your change in employment during the past year? (Select only one response)

___ Not applicable
___ I retired
___ Childcare responsibilities
___ Other family responsibilities
___ Salary/medical or retirement benefits
___ Laid off
___ Change in spouse/partner work situation
___ Change in financial status
___ Relocation/moved to a different area
___ Promotion/career advancement
___ Change in my health status
___ Seeking more convenient hours
___ Dissatisfaction with previous position
___ Other

**NURSING CAREER INFORMATION**

Please take into account all your nursing work experiences, including unpaid volunteer nursing work, when answering the questions in this section.

14. Please indicate any of the clinical areas listed below in which you have specialized knowledge and/or experience of two or more years:
   (Check all that apply)
   ___ None
   ___ Acute Care /Critical Care/Intensive Care
   ___ Addiction/ AODA/Substance Abuse
   ___ Adult Health
   ___ Anesthesia
   ___ Cardiac Care
   ___ Community Health
   ___ Corrections
   ___ Dialysis/Renal
   ___ Emergency/Trauma
   ___ Family Health
   ___ Geriatrics/Gerontology
   ___ Home Health
   ___ Hospice Care/ Palliative Care
   ___ Labor and Delivery
   ___ Maternal-Child Health
   ___ Medical-Surgical
   ___ Neonatal Care
   ___ Obstetrics/Gynecology
   ___ Occupational Health/Employee Health
   ___ Oncology
   ___ Pediatrics
   ___ Public Health
   ___ Psychiatric/Mental Health
   ___ Rehabilitation
   ___ Respiratory Care
   ___ School Health (K-12 or post-secondary)
   ___ Surgery/Pre-op/Post-op/ PACU
   ___ Women’s Health
   ___ Other, not listed
15. Please indicate the specialties in which you hold current national board certification:  
(Check all that apply)

- I am not certified
- Acute Care/Critical Care
- Addiction/AODA
- Adult Health
- Ambulatory Care Nursing
- Anesthesia (CRNA)
- Cardiac Rehabilitation Nursing
- Cardiac-Vascular Nursing
- Case Management Nursing
- College Health Nursing
- Community Health
- Diabetes Management - Advanced
- Domestic Violence/Abuse Response
- Emergency Nursing (CEN®, CFRN®)
- Family Health
- Family Planning
- Gastroenterology (CGRN)
- General Nursing Practice
- Gerontological Nursing
- High-Risk Perinatal Nursing
- Home Health Nursing
- Hospice and Palliative Nursing (CHPN®, ACHPN®)
- Informatics Nursing
- Infusion Nursing (CRNI)
- Legal Nurse Consultant (LNCC®)
- Medical-Surgical Nursing
- Medical-Surgical Nursing (CMSRN®)
- Neonatal
- Nephrology (CNN, CDN)
- Neurology (CNRN)
- Nurse Educator (CNE)
- Nurse Executive (CENP)
- Nurse Executive - Advanced
- Nurse Manager and Leader (CNML)
- Nursing Case Management
- Nursing Professional Development
- OB/Gyn/Women’s Health Care
- Occupational Health (COHN)
- Orthopedic Nursing (ONC®)
- Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)
- Perianesthesia (CPAN®, CAPA®)
16. Which of the following factors best captures the **single most important factor** in your career decisions today?

- ___ I am retired/not working
- ___ Level of personal satisfaction/ collegial relationships
- ___ Family/personal issues
- ___ Pay
- ___ Medical Benefits
- ___ Retirement benefits
- ___ Hours/shift availability
- ___ Potential for advancement
- ___ Employer supported education options
- ___ Worksite location
- ___ Physical work requirements
- ___ Physical disability
- ___ Other

17. How much longer do you plan to work in your present type of employment?
(Select only one response)

- ___ Not applicable
- ___ Less than 2 years
- ___ 2-4 years
- ___ 5-9 years
- ___ 10-19 years
- ___ 20-29 years
- ___ 30 or more years
18. In which setting(s) do you have a designated/appointed/ or elected formal leadership role? (Check all that apply)

___ Work Area (e.g. Charge Nurse, Team Leader, Unit Manager)
___ Organizational Level (e.g. Dean, CNO, Director)
___ Governance Board (e.g. Board of Trustees)
___ Public Official (e.g. County Board of Supervisors, state legislator)
___ None

19. If you are not engaged in a leadership role, what is the most significant barrier? (Select only one response)

___ Does not apply
___ Lack of leadership development/preparation
___ Lack of opportunity
___ Other personal priorities
___ Presently, I am not interested in a leadership role

20. In your career, how many years have you worked as a Registered Nurse providing direct patient care?

Direct patient care (DPC) is defined as, “To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.” Examples include providing treatments, counseling, patient education or administration of medication.

