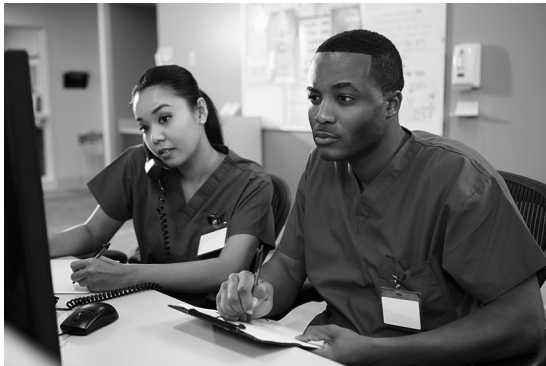




# 2018 NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



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OR

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The 2018 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the United States Census Bureau on behalf of the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the tenth cycle of the survey.

We appreciate your help with this important survey. If you need help or have questions about completing this form, please call 1-888-369-3598 or email us at [NSSRN@census.gov](mailto:NSSRN@census.gov).

FORM NSSRN  
(02/01/2018)

## Section A. Eligibility and Education

A1a. As of December 31, 2017, were you actively licensed to practice as a Registered Nurse (RN) in the U.S. (whether or not you were employed in nursing at that time)?

Yes

No → *If No, you do not need to complete this questionnaire. Please mark "No" and return this questionnaire in the envelope provided so we know you are not eligible.*

A1b. What state(s) issued the license(s)?  
List up to 4.

State                  State                  State                  State  
              

Check this box if you were issued a license by more than 4 states.



A2. In what state and year were you issued your first U.S. RN license?

State                      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A3. Which type of nursing degree qualified you for your first U.S. RN license?  
*Mark one box only.*

- Diploma
- Associate
- Bachelor's
- Master's
- Doctorate – PhD
- Doctorate – DNP
- Other

A4. In what month and year did you graduate from this RN program?

Month                      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A5. Where was this program located?

- In the U.S.  
*Print state abbreviation.* →
- Outside the U.S.  
*Print name of foreign country or U.S. territory.* ↴

A6. What post-high school degree(s) did you receive before starting your first RN program?  
*Mark all that apply.*

- Associate
- Bachelor's
- Master's
- Doctorate
- Other
- None

A7. Have you ever been licensed as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

- Yes
- No

A8. Were you ever employed in any of the following health-related jobs before completing your first RN program?  
*Mark all that apply.*

- Nursing aide or nursing assistant
- Home health aide or assistant
- Licensed Practical or Vocational Nurse
- Community health worker
- Midwife
- Other health-related job
- Not employed in any health-related jobs before RN

A9. How did you finance your first RN degree?  
*Mark all that apply.*

- Self-financed (personal savings, earnings from employment, money from spouse or family members, etc.)
- Employer tuition reimbursement plan
- Department of Veterans Affairs employer tuition plan
- Health Resources and Services Administration Support (e.g., National Health Service Corps, Nurse Corps Loan Repayment, Faculty Loan Repayment)
- Other federal traineeship, scholarship, or grant
- Federally-assisted student loan
- Other type of student loans
- State/local government scholarship or grant
- Non-government scholarship or grant
- Other resources



A10. Did you earn any **additional** academic degrees **after** acquiring your first RN degree that you described in Question A3? Do **not** include degrees you are currently working towards.

Yes → Please complete all rows of the table below for each degree you earned

No → SKIP to Question A11 on page 4

Nursing Degrees					
	Associate in nursing	Bachelor's in nursing	Master's in nursing	Another Master's in nursing	Doctorate in nursing (PhD, ScD, DNS, ND, DNP)
A10a. In what year did you receive this degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10b. In what U.S. state or foreign country was this program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10c. Was 50% or more of the coursework for this degree online or through correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A10d. What was the primary focus of this degree? Enter two-digit code from the table at the bottom of the page.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-nursing Degrees					
	Associate (Non-nursing)	Bachelor's (Non-nursing)	Master's (Non-nursing)	Another Master's (Non-nursing)	Doctorate in non-nursing field (PhD, JD, MD, EdD)
A10e. In what year did you receive this degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10f. In what U.S. state or foreign country was this program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10g. Was 50% or more of the coursework for this degree online or through correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A10h. What was the primary focus of this degree? Enter two-digit code from the table below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Primary focus of degree**

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| 01 Clinical Practice                  | 05 Public Health/Community Health               | 09 Information Technology/Informatics |
| 02 Clinical Nurse Leader              | 06 Law  | 10 Research                           |
| 03 Administration/Business Management | 07 Biological or Physical Sciences              | 11 Other health field                 |
| 04 Education                          | 08 Humanities, Liberal Arts, or Social Sciences | 12 Other non-health field             |



A11. After acquiring your first RN degree, which you described in Question A3, have you completed a formal U.S. education program preparing you to be a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

- Yes
- No → SKIP to Question A12a

A11a. Did you receive preparation as a...? Mark each column if yes.

