2008 National Sample Survey of Registered Nurses

The 2008 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the ninth cycle of the survey.

Instructions

How do I complete the survey electronically?
On your Web browser, log onto www.nssrn.org and type in your unique Access Code and PIN that is printed in the box below. If you complete the survey online, you do not need to return this paper questionnaire.

What if I received more than one questionnaire?
We may not have been able to eliminate all of the duplicates in our list of nurses. Please complete only one questionnaire but return any extra copies you receive, preferably in the same envelope as your completed survey. Please write "DUPLICATE" at the top of these blank surveys. By returning extra surveys, we can avoid unnecessary follow-up mailings to you.

What if I have questions about this survey?
If you have any questions about this survey or about how to complete it electronically, please call (toll-free) 1-888-371-9725, or send an e-mail to nssrn2008@westat.com.

Please correct any errors in the name/address information.

Corrections to First Name
Corrections to M.I.

Corrections to Last Name

Corrections to Number and Street

Corrections to City/Town

Corrections to State
Corrections to ZIP Code

If there are any corrections to the "State(s) Where Actively Licensed" in the box above, please relist ALL of the states where you are actively licensed.

Corrections to the State(s) Where Actively Licensed

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0915-0276. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.
Section A. Eligibility and Education

1. On March 10, 2008, were you actively licensed to practice as a registered nurse (RN) in any U.S. State or the District of Columbia (whether or not you were employed in nursing at that time)?
   - Yes ➔ Go to Question 2 on page 2
   - No ➔ If No, you do not need to complete this questionnaire. Please mark “no” and return this questionnaire so we know you are not eligible.

2. In what U.S. State were you issued your first RN license?
   - State:  
   - Year:  

3. Which type of nursing degree or nursing credential qualified you for your first U.S. RN license? Mark one box only.
   - Diploma Program
   - Associate Degree
   - Bachelor's Degree
   - Master's Degree
   - Doctorate
   - Other
   - Specify 

4. In what month and year did you graduate from this nursing program?
   - Month:  
   - Year:  

5. In which U.S. State (including the District of Columbia), U.S. Territory, or foreign country was this program located?
   - State:  
   - Philippines
   - Canada
   - United Kingdom
   - Nigeria
   - Other
   - Specify 

6. Please indicate all post-high-school degrees you received before starting your initial RN educational program. Mark all that apply.
   - None ➔ Go to Question 8 on page 2
   - Associate Degree
   - Bachelor's Degree
   - Master's Degree
   - Doctorate
   - Other
   - Specify

7. What was the field of study for your highest degree identified in Question 6? Mark one box only.
   - Health-related field
   - Non-Health related field
   - Biological or Physical Science
   - Business or Management
   - Education
   - Liberal Arts, Social Science, or Humanities
   - Law
   - Computer Science
   - Social Work
   - Other non-health related field
   - Specify

8. Have you ever been licensed as a licensed practical nurse (LPN) or licensed vocational nurse (LVN) in the U.S.?
   - Yes
   - No

Continued on next page
9. Were you ever employed in any of the following health-related jobs before completing your initial RN education? Mark all that apply.

- No health-related position before RN education
- Nursing Aide or Nursing Assistant
- Home health aide or assistant
- Licensed Practical or Vocational Nurse
- Emergency Medical Technician (EMT) or Paramedic
- Medical assistant
- Dental assistant
- Allied Health technician or technologist (radiological technician, laboratory technician)
- Manager in health care setting
- Clerk in health care setting
- Military medical corps
- Medical doctor
- Midwife
- Another type of health-related position
  Specify

10. How did you finance your initial RN education? Mark all that apply.

- Earnings from your health-care-related employment
- Earnings from your non-health-care-related employment
- Earnings from other household members
- Personal household savings
- Other family resources (parents or other relatives)
- Employer tuition reimbursement plan (including Veterans Administration employer tuition plan)
- Federal traineeship, scholarship, or grant
- Federally-assisted loan
- Other type of loan
- State/local government scholarship or grant
- Non-government scholarship or grant
- Other resources

11a. Within the past year, have you received or provided emergency preparedness training, in any of the following areas? Mark all that apply.

- None ➔ Go to Question 12 on page 3
- Chemical accident or attack
- Nuclear/radiological accident or attack
- Infectious disease epidemics
- Biological accident or attack
- Natural disaster
- Other public health emergencies

11b. Please specify the total number of hours spent in the above training(s) within the past year.

