

NATIONAL SAMPLE SURVEY OF NURSE PRACTITIONERS



Authority of the federal agency, HRSA, to collect the information requested, the purpose and use of this information and the voluntary nature of participation, the extent to which information provided will be treated as private or confidential appears in the first communications with potential participants (in advance letters, brochures, and instruments), whether conveyed verbally and/or in written form.

Section I. NP Education, Licensure and Workforce Participation

1. Do you have a current certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?

Yes

No → If No go to #52 on page 8

2. In which state(s) do you currently have certification/licensure/recognition to practice as an NP? *List up to 3*

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3. Which educational program(s) did you complete for your NP preparation? *Check all that apply.*

Certificate Program (no master's degree)

Master's degree

Post Master's Certificate

Doctor of Nursing Practice degree

Other (*specify*)

4. In what year did you complete your initial NP education program?

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5. In which area(s) have you ever received certification from a national certifying organization for NPs? *Check all that apply.*

Acute care adult

Acute care pediatric

Adult

Gerontology

Family

Pediatric

Neonatal

Psych/mental health

Women's health

Other (*specify*)

None

6. Are you employed in any positions that require state certification/licensure/recognition to practice as an NP?

Yes → If Yes go to #8

No

7. If you are not working as an NP, what are the reasons? *Check all that apply.*

Overall lack of NP jobs/practice opportunities

Lack of NP jobs/practice opportunities in desired location

Lack of NP jobs/practice opportunities in desired type of facility

Lack of NP jobs/practice in desired specialty

Limited scope of practice for NPs in the state where practice is desired

Denied NP job due to lack of experience or qualification

Inadequate salary/compensation

Working outside the nursing field (*describe*)

Maternity/parenting/family leave

Poor health or disability

Choose not to work at this time

Retired

Other (*specify*)

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8. Do you volunteer as an NP?

- Yes
- No → If No go to #10

9. How many hours per month do you volunteer as an NP?

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Section II. All Nursing Employment

10. Do you work for pay in nursing, as a Registered Nurse (RN) or as an NP?

- Yes
- No → If No go to #52 on page 8

11. Your principal position is the RN or NP position in which you work the most hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status. Describe your principal position. *Check only one.*

NP position

- NP in clinical practice
- Faculty requiring an NP credential
- Researcher requiring an NP credential
- Administrator requiring an NP credential
- Other (*specify*)

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Nursing position not requiring NP credential

- RN staff nurse
- Faculty
- Administrator/Manager
- Patient care coordinator
- Other APRN role (*specify*)

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- Researcher
- Consultant
- Other (*specify*)

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12. In what type of setting do you work in your principal position? *Check only one.*

Ambulatory Settings

- Private physician office/practice
- Private NP office/practice
- Nurse Managed clinic
- Retail based clinic
- Urgent care clinic
- Ambulatory surgery center
- Federal clinic (FQHC, VA, Military, NIH, IHS)

Hospital Settings

- Hospital inpatient unit
- Hospital outpatient clinic (not an ED)
- Hospital emergency department
- Hospital-other (*specify*)

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- Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

- Long-term care facility
- Hospice
- Home care agency

Public or Community Health

- Community clinic
- Correctional facility
- Health department
- Mental health center
- Rural health clinic

Other Settings

- Academic (university/college) education program
- Health maintenance organization/managed care
- Occupational/employee health
- School/college health service
- Other (*specify*)

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13. What is the ZIP code where you practice in your principal position?

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14. In your principal position do you use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

- Yes
- No
- Don't know

15. In your principal position are there plans for installing a new EHR or EMR system within the next 18 months?

- Yes
- No
- Don't know
- Other (*specify*)

16. In a typical week, how many hours do you work in your principal position?

17. Please estimate your 2011 pre-tax annual earnings from your principal position. Include overtime, on-call earnings, and bonuses.

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18. Do you have a National Provider Identifier (NPI) number?

