Thank you for taking the time to participate in the 2013 Licensed Practical Nurse Workforce Survey!

The Survey is designed to be as simple and quick as possible while creating critical information on the LPN Workforce in Wisconsin. Your responses are important to an accurate representation of the LPN workforce.

The survey should take between 10 to 15 minutes. Please have the following information available before you begin:

1. The year you received your first LPN license.
2. The year(s) you received your diploma(s).
3. County and zip code location of your place of work.

No personal information and no information from your license are 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.

Print, 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 report this to the Department of Safety and Professional Services (DSPS) at the following email address, DSPSRenewal@wisconsin.gov, or by calling 608-266-2112. Please allow 2-3 business days for assistance. Making multiple requests for assistance slows down agency response time.

Use the email address LPNSurveySupport@dwd.wisconsin.gov to ask about survey questions, or if you have additional comments or suggestions. This is an active email address only during the renewal period, March 11th through May 3rd, 2013.
LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

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

2. In what year did you obtain your initial U.S. licensure as an LPN?
   
   ____________ Enter a 4-digit year between 1930 and 2013.

3. In what year did you obtain your first Wisconsin license as an LPN?
   
   ____________ Enter a 4-digit year between 1930 and 2013.

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 1940 and 2013 for all that apply:
   
   ____________ Practical Nursing or Vocational Nursing Diploma
   ____________ Associate Degree
   ____________ Bachelor Degree
   ____________ Master Degree
   ____________ Doctorate

5. Please indicate your plans for further education in nursing:
   (Select only one response)

   ____ I have no plans for additional nursing studies
   ____ Currently enrolled in an Associate Program in Nursing
   ____ Currently enrolled in a BSN program
   ____ Currently enrolled in a graduate program in nursing
   ____ Currently enrolled in a non-degree specialty certification program
   ____ Plan to pursue further education in nursing in the next two years
6. What are the **two greatest challenges** you face or anticipate in pursuing higher nursing education? (Select at most only two responses)

   ___ None (if selected, do not make any other selections)
   ___ 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, please specify: _____________________________

**Training**

7. 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

8. 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

9. 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 principal job while answering the following questions. Do not include unpaid volunteer work.

10. 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

11. 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 an LPN, but am now in a LPN nursing job
   ____ I was working as an LPN but I am no longer working as an LPN
   ____ Other

12. 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.

13. 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 (if selected, do not make any other selections)
   ____ 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
14. Which of the following nursing skill-based certifications do you currently have?  
(Check all that apply)

- No current skill-based certifications
- Certified Hemodialysis Nurse
- Certified Hospice and Palliative Licensed Nurse
- Emergency Medicine/Nursing beyond Basic Life Support  
  (ex. First Responder, Emergency Medical Technician, etc.)
- Gerontology
- IV Certification
- Wound Care Certification
- Cardiac-Vascular Nursing
- Other

15. 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

16. 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
17. In your career, how many years have you worked as a **Licensed Practical Nurse** providing direct patient care?

Direct patient care 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

18. If you presently provide direct patient care, how much longer do you plan to work providing direct patient care?  (Select only one response)

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

19. 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 45.*
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**.

20. 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
   - [ ] In-service or patient 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 45.**

21. Does this job require licensure as an LPN?
   - [ ] Yes
   - [ ] No

22. Which of the following categories best describes your employment status 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

23. 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. (If you check this response, you may skip the next question)

24. If you work in Wisconsin, in what county is your principal place of work located?
   - [ ] Does not apply
   - Specify name of Wisconsin county: ___________________________
25. 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

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

- Number of hours

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

- Number of days

28. 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

29. How many weeks did you work (including paid vacations) in calendar year 2012?

- Number of weeks

30. Are you represented by a labor union or collective bargaining unit?

- Yes
- No
31. Does your compensation from your principal working position include: (Check all that apply)

   ____ Retirement plan
   ____ Dental insurance
   ____ Personal health insurance
   ____ Family health insurance
   ____ None

32. How long have you worked in your principal job?

   ____ Number of years (please round up to the nearest year)

33. In your current role, is your primary function to provide direct patient care? (Select only one response)

   Direct patient care 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.

   ____ Yes
   ____ No
   ____ 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

34. Please select only one in the categories below as best describing your primary work setting. (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)

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
35. Is this a federally owned facility?
   ____ Yes
   ____ No

36. Is this a tribal facility?
   ____ Yes
   ____ No

SECONDARY PLACE OF WORK

37. Do you have a secondary place of work?
   ____ Yes
   ____ No If No, please skip this section and go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.

Please respond to the following questions by referring to your secondary place of work even if this is unpaid voluntary work.

38. Which of the following categories best describes your job at your secondary place of work? (Select only one response)
   ____ Nursing
   ____ Health related services outside of nursing
   ____ Retail sales and services
   ____ In-service or patient educator
   ____ Financial, accounting, and insurance processing staff
   ____ Consulting
   ____ Other

39. Does this job require licensure as an LPN?
   ____ Yes
   ____ No

40. 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. (If you check this response, you may skip the next question)
41. 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: ________________________________

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

  ____ Number of hours

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

  ____ Number of days

44. In this job, how many weeks did you work (including paid vacations) in calendar year 2012?

  ____ Number of weeks

  Once you have completed the SECONDARY PLACE OF WORK SECTION, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.
UNEMPLOYED SECTION

45. 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

46. 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 47.*
DEMOGRAPHIC INFORMATION

47. What is your year of birth?
   _______________ Enter a 4-digit year between 1915 and 1996.

48. What is your gender?
   ____ Female
   ____ Male

49. Are you of Hispanic, Latino, or Spanish ethnicity?
   ____ Yes
   ____ No

50. Which of the following would you use to describe your racial identity?
    (Check all that apply)
    ____ White
    ____ Black or African American
    ____ American Indian or Alaska Native
    ____ Asian
    ____ Native Hawaiian or Other Pacific Islander
    ____ Other (Please specify) ___________________________

51. Please indicate languages, other than English, in which you can communicate with patients
    and pose questions about their condition: (Check all that apply)
    ____ No other languages
    ____ Spanish
    ____ Filipino, Tagalog
    ____ German
    ____ French
    ____ Russian
    ____ Hmong, Miao
    ____ Hindi
    ____ Polish
    ____ American Sign Language
    ____ Other
52. Please enter the zip code of your primary residence:
   
   Zip code (if in the U.S.) ______________________(5 digits only)
   ___ Outside of U.S. (If you check this response, you may skip the next question)

53. If you reside in Wisconsin, please indicate the county of your primary residence:
   
   ___ Does not apply
   Specify name of Wisconsin county: ________________________________

THANK YOU FOR COMPLETING THE SURVEY. PLEASE TURN TO THE LAST PAGE AND SIGN BEFORE RETURNING.