  Hours of training received

  Hours of training provided

11c. Thinking about the area in which you are best prepared for an emergency, are you…?

- Very prepared
- Adequately prepared
- Somewhat prepared
- Not at all prepared

12. How well do you know the disaster/emergency plan at your place of employment?

- Full understanding
- Some understanding
- Little or no understanding
- No plan exists at my place of employment
- Do not have a place of employment

Continued on next page
13. Did you earn any additional academic degrees after graduating from your initial registered nurse education program that you described in Question 3? Do not include degrees you are currently working towards.

Yes ➔ Please complete all columns of the following table for each degree you earned.
No ➔ Go to Question 14 on page 5

<table>
<thead>
<tr>
<th>Type of Degree</th>
<th>Did you receive this degree?</th>
<th>What was the primary focus of this degree? Enter two-digit code from table below.</th>
<th>Has this degree been related to your career in nursing?</th>
<th>In what year did you receive the degree?</th>
<th>In what state or country was this educational program located?</th>
<th>Was this degree program undertaken through a distance-based learning program? (with more than 50% of coursework through correspondence or online)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Degrees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Associate Degree in nursing</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Bachelor's degree in nursing</td>
<td>✔️</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>c. Master's in nursing</td>
<td>✔️</td>
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<td></td>
</tr>
<tr>
<td>d. Another Master's in nursing</td>
<td>✔️</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Doctorate in nursing (PhD, ScD, DNS, ND, DNP)</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-nursing Degrees</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>f. Associate Degree in non-nursing field</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
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<td></td>
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<tr>
<td>g. Bachelor's degree in non-nursing field</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>h. Master's in non-nursing field</td>
<td>✔️</td>
<td>✔️</td>
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<td></td>
</tr>
<tr>
<td>i. Another Master's in non-nursing field</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Doctorate in non-nursing field (PhD, JD, MD, EdD)</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Column B, enter the two-digit code for your Bachelor's, Master's, or Doctorate degree above.

Primary Focus of Degree

<table>
<thead>
<tr>
<th>Type of Degree</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice</td>
<td>01</td>
</tr>
<tr>
<td>Administration/Business/Management</td>
<td>02</td>
</tr>
<tr>
<td>Education</td>
<td>03</td>
</tr>
<tr>
<td>Public health/community health</td>
<td>04</td>
</tr>
<tr>
<td>Law</td>
<td>05</td>
</tr>
<tr>
<td>Biological or Physical Sciences</td>
<td>06</td>
</tr>
<tr>
<td>Humanities, Liberal Arts, or Social Sciences</td>
<td>07</td>
</tr>
<tr>
<td>Informatics</td>
<td>08</td>
</tr>
<tr>
<td>Computer Science</td>
<td>09</td>
</tr>
<tr>
<td>Research</td>
<td>10</td>
</tr>
<tr>
<td>Social Work</td>
<td>11</td>
</tr>
<tr>
<td>Other health field</td>
<td>12</td>
</tr>
<tr>
<td>Other non-health field</td>
<td>13</td>
</tr>
</tbody>
</table>
14. Since graduating from the initial nursing program you described in Question 3, have you completed a formal educational program preparing you as a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

<table>
<thead>
<tr>
<th>Information on preparation and credentials</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner (NP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Nurse Specialist (CNS)</td>
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<tr>
<td>Nurse-Midwife (NM)</td>
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<td></td>
</tr>
<tr>
<td>Nurse Anesthetist (NA)</td>
<td></td>
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</tr>
</tbody>
</table>

14a. Did you receive preparation as a …? Mark each column if yes.

14b. What was the length of the program?
1. Less than 8 months
2. 8-12 months
3. 13-36 months
4. 37 months or more

14c. 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

14d. In what year did you receive this credential?

14e. Do you have certification from a national certifying organization for this specialty?

IF YES:
Is this certification required by your employer for your job?

14f. Do you have licensure, certification, or recognition from a State Board of Nursing for this specialty?

IF YES:
Is this license, certification, or recognition required by your employer for your job?

14g. Which specialities were the focus of your NP, CNS, NM, or NA studies? Mark all that apply.