A11b. What was the highest credential you received in that program?

1. Certificate/Award
2. Bachelor's Degree
3. Master's Degree
4. Post-Master's Certificate
5. Doctorate – PhD
6. Doctorate – DNP
7. Doctorate – other

A11c. In what year did you receive this credential?

	Nurse Practitioner	Clinical Nurse Specialist	Nurse-Midwife	Nurse Anesthetist
A11a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11b.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A12a. During the Fall term of 2017, were you enrolled in a formal education program leading to an academic degree or certificate?

- Yes, in nursing
- Yes, in a non-nursing field
- No → SKIP to Section B on page 5

A12b. Were you a full-time or part-time student?

- Full-time student
- Part-time student

A12c. What percentage of your coursework in this program was distance-based (online or correspondence)?

- ≤ 50%
- > 50%

A12d. What type of degree or certificate were you working toward in this program?

Mark one box only.

- Certificate/Award
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Post-Master's Certificate
- Doctorate – PhD
- Doctorate – DNP
- Doctorate – other

**Continue to Section B**



## Section B. Primary Nursing Employment

**B1.** On December 31, 2017, were you employed or self-employed in nursing? *Employed in nursing includes working for pay in nursing, even if on temporary leave.*

- Yes
- No → SKIP to Section F on page 13

*For all the questions in this section (Questions B2 - B28), your primary nursing position is the nursing position, on December 31, 2017, in which you spent the largest share of your working hours.*

**B2.** Where was the location of the primary nursing position you held on December 31, 2017? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*

City/Town

County

State (or country if not U.S.A.)

Zip

**B3.** Thinking about the primary nursing position you held on December 31, 2017, had you been working for this employer for less than 5 years?

- Yes
- No → SKIP to Question B7

**B4.** How long were you actively looking for new employment before accepting a position with this employer?

- 1 - 6 months
- 7 - 12 months
- More than a year
- I was not actively looking for new employment

**B5.** Did you go through an orientation program for the primary nursing position you held on December 31, 2017?

- Yes
- No → SKIP to Question B7

**B6.** Did you have a preceptor assigned to you during this orientation program?

- Yes
- No

**B7.** Were you required to maintain an active RN license for the primary nursing position you held on December 31, 2017?

- Yes
- No

**B8.** In your primary nursing position did you use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system? *Do not include billing record systems.*

- Yes
- No
- Don't know

**B9.** As of December 31, 2017, what type(s) of training have you received to facilitate team-based care? *Team-based care refers to comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care. Mark all that apply.*

- Formal classroom training at my college or university
- Formal classroom training offered by my place of employment
- Online educational videos offered by my place of employment
- Informal training (e.g., on the job)
- No training at all
- Other, *Specify:* ↴



**B10. For the primary nursing position you held on December 31, 2017, which of the following best describes your employment situation? Mark one box only.**

- Employed through an employment agency as a traveling nurse
- Employed through an employment agency, but not as a traveling nurse
- Employed by the organization or facility at which I was working
- Self-employed or working as needed

**B11. For the primary nursing position you held on December 31, 2017, did you work full-time or part-time? Mark one box only.**


- Full-time (including full-time for an academic year)
- Part-time (including working only part of the calendar or academic year)

**B12. For the primary nursing position you held on December 31, 2017, how many months did you normally work per year?**


months per year

**B13. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2017? Mark one box only.**


**Hospital (not mental health)**

- Critical Access Hospital (CAH) – a rural community hospital that receives cost-based reimbursement from Medicare
- Inpatient unit, not Critical Access Hospital
- Emergency Department, not Critical Access Hospital
- Hospital sponsored ambulatory care (outpatient, surgery, clinic, urgent care, etc.)
- Hospital ancillary unit
- Hospital nursing home unit
- Hospital administration
- Hospital other, *Specify:* 


**Other inpatient setting**

- Nursing home unit NOT in hospital
- Rehabilitation facility/long-term care
- Inpatient mental health/substance abuse
- Correctional facility
- Inpatient hospice
- Other inpatient setting, *Specify:* 

