



National Sample Survey of Registered Nurses



DEPARTMENT OF HEALTH & HUMAN SERVICES

Bureau of Health Professions

Division of Nursing

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

Dear Colleague:

We are writing to request your participation in an important study of the nurse population in the United States. This survey is being conducted for the Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services by the Research Triangle Institute. The information is for statistical purposes only and will not be connected with your name. Individually identifiable information will be used for sample definition and for preventing data duplication. Once this process is completed, individual identifiers will be destroyed. Participation is voluntary, and there are no penalties for failure to answer any question; however, each unanswered question substantially reduces the accuracy of the data.

This study is being carried out to assist in fulfilling congressional requirements stated in Section 951 of P.L. 94-63 (42 USC 296 note), which specifies that information be obtained, on a continuing basis, on the number and distribution of nurses; and in Section 792 of Title VII of the Public Health Service Act (42 USC 295k), which calls for the collection and analysis of data on health professionals. These public laws require the preparation and submission of reports to Congress. In addition, these data are a primary resource throughout the health care arena as studies are made assessing the number and characteristics of the registered nurse supply.

The questionnaire has been divided into five sections. These sections are designed to gather information on (a) your education background, (b) your employment in nursing, (c) your employment status if you are not currently employed in nursing, (d) prior nursing employment status, and (e) general information.

Please read and follow all instructions carefully and answer all questions unless otherwise instructed. It should take about 20 minutes of your time to complete. Return the completed questionnaire in the postage-paid envelope enclosed in this package at your earliest convenience. All RNs who have received the questionnaire are requested to complete it regardless of their retirement or working status. If possible, we suggest you complete it now. If you have any questions, please call (toll-free) Kris Fahmeyer at 877-294-1302.

Thank you for your cooperation. Your efforts are greatly appreciated.

Sincerely,

A handwritten signature in dark ink, appearing to read "Denise H. Geolot".

Denise H. Geolot, PhD, RN, FAAN
Director

If you have received more than one copy of the questionnaire, please return the extra copies along with the completed questionnaire.

Instructions

- I. Everyone receiving this questionnaire is requested to complete it. This includes persons who are:
 - Retired
 - Not presently working
 - Employed, but not as an RN
 - Employed as an RN
- II. If you receive more than one questionnaire, please complete only one copy and return it and all extra copies of the questionnaire to the Research Triangle Institute. Do not give extra questionnaires to another nurse to complete.
- III. Please read and carefully follow all instructions. Answer all questions unless otherwise instructed.
- IV. In many questions you are asked to "Mark only one box." Please mark an ☒ in the box to the right of the correct response.

Example:

The correct way to answer a question is to...

(Mark only one box.)

- | | | |
|--|-------------------------------------|---|
| Mark an X in the box to the right of the response..... | <input checked="" type="checkbox"/> | 1 |
| Check the box..... | <input type="checkbox"/> | 2 |
| Fill-in the box | <input type="checkbox"/> | 3 |
| Circle the response | <input type="checkbox"/> | 4 |
| Circle the box | <input type="checkbox"/> | 5 |

PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0192. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching data sources, gathering or maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.

Section A. Education

Please mark an X in the box corresponding to your answer in each question, or supply the requested information.

- 1a. In what type of basic nursing education program were you prepared to become a registered nurse? (Mark an ☒ in one box only.)

Diploma..... ☐ 1
Associate Degree..... ☐ 2
Baccalaureate Degree..... ☐ 3
Master's Degree..... ☐ 4
Doctorate (N.D.)..... ☐ 5

- 1b. In what month and year did you graduate from this program?

Month Year

- 1c. In which State or foreign country was this basic nursing education program located?

Office Use

- 2a. Immediately prior to starting the basic nursing education program you described in Question 1, were you employed in a health occupation?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 3a

- 2b. Were you employed as a... (Mark only one box.)

Nursing Aide..... ☐ 1
Licensed Practical/Vocational Nurse..... ☐ 2
Other (please specify below)..... ☐ 3



- 3a. Before starting the basic nursing education program you described in Question 1, were you ever licensed to practice as a practical or vocational nurse?

Yes..... ☐ 1

No..... ☐ 2

- 3b. Before starting the basic nursing education program you described in Question 1, did you receive a degree from any other formal post-secondary education program?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 4

- 3c. What was the highest degree you received before starting your basic nursing education program? (Mark only one box.)

