Department *of* Health & Human Services | Primary Care & Rural Health

Utah Advanced Practice Registered Nurse Survey

Proposed profession-specific survey tool for Advanced Practice Registered Nurse (APRN), APRN Intern, Certified Midwives (CNM), CNM Intern, Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS) license application & renewals

Utah Health Workforce Advisory Council

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Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC) health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023.

The UCPMDS serves as a foundational data system upon which this APRN profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, customized options relevant to those in APRN professions have been incorporated. These proposed response options were pulled from historic workforce surveys from the Utah Medical Education Council (UMEC), which were developed and approved by voluntary committees of stakeholders familiar with the professions.

APRN minimum data set (MDS) survey questions

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?

   [Single select]

   a. Male
   b. Female
   c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes. [Multi-select]

   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. Middle Eastern or North African
   e. Native Hawaiian/Pacific Islander
   f. White
   g. Other race

3. Are you of Hispanic, Latina/o, or Spanish origin? [Single select]

   a. No
   b. Yes

Qualifying education

4. What type of degree/credential first qualified you for this license?

   [Single select]

   a. Technical/vocational certificate
   b. Associate degree
   c. Bachelor's degree
   d. Master's degree
   e. Post-graduate training

f. Professional/doctorate degree
g. Postdoctoral training

Residency Year – year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this APRN license?

   [Single select] [Drop-down list ranging from 1925 - 2025]

Where completed qualifying education

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

   [Single Select]

   a. [LIST OF U.S. STATES and territories]
   b. Another country (not U.S.)

Qualifying education country

7. In which city & country did you complete the education program/degree?

Highest level of nursing education

8. What is your highest level of nursing education?

   [Single select]

   a. Master's degree
   b. Post-graduate training
   c. Doctor of Nursing Practice (DNP)
   d. Doctoral Degree – Nursing Other
   e. Postdoctoral training

Highest level of nursing education year

9. What year did you complete your highest level of nursing education?
   [Single select] [Drop-down list ranging from 1925 - 2025]

Highest level of non-nursing education year

10. What is your highest level of non-nursing education?

    [Single select]

    a. High school diploma (or equivalency)

b. Some college, no degree
c. Technical/vocational certificate
d. Associate degree
e. Bachelor's degree
f. Master's degree
g. Post-graduate training
h. Professional/doctorate degree)
i. Postdoctoral training

Highest level non-nursing education year

11. What year did you complete your highest level of non-nursing education?
[Single select] [Drop-down list ranging from 1925 - 2025]

APRN Role

12. Please indicate your APRN role.
[Single select]
    a. Nursing Practitioner (NP
    b. Clinical Nurse Specialist (CNS)
    c. Certified Nurse Midwife (CNM)
    d. Certified Registered Nurse Anesthetist (CRNA)
    e. Other

Employment status

13. What is your employment status?
[Single select]
    a. Actively working in a position that requires this license.
    b. Actively working in a position in the field of nursing that does not require this license.
    c. Actively working in a position in a field other than nursing.
    d. Unemployed and seeking work that requires this license.
    e. Unemployed and not seeking work that requires this license.
    f. Volunteer as an APRN.
    g. Retired.
    h. Other

Employment plans

14. What best describes your employment plans for the next 2 years?
[Single select]

    a. Increase hours in a field related to this license.
    b. Decrease hours in a field related to this license.
    c. Seek employment in a field unrelated to this license.
    d. Seek alternative employment in a field related to this license, but reduce hours in patient care.
    e. Retire
    f. Continue as you are.
    g. Unknown.

Employment hour change

15. If you indicated you plan to increase hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "not applicable."
[Single select]

    a. 1–4 hours per week
    b. 5–8 hours per week
    c. 9–12 hours per week
    d. 13–16 hours per week
    e. 17–20 hours per week
    f. 21–24 hours per week
    g. 25–28 hours per week
    h. 29–32 hours per week
    i. 33–36 hours per week
    j. 37-40 hours per week
    k. 41 or more hours per week
    l. Not applicable

16. If you indicated that you plan to decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "not applicable."
[Single select]

a. 0 hours per week
b. 1–4 hours per week
c. 5–8 hours per week
d. 9–12 hours per week
e. 13–16 hours per week
f. 17–20 hours per week
g. 21–24 hours per week
h. 25–28 hours per week
i. 29–32 hours per week
j. 33–36 hours per week
k. 37-40 hours per week
l. 41 or more hours per week
m. Not applicable

Telehealth

17. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.

