Supply of Nurses in Utah

The 2016 Survey of Utah's Registered Nurses

Utah Medical Education Council

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The 2016 Survey of Utah's Registered Nurses

The Utah Medical Education Council
State of Utah

www.utahmec.org

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THE UTAH MEDICAL EDUCATION COUNCIL

The Utah Medical Education Council (UMEC) was created in 1997 out of a need to secure and stabilize the state's supply of healthcare clinicians. This legislation authorized the UMEC to conduct ongoing healthcare workforce analyses and to assess Utah's training capacity and graduate medical education (GME) financing policies. The UMEC is presided over by an eight-member board appointed by the Governor to bridge the gap between public/private healthcare workforce and education interests.

Core Responsibilities – Healthcare Workforce
- Assess supply and demand.
- Advise and develop policy.
- Seek and disburse Graduate Medical Education (GME) funds.
- Facilitate training in rural locations.

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ACKNOWLEDGEMENTS

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UTAH RN PROFILE

The typical RN working in Utah:

- **Female (89%)**

- **44 years old**

- **Caucasian (93%)**

- **Educated with a BSN (42%) but ASN degrees are also common (38%)**

- **Earning an average of $55,000 a year**

- **Working in a hospital setting (61%)**

- **Working in an urban community (51%)**

- **Hired as a staff nurse (64%)**

- **Caring for an adult patient population (48%)**

- **Planning to retire in an average of 19 years**

RECOMMENDATIONS

Employers and RN educational programs should increase the diversity of their employees and students by addressing the race and ethnic imbalance in the following ways:
- Promote nursing as a career among minority jr. high/middle school students.
- Promote awareness of the nursing programs available in Utah to minority student populations.
- Promote coalitions between high school/university counselors and Utah pre-nursing program counselors.

The gender imbalance within the RN workforce in Utah should be addressed in the following ways:
- Promote nursing as a career choice to male middle school/high school students.
- Study why males are vastly under-represented in the Utah RN workforce

Increase the number of BSN (or higher) trained RNs in the Utah workforce
- Promote BSN educational programs to high school/pre-nursing college students
- Promote the hiring of BSN trained RNs in all nursing employment settings

UTAH'S REGISTERED NURSE REPORT, 2016

Introduction

In 2013, the Utah Medical Education Council (UMEC) was designated as the Nursing Workforce Information Center for Utah. With this designation, the UMEC began undertaking measures to understand the different facets of the nursing workforce within the state. Specifically, the UMEC expanded its efforts to cover three major factors impacting the current and future nursing workforce: 1) supply of nurses, 2) demand for nurses, and 3) education of nurses. The report below is the UMEC's effort to understand the first major factor impacting nurses within the state-supply.

Supply of Nurses in Utah: The 2016 Survey of Utah's Registered Nurses is UMEC's first report on Utah's registered nurse (RN) workforce. The report captures demographic, practice characteristics and the future supply of Utah's RNs. The report compares state and national characteristics and trends to better understand the current and future supply of RNs in Utah.

Methodology

The data used for this report were collected using a questionnaire instrument crafted by the UMEC and the UMEC RN Advisory Committee (see appendix A for survey instrument). Consisting of 25 questions, the questionnaire was mailed out to all 28,948 licensed RNs in Utah during the spring of 2014.

After three mailings, 12,158 questionnaires were returned. Of these, 11,630 were from respondents that reported providing services in Utah, the remaining 528 indicated that they do not provide services in the state. The final response rate for the survey was 42%. A weight factor of 2.35 has been applied to each case in the analysis. All survey numbers cited have used this weight factor unless otherwise specified.

CURRENT ACTIVE RN SUPPLY IN UTAH

The UMEC's RN survey estimates that approximately 94% (27,330 out of 28,948) of RNs licensed in Utah are actively practicing in Utah.

SECTION 1: DEMOGRAPHICS

Age

The median age of Utah's RN workforce is 44 years compared to a national workforce average of 50 years. Additionally, Utah has a higher share of RNs in the younger age cohorts (HRSA, 2013).

Figure 1: Age of Workforce: Utah vs. National Workforce
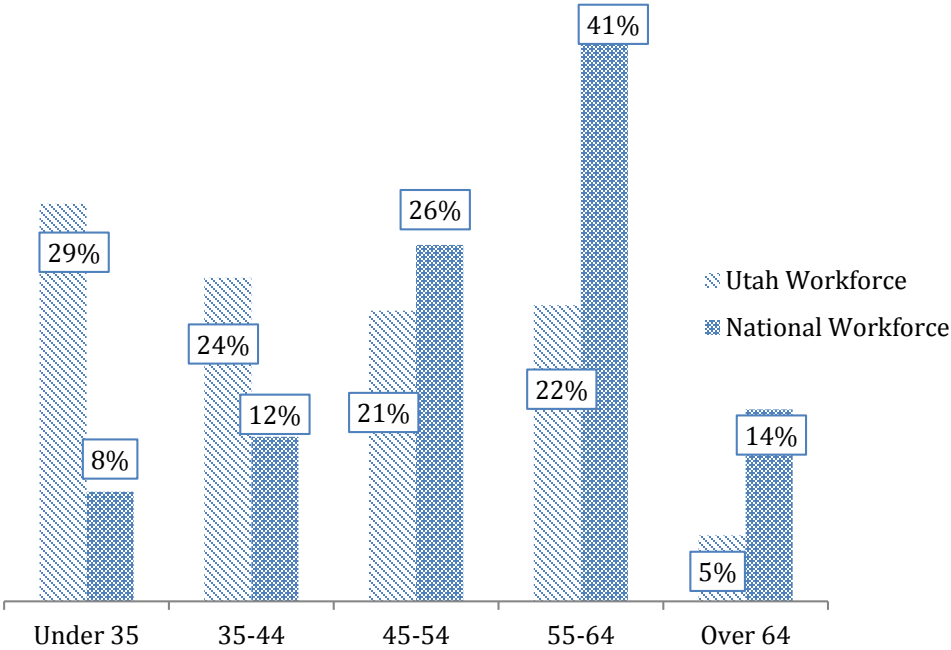
Race and Ethnicity

The demographic composition of Utah's RN workforce is similar to the composition of the Utah population. Like Utah's population, the workforce is primarily Caucasian (92.9%). The next largest represented ethnicity is of Asian descent (1.8%). The Hispanic population, Utah's largest minority group, is underrepresented in the Utah RN workforce. Less than 6% of the Utah RN workforce identifies themselves as a minority race compared to approximately 18% of the Utah population. It is recommended that employers and RN educational programs increase the diversity of their employees and students for a more diverse future workforce.

RN workforces, in Utah and nationally, should strive for a more diversified workforce regarding race/ethnicity. Utah educators and employers need to graduate and train a more diverse workforce that better represents the minority patient population. The minority patient population in the US continues to face health disparities across many health outcomes. Diversifying the RN workforce may be one effective way of reducing health disparities. According to a systematic review of literature evaluating the relationship between health outcomes and workforce diversity, reducing health disparities may happen in two ways (Gilliss, C., Powell, D., & Carter, B. 2010). 1. Minority health care workers are more likely to work in high minority health access areas and 2. by increasing the number of minority health care workers , there is a better chance a minority patient will see a practitioner that speaks their primary language, increasing comfort, trust and an understanding between patient and provider (Gilliss, C., Powell, D., & Carter, B. 2010).

Table 1: Race/Ethnicity: Utah's RNs Workforce vs. Utah Population

Race/Ethnicity	Utah Workforce	Utah Population	National Workforce	National Population
American Indian	0.5%	1.5%	1.0%	1.2%
Pacific Islander	0.4%	1.0%	1.0%	0.2%
African American	0.7%	1.3%	6.0%	13.2%
Caucasian	92.9%	91.6%	83.0%	77.7%
Asian	1.8%	2.3%	6.0%	5.3%
Hispanic/Latino	2.2%	13.4%	3.0%	17.1%
Other	0.8%	--	1.0%	--

*Due to missing data, percentages may not equal 100.

HRSA. (2013). *The U.S. Nursing Workforce: Trends in Supply and Education.*

Gender Composition

The gender composition of Utah's nurses is comparable to that of the national workforce (HRSA, 2013). In Utah, the RN workforce is comprised of 89% female RNs and 11% male RNs. Although the Utah workforce is comparable to the National workforce, males are underrepresented as nursing professionals. Employers and educators should strive to create a more gender diversified workforce.