Associate Degree..... ☐ 1

Baccalaureate Degree..... ☐ 2

Master's Degree..... ☐ 3

Doctorate..... ☐ 4

Other (specify)..... ☐ 5

- 3d. Was this degree in a health-related field?

Yes..... ☐ 1 → Skip to Question 4

No..... ☐ 2

- 3e. What was your major field of study? (Mark only one box.)

Biological or Physical Science..... ☐ 1

Business or Management..... ☐ 2

Education..... ☐ 3

Liberal Arts..... ☐ 4

Social Science..... ☐ 5

Other (please specify below)..... ☐ 6



4. Since graduating from the basic nursing program you described in Question 1, have you earned any additional degrees?

Yes..... ☐ 1

No ☐ 2 → Skip to Question 6a

5. For each academic degree you have received since graduation from your basic nursing education program, please indicate (A) the type of degree; (B) whether or not the degree is related to your nursing career; (C) the primary focus of your degree; (D) the State in which you received your degree; (E) the year you received your degree.

Type of Degree	A Received degree? (Mark all that apply)	B Related to nursing career? (Mark yes or no)		C Primary focus of your degree (Enter # from table below)	D State in which you received your degree	E Year you received degree
		Yes ▼	No ▼			
Associate Degree in nursing	<input type="checkbox"/> 1			NA	_____	_____
Associate Degree in another field	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	NA	_____	_____
Baccalaureate in nursing	<input type="checkbox"/> 3			NA	_____	_____
Baccalaureate in another field	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	NA	_____	_____
Master's in nursing (1 st degree)	<input type="checkbox"/> 5			_____	_____	_____
Master's in nursing (2 nd degree)	<input type="checkbox"/> 6			_____	_____	_____
Master's in another field	<input type="checkbox"/> 7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	_____	_____
Doctorate in nursing	<input type="checkbox"/> 8			_____	_____	_____
Doctorate in another field	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	_____	_____
Other (specify) _____	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	_____	_____

▼
Degree Focus Categories

1. Clinical Practice
2. Education
3. Supervision/Administration
4. Research
5. Law
6. Informatics
7. Master's in Business Admin. (MBA)
8. Public Health
9. Other (specify) _____

6a. Since graduating from the basic nursing program you described in Question 1, have you completed a formal educational program preparing you for advanced practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 7a

	A Clinical Nurse Specialist	B Nurse Anesthetist	C Nurse - Midwife	D Nurse Practitioner
6b. For which advanced practice nurse category(ies) you have been prepared? (Mark all columns that apply.)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

For items 6c-6h, the first column on the left contains the description of the response items for each question. In the columns for the advanced practice category(ies) which you marked above, please mark the box corresponding to the appropriate response item.

6c. Length of Program: (Mark the appropriate box.) 1. Less than 3 months 2. 3 through 8 months 3. 9 months or more	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6d. Award Received: (Mark the appropriate box.) 1. Certificate 2. Master's degree 3. Post-Master's Certificate 4. Other degree (specify in appropriate column)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Specify) _____
Year you received the award	_____	_____	_____	_____
6e. Specialty studied: (Mark the appropriate box.) 1. Adult Health/Medical Surgical 2. Anesthesia 3. Community Health/Public Health 4. Critical Care 5. Family 6. Geriatric/Gerontology 7. Maternal-Child Health 8. Neonatal 9. Nurse-Midwifery 10. Obstetric/gynecology 11. Occupational health 12. Oncology 13. Pediatrics 14. Psychiatric/mental health 15. Rehabilitation 16. School health 17. Women's health 18. Other (specify in appropriate column)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 (Specify) _____

(Question 6 continued from page 3)

	A Clinical Nurse Specialist	B Nurse Anesthetist	C Nurse - Midwife	D Nurse Practitioner
6f. Are you currently certified by a national certifying body? (Mark all columns that apply.)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

→ If you do not have any certifications, skip to Question 7a.