Of the hours per week spent in **direct patient care**, estimate the average number of hours per week delivering patient care **via telehealth**.
[Single select] [Drop-down list ranging from 0-41+]

Population groups

18. Please indicate the population groups to which you provide clinical services. Please check all that apply.

[Multi select]

a. Newborns
b. Children (ages 2–10)
c. Adolescents (ages 11–19)
d. Adults
e. Geriatrics (ages 65+)
f. Pregnant women
g. Veterans
h. Incarcerated individuals
i. Individuals with disabilities

j. Individuals experiencing homelessness
k. Individuals who speak a language other than English
l. Medicaid beneficiaries
m. Medicare beneficiaries
n. Sliding fee scale
o. Uninsured individuals
p. Privately insured individuals
q. None of the above

Specialty

19. Which of the following best describes your primary specialty/field/area of practice, in which you spend most of your professional time?
    a. No Specific Area of Practice/Not applicable
    b. Acute Care
    c. Addiction/Substance Use
    d. Aesthetics/Medical Spa
    e. Allergy & Immunology
    f. Ambulatory Care
    g. Anesthesiology – General
    h. Behavioral/Mental Health
    i. Cardiac Care
    j. Cardio-Thoracic Surgery
    k. Case Management
    l. Clinical Research
    m. Community/Public Health
    n. Critical Care/ICU
    o. Dermatology
    p. Developmental Disability
    q. Domestic Violence
    r. Emergency or Trauma Care
    s. Endocrinology & Metabolism
    t. Environmental Health
    u. Family Planning
    v. Family Practice/Primary Care
    w. Forensics

x. Gastroenterology
y. Genetics
z. Geriatrics
aa. Hematology/Oncology
bb. HIV/AIDS
cc. Home Health
dd. Hospice/Palliative care
ee. Hospitalist
ff. Infectious Diseases
gg. Informatics
hh. Internal Medicine
ii. Legal Nursing
jj. Medical – Oncology
kk. Medical – Surgical
ll. Neonatal
mm. Nephrology
nn. Neurological Surgery
oo. Obesity Medicine
pp. Obstetrics/Gynecology
qq. Occupational Health
rr. Ophthalmology
ss. Orthopedic Surgery
tt. Ostomy/Wound Care
uu. Otolaryngology
vv. Pain Management
ww. Pathology
xx. Pediatrics
yy. Plastic Surgery
zz. Preventive/Occupational Medicine
aaa. Psychiatric – Mental Health
bbb. Pulmonary Disease/CCM
ccc. Radiation Oncology
ddd. Radiology
eee. Rehabilitation
fff. Renal/Dialysis

ggg. Rheumatology

hhh. Risk Management

iii. School Health

jjj. Sports Medicine

kkk. Surgery/General

lll. Urology

mmm. Other Specialty

Second specialty

20. Which of the following best describes your primary specialty/field/area of practice, in which you spend most of your professional time?
    a. No Specific Area of Practice/Not applicable
    b. Acute Care
    c. Addiction/Substance Use
    d. Aesthetics/Medical Spa
    e. Allergy & Immunology
    f. Ambulatory Care
    g. Anesthesiology – General
    h. Behavioral/Mental Health
    i. Cardiac Care
    j. Cardio-Thoracic Surgery
    k. Case Management
    l. Clinical Research
    m. Community/Public Health
    n. Critical Care/ICU
    o. Dermatology
    p. Developmental Disability
    q. Domestic Violence
    r. Emergency or Trauma Care
    s. Endocrinology & Metabolism
    t. Environmental Health
    u. Family Planning
    v. Family Practice/Primary Care
    w. Forensics
    x. Gastroenterology

y. Genetics
z. Geriatrics
aa. Hematology/Oncology
bb. HIV/AIDS
cc. Home Health
dd. Hospice/Palliative care
ee. Hospitalist
ff. Infectious Diseases
gg. Informatics
hh. Internal Medicine
ii. Legal Nursing
jj. Medical – Oncology
kk. Medical – Surgical
ll. Neonatal
mm. Nephrology
nn. Neurological Surgery
oo. Obesity Medicine
pp. Obstetrics/Gynecology
qq. Occupational Health
rr. Ophthalmology
ss. Orthopedic Surgery
tt. Ostomy/Wound Care
uu. Otolaryngology
vv. Pain Management
ww. Pathology
xx. Pediatrics
yy. Plastic Surgery
zz. Preventive/Occupational Medicine
aaa. Psychiatric – Mental Health
bbb. Pulmonary Disease/CCM
ccc. Radiation Oncology
ddd. Radiology
eee. Rehabilitation
fff. Renal/Dialysis
ggg. Rheumatology

hhh. Risk Management

iii. School Health

jjj. Sports Medicine

kkk. Surgery/General

lll. Urology

mmm. Other Specialty

Practice location – primary practice

21. What is your primary practice location? If this does not apply, please select "N/A."

    a. Address _____

    b. Address 2 _____

    c. City _____

    d. State _____

    e. Postal code _____

    f. Country/Region _____

Employment type/arrangement – primary practice

22. Which of the following best describes your current employment arrangement at your principal practice location?

    [Multi Select]

    a. Self-employed/consultant

    b. Salaried

    c. Hourly

    d. Temporary employment/locum tenens

    e. Other

    f. Not applicable

Position role/title – primary practice

23. Please identify the role/title(s) that <u>most closely</u> corresponds to your primary employment/practice type.

    [Multi Select]

    a. Administrator

    b. Clinical practice

    c. Faculty/educator

    d. Researcher

e. Other
f. Not applicable

Setting type—primary practice

24. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable."

