2024 Survey of Michigan Nurses

Survey Summary Report

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Office of Nursing Safety and Workforce Planning
Michigan Department of Health and Human Services

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Introduction

The Survey of Michigan Nurses has been supported by the Michigan Department of Health and Human Services-Office of Nursing Programs (MDHHS-ONP) annually since 2004 to gather information about the supply of nurses in Michigan. Information gathered from this survey is used to inform state and local decision-making about the recruitment, education, and employment status of the nurse population.

This survey includes questions that focus on 1) license type and educational background; 2) employment status, including current practice setting; 3) length of time practicing and plans to continue practicing as a nurse; and 4) demographic information.

Methodology

Survey Instrument

The MDHHS-ONP contracted with the Michigan Public Health Institute (MPHI) to update the annual Survey of Michigan Nurses, collect, and analyze the data, and report findings to nursing stakeholders in a variety of formats. In partnership with the MDHHS-ONP, MPHI held a meeting with nursing stakeholders in October of 2023 to discuss revisions to the 2023 survey instrument that would be incorporated into the 2024 edition. Most notably, there were newly added questions related to social determinants of health (SDOH), places of employment accepting and/or providing services to select populations, burnout/job satisfaction, challenges/barriers in pursuing education, along with additional response options related to employer supports. A copy of the 2024 Survey of Michigan Nurses can be found in Appendix A.

Survey Administration

Historically, nurses licensed in Michigan were divided into two cohorts, based upon the year in which they first received their license, and each cohort has renewed their license every two years. Nurses scheduled to renew their license were sent an electronic notification from the Michigan Department of Licensing and Regulatory Affairs (LARA) informing them of their license renewal period along with instructions for beginning the online renewal process. In previous years, the notification included an invitation to complete the Survey of Michigan Nurses which was available through two online options.

The first option was to click on a survey link located at the end of the license renewal online process. The second option was to use the survey's direct URL address listed on the notification. In 2018 and 2019, the link to the nursing licensure survey was moved to the confirmation of re-licensure sent to nurses following completion of the re-licensure process. In 2019, LARA revised the licensure renewal process to a new electronic system that sends a generic email notification to everyone who needs to renew their license, regardless of the type of license. Because of this updated licensure renewal process, the 2019 survey link was sent to all nursing licensees in a separate email from LARA.

Beginning in 2020, MPHI used the email addresses provided by LARA for all licensed nurses recorded in their licensure system to send electronic invites to complete the survey. Nursing associations and organizations were also notified and reminded nurses to complete the annual survey by using the emailed or general link. LARA also sent an email reminder to nurses to complete the survey. In 2024, the MDHHS-ONP used the email addresses provided by LARA for all licensed nurses recorded in their licensure system to send the reminder email sent by LARA in previous years, and the general survey link was also distributed via social media.

The survey was administered from January 16 to February 29, 2024. This timeframe was adjusted to accommodate report finalization requirements and to avoid conflict with surveys administered by other entities. Nurses were not required to go through the license renewal process to take the survey.

Definitions for Selected Nursing Populations

Advanced practice nurses (APNs) and advanced practice registered nurses (APRNs) were identified by asking only RNs about their national certification and LARA certification status (see Appendix A for survey questions). Nurses who have completed a national certification exam or completed a portfolio review as an advanced practice nurse, regardless of state certification, are now referred to as APNs within this report. Legislative changes in title protection in Michigan regarding advanced practice registered nurses (APRNs) now require nurses using the title of APRN be state certified as a nurse practitioner, nurse mid-wife, or clinical nurse specialist. While previously considered part of the category APRN, nurse anesthetists who are certified through the Michigan Public Health Code are not among those able to use the protected title of APRN.

The national APN certification denotes passage of an approved graduate educational program and associated national certification exam at the time of survey completion. The state certification from LARA denotes completion of a qualifying educational program and national certification exam as well as both registered nurse licensure and advanced practice nursing certification or nurse anesthetist certification with LARA at the time of survey completion.

Data Analyses

All percentages reported in the results section are presented as weighted estimates that reflect Michigan's overall nurse population. Data weights were calculated and applied to the 2016 through 2024 survey results so comparisons between these eight years can be made in cases where the survey questions were the same. However, comparing 2018 results with either of the two previous years should be done with some caution as the response rates for 2018 were considerably lower than previous years. Survey results from 2016 to 2024 cannot be compared with survey results from years prior to 2016 as those results were not presented as weighted estimates.

In addition to weighted estimates, 95-percent confidence intervals were calculated for selected results. Once data collection concluded, data from the online survey tool was imported into statistical software, Statistical Package for the Social Sciences (SPSS), and run through numerous data cleaning and validation analyses to identify out-of-range or missing values. Results where the accompanying confidence intervals do not overlap can be considered statistically significant at the 95% confidence level. Data are suppressed when the count (numerator) is less than 10 or the sample size (denominator) is less than 20 and an asterisk will be used to denote this in tables where this is applicable. A dash (-) will be used to indicate when the data for that variable was not available, not collected, or does not apply for the year the analysis took place. Both rules will also appear under appropriate tables and figures for future reference.

To see complete reports from previous years, visit minurse.org.

Limitations

There are several limitations that need to be noted concerning sample sizes. First, due to suppression rules, some breakdowns for LPNs are not able to be provided. In these cases, data will not be provided in tables, however, narrative is provided for comparisons that could be made. Second, those who

responded that they were gender non-binary, genderqueer, and transgender have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys. Due to the small number of responses in this category, gender comparisons can only be made between those who indicated that they were male or female.

SURVEY RESPONDENTS & RESPONSE RATES

A total of 27,012 nurses participated in the 2024 Survey of Michigan Nurses and are included in this report, which is higher than the 22,754 nurses who completed the 2023 survey. Even though there was a higher response rate in 2024, there were no significant differences in demographic characteristics between the two years. As with previous years, RNs make up around 91 percent of respondents, while LPNs only make up about nine percent of respondents.

Results of the 2024 Survey of Michigan Nurses

DEMOGRAPHICS

The distribution of responding nurses by demographic characteristics is presented in Table 1. Among Registered Nurses (RNs) in Michigan, most were between the ages of 55 and 74 years (46.1 percent), female (82.0 percent), white (81.9 percent), and located in the Detroit Metro area (26.3 percent). Licensed Practical Nurses (LPNs) were also most likely to be 55 to 74 years of age (44.3 percent), female (81.2 percent), white (65.7 percent), and located in the Detroit Metro area (24.9 percent).

Table 1. Demographic Characteristics of Survey Respondents, 2024

Demographics	RN = 24,518		LPN = 2,494	
	n	Estimate	n	Estimate
Age				
<25 years	138	0.6%	*	*
25 to 34 years	1,760	7.2%	143	5.7%
35 to 44 years	3,340	13.6%	346	13.9%
45 to 54 years	4,136	16.9%	434	17.4%
55 to 64 years	5,798	23.6%	566	22.7%
65 to 74 years	5,526	22.5%	517	20.7%
75+ years	913	3.7%	73	2.9%
Unknown	2,907	11.9%	407	16.3%
Gender				
Female	20,112	82.0%	2,026	81.2%
Male	1,844	7.5%	108	4.3%
Gender non-binary/ Genderqueer/Transgender [a]	37	0.2%	*	*
Prefer not to respond	384	1.6%	38	1.5%
Unknown	2,141	8.7%	314	12.6%
Race [b]				
White	20,068	81.9%	1,638	65.7%
Black	1,265	5.2%	453	18.2%
American Indian	325	1.3%	46	1.8%
Asian/ Pacific Islander	578	2.4%	39	1.6%
Other	542	2.2%	86	3.4%
Unknown	2,332	9.5%	329	13.2%

Demographics	RN = 24,518		LPN = 2,494	
	n	Estimate	n	Estimate
Hispanic or Latinx [b]				
Yes	453	1.8%	68	2.7%
No	21,606	88.1%	2,083	83.5%
Unknown	2,459	10.0%	343	13.8%
Middle Eastern [b]				
Yes	286	1.2%	15	0.6%
No	21,841	89.1%	2,137	85.7%
Unknown	2,391	9.8%	342	13.7%
Region				
Upper Peninsula	717	2.9%	155	6.2%
Northwest LP	914	3.7%	92	3.7%
Northeast LP	450	1.8%	64	2.6%
West/West Central	3,154	12.9%	335	13.4%
East Central	1,162	4.7%	144	5.8%
East	1,749	7.1%	193	7.7%
South Central	889	3.6%	65	2.6%
Southwest	1,443	5.9%	158	6.3%
Southeast	2,247	9.2%	196	7.9%
Detroit Metro	6,446	26.3%	621	24.9%
MI, Unknown Region	892	3.6%	93	3.7%
Outside MI	2,742	11.2%	111	4.5%
Unknown	1,713	7.0%	267	10.7%

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to select all races that apply to them.
* Data are suppressed if count is less than 10 or sample population was less than 20.