- Acute Care
- Adult Health
- Anesthesia
- Cardiac Care
- Community Health
- Critical Care
- Family care
- General Medical Surgical
- Geriatrics or Gerontology
- Home Health
- Maternal-Child Health
- Neonatal
- Nurse-Midwifery
- Obstetrics or Gynecology
- Occupational Health
- Oncology
- Palliative Care
- Pediatrics
- Psychiatric or Mental Health
- Rehabilitation
- School Health
- Women's Health
- Other
- Specify
15. On March 10, 2008, were you enrolled in a formal education program leading to an academic degree or certificate?
- Yes
- No ➔ Go to Section B on page 6

16. Was this formal education program…? Mark one box only.
- In nursing
- In a non-nursing field to enhance your career/employment in nursing
- In a non-nursing field to allow you to pursue career/employment opportunities outside of nursing
- In an area of personal interest without regard to future employment

17a. Were you a full-time or part-time student?
- Full-time student
- Part-time student

17b. What percent of your coursework was distance-based (online or correspondence)?
- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%

18. What type of degree or certificate have you been working toward in this program? Mark one box only.
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Post-Master's Certificate
- Other Certificate

Section B. Principal Nursing Employment

19. On March 10, 2008, were you employed or self-employed in nursing? (Employed in nursing includes working for pay in nursing, even if on temporary leave.)
- Yes
- No ➔ Go to Section D on Page 10

For all the questions in this section (Questions 20 - 32), your principal nursing position is the nursing position, on March 10, 2008, in which you spent the largest share of your working hours.

20. Are you required to maintain an active RN license in order to hold your principal nursing position?
- Yes
- No

21. Where was the location of the principal nursing position you held on March 10, 2008? (If you are not employed in a fixed location, enter the location that best reflects where you practice.)
- City/Town:
- County:
- State (or country if not U.S.A.): [ ]
- ZIP+4 code [ ] (if available)

22. In the principal nursing position you held on March 10, 2008, were you… Mark one box only.
- An employee of the organization or facility where you were working?
- Employed through an employment agency, but not as a traveling nurse?
- Employed through an employment agency as a traveling nurse?
- Self-employed, per diem, or working as-needed?
23. Which one of the following best describes the employment setting of the principal nursing position you held on March 10, 2008? 
Mark one box only.

**Hospital (including all types of care at a hospital location)**
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

**Specialty hospital, Non-Federal (children’s, heart, burns, cancer)**
- Inpatient unit
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

**Long-term hospital, Non-psychiatric, Non-Federal**
- Inpatient unit
- Nursing home unit in hospital
- Other administrative or functional area

**Psychiatric hospital, Non-Federal**
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

**Federal Government hospital (Military, VA, NIH or IHS-supported)**
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice located at a hospital
- Other administrative or functional area

**Hospital unit in an institution (infirmary, correctional facility)**
- All types

**Other Type of hospital**
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

**Nursing Home/Extended Care Facility**
- Nursing home/extended care facility (not in a hospital)
- Facility for mentally retarded or developmentally disabled
- Residential care/assisted living facility
- Other type of extended care facility

**Academic Education Program**
- Nursing aide and/or home health aide program
- LPN/LVN program
- Diploma program (RN)
- Associate degree RN program
- Bachelor’s and/or higher degree RN program

**Associate degree RN and LPN/LVN program**
**Associate degree RN and BSN program**
**Other education program, not patient education**

**Home Health Setting**
- Visiting nurse service (VNS/VNA)
- Home health service unit (hospital-based)
- Home health agency (non-hospital based)
- Private duty in a home setting
- Hospice
- Other home health setting

**Public or Community Health Setting**
- State Health or Mental Health Agency
- City or County Health Department
- Correctional Facility (non-hospital)
- Community mental-health organization or clinic
- Substance abuse center/clinic
- Other community setting

**Specialty hospital, Non-Federal (children’s, heart, burns, cancer)**
- Inpatient unit
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

**Long-term hospital, Non-psychiatric, Non-Federal**
- Inpatient unit
- Nursing home unit in hospital
- Other administrative or functional area

**Psychiatric hospital, Non-Federal**
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

**Federal Government hospital (Military, VA, NIH or IHS-supported)**
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice located at a hospital
- Other administrative or functional area