**Clinic/Ambulatory**

- Nurse managed health center
- Private medical practice (clinic, physician office, etc.)
- Public clinic (Rural Health Center, FQHC, Indian Health Service, Tribal Clinic, etc.)
- School health service (K-12 or college)
- Outpatient mental health/substance abuse
- Urgent care (not hospital based)
- Ambulatory surgery center (free standing)
- Other, *Specify:* 

**Other types of settings**

- Home health agency/service
- Occupational health or employee health service
- Public health or community health agency (not a clinic)
- Government agency other than public/community health or correctional facility
- Outpatient dialysis center
- University or college academic department
- Insurance company
- Call center/telenursing center
- Other, *Specify:* 



**B14.** Next, we will ask for information about how much you worked in a typical week for the primary nursing position you held on December 31, 2017. Include on-call hours except on-call hours that were standby only.

Hours  
(enter 0 if none)

- a. Number of hours scheduled in a typical week
- b. Number of hours worked in a typical week
- c. Number of hours per week worked at the regular pay rate
- d. Number of hours per week worked at a differential rate: evening, weekend, night, or charge
- e. Number of hours per week worked at the overtime pay rate
- f. Number of hours unpaid in a typical week

**B15.** For the primary nursing position you held on December 31, 2017, please estimate the percentage of your time spent in the following activities during a typical workweek. Do not use decimals.

- a. Patient care and charting  %
- b. Care coordination (including consultation with agencies and/or professionals)  %
- c. Management, supervision, and administrative tasks  %
- d. Research  %
- e. Teaching, precepting or orienting students or new hires (include preparation time)  %
- f. Non-nursing tasks (e.g., housekeeping, locating supplies)  %
- g. Other  %

Total =            100%

**B16.** For the primary nursing position you held on December 31, 2017, in what level of care or type of work did you spend most of your time? Mark one box only.

- General or specialty inpatient
- Ambulatory care (including primary care outpatient settings, except surgical)
- Ancillary care (radiology, laboratory)
- Care coordination/patient navigation
- Critical/intensive care
- Education
- Emergency
- Health care management/administration
- Home health/hospice
- Informatics
- Long-term care/nursing home
- Public health/community health
- Rehabilitation
- Research
- School nurse
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- Urgent care
- Other, Specify: ↴



**B17a. Did the primary nursing position you held on December 31, 2017, include any patient care?**

- Yes
- No → SKIP to Question B18 on page 9

**B17b. For the primary nursing position you held on December 31, 2017, please estimate the percentage of your patient care time spent with each population below. Do not use decimals.**

Pre-natal	<input type="text"/>	%
Neonatal, Newborn, or Infant (less than 2 years old)	<input type="text"/>	%
Pediatric (2 to 11 years old)	<input type="text"/>	%
Adolescent (12 to 17 years old)	<input type="text"/>	%
Adult (18 to 65 years old)	<input type="text"/>	%
Geriatric (more than 65 years old)	<input type="text"/>	%
<b>Total =</b>		<b>100%</b>

**B17c. For the primary nursing position you held on December 31, 2017, in what type of clinical specialty did you spend most of your patient care time? Mark one box only.**

- General medical surgical
- Ambulatory care
- Cardiac or cardiovascular care
- Chronic care
- Critical care
- Dermatology
- Emergency or trauma care
- Endocrinology
- Gastrointestinal
- Gynecology (women's health)
- Home health/hospice
- Infectious/communicable disease
- Labor and delivery
- Neurological
- Obstetrics
- Occupational health
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (ear, nose and throat)
- Primary care
- Psychiatric or mental health (substance abuse and counseling)
- Pulmonary/respiratory
- Radiology (diagnostic or therapeutic)
- Renal/dialysis
- Other specialty, Specify:



**B18. Thinking about the primary nursing position you held on December 31, 2017, to what extent did you...**

	A great extent	Somewhat	Very little	Not at all	Not applicable
Participate in team-based care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel confident in your ability to effectively practice in interprofessional teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively use Health Information Technology (HIT) in your practice to manage the health of your patient population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B19. For the primary nursing position you held on December 31, 2017, to what extent did you observe your organization emphasizing the following?**

	A great extent	Somewhat	Very little	Not at all	Not applicable
Care coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B20. As of December 31, 2017, what training topics would have helped you do your job better? Mark all that apply.**

- Evidence-based care
- Patient-centered care (care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)
- Team-based care
- Practice management and administration
- Social determinants of health (e.g., impact of race and social-economic status)
- Working in an underserved community
- Caring for medically complex/special needs patients
- Population-based health
- Quality improvement
- Value-based care
- Mental health
- Other, Specify →
- None