[Single select]

a. Not applicable
b. Academic institution
c. Ambulatory Surgical Center
d. Birthing Center
e. Certified Rural Health Clinic
f. Corrections facility
g. Faculty (College or University)
h. Federally Qualified Health Center
i. Federal Hospital (VA)
j. Government/Planning Agency
k. Group APRN Practice
l. Home Health Agency
m. Hospice Care
n. Hospital – Ambulatory Care Center
o. Hospital – Emergency Department
p. Hospital – Inpatient
q. Hospital – Outpatient
r. Insurance Company
s. Non-Hospital Based Outpatient Clinic
t. Non-Hospital Based Urgent Care Facility
u. Non profit/Donation Facility
v. Nursing Home/Long Term Care Facility
w. Occupational Health
x. Pharmaceutical Company
y. Physician Multi-Specialty Group
z. Physician Practice Solo
aa. Physician Single Specialty Group
bb. Self-Employed/Contractor (Solo)
cc. Spa/Aesthetic/Weight Loss Clinic

dd. Student/School Health

ee. Telehealth

ff. Other

Hours/week—primary practice

25. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable." Does not include time on call. [Single select] [Drop-down list ranging from 0/Not applicable – 41+]

Hours/week in direct patient care—primary practice

26. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select "not applicable." [Single select] [Drop-down list ranging from 0/Not applicable – 41+]

Practice location—secondary practice

27. What is your primary practice location? If this does not apply, please select "N/A."

a. Address _____

b. Address 2 _____

c. City _____

d. State _____

e. Postal code _____

f. Country/Region _____

Employment type/arrangement—secondary practice

28. Which of the following best describes your current employment arrangement at your secondary practice location?

[Multi Select]

a. Self-employed/consultant

b. Salaried

c. Hourly

d. Temporary employment/locum tenens

e. Other

f. Not applicable

Position type/role—secondary practice

29. Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.

    [Multi Select]

    a. Administrator
    b. Clinical practice
    c. Faculty/educator
    d. Researcher
    e. Other
    f. Not applicable

Setting type—secondary practice

30. Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select "not applicable."

    [Single select]

    a. Not applicable
    b. Academic institution
    c. Ambulatory Surgical Center
    d. Birthing Center
    e. Certified Rural Health Clinic
    f. Corrections facility
    g. Faculty (College or University)
    h. Federally Qualified Health Center
    i. Federal Hospital (VA)
    j. Government/Planning Agency
    k. Group APRN Practice
    l. Home Health Agency
    m. Hospice Care
    n. Hospital – Ambulatory Care Center
    o. Hospital – Emergency Department
    p. Hospital – Inpatient
    q. Hospital – Outpatient
    r. Insurance Company
    s. Non-Hospital Based Outpatient Clinic
    t. Non-Hospital Based Urgent Care Facility
    u. Non profit/Donation Facility

v. Nursing Home/Long Term Care Facility
w. Occupational Health
x. Pharmaceutical Company
y. Physician Multi-Specialty Group
z. Physician Practice Solo
aa. Physician Single Specialty Group
bb. Self-Employed/Contractor (Solo)
cc. Spa/Aesthetic/Weight Loss Clinic
dd. Student/School Health
ee. Telehealth
ff. Other

Hours/week—secondary practice

31. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select "not applicable." Does not include time on call.

    [Single select] [Drop-down list ranging from 0/Not applicable – 41+]

Hours/week in direct patient care—secondary practice

32. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select "not applicable."

    [Single select] [Drop-down list ranging from 0/Not applicable – 41+]

APRN educational debt

33. Please mark the amount of total educational debt incurred for your highest nursing degree (at time of graduation, excluding pre-APRN and non-education debt).

    [Single Select]

    a. No debt
    b. $1–$20,000
    c. $20,001–$40,000
    d. $40,001–$60,000
    e. $60,001–$80,000
    f. $80,001–$100,000
    g. $100,001–$120,000
    h. $120,001–$140,000
    i. $140,001–$160,000

j. $160,001–$180,000
k. $180,001-$200,000
l. $200,001-$220,000
m. $220,001-$240,000
n. $240,001-$280,000
o. 280,001 or above
p. Prefer not to answer

Precepting

36. Have you mentored/precepted students within the last two years?

[Single select]

a. Yes
b. No
c. Prefer not to say
d. Not applicable

The End

Thank you for completing Utah's Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to "Activity"and select "your started renewal form" and continue from there.