**Home Health Setting**
- Visiting nurse service (VNS/VNA)
- Home health service unit (hospital-based)
- Home health agency (non-hospital based)
- Private duty in a home setting
- Hospice
- Other home health setting

**Public or Community Health Setting**
- State Health or Mental Health Agency
- City or County Health Department
- Correctional Facility (non-hospital)
- Community mental-health organization or clinic
- Substance abuse center/clinic
- Other community setting

**Other**
- Policy, planning, regulatory, or licensing agency
- Consulting organization or self-employed
- Home-based self-employment
- Telehealth, telernursing, or call center
- Pharmaceutical/medical device/medical software
- Other

**Other**
- Specify
24. Which one of the following best corresponds to the job title for the principal nursing position you held on March 10, 2008? Mark one box only.

- Staff nurse or direct care nurse
- Charge nurse or team leader
- First-line management (head nurse, floor supervisor)
- Middle management/administration (assistant director, house supervisor, associate dean, department head)
- Senior management/administration (CEO, vice president, nursing executive, dean)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Certified Nurse-Midwife (CNM)
- Nurse practitioner (NP)
- School nurse
- Public health nurse
- Community health nurse
- Patient educator
- Staff educator or instructor in clinical setting
- Staff development director
- Instructor/lecturer
- Professor
- Patient care coordinator, case manager, discharge planner
- Quality improvement nurse, utilization review nurse
- Infection control
- Advice/triage nurse
- Informatics nurse
- Consultant
- Legal nurse
- Researcher
- Surveyor/auditor/regulator
- No position title
- Other

Specify

25. For the principal nursing position you held on March 10, 2008, did you work…? 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)

26. For the principal position you held on March 10, 2008, how many months would you normally work per year?

个月

27. For the principal nursing position you held on March 10, 2008, please provide information about the number of hours you work in a typical week.

- Hours (enter 0 if none)

- a. Number of hours worked, including all overtime and on-call hours, except on-call hours that were stand-by only

- b. Number of hours you stated above in “a” that were worked from on-call duty. Do not include stand-by hours

- c. Number of hours you stated above in “a” that were paid as overtime

- d. Number of paid overtime hours you stated above in “c” that were mandatory overtime

- e. Number of paid or unpaid on-call hours that were stand-by only

- f. Number of stand-by hours you stated above in “e” that were paid at an on-call stand-by rate

28. For the principal nursing position you held on March 10, 2008, please estimate the percentage of your time spent in the following activities during a usual workweek. Do not use decimal places.

- a. Patient care and charting

- b. Non-nursing tasks (housekeeping, locating supplies)

- c. Consultation with agencies and/or professionals

- d. Supervision and management

- e. Administration

- f. Research

- g. Teaching, precepting or orienting students or new hires (include preparation time)

- h. Other

The total should equal 100%
29a. For the principal nursing position you held on March 10, 2008, in what level of care or type of work did you spend the majority of your time? Mark one or more boxes.
- General or specialty inpatient
- Critical/intensive care
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- Emergency
- Urgent care
- Rehabilitation
- Long-term care/nursing home
- Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- Ambulatory care (including primary care, outpatient settings, except surgical)
- Ancillary care (radiology, laboratory)
- Home health
- Public health/community health
- Education
- Business, administration, review, case management
- Research
- Other
  Specify

29b. For the principal nursing position you held on March 10, 2008, with what patient population did you spend at least 50% of your patient care time? Mark only one box.
- No patient care  Go to Question 30 on page 9
- Adult
- Geriatric
- Pre-natal
- Newborn or neonatal
- Pediatric and/or Adolescent
- Multiple age groups (less than 50% time spent with any of the above)
  Specify

29c. For the principal nursing position you held on March 10, 2008, in what type of clinical specialty did you spend most of your patient care time? Mark one or more boxes.
- No patient care
- General medical surgical
- Critical care
- Cardiac or cardiovascular care
- Chronic care
- Dermatology
- Emergency or trauma care
- Gastrointestinal
- Gynecology (women’s health)
- Hospice
- Infectious/communicable disease
- Labor and delivery
- Neurological
- Obstetrics
- Occupational health
- Oncology
- Primary care
- Psychiatric or mental health (substance abuse and counseling)
- Pulmonaty/respiratory
- Radiology (diagnostic or therapeutic)
- Renal/dialysis
- No specific area
- Other specialty for a majority of my time
  Specify

30. Please estimate your 2008 pre-tax annual earnings from your principal nursing position. Include overtime and bonuses, but exclude sign-on bonuses.