*In the following questions, the term telehealth refers to communication technology, such as remote conferencing through phone and/or video, used to connect geographically dispersed practitioners.*

**B21. For the primary nursing position you held on December 31, 2017, did your workplace use telehealth?**

- Yes
- No → SKIP to Question B24 on page 10

**B22. Did you personally use some form of telehealth in the primary nursing position you held on December 31, 2017?**

- Yes
- No → SKIP to Question B24 on page 10

**Continue on next page**



## Section C. Left the Primary Nursing Position Held on December 31, 2017

B23. Which type(s) of telehealth did you use in the primary nursing position you held on December 31, 2017? *Mark all that apply.*

- Provider to provider consults
- RN to patient direct calls (e.g., care management/home monitoring) by phone and/or video
- NP primary care e-visits
- Other, *Specify:* ↴

B24. How satisfied were you with the primary nursing position you held on December 31, 2017?

- Extremely satisfied
- Moderately satisfied
- Moderately dissatisfied
- Extremely dissatisfied

B25. In that primary nursing position, were you able to practice to the full extent of your knowledge/education/training?

- Yes
- No

B26. Please estimate your 2017, pre-tax annual earnings from your primary nursing position. *Include overtime and bonuses, but exclude sign-on bonuses.*

B27. Were you represented by a labor union or collective bargaining unit in the primary nursing position you held on December 31, 2017?

- Yes
- No

B28. Have you left the primary nursing position you held on December 31, 2017?

- Yes → *Continue to Section C*
- No → *Skip to Section D on page 11*

C1. Which of the following reasons contributed to your decision to leave the primary nursing position you held on December 31, 2017? *Mark all that apply.*

- Better pay/benefits
- Burnout
- Career advancement/promotion
- Career change
- Change in child's school
- Disability/Illness
- Family caregiving
- Inability to practice to the full extent of my license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Laid off/downsizing of staff
- Length of commute
- Patient population
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Sign-on bonus offered
- Spouse's employment opportunities
- Stressful work environment
- Other, *Specify:* ↴



C2. Did you continue to work in nursing after leaving this position?

- Yes
- No → SKIP to Section E on page 13

C3. Approximately when do you plan to retire from nursing?

- Already retired → SKIP to Section E on page 13
- Within a year
- In 1-2 years
- In 3-5 years
- More than 5 years from now
- Undecided

C4. How long do you plan to work in the geographic area of the primary nursing position you held on December 31, 2017?

- Already left the geographic area
- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years
- Not sure

**Skip to Section E**

## Section D. Remained in the Primary Nursing Position Held on December 31, 2017

D1. Have you ever considered leaving the primary nursing position you held on December 31, 2017?

- Yes
- No → SKIP to Question D7 on page 12

D2. Have you considered leaving this position in the past year?

- Yes
- No

D3. Which of the following reasons would contribute to your decision to leave your primary nursing position? Mark all that apply.

- Better pay/benefits
- Burnout
- Career advancement/promotion
- Career change
- Change in child's school
- Disability/Illness
- Family caregiving
- Inability to practice to the full extent of my license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Length of commute
- Patient population
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Sign-on bonus offered
- Spouse's employment opportunities
- Stressful work environment
- Other, Specify: ↴



**D4. When do you plan to leave this position?**

- Less than one year from now
- 1-3 years from now
- More than 3 years from now
- Not sure

**D5. Do you plan to work in nursing after you leave this position?**

- Yes
- No
- Not sure

**D6. How long do you plan to work in the geographic area of the primary nursing position you held on December 31, 2017?**

- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years
- Not sure

**D7. What factors contribute to your decision to remain in your primary nursing position? Mark all that apply.**

- Ability to provide full scope of services
- Availability of loan repayment financial support
- Availability of resources to do my job well
- Availability of training opportunities
- Balanced schedule/hours
- Commitment to underserved communities
- Cost of living
- Difficulty finding another job
- Experience at site
- Length of commute
- Opportunities for advancement
- Proximity to desirable school district
- Proximity to extended family/parents/siblings
- Proximity to spouse's employment opportunities
- Salary and benefits
- Sense of community with peers
- Use of Electronic Health Records
- Use of telehealth
- Other, Specify: ↴

**D8. Approximately when do you plan to retire from nursing?**

- Already retired
- Within a year
- In 1-2 years
- In 3-5 years
- More than 5 years from now
- Undecided

**Continue to Section E**



## Section E. Secondary Employment in Nursing

E1. Aside from the primary nursing position you just described, did you hold any other positions in nursing for pay on December 31, 2017?

- Yes
- No → SKIP to Section F

E2. Which of the following best describes your employment with the other nursing position(s) held on December 31, 2017? Mark all that apply.

