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 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://dmps.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®)
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
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 second 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: _______________________________

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
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!