



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2017 Nurse Re-Licensure Survey Instrument (Administered to Registered Nurses and Advanced Practice Nurses)

1. What is your employment status?

RADIO BUTTONS

- a. Actively employed in nursing full-time
- b. Actively employed in nursing part-time
- c. Actively employed in nursing per diem
- d. Actively employed in a field other than nursing
- e. Working in nursing only as a volunteer
- f. Unemployed and seeking work as a nurse
- g. Unemployed and not seeking work as a nurse
- h. Retired

2. What is your race? Mark one or more boxes.

MULTI CHECK BOX

- a. White
- b. American Indian or Alaska Native
- c. Native Hawaiian/Pacific Islander
- d. Black or African American
- e. Asian
- f. Some Other Race

3. Are you of Hispanic or Latino origin?

RADIO BUTTONS

- a. Yes
- b. No

4. What type of nursing degree/credential qualified you for your first US RN license?

RADIO BUTTONS

- a. Diploma – nursing
- b. Associate degree – nursing
- c. Baccalaureate degree – nursing
- d. Master’s degree – nursing
- e. Doctoral degree – nursing

5. Where did you complete your nursing education that qualified you for your first US RN license?
DROP DOWN LIST
- Indiana
 - Michigan
 - Illinois
 - Kentucky
 - Ohio
 - Another State (not listed)
 - Another Country (not U.S.)
6. What is your highest level of NURSING education?
RADIO BUTTONS
- Diploma – nursing
 - Associate degree – nursing
 - Baccalaureate degree – nursing
 - Master’s degree – nursing
 - Doctoral degree – nursing
7. What is your highest level of post-secondary NON-NURSING education?
RADIO BUTTONS
- Not Applicable
 - Diploma – non-nursing
 - Associate degree – non-nursing
 - Baccalaureate degree – non-nursing
 - Master’s degree – non-nursing
 - Doctoral degree – non-nursing
8. What other degree do you plan to pursue in the next 2 years?
RADIO BUTTONS
- Bachelor’s Degree – nursing
 - Bachelor’s Degree – other field
 - Master’s Degree – nursing
 - Master’s Degree – other field
 - Doctor of Nursing Practice (DNP)
 - PhD – nursing
 - Doctoral Degree – other field
 - I do not intend to pursue further education in the next 2 years
9. What are your employment plans for the next 2 years?
RADIO BUTTONS
- Increase hours
 - Decrease hours
 - Seek non-clinical job
 - Retire
 - Continue as you are
 - Unknown

10. In how many paid positions in nursing are you currently employed?

RADIO BUTTONS

- a. 1 position
- b. 2 positions
- c. 3 positions
- d. 4 or more positions
- e. Not applicable

11. Please identify the position title that most closely corresponds to your principal nursing practice position (the position in which you spend the majority of your time).

DROP DOWN LIST

- a. Consultant/Nurse Researcher
- b. Nurse Executive
- c. Nurse Manager
- d. Advanced Practice Nurse
- e. Staff Nurse
- f. Nurse Educator (faculty)
- g. Nurse Educator (staff development)
- h. Nurse Educator (patient educator)
- i. Other – Health Related
- j. Not Applicable

12. If you selected “Other” on question 11, please describe your principal practice position.

FREE TEXT

13. If you are an Advanced Practice Nurse, please indicate your APN role.

DROP DOWN LIST

- a. I am not an Advanced Practice Nurse.
- b. Nurse practitioner
- c. Clinical nurse specialist
- d. Certified nurse-midwife
- e. Certified registered nurse anesthetist

14. If you are an Advanced Practice Nurse, please indicate your specialty. Otherwise, please skip this question and move to the next question.

DROP DOWN

- a. I am not an Advanced Practice Nurse.
- b. Primary Care Specialties
- c. Internal Medicine Subspecialties
- d. Pediatric Subspecialties
- e. Obstetrics & Gynecology
- f. General Surgery
- g. Surgical Specialties
- h. Psychiatry (Adult and Child)
- i. Anesthesiology, Pathology, Radiology or Emergency Medicine
- j. Other Specialty

15. If you are providing direct patient care, please identify the employment specialty that most closely corresponds to your principal nursing position (the position in which you spend the majority of your time).

DROP DOWN

- a. I do not provide direct patient care.
- b. Acute Care/Critical Care
- c. Adult Health/Family Health
- d. Anesthesia
- e. Community
- f. Geriatric/Gerontology
- g. Home Health
- h. Maternal-Child Health
- i. Medical Surgical
- j. Occupational Health
- k. Oncology
- l. Palliative Care
- m. Patient Education
- n. Pediatrics/Neonatal
- o. Public Health
- p. Psychiatric/Mental Health/Substance Abuse
- q. Rehabilitation
- r. School Health
- s. Trauma
- t. Women's Health
- u. Other

16. Please identify the type of setting that most closely corresponds to your principal nursing practice position (the position in which you spend the majority of your time).

DROP DOWN LIST

- a. Hospital
- b. Nursing Home/Extended Care Facility/Assisted Living Facility
- c. Home Health
- d. Correctional Facility
- e. Academic Institution
- f. Public/Community Health Agency
- g. School-based Health
- h. Occupational Health
- i. Outpatient Clinic
- j. Insurance Claims/Benefits
- k. Policy/Planning/Licensing Agency
- l. Other

17. Is your primary practice located in the state of Indiana (the position in which you spend the majority of your time)?

RADIO BUTTON

- a. Yes
- b. No

18. If located in Indiana, what is the county of your primary practice location?

(free text)

19. If located in Indiana, what is the zip code of your primary practice location?

_____ (free text)

20. Estimate the average number of hours per week spent at your primary practice location.

DROP DOWN LIST

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

21. If you hold more than one position in nursing, is your secondary practice located in the state of Indiana?

RADIO BUTTON

- a. Yes
- b. No

22. If located in Indiana, what is the county of your secondary practice location?

_____ (free text)

23. If located in Indiana, what is the zip code of your secondary practice location?

_____ (free text)