_____ Number of years

21. If you presently provide direct patient care, how much longer do you plan to work providing direct patient care?

___ Does not apply
___ Less than 2 years
___ 2-4 years
___ 5-9 years
___ 10-19 years
___ 20-29 years
___ 30 or more years

22. How many separate nursing jobs do you currently have? (Including unpaid volunteer nursing work)

_____ Number of jobs - If you answered 0 jobs to this question, please skip to the Unemployed Section, Question 61.
PRINCIPAL PLACE OF WORK

Please respond to the following questions by referring to your principal place of work (the place where you work the most hours), even if this work is unpaid or voluntary.

23. Which of the following categories best describes your job at your principal place of work? (Select only one response)
   ___ Nursing
   ___ Health related services outside of nursing
   ___ Retail sales and services
   ___ Nurse educator
   ___ Financial, accounting, and insurance processing staff
   ___ Consulting
   ___ Other
   ___ I am not working at the present time. If not working, please skip to the UNEMPLOYED SECTION, Question 61.

24. Does this job require licensure as a Registered Nurse?
   ___ Yes
   ___ No

25. Which of the following categories best describes your employment at this job? (Select only one response)
   ___ A regular employee
   ___ Self-employed
   ___ Employed through a temporary employment service agency
   ___ Travel nurse or employed through a traveling nurse agency
   ___ Volunteer

26. What is the zip code of your principal place of work? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)
   Zip code (if in the U.S.) _______________________(5 digits only)
   ___ Outside of U.S.

27. If you work in Wisconsin, in what county is your principal place of work located?
   ___ Does not apply
   Specify name of Wisconsin county: ____________________________
28. What is your current employment basis for this principal position?
(Select only one response)

___ Full time, salaried
___ Full time, hourly wage
___ Part time, salaried
___ Part time, hourly wage
___ Per diem (called as needed)
___ Volunteer

29. In this job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

 _____ Number of hours

30. In this job, on average how many days do you work in a **two week time period**?

 _____ Number of days

31. For what reason would you work more than your scheduled hours for the two week time period?
(Select only one response)

___ I am salaried
___ I have agreed to this as part of my employment
___ I am required to work the additional hours (not on-call)
___ I am required to work the additional hours (on-call)
___ I may voluntarily agree to work the additional hours

32. How many weeks did you work (including paid vacations) in calendar year 2013?

 _____ Number of weeks

33. Does your compensation from your principal working position include:
(Check all that apply)

___ Retirement plan
___ Dental insurance
___ Personal health insurance
___ Family health insurance
___ None
34. How long have you worked in your principal job?
   ____ Number of years (please round up to the nearest year)

35. In your current role, is your primary function to provide direct patient care?

   **Direct patient care (DPC)** is defined as, “To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.” Examples include providing treatments, counseling, patient education or administration of medication.

   (Select only one response)
   __ Yes
   __ No, I provide limited DPC
   __ No, I supervise DPC
   __ No, but I provided direct patient care in the past
   __ No, but I have provided limited DPC in the past
   __ No, I have never provided DPC

36. Which one of the following best describes your position or function at your principal place of work? (Select only one response)

   __ Staff Nurse
   __ Case manager
   __ Staff Other Non-Medical Industry
   __ Nurse Manager
   __ Manager Other Non-medical industry
   __ Advanced Practice Nurse
   __ Consultant/Contractor
   __ Administrator
   __ Nurse Executive
   __ Nurse Faculty
   __ Nurse Researcher
   __ Other
37. Please select **only one** in the categories below as best describing your **principal place of work**. 
(The headings are intended as guides only)

**Hospital (Medical/Surgical, AODA/Psychiatric, Long-Term Acute Care)**
- Hospital, emergency/urgent care
- Hospital, 24 hour inpatient unit (other than intensive care or obstetrics)
- Hospital, outpatient/ambulatory care
- Hospital, obstetrics
- Hospital, intensive care
- Hospital, inpatient mental health/substance abuse
- Hospital, perioperative services ( OR, PACU, and others)
- Hospital, other departments
- Hospital, I work in several/all hospital units

**Extended Care (Assisted Living, AGH/CBRF/RCAC)**
- Nursing home
- Skilled nursing facility
- Hospice facility
- ICF
- MR
- Assisted living facility
- Rehabilitation facility/group home/CBRF
- Long-term acute care

**Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)**
- Medical practice, clinic, physician office,
- Surgery center, dialysis center
- Urgent care, not hospital-based
- Outpatient mental health/substance abuse
- Correctional facility, prison or jail (federal, state or local)
- School health service
- Call center/ tele-nursing center

**Home Health (Private Home)**
- Home health agency
- Home health service
- Hospice

**Public Health**
- Public health (governmental: federal, state, or local)
- Community health centers, agencies and departments
- Occupational health or employee health service
- School health services (K-12, college and universities)
Nurse/Educator
__ Education - universities
__ Education Technical Colleges
__ Education – elementary/Secondary Schools

Other (Insurance, call center etc.)
__ Call center/ tele-nursing
__ Government agency other than public/community health or corrections
__ Non-governmental health policy, planning or professional organization
__ Insurance Company Claims/Benefits
__ Sales (pharmaceutical, medical devices, software, etc.)
__ Self-employed/consultant
__ Other

38. Is this a federally owned facility?
   ___ Yes
   ___ No

39. Is this a tribal facility?
   ___ Yes
   ___ No

SECONDARY PLACE OF WORK

40. Do you have a secondary place of work?
   ___ Yes
   ___ No

   *If No, please skip this section and go to the ADVANCED PRACTICE NURSING section, and start with Question 48.*
Please respond to the following questions by referring to your secondary place of work even if this is unpaid voluntary work.

41. Which of the following categories best describes your job at your secondary place of work?

___ Nursing
___ Health related services outside of nursing
___ Retail sales and services
___ Nurse educator
___ Financial, accounting, and insurance processing staff
___ Consulting
___ Other

42. Does this job require licensure as a Registered Nurse?

___ Yes
___ No

43. What is the zip code of your secondary place of work? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

Zip code (if in the U.S.) ____________________(5 digits only)
___ Outside of U.S.

44. If your secondary place of work is in Wisconsin, what county is your secondary place of work located?

___ Does not apply
Specify name of Wisconsin county: ________________________________

45. In your secondary job, how many hours do you work in a typical day? (Do not include time spent on-call.)

_____ Number of hours

46. In your secondary job, on average how many days do you work in a two week time period?

_____ Number of days

47. In this job, how many weeks did you work (including paid vacations) in calendar year 2013?

_____ Number of weeks
ADVANCED PRACTICE NURSING

In Wisconsin, Advanced Practice Nurses (APNs) are legally defined.

(1) “Advanced practice nurse” means a registered nurse who possesses the following qualifications:
   (a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

   (b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

   (c) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master’s degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) “Advanced practice nurse prescriber” means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

For more information refer to the Wisconsin Legislative Documents for Nursing N 8.02 Definitions: https://docs.legis.wisconsin.gov/code/admin_code/n/8/02/1

48. Indicate if you currently have national certification as an APN by the definition given in this survey. (Check all that apply)
   ___ Nurse Practitioner (NP)
   ___ Certified Nurse Midwife (CNM)
   ___ Certified Registered Nurse Anesthetist (CRNA)
   ___ Clinical Nurse Specialist (CNS)
   ___ Advanced Practice Nurse Prescriber (APNP)
   ___ None of the above

   *If None of the above, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.*

49. If you are a currently certified Nurse Practitioner (NP), please indicate your specialty(s):
   (Check all that apply)
   ___ Does not Apply
   ___ No specialty designation
   ___ Not currently certified
   ___ Acute Care NP
   ___ Adult NP
   ___ Adult Psychiatric & Mental Health NP
   ___ College Health NP
   ___ Diabetes Management NP – Advanced
   ___ Emergency Nursing NP
50. If you are a currently certified Clinical Nurse Specialist (CNS), please indicate your specialty(s): (Check all that apply)

___ Does not Apply
___ No specialty designation
___ Not currently certified
___ Acute and Critical Care CNS-Adult
___ Acute and Critical Care CNS-Pediatric
___ Acute and Critical Care CNS-Neonatal
___ Adult Health CNS
___ Adult Psychiatric & Mental Health CNS
___ Child & Adolescent Psych & Mental Health CNS
___ Diabetes Management CNS – Advanced
___ Home Health CNS
___ Gerontological CNS
___ Medical-Surgical CNS
___ OB-Gyn / Women’s Health Care
___ Palliative Care - Advanced
___ Pediatric CNS
___ Community /Public Health CNS
___ Other Specialty CNS

51. Are you currently working as an Advanced Practice Nurse (APN)?

___ Yes
___ No

If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.
52. Please indicate your population focus as an Advanced Practice Nurse: (Select only one response)
   ___ Family/Individual Across Lifespan
   ___ Adult-Gerontology
   ___ Neonatal
   ___ Pediatric
   ___ Women’s Health/Gender-related
   ___ Psychiatric-Mental Health