In Table 2, the demographics are presented for licensed nurses who indicated they have passed a national certification exam for national certification as a nurse practitioner, nurse-midwife, clinical nurse specialist, or nurse anesthetist (reported as “Completed National APN Certification”) in each demographic category. The second column shows those who, in addition to having passed a national APN certification exam, have also obtained certification from LARA (reported as “LARA-certified APRNs” or “nurse anesthetists”), allowing them to be recognized and practice as a certified APRN or nurse anesthetist in Michigan.

As shown in Table 2 on the following page, among all RNs, nurses who had passed the APN certification exam were most commonly 35 to 44 years old (16.1 percent); of those licensed nurses, 96.7 percent indicated they also had an APRN or nurse anesthetist certification from LARA. Among all National APN certified RNs, 14.4 percent were male, and 11.8 percent were female. Middle Eastern (14.4 percent), Asian (12.9 percent), and Black (12.2 percent) were the most common races and ethnicities for licensed nurses that passed a national APN certification exam. The most common region of residence and region of employment among APN certified nurses was Southeast Michigan (14.3 percent and 15.8 percent, respectively).

Table 2. Demographics of APNs who Completed National APN Certification & LARA-Certified APRNs and Nurse Anesthetists, 2024

Demographics	Completed National APN Certification N = 2,747		LARA-Certified APRNs N = 2,362	
	Estimate	95% CI	Estimate	95% CI
Total	**11.9%**	**(11.5%, 12.3%)**	**90.2%**	**(89.0%, 91.3%)**
Age				
<25 years	0.0%	(0.0%, 0.0%)	0.0%	(0.0%, 0.0%)
25 to 34 years	8.7%	(7.5%, 10.1%)	92.3%	(86.6%, 95.7%)
35 to 44 years	16.1%	(14.9%, 17.4%)	96.7%	(94.7%, 98.0%)
45 to 54 years	13.5%	(12.5%, 14.6%)	91.2%	(88.4%, 93.4%)
55 to 64 years	10.4%	(9.6%, 11.2%)	86.4%	(83.5%, 88.9%)
65+ years	11.0%	(10.3%, 11.8%)	73.1%	(69.7%, 76.2%)
Gender [a]				
Female	11.8%	(11.4%, 12.3%)	89.8%	(88.5%, 91.0%)
Male	14.4%	(12.9%, 16.1%)	93.2%	(89.5%, 95.6%)
Gender non-binary, Genderqueer, Transgender [a]	*	*	*	*
Prefer not to respond	8.8%	(6.4%, 12.1%)	95.1%	(84.0%, 98.6%)
Race [b]				
White	11.8%	(11.3%, 12.3%)	90.1%	(88.7%, 91.4%)
Black	12.2%	(10.5%, 14.1%)	93.5%	(87.8%, 96.6%)
American Indian	6.0%	(3.9%, 9.1%)	91.8%	(73.3%, 97.9%)
Asian/ Pacific Islander	12.9%	(10.4%, 15.9%)	86.5%	(74.9%, 93.2%)
Other Race	10.1%	(7.8%, 12.9%)	90.0%	(79.2%, 95.5%)
Hispanic or Latinx [b]				
Yes	10.6%	(8.1%, 13.8%)	96.1%	(85.9%, 99.0%)
Middle Eastern [b]				
Yes	14.4%	(10.8%, 18.9%)	87.4%	(73.1%, 94.7%)
Region of Residence				
Upper Peninsula	12.9%	(10.6%, 15.6%)	93.3%	(86.0%, 96.9%)
Northwest LP	11.8%	(9.9%, 14.1%)	90.1%	(83.1%, 94.4%)
Northeast LP	13.9%	(11.0%, 17.4%)	91.5%	(80.7%, 96.5%)
West/West Central	8.6%	(7.7%, 9.6%)	88.5%	(84.2%, 91.8%)
East Central	10.2%	(8.6%, 12.1%)	92.5%	(86.2%, 96.0%)
East	10.7%	(9.3%, 12.2%)	91.9%	(86.8%, 95.1%)
South Central	12.7%	(10.7%, 15.1%)	89.9%	(82.9%, 94.3%)
Southwest	9.9%	(8.5%, 11.5%)	93.3%	(88.1%, 96.3%)
Southeast	14.3%	(12.9%, 15.8%)	92.2%	(88.6%, 94.7%)
Detroit Metro	13.8%	(13.0%, 14.7%)	93.1%	(91.1%, 94.7%)
Unknown MI Region	9.8%	(8.0%, 11.9%)	100.0%	(95.7%, 100.0%)
Outside MI	11.9%	(10.7%, 13.2%)	76.4%	(71.6%, 80.6%)
Region of Employment				
Upper Peninsula	13.7%	(11.0%, 16.9%)	94.3%	(86.1%, 97.8%)
Northwest LP	13.0%	(10.6%, 15.9%)	91.3%	(83.1%, 95.7%)
Northeast LP	15.1%	(11.4%, 19.8%)	92.4%	(78.3%, 97.6%)
West/West Central	9.0%	(7.9%, 10.3%)	93.7%	(89.5%, 96.3%)
East Central	11.7%	(9.7%, 14.0%)	95.8%	(90.0%, 98.3%)
East	13.8%	(11.8%, 16.0%)	95.8%	(90.9%, 98.1%)

Demographics	Completed National APN Certification N = 2,747		LARA-Certified APRNs N = 2,362	
	Estimate	95% CI	Estimate	95% CI
Region of Employment				
South Central	14.3%	(11.8%, 17.2%)	91.8%	(84.3%, 95.9%)
Southwest	10.9%	(9.2%, 12.9%)	98.0%	(93.6%, 99.4%)
Southeast	15.8%	(14.2%, 17.5%)	96.4%	(93.6%, 98.0%)
Detroit Metro	14.5%	(13.5%, 15.6%)	94.3%	(92.2%, 95.9%)
Unknown MI Region	11.5%	(9.3%, 14.1%)	87.6%	(77.7%, 93.5%)
Outside MI	12.6%	(11.3%, 14.1%)	80.1%	(75.1%, 84.3%)

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to select all races that apply to them.
* Data are suppressed if count is less than 10 or sample population was less than 20.

COMPARING SURVEY RESPONDENTS TO LARA LICENSURE DATA

For the next set of analyses, nurses who completed the survey were compared to the total nurse population based on the state's nurse licensure data provided by LARA. Data were compared using license type, age, and place of residence. A set of weighting variables were created to increase the degree to which the survey results are representative of the overall nurse population in Michigan. A summary of the state's nurse licensure data can be found at minurse.org under "Licensure Data & Mapping."

Results from these analyses showed differences in the distribution of nurses who completed the survey compared to the overall nurse population (Table 3). When comparing the ages of nurses who participated in the nurse survey compared to those who are in the nurse licensure data, there is an underrepresentation of younger nurses (i.e., nurses under the age of 55 years of age) and an overrepresentation of nurses aged 55 years or older. When looking at the region the nurses reside, there appears to be an underrepresentation of both RNs and LPNs in the Northwestern and Northeastern Lower Peninsula, in West/West Central Michigan, and Southwest Michigan. There is an overrepresentation of RNs and LPNs residing in East Central Michigan and Detroit Metro area, and an overrepresentation of RNs in Southeast Michigan in the 2024 survey participants.