Figure 2: Gender Composition of Utah Workforce vs. National Workforce
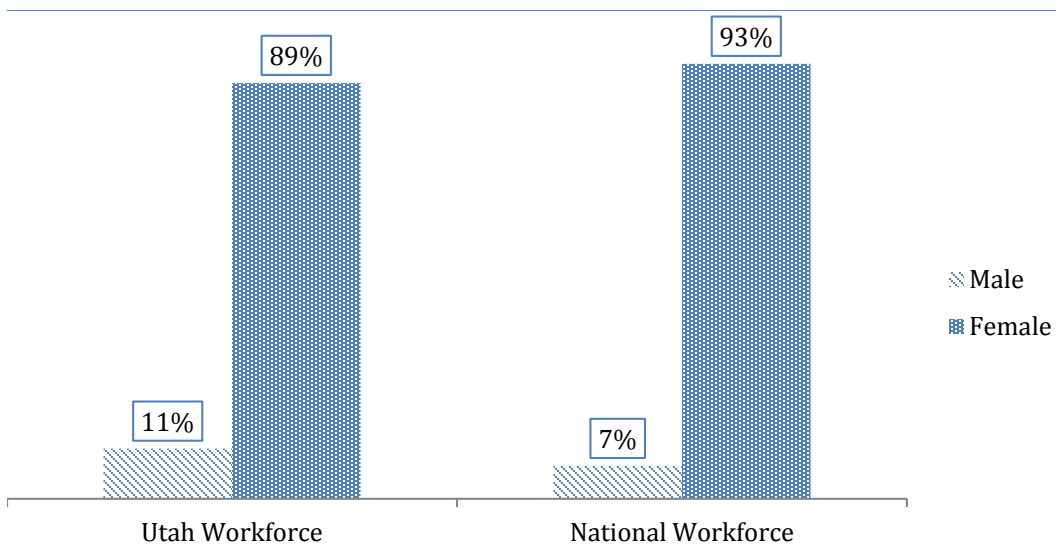
Income

Overall, nearly 50% of Utah RNs earn between $40,000 and $70,000 per year. The median income for Utah RNs is $55,000. When further analyzed between full time and part time employment, 47% of the part time workforce earned less than $30,000 per year. For full time RNs, 60% of the workforce earned between $40,000 and $70,000 per year. The median income for the national workforce is $66,640 per year (Bureau of Labor Statistics, 2014).

Figure 3: Income of Utah RNs Full Time vs. Part Time
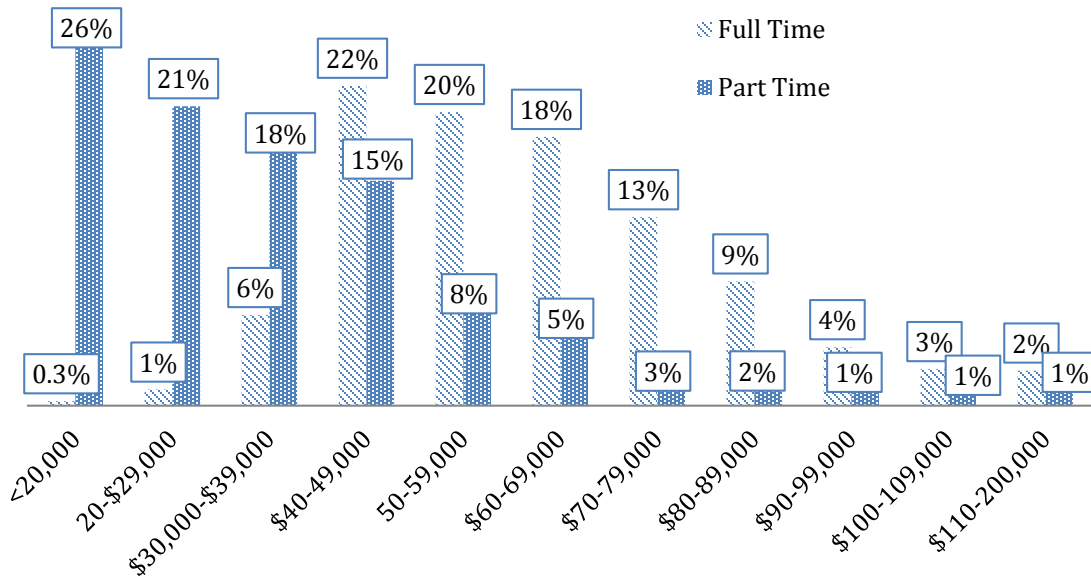
SECTION 2: EDUCATION

Qualifying Degree

Utah has a higher number of RNs with an Associate degree (ASN) as a qualifying degree for their first RN position than the national workforce (see Figure 5). The national workforce has seen an increase in the number of BSN degrees as an RNs initial educational degree. According to HRSA, nationally, from 2001 to 2011, the RN workforce saw a 135% growth in baccalaureate-prepared first-time NCLEX-RN test takers (HRSA, 2013). Utah is still lagging behind this trend with 55% of respondents indicating an ASN as their initial qualifying degree.

Figure 4: Qualifying Degree for First RN Job: Utah Vs. National Workforce
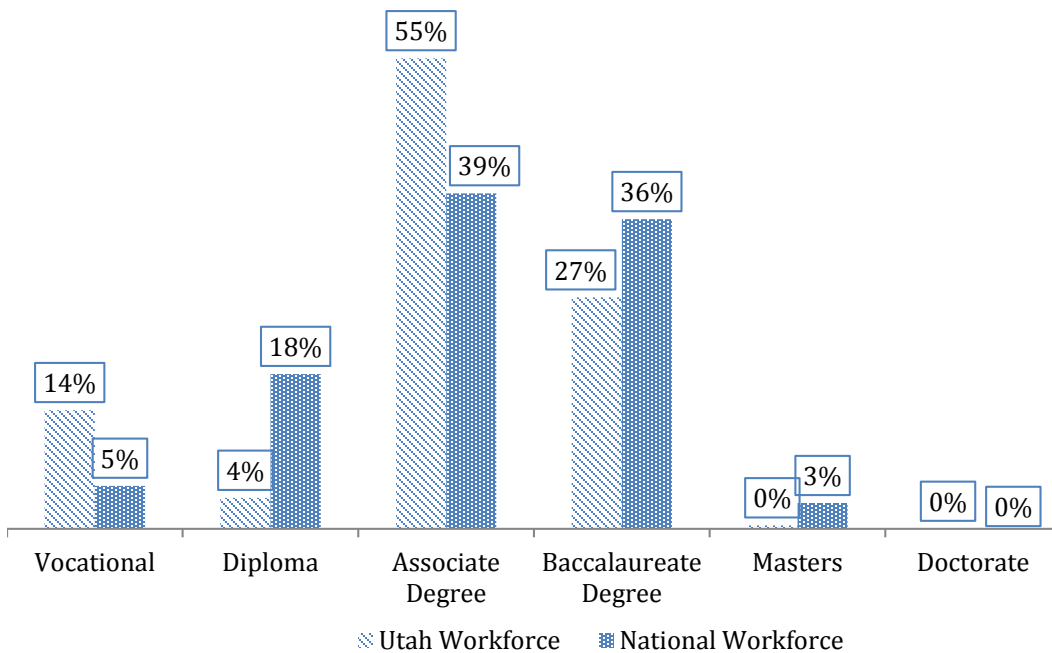
Highest Level of Education

As mentioned in the education section, 55% of Utah RNs report that their first qualifying degree for entry into the nursing workforce was an associate's degree. An associate's degree is reported as the highest level of education held by 38% of Utah RNs. This indicates that 17% of RNs working in Utah go on to obtain education at a level higher than that of an associate's degree. In comparison, 42% indicated a baccalaureate nursing degree (BSN) as the highest level education obtained. The national nursing workforce is 61% BSN prepared or higher, compared to Utah with less than 55% with a BSN or higher (HRSA, 2013). Utah has a higher proportion of ASN trained RNs (38%) compared to the national workforce (28%). Recent research has called for higher degree requirements for RN positions, with the goal of 80% BSN or higher trained workforce. This recommendation is based on research that indicated an 80% BSN trained workforce reduces length of stay, hospital mortality rates and readmission rates (Yakusheva, O., Lindrooth, R., & Weiss, M. 2014).

Table 2: Highest Level Education of Those Holding a Utah RN License

Education Level	Frequency	Utah Workforce	National Workforce
Diploma	481	1.8%	11%
Doctoral Nursing Other	16	0.1%	1%
Doctoral- Non Nursing	99	0.4%	1%
Associate Nursing	10378	38%	28%
Associate	385	1.4%	1%
Baccalaureate Nursing Degree	11491	42.1%	34%
Baccalaureate	1670	6.1%	8%
Masters Nursing	1722	6.3%	12%
Masters	803	2.9%	5%
Doctoral Nursing (PhD)	117	0.4%	1%
Doctoral Nursing practice (DNP)	96	0.4%	<1%
*Due to missing data, percentages may not equal 100.			

Education by Age Group

To evaluate emerging trends, education level was compared to age cohorts. The over 64 age group has a higher percentage of diploma educated RNs (10%) but diploma educated RNs are declining with each new age cohort. The number of BSN educated RNs is increasing and the number of ASN educated RNs is slowly declining in the younger age cohorts. Not surprisingly, RNs with a masters or doctoral degree are more prevalent in the older age cohorts as it takes longer to obtain these educational degrees.