- Employed through an employment agency as a traveling nurse
- Employed through an employment agency, but not as a traveling nurse
- Employed by the organization or facility at which I am working
- Self-employed or working as needed

E3. What type(s) of work setting(s) best describe where you worked for the other nursing position(s) held on December 31, 2017? Mark all that apply.

- Hospital
- Nursing home/extended care facility
- Academic education program
- Home health setting
- Public or community health setting
- Rehabilitation facility/long-term care
- Mental health/substance abuse
- School health service
- Occupational health
- Physician practice (individual or group)
- Ambulatory care clinic
- Insurance claims/benefits
- Telehealth, telenursing or call center
- Other, Specify: ↘

E4. In your other nursing position(s) held on December 31, 2017, please indicate how much you worked, and where the job was located:

	Weeks per year	Average hours per week, during weeks of work	Location where most work was done (state or country)
Additional job #1	<input type="text"/>	<input type="text"/>	
Additional job #2	<input type="text"/>	<input type="text"/>	
All other jobs	<input type="text"/>	<input type="text"/>	N/A

E5. Please estimate your 2017, pre-tax annual earnings from all of the nursing positions that you reported in Question E4. Do not include earnings from your primary nursing position.

Continue to Section F

## Section F. Nurse Practitioners

F1a. On December 31, 2017, did you have an active certification, licensure, or other legal recognition to practice as a Nurse Practitioner (NP) from a State Board of Nursing?

- Yes
- No → SKIP to Section G on page 17

F1b. What state(s) issued the license/certification/recognition? List up to 4.

State	State	State	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Check this box if you were issued certification/licensure/recognition by more than 4 states.



**F2. On December 31, 2017, in which area(s) were you certified by a national certifying organization for NPs? Mark all that apply.**

- Acute Care, adult
- Acute Care, pediatric
- Adult
- Family
- Gerontology
- Neonatal
- Pediatric
- Psychiatric & Mental Health
- Women's Health
- Other, *Specify:* ↴

None

**F3. To what extent did your master's or doctoral training prepare you to be a licensed independent practitioner?**

- A great extent
- Somewhat
- Very little
- Not at all

**F4. Did you complete an NP post-graduate residency or fellowship program?**

- Yes
- No

**F5. Do you have a National Provider Identifier (NPI) number?**

- Yes
- No → *SKIP to Question F7*

**F6. Do you or have you ever billed under your NPI number?**

- Yes
- No
- Don't know

**F7. On December 31, 2017, were you employed in any positions that required state certification/licensure/recognition to practice as an NP?**

- Yes
- No → *SKIP to Question F26 on page 16*

**F8. Thinking about the main NP position you held on December 31, 2017, what type of professional relationship did you have with the physician(s) you worked with? Mark all that apply.**

- In my main NP position, there were no physicians on site
- I collaborated with a physician at another site
- I collaborated with a physician on site
- I was considered an equal colleague to the physician(s) I worked with
- I was accountable to a physician who served as a medical director
- I was supervised by a physician, and I had to accept his/her clinical decision about the patients I saw
- A physician saw and signed off on the patients I saw
- Other, *Specify:* ↴

**F9. Thinking of all the NP positions you held on December 31, 2017, indicate your level of agreement with the following statements.**

**F9a. In my NP position(s), I could practice to the fullest extent of my state's legal scope of practice.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**F9b. In my NP position(s), my NP education was fully utilized.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree



F10. In the NP position(s) you held on December 31, 2017, did you provide patient care?

Yes

No → SKIP to Question F19

F10a. Across all of the NP positions you held on December 31, 2017, about how many patients did you see in a typical week? If none, enter zero.

Patients

F11. Were you providing patient care as an NP in 2013?

Yes

No → SKIP to Question F13

F12. Did your overall patient population size increase, decrease, or stay the same since 2013?

Increased

Decreased

Stayed the same

Don't know

F13. Across all NP positions you held on December 31, 2017, did you have a panel of patients that you managed, where you were the primary provider? A panel is a group of patients that you see across a period of time.

Yes

No → SKIP to Question F19

F14. Across all of your NP positions, on average, about how many patients were on your panel?

Patients

F15. What percentage of your panel were patients from racial/ethnic minority groups?

%

F16. What percentage of your panel were patients with limited English proficiency?

%

F17. Please estimate the percentage of your patient panel that was covered by the following types of insurance. Do not use decimals.