6g. National certifying body: (Mark the appropriate box.) 1. American Academy of Nurse Practitioners 2. American Association of Nurse Anesthetists 3. American College of Nurse-Midwives 4. American Nurses Credentialing Center (ANCC) 5. National Certification Board of Pediatric Nurse Practitioners & Nurses (NCPNP/N) 6. National Certification Corporation for the Obstetric, Gynecologist, and Neonatal Nursing Specialties (NCC) 7. Other (specify in appropriate column)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 (Specify) _____
6h. Type of certification: (Mark the appropriate box.) (CS = clinical specialist, NP = nurse practitioner) 1. Acute Care NP 2. Acute Care CS 3. Adult NP 4. Certified Registered Nurse Anesthetist (CRNA) 5. Certified Nurse-Midwife (CNM) 6. Community Health CS 7. Family NP 8. Gerontological CS 9. Gerontological NP 10. Home Health CS 11. Medical Surgical CS 12. Neonatal NP 13. Occupational Health NP 14. Pediatric NP 15. Psychiatric & Mental Health NP 16. Psychiatric & Mental Health CS – Adult 17. Psychiatric & Mental Health CS – Child 18. School NP 19. Women's Health Care NP (Ob-Gyn NP) 20. Other (specify in appropriate column)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 (Specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 (Specify) _____

7a. Are you currently enrolled in a formal education program leading to an academic degree with a nursing or nursing-related major?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 8

7b. Are you considered a full-time or part-time student?

Full-time student ☐ 1

Part-time student ☐ 2

7c. What degree are you currently working toward in this program?

(Mark only one box.)

Associate Degree..... ☐ 1

Baccalaureate Degree..... ☐ 2

Master's Degree..... ☐ 3

Doctorate..... ☐ 4

Other (*specify*)..... ☐ 5

7d. How are your tuition and fees being financed?

(Mark all that apply.)

Personal and family resources..... ☐ 1

Employer tuition reimbursement plan
(including Veterans Administration
employer tuition plan)..... ☐ 2

Federal traineeship, scholarship, or grant..... ☐ 3

Federally assisted loan..... ☐ 4

State or local government loan or
scholarship..... ☐ 5

Non-government scholarship, loan, or grant..... ☐ 6

University teaching or research fellowship..... ☐ 7

Other resources (*please specify below*)..... ☐ 8

↓

Section B. Employment Status

8. In the next questions, employment also includes: being on a temporary leave of absence from your nursing position; on vacation; on sick leave; or a nurse doing private duty or working through a temporary employment service and not on a case at the moment.

Were you employed in nursing as of March 22, 2000?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 20

Questions 9 through 18 refer to your principal position in nursing and your employment setting as of March 22, 2000. If you held more than one position in nursing (e.g., day/night, winter/summer), your principal nursing position is the one at which you work the most hours during your regular work year.

9. What was the location of employment on March 22, 2000? If you were not employed in a fixed location (e.g., you were a private duty nurse or worked through a temporary employment service), consider the area where you spend most of your working time as your location of employment.

City: _____

County: _____

State (or country if not USA): _____

ZIP+4 code: -

10. In your principal nursing position, are you...
(Mark only one box.)

An employee of the organization or
facility for which you are working?..... ☐ 1

Employed through a temporary
employment service agency?..... ☐ 2

Self employed?..... ☐ 3

11. Which one of the following best describes the type of setting in which you were working on March 22, 2000 in your principal nursing position? (If your employment is that of a private duty nurse or you work through a temporary employment service, mark the one setting in which you spend most of your working time.)

(Mark only one box on the page.)

Hospital (Exclude nursing home units and all off-site units of hospitals, but include all on-site clinics and other services of the hospitals.)

- Non-Federal, short-term hospital, except psychiatric (for example, acute care hospital)..... ☐ 110
- Non-Federal, long-term hospital, except psychiatric ☐ 120
- Non-Federal psychiatric hospital ☐ 130
- Federal Government hospital ☐ 140
- Other type of hospital (*Specify*) ☐ 150

Nursing Home/Extended Care Facility

- Nursing home unit in hospital ☐ 210
- Other nursing home ☐ 220
- Facility for mentally retarded ☐ 230
- Other type of extended care facility (*Specify*) ☐ 240

Nursing Education Program

- LPN/LVN program ☐ 310
- Diploma program (RN) ☐ 320
- Associate degree program ☐ 330
- Baccalaureate and/or higher degree nursing program ☐ 340
- Other program (*Specify*) ☐ 350

