



# 2024 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

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Prepared by: Health Workforce Information Center



Utah Department of  
**Health & Human**  
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 (HWAC), health workforce planning. The UCPMDS was adapted from a cross-profession minimum data set (MDS) 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 nursing profession-specific tool is being 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 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.

# Nursing 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. 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? (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]

- a. [List of U.S. States and territories]
- b. Another country (not U.S.)

### Highest level of education

7. Please indicate what degree was conferred with your highest-level **nursing** degree and the year it was received:

[Single select]

- a. Vocational/practical certificate
- b. Diploma
- c. Associate degree
- d. Baccalaureate degree
- e. Master's degree
- f. Doctorate (PhD)
- g. Doctorate (DNP)
- h. Doctorate: other

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

### Employment status

9. 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 RN or LPN
  - g. Retired
  - h. Other

### Future employment plans

10. 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
11. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in the previous question, 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

12. 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                          | n. Hospice/home health/palliative care                 |
| b. No specific area                         | o. Infectious/communicable disease                     |
| c. Acute/critical care                      | p. General medical surgical                            |
| d. Adult health                             | q. Nephrology/renal/dialysis                           |
| e. Family health                            | r. Neurology/neurosurgical                             |
| f. Anesthesia                               | s. Gynecology/women's health                           |
| g. Cardiology/ cardiac/ cardiovascular care | t. Obstetrics/maternal-child health/labor and delivery |
| h. Chronic care                             | u. Obesity medicine                                    |
| i. Community health                         | v. Occupational health                                 |
| j. Dermatology                              | w. Oncology  |
| k. Gastrointestinal health                  | x. Orthopedics   |
| l. Genetics                                 |  |
| m. Gerontology/geriatric health             |  |

- |     |                                   |     |                        |
|-----|-----------------------------------|-----|------------------------|
| y.  | Neonatal health                   | ee. | Psychiatric/mental     |
| z.  | Pediatrics                        |     | health/substance abuse |
| aa. | Perioperative                     | ff. | Rehabilitation         |
| bb. | Primary care                      | gg. | School health          |
| cc. | Public health/community<br>health | hh. | Emergency/trauma       |
| dd. | Pulmonary/respiratory             | ii. | Radiology              |
|     |                                   | jj. | Urology                |

## Telehealth

13. 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

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

[Multi select]



- |                                  |  |
|----------------------------------|--|
| a. Newborns                      | homelessness   |
| b. Children (ages 2-10)          | k. Individuals who speak a language other than English |
| c. Adolescents (ages 11-19)      | l. Medicaid beneficiaries                              |
| d. Adults                        | m. Medicare beneficiaries                              |
| e. Geriatrics (ages 65+)         | n. Sliding fee scale                                   |
| f. Pregnant women                | o. Uninsured individuals                               |
| g. Veterans                      | p. Privately insured individuals                       |
| h. Incarcerated individuals      | q. None of the above                                   |
| i. Individuals with disabilities |  |
| j. Individuals experiencing      |  |

## Practice location - primary practice

*Note: questions 16-17 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.*

15. In what state is your primary practice location? If this does not apply, please select "not applicable (N/A)"  
[List of U.S. State and territories and option for not applicable]
16. In what city is your primary practice location? If this does not apply, please indicate "not applicable (N/A)"  
[Open text field]
17. What is the street address of your primary practice location? If this does not apply, please indicate "not applicable (N/A)"  
[Open text field]
18. 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

19. 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. Per diem nurse
- e. Staffing agency nurse
- f. Temporary employment/locum tenens
- g. Travel nurse
- h. Other
- i. Not applicable

### Position type/role - primary practice

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

- |  |   |
|--|---|
| a. Advanced practice registered nurse                      | k. Nurse faculty                          |
| b. Advice/triage nurse                                     | l. Nurse manager                          |
| c. Case manager/patient care coordinator/discharge planner | m. Nurse preceptor                        |
| d. Clinical nurse leader                                   | n. Nurse researcher (academic)            |
| e. Community/public health nurse                           | o. Nurse researcher (clinical)            |
| f. Consultant  | p. Quality improvement/utilization review |
| g. Infection control                                       | q. Staff nurse/direct care nurse          |
| h. Informatics   | r. Surveyor/auditor/regulator             |
| i. Nurse executive (academic)                              | s. Other                                  |
| j. Nurse executive (clinical)                              |   |

### Setting type - primary practice

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/ regulatory/ 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

## Hours/week - primary practice

22. Estimate the average number of hours per week spent 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

## Hours/week in direct patient care - primary practice

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]

- m. 0 hours per week/ not applicable
- n. 1–4 hours per week
- o. 5–8 hours per week
- p. 9–12 hours per week
- q. 13–16 hours per week
- r. 17–20 hours per week
- s. 21–24 hours per week
- t. 25–28 hours per week
- u. 29–32 hours per week
- v. 33–36 hours per week
- w. 37–40 hours per week
- x. 41 or more hours per week

**\*Note: questions 15-23 will need to be repeated for 2 practice locations, primary practice and secondary practice (questions 24-32).**

## Educational debt

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

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

[Single select]

- |                      |                        |
|----------------------|------------------------|
| a. No debt           | f. \$80,001–\$100,000  |
| b. \$1–\$20,000      | g. \$100,001–\$120,000 |
| c. \$20,001–\$40,000 | h. \$120,001–\$140,000 |
| d. \$40,001–\$60,000 | i. \$140,001–\$160,000 |
| e. \$60,001–\$80,000 | j. \$160,001–\$180,000 |

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

## Precepting

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

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

[Single select]

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

## Intent to leave profession

*Data element style: both question and response options are unique to this profession*

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

[Single select]

- |   |   |
|---|---|
| a. No plan to leave within the next three years | family  |
| b. Cease working in Utah                        | l. Salaries too low/better pay elsewhere        |
| c. Pursue further education                     | m. Stressful work environment                   |
| d. Pursue other/different work                  | n. Scheduling/inconvenient hours/too many hours |
| e. Increase client hours                        | o. Physical demands of the job                  |
| f. Decrease client hours                        | p. Disability/illness                           |
| g. Increase teaching hours                      | q. Difficulty in finding a nursing position     |
| h. Decrease teaching hours                      | r. Volunteering in nursing                      |
| i. Undecided                                    | s. Inadequate staffing                          |
| j. Retirement                                   |   |
| k. Taking care of home and                      |   |

- 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. To seek more education
  - cc. Lack of collaboration/ communication between healthcare professionals
  - dd. Other
35. Have you changed your primary work setting in the last 1-2 years?  
[Single select]
- a. Yes
  - b. No
36. If you indicated above that you have voluntarily switched employers in the past 2 years, please indicate the work setting that you left.  
[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/ regulatory/ 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

## Education financing

34. How did you finance your initial nursing education? (Please mark all that apply)

### MULTI-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 or 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