Table 3. Comparison of Survey Respondents to All Nurses Licensed in Michigan, 2024

Characteristics	RNs				LPNs			
	Nurse Population		Survey Participants		Nurse Population		Survey Participants	
	#	%	#	%	#	%	#	%
Total	**175,187**	**-**	**24,518**	**-**	**21,011**	**-**	**2,494**	**-**
Age								
<25 years	3,897	2.2%	138	0.6%	392	1.9%	*	*
25 to 34 years	36,758	21.0%	1,760	7.2%	3,575	17.0%	143	5.7%
35 to 44 years	42,640	24.3%	3,340	13.6%	5,309	25.3%	346	13.9%
45 to 54 years	36,618	20.9%	4,136	16.9%	4,855	23.1%	434	17.4%
55 to 64 years	32,591	18.6%	5,798	23.6%	4,045	19.3%	566	22.7%
65 to 74 years	19,651	11.2%	5,526	22.5%	2,445	11.6%	517	20.7%
75+ years	3,001	1.7%	913	3.7%	382	1.8%	73	2.9%
Unknown	31	0.0%	2,907	11.9%	*	*	407	16.3%

Characteristics	RNs				LPNs			
	Nurse Population		Survey Participants		Nurse Population		Survey Participants	
	#	%	#	%	#	%	#	%
Region of Residence								
Eastern/Central/ Western UP	4,817	2.7%	717	2.9%	1,280	6.1%	155	6.2%
Northwest LP	26,089	14.9%	914	3.7%	4,961	23.6%	92	3.7%
Northeast LP	6,615	3.8%	450	1.8%	892	4.2%	64	2.6%
West/West Central	37,370	21.3%	3,154	12.9%	3,928	18.7%	335	13.4%
East Central	5,641	3.2%	1,162	4.7%	792	3.8%	144	5.8%
East	12,347	7.0%	1,749	7.1%	1,647	7.8%	193	7.7%
South Central	5,631	3.2%	889	3.6%	589	2.8%	65	2.6%
Southwest	11,401	6.5%	1,443	5.9%	1,774	8.4%	158	6.3%
Southeast	11,890	6.8%	2,247	9.2%	1,679	8.0%	196	7.9%
Detroit Metro	19,859	11.3%	6,446	26.3%	1,957	9.3%	621	24.9%
MI, Unknown Region	3,640	2.1%	892	3.6%	43	0.2%	93	3.7%
Non-Michigan	29,050	16.6%	2,742	11.2%	1,330	6.3%	111	4.5%
Unknown Region	837	0.5%	1,713	7.0%	139	0.7%	267	10.7%
LARA-certified APRN (Advanced Practitioner Registered Nurse)								
Nurse Practitioner	14,972	8.5%	1,736	7.1%	-	-	-	-
Anesthetist	3,147	1.8%	362	1.5%	-	-	-	-
Midwife	565	0.3%	108	0.4%	-	-	-	-
Clinical Specialist	325	0.2%	156	0.6%	-	-	-	-

* Data are suppressed if count is less than 10 or sample population was less than 20.
- Data are not available/data are not applicable.

EDUCATIONAL PATH

RNs were asked to select which level of degree/certificate qualified them for their first nursing license. As shown in Table 4, nearly half of RNs started with a bachelor's degree in nursing. Almost five percent of RNs indicated that they attained a master's degree in nursing to qualify for their initial application for nursing licensure.

Table 4. Educational Background that Qualified for First Nursing License among RNs, 2024

Education Level	RN = 24,518		
	N	Estimate	95% CI
LPN diploma/certificate	1,512	5.9%	(5.6%, 6.2%)
RN diploma in nursing	2,564	6.7%	(6.4%, 7.0%)
Associate degree in nursing	9,287	36.0%	(35.4%, 36.6%)
Bachelor's degree in nursing	9,963	46.7%	(46.1%, 47.3%)
Master's degree in nursing	1,192	4.7%	(4.4%, 5.0%)

RN and LPN were asked about their highest level of nursing education (Table 5 on the following page) and non-nursing education (Table 6 on the next page). For nursing related education levels, RNs were most likely to have a bachelor's degree in nursing (51.0 percent) while LPNs were most likely to have an LPN diploma/certificate (92.6 percent), followed by an associate degree in nursing (5.5 percent).

Table 5. Highest Level of Nursing-Related Education, 2024

Educational Level	RN = 24,518			LPN = 2,494		
	N	Estimate	95% CI	N	Estimate	95% CI
LPN diploma/certificate	*	*	*	2,320	92.6%	(91.5%, 93.6%)
RN diploma in nursing	1,589	4.0%	(3.8%, 4.3%)	21	0.8%	(0.5%, 1.2%)
Associate degree in nursing	7,147	26.6%	(26.1%, 27.2%)	128	5.5%	(4.7%, 6.5%)
Bachelor's degree in nursing	11,214	51.0%	(50.4%, 51.6%)	20	0.8%	(0.5%, 1.2%)
Master's degree in nursing	3,808	15.3%	(14.9%, 15.8%)	*	*	*
Doctorate in Nursing Practice (DNP)	500	2.3%	(2.1%, 2.5%)	0	0.0%	(0.0%, 0.2%)
Doctor of Nurse Anesthesia (DNAP)	32	0.1%	(0.1%, 0.1%)	0	0.0%	(0.0%, 0.2%)
Doctor of Philosophy in Nursing (PhD)	203	0.6%	(0.5%, 0.7%)	0	0.0%	(0.0%, 0.2%)
Other doctoral degree in nursing	20	0.0%	(0.0%, 0.0%)	*	*	*

* Data are suppressed if count is less than 10 or sample population was less than 20.

For non-nursing related education levels, RNs were most likely to have a bachelor's degree in a non-nursing field (16.1 percent) or a non-nursing associate degree (14.1 percent) while LPNs were most likely to have an associate degree in a non-nursing field (26.4 percent; Table 6). RNs were statistically more likely to have a non-nursing bachelor's degree (16.1 percent vs. 6.5 percent) and non-nursing master's degree (5.3 percent vs. 1.8 percent) compared to LPNs.

Table 6. Highest Level of Non-Nursing Education, 2024

Education Level	RN = 24,518			LPN = 1,592		
	N	Estimate	95% CI	N	Estimate	95% CI
Non-nursing associate degree	3,433	14.1%	(13.7%, 14.5%)	679	26.4%	(24.7%, 28.2%)
Non-nursing bachelor's degree	3,731	16.1%	(15.6%, 16.6%)	168	6.5%	(5.6%, 7.5%)
Non-nursing master's degree	1,742	5.3%	(5.0%, 5.6%)	47	1.8%	(1.3%, 2.4%)
Non-nursing doctoral degree	235	0.6%	(0.5%, 0.7%)	*	*	*
Not applicable	15,377	63.9%	(63.3%, 64.5%)	1,592	65.0%	(63.1%, 66.8%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

To better understand the educational path of nurses, analyses were performed to examine the first nursing-related degree in comparison to the highest nursing-related degree achieved (Table 7 on the following page). Across all education levels, most nurses did not pursue an additional degree after they received their first nursing degree. This trend is significantly higher among those whose first degree was a master's degree in nursing (93.1 percent) or a bachelor's degree in nursing (82.6 percent) compared to all other groups. However, a quarter of nurses whose first degree was an RN diploma pursued a bachelor's degree in nursing, which was significantly greater compared to other groups pursuing a bachelor's degree.

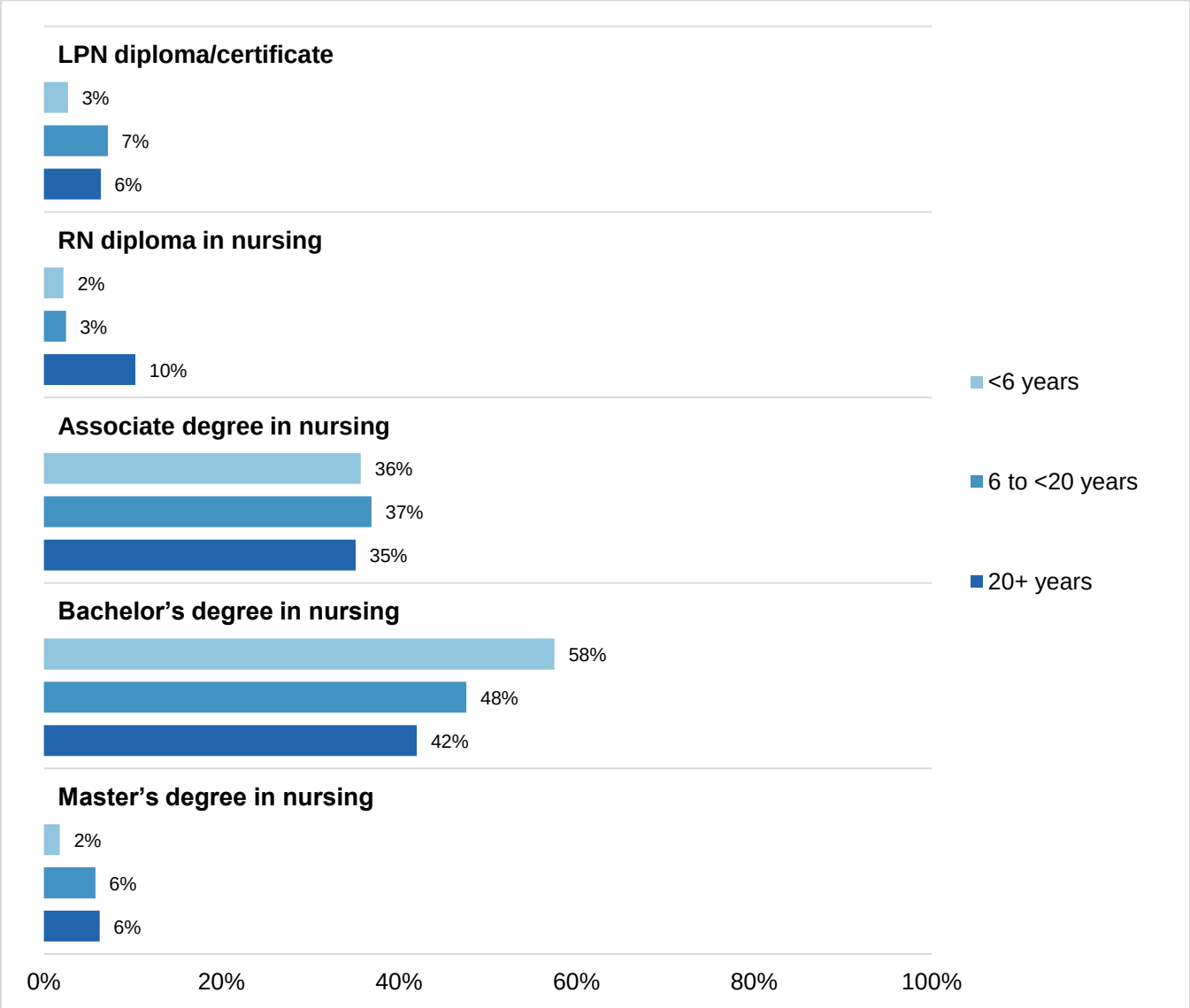
Table 7. Nurses' First Nursing Degree Compared to their Highest Nursing Degree[a], 2024