Figure 5: Highest Level of Education by Age Cohort

	Under 35	35-44	45-54	55-64	Over 64
Doctoral	<1%	<1%	2%	2%	3%
Masters Nursing	4%	5%	7%	10%	9%
Baccalaureate N Degree	54%	42%	37%	34%	28%
Associate Nursing	34%	41%	41%	39%	33%
Diploma	<1%	<1%	1%	3%	10%

■ Diploma ▨ Associate Nursing ■ Baccalaureate N Degree ▨ Masters Nursing ■ Doctoral
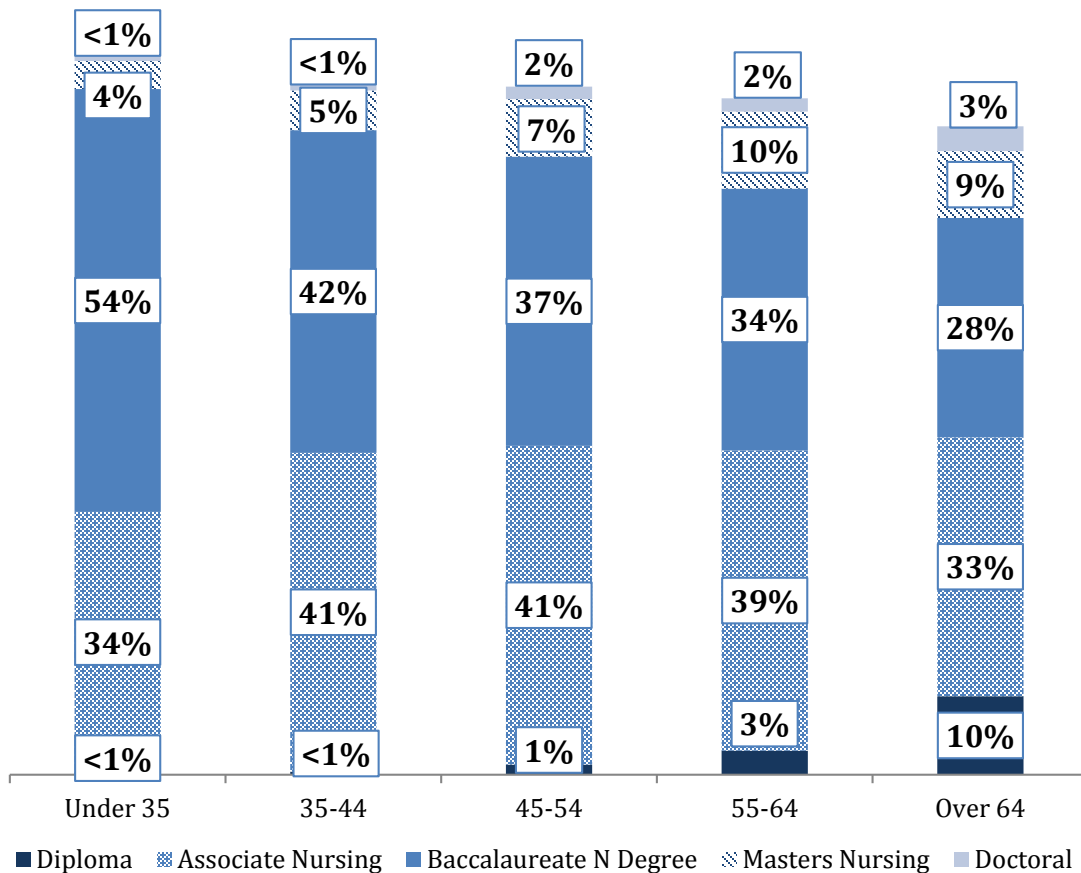
Funding for Education

In Utah, the majority of RNs indicated that healthcare employment (33%) and federal loans (32%) were the main source of funding for their RN education. Of healthcare employment, the most common pre-RN positions were nursing aide (45%) and licensed practical nurse (27%). Over 20% of respondents indicated they worked in a non-health care related job prior to becoming an RN.
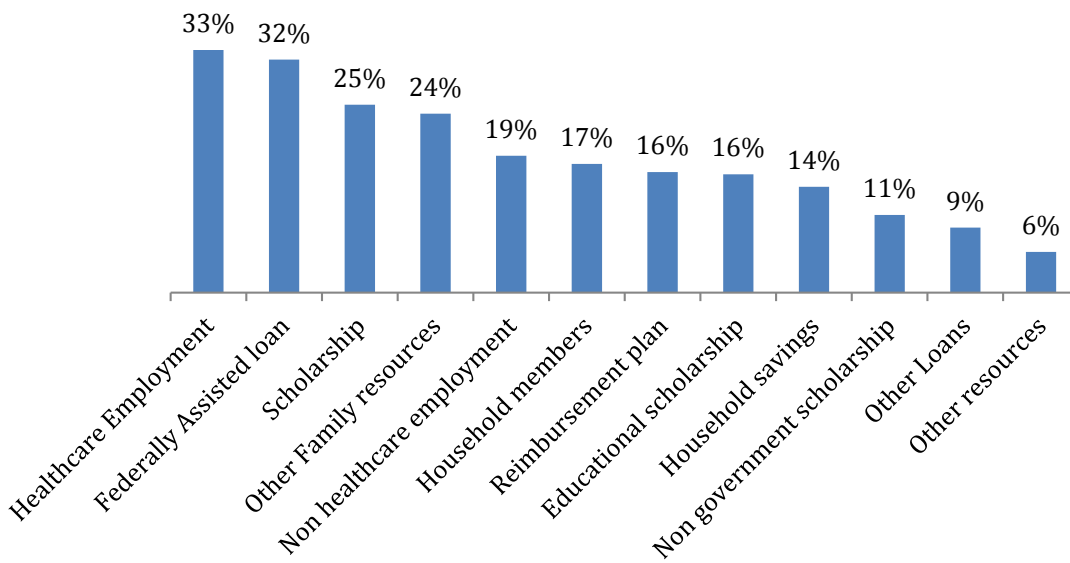
Figure 6: Funding for RN Education

Figure 7: Pre-RN Job

SECTION 3: WORK SETTING & EMPLOYMENT

Employment Hours

Full time RNs in Utah work an average of 36 hours per week and part time RNs work an average of 24 hours. The average work week for the national workforce is 40 hours (HRSA, 2013). In Utah, 61% of the RN workforce is employed full time and 28% is employed part time.

Practice Location

Over half of RNs in Utah work in urban counties and over 25% of RNs are working in Salt Lake County alone. Only 7% of RNs work in rural counties; of these, Iron, Summit, Tooele and Box Elder have the highest proportion of RNs compared to other rural counties.

Table 3: Distribution of RNs

Urban RNS

County	Frequency	Percent
Salt Lake	7,345	26.9%
Utah	2,494	9.1%
Weber	1,766	6.5%
Davis	1,017	3.7%
Washington	883	3.2%
Cache	692	2.5%

Rural RNs

County	Frequency	Percent
Iron	253	0.9%
Summit	180	0.7%
Box Elder	171	0.6%
Tooele	162	0.6%
Carbon	138	0.5%
Duchesne	140	0.5%

Rural RNs Cont'd

County	Frequency	Percent
Uintah	138	0.5%
Sevier	103	0.4%
Grand	70	0.3%
San Juan	84	0.3%
Sanpete	75	0.3%
Millard	61	0.2%
Juab	54	0.2%
Beaver	28	0.1%
Emery	18	0.1%
Garfield	23	0.1%
Kane	21	0.1%
Rich	30	0.1%
Morgan	14	0.1%
Piute	14	0.1%
Daggett	9	0.1%
Wayne	7	0.1%

When geographic work setting was further evaluated by RUCA codes, 52% of RNs work in an urban community. Only 2% work in large rural and small rural communities and 1% of RNs work in an isolated small rural communities. Tooele, Brigham City, and New Castle are examples of large rural communities. Heber City, Monroe, and Sevier are small rural communities. Duchesne and Beaver are examples of isolated rural communities. Below are maps of the RUCA code areas in Utah. The map on the right indicates the rural and urban communities in Utah.