Private insurance  %

Medicare, for people 65 and older, or people with certain disabilities  %

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  %

TRICARE or other military health care  %

VA  %

Indian Health Service  %

Self-pay/uninsured  %

Other  %

Total = 100%

Don't know

F18. How were medical expenses reimbursed for the majority of your panel of patients? Mark one box only.

Fee-for-service (e.g., PPO and Original Medicare)

Capitated fees per patient (e.g., HMO)

Other

Don't know

F19. Did you have hospital admitting privileges on December 31, 2017?

Yes

No

F20. Were you covered by malpractice insurance on December 31, 2017?

Yes

No → SKIP to Question F22 on page 16



**F21. Who paid for your malpractice insurance?**

- Self
- Employer
- Both

**F22. Did you have prescriptive authority?**

- Yes → *SKIP to Question F24*
- No

**F23. Why didn't you have prescriptive authority?**  
*Mark all that apply.*

- Was in the process of applying
- MD or other NP wrote all of my prescriptions
- State scope of practice regulations
- Other, *Specify:* ↘

**F24. On December 31, 2017 did you have a personal Drug Enforcement Administration (DEA) number?**

- Yes
- No

**F25. In any of your NP positions, did you have the title Hospitalist?**

- Yes → *SKIP to Section H on page 17*
- No → *SKIP to Section H on page 17*

**F26. What are the reasons that you were NOT working as an NP on December 31, 2017?**  
*Mark all that apply.*

- Overall lack of NP job opportunities
- Lack of NP job opportunities in desired location
- Lack of NP job opportunities in desired specialty
- Lack of NP job opportunities in desired type of facility
- Limited scope of practice for NPs in the state where practice was desired
- Lack of experience or qualification
- Inadequate salary/benefits
- Working outside the field of nursing
- Family caregiving
- Disability/illness
- Chose not to work
- Retirement
- Other, *Specify:* ↘

**Continue on next page**





## Section G. Nurses Not Working in Nursing

If you were working for pay in nursing on December 31, 2017, please SKIP to Section H.

**G1. What are your intentions regarding paid work in nursing? Mark one box only.**

- Actively looking for work in nursing
- Plan to return to nursing in the future, not looking for work now → SKIP to Question G4
- No future intention to work for pay in nursing → SKIP to Question G5a
- Undecided at this time → SKIP to Question G5a
- Have returned to nursing since December 31, 2017 → SKIP to Section H

**G2. How long have you been actively looking for paid work in nursing? Enter zero if less than one month.**

Month(s)

**G3. Are you looking for a position that is full-time or part-time?**

- Full-time → SKIP to Question G5a
- Part-time → SKIP to Question G5a
- Either → SKIP to Question G5a

**G4. When do you plan to return to paid work in nursing? Enter zero if less than one year.**

Year(s)

**G5a. Have you ever been employed or self-employed in nursing?**

- Yes
- No → SKIP to Question G6

**G5b. How long has it been since you were last employed or self-employed as a nurse? Enter zero if less than one year.**

Year(s)

**G6. What are the primary reasons you were not working in a nursing position for pay on December 31, 2017? Mark all that apply.**

- Burnout
- Career change
- Difficulty finding a nursing position
- Disability/illness
- Family caregiving
- Inability to practice nursing on a professional level
- Inability to practice to the full extent of my license
- Inadequate staffing
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Liability concerns
- Physical demands of job
- Retirement
- Salaries too low/better pay elsewhere
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Skills are out-of-date
- Stressful work environment
- Other, Specify:

**Continue to Section H**

## Section H. Prior Nursing Employment

**H1. How many years have you worked in nursing since receiving your first U.S. RN license? Count only the years in which you worked at least 6 months. Enter zero if less than one year.**

Year(s)



H2. Have you left work in nursing for one or more years since becoming an RN?

Enter zero if less than a year.

Yes → For how many years?

No

H3. Next, we are going to ask about your employment approximately one year ago. Were you employed in nursing on December 31, 2016?

Yes

No → SKIP to Section I on page 20

H4. For the primary nursing position you held on December 31, 2016, did you work full-time or part-time? Mark one box only.

Full-time (including full-time for an academic year)

Part-time (including working only part of the calendar or academic year)

H5. How would you describe the primary nursing position you held on December 31, 2016?

Same position and same employer as primary nursing position on December 31, 2017 → SKIP to Section I on page 20

Different position but same employer as primary nursing position held on December 31, 2017

Different employer than primary nursing position held on December 31, 2017

H6. What was the location of the primary nursing position you held on December 31, 2016? If you were not employed in a fixed location, enter the location that best reflects where you practiced.

City/Town

County

State (or country if not U.S.A.)