- Yes
- No → If No go to #20

19. Do you bill under your NPI number?

- Yes
- No

20. How satisfied are you with each of the following aspects of your principal position?

| | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Proportion of time in patient care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient load | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient mix | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of paperwork required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Level of autonomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of hours worked, including overtime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Salary/benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of value for what you do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect from physician colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect from other colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of administrative support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunities for professional development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Input into organizational/practice policies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. What is your overall level of satisfaction with your principal position?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

22. Do you plan to leave your principal position?

- Yes, will leave in 2012
- Yes, will leave in 1-2 years
- No plans to leave in next 2 years
- Undecided



23. Approximately when do you plan to retire from nursing and NP work?

- In 2012
- In 1-2 years
- In 3-5 years
- In 6-10 years
- More than 10 years from now
- Undecided

24. Aside from the principal position you just described, are you working for pay in any other nursing, RN or NP positions?

- Yes
- No → If No go to #30

25. Your secondary position is the RN or NP position in which you work the second greatest number of hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status.

Describe your secondary position. Check only one.

NP position

- NP in clinical practice
- Faculty requiring an NP credential
- Researcher requiring an NP credential
- Administrator requiring an NP credential
- Other (*specify*)

Nursing position not requiring NP credential

- RN staff nurse
- Faculty
- Administrator/Manager
- Patient care coordinator
- Other APRN role (*specify*)

- Researcher
- Consultant
- Other (*specify*)

26. In what type of setting do you work in your secondary position? Check only one.

Ambulatory Settings

- Private physician office/practice
- Private NP office/practice
- Nurse Managed clinic
- Retail based clinic
- Urgent care clinic
- Ambulatory surgery center
- Federal clinic (FQHC, VA, Military, NIH, IHS)

Hospital Settings

- Hospital inpatient unit
- Hospital outpatient clinic (not an ED)
- Hospital emergency department
- Hospital-other (*specify*)

- Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

- Long-term care facility
- Hospice
- Home care agency

Public or Community Health

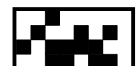
- Community clinic
- Correctional facility
- Health department
- Mental health center
- Rural health clinic

Other Settings

- Academic (university/college) education program
- Health maintenance organization/managed care
- Occupational/employee health
- School/college health service
- Other (*specify*)

27. What is the ZIP code where you practice in your secondary position?

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28. In a typical week, how many hours do you work in your secondary position?

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29. Please estimate your 2011 pre-tax annual earnings from your secondary position. Include overtime, on-call earnings, and bonuses.

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Section III. NP Employment Only

30. Your NP position may have been described as a principal or secondary position in Section II. In this section, we will gather additional details only on your NP employment. Do you work for pay as an NP?

- Yes
 No → If No go to #52 on page 8

Your main NP position is the one in which you work the most hours per week, if you work more than one NP job.

31. Check the one term below that best describes the specialty of the practice/facility in which you work for your main NP position.

- Not working in a clinical specialty

Primary Care Specialties

- Internal Medicine
 Family Practice
 Geriatrics
 General Pediatrics
 Pediatric Subspecialties

Internal Medicine Subspecialties

- Adolescent Medicine
 Cardiology
 Endocrinology
 Gastroenterology
 Hematology/Oncology
 Infectious Disease
 Pulmonary/Respiratory
 Renal/Nephrology
 Rheumatology
 OB/GYN Women's Health
 General Surgery

Surgical Specialties

- Urology
 Orthopedics
 Other (specify)

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Other

- Allergy & Immunology
 Dermatology
 Emergency Care
 Hospitalist
 Intensive Care
 Long Term Care
 Neonatal
 Neurology
 Occupational Health
 Palliative Care/Pain Management
 Psychiatry/Mental Health
 Rehabilitation
 School Health
 Urgent Care
 Wound/Ostomy
 Other (specify)

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32. Do you have the title Hospitalist in your main NP position?

