

Advanced Practice Registered Nurse HEALTH RESOURCE SURVEY 2011

Your responses are very important!

Please complete the questionnaire as accurately as possible using 2011 information effective at the time you complete the survey.

PLEASE NOTE: The Kansas Health Care Workforce Partnership funded by the Health Research Services Administration (HRSA) and in coordination with the Kansas Department of Health and Environment (KDHE) Bureau of Epidemiology and Public Health Informatics (BEPHI) and the Bureau of Community Health Systems (BCHS) is requesting information to help monitor health care practitioner supply, distribution and practice characteristics. **This information is needed for workforce planning and to assist in developing strategies for increasing the supply of primary health care providers.** Statistics derived from this information will be used in conjunction with a physician workforce assessment to apply for federal designations of Health Professional Shortage Areas and Medically Underserved Areas and public health reporting. The information you provide will not be disclosed except as provided by **KSA 85-6804.**

I. General

1. Please enter your Professional License Numbers(s) as assigned by the Kansas State Board of Nursing:

APRN Number _____ RN Number _____

2. Please list your first, middle initial and last name:

First _____ Middle Initial _____ Last Name _____

3. In which area do you practice as an Advanced Practice Nurse? (*check all that apply*)

- Nurse Anesthetist
- Nurse Practitioner
- Nurse Midwife
- Clinical Nurse Specialists

II. Demographic

4. Gender:

- Male
- Female

5. What is your ethnicity?

- Hispanic/Latino
- Non-Hispanic/Latino

6. What is your racial background?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multi-Racial
- Other, please specify _____

7. Are you a permanent US resident or a US citizen?

_____yes _____no

8. What language(s) do you speak fluently (*check all that apply*).

- English
- Spanish
- German
- Russian
- Arabic
- Tagalog
- Chinese
- Hindi
- Urdu
- Pilipino
- Vietnamese
- French
- American Sign Language
- Other, please specify _____

9. Do you communicate with some of your patients using the language(s) checked above?

_____yes _____no

10. Date of birth:

Month _____ Day _____ Year _____

11. What is the estimated population of the city/town where you spent the majority of your upbringing:

- less than 2,500
- 2,500 - 9,999
- 10,000 - 14,999
- 15,000 - 19,999
- 20,000- 49,999
- 50,000 - 149,999
- >150,000

12. What is the estimated population of the city/town where you currently work?

- less than 2,500
- 2,500 - 9,999
- 10,000 - 14,999
- 15,000 - 19,999
- 20,000- 49,999
- 50,000 - 149,999
- >150,000

III. Education

13. Path to APRN Credentials: **Please provide all applicable information in the column below**

Nursing Education Degrees	Year Degree Completed
Diploma in nursing	
Associate degree in nursing	
Baccalaureate degree in nursing	
Master's degree in nursing	
Doctor of Nursing Practice	
Nursing PhD	
Other doctoral degree	

14. The institution from which you received your Advanced Practice education:

Name of Institution _____ City _____ State _____ Country _____

15. What year did you complete your APRN education? _____ (year)

16. If you were a part-time nursing student, please select the reason(s) you chose that option (select all that apply):

- Not applicable
- Needed to continue working full-time
- didn't want to attend full-time
- other, please specify: _____

17. How did you finance your Registered Nurse degree? (check all that apply)

- Worked (number of hours) _____
- Supported by family
- Received grants
- Took out loans, Please list total loan debt incurred: _____
- Employer funded/support (_____ % or _____ years of **work commitment**)
- other please specify _____

18. How did you finance your **ADVANCED DEGREE**? (check all that apply)

- Worked (number of hours: _____)
- Supported by family
- Received grants
- Took out loans, Please list total loan debt incurred: _____
- Employer funded/support (_____ % or _____ years of **work commitment**)
- other please specify _____

19. Did the need to pay off student debt...

- influence the job offer your accepted? _____ yes _____ no
- determine the type of specialty you became certified in? _____ yes _____

20. What is the name of the national certifying body from which you received your credentials (**check all that apply**)?

American Academy of Nurse Practitioners (AANP)	
American Association of Nurse Anesthetists (AANA)	
American College of Nurse-Midwives (ACNM)	
American Nurse Credentialing Center (ANCC)	
National Certification Board of Pediatric Nurse Practitioners (NAPNAP)	
National Certification Corporation for the Obstetric, Gynecologist and Neonatal Nursing Specialists	
Other, please specify	

21. Do you intend to pursue further nursing related education? _____yes _____no

22. If yes, which type: _____PhD _____Doctorate NP _____Post-masters Certificate

26. Indicate one setting that best describes your Primary and Secondary nursing employment setting. (P=Primary, S=Secondary)

P	S	Ambulatory care		
P	S	Home health care		
P	S	Hospital	If you marked hospital, what types of patients do you primarily care for?	
P	S	Insurance Company		
P	S	Long term care		
P	S	Nursing education program		
P	S	Occupational health		
P	S	Public/community health		
P	S	Regulation		
P	S	School health		
				P S Acute care/emergency room
				P S Newborn
			P S Basic medical/surgical	
			P S Obstetrics/gynecologic	
			P S Chronic Care	
			P S Operating room	
			P S Coronary care	
			P S Orthopedic	
			P S Hospice unit	
			P S Outpatient	
			P S Intensive Care	
			P S Pediatric	
			P S Psychiatric	
			P S Rehabilitation	