$   ,   ,   ,   ,   .00 per year

31. Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on March 10, 2008?
- Yes
- No

32a. Do you plan to leave or have you left the principal nursing position you held on March 10, 2008?
- Yes, have left or will leave within the next 12 months
- Yes, in 1 year to 3 years
- No plans to leave within next 3 years
- Undecided
  Go to Question 33 on page 10

32b. Do you plan to work in nursing after you leave that position?
- Yes
- No
- Unsure
Section C. Secondary Employment in Nursing

33. Aside from the principal nursing position you just described, did you hold any other positions in nursing for pay on March 10, 2008?

[ ] Yes ➔ Go to Section E on page 11
[ ] No

34. In your other nursing position(s), are you...? Mark all that apply.
- An employee of the organization or facility for which you are working?
- Employed through an employment agency, but not as a traveling nurse?
- Employed through an employment agency as a traveling nurse?
- Self-employed, per diem, or working as needed?

35. What type of work settings best describe where you work for your other nursing position(s)? Mark all that apply.
- Hospital
- Nursing home/Extended care facility
- Academic education program
- Home health setting
- Public or community health setting
- School health service
- Occupational health
- Ambulatory care setting
- Insurance claims/benefits
- Telehealth, telenursing or call center
- Other
  Specify

36. In your additional nursing position(s), please indicate how much you work, and where the job is located:

<table>
<thead>
<tr>
<th>Weeks per year</th>
<th>Average hours per week, during weeks of work</th>
<th>Locations of where most of work is done (state, or country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional job #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional job #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other jobs</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

37. Please estimate your 2008 pre-tax annual earnings from all your other nursing position(s). Do not include earnings from your principal nursing position.

$ 0,00 per year

Section D. Nurses Not Working in Nursing

If you were working for pay in nursing on March 10, 2008, please go to Section E on page 11.

38. What are your intentions regarding paid work in registered nursing? Mark one box only.
- Have returned to nursing since March 10, 2008 ➔ Go to Section E on page 11
- Actively looking for work in nursing
- Plan to return to nursing in the future, not looking for work now ➔ Go to Question 41 on page 10
- No future intention to work for pay in nursing ➔ Go to Question 42 on page 11
- Undecided at this time ➔ Go to Question 42 on page 11

39. How long have you been actively looking for paid work in nursing?
- Months (if one or more)
- Less than one month

40. Are you looking for a position that is ...?
- Full-time ➔ Go to Question 42 on page 11
- Part-time
- Either

41. When do you plan to return to paid work in nursing?
- Years (if one or more)
- Less than one year
42. How long has it been since you last were employed or self-employed as a registered nurse?
- [ ] Years (if one or more)
- [ ] Less than one year
- [ ] Never worked as a Registered Nurse

43. What are the primary reasons you are not working in a nursing position for pay? Mark all that apply.
- [ ] Retired
- [ ] Taking care of home and family
- [ ] Burnout
- [ ] Stressful work environment
- [ ] Scheduling/inconvenient hours/too many hours
- [ ] Physical demands of job
- [ ] Disability
- [ ] Illness
- [ ] Inadequate staffing
- [ ] Salaries too low/better pay elsewhere
- [ ] Skills are out-of-date
- [ ] Liability concerns
- [ ] Lack of collaboration/communication between health care professionals
- [ ] Inability to practice nursing on a professional level
- [ ] Lack of advancement opportunities
- [ ] Lack of good management or leadership
- [ ] Career change
- [ ] Difficult to find a nursing position
- [ ] Travel
- [ ] Volunteering in nursing
- [ ] Went back to school
- [ ] Other

46a. Please select from the list below the item that best describes the field of your principal position outside of nursing. Mark one box only.
- [ ] Computer services
- [ ] Consulting organization
- [ ] Emergency response (ambulance, fire, police)
- [ ] Financial, accounting, and insurance services
- [ ] Legal
- [ ] Education, elementary and secondary
- [ ] Food services
- [ ] Government
- [ ] Health-related services, outside nursing
- [ ] Pharmaceutical, biotechnology, or medical equipment
- [ ] Real estate
- [ ] Retail sales and services
- [ ] Other