- Yes
 No

33. Thinking about your main NP position, what percent of your time do you spend on each of the following?

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|---------------------------------------|--|-------------|--|--|---|--|
| Patient Care/Documentation | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | % | |
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| Teaching/Precepting/Orienting | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | % | |
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| Supervision/Management/Administration | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | % | |
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| Total | | 100% | | | | |



34. Do you provide any direct patient care in your main NP position?

- Yes
 No → If No go to #47

35. Thinking about your main NP position, for how many of your patients do you provide the following services?

| | Most Patients | Some Patients | Few Patients | No Patients |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Diagnosis, treatment, and management of acute illnesses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnosis, treatment, and management of chronic illnesses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct physical examinations and obtain medical histories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribe drugs for acute and chronic illnesses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide preventative care, including screening and immunizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perform procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counsel and educate patients and families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide care coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Make referrals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in practice improvement activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36. Which of the following best describes your billing arrangements for your main NP position?

- Bill under my provider number
 Bill under my clinic/facility number
 Bill under a physician's provider number
 No billing, cash only
 No billing, grant supported/free clinic
 Other (*specify*)

37. How often is a physician present on site to discuss patient problems as they occur in your main NP position?

- 0% of the time
 1%-25% of the time
 26%-50% of the time
 51%-75% of the time
 76%-100% of the time

38. What type of professional relationship do you have with the physician(s) in your main NP position? Check all that apply.

- No physician in my practice
 Collaborate with a physician at another site
 Collaborate with a physician on site
 Equal colleagues/no hierarchy
 S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers
 Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see
 Physician sees and signs off on the patients I see
 Other (*specify*)



39. To what extent would you agree or disagree with the following: In my main NP position I am allowed to practice to the fullest extent of my state's legal scope of practice.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

40. To what extent would you agree or disagree with the following: In my main NP position, my NP skills are being fully utilized.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

41. How are you paid in your main NP position?

- Annual salary
- By the hour
- Percentage of billing
- Other (*specify*)

42. Now please think about all of your NP positions. In a typical week, how many patients do you see?

43. Thinking about all of your NP positions, do you have a panel of patients that you manage, where you are the primary provider?

- Yes
- No → If No go to #45

44. Across all of your NP positions, how many patients are on your panel?

45. Do you take evening or weekend call for any of your NP positions?

- Yes
- No

46. Do you have hospital admitting privileges?

- Yes
- No

47. Are you covered by malpractice insurance?

- Yes
- No → If No go to #49

48. Who pays for your malpractice insurance?

- Self
- Employer
- Both

49. Do you have prescriptive authority?

- Yes → If Yes go to #51
- No

50. Why don't you have prescriptive authority?

- In process of applying
- MD or other NP writes all my prescriptions
- Other (*specify*)

51. Do you currently have a personal drug enforcement administration (DEA) number?

- Yes
- No



Section IV. Demographic Characteristics

52. Are you...

- Male
 Female

53. What is your year of birth?

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54. Are you of Latino or Hispanic ethnicity?

- Yes
 No

55. Which one or more of the following would you use to describe your race?

Check all that apply.

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

56. What is your marital status?

- Never Married
 Married
 Separated
 Divorced
 Widowed

57. Please check **all** educational degree(s) you have earned.

- Diploma in Registered Nursing
 Associate degree - Nursing
 Associate degree - Non-nursing
 Baccalaureate degree - Nursing
 Baccalaureate degree - Non-nursing
 Master's degree - Nursing
 Master's degree - Non-nursing
 Doctorate of Nursing Practice (DNP)
 PhD or other Doctorate - Nursing
 Doctorate - Non-nursing
 Other (*specify*)

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58. In what year did you obtain your **initial** U.S. licensure as an **RN**?

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59. What is your **home** address ZIP code:

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60. Would you be willing to share your e-mail address to receive the results of the survey?

If so, please provide it here:

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Thank you so much for completing this questionnaire!