First Nursing Degree to Highest Nursing Degree	n	Estimate	95% CI
LPN Diploma/Certificate as First Nursing Degree			
LPN diploma/certificate	2,494	67.1%	(65.6%, 68.5%)
RN diploma/associate degree	745	15.0%	(13.9%, 16.1%)
Bachelor's degree in nursing	490	11.9%	(10.9%, 12.9%)
Master's or Doctorate[b] in nursing	273	6.1%	(5.4%, 6.9%)
RN Diploma/Associate degree as First Nursing Degree			
RN diploma/associate degree	7,965	65.0%	(63.5%, 66.5%)
Bachelor's degree in nursing	2,567	24.4%	(23.1%, 25.8%)
Master's degree in nursing	1,082	8.7%	(7.9%, 9.6%)
Doctorate in nursing	236	1.9%	(1.5%, 2.4%)
Bachelor's degree in nursing as First Nursing Degree			
Bachelor's degree in nursing	8,152	82.6%	(81.4%, 83.7%)
Master's degree in nursing	1,399	13.6%	(12.6%, 14.7%)
Doctorate in nursing	386	3.9%	(3.3%, 4.5%)
Master's Degree as First Nursing Degree			
Master's degree in nursing	1,095	93.1%	(92.3%, 93.8%)
Doctorate in nursing	92	6.9%	(6.2%, 7.7%)

[a] Associate degrees were included with RNs because many who start with an associate degree now have an RN degree as their highest level of education. Additionally, LPNs who did not answer the survey question about their highest level of education were categorized in the LPN diploma category. For this reason, sample size numbers may vary across tables.
[b] Doctorate degrees include PhD, DNP, DNAP, or other nursing doctorate degrees.

The type of degree/certificate that first qualified respondents to apply for a nursing license was also compared to how long they have been working (Figure 1 on the following page). LPNs were not asked which degree qualified them for their first license, so only RNs are reported in the figure on the next page. As shown in Figure 1, RNs had mostly completed a pre-licensure bachelor's degree in nursing (42.0 percent to 57.5 percent) as their first nursing degree regardless of how long they had been working. The next most common degree was an associate degree in nursing regardless of how long they had been working (35.1 percent to 36.9 percent).

Figure 1. Number of Years Working Compared to First Nursing License, 2024



Current Enrollment in Educational Programs

Few nurses who responded to the survey indicated they were currently enrolled in a nursing education program (RNs = 8.0 percent; LPNs = 15.5 percent; data not shown), however, this was significantly greater among LPNs compared to RNs. Those who indicated they were enrolled were asked if they were currently enrolled in a program to obtain an associate degree in nursing (ADN), Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), Doctor of Nurse Anesthesia (DNAP), or Doctor of Philosophy in Nursing (PhD) degree (Table 8 on the following page). Most RNs were enrolled in a program to obtain a BSN (41.5 percent), which was significantly greater compared to LPNs (20.8 percent), or to obtain an MSN (39.6 percent). Most LPNs were enrolled in a program to earn an ADN (81.4 percent). This difference is most likely due to there being no benefit for RNs to receive an associate degree when they already have a RN diploma degree as there are no additional pay or other benefits.

Table 8. Current Enrollment in Nursing Educational Programs, 2024[a]

Degree	RN = 1,313			LPN = 249		
	N	Estimate	95% CI	N	Estimate	95% CI
Associate Degree in Nursing (ADN)	24	1.1%	(0.7%, 1.8%)	212	81.4%	(76.1%, 85.7%)
Bachelor of Science in Nursing (BSN)	561	41.5%	(38.9%, 44.2%)	40	20.8%	(16.2%, 26.3%)
Master of Science in Nursing (MSN)	526	39.6%	(37.0%, 42.3%)	*	*	*
Doctor of Nursing Practice (DNP)	196	17.0%	(15.1%, 19.1%)	0	0.0%	(0.0%, 1.5%)
Doctor of Nurse Anesthesia (DNAP)	20	2.6%	(1.9%, 3.6%)	0	0.0%	(0.0%, 1.5%)
Doctor of Philosophy in Nursing (PhD)	44	3.0%	(2.2%, 4.1%)	0	0.0%	(0.0%, 1.5%)

[a] Respondents were instructed to mark all that apply.
* Data are suppressed if count is less than 10 or sample population was less than 20.

RNs who indicated they were enrolled in a program to earn MSN or DNP degrees were also asked if the program was designed to earn a specialty certification (Table 9). Among these nurses, 59.5 percent of RNs were currently enrolled in nurse practitioner educational programs.

Table 9. Current Enrollment in Educational Programs Associated with APN Nursing Specialty Certification Exams among all RNs, 2024

Certification	RN = 642	
	Estimate	95% CI
Nurse Practitioner	59.5%	(55.7%, 63.2%)
Nurse Midwife	2.4%	(1.5%, 3.9%)
Nurse Anesthetist	7.4%	(5.6%, 9.7%)
Clinical Nurse Specialist	4.8%	(3.4%, 6.7%)
Other	25.9%	(22.7%, 29.4%)

Nurses who indicated that they were enrolled in a nursing educational program were also asked if the nursing program was in-person, online, or hybrid (Table 10). Nearly three-quarters of RNs indicated they were enrolled online (73.2 percent), while in-person programs were most common for LPNs (58.3 percent). LPNs were statistically more likely to have an in-person program type (58.3 percent vs. 8.0 percent), or a hybrid program type (29.6 percent vs. 18.8 percent) compared to RNs, while RNs were statistically more likely to have an online program (73.2 percent vs. 12.1 percent). Notably, educational requirements for LPN-RN programs often dictate in-person instruction as new clinical skills/experiences are part of the program. On the other hand, once an RN has been licensed, additional education can be accomplished in an online format, or by partnering with clinical professionals since the student has demonstrated proficiency in RN clinical skills by obtaining a license.

Table 10. Current Program Type, 2024

Program Type	RN = 1,297		LPN = 248	
	Estimate	95% CI	Estimate	95% CI
In-person	8.0%	(6.6%, 9.6%)	58.3%	(52.1%, 64.3%)
Online	73.2%	(70.7%, 75.5%)	12.1%	(8.6%, 16.7%)
Hybrid	18.8%	(16.8%, 21.0%)	29.6%	(24.3%, 35.6%)

Social Determinants of Health

Nurses were asked how prepared they felt around assessing patients' social determinants of health (Table 11). For both RNs and LPNs, most indicated that they were either very prepared (43.4 percent and 45.4 percent, respectively) or extremely prepared (26.1 percent and 30.9 percent, respectively). LPNs were statistically more likely to indicate they were extremely prepared for addressing social determinants of health compared to RNs (30.9 percent vs. 26.1 percent), while RNs were statistically more likely to indicate they were only somewhat prepared for addressing social determinants of health compared to LPNs (8.4 percent vs. 5.6 percent).

