Department of Health & Human Services

Health Workforce Information Center (HWIC)

Utah Nursing Survey

Proposed profession-specific survey tool for Registered Nurse (RN), Licensed Practical Nurse (LPN), and RN Apprentice license applications & renewals

Utah Health Workforce Advisory Council

Adopted: September 26, 2023

Contents

Document background and overview

The Health Workforce Advisory Council (HWAC), with help from its Data Subcommittee and the Health Workforce Information Center (HWIC), developed the Utah Cross-Profession Minimum Data Set (UCPMDS). This list of survey questions is used to gather key information for health workforce planning throughout Utah**.** The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed through a collaboration among seven national healthcare regulatory organizations. The UCPMDS was reviewed and approved by HWAC on March 15, 2023. The HWIC maintains and analyzes health workforce data and uses the UCPMDS as a foundational framework for collecting consistent, comparable information across time and health professions to support the HWAC in workforce monitoring and planning.

The UCPMDS serves as the foundational data system upon which this nursing profession-specific tool was developed. For UCPMDS questions that required profession-specific response adjustments, customized options relevant to those in nursing professions have been incorporated. These proposed response options were informed by historic workforce surveys conducted by the Utah Medical Education Council (UMEC) and developed and approved through voluntary committees of stakeholders with expertise in the respective professions.

Nursing 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. 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

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?
   [Single select] [Drop-down list ranging from 1924 - 2025]

Qualifying education state

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 the United States)

Qualifying education country

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

   _____

Highest level of education

8. Please indicate what degree was conferred with your highest-level nursing degree?
   [Single select]
   a. Vocational/Practical Certificate
   b. Diploma
   c. Associate degree
   d. Baccalaureate degree
   e. Master's degree
   f. Doctorate degree (PhD)
   g. Doctorate degree (DNP)
   h. Doctorate degree (Other)
   i. Other

Highest Education Year

9. What year did you complete your highest level of education program?
   [Single select] [Drop-down list ranging from 1924 - 2025]

Employment status

11. 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 speech/audiology 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 work only
    g. Retired
    h. Other

Employment plans

12. 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

13. You indicated that 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. 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

14. 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

Specialty

15. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?
[Single select]
    a. No Patient Care
    b. No Specific Area

c. Acute/Critical Care
d. Adult Health
e. Family Health
f. Anesthesia
g. Cardiology/Cardiac/Cardiovascular Care
h. Chronic Care
i. Community Health
j. Dermatology
k. Gastrointestinal Health
l. Genetics
m. Gerontology/Geriatric Health
n. Hospice/Home Health/Palliative Care
o. Infectious/Communicable Disease
p. General Medical Surgical
q. Nephrology/Renal/Dialysis
r. Neurology/Neurosurgical
s. Gynecology/Women's Health
t. Obesity Medicine
u. Obstetrics/Maternal-Child Health/Labor & Delivery
v. Occupational Health
w. Oncology
x. Orthopedics
y. Neonatal Health
z. Pediatrics
aa. Perioperative
bb. Primary Care
cc. Public Health/Community Health
dd. Pulmonary/Respiratory
ee. Psychiatric/Mental Health/Substance Abuse
ff. Rehabilitation
gg. School Health
hh. Emergency/Trauma
ii. Radiology
jj. Urology
kk. Other

Telehealth

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

16. 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 hours per week/not applicable - 41+]

Patient characteristics

17. Please indicate the population groups to which you provide clinical services. Please check all that apply.
    [Multi select]
    a. Newborns (0-12 months)
    b. Children (ages 2 - 10)
    c. Adolescents (ages 11–19)
    d. Adults (ages 20-64)
    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

Primary practice location

18. What is your primary practice location? If this does not apply, please enter “N/A”.

a. Address _____
b. Address 2 _____
c. City _____
d. State _____
e. Postal code _____
f. Country/Region _____

Primary practice employment arrangement

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

[Single Select]

a. Self-employed/consultant
b. Salaried
c. Hourly
d. Per Diem Nurse
e. Staffing Agency Nurse
f. Temporary employment/locum tenens
g. Travel Nurse
h. Other
i. Not applicable

Primary practice position role or title

20. Please identify the role or title(s) that most closely corresponds to your primary employment/practice type.

[Single Select]

a. Advanced Practice Registered Nurse
b. Advice/Triage Nurse
c. Case Manager/Patient Care Coordinator/Discharge Planner
d. Clinical Nurse Leader
e. Community/Public Health Nurse
f. Consultant
g. Infection Control
h. Informatics
i. Nurse Executive (Academic)
j. Nurse Executive (Clinical)
k. Nurse Faculty

l. Nurse Manager
m. Nurse Preceptor
n. Nurse Researcher (Academic)
o. Nurse Researcher (Clinical)
p. Quality Improvement/Utilization Review
q. Staff Nurse/Direct Care Nurse
r. Surveyor/Auditor/Regulator
s. Other