53. Do you provide outpatient primary care* or outpatient mental health services at your principal place of work? (Where you spend the most time providing primary care or outpatient mental health services)

   *Primary Care is defined as providing first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventive health services, and appropriate referral(s)

   ___ Yes
   ___ No
   If No, please go to Question 57.

54. What type of care do you provide at this location? (Check all that apply)

   ___ Family
   ___ Women’s health
   ___ Certified Nurse Midwife services
   ___ Pediatric
   ___ Adult
   ___ Geriatric
   ___ Mental health services
   ___ Other

55. If you provide primary care on an outpatient basis, what is the average number of hours per week you provide direct patient care at this practice location? (Do not include on-call time, administrative, teaching or research time):

   _____ Number of hours
56. If you provide **mental health services on an outpatient basis**, what is the **average number of hours per week** you provide **direct patient care** at this practice location? (Do not include on-call time, administrative, teaching or research time):

   _____ Number of hours

57. Do you provide **primary care or outpatient mental health services** at your **secondary place of work**?

   ___ Yes
   ___ No

   *If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.*

58. What type of care do you provide at this second location? (Check all that apply)

   ___ Family
   ___ Women’s health
   ___ Certified Nurse Midwife services
   ___ Pediatric
   ___ Adult
   ___ Geriatric
   ___ Mental health services
   ___ Other

59. If you provide **primary care on an outpatient basis**, what is the **average number of hours per week** you provide **direct patient care** at this second practice location? (Do not include on-call time, administrative, teaching or research time)

   _____ Number of hours

60. If you provide **mental health services on an outpatient basis**, what is the **average number of hours per week** you provide **direct patient care** at this second practice location? (Do not include on-call time, administrative, teaching or research time):

   _____ Number of hours

   *Please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.*
UNEMPLOYED SECTION

61. Which of the following best describes your current intentions regarding work in nursing? (Select only one response)

___ Currently seeking employment in nursing
___ Plan to return to nursing in the future
___ I am retired/unable to return to nursing
___ Definitely will not return to nursing, but not retired
___ Undecided at this time

62. What factors would influence you to return to nursing? (Check all that apply)

___ I would not consider returning
___ Modified physical requirements of job
___ Affordable childcare at or near work
___ Improvement in my health status
___ Improved health care benefits
___ Retirement benefits
___ More or flexible hours
___ Opportunity for career advancement
___ Improved pay
___ Shift
___ Work environment
___ Worksite location
___ Other

Please continue to the Demographic Information section, and start with Question 63.
DEMOGRAPHIC INFORMATION

63. What is your year of birth?

____________ Enter a 4-digit year between 1915 and 1995.

64. What is your gender?

___ Female
___ Male

65. Are you of Hispanic, Latino, or Spanish ethnicity?

___ Yes
___ No

66. Which of the following would you use to describe your primary racial identity?
(Select the most appropriate)

___ White
___ Black or African American
___ American Indian or Alaska Native
___ Asian
___ Native Hawaiian or Other Pacific Islander
___ Two or more races

67. Please indicate languages, other than English, in which you can communicate with patients and pose questions about their condition:

___ No other languages
___ Spanish
___ Filipino, Tagalog
___ German
___ French
___ Russian
___ Hmong
___ Hindi
___ Polish
___ American Sign Language
___ Other
68. Please enter the zip code of your **primary residence**:

   Zip code (if in the U.S.) ____________________(5 digits only)

   ___ Outside of U.S.

69. If you reside in Wisconsin, please indicate the county of your **primary residence**:

   ___ Does not apply
   Specify name of Wisconsin county: ____________________________________________

   *You have successfully completed the survey.*
   *Thank you!*
Wisconsin Department of Safety and Professional Services

REGISTERED NURSE WORKFORCE SURVEY

ATTESTATION FORM

(Must Return with Paper Copy of Survey)

Name: _____________________________________________ Credential #: _______________

Last                                          First                            MI

I attest that I have completed the enclosed workforce survey to the best of my ability as required by law. I understand that failure to provide the requested information may result in the delay of my renewal and could lead to enforcement action against my license.

Signature: ______________________________________________  Date:  __ __ / __ __ / __ __

Note: This form will be retained by the Department of Safety and Professional Services as documentation that the completed survey was submitted for renewal requirement purposes. If this attestation is not completed and returned with the survey, the renewal requirement cannot be met and renewal of the license will be delayed until the attestation and complete survey are returned together.