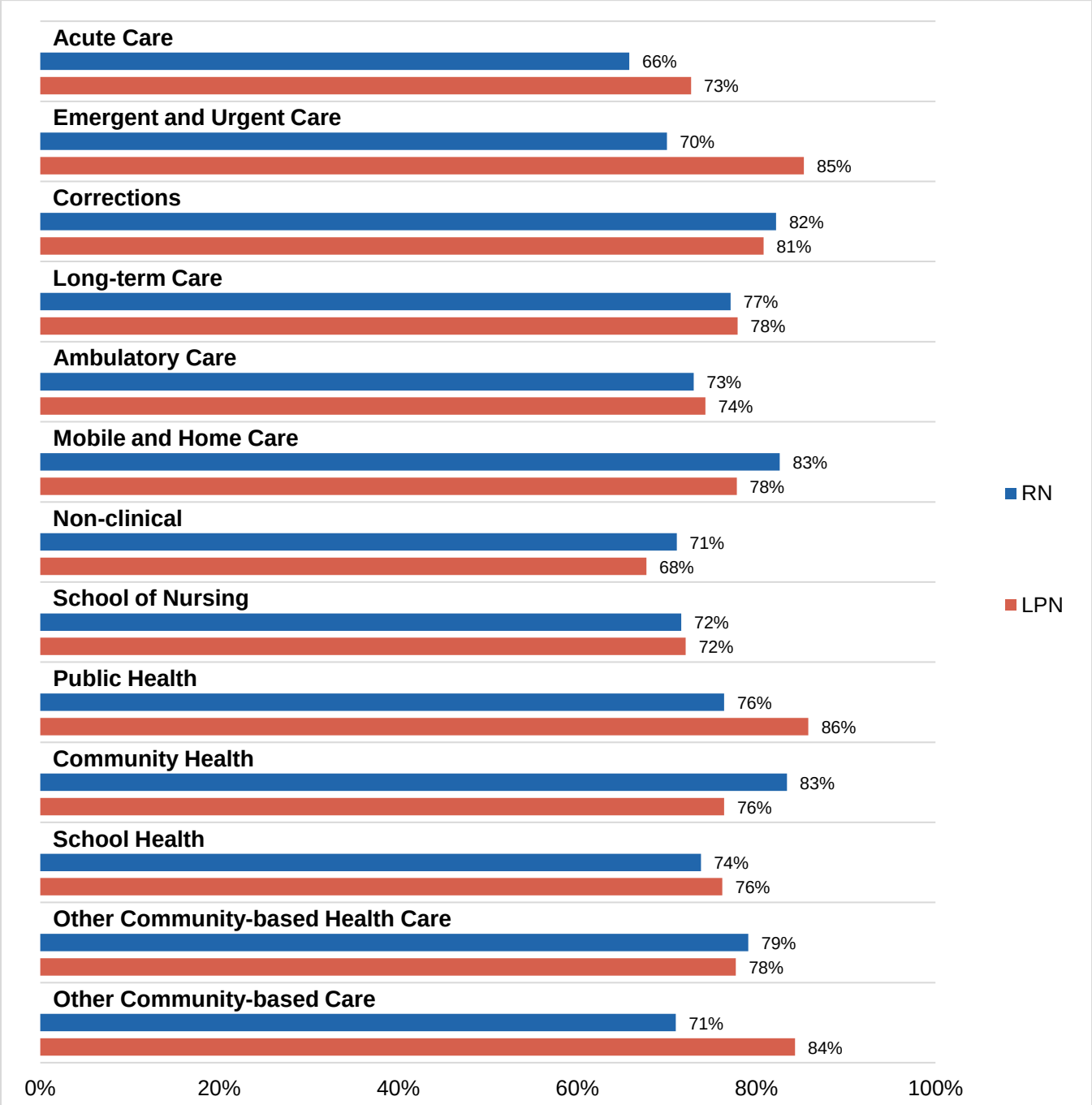
Table 11. Preparedness for Assessing Social Determinants of Health, 2024

Preparedness	RN = 17,127		LPN = 1,697	
	Estimate	95% CI	Estimate	95% CI
Not at all prepared	1.3%	(1.1%, 1.5%)	0.9%	(0.5%, 1.5%)
Somewhat prepared	8.4%	(8.0%, 8.8%)	5.6%	(4.6%, 6.8%)
Moderately prepared	20.8%	(20.2%, 21.4%)	17.2%	(15.5%, 19.1%)
Very prepared	43.4%	(42.7%, 44.1%)	45.4%	(43.0%, 47.8%)
Extremely prepared	26.1%	(25.4%, 26.8%)	30.9%	(28.7%, 33.1%)

To further analyze the preparedness of nurses' ability to address social determinants of health when assisting a patient, the data were broken down by practice setting (Figure 2), position & role (Figure 3), and specialty (Figure 4).

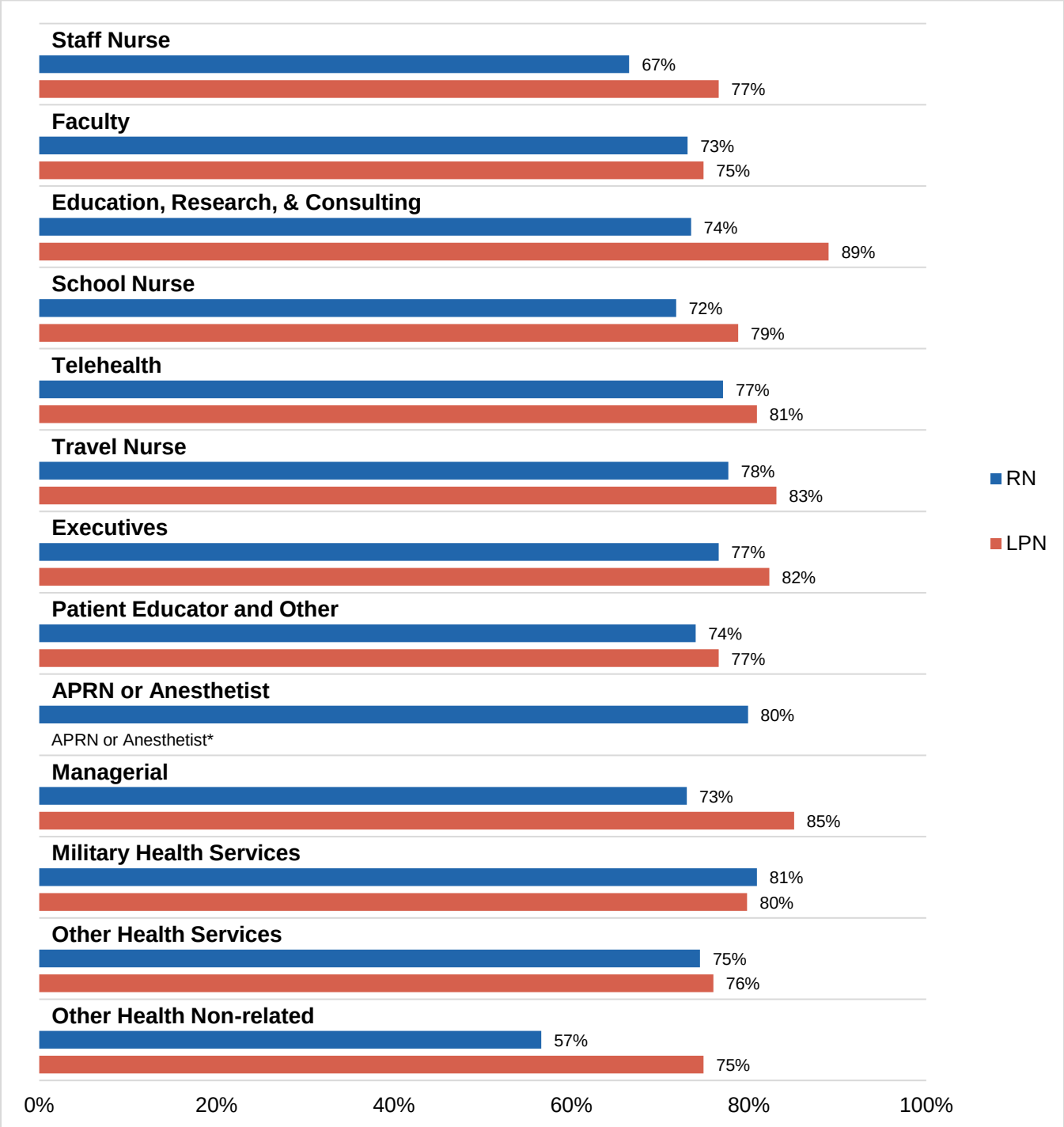
Overall, most nurses, regardless of setting, were either very or extremely prepared to assess social determinants of health (Figure 2 on the following page). However, LPNs working in emergent and urgent care were statistically more likely to be very or extremely prepared to assess social determinants of health compared to RNs working in the same setting (85.3 percent vs. 70.0 percent). There were no other statistically significant differences between RNs and LPNs in their preparedness for assessing social determinants of health based on practice setting.