Zip

H7. What were the primary reason(s) for your employment change? Mark all that apply.

Better pay/benefits

Burnout

Career advancement/promotion

Career change

Change in child's school

Disability/Illness

Family caregiving

Inability to practice to the full extent of my license

Inadequate staffing

Interpersonal differences with colleagues or supervisors

Lack of advancement opportunities

Lack of collaboration/communication between health care professionals

Lack of good management or leadership

Laid off/downsizing of staff

Length of commute

Patient population

Physical demands of job

Relocation to different geographic area

Retirement

Scheduling/inconvenient hours/too many hours/too few hours

School/educational program

Sign-on bonus offered

Spouse's employment opportunities

Stressful work environment

Other, Specify: ↴

H8. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2016? Mark one box only.

**Hospital (not mental health)**

- Critical Access Hospital (CAH) – a rural community hospital that receives cost-based reimbursement from Medicare
- Inpatient unit, not Critical Access Hospital
- Emergency Department, not Critical Access Hospital
- Hospital sponsored ambulatory care (outpatient, surgery, clinic, urgent care, etc.)
- Hospital ancillary unit
- Hospital nursing home unit
- Hospital administration
- Hospital other, *Specify:* ↴

**Other inpatient setting**

- Nursing home unit NOT in hospital
- Rehabilitation facility/long-term care
- Inpatient mental health/substance abuse
- Correctional facility
- Inpatient hospice
- Other inpatient setting, *Specify:* ↴

**Clinic/Ambulatory**

- Nurse managed health center
- Private medical practice (clinic, physician office, etc.)
- Public clinic (Rural Health Center, FQHC, Indian Health Service, Tribal Clinic, etc.)
- School health service (K-12 or college)
- Outpatient mental health/substance abuse
- Urgent care (not hospital based)
- Ambulatory surgery center (free standing)
- Other, *Specify:* ↴

**Other types of settings**

- Home health agency/service
- Occupational health or employee health service
- Public health or community health agency (not a clinic)
- Government agency other than public/community health or correctional facility
- Outpatient dialysis center
- University or college academic department
- Insurance company
- Call center/telenursing center
- Other, *Specify:* ↴

**Continue to Section I**



## Section I. National Practitioner Data Bank


11. The National Practitioner Data Bank (NPDB), which includes the Healthcare Integrity and Protection Data Bank (HIPDB), is a nationwide repository of negative actions taken against health care professionals. Its primary function is to aid employers in making well-informed hiring decisions. Currently, certain entities are required to query the NPDB on physicians and dentists, prior to making decisions on hiring and clinical privileges. Do you think the query requirement should be expanded to other health care professions?

- Yes, it should be expanded to all health care professions
- Yes, it should be expanded to some but not all health care professions
- No, it should not be expanded
- I am unfamiliar with the National Practitioner Data Bank → *SKIP to Section J on page 21*

12. Have you been reported to the NPDB or the HIPDB?

- Yes
- No → *SKIP to Question 15*

13. Who submitted the report(s)?  
*Mark all that apply.*

- State licensing board
- Medical malpractice payer, such as an insurance company
- Hospital
- Federal agency
- Unknown
- Other, *Specify:* 

14. Did the NPDB report impact your career?  
*Mark all that apply.*

- Yes, the report had a negative impact on my position (e.g., reprimand, termination)
- Yes, the report made it difficult to obtain employment
- No, the report did not impact my career

15. When making hiring decisions, do you feel that health care employers should consider prior negative health care related actions taken against prospective employees?

- Yes, they should consider prior negative actions
- No, they should not consider prior negative actions

16. The NPDB collects reports on adverse actions taken against a physician that affect that physician's clinical privileges. Many nurse practitioners currently perform job functions similar to primary care physicians. Do you feel the NPDB should also collect reports on adverse actions against a nurse practitioner that could affect their clinical privileges?

- Yes, they should be reported
- No, they should not be reported

17. Do you think nurse practitioners who are supervised by a physician should be subject to the same reporting requirements as physicians, less strict reporting requirements, or more strict reporting requirements?

- The same reporting requirements as physicians
- Less strict reporting requirements for nurse practitioners who are supervised by a physician
- More strict reporting requirements for nurse practitioners who are supervised by a physician

**Continue to Section J**



## Section J. License and Certification Detail

**J1.** Please provide any other names under which you may have held a nursing license. If none, leave blank.

First name M.I.

Last name

First name M.I.