Figure 8: RUCA code communities in Utah
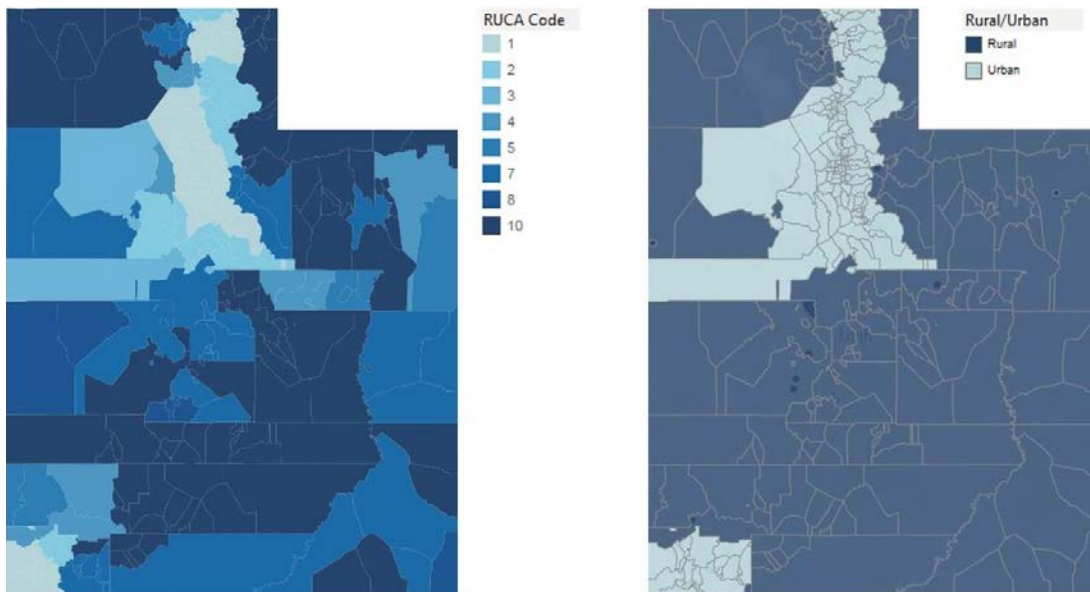
RUCA Classification
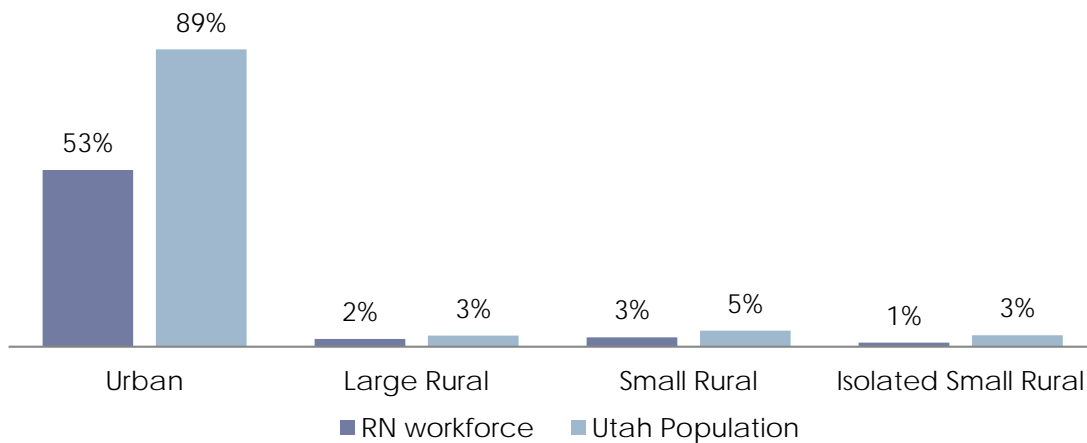
Workplace Setting

The majority of RNs in Utah and nationally work in a hospital setting (61% and 56% respectively). Other common workplace settings include home health (7%), ambulatory care (6%), and nursing homes (5%). Across all workplace settings, the Utah workforce is similar to the national workforce (HRSA, 2013).

Figure 9: Utah RN Work Setting
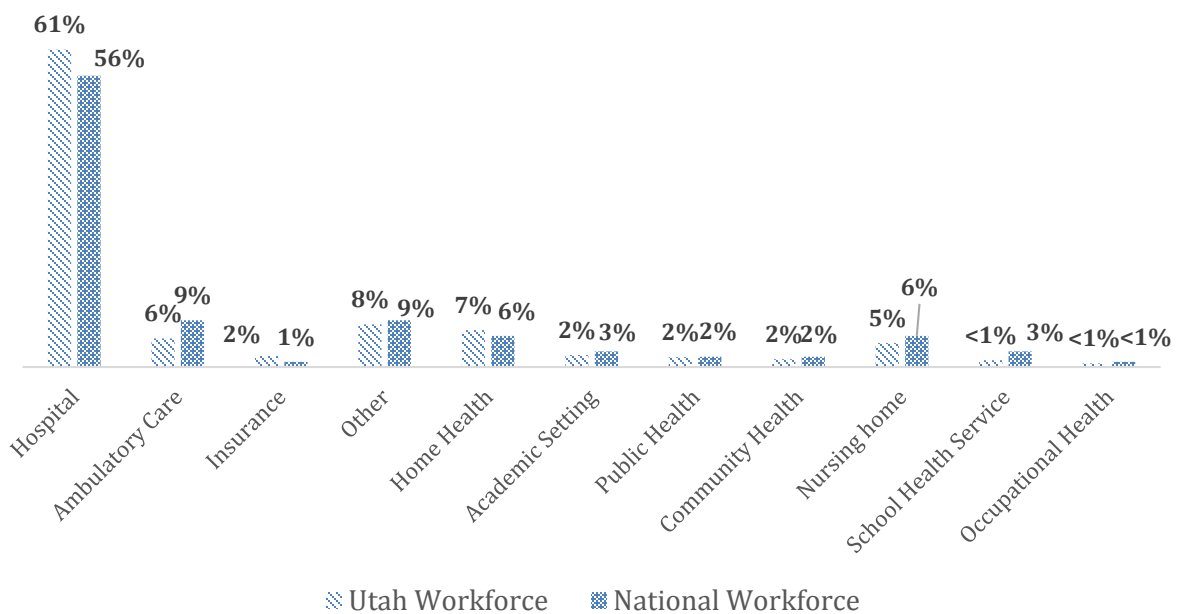
For analysis, workplace setting was further broken down by education level (see figure 10). BSN trained RNs are more prevalent in the hospital, academia, occupational health, ambulatory care and the insurance settings. In these settings, however, there is still a relatively high proportion of ASN trained RNs. For instance, in the hospital setting, 47% of the RNs have a baccalaureate nursing degree and 35% of the RNs have an associate degree. There is an overwhelming proportion of ASN trained RNs in the home health, public health, community health, and nursing home settings.

Figure 10: Work Setting by Highest Level of Education

Legend: ■ Associate Nursing ▦ Baccalaureate Nursing ▨ Masters Nursing
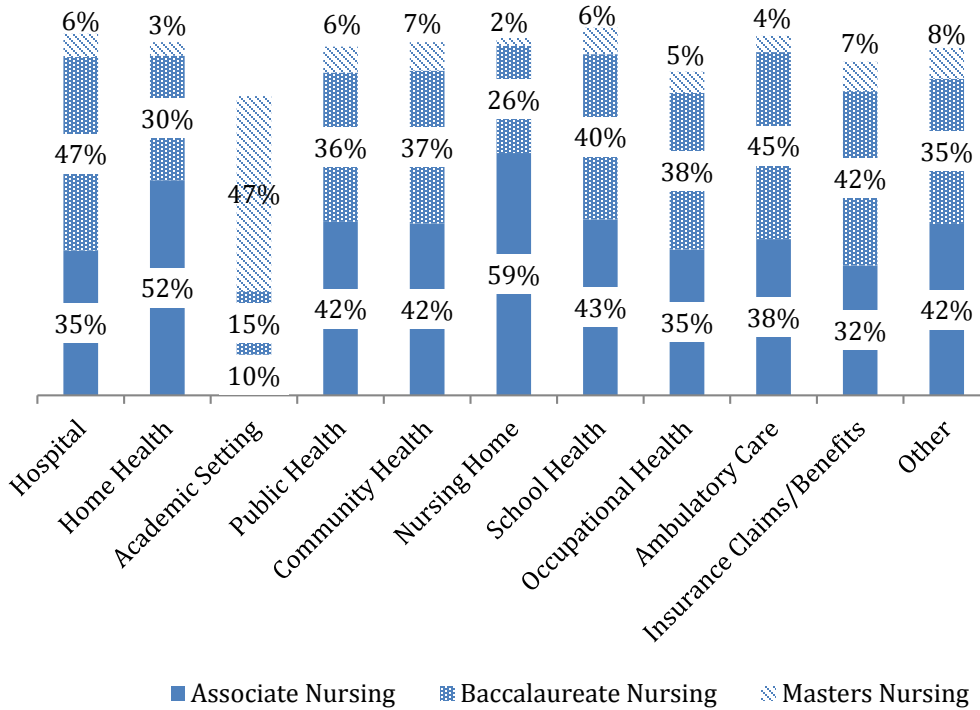
Employee Offered Benefits

According to Utah RNs, the top 5 employee offered benefits include schedule flexibility, health insurance, reputation of facility, base salary, and paid vacation. Of Utah RNs, 46% of respondents listed schedule flexibility and 42% listed health insurance in their top five preferred benefits.

