

**STATE OF OHIO
BOARD OF NURSING**



NURSING WORKFORCE SURVEY 2003

**State of Ohio
Board of Nursing 2003**

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,

A handwritten signature in black ink, appearing to read "John Brion RN, MS". The signature is fluid and cursive, with the initials "J.B." being prominent.

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 11-15 years
- 1-2 years 16-20 years
- 3-5 years 21 plus years
- 6-10 years

14. How satisfied are you with nursing as a career? (*circle one*)

Very Satisfied | *Satisfied* | *Neither* | *Dissatisfied* | *Very Dissatisfied*

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

Very Satisfied | *Satisfied* | *Neither* | *Dissatisfied* | *Very Dissatisfied*

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.**