Last name

**J2.** On December 31, 2017, which of the following skill-based certifications did you have? Mark all that apply.

- No skill-based certifications
- Ambulatory Care Certification
- Critical Care Certificate
- Emergency Medicine/Nursing (EMT, ENPC, etc.)
- Life Support (BLS, ACLS, BCLS, etc.)
- Resuscitation (CPR, NRP, etc.)
- Trauma Nursing (TNCC, ATCN, ATN, etc.)
- Other, Specify:

**J3.** On December 31, 2017, did you have any active national nursing certifications as a Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

- Yes
- No → SKIP to Section K on page 22

**J4a.** On December 31, 2017, did you have an active certification as a Clinical Nurse Specialist(CNS)?

- Yes
- No → SKIP to Question J5a on page 22

**J4b.** Was this certification required by your employer for your job?

- Yes
- No

**J4c.** Was this certification from a national certifying organization?

- Yes
- No

**J4d.** Which of the following Clinical Nurse Specialist (CNS) certifications did you have? Mark all that apply.

- Acute Care/Critical Care
- Adult Health
- Community Health/Public Health
- Diabetes Management
- Gerontological
- Home Health
- Hospice and Palliative Care
- Medical-Surgical
- Oncology
- Pediatric
- Psychiatric & Mental Health - Adult
- Psychiatric & Mental Health - Child/Adolescent
- Psychiatric & Mental Health - Family
- Other, Specify:

**Continue on next page**



## Section K. General Information

*The next set of questions are about your personal characteristics.*

J5a. On December 31, 2017, did you have an active certification as a Nurse-Midwife?

Yes

No → SKIP to Question J6a

J5b. Was this certification required by your employer for your job?

Yes

No

J5c. Was this certification from a national certifying organization?

Yes

No

J6a. On December 31, 2017, did you have an active certification as a Nurse Anesthetist?

Yes

No → SKIP to Section K

J6b. Was this certification required by your employer for your job?

Yes

No

J6c. Was this certification from a national certifying organization?

Yes

No

Continue to Section K

K1. Where did you live on December 31, 2017?  
*This information is critical for producing state/county estimates of the nursing workforce.*

City/Town

County

State (or country if not U.S.A.)

Zip

K2. Where did you live on December 31, 2016?  
*This information is critical for producing state/county estimates.*

Same address reported in Question K1

City/Town

County

State (or country if not U.S.A.)

Zip

K3. What is your sex?

Male

Female



K4. What is the year of your birth?

K5. Are you of Hispanic, Latino, or Spanish origin?

Yes

No

K6. What is your race? *Mark all that apply.*

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Some other race

K7. What languages do you speak fluently, other than English? *Mark all that apply.*

No additional languages

Spanish

Filipino language (Tagalog, other Filipino dialect)

Chinese language (Cantonese, Mandarin, other Chinese language)

Russian

Korean

Vietnamese

American Sign Language

Other language(s)

K8. What is your marital status?

Married or in domestic partnership

Widowed, divorced, separated

Never married

K9. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? *Mark one box only.*

Never served in the military

Only on active duty for training in the Reserves or National Guard

Now on active duty

On active duty in the past, but not now

K10. Which of the following best describes the children/parents/dependents who either live at home with you or for whom you provide a significant amount of care? *Mark all that apply.*

Child(ren) less than 6 years old at home

Child(ren) 6 to 18 years old at home

Other adults at home (e.g., parents or dependents)

Others living elsewhere (e.g., children, parents or dependents)

None

K11. Including employment earnings, investment earnings, and other income of all household members, what was your 2017, pre-tax annual total household income? *Mark one box only.*

\$25,000 or less

\$25,001 to \$35,000

\$35,001 to \$50,000

\$50,001 to \$75,000

\$75,001 to \$100,000

\$100,001 to \$150,000

\$150,001 to \$200,000

More than \$200,000

**Continue to Section L**



## Section L. Name and Address Information

Use the space below to correct any errors in your name or address information. If no corrections are needed, leave this section blank.

Corrections to First Name

Corrections to M.I.

Corrections to Last Name

Corrections to Number and Street Address

Corrections to City/Town

Corrections to State

Corrections to Zip Code

## Thank you for your participation.

*Please return this survey in the enclosed, postage-paid envelope.*

The U.S. Census Bureau is conducting the National Sample Survey of Registered Nurses on the behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Public Service Act 42 U.S.C. Section 294n(b)(2)(A) and Title 42 U.S.C. Section 295k(a)-(b) allows HHS to collect information for the purpose of understanding the nursing workforce in the United States. Federal law protects your privacy and keeps your answers confidential under 13 U.S.C. Section 9. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c) as identified in SORN Census-3 Demographic Survey Collection (Census Bureau Sampling Frame). Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a). Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

