



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2019 Nurse Re-Licensure Survey Instrument (Administered to Registered Nurses and Advanced Practice Registered 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. Do you use telemedicine to deliver services to patients located in Indiana (as defined in IC 25-1-9.5-6; the delivery of health care services using electronic communications and information technology, including: secure videoconferencing, interactive audio-using store and forward technology, or remote patient monitoring technology between a provider in one (1) location and a patient in another location)?

RADIO BUTTONS

- a. Yes
- b. No

13. Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- Addiction counseling
- Dementia/Alzheimer's care
- Hepatitis C Treatment/Management
- High-risk Pregnancy services
- HIV/AIDS Treatment/Management
- Labor and delivery services
- MAT (Medication Assisted Treatment) - Methadone
- MAT (Medication Assisted Treatment) - Buprenorphine
- MAT (Medication Assisted Treatment) - Naltrexone
- Post-natal services
- Pre-natal services
- Screening for addiction (ex: SBIRT)
- Screening for high-risk pregnancy
- Treatment of OUD-affected Pregnant Women
- I am a certified Sexual Assault Nurse Examiner (SANE).
- None of the above

14. Please indicate the population groups to which you provide services: (Please check all that apply.)

CHECKBOXES

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 10-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Inmates
- h. Disabled individuals
- i. Individuals in recovery
- j. None of the above

15. If you are an Advanced Practice Registered Nurse, please indicate your APRN role.

DROP DOWN LIST

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

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

DROP DOWN

- a. Not applicable/I am not an Advanced Practice Registered 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

17. 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. Not applicable/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

18. 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. Not applicable
- b. Hospital
- c. Nursing Home/Extended Care Facility/Assisted Living Facility
- d. Home Health
- e. Correctional Facility
- f. Academic Institution
- g. Public/Community Health Agency
- h. School-based Health
- i. Occupational Health
- j. Outpatient Clinic
- k. Insurance Claims/Benefits
- l. Policy/Planning/Licensing Agency
- m. Other

19. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select "N/A"

DROP-DOWN LIST

Please include all states' 2-letter postal abbreviation along with an option for N/A

20. If located in Indiana, what is the county of your primary practice location? If this does not apply, please indicate "N/A"

_____ (free text)

21. If located in Indiana, what is the zip code of your primary practice location? If this does not apply, please indicate "N/A"

_____ (free text)

22. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable"

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
- m. Not applicable

23. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. If this does not apply, please select “N/A”

DROP-DOWN LIST

Please include all states’ 2-letter postal abbreviation
“N/A”

24. If located in Indiana, what is the county of your secondary practice location? If this does not apply, please indicate “N/A”

_____ (free text)

25. If located in Indiana, what is the zip code of your secondary practice location? If this does not apply, please indicate “N/A”

_____ (free text)