Figure 11: Employee Offered Benefits
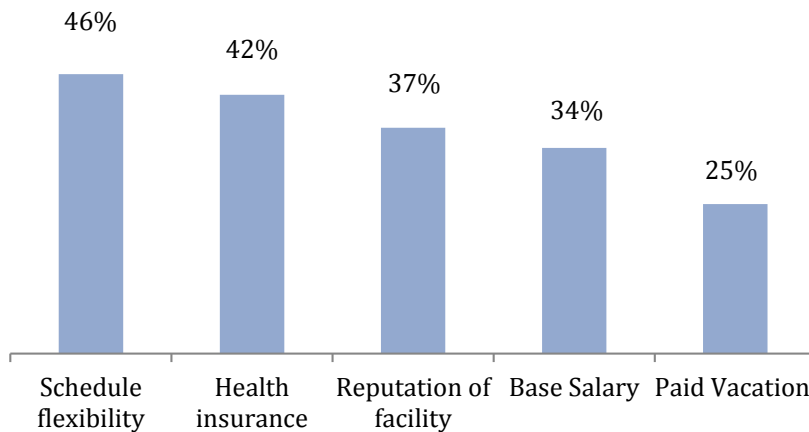
Level of Care

Over 20% of Utah RNs work in general or specialty care (see Table 4). Critical/intensive care was the next most common level of care setting for Utah RNs (12%) and 10% of respondents indicated working in surgery. In the current survey, the UMEC evaluated both the primary level of care and primary clinical specialty. General medical surgery was the most common clinical specialty (14%).

Table 4: Primary Level of Care

Level of Care	Frequency	Percent
General or Specialty Care	5,560	20.4%
Critical/intensive care	3,431	12.6%
Surgery	2,891	10.6%
Home Health	1,630	6.0%
Business, Administration, Case Management	1,625	6.0%
Emergency	1,355	5.0%
Ambulatory Care	1,259	4.6%
Education	1,052	3.9%
Public health/Community Health	984	3.6%
Stepdown, Transitional, Telemetry	927	3.4%
Rehabilitation	925	3.4%
Long-term care/nursing home	735	2.7%
Urgent Care	354	1.3%
Sub-acute Care	312	1.1%
Research	263	1.0%
Ancillary Care	70	0.3%
Other	3,549	13%
*Due to missing data, percentages may not equal 100.		

Table 5: Primary Clinical Specialty

Specialty	Frequency	Percent
General Medical Surgical	3,983	14.6%
Critical Care	2,789	10.2%
No Patient Care	2,614	9.6%
Emergency or trauma care	1,454	5.3%
Labor and Delivery	1,125	4.1%
Psychiatric or Mental Health	1,073	3.9%
Cardiac Care	1,005	3.7%
Hospice	941	3.4%
Chronic Care	798	2.9%
Oncology	728	2.7%
Primary Care	697	2.6%
Obstetrics	655	2.4%
Gynecology	622	2.3%
Gastrointestinal	439	1.6%
Neurological	333	1.2%
Infections/communicable disease	267	1.0%
Renal/dialysis	218	0.8%
Occupational Health	171	0.6%
Radiology	93	0.3%
Dermatology	56	0.2%
Pulmonary	63	0.2%
*Due to missing data, percentages may not equal 100.		

Patient Population

In the current study, 48% of Utah RNs reported working with adults in their primary employment position. Only 9% of RNs work with a pediatric population and 14% work with a geriatric population. The patient population largely reflects the Utah population. According to the Census Bureau, Utah has one of the youngest state populations with over 30% of the population under 18 years old and only 10% of the population over 65 years old (2015).

**Figure 12: Primary Patient Population of RN workforce**
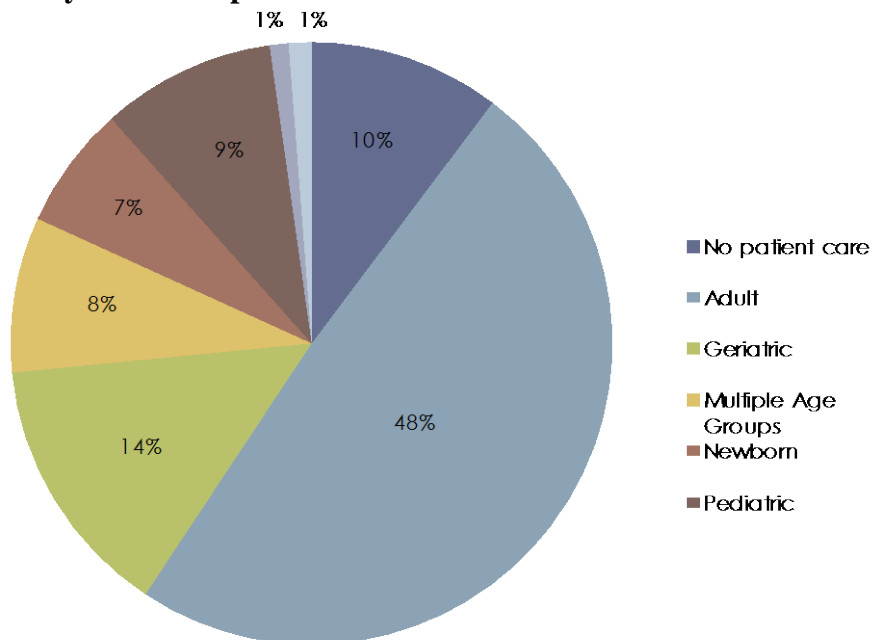
*Due to missing data, percentages may not equal 100.

Position Title

Staff nurse is the most common primary position title of both Utah and national RNs (HRSA, 2013). Nearly two thirds of the RN workforce practices under the title of staff nurse. In Utah, 11% of respondents indicated their position title to be nurse manager and 5% reported they hold some other health related position title. In both the Utah and US report, a small number (338) of RNs reported their position title was APRN. Due to our study criteria, APRNs should not have been captured in this study of RNs. UMEC conducts a separate study for the APRN workforce and APRN workforce information is available on the UMEC website. For the Utah study, the UMEC assumes that 256 RNs of those indicating a position of APRN responded incorrectly. The other 24% either have a new APRN license and their RN licenses have not expired (64 RNs) or have an expired APRN license (14 RNs).

**Figure 13: Primary Position Title of Utah RNs vs. National workforce**
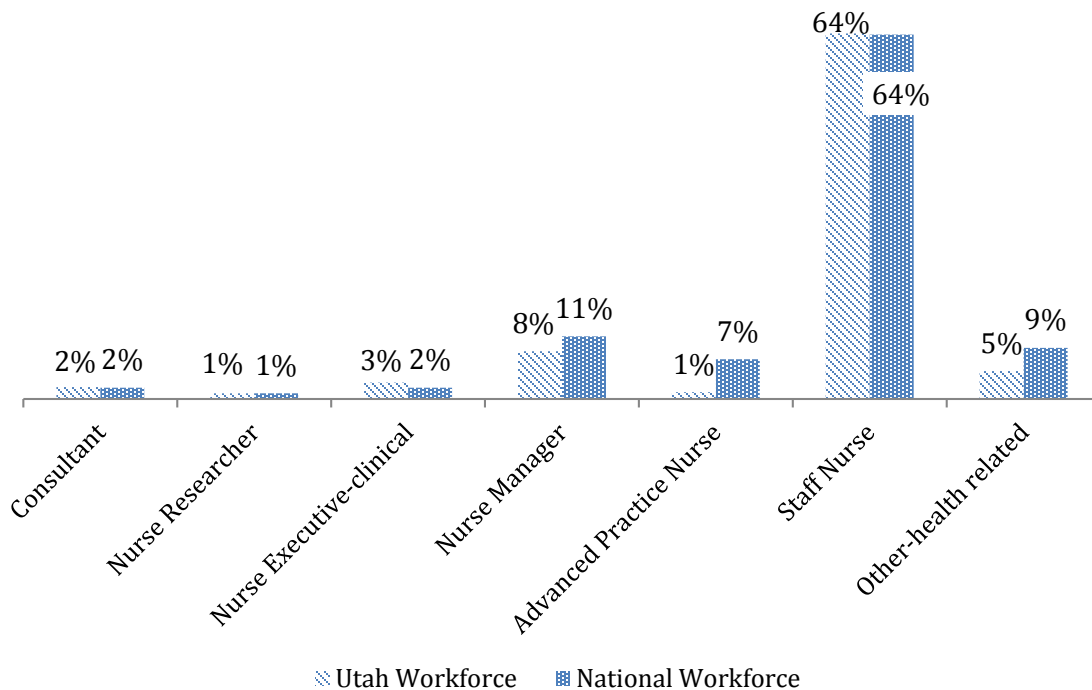
For further analysis, the UMEC evaluated the primary position title in comparison to the level of education. In Utah, 1% of nurse managers have a diploma compared to 9% of the national workforce. There are roughly the same percentage of staff nurses and nurse managers with an associate's degree (42% and 36% respectively) as there are RNs in those positions with a baccalaureate degree (44% and 39%).