Public or Community Health Setting

- Official State Health Department ☐ 400
- Official State Mental Health Agency ☐ 405
- Official City or County Health Department ☐ 410
- Combination (official/voluntary) nursing service ☐ 415
- Visiting nurse service (VNS/NA) ☐ 420
- Home health service unit (hospital-based) ☐ 422
- Other home health agency (non-hospital based) ☐ 425
- Community mental-health organization or facility (including freestanding psychiatric outpatient clinics) ☐ 430
- Substance abuse center/clinic ☐ 431
- Community/neighborhood health center ☐ 435
- Planned Parenthood/family planning center ☐ 440
- Day care center ☐ 445
- Rural health care center ☐ 450
- Retirement community center ☐ 455
- Hospice ☐ 460
- Other (*Specify*) ☐ 465

School Health Service

- Public school system ☐ 510
- Private or parochial elementary or secondary school ☐ 520
- College or university ☐ 530
- Other (*Specify*) ☐ 540

Occupational Health (Employee Health Service)

- Private industry ☐ 610
- Government ☐ 620
- Other (*Specify*) ☐ 630

Ambulatory Care Setting

- Solo practice (physician) ☐ 710
- Solo practice (nurse) ☐ 715
- Partnerships (physicians) ☐ 720
- Partnerships (nurses) ☐ 725
- Group practice (physicians) ☐ 730
- Group practice (nurses) ☐ 735
- Partnership or group practice (mixed group of professionals) ☐ 740
- Freestanding clinic (physicians) ☐ 750
- Freestanding clinic (nurses) ☐ 755
- Ambulatory surgical center (non-hospital based) ☐ 760
- Dialysis center/clinic ☐ 761
- Dental practice ☐ 770
- Health Maintenance Organization (HMO) ☐ 780
- Other (*Specify*) ☐ 790

Insurance Claims/Benefits

- Government ☐ 810
- State or local agencies ☐ 820
- Insurance company ☐ 830
- Private industry/organization ☐ 840

Planning or Licensing Agency Setting

- Central or regional Federal agency ☐ 910
- State Board of Nursing ☐ 920
- Nursing or health professional membership association ☐ 930
- Health planning agency, non-Federal ☐ 940
- Other (*Specify*) ☐ 945

Other

- Prison or jail ☐ 950
- Other (*Specify*) ☐ 960

12. Which one of the following best corresponds to the position title for your principal nursing position?

(Mark only one box.)

- Administrator of organization/facility/agency or assistant..... ☐ 1
- Administrator of nursing or assistant (e.g., vice president for nursing, director or assistant director of nursing services)..... ☐ 2
- Case manager..... ☐ 3
- Certified nurse anesthetist (CRNA)..... ☐ 4
- Charge nurse..... ☐ 5
- Clinical nurse specialist..... ☐ 6
- Consultant..... ☐ 7
- Dean, director, or assistant/associate director of nursing education..... ☐ 8
- Discharge planner..... ☐ 9
- Head nurse or assistant head nurse..... ☐ 10
- Infection control nurse..... ☐ 11
- Informatics nurse..... ☐ 12
- In-service education director..... ☐ 13
- In-service instructor..... ☐ 14
- Instructor at a school of nursing..... ☐ 15
- Insurance reviewer..... ☐ 16
- Nurse clinician..... ☐ 17
- Nurse coordinator..... ☐ 18
- Nurse manager..... ☐ 19
- Nurse-midwife..... ☐ 20
- Nurse practitioner..... ☐ 21
- Outcomes manager..... ☐ 22
- Patient care coordinator..... ☐ 23
- Private duty nurse..... ☐ 24
- Professor or assistant/associate professor..... ☐ 25
- Public health nurse..... ☐ 26
- Quality improvement nurse..... ☐ 27
- Researcher..... ☐ 28
- School nurse..... ☐ 29
- Staff nurse..... ☐ 30
- Supervisor or assistant supervisor..... ☐ 31
- Team leader..... ☐ 32
- No position title..... ☐ 33
- Other (*Specify*)..... ☐ 34

13a. For your principal nursing position, approximately what percentage of your time is spent in the following areas during a usual work week? The total should equal 100%.

- a. Administration..... %
- b. Consultation with agencies and/or professionals..... %
- c. Direct patient care not including staff supervision..... %
- d. Research..... %
- e. Supervision..... %
- f. Teaching nursing or other students in health care occupations (include class preparation time)..... %
- g. Other (*specify*)..... %

13b. Does your principal nursing position involve direct patient care in a hospital setting during a usual workweek?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 15

14a. In what type of unit do you work more than half of your patient care time during a usual workweek?