27. Which of the following best describes your APRN practice (check one)?

- Family Practice
- Pediatrics
- Gerontology
- Women's Health (OB/GYN)
- Adult Health
- Psychiatry
- Other, please specify _____

28. Approximately how many hours do you work during a typical work week? _____ hours

29. What are your plans for future employment as an APRN? **MOVE AFTER #34**

- Remain in current position
- Looking for new employment
- Plan to retire in the next year
- Other, please specify _____

30. Which category most closely approximates your total gross income (before APRN taxes) in 2009 from all of your APN positions combined? [MARK ONE BOX]

- | | | | | | |
|--------------------------|----------------------|--------------------------|----------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | \$40,000 or less | <input type="checkbox"/> | \$60,001 to \$70,000 | <input type="checkbox"/> | \$90,001-\$100,000 |
| <input type="checkbox"/> | \$40,001 to \$50,000 | <input type="checkbox"/> | \$70,001 to \$80,000 | <input type="checkbox"/> | More than \$100,000 |
| <input type="checkbox"/> | \$50,001 to \$60,000 | <input type="checkbox"/> | \$80,001 to \$90,000 | <input type="checkbox"/> | Not Working as an APN in 2009 |

Rough Draft #1

PRACTICE LOCATION #1 (Primary Practice)

31. What is the address of your primary practice location?

- a. Organization/office name: _____
- b. Street address: _____
- c. Suite#/Box #/Mailstop/etc.: _____
- d. City: _____
- e. State (e.g. KS): _____
- f. County: _____
- g. Zip Code (5 digits): _____
- h. Zip Code (4 digit extension) _____
- i. Phone Number: _____
- j. E-mail address: _____

32. Please estimate the average number of patients you see per day. _____ patients/day

33. Please indicate the average number of APRN hours per week that you work. _____ hours/week

34. Please estimate the current payer mix in the clinical practice of your principal APN position. [PERCENT SHOULD ADD UP TO 100%]

_____% Private Insurance
 _____% Medicare
 _____% Medicaid
 _____% CHP
 _____% TriCare/CHAMPUS/VA
 _____% Worker's Compensation
 _____% Self-pay and sliding fee schedule
 _____% Uncompensated care
 _____% Other (specify) _____
100% Total

MOVE #41 HERE?

(old #29) What are your plans for future employment as an APRN?

- Remain in current position
- Looking for new employment
- Plan to retire in the next year

Other, please specify _____

35. Are you planning to leave your principal APN position in the next 12 months? _____yes _____no

36. IF YES to Q35, which of the following factors are influencing your decision to leave your principal APN position? [MARK THE RELATIVE IMPORTANCE OF EACH FACTOR]

Very Important	Somewhat Important	Not Important	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire a primary care position that does not utilize my APN training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire non-clinical health-related position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to pursue additional education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to work in nursing education

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of respect for APNs by physicians and employers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work is not professionally challenging |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insufficient wages given the workload and responsibilities involved |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family responsibilities interfere with my ability to continue working |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health does not allow me to continue working as an APN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan to retire from the active workforce |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other specify _____ |

37. What type of work setting is your primary practice location? **KDHE**

- Self-Employed, Solo Practice
- Physician Partnership or Group Practice
- Community/General Hospital - Follow private inpatients; practice primarily ambulatory
- Hospital Based: Predominantly Inpatient Services, e.g. pathology, hospitalist
- Medical School/Teaching Hospital
- Residency or fellowship Participant
- Rural health Clinic (federally certified)
- Federally Qualified Health Center
- Emergency Department (hospital)
- Emergency Medical Service/Transport
- Military, Federal or VA Hospital
- Locum Tenens (if more than 10 hours per week)
- Long-term nursing or other facility, home health care, assisted living, residential treatment
- Correctional Facility (jail, prison, detention - youth/adult)
- University/College Campus Health
- School System/School Clinic K-12
- Local or State Public Health/Governmental/Regulatory Agency
- HMO/Health Plan/Insurance Company
- Ambulatory Surgery Center
- Independent Laboratory
- Psychiatric Hospital (private)
- Radiology/Imaging Center
- Other Specialty Hospital
- Other Patient Care Employment
- Other Non-Patient Care Employment

Other, please specify _____

Rough Draft #1

38. During a typical work week, what proportion of time do you spend on the following activities at your principal APRN clinical setting? [PERCENT SHOULD ADD UP TO 100%] KDHE

_____ %	Direct, face-to-face patient care
_____ %	Indirect patient care (e.g., phone calls, reviewing labs, charting)
_____ %	Administration (e.g., of own practice, hospital committees)
_____ %	Teaching
_____ %	Continuing education (e.g., courses, journal reading, video and audiotapes)
_____ %	Research
_____ %	Activities related to quality improvement or patient safety
_____ %	Other activities, please specify _____
100% Total	

39. At your primary practice location, how often is a physician present on site to discuss patient problems as they occur?

