

**Welcome to the 2012 Registered Nurse Workforce Survey!**  
**Thank you for your participation!**

The 2012 Registered Nurse Workforce Survey is designed to be as simple and quick as possible and yet provide valuable information on the RN Workforce in Wisconsin. Your honest responses are critical to an accurate representation of the RN workforce.

There are four areas crucial to the usefulness of the survey; zip code information, questions on specialized knowledge and experience, the question on specialty certification, and questions concerning retirement plans. Also, Advanced Practice Nurse certification questions are essential to understand the characteristics of this group. Each of these allows for detailed understanding of nursing capabilities and the location in which they are provided. Careful consideration of your responses is greatly appreciated.

**The survey has been shortened and focuses on training and experience with the goal of making the best use of your time. To facilitate completion of the survey, please have the following information available before you begin:**

1. The year you received your nursing degree(s), and the year you received your first RN license.
2. The county and zip code location(s) of your residence and place(s) of work.

**Providing you with confidence in our pledge to your privacy is a primary goal of the design. No personal information and no information from your license is attached to your survey responses.** For nurses responding to questions on APN status, please be aware of the institutional safeguards afforded the requested additional information. No information collected will be publicly reported in a way potentially revealing individual responses.

Please follow the instructions embedded in the survey to direct you to the questions appropriate for your specific work status. These directions are printed in ***bold italics***. Following these directions will greatly reduce the time taken to respond to the survey.

**Surveys should be returned by mail to:**

Department of Safety & Professional Services  
PO Box 8935  
Renewals  
Madison, WI 53708-8935

[RNSurveySupport@dwd.wisconsin.gov](mailto:RNSurveySupport@dwd.wisconsin.gov) is an email address provided for you to ask questions about the survey questions. This email address will be monitored daily throughout the registration period. Additional comments or questions are welcome as well. Other questions for the Department of Safety & Professional Services (formerly the Department of Regulation & Licensing - DRL) should be sent directly to that Department by calling Customer Service at (608) 266-2112 or through their website at <http://dsps.wi.gov>

***On behalf of the State of Wisconsin, thank you for your valued participation in the 2012 RN Workforce Survey.***

## 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 RN?

\_\_\_\_\_ Enter a 4-digit year between 1930 and 2012.

3. In what year did you obtain your first **Wisconsin** license as an RN?

\_\_\_\_\_ Enter a 4-digit year between 1930 and 2012.

### 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 2012 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

\_\_\_\_\_ 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 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, please specify: \_\_\_\_\_

## Training

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

- 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:

- 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.**

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
- None of the above

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®)

- Peri-Operative (CNOR®)
- Pain Management
- Pediatric Nursing
- Perinatal Nursing
- Public/Community Health
- Public Health Nursing-Advanced (APHN)
- Psychiatric & Mental Health Nursing
- Psychiatric & Mental Health Nursing-Advanced (APMHN)
- Radiology/Invasive Procedures Lab
- Rehabilitation (CRRN®)
- Respiratory/Pulmonary Care
- School Nursing
- School Nursing (NCSN®)
- Transplant
- Wound/Ostomy Nursing (CWOCN, CWCN, COCN, CCCN, CWON)

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 your career, how many years have you worked as a **registered 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

19. 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

20. 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 47.***

## 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.**

21. Which of the following categories best describes your job at your principal place of work?

- 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 47.***

22. Does this job require licensure as a registered nurse?

- Yes
- No

23. Which of the following categories best describes your employment status at this job?

- A regular employee
- Self-employed
- Employed through a temporary employment service agency
- Travel nurse or employed through a traveling nurse agency
- Volunteer

24. 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.

25. If you work in Wisconsin, in what county is your principal place of work located?

- Does not apply
- Specify name of Wisconsin county: \_\_\_\_\_

26. What is your current employment basis for this principal position?

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

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

\_\_\_\_\_ Number of hours

28. In this job, on average how many days do you work in a **calendar week**?

\_\_\_\_\_ Number of days

29. For what reason would you work more than your scheduled hours for the calendar week?

- 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

30. How many weeks did you work (including paid vacations) in calendar year 2011?

\_\_\_\_\_ Number of weeks

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

- Yes
- No

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

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

33. How long have you worked in your **principal** job?

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

34. In your current role, is your primary function to provide **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.

- 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

35. 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

36. 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)

**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

37. Is this a federally owned facility?

- Yes
- No

38. Is this a tribal facility?

- Yes
- No

**SECONDARY PLACE OF WORK**

39. 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 49.*

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

40. 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

41. Does this job require licensure as a registered nurse?

- Yes
- No

42. 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.

43. 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: \_\_\_\_\_

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

- \_\_\_\_\_ Number of hours

45. In your **secondary** job, on average how many days do you work in a calendar week?

\_\_\_\_\_ Number of days

46. In this job, how many weeks did you work (including paid vacations) in calendar year 2011?

\_\_\_\_\_ Number of weeks

**Once you have completed the SECONDARY PLACE OF WORK SECTION, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 49.**

### **UNEMPLOYED SECTION**

47. Which of the following best describes your current intentions regarding work in nursing?

- 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

48. What factors would influence you to return to nursing?

- 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 49.**

## DEMOGRAPHIC INFORMATION

49. What is your year of birth?

\_\_\_\_\_ Enter a 4-digit year between 1915 and 1992.