46b. Which of the following best describes your job title for your principal position outside of nursing? Mark one box only.
- [ ] Business owner or proprietor
- [ ] Management
- [ ] Sales
- [ ] Instructor or professor
- [ ] Administrative or clerical support
- [ ] Consultant
- [ ] Other type of employee

47. How many months would you normally work per year in this principal position outside of nursing?
- [ ] months per year

48. What is the average number of hours you work per week in your principal position outside of nursing?
- [ ] hours per week

49. Please estimate your 2008, pre-tax annual earnings from your principal position outside of nursing.
\$ [ ] [ ] [ ] [ ] .00 per year
Section F. Prior Nursing Employment

50. For this question count only the years you worked at least 50% of the calendar year in nursing. Since receiving your first U.S. RN license, how many years have you worked in nursing?

☐ Years (if one or more)
☐ Less than one year

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

☐ Yes ☐ No ☐ Have not worked in nursing more than one year

☐ Total years (if one or more)

52. Were you employed in nursing one year ago (March 10, 2007)?

☐ Yes ☐ No ➔ Go to Section G on page 14

53. For the principal nursing position you held on March 10, 2007, did you work…? Mark one box.

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

54. How would you describe the principal nursing position you held on March 10, 2007?

☐ Same position/same employer as principal nursing position on March 10, 2008 ➔ Go to Section G on page 14
☐ Different position/same employer as current one
☐ Different employer than current one

55. What was the location of the principal nursing position you held on March 10, 2007? (If you were not employed in a fixed location enter the location that best reflects where you practice.)

City/Town: ____________________________
County: _______________________________
State (or country if not U.S.A.): ____________
ZIP+4 code: ___________________________

56. Were any of the following the primary reason(s) for your employment change? Mark all that apply.

Burnout
Stressful work environment
Interested in another position/job
Lack of advancement opportunities
Lack of collaboration/communication between health care professionals
Career advancement/promotion
Inadequate staffing
Interpersonal differences with colleagues or supervisors
Physical demands of job
Opportunity to do the kind of nursing that I like
Pay/benefits better
Scheduling/inconvenient hours/too many hours
Relocated to different geographic area
Reorganization that shifted positions
Laid off/downsizing of staff
Sign-on bonus offered
Personal/family
Went back to school
Retired
Disability
Illness
Other

Specify: ____________________________
57. Which one of the following best describes the employment setting of the principal nursing position you held on March 10, 2007? Mark one box only.

Hospital (including all types of care at a hospital location)
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

Community hospital or medical center, non-Federal, short stay
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

Specialty hospital, Non-Federal (children’s, heart, burns, cancer)
- Inpatient unit
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

Long-term hospital, Non-psychiatric, Non-Federal
- Inpatient unit
- Nursing home unit in hospital
- Other administrative or functional area

Psychiatric hospital, Non-Federal
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

Hospital unit in an institution (infirmary, correctional facility)
- All types

Other Type of hospital
- Inpatient unit
- Nursing home unit in hospital
- Outpatient clinic/medical practice owned by a hospital
- Outpatient clinic/medical practice located at a hospital but not owned by the hospital
- Other administrative or functional area

Specify

Nursing Home/Extended Care Facility
- Nursing home/extended care facility (not in a hospital)
- Facility for mentally retarded or developmentally disabled
- Residential care/assisted living facility
- Other type of extended care facility

Specify

Academic Education Program
- Nursing aide and/or home health aide program
- LPN/LVN program
- Diploma program (RN)
- Associate degree RN program
- Bachelor’s and/or higher degree RN program

Specify

Associate degree RN and LPN/LVN program
Associate degree RN and BSN program
Other education program, not patient education

Home Health Setting
- Visiting nurse service (VNS/VNA)
- Home health service unit (hospital-based)
- Home health agency (non-hospital based)
- Private duty in a home setting
- Hospice
- Other home health setting

Public or Community Health Setting
- State Health or Mental Health Agency
- City or County Health Department
- Correctional Facility (non-hospital)
- Community mental-health organization or clinic
- Substance abuse center/clinic
- Other community setting

Specify

School Health Service
- School or school system (K-12)
- College or university
- Other school health setting

Occupational Health (Employee Health Service)
- Private industry
- Government occupational health services
- Other occupational health setting