- Never
- Seldom (25% or less of the time)
- Sometimes (26% - 50%)
- Usually (51% - 75%)
- Nearly always (76% - 100%)

40. How would you characterize your practice?

- Independent Practice
- Group practice, no physician in the group
- Group practice, with physician(s) in the group
- Other

41. How satisfied are you with your Advanced Practice Registered Nursing position at your primary location?

- Very Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Very Dissatisfied

42. Do you have a second practice location?

- Yes (continue survey)
- No (skip to the signature line at the end of the survey)

PRACTICE LOCATION #2 (Secondary Practice)

43. What is the address of your secondary practice location?

- a. Organization/office name: _____
- b. Street address: _____
- c. Suite#/Box #/Mailstop/etc.: _____
- d. City: _____
- e. State (e.g. KS): _____
- f. County: _____
- g. Zip Code (5 digits): _____
- h. Zip Code (4 digit extension) _____
- i. Phone Number: _____
- j. E-mail address: _____

44. Please estimate the average number of patients you see per day. _____ hours/day

45. Please indicate the average number of APRN hours per week that you work. _____ hours/week

46. Please estimate the current payer mix in the clinical practice of your principal APN position. [PERCENT SHOULD ADD UP TO 100%]

_____% Private Insurance
 _____% Medicare
 _____% Medicaid
 _____% CHP
 _____% TriCare/CHAMPUS/VA
 _____% Worker's Compensation
 _____% Self-pay and sliding fee schedule
 _____% Uncompensated care
 _____% Other (specify) _____
100% Total

47. Are you planning to leave your principal APN position in the next 12 months? _____yes _____no

48. **IF YES** to Q23, which of the following factors are influencing your decision to leave your principal APN position? [MARK THE RELATIVE IMPORTANCE OF EACH FACTOR]

Very Important	Somewhat Important	Not Important	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire a primary care position that does not utilize my APN training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire non-clinical health-related position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to pursue additional education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to work in nursing education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of respect for APNs by physicians and employers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work is not professionally challenging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient wages given the workload and responsibilities involved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family responsibilities interfere with my ability to continue working
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health does not allow me to continue working as an APN

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan to retire from the active workforce |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other specify _____ |

49. What type of work setting is your primary practice location?

- Self-Employed, Solo Practice
- Physician Partnership or Group Practice
- Community/General Hospital - Follow private inpatients; practice primarily ambulatory
- Hospital Based: Predominantly Inpatient Services, e.g. pathology, hospitalist
- Medical School/Teaching Hospital
- Residency or fellowship Participant
- Rural health Clinic (federally certified)
- Federally Qualified Health Center
- Emergency Department (hospital)
- Emergency Medical Service/Transport
- Military, Federal or VA Hospital
- Locum Tenens (if more than 10 hours per week)
- Long-term nursing or other facility, home health care, assisted living, residential treatment
- Correctional Facility (jail, prison, detention - youth/adult)
- University/College Campus Health
- School System/School Clinic K-12
- Local or State Public Health/Governmental/Regulatory Agency
- HMO/Health Plan/Insurance Company
- Ambulatory Surgery Center
- Independent Laboratory
- Psychiatric Hospital (private)
- Radiology/Imaging Center
- Other Specialty Hospital
- Other Patient Care Employment
- Other Non-Patient Care Employment
- Other, please specify _____

50. During a typical work week, what proportion of time do you spend on the following activities at your principal APN clinical setting?

[PERCENT	SHOULD ADD UP TO 100%]
_____ %	Direct, face-to-face patient care
_____ %	Indirect patient care (e.g., phone calls, reviewing labs, charting)
_____ %	Administration (e.g., of own practice, hospital committees)
_____ %	Teaching
_____ %	Continuing education (e.g., courses, journal reading, video and audiotapes)
_____ %	Research
_____ %	Activities related to quality improvement or patient safety
_____ %	Other activities, please specify _____
100% Total	

51. At your primary practice location, how often is a physician present on site to discuss patient problems as they occur?

- Never
- Seldom (25% or less of the time)
- Sometimes (26% - 50%)
- Usually (51% - 75%)
- Nearly always (76% - 100%)

52. How would you characterize your practice?

- Independent Practice
- Group practice, no physician in the group
- Group practice, with physician(s) in the group
- Other

53. How satisfied are you with your Advanced Practice Registered Nursing position at your primary location?

- Very Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Very Dissatisfied

54. When are you eligible to retire?

- less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- greater than 30 years

55. When do you plan to retire?

- less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- greater than 30 years

56. Do you plan to reduce your hours prior to retiring? _____yes _____no

Please sign your name and date your responses below:

Name

Date

ADD IMMUNIZATION QUESTIONS

THANK YOU FOR PROVIDING VALUABLE WORKFORCE INFORMATION BY COMPLETING THIS SURVEY.

ALSO, PLEASE SIGN YOUR NAME, DATE AND RETURN THE SURVEY WHETHER OR NOT YOU HAVE COMPLETED IT. THIS IS IMPORTANT IN CALCULATION OF SURVEY RETURN RATES.

Rough Draft #1