Primary practice setting type

21. 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. Ambulatory Care
b. Certified Rural Health Center
c. Correctional Facility
d. Federally Qualified Health Center
e. Hospice/Home Health/Palliative Care
f. Hospital: Community
g. Hospital: Federal
h. Hospital: Long-Term
i. Hospital: Psychiatric
j. Hospital: Specialty
k. Insurance Claims/Benefits/Utilization Review
l. Multiple Facility Types
m. Nephrology/Dialysis Center
n. Nursing Home/Long Term Care Facility
o. Occupational Health
p. Policy/Planning/Regulator/Licensing Agency
q. Public/Community Health
r. School Health Service
s. School of Nursing/Academic Education Program
t. Travel to Other Venues for Consulting
u. Telehealth
v. Other
w. Not applicable

Primary practice hours

22. 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 hours per week/Not applicable – 41+]

Primary practice hours/week in direct patient care

23. 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 hours per week/Not applicable – 41+]

Secondary practice location

24. What is your secondary practice location? If this does not apply, please enter "N/A".
    a. Address _____
    b. Address 2 _____
    c. City _____
    d. State _____
    e. Postal code _____
    f. Country/Region _____

Secondary practice employment arrangement

25. Which of the following best describes your current employment arrangement at your secondary practice location?
    [Single Select]
    a. Self-employed
    b. Consultant
    c. Salaried
    d. Hourly
    e. Contractor/temporary employment/locum tenens (per diem, locum tenens)
    f. An owner/partial owner
    g. Volunteer
    h. Other
    i. Not applicable

Secondary practice role or title

26. Please identify the roles or titles that most closely correspond to your secondary employment/practice type.

[Multi Select]

a. Advanced Practice Registered Nurse
b. Advice/Triage Nurse
c. Case Manager/Patient Care Coordinator/Discharge Planner
d. Clinical Nurse Leader
e. Community/Public Health Nurse
f. Consultant
g. Infection Control
h. Informatics
i. Nurse Executive (Academic)
j. Nurse Executive (Clinical)
k. Nurse Faculty
l. Nurse Manager
m. Nurse Preceptor
n. Nurse Researcher (Academic)
o. Nurse Researcher (Clinical)
p. Quality Improvement/Utilization Review
q. Staff Nurse/Direct Care Nurse
r. Surveyor/Auditor/Regulator
s. Other

Secondary practice setting type

27. 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. Ambulatory Care
b. Certified Rural Health Center
c. Correctional Facility
d. Federally Qualified Health Center
e. Hospice/Home Health/Palliative Care
f. Hospital: Community
g. Hospital: Federal
h. Hospital: Long-Term
i. Hospital: Psychiatric
j. Hospital: Specialty
k. Insurance Claims/Benefits/Utilization Review

l. Multiple Facility Types
m. Nephrology/Dialysis Center
n. Nursing Home/Long Term Care Facility
o. Occupational Health
p. Policy/Planning/Regulator/Licensing Agency
q. Public/Community Health
r. School Health Service
s. School of Nursing/Academic Education Program
t. Travel to Other Venues for Consulting
u. Telehealth
v. Other
w. Not applicable

Secondary practice hours

28. Estimate the average number of hours per week spent at your secondary practice location. Does not include time on call.
[Single select] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Secondary practice hours in direct patient care

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

Educational debt

30. Please indicate the amount of educational debt incurred for your nursing education (at time of graduation, excluding 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 - $260,000
o. $260,001 - $280,000
p. $280,001 or above
q. Prefer not to answer

Precepting

31. Have you mentored students within the last two years?

[Single select]

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

Leaving field

32. If you plan to leave the nursing field permanently in the next 2 years, what is your primary reason for leaving?

[Single select]

a. No Plan to leave within the Next 2 Years/Not Applicable
b. Cease Working in Utah
c. Pursue Further Education
d. Pursue Other/Different Work
e. Increase Client Hours
f. Decrease Client Hours
g. Increase Teaching Hours
h. Decrease Teaching Hours
i. Undecided
j. Retirement
k. Taking Care of Home and Family
l. Salaries Too Low/Better Pay Elsewhere
m. Stressful Work Environment
n. Scheduling/Inconvenient Hours/Too many Hours

o. Physical Demands of the Job
p. Disability/Illness
q. Difficulty in Finding a Nursing Position
r. Volunteering in Nursing
s. Inadequate Staffing
t. Burnout
u. Skills are Out of Date
v. Liability Concerns
w. Inability to Practice Nursing on Professional Level
x. Lack of Advancement Opportunities
y. Lack of Good Management or Leadership
z. Career Change/Interest in Another Position
aa. Travel
bb. Lack of Collaboration/Communication between Healthcare Professionals
cc. Other

Qualifying Education Financing

33. How did you finance the nursing education program that first qualified you for your current license? (Please mark all that apply).

[Multiple select]

a. Earnings from Healthcare-Related Employment
b. Earnings from Non-Healthcare-Related Employment
c. Earnings from Other Household Members
d. Personal Household Savings
e. Federal Traineeship, Scholarship, or Grant
f. State of Local Government Scholarship, or Grant
g. Non-Government Scholarship or Grant
h. Educational Institution Scholarship
i. Employer Tuition Reimbursement Plan
j. Federally Assisted Loan
k. Other Type of Loan
l. Other Family Resources
m. Other Resources
n. Prefer not to say

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.