



2024 Utah Advanced Practice Registered Nurse survey

Utah Health Workforce Advisory Council

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 applications & renewals

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Prepared by: Health Workforce Information Center



Utah Department of
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Services

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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, 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 recommendations

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?
[Single select]
 - a. Male
 - b. Female
 - c. Prefer not to answer

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. Native Hawaiian/Pacific Islander
 - e. White
 - f. Other race
3. Are you of Hispanic or Latino 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

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license? (YYYY)
[Open text field]

Where completed 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]
- [list of U.S. States and territories]
 - Another country (not U.S.)

Highest level of education

7. What is your highest level of nursing education?
[Single select]
- Master's degree
 - Post-graduate training
 - Doctor of Nursing Practice (DNP)
 - Doctoral Degree- Nursing Other
 - Postdoctoral training
8. What year did you complete your highest level of nursing education? (YYYY)
[Open text field]
9. What is your highest level of non-nursing education?
[Single select]
- High school diploma (or equivalency)
 - Some college, no degree
 - Technical/vocational certificate
 - Associate degree
 - Bachelor's degree
 - Master's degree
 - Post-graduate training
 - Professional/doctorate degree
 - Postdoctoral training

10. What year did you complete your highest level of non-nursing education? (YYYY)
[Open text field]

APRN role

Important question for data analysis. More granular than existing data categories, and help to distinguish NPs and CNSs.

11. If you are an Advanced Practice Registered Nurse, please indicate your APRN role.
[Multi select]
- a. Nurse Practitioner (NP)
 - b. Clinical Nurse Specialist (CNS)
 - c. Certified Nurse Midwife (CNM)
 - d. Certified Registered Nurse Anesthetist (CRNA)
 - e. Other

Employment status

12. 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

Future employment plans

13. 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

14. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in Q11, 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

15. 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 landline 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]

- a. 0 hours per week/Not applicable
- 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

Patient characteristics

16. 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

17. Which of the following best describes the **primary** specialty/field/area of practice in which you spend most of your professional time?

[Single select]

- | | |
|--|-----------------------------|
| a. No specific area of practice/not applicable | i. Cardiac care |
| b. Acute care | j. Cardio-thoracic surgery |
| c. Addiction/substance use | k. Case management |
| d. Aesthetics/medical spa | l. Clinical research |
| e. Allergy and immunology | m. Community/ public health |
| f. Ambulatory care | n. Critical care/ ICU |
| g. Anesthesiology/general | o. Dermatology |
| h. Behavioral/ mental health | p. Developmental disability |
| | q. Domestic violence |

- | | | | |
|-----|---------------------------------|------|--------------------------------------|
| r. | Emergency or trauma care | qq. | Occupational health |
| s. | Endocrinology and
metabolism | rr. | Ophthalmology |
| t. | Environmental health | ss. | Orthopedic surgery |
| u. | Family planning | tt. | Ostomy/wound care |
| v. | Family practice | uu. | Other specialty |
| w. | Forensics | vv. | Otolaryngology |
| x. | Gastroenterology | ww. | Pain management |
| y. | Genetics | xx. | Pathology |
| z. | Geriatrics | yy. | Pediatrics |
| aa. | Hematology/oncology | zz. | Plastic surgery |
| bb. | HIV/AIDS | aaa. | Preventive/ occupational
medicine |
| cc. | Home health | bbb. | Primary care |
| dd. | Hospice / palliative care | ccc. | Psychiatric/ mental health |
| ee. | Hospitalist | ddd. | Pulmonary disease/ CCM |
| ff. | Infectious diseases | eee. | Radiation oncology |
| gg. | Informatics | fff. | Radiology |
| hh. | Internal medicine | ggg. | Rehabilitation |
| ii. | Legal nursing | hhh. | Renal/ dialysis |
| jj. | Medical/oncology | iii. | Rheumatology |
| kk. | Medical/surgical | jjj. | Risk management |
| ll. | Neonatal | kkk. | School health |
| mm. | Nephrology | lll. | Sports medicine |
| nn. | Neurological surgery | mmm. | Surgery/general |
| oo. | Obstetrics/gynecology | nnn. | Urology |
| pp. | Obesity medicine | | |

18. Which of the following best describes the secondary specialty/field/area of practice in which you spend most of your professional time?