Overall, the percentage of each position title is similar between those who have an associate degree and those who have a baccalaureate.

Table 6: Primary Position Title by Level of Education for Utah RNs

Level of Education	Position Title							
	Consultant	Nurse researcher	Nurse Manager	Nurse Educator-clinical	Nurse educator-academic	Staff Nurse	Other-Health related	Nurse Care Manager
Diploma	3%	4%	1%	1%	1%	2%	2%	2%
Associate Nursing	24%	28%	**36%**	20%	14%	**42%**	33%	38%
Baccalaureate Nursing	40%	39%	**39%**	49%	11%	**44%**	39%	43%
Masters Nursing	14%	7%	11%	21%	50%	1%	10%	6%

The UMEC also evaluated the comparison of RNs that hold staff nurse and nurse manager position titles to work setting. In Utah, 75% of staff nurses work in a hospital setting. Only 4% work in the home health setting and 6% work in ambulatory care. In comparison, 45% of nurse managers work in the hospital setting. Another 14% of nurse managers work in home health and some work in nursing homes and ambulatory care (10% & 9% respectively). When further analyzed by gender, 64% of males are employed as staff nurses and 12% are employed as nurse managers. For females, 66% are employed as staff nurses and 8% are employed as nurse managers.

Figure 14: Position Title Compared to Work Setting
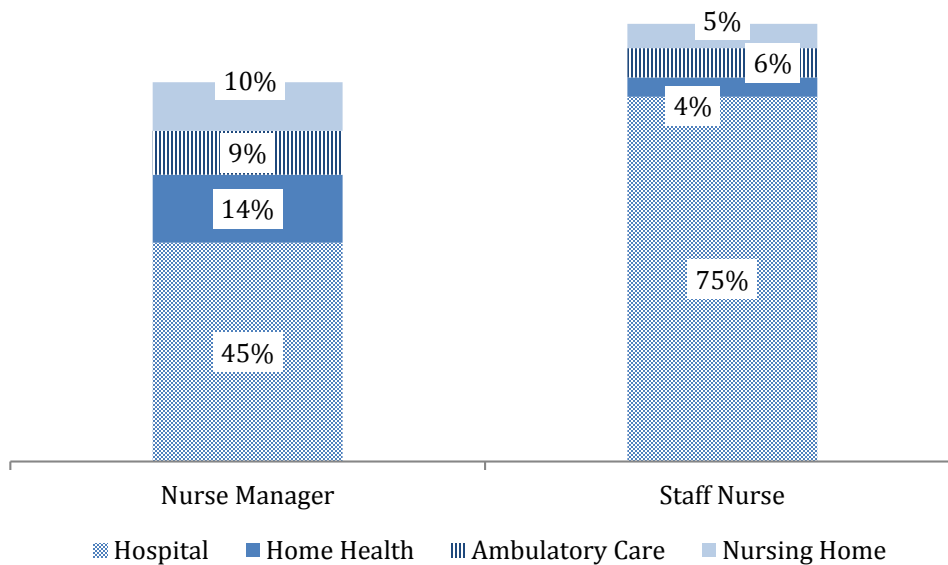
Preceptorship

In Utah, RNs are asked to precept nursing students who are close to graduation. Preceptorship is an important aspect of the nursing education so graduating RNs have better on-floor experience. However, this may be a burden to some RNs who agree to precept. According to the study, there are 12,270 Utah RNs (45% of workforce) who currently act as preceptors for nursing students. Three students is the median number mentored by each preceptor per year. The survey asked RNs who precept if they experience burnout, stress, inadequate compensation or inconvenience as a result of mentoring. Of those who precept, 37% reported they experience inadequate compensation, 36% reported preceptorship is an inconvenience, 29% reported they experience stress, and 14% experience burnout as a result of preceptorship. Few studies have explored the relationship between stress and the added load of preceptorship. Based on a study conducted by Hautala et al, the most common reasons for stress in the preceptor role is balancing the normal workload in addition to training a student or new employee (2007, : Yonge et al, 2002). Participants in this study also reported a misconception by nurse managers that having a preceptee lessened the workload for the preceptor and this misconception led the preceptor to feel a reduction in support (Hautala,K.,Saylor,C.,O'Leary,C. 2007. Employers and educators need to address these negative aspects of preceptorship to ensure a future culture of mentorship in the nursing field.

Figure 15: Experiences of Utah RN Preceptors
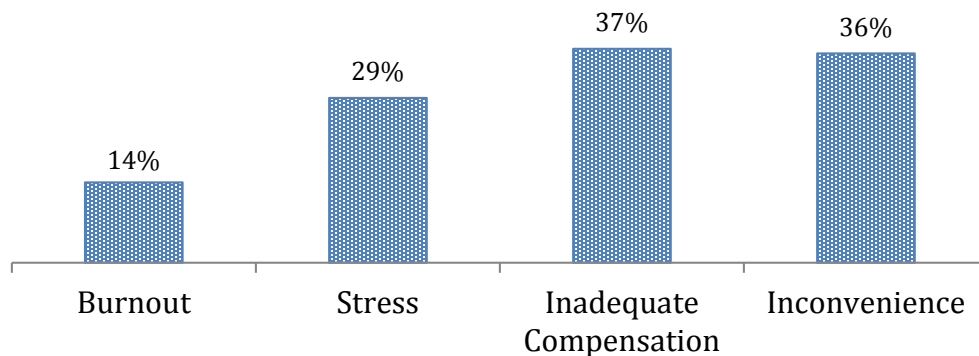
SECTION 4: RETIREMENT OUTLOOK

Retirement Outlook of Entire Population

The average Utah RN has been with their current employer for seven years. The average time until retirement for Utah RNs is 19 years. Nearly one quarter of the RN population plans to leave their primary position within three years and another 57% have no plans to leave within three years.

Figure 16: RN's Plans to Leave Primary Work Setting
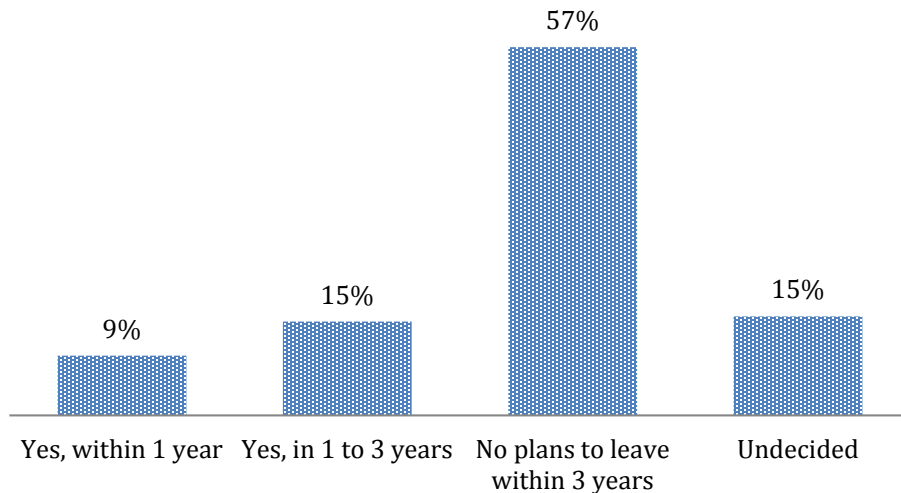
Of the RNs who plan to leave their current position within 3 years, 58% (3,612 RNs) plan to move to another nursing position, 11% (707 RNs) plan to leave temporarily and 30% (1,889 RNs) plan to leave their nursing position permanently. Of these RNs who plan to leave their nursing position permanently, 73% (1,203) plan to retire. Some other reasons for planning to leave permanently include salaries are too low (7%), stressful work environment (3%), career change (3%) and taking care of family (1%).

,

Table 7: Reasons for Leaving the Nursing Position Permanently

Reasons	Frequency	Percent
Retirement	1,203	72.8%
Salaries too low/better pay elsewhere	108	6.5%
Other	82	5.0%
Stressful work environment	49	3.0%
To seek more education	45	2.7%
Career change	42	2.6%
Burnout	28	1.7%
Taking care of family	24	1.4%
Disability	19	1.1%
Scheduling/inconvenient hours	9	0.6%
Inadequate staffing	7	0.4%
Liability concerns	7	0.4%
Travel	7	0.4%
Physical demands of the job	5	0.3%
Lack of advancement opportunities	5	0.3%
Lack of good management or leadership	5	0.3%
Illness	< 5	-
Skills are out of date	< 5	-
Other	35	5.0%

Retirement Outlook for RNs 50yrs and Older

For RNs aged 50-60 years, the average reported time to retirement is 10 years, and for those over 60 years, the average time to retirement is two years. For those aged 50-60 years, only 16% plan to leave their current work setting within three years whereas 71% of the over 60 age cohort plans to leave within three years. For those aged 50-60 and over 60 years, retirement is the most common reason for planning to leave their nursing position permanently. For RNs aged 50-60 years, 58% of those who plan to leave their nursing position permanently, are doing so because they plan to retire. For RNs over 60 years, 82% reported retirement as the reason for leaving their nursing position permanently.