(Mark only one box.)

- Intensive care bed unit..... ☐ 1
- Step-down, transitional bed unit..... ☐ 2
- General/specialty (other than intensive care or step-down bed unit)..... ☐ 3
- Outpatient department..... ☐ 4
- Operating room..... ☐ 5
- Post anesthesia recovery unit..... ☐ 6
- Labor/delivery room..... ☐ 7
- Emergency department..... ☐ 8
- Home health care..... ☐ 9
- Hospice unit..... ☐ 10
- Other specific area (*Specify*)..... ☐ 11
- No specific assigned type of area..... ☐ 12

Go to Question 14b

Skip to Question 15

- 14b. What types of patients are primarily treated in the hospital unit in which you work? (Mark only one box.)

Chronic care ☐ 1
 Coronary care ☐ 2
 Neurological ☐ 3
 Newborn ☐ 4
 Obstetrics/gynecologic ☐ 5
 Orthopedic ☐ 6
 Pediatric ☐ 7
 Psychiatric ☐ 8
 Rehabilitation ☐ 9
 Basic medical/surgical (or specialty areas not specified above) ☐ 10
 Work in multiple units not specifically specialized ☐ 11

15. For this next question, if you are employed by an organization or agency in your principal nursing position and are scheduled to work for the normal "full" workweek throughout the normal work year, as defined by the organization or the agency, mark the box for category "1" below. If you worked less than the normal "full" workweek and/or less than the normal work year, mark the box below for either "2" or "3", whichever is applicable.

If you are self-employed and are generally available for work throughout the year during what would constitute a normal "full" workweek, mark the box for category "1" below. If you restrict yourself to work only a segment of the workweek and/or year, mark the box below for either "2" or "3", whichever is applicable.

Do you...

1. Work an entire calendar year or school or academic year on a full time basis? ☐ 1
 2. Work an entire calendar year or school or academic year on a part-time basis? ☐ 2
 3. Work only part of the normal work year on either a full- or part-time basis? ☐ 3

- 16a. Approximately how many hours are you usually scheduled to work during a normal workweek (as defined by the organization) at your principal nursing position? If you do not work on a routine schedule, how many hours do you usually work during a week at your principal nursing position?

_____ hours

- 16b. How many hours did you actually work during the week beginning on March 20, 2000? (Include overtime but exclude holidays, sick leave, vacation, and time not worked.)

_____ hours

17. Approximately how many weeks are there in your normal work year for your principal nursing position (include in your work year paid vacation, etc.) Note: If you are self-employed or do not work a routine schedule, report the estimated number of weeks you expect to work in 2000.

_____ weeks

18. Please specify the annual salary/earnings for your principal nursing position only.

What is your gross annual salary before deductions for taxes, social security, etc.? If you do not have a set annual salary (for example, you are part-time, private duty, or self-employed), estimate your annual earnings for 2000.

Annual salary/earnings: \$ _____ /year

- 19a. Do you hold more than one position in nursing for pay?

Yes ☐ 1

No ☐ 2 → Skip to Question 23a

- 19b. In your other nursing position(s) for pay, do you: (Mark all that apply)

Work as an employee of the organization? ☐ 1

Work through a temporary employment service agency? ☐ 2

Work in a self-employed capacity? ☐ 3

19c. What type of work do you do in your other nursing position(s) for pay?
(Mark all that apply.)

- Home health ☐ 1
- Hospital staff ☐ 2
- Nursing home staff ☐ 3
- Private duty nursing ☐ 4
- Teaching ☐ 5
- Patient consultation ☐ 6
- Consultation ☐ 7
- Research ☐ 8
- Other (Specify) ☐ 9

19d. What is the average number of hours per week you work in your other nursing position(s)? Please also provide an estimate of the total number of weeks in 2000 that you will work in this other nursing position(s). Note: If you are self-employed or do not work a routine schedule, report the estimated number of weeks you expect to work in 2000.

Average hours per week: _____

Weeks in 2000: _____

19e. How many hours did you actually work in your other nursing position(s) during the week beginning on March 20, 2000? If you did not work in your other nursing position(s) during that week, please enter "0".

_____ hours

19f. For your other nursing position(s), please provide an estimate of the total annual earnings for 2000. Note: If you are self-employed or do not work a routine schedule, report the estimated amount you expect to earn in 2000.