[Single select]

- | | | | |
|----|--|----|---------------------------|
| a. | No specific area of
practice/not applicable | h. | Behavioral/ mental health |
| b. | Acute care | i. | Cardiac care |
| c. | Addiction/substance use | j. | Cardio-thoracic surgery |
| d. | Aesthetics/medical spa | k. | Case management |
| e. | Allergy and immunology | l. | Clinical research |
| f. | Ambulatory care | m. | Community/ public health |
| g. | Anesthesiology/general | n. | Critical care/ ICU |
| | | o. | Dermatology |

- | | | | |
|-----|---------------------------------|------|--------------------------------------|
| p. | Developmental disability | pp. | Obesity medicine |
| q. | Domestic violence | qq. | Occupational health |
| r. | Emergency or trauma care | rr. | Ophthalmology |
| s. | Endocrinology and
metabolism | ss. | Orthopedic surgery |
| t. | Environmental health | tt. | Ostomy/wound care |
| u. | Family planning | uu. | Other specialty |
| v. | Family practice | w. | Otolaryngology |
| w. | Forensics | ww. | Pain management |
| x. | Gastroenterology | xx. | Pathology |
| y. | Genetics | yy. | Pediatrics |
| z. | Geriatrics | zz. | Plastic surgery |
| aa. | Hematology/oncology | aaa. | Preventive/ occupational
medicine |
| bb. | HIV/AIDS | bbb. | Primary care |
| cc. | Home health | ccc. | Psychiatric/ mental health |
| dd. | Hospice / palliative care | ddd. | Pulmonary disease/ CCM |
| ee. | Hospitalist | eee. | Radiation oncology |
| ff. | Infectious diseases | fff. | Radiology |
| gg. | Informatics | ggg. | Rehabilitation |
| hh. | Internal medicine | hhh. | Renal/ dialysis |
| ii. | Legal nursing | iii. | Rheumatology |
| jj. | Medical/oncology | jjj. | Risk management |
| kk. | Medical/surgical | kkk. | School health |
| ll. | Neonatal | lll. | Sports medicine |
| mm. | Nephrology | mmm. | Surgery/general |
| nn. | Neurological surgery | nnn. | Urology |
| oo. | Obstetrics/gynecology | | |

Practice location - primary practice

Note: questions 20-21 would likely only apply to select professions where address-level information is needed to support detailed analysis. Could likely be excluded for this profession group, if desired.

19. In what state is your primary practice location? If this does not apply, please select "not applicable (N/A)"

[List of U.S. States and territories and option for N/A]

20. In what city is your primary practice location? If this does not apply, please indicate ""not applicable (N/A)""

[Open text field]

21. What is the street address of your primary practice location? If this does not apply, please indicate ""not applicable (N/A)"

[Open text field]

22. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate ""not applicable (N/A)"

[Open text field]

Employment type/arrangement - primary practice

23. 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 type/role - primary practice

24. Please identify the role/title(s) that most closely 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

25. 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. Academic institution | e. Corrections facility |
| b. Ambulatory surgical center | f. Faculty (college or university) |
| c. Birthing center | g. Federally qualified health center |
| d. Certified rural health clinic | h. Federal hospital (Veteran Affairs) |

- i. Government/ planning agency
- j. Group APRN practice
- k. Home health agency
- l. Hospice care
- m. Hospital—ambulatory care center
- n. Hospital—emergency department
- o. Hospital—inpatient
- p. Hospital—outpatient
- q. Insurance company
- r. Non-hospital based outpatient clinic
- s. Non-hospital based urgent care facility
- t. Nonprofit/donation facility
- u. Nursing home/long term care facility
- v. Occupational health
- w. Pharmaceutical company
- x. Physician multi—specialty group
- y. Physician practice solo
- z. Physician single specialty group
- aa. Self-employed/contractor (solo)
- bb. Spa/aesthetic/weight loss clinic
- cc. Student/school health
- dd. Telehealth
- ee. Other
- ff. Not applicable

Hours/week - primary practice

26. 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 outside of usual scheduled hours.**

[Single select]

- a. 0 hours per week/not applicable
- 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

Hours/week in direct patient care - primary practice

27. 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]

- a. 0 hours per week/ not applicable
- 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

***Note: questions 19-27 will need to be repeated for 2 practice locations, primary practice and secondary practice (questions 28-36).**

Educational debt

Information captured by this does have clear policy relevance (including discussions on student loan repayment programs), even though the answer will not change every 2 years.

37. Please indicate 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. \$280,000 or above
- p. Prefer not to answer

Precepting

Trends in preceptor capacity have been a topic of high priority in recent discussions regarding the workforce pipeline.

38. Have you mentored/precepted students within the last 2 years?

[Single select]

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