Figure 2. Very or Extremely Preparedness for Assessing Social Determinants of Health by Practice Setting, 2024



Across nearly all positions, nurses indicated they were either very or extremely prepared to assess social determinants of health (Figure 3 on the following page). However, LPNs were statistically more likely compared to RNs to be very or extremely prepared to assess social determinants of health among nurses working in a position as a staff nurse (76.6 percent vs. 66.5 percent), in education, research or consulting (89.0 percent vs. 73.5 percent), and in managerial positions (85.1 percent vs. 73.0 percent).

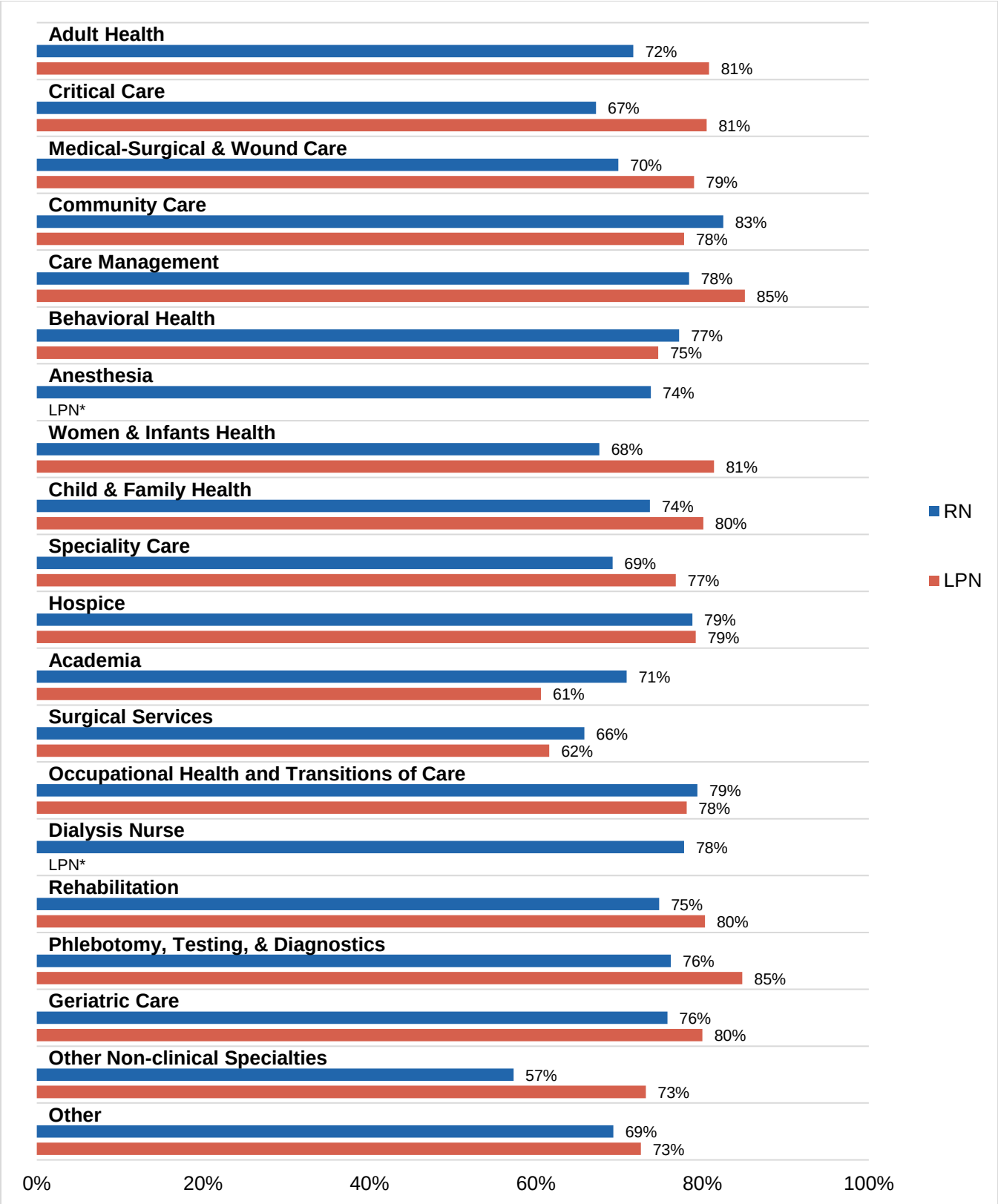
Figure 3. Very or Extremely Prepared for Assessing Social Determinants of Health by Position, 2024



* Data are suppressed if count is less than 10 or sample population was less than 20.

Similarly to the trends in settings and positions, nurses in most specialties were most commonly either very or extremely prepared to assess social determinants of health (Figure 4 on the following page). However, LPNs were statistically more likely compared to RNs to be very or extremely prepared to assess social determinants of health among nurses working in adult health (80.8 percent vs. 71.7 percent), critical care (80.5 percent vs. 67.2 percent), and medical-surgical and wound care (79.0 percent vs. 69.9 percent).

Figure 4. Very or Extremely Prepared for Assessing Social Determinants of Health by Specialty, 2024



* Data are suppressed if count is less than 10 or sample population was less than 20.

Unanticipated Barriers and Challenges while Pursuing Nursing Degree

New nurses were asked if they experienced any challenges or barriers while pursuing their nursing degree that they did not anticipate (Table 12). Of those who responded to this section of the survey, both RNs and LPNs indicated that barriers included the cost of tuition, materials, and books (64.2 percent and 51.6 percent), cost of lost work time and benefits (33.6 percent and 37.3 percent), and lack of flexibility in work schedules (30.9 percent and 33.5 percent). LPNs were statistically more likely to have the cost of tuition, materials, and books (51.6 percent vs. 64.2 percent) and variability for clinical placements and experience (20.5 percent vs. 33.0 percent) be an unanticipated barrier compared to RNs.

Table 12. Unanticipated Barriers and Challenges while Pursing Nursing Degree, 2024

Barriers	RN = 821		LPN = 158	
	Estimate	95% CI	Estimate	95% CI
No Unanticipated barriers	11.1%	(9.1%, 13.4%)	14.4%	(9.8%, 20.7%)
Among those who did experience unanticipated barriers				
English as a second language	2.4%	(1.6%, 3.7%)	*	*
Racial/ethnic disparities	5.3%	(4.0%, 7.1%)	*	*
Learning difficulties and/or disabilities	5.8%	(4.4%, 7.6%)	6.6%	(3.7%, 11.6%)
Lack of flexibility in work schedules	30.9%	(27.8%, 34.1%)	33.5%	(26.6%, 41.2%)
Childcare issues	8.9%	(7.1%, 11.0%)	14.9%	(10.2%, 21.3%)
Pregnancy (i.e., as covered under Title IX)	3.4%	(2.4%, 4.9%)	*	*
Other family issues	15.3%	(13.0%, 17.9%)	15.1%	(10.4%, 21.5%)
Cost of lost work time and benefits	33.6%	(30.5%, 36.9%)	37.3%	(30.1%, 45.1%)
Cost of tuition, materials, books, etc.	64.2%	(60.9%, 67.4%)	51.6%	(43.9%, 59.3%)
Student loans were not available/could not take enough loans	9.0%	(7.2%, 11.2%)	11.2%	(7.2%, 17.1%)
Financial aid	26.6%	(23.7%, 29.7%)	23.4%	(17.5%, 30.6%)
Commuting distance to educational program	17.6%	(15.1%, 20.4%)	17.7%	(12.5%, 24.4%)
Limited access to online learning or other online resources	5.7%	(4.3%, 7.5%)	6.8%	(3.8%, 11.8%)
Scheduling or educational programs offered	9.7%	(7.9%, 11.9%)	8.3%	(4.9%, 13.7%)
Variability for clinical placements and experience	33.0%	(29.9%, 36.3%)	20.5%	(14.9%, 27.5%)
Other	1.5%	(0.9%, 2.6%)	*	*

* Data are suppressed if count is less than 10 or sample population was less than 20.