Estimated annual earnings: \$ _____ / year

→ Skip to Question 23a

Section C. Employment Status of RNs Not Employed in Nursing

20. How long has it been since you last worked for pay as a registered nurse?

- Never worked as a registered nurse ☐ 1
- Less than a year ☐ 2
- One year or more ☐ 3



How many years? _____ years

21a. Are you employed in an occupation other than nursing?

- Yes ☐ 1
- No ☐ 2 → Skip to Question 22a

21b. Are you considered a full-time or part-time employee?

- Full-time ☐ 1
- Part-time ☐ 2

21c. Are you employed in a health-related organization or position?

- Yes ☐ 1
- No ☐ 2

21d. What is the reason(s) you are not working in a nursing position?
(Mark all that apply.)

- Difficult to find a nursing position ☐ 1
- Hours more convenient in other position ☐ 2
- Better salaries available in current type of position ☐ 3
- Concern about safety in health care environment ☐ 4
- Inability to practice nursing on a professional level ☐ 5
- Find current position more rewarding professionally ☐ 6
- My nursing skills are out-of-date ☐ 7
- Disability ☐ 8
- Illness ☐ 9
- Taking care of home and family ☐ 10
- Other (Specify) ☐ 11

22a. Are you actively seeking employment as a registered nurse (e.g., making inquiries as to availability of employment, answering advertisements, having interviews)?

Yes..... ☐ 1

No..... ☐ 2 → Skip to Question 23a

22b. How many weeks have you been actively seeking a nursing position?

Less than a week ☐ 1

One week or more ☐ 2



How many weeks? _____ weeks

22c. Are you looking for a full-time or part-time nursing position?

Full-time ☐ 1

Part-time ☐ 2

Either ☐ 3

Section D. Prior Nursing Employment Status

23a. Were you employed in nursing one year ago on March 22, 1999?

Yes..... ☐ 1

No ☐ 2 → Skip to Question 23h

23b. In your principal nursing position on March 22, 1999, if you were employed by an organization or agency and were scheduled to work for the normal "full" work week throughout the normal work year, as defined by the organization or the agency, mark the box for category "1" below. If you worked less than the normal work year mark the box below for either "2" or "3", whichever is applicable.

If you were self-employed and were generally available for work throughout the year during what would constitute a normal "full" work week, mark the box for category "1" below. If you restricted yourself to work only a segment of the workweek and/or year, mark the box below for either "2" or "3", whichever is applicable.

In your nursing position on March 22, 1999, did you...

1. Work an entire calendar year or school or academic year on a full-time basis? ☐ 1

2. Work an entire calendar year or school or academic year on a part-time basis? ☐ 2

3. Work only part of the normal work year on either a full- or part-time basis? ☐ 3

23c. What was the location of your principal nursing position on March 22, 1999? If you were not employed in a fixed location (e.g., you were a private duty nurse), consider the area where you spent most of your working time as your location of employment.

City: _____

County: _____

State (or country if not USA): _____

ZIP+4 code: -

23d. Which one of the following best describes the type of employment setting of your principal position in which you worked a year ago on March 22, 1999?

(Mark only one box on the page.)

Hospital (Exclude nursing home units and all off-site units of hospitals, but include all on-site clinics and other services of the hospitals.)

- Non-Federal, short-term hospital, except psychiatric (for example, acute care hospital)..... ☐ 110
 Non-Federal, long-term hospital, except psychiatric ☐ 120
 Non-Federal psychiatric hospital ☐ 130
 Federal Government hospital ☐ 140
 Other type of hospital (*Specify*) ☐ 150

Nursing Home/Extended Care Facility

- Nursing home unit in hospital ☐ 210
 Other nursing home ☐ 220
 Facility for mentally retarded ☐ 230
 Other type of extended care facility (*Specify*) ☐ 240

Nursing Education Program

- LPN/LVN program ☐ 310
 Diploma program (RN) ☐ 320
 Associate degree program ☐ 330
 Baccalaureate and/or higher degree nursing program ☐ 340
 Other program (*Specify*) ☐ 350

