Survey of Registered and Practical Nurses

The purpose of this survey is to gather much needed data about Ohio’s nursing work force. The information provided is completely anonymous and will be used in developing strategies for the overall improvement of nursing in Ohio.

Participation is completely voluntary, but highly encouraged so that we may gather a complete picture of Ohio’s current and future nursing workforce. This data will be used in an effort to enhance the practice of nursing in Ohio.

Your cooperation and prompt response will be greatly appreciated. For your convenience a postage paid return envelope has been included.

A summary of the data from this survey will be made available on our website. (http://www.state.oh.us/nur)

Thank You,

John Brion RN, MS
Executive Director, Ohio Board of Nursing
1. Where did you complete your first nursing education program?
   Name of State ____________________
   Country (if not U.S.) ________________

2. What is the first level of nursing education you completed?
   (check only one)
   □ Certificate  □ Diploma  □ Doctorate
   □ LPN  □ Bachelors
   □ Associate  □ Masters

3. What year did you graduate from the first level of nursing education you completed? □□□□

4. What is the highest level of nursing education program you have completed?
   (check only one)
   □ Certificate  □ Diploma  □ Doctorate
   □ LPN  □ Bachelors
   □ Associate  □ Masters

5. Have you completed any non-nursing higher education?
   (check all that apply)
   □ Associate  □ Masters  □ Doctorate
   □ Bachelors  □ Other_______________
6. Current nursing licensure type:
   - [ ] RN: Year of first license as an RN: [ ] [ ] [ ] [ ]
   - [ ] LPN: Year of first license as a LPN: [ ] [ ] [ ] [ ]

7. State of first licensure as an RN? _______________
   State of first licensure as an LPN? _______________

8. Are you licensed as a nurse in more than one state?
   - RN: Yes [ ] No [ ]
   - LPN: Yes [ ] No [ ]

9. If you are certified as an Advance Practice Nurse in Ohio, which type are you? (check all that apply)
   - [ ] Certified Nurse Practitioner
   - [ ] Certified Nurse Midwife
   - [ ] Certified Nurse Anesthetist
   - [ ] Clinical Nurse Specialist

10. Which of the following nursing degrees do you plan to seek within the next 5 years? (check all that apply)
    - [ ] Associate
    - [ ] Bachelors
    - [ ] Masters
    - [ ] Doctorate
    - [ ] Does not apply

11. Which of the following non-nursing degrees do you plan to seek within the next 5 years? (check all that apply)
    - [ ] Associate
    - [ ] Bachelors
    - [ ] Masters
    - [ ] Doctorate
    - [ ] Does not apply
12. Current Employment Information

**Not Currently Employed** □
(Check here and *SKIP* to Question # 18) otherwise continue.

This question will ask you general information about the job(s) in which you are currently employed. This is *not* an employment history. Only list the job or jobs that you are currently working.

**Employment Codes** *(Use in the section(s) that follow.)*

01 Government / Association / Consulting Firm / Law Office  
02 Home Health Agency / Hospice  
03 Hospital  
04 Insurance / HMO  
05 Long Term Care Facility  
06 Nursing Education  
07 Outpatient / Ambulatory Care / Clinic / or Healthcare Practitioner’s Office  
08 Personnel Pool / Temporary Agency  
09 School / Occupational Health  
10 Other Healthcare Setting  
11 Other Non-Healthcare Setting  
12 Self Employed in Healthcare / Independent Provider

**Primary Job**

- State of Employment _________________________
- County of Employment *(if in Ohio)* _________________________
- Does your employer consider you □ Part-Time or □ Full-time?
- How many hours did you work in the last **two** weeks? *(Include both regularly scheduled and overtime hours.)* □□□
- Is your primary responsibility in this employment setting to provide direct patient care? Yes □ No □
- Please enter the **employment code** that best describes the employment setting for this position. *(use list above)* □□
### Secondary Job (if applicable)

- State of Employment _____________________
- County of Employment *(if in Ohio)* _____________________
- Does your employer consider you [ ] Part-Time or [ ] Full-time?
- How many hours did you work in the last **two** weeks? *(Include both regularly scheduled and overtime hours.)* [ ] [ ] [ ]
- Is your primary responsibility in this employment setting to provide direct patient care? Yes [ ] No [ ]
- Please enter the employment code that best describes the employment setting for this position. (use list above) [ ] [ ]

### Third Job (if applicable)

- State of Employment _____________________
- County of Employment *(if in Ohio)* _____________________
- Does your employer consider you [ ] Part-Time or [ ] Full-time?
- How many hours did you work in the last **two** weeks? *(Include both regularly scheduled and overtime hours.)* [ ] [ ] [ ]
- Is your primary responsibility in this employment setting to provide direct patient care? Yes [ ] No [ ]
- Please enter the employment code that best describes the employment setting for this position. (use list above) [ ] [ ]
13. In your primary job: *(check one)*

(A) Which of the following best describes your primary job role?

- [ ] Direct Patient Care
- [ ] Administration/Management
- [ ] Education (patient and/or nursing)
- [ ] Non-Healthcare
- [ ] Other (non-direct patient care)

(B) Which client/patient age range do you primarily work with in your primary job role?

- [ ] Age 0-18
- [ ] Age 19-65
- [ ] Over 65
- [ ] N/A

(C) Which of the following best describes the major practice area of your primary job role? *(check one)*

- [ ] Critical Care
- [ ] OR/PACU
- [ ] Dialysis
- [ ] Palliative Care
- [ ] ER/Trauma
- [ ] Rehabilitation
- [ ] Medical / Surgical
- [ ] OB/GYN
- [ ] Other

- [ ] Psych / Mental Health
- [ ] I do not work in a Healthcare setting.

(D) How long have you worked in your primary job?

- [ ] Less than one year
- [ ] 1-2 years
- [ ] 3-5 years
- [ ] 6-10 years
- [ ] 11-15 years
- [ ] 16-20 years
- [ ] 21 plus years
14. How satisfied are you with nursing as a career?  (*circle one*)

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neither</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
</table>

15. How satisfied are you with your current primary job?  (*circle one*)

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neither</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
</table>

16. If you are currently employed in a nursing position, how much longer do you plan to remain employed in a nursing position?

- [ ] Less than 5 years
- [ ] 11-15 years
- [ ] 5-10 years
- [ ] More than 15 years
- [ ] Not currently employed in nursing.

17. If you checked “Less than 5 years” in Question #16, please choose the statement below that best describes why you plan to leave employment as a nurse in the next 5 years.  (check one)

- [ ] I plan to retire.
- [ ] I plan to quit working temporarily.
- [ ] I plan to quit working permanently.
- [ ] I plan to find a non-nursing position.
- [ ] Does not apply.
18. If you are NOT currently employed in a nursing position, please choose the statement that best describes why you are not currently employed in a nursing position. (check one)

- ☐ I am retired from Nursing.
- ☐ I have temporarily left nursing, but do plan to return within 5 years.
- ☐ I have temporarily left nursing, and do NOT plan to return within 5 years.
- ☐ I have permanently left nursing.

19. Year of Birth 19

20. Gender

- ☐ Male
- ☐ Female

21. Race/Ethnicity (check one)

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

22. Hispanic Origin

- ☐ Yes
- ☐ No

21. State of Residence ____________________________

County of Residence (if Ohio) ____________________

Thank you for participating in our survey.
Please feel free to use the space below for comments.

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Results from this survey will be posted to our website in a few months.
(http://www.state.oh.us/nur)