Figure 17: Plans to Leave Primary Nursing Position for 50-60 years vs. over 60years
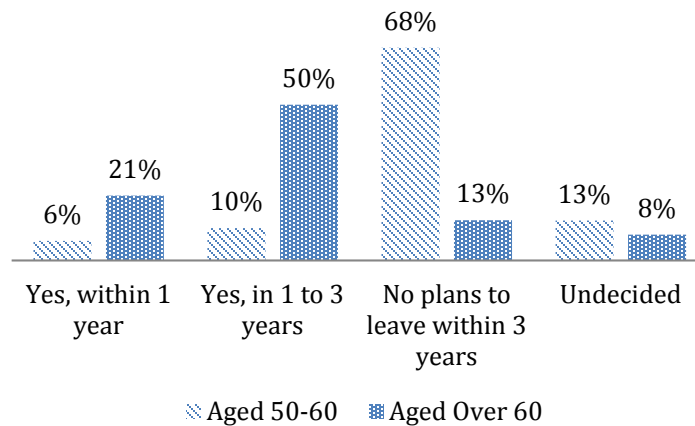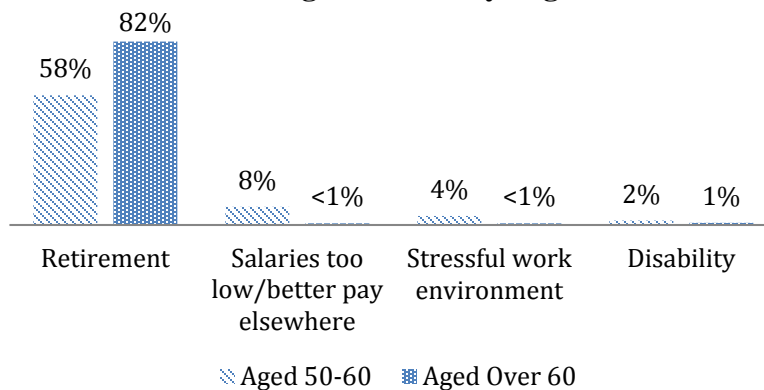

Figure 18: Reason to Leave Nursing Permanently- Age 50-60 and over 60years

SECTION 5: PROJECTED SUPPLY OF RNS 2014-2030

The projected number of RNs practicing in Utah through 2030 is based on the forecasted population growth in the state over the next 15 years per 100,000 population. The projected supply of RNs was calculated with the following formula: current FTEs+(average licenses issued per year-predicted retirement loss). It is projected that by 2030, there will be 46,037 active RNs working in Utah. This is an increase from a ratio of 690 RNs per 100,000 Utahn's to an estimated 1,391 RNs per 100,000 Utahn's, according to population estimates published by the Governor's Office of Planning and Budget. This projection results in a 5% average annual increase in the number of nurses per year in Utah between 2014 and 2030.

Figure 19: Projected Supply of RNs for Utah 2014-2030
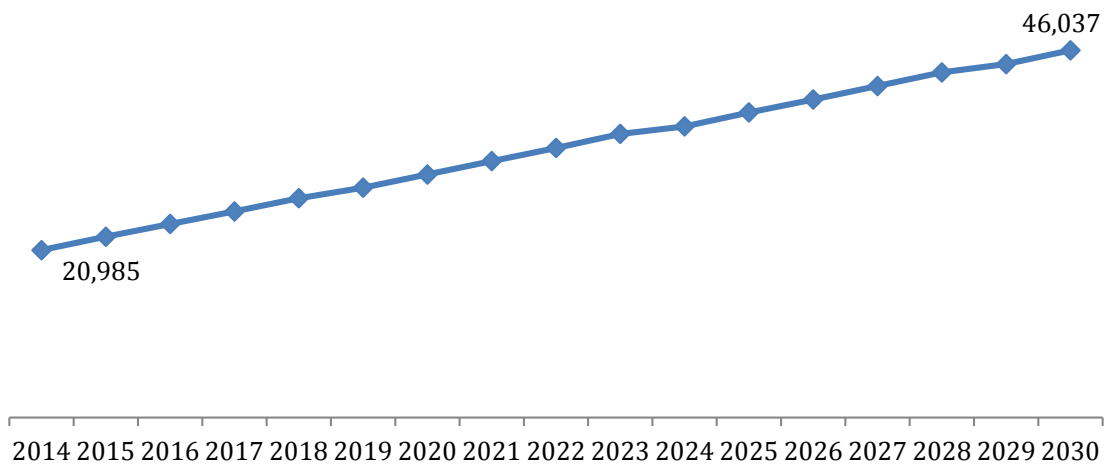
The most well recognized projection of nursing workforce supply comes from the HRSA Bureau of Health Workforce National Center for Health Workforce Analysis. Their most recent report entitled The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025 provides a number of RN FTEs in the state of Utah in 2012 at 19,700 and projects this number to grow to 31,200 by 2025. This is a 4% annual increase in the number of RN FTEs in the state of Utah over time.

Conclusion

In summary, Utah's RN workforce will continue to see growth through 2030. As this workforce and the Utah population grow, it will be important to increase the number of

racial and ethnic minority RNs working in Utah. Currently, this workforce is largely a white, female workforce which offers little diversity to healthcare. It will be important to promote the nursing career to both racial minorities and male students.

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APPENDIX A: SURVEY INSTRUMENT

<div style="background-color:#8faadc;text-align:center;">

Utah Medical Education Council
Registered Nurse Workforce Survey 2014

</div>

Demographics

1. **Please indicate your gender and age:**   Gender: ☐ **Female**   ☐ **Male**   _____ **Age**

2. **What is your ethnic/racial background?** (*please mark only one*)
   ☐ American Indian/Alaska Native   ☐ African American   ☐ Asian   ☐ Hispanic/Latino
   ☐ Native Hawaiian/Pacific Islander   ☐ White/Caucasian   ☐ Other (*please specify*)_____

3. **Please describe the area where you spent the majority of your upbringing** (*when you lived there):*
   ☐ Rural   ☐ Suburban   ☐Urban/Metropolitan Area   State:_____

Licensure/Education Information

4. **Did you work any of the following health related jobs before completing your initial RN education?**
   ☐ No Health Related Position Before RN Education   ☐ Medical Assistant
   ☐ Nursing Aide or Nursing Assistant   ☐ Laboratory Technician
   ☐ Home Health Aide or Assistant   ☐ Radiological Technician
   ☐ Licensed Practical or Vocational Nurse   ☐ Manager in Health Care Setting
   ☐ Emergency Medical Technician (EMT) or paramedic   ☐ Military Medical Corps
   ☐ Other Type of Health Related Position: (please specify)_____

5. **What type of nursing degree/credential qualified you for your first U.S. nursing license?**
   ☐ Vocational/Practical Certificate-Nursing   ☐ Baccalaureate Degree-Nursing
   ☐ Diploma -Nursing   ☐ Master's Degree-Nursing
   ☐ Associate Degree-Nursing   ☐ Doctorate Degree-Nursing

6. **In what state did you receive your nursing degree/credential that qualified you for your initial RN License?**
   State:_____

7. **What year did you obtain your first U.S. RN License?**   **Year:** _____
   a. **Please specify any other country where you have
      obtained an RN license:**   **Country:_____**

8. **How did you finance your initial RN education? Please mark all that apply**
   ☐   Earnings From Your Health-Care-Related Employment   ☐   Employer Tuition Reimbursement Plan
   ☐   Earnings From Your Non-Health-Care-Related Employment   ☐   Federally Assisted Loan
   ☐   Earnings From Other Household Members   ☐   Other Type of Loan
   ☐   State or Local Government Scholarship or Grant   ☐   Personal Household Savings
   ☐   Other Family Resources (*Parents or Other Relatives*)   ☐   Non-Government Scholarship or Grant
   ☐   Other Resources   ☐   Educational Institution Scholarship

9. **What is your highest level of education?**
   ☐ Diploma-Nursing   ☐ Master's Degree-Nursing
   ☐ Associate-Nursing   ☐ Master's Degree-Non-Nursing
   ☐ Associate Degree-Non-Nursing   ☐ Doctoral Degree-Nursing (PhD)
   ☐ Baccalaureate Degree-Nursing   ☐ Doctoral Degree- Nursing practice (DNP)
   ☐ Baccalaureate Degree-Non-Nursing   ☐ Doctoral Degree-Nursing Other
                                          ☐ Doctoral Degree- Non-Nursing