Public or Community Health Setting

- Official State Health Department ☐ 400
 Official State Mental Health Agency ☐ 405
 Official City or County Health Department ☐ 410
 Combination (official/voluntary) nursing service ☐ 415
 Visiting nurse service (VNS/NA) ☐ 420
 Home health service unit (hospital-based) ☐ 422
 Other home health agency (non-hospital based) ☐ 425
 Community mental-health organization or facility (including freestanding psychiatric outpatient clinics) ☐ 430
 Substance abuse center/clinic ☐ 431
 Community/neighborhood health center ☐ 435
 Planned Parenthood/family planning center ☐ 440
 Day care center ☐ 445
 Rural health care center ☐ 450
 Retirement community center ☐ 455
 Hospice ☐ 460
 Other (*Specify*) ☐ 465

School Health Service

- Public school system ☐ 510
 Private or parochial elementary or secondary school ☐ 520
 College or university ☐ 530
 Other (*Specify*) ☐ 540

Occupational Health (Employee Health Service)

- Private industry ☐ 610
 Government ☐ 620
 Other (*Specify*) ☐ 630

Ambulatory Care Setting

- Solo practice (physician) ☐ 710
 Solo practice (nurse) ☐ 715
 Partnerships (physicians) ☐ 720
 Partnerships (nurses) ☐ 725
 Group practice (physicians) ☐ 730
 Group practice (nurses) ☐ 735
 Partnership or group practice (mixed group of professionals) ☐ 740
 Freestanding clinic (physicians) ☐ 750
 Freestanding clinic (nurses) ☐ 755
 Ambulatory surgical center (non-hospital based) ☐ 760
 Dialysis center/clinic ☐ 761
 Dental practice ☐ 770
 Health Maintenance Organization (HMO) ☐ 780
 Other (*Specify*) ☐ 790

Insurance Claims/Benefits

- Government ☐ 810
 State or local agencies ☐ 820
 Insurance company ☐ 830
 Private industry/organization ☐ 840

Planning or Licensing Agency Setting

- Central or regional Federal agency ☐ 910
 State Board of Nursing ☐ 920
 Nursing or health professional membership association ☐ 930
 Health planning agency, non-Federal ☐ 940
 Other (*Specify*) ☐ 945

Other

- Prison or jail ☐ 950
 Other (*Specify*) ☐ 960

23e. One year ago, on March 22, 1999, were you employed by your current employer?

Yes, in same position
as current one ☐ 1 →Skip to Question 23h

Yes, in a different
position ☐ 2

No ☐ 3

23f. If answer to above question is 2 or 3, provide the principal reason for the change.
(Mark only one box.)

Received a promotion ☐ 1

Was laid off ☐ 2

Employer shifted positions due to
reorganization ☐ 3

Was more interested in another position/job ... ☐ 4

Offered better pay/benefits ☐ 5

Relocated to a different geographic area ☐ 6

Employer reduced the number of registered
nurses on staff ☐ 7

Better opportunity to do the kind of nursing
that I like ☐ 8

Employer planned to reduce salaries/benefits.. ☐ 9

Changes in organization/unit made work
more stressful ☐ 10

Disability ☐ 11

Illness ☐ 12

Other (Specify) ☐ 13

23g. During the past year, have you switched working from an inpatient unit to a non-inpatient unit?

Yes ☐ 1

No ☐ 2

A continuing education program is a formal program designed to maintain, update and increase knowledge and skills in health care. Exclude study for an academic degree but include self-study.

23h. During the past year, what type of formal continuing education program(s) have you participated in? Include programs inside and outside your employment setting.
(Mark all that apply.)

None ☐ 0

Case Management ☐ 1

Quality Improvement ☐ 2

Clinical Care ☐ 3

Informatics ☐ 4

Leadership/Supervision ☐ 5

Risk Management ☐ 6

Other (Specify) ☐ 7

Section E. General Information

We would like you to answer some additional questions for use in the statistical interpretation of your responses.

24. What is your gender?

Female ☐ 1

Male ☐ 2

25. What is your year of birth?

19 _____

26a. What is your ethnic background?

Hispanic or Latino ☐ 1

Not Hispanic or Latino ☐ 2

26b. What is your racial background?

(Mark all that apply.)

American Indian or Alaska Native ☐ 1

Asian ☐ 2

Black or African American ☐ 3

Native Hawaiian or Other Pacific Islander ☐ 4

White ☐ 5

27. What is your current marital status?

- Now married..... ☐ 1
Widowed, divorced, separated..... ☐ 2
Never married..... ☐ 3

28. How old are the children who live at home with you? (Include all children who live with you for 6 months of the year or more.)