To further analyze barriers and challenges, the unanticipated barriers were broken down by race/ethnicity and region of employment (data not shown). Due to suppression rules, some comparisons were not able to be made, however, there are a few significant differences in the barriers experienced by nurses based on race/ethnicity. Cost of lost work time and benefits was experienced the greatest among Hispanic or Latinx nurses (55.7 percent) and was significantly greater when compared to nurses who indicated they were white (34.9 percent) and Asian (24.4 percent). Cost of tuition, materials, books, etc., was experienced the greatest among American Indian nurses (95.0 percent), which was significantly greater when compared to white (63.4 percent), Black (49.9 percent), and Middle Eastern (43.1 percent) nurses.

Detroit Metro had the highest percentage of racial/ethnic disparities indicated, which was significantly greater compared to the Upper Peninsula, and the Northeast and Northwest Lower Peninsula (6.7

percent vs. 0.0 percent vs. 0.0 percent vs. 0.0 percent; data not shown). Lack of flexibility in work schedules was indicated with the highest percentage in East Central Michigan (39.6 percent), however, this was not significantly greater compared to any other region (20.8 percent to 39.6 percent). Cost of lost work time and benefits was the highest report in South Central Michigan (49.1 percent), which was significantly greater than in the Detroit Metro area (28.0 percent). Variability for clinical placements and experience was reported as the highest in Southwest Michigan (52.4 percent), which was significantly greater than in the Detroit Metro area (32.3 percent). The Southwest region had the highest reported percentage of nurses who indicated that they had no barriers, however, this difference was not statistically significant, except when compared to Northeast Lower Peninsula (17.8 percent vs. 0.0 percent). Due to suppression, additional trends among LPNs were unable to be evaluated.

EMPLOYMENT

Nurses were asked about their current employment status to determine the size and characteristics of the workforce (Table 13). Information was collected on positions requiring a nursing license, on temporary leave from a position requiring a nursing license, in a field other than nursing, as well as nurses who were volunteering, unemployed seeking and not seeking work as a nurse, receiving disability, or retired.

In 2024, most RNs and LPNs (64.1 percent and 62.2 percent, respectively) were currently employed full-time in a position that requires a nurse license (Table 13). Approximately one out of 10 nurses were employed in a part-time position (RNs = 10.5 percent; LPNs = 9.9 percent) or had retired from the nursing workforce (RNs = 9.6 percent; LPNs = 8.2 percent). LPNs were statistically more likely to be actively employed in a field other than nursing (5.5 percent vs. 3.0 percent) and unemployed and seeking work as a nurse (3.4 percent vs. 1.6 percent) compared to RNs.

Table 13. Current Employment Status, 2024

Employment	RN = 24,518			LPN = 2,494		
	N	Estimate	95% CI	N	Estimate	95% CI
Actively employed in nursing or in a position that requires a nurse license full-time	13,222	64.1%	(63.5%, 64.7%)	1,363	62.2%	(60.3%, 64.1%)
Actively employed in nursing or a position that requires a nurse license part-time	2,605	10.5%	(10.1%, 10.9%)	285	9.9%	(8.8%, 11.1%)
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	1,407	5.5%	(5.2%, 5.8%)	105	4.4%	(3.7%, 5.3%)
On temporary medical leave from a position that requires a nurse license	174	0.7%	(0.6%, 0.8%)	25	1.1%	(0.8%, 1.6%)
On temporary non-medical leave from a position that requires a nurse license	52	0.2%	(0.2%, 0.3%)	*	*	*
Actively employed in a field other than nursing	732	3.0%	(2.8%, 3.2%)	134	5.5%	(4.7%, 6.5%)
Volunteer nurse status only	242	0.4%	(0.3%, 0.5%)	17	0.2%	(0.1%, 0.5%)

Employment	RN = 24,518			LPN = 2,494		
	N	Estimate	95% CI	N	Estimate	95% CI
Unemployed, seeking work as a nurse	379	1.6%	(1.5%, 1.8%)	73	3.4%	(2.8%, 4.2%)
Unemployed, not seeking work as a nurse	700	3.5%	(3.3%, 3.7%)	78	3.2%	(2.6%, 4.0%)
Permanent disability leave	260	0.8%	(0.7%, 0.9%)	38	1.3%	(0.9%, 1.8%)
Retired (left the workforce)	4,745	9.6%	(9.2%, 10.0%)	368	8.2%	(7.2%, 9.3%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

To further explore current employment status, data were broken down by region of residency (Table 14 on the following page). For RNs, across all regions, most nurses indicated that they were actively employed in nursing or in a position that requires a nurse license full-time (60.4 percent to 69.9 percent). There were no significant differences among RNs in their current employment status between the Michigan region of residences.

Due to suppression, additional trends among LPNs were unable to be presented in a table, however, some trends and comparisons were still able to be made. For LPNs, across all regions, most nurses indicated that they were actively employed in nursing or in a position that requires a nurse license full-time (43.9 percent to 71.0 percent; data not shown). LPNs were statistically more likely than RNs to indicate that they were actively employed in a non-nursing related field in the Northwest Lower Peninsula (12.1 percent vs. 2.3 percent), Northeast Lower Peninsula (27.9 percent vs. 2.1 percent), West/West Central Michigan (6.1 percent vs. 3.2 percent), and East Michigan (6.3 percent vs. 2.2 percent). LPNs were also statistically more likely than RNs in the Detroit Metro Region of Michigan to indicate being unemployed but seeking a nurse related career (5.0 percent vs. 2.0 percent). RNs were statistically more likely compared to LPNs to be retired in the Detroit Metro Region (10.0 percent vs. 5.6 percent).

Table 14. Current Employment Status for RNs by Region of Residence, 2024

Employment Status	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Actively employed in nursing or in a position that requires a nurse license full-time	381	463	231	1,552	678	971	473	757	1,182	3,306
	64.7%	66.0%	66.6%	60.4%	69.9%	66.9%	64.7%	63.6%	63.7%	62.1%
	(61.1%, 68.1%)	(62.9%, 69.0%)	(62.1%, 70.8%)	(58.7%, 62.1%)	(67.2%, 72.5%)	(64.7%, 69.1%)	(61.5%, 67.8%)	(61.1%, 66.0%)	(61.7%, 65.7%)	(60.9%, 63.3%)
Actively employed in nursing or a position that requires a nurse license part-time	71	82	31	465	88	174	83	169	224	669
	10.5%	8.1%	5.1%	15.8%	7.9%	10.3%	9.7%	11.4%	10.4%	10.3%
	(8.5%, 13.0%)	(6.5%, 10.0%)	(3.4%, 7.5%)	(14.6%, 17.1%)	(6.5%, 9.6%)	(9.0%, 11.8%)	(7.9%, 11.8%)	(9.9%, 13.1%)	(9.2%, 11.7%)	(9.6%, 11.1%)
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	30	43	28	158	54	98	64	76	100	411
	3.9%	4.2%	4.7%	4.3%	4.7%	5.1%	6.5%	5.2%	4.4%	6.8%
	(2.7%, 5.6%)	(3.1%, 5.7%)	(3.1%, 7.1%)	(3.6%, 5.1%)	(3.6%, 6.1%)	(4.2%, 6.2%)	(5.1%, 8.3%)	(4.2%, 6.5%)	(3.6%, 5.3%)	(6.2%, 7.4%)
On temporary medical leave from a position that requires a nurse license	*	*	*	17	14	15	*	12	23	46
	*	*	*	0.6%	1.2%	1.0%	*	0.8%	0.9%	0.7%
	*	*	*	(0.4%, 0.9%)	(0.7%, 2.0%)	(0.6%, 1.6%)	*	(0.5%, 1.4%)	(0.6%, 1.4%)	(0.5%, 0.9%)