Employment Information

10. **Please indicate your average number of work hours per week:** *(please mark N/A if It doesn't apply)*
    In Utah:_____   *(if no out of state hours, skip a. & b. below)*   Out of Utah:_____   *(continue to a. below)*
    a. **If you indicated Out of State hours, please list the one state where you provide the majority of services outside of Utah:** _____
    b. **If you do not provide any health care services in Utah…**
        i. **Please list the reason(s) you maintain a Utah license:**
        _____
        ii. **Please indicate the ONE main reason why you no longer practice in Utah:**
        *(please provide only one reason)*_____

11. **Please indicate the type(s) of position(s) you hold:** *(please mark all that apply)*
    ☐ Full Time Nursing   ☐ Full Time Non-Nursing   ☐ Faculty-Nursing   ☐ Single Employment Position
    ☐ Part Time Nursing   ☐ Part Time Non-Nursing   ☐ Retired   ☐ Multiple Employment Positions
    ☐ Contractor-Nursing   ☐ Temporary-Nursing   ☐ Volunteer in Nursing
    ☐ Unemployed-Seeking Work as Nurse   ☐ Unemployed-Not Seeking Work as a Nurse

    a. **If you marked above that you are a contractor, on average, how many contracts do you provide services for per month?** _____
    c. **If you marked you were unemployed in the previous question, please indicate your reason for being unemployed** *(please mark all that apply)*:
        ☐ Taking Care of Home   ☐ Taking Care of Family   ☐ Disabled
        ☐ Inadequate Salary   ☐ Attending School   ☐ Difficulty Finding Nursing Position
        ☐ Other *(please specify)* _____

12. **Please indicate the practice Name, Zip Code of your primary practice/contracting location as well as that of any other location(s)** *(if applicable)*. **Also, Please estimate the total hours worked per week** *(not including on call)* **at each practice location.**
    Primary Practice/Contract   Name:_____   Zip:_____   Total hrs/wk:_____
    Secondary Practice/Contract   Name:_____   Zip:_____   Total hrs/wk:_____
    Other Practice/Contract   Name:_____   Zip:_____   Total hrs/wk:_____

13. *Please identify the type of setting that most closely corresponds to your nursing practice position*
    *(**P**-Primary Setting, **S**- Secondary Setting)*

P	S		P	S	
☐	☐	Hospital	☐	☐	School Health Service
☐	☐	Home Health	☐	☐	Occupational Health
☐	☐	Correctional Facility	☐	☐	Ambulatory Care Setting
☐	☐	Academic Setting	☐	☐	Insurance Claims/Benefits
☐	☐	Public Health	☐	☐	Policy/Planning/Regulatory/Licensing
☐	☐	Community Health	☐	☐	Other
☐	☐	Nursing Home/Extended Care/ Assisted Living Facility			Specify _____

14. **Have you changed your primary work setting within the last year?**
    ☐ Yes *(answer a. below)*   ☐ No *(proceed to next question)*
    a. **Please indicate the work setting you moved FROM based on the setting categories from the previous question:**_____

15. **Please rank the top three employer-offered benefits that factored in your decision to work where you are currently employed?***(please place a 1,2 or 3 next to three of the following options, please only rank three of the options)*

_____Paid Vacation   _____Annual Signing Bonus   _____Retirement Plan   _____Health Insurance

_____Base Salary   _____Schedule Flexibility   _____Pension   _____Upward Mobility

_____Annual Raise   _____Reputation of Facility   _____Shift Differential Pay

_____Other*: (please specify)*_____

16. **Do you precept/mentor nursing students?** ☐ **Yes** ☐ **No**

    If yes, how many do you mentor per academic year? _____

    a. If yes, have you experienced any of the following as a result of being a preceptor/mentor?   ☐ Burnout   ☐ Stress   ☐ Inadequate Compensation   ☐ Inconvenience

    b. If you do not currently precept/mentor students, would you like to in the future?   ☐ Yes   ☐ No

    c. If no, please briefly explain why not:_____

17. **Please indicate what level of care or type of work that most closely corresponds to your nursing position.**

P	S		P	S	
☐	☐	General or Specialty Inpatient	☐	☐	Surgery(pre-op &post-op)
☐	☐	Critical/Intensive Care	☐	☐	Ambulatory Care
☐	☐	Step-down, Transitional, Telemetry	☐	☐	Ancillary Care
☐	☐	Sub-acute Care	☐	☐	Home Health
☐	☐	Emergency	☐	☐	Public Health/Community Health
☐	☐	Urgent Care	☐	☐	Education
☐	☐	Rehabilitation	☐	☐	Business, Administration, Case management
☐	☐	Long-Term Care/Nursing Home	☐	☐	Research
☐	☐	Other:(please specify)_____			

18. **Please indicate the clinical specialty in which you currently practice**.
(mark the specialty you spend the most time practicing in under primary. If applicable, mark the specialty you spend the next most time practicing in under secondary.) **Mark only one in each column.**

P	S		P	S	
☐	☐	No Patient Care	☐	☐	Labor and Delivery
☐	☐	General Medical Surgical	☐	☐	Neurological
☐	☐	Critical Care	☐	☐	Obstetrics
☐	☐	Cardiac or Cardiovascular Care	☐	☐	Occupational Health
☐	☐	Chronic Care	☐	☐	Oncology
☐	☐	Dermatology	☐	☐	Primary Care
☐	☐	Emergency or Trauma Care	☐	☐	Psychiatric or Mental Health
☐	☐	Gastrointestinal	☐	☐	Pulmonary
☐	☐	Gynecology (Women's Health)	☐	☐	Radiology
☐	☐	Hospice	☐	☐	Renal/Dialysis
☐	☐	Infections/Communicable Disease	☐	☐	Other:(please specify)_____

16. Please indicate the patient population you spend at least 50% of your patient care time with.

P	S		P	S	
☐	☐	No Patient Care	☐	☐	Newborn or Neonatal
☐	☐	Adult	☐	☐	Pediatric and/or Adolescent
☐	☐	Geriatric	☐	☐	Pre-natal
☐	☐	Multiple Age Groups *(less than 50% time spent with any of the above)*	☐	☐	Other: Specify:_____

17. Please identify the primary position title that most closely corresponds to your nursing position:

☐ Consultant   ☐ Nurse Manager   ☐ Staff Nurse
☐ Nurse Researcher   ☐ Nurse Educator-Clinical Setting ☐ Other-Health Related
☐ Nurse Executive-Clinical ☐ Nurse Educator-Academic Setting ☐ Other-Not Health Related
☐ Nurse Executive-Academic ☐ Advanced Practice Nurse   ☐ Nurse Care Manager

18. What is your average annual gross *(before tax)* **income** *excluding benefits***?**

☐ <$20,000   ☐ $50,000-$59,999   ☐ $90,000-$99,999
☐ $20,000-$29,999   ☐ $60,000-$69,999   ☐ $100,000-$109,999
☐ $30,000-$39,999   ☐ $70,000-$79,999   ☐ $110,000-$200,000
☐ $40,000-$49,999   ☐ $80,000-$89,999   ☐ >$200,000

19. How many years have you been with your current primary employer? _____

20. In how many years do you plan on retiring? _____

21. Do you plan to leave your primary work setting?
☐ Yes, within 1 year
☐ Yes, in 1 to 3 years
☐ No plans to leave within the next 3 years
☐ Undecided

22. If you plan to leave your primary work position within 3 year, do you:
☐ Plan to move to another nursing position
☐ Plan to leave the nursing field temporarily but return in the future *(see a. and b. below)*
☐ Plan to leave the nursing field permanently *(see c. below)*

    a. If you plan to leave the nursing field temporality, what is your reason for planning to leave?
    _____

    b. When do you plan to return to nursing? _____

    c. If you plan to leave the nursing field permanently, what is your primary reason?

☐ Retirement	☐ Skills Are Out of Date
☐ Taking Care of Home and Family	☐ Liability Concerns
☐ Salaries Too Low/Better Pay Elsewhere	☐ Inability to Practice Nursing on a Professional Level
☐ Stressful Work Environment	☐ Lack of Advancement Opportunities
☐ Scheduling/Inconvenient Hours	☐ Lack of Good Management or Leadership
☐ Physical Demands of the Job	☐ Career Change
☐ Disability	☐ Travel
☐ Illness	☐ To Seek More Education
☐ Inadequate Staffing	☐ Lack of Collaboration/Communication Between
☐ Burnout	Health Care Professionals
☐ Other:(please specify)_____	

THANK YOU VERY MUCH FOR YOUR PARTICIPATION. PLEASE RETURN THE SURVEY IN THE PROVIDED POSTAGE PAID ENVELOPE.

Utah Medical Education Council ● 230 South 500 East, Suite 210, Salt Lake City, UT 84102 ● «LIC_7»