(Mark only one box.)

- No children at home..... ☐ 1
All less than 6 years old..... ☐ 2
All 6 years old or older..... ☐ 3
Some less than 6 and some 6 or over ☐ 4

29a. Which category best describes how much income you (or you and your spouse together if you are currently married) anticipate earning during 2000? (Include your annual employment earnings before deductions and your spouse's annual employment earnings before deductions, if married; and all other income, including alimony, child support, dividends, royalties, interest, social security, retirement etc.)

- \$15,000 or less..... ☐ 1
15,001 to 25,000..... ☐ 2
25,001 to 35,000..... ☐ 3
35,001 to 50,000..... ☐ 4
50,001 to 75,000..... ☐ 5
75,001 to 100,000..... ☐ 6
100,001 to 150,000..... ☐ 7
More than \$150,000 ☐ 8

29b. Compared to a year ago, how would you best describe your feeling about your nursing job?

- Extremely satisfied..... ☐ 1
Moderately satisfied..... ☐ 2
Neither satisfied nor dissatisfied..... ☐ 3
Moderately dissatisfied..... ☐ 4
Extremely dissatisfied..... ☐ 5

30. Where were you living on March 22, 2000?

City: _____

County: _____

State (or country if not USA): _____

ZIP+4 code: -

31a. Did you reside in the same city on March 22, 2000, and on March 22, 1999?

Yes..... ☐ 1 → Skip to Question 32

No..... ☐ 2

31b. Where were you living on March 22, 1999?

City: _____

County: _____

State (or country if not USA): _____

ZIP+4 code: -

32. Please indicate below when and where you were issued your first U.S. license to practice as a registered nurse by one of the 50 States or the District of Columbia:

Year: _____

State: _____

Please note that the following question (Question 33) is very important for determining how many nurses in the country your answers may represent. As soon as this number is calculated and the proper statistical code assigned, your name(s) and registration number(s) will no longer be associated with other information in this questionnaire.

33. In the space provided below, please provide the following information:

Column A - List all States in which you are now actively licensed.

Column B - List the permanent number of your certificate of registration or license for each State you listed.

Column C - List your complete name as it appears on each license, or mark the box next to 'same' if your name is the same as it is printed on the back of the questionnaire.

A State of licensure	B Permanent number on certificate of registration	C Name as it appears on the registration or license, or mark the box next to 'same' if your name is the same as on the back cover			FOR OFFICE USE	
		Last	First	MI	D	E
1.				same <input type="checkbox"/>		
2.				same <input type="checkbox"/>		
3.				same <input type="checkbox"/>		
4.				same <input type="checkbox"/>		
5.				same <input type="checkbox"/>		
6.				same <input type="checkbox"/>		
7.				same <input type="checkbox"/>		
8.				same <input type="checkbox"/>		
9.				same <input type="checkbox"/>		
10.				same <input type="checkbox"/>		
11.				same <input type="checkbox"/>		
12.				same <input type="checkbox"/>		

Note: As soon as your answers have been processed, the information you provide below will no longer be associated with any other information on this questionnaire.

34. If we should need to contact you regarding the questionnaire, what is the best time to call?

35. What is your telephone number?

() -
Area Code Telephone Number

36a. Are your name and address correct as they appear on the back of this questionnaire?

Yes..... ☐ 1 → Skip to Question 36c

No ☐ 2

36b. What is your correct name and address?

First name: _____

MI: _____

Last name: _____

Street or P.O. Box: _____

State: _____

ZIP+4 code: -

36c. What is your Internet email address?

I don't have an email address ☐

36d. Do you currently have Web access (i.e., ability to browse the World Wide Web) at work or home?

Yes..... ☐ 1

No ☐ 2

36e. Do you speak any languages fluently other than English?

Yes..... ☐ 1

No ☐ 2 → Skip to Question 37

36f. Which languages do you speak?

Spanish ☐ 1

French..... ☐ 2

Other (*specify*) ☐ 3

37. Use this space for any special comments you wish to make about any of your responses to the questions or any additional remarks you may have.

[illegible]

Thank you very much for your help!

Please return the questionnaire in the enclosed self-addressed envelope. If you have received more than one copy of the questionnaire, please return the extra copies along with the completed questionnaire.

Research Triangle Institute
ATTN: Don Evers
P.O. Box 12194
Research Triangle Park, NC 27709-2194