50. What is your gender?

Female

Male

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

Yes

No

52. 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) \_\_\_\_\_

53. 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, Miao

Hindi

Polish

American Sign Language

Other

54. Please enter the zip code of your **primary residence**:

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

\_\_\_ Outside of U.S.

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

\_\_\_ Does not apply

Specify name of Wisconsin county: \_\_\_\_\_

### ADVANCED PRACTICE NURSING

56. Have you received additional education beyond the RN that qualifies you to practice as an Advanced Practice Nurse?

\_\_\_ Yes

\_\_\_ No

57. Indicate if you **have ever been credentialed** to practice as any of the following:  
(check all that apply)

\_\_\_ Does not Apply

\_\_\_ Nurse Practitioner (NP)

\_\_\_ Clinical Nurse Specialist (CNS)

\_\_\_ Certified Nurse Midwife (CNM)

\_\_\_ Certified Registered Nurse Anesthetist (CRNA)

\_\_\_ Advanced Practice Nurse Prescriber

\_\_\_ Advanced Psychiatric-Mental Health Nurse

\_\_\_ None of the above

58. Please indicate your current national certification(s) as a *Nurse Practitioner*:

\_\_\_ 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

\_\_\_ Family NP

- Family Planning NP
- Family Psych & Mental Health NP
- Gerontological NP
- Neonatal NP
- OB-Gyn / Women's Health Care NP
- Pediatric NP
- School NP
- Clinical Nurse Leader (CNL)
- Other NP (Please specify) \_\_\_\_\_

59. Are you currently working in a role that requires you to be an Advanced Practice Nurse?

- Yes, in Wisconsin only
- Yes, in Wisconsin and in another state
- Yes, but not in Wisconsin
- No. ***If No, this ends the survey. Please sign and date the last page. Thank you!***

All of your responses to this questionnaire are confidential. The data will be available and reported only in aggregate. Through a Data Sharing & Privacy Agreement, some personally identifiable Advanced Practice Nurse data collected from this point forward will be shared with the Department of Health Services - Primary Care Office. The data will be used only for the government function of preparing and submitting State applications for federal designation of primary care and mental health Health Professional Shortage Areas (HPSAs). For information on HPSAs and the federal benefits associated with HPSAs, see the DHS web site at:

<http://www.dhs.wisconsin.gov/health/primarycare/ShortageDesignation.htm>

60. Please indicate your current national certification as a *Clinical Nurse Specialist*:

- 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 CNS (please specify)

61. Are you currently licensed in Wisconsin as a *Certified Nurse Midwife*?

Yes, my first year of licensure was: \_\_\_\_\_ Enter a 4-digit year between 1940 and 2012.

No

62. Do you currently hold national certification as a *Certified Registered Nurse Anesthetist*?

Yes

No

63. Do you currently hold a certificate in Wisconsin as an *Advanced Practice Nurse Prescriber*?

Yes, my first year of certification was: \_\_\_\_\_ Enter a 4-digit year between 1940 and 2012.

No

64. Please indicate your population focus as an Advanced Practice Nurse:

Family/Individual Across Lifespan

Adult-Gerontology

Neonatal

Pediatric

Women's Health/Gender-related

Psychiatric-Mental Health

65. Do you provide outpatient primary care\* or outpatient mental health services at any of your practice locations in Wisconsin?

*\*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, this ends the survey. Please sign and date the last page. Thank you!**

66. Please provide the address of the location in Wisconsin where you spend the most time providing primary care or outpatient mental health services.

Name of clinic or medical facility \_\_\_\_\_

Street Address (do not use P.O. Box) \_\_\_\_\_

City/Town \_\_\_\_\_

Zip code (5 digits only) \_\_\_\_\_

WI County \_\_\_\_\_

67. What type of care do you provide at this location? (Select only one response)

- Family
- Women's health
- Certified Nurse Midwife services
- Pediatric
- Adult
- Geriatric
- Mental health services
- Other (Please specify) \_\_\_\_\_

68. 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

69. 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

70. Do you provide primary care or outpatient mental health services at more than one location in Wisconsin?

- Yes
- No. ***If No, this ends the survey. Please sign and date the last page. Thank you!***

71. Please provide the address of this second practice location in Wisconsin where you provide primary care or outpatient mental health services.

Name of clinic or medical facility \_\_\_\_\_  
Street Address (do not use P.O. Box) \_\_\_\_\_  
City/Town \_\_\_\_\_  
Zip code (5 digits only) \_\_\_\_\_  
WI County \_\_\_\_\_

72. What type of care do you provide at this second location? (Select only one response)

- Family
- Women's health
- Certified Nurse Midwife services
- Pediatric
- Adult
- Geriatric
- Mental health services
- Other (Please specify) \_\_\_\_\_

73. 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

74. 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

***You have successfully completed the survey. Please sign and date the next page.  
Thank you!***