Specify

Ambulatory Care Setting, not located in a hospital
- Medical/physician practice
- Nurse practice
- In-store or retail clinic
- Community health center
- Federal clinic (Military, VA, NIH or IHS-supported)
- Federally-supported clinic (not a community health center)
- Hospital-owned off-site clinic or surgery center
- Ambulatory surgical center, not hospital-owned
- Urgent care
- Dialysis center or clinic, not in a hospital
- Other ambulatory setting

Specify

Insurance Claims/Benefits/Utilization Review
- Government insurer/benefits department: federal, state, or local
- Insurance company or other private claims/benefits/utilization review organization

Other
- Policy, planning, regulatory, or licensing agency
- Consulting organization or self-employed
- Home-based self-employment
- Telehealth, telenursing, or call center
- Pharmaceutical/medical device/medical software
- Other

Specify
Section G. General Information

58. How satisfied are you with your principal job, or most recent job if you are not now working? Mark one box only.

- Extremely satisfied
- Moderately satisfied
- Neither satisfied nor dissatisfied
- Moderately dissatisfied
- Extremely dissatisfied
- Neither currently nor previously employed

59. Where do you currently reside? This information is critical for producing State estimates of the nursing workforce.

City/Town: 
County: 
State (or country if not U.S.A.): 
ZIP+4 code: (if available)

60. Did you reside in the same city/town a year ago (March 10, 2007)?

- Yes ➔ Go to Question 62 on page 14
- No

61. Where did you reside a year ago? This information is critical for producing State estimates.

City/Town: 
County: 
State (or country if not U.S.A.): 
ZIP+4 code: (if available)

62. What is your gender?

- Male
- Female

63. What is your year of birth?

1 9

64a. Are you of Latino or Hispanic ethnicity?

- Yes
- No

64b. Which one or more of the following would you use to describe your race? Mark all that apply.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Please see page 16 for definitions.

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

- No other languages
- Spanish
- Filipino language (Tagalog, other Filipino dialect)
- Chinese language (Cantonese, Mandarin, other Chinese language)
- French
- German
- American Sign Language
- Other

66. Which best describes your current marital status?

- Married or in domestic partnership
- Widowed, divorced, separated
- Never married

67. Describe 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.

- No children/parents/dependents at home
- Child(ren) less than 6 years old at home
- Child(ren) 6 to 18 years old at home
- Other adults at home (i.e., parents or dependents)
- Others living elsewhere (i.e., children, parents or dependents)

68. Including employment earnings, investment earnings, and other income of all household members, what is your current, pre-tax annual total household income? Pick one appropriate category.

- $15,000 or less
- $15,001 to $25,000
- $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
### Section H. License and Certification Detail

**69.** Please provide any other names under which you may have held a nursing license.

- 
- 
- 
- 

**70a.** Do you currently have any National nursing certifications?

- [ ] Yes → Go to Section I on page 16
- [ ] No

**70b.** Which of the following skill-based certifications do you currently have? Mark all that apply.

- [ ] No current skill-based certifications
- [ ] Life Support (BLS, ALS, BCLS, and others)
- [ ] Resuscitation (CPR, NRP, and others)
- [ ] Emergency Medicine/Nursing (EMT, ENPC, and others)
- [ ] Trauma Nursing (TNCC, ATCN, ATN, and others)
- [ ] Other
  - Specify
- [ ] Other
  - Specify

**70c.** Which of the following Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist certifications do you currently have? Mark all that apply.

- [ ] No current Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist certifications
- [ ] Other
  - Specify

**70d.** Other than those previously listed, what other National nursing certifications you currently have? Specify name or acronym and organization below.

- [ ] No other current National nursing certifications → Go to Section I on page 16
- [ ] Other
  - Certification Name: __________________________
  - Certifying Organization: __________________________
  - Certification Name: __________________________
  - Certifying Organization: __________________________
  - Certification Name: __________________________
  - Certifying Organization: __________________________

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**Continued on next page**
Section I. Contact Information/Comments

71. If we need to contact you about any of your responses, please provide your e-mail address and telephone number, as well as the best time of day to reach you.

E-mail address: 

Telephone No.:  □ Home  □ Work  □ Cell (   ) -   
Area Code  Telephone Number 

Time of day/week best to contact you by phone: 

72. Do you have any recommendations for how this survey could be improved? Please print clearly.

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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