Employment Status	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
On temporary non-medical leave from a position that requires a nurse license	*	*	0	*	*	*	*	*	*	13
	*	*	0.0%	*	*	*	*	*	*	0.2%
	*	*	(0.0%, 0.0%)	*	*	*	*	*	*	(0.1%, 0.3%)
Actively employed in a field other than nursing	33	23	11	104	23	48	32	46	89	195
	3.6%	2.3%	2.1%	3.2%	1.9%	2.2%	2.7%	2.9%	3.7%	3.0%
	(2.5%, 5.2%)	(1.5%, 3.5%)	(1.1%, 3.9%)	(2.6%, 3.9%)	(1.3%, 2.9%)	(1.6%, 3.0%)	(1.8%, 4.0%)	(2.2%, 3.9%)	(3.0%, 4.6%)	(2.6%, 3.4%)
Volunteer nurse status only	*	*	*	29	10	12	*	18	23	44
	*	*	*	0.4%	0.4%	0.3%	*	1.0%	0.5%	0.3%
	*	*	*	(0.2%, 0.7%)	(0.2%, 1.0%)	(0.1%, 0.7%)	*	(0.6%, 1.7%)	(0.3%, 0.9%)	(0.2%, 0.5%)
Unemployed, seeking work as a nurse	*	10	*	37	20	21	12	13	29	117
	*	1.2%	*	1.2%	1.5%	1.4%	1.5%	0.6%	1.1%	2.0%
	*	(0.7%, 2.1%)	*	(0.9%, 1.6%)	(0.9%, 2.4%)	(0.9%, 2.1%)	(0.9%, 2.5%)	(0.3%, 1.2%)	(0.7%, 1.6%)	(1.7%, 2.4%)
Unemployed, not seeking work as a nurse	22	32	15	100	26	34	33	50	55	203
	3.3%	2.9%	3.5%	3.8%	2.1%	2.0%	4.3%	4.1%	3.2%	3.8%
	(2.2%, 5.2%)	(2.0%, 4.2%)	(2.2%, 5.6%)	(3.2%, 4.5%)	(1.4%, 3.1%)	(1.4%, 2.8%)	(3.2%, 5.8%)	(3.2%, 5.3%)	(2.5%, 4.0%)	(3.4%, 4.3%)
Permanent disability leave	*	11	10	34	15	29	*	15	29	74
	*	1.0%	2.2%	0.7%	0.9%	1.3%	*	0.7%	1.0%	0.8%
	*	(0.5%, 1.9%)	(1.2%, 4.0%)	(0.5%, 1.1%)	(0.5%, 1.6%)	(0.9%, 1.9%)	*	(0.4%, 1.3%)	(0.7%, 1.5%)	(0.6%, 1.0%)
Retired	153	237	112	652	231	344	178	286	489	1,368
	10.8%	13.5%	13.5%	9.5%	9.6%	9.4%	9.1%	9.6%	10.9%	10.0%
	(8.7%, 13.3%)	(11.4%, 15.9%)	(10.6%, 17.0%)	(8.5%, 10.6%)	(8.0%, 11.4%)	(8.1%, 10.9%)	(7.4%, 11.2%)	(8.2%, 11.2%)	(9.7%, 12.3%)	(9.3%, 10.8%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

Among survey respondents, 80.4 percent of RNs and 76.8 percent of LPNs were employed as a nurse at the time of the survey (Table 15). The percentage of RNs who were employed as nurses tends to decrease as age increases. Nurses who were 65 years and older were the least likely to be currently employed for both RNs and LPNs. There were statistically more male RNs currently employed compared to female RNs in 2024 (86.2 percent vs. 79.7 percent), but no significant differences in gender among LPNs. Both males (86.2 percent vs. 74.6 percent) and females (79.7 percent vs. 76.7 percent) were more likely to be RNs compared to LPNs. RNs living in East (82.6 percent) and East Central (82.5 percent) Michigan were employed at the highest levels, while LPNs living in the Detroit Metro (81.2 percent) and the Upper Peninsula (79.8 percent) of Michigan were employed at the highest levels. RNs were more likely to reside in the Northwest Lower Peninsula (78.9 percent vs. 60.1 percent), Northeast Lower Peninsula (76.8 percent vs. 60.2 percent), and East (82.6 percent vs. 75.1 percent) Michigan compared to LPNs.

Table 15. Percentage of Nurses Who are Employed in Nursing by Demographic Characteristics, 2024

Demographics	RN			LPN		
	n	Estimate	95% CI	n	Estimate	95% CI
Total	**24,518**	**80.4%**	**(79.9%, 80.9%)**	**2,494**	**76.8%**	**(75.1%, 78.4%)**
Age						
<25 years	138	91.3%	(85.4%, 95.0%)	*	*	*
25 to 34 years	1,760	91.0%	(89.6%, 92.2%)	143	90.2%	(84.2%, 94.1%)
35 to 44 years	3,340	89.9%	(88.8%, 90.9%)	346	85.5%	(81.4%, 88.8%)
45 to 54 years	4,136	89.3%	(88.3%, 90.2%)	434	83.4%	(79.6%, 86.6%)
55 to 64 years	5,798	76.5%	(75.4%, 77.6%)	566	72.1%	(68.3%, 75.6%)
65+ years	6,439	34.3%	(33.2%, 35.5%)	590	39.4%	(35.5%, 43.4%)
Gender						
Female	20,112	79.7%	(79.1%, 80.3%)	2,026	76.7%	(74.8%, 78.5%)
Male	1,844	86.2%	(84.6%, 87.7%)	108	74.6%	(65.6%, 81.9%)
Gender non-binary/ Genderqueer /Transgender [a]	37	93.1%	(80.3%, 97.8%)	*	*	*
Prefer not to respond	384	82.9%	(78.8%, 86.3%)	38	85.1%	(70.6%, 93.1%)
Race & Ethnicity [b]						
White	20,068	80.0%	(79.4%, 80.5%)	1,638	73.7%	(71.5%, 75.8%)
Black	1,265	85.1%	(83.0%, 87.0%)	453	86.2%	(82.7%, 89.1%)
American Indian or Alaska Native	325	81.3%	(76.7%, 85.2%)	46	71.6%	(57.3%, 82.6%)
Asian	578	83.4%	(80.1%, 86.2%)	39	76.8%	(61.5%, 87.3%)
Hispanic or Latinx	453	88.0%	(84.7%, 90.7%)	68	77.3%	(66.0%, 85.6%)
Middle Eastern	286	81.5%	(76.6%, 85.6%)	15	89.5%	(65.4%, 97.5%)
Other	542	82.9%	(79.5%, 85.8%)	86	82.2%	(72.8%, 88.9%)
Residence						
Upper Peninsula	717	79.6%	(76.5%, 82.4%)	155	79.8%	(72.8%, 85.4%)
Northwest LP	914	78.9%	(76.1%, 81.4%)	92	60.1%	(49.9%, 69.5%)
Northeast LP	450	76.8%	(72.7%, 80.5%)	64	60.2%	(48.0%, 71.3%)
West/West Central	3,154	80.8%	(79.4%, 82.1%)	335	75.8%	(70.9%, 80.1%)
East Central	1,162	82.5%	(80.2%, 84.6%)	144	77.3%	(69.8%, 83.4%)
East	1,749	82.6%	(80.8%, 84.3%)	193	75.1%	(68.5%, 80.7%)
South Central	889	81.2%	(78.5%, 83.6%)	65	78.2%	(66.7%, 86.5%)
Southwest	1,443	80.7%	(78.6%, 82.7%)	158	76.7%	(69.5%, 82.6%)

Demographics	RN			LPN		
	n	Estimate	95% CI	n	Estimate	95% CI
Residence						
Southeast	2,247	78.8%	(77.1%, 80.4%)	196	77.1%	(70.7%, 82.4%)
Detroit Metro	6,446	79.4%	(78.4%, 80.4%)	621	81.2%	(77.9%, 84.1%)
Unknown Michigan Residence [c]	892	88.0%	(85.7%, 90.0%)	155	92.5%	(87.2%, 95.7%)
Non-Michigan Residence	2,742	80.9%	(79.4%, 82.3%)	92	64.5%	(54.3%, 73.5%)

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
[c] Includes individuals who indicated they live in Michigan but did not provide a zip code.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 16 shows the demographics of nurses who indicated they were currently employed in nursing. The ages of employed RNs and LPNs were fairly evenly distributed between 25 to 64 years old (17.7 percent to 27.2 percent and 18.1 percent to 28.1 percent, respectively). However, RNs were statistically more likely compared to LPNs to be 25 to 34 years of age (23.8 percent vs. 20.0 percent). Most RNs (88.3 percent) and LPNs (92.1 percent) were female. Males were statistically more likely to be RNs compared to LPNs (10.1 percent vs. 5.5 percent), while females were statistically less likely to be RNs compared to LPNs (92.1 percent vs. 88.3 percent). LPNs were more likely to be Black (27.2 percent vs. 6.1 percent) compared to RNs. RNs were more likely than LPNs to live in a region outside of Michigan (11.8 percent vs. 3.7 percent), while LPNs were statistically more likely to live in the Upper Peninsula (8.2 percent vs. 3.3 percent) and the Detroit Metro area (32.0 percent vs. 28.6 percent) compared to RNs.

Table 16. Demographic Characteristics of Survey Respondents in the Nursing Field, 2024

Demographics	RN = 15,056		LPN = 1,434	
	Estimate	95% CI	Estimate	95% CI
Age				
<25 years	2.5%	(2.3%, 2.8%)	*	*
25 to 34 years	23.8%	(23.1%, 24.5%)	20.0%	(18.0%, 22.1%)
35 to 44 years	27.2%	(26.5%, 27.9%)	28.1%	(25.8%, 30.5%)
45 to 54 years	23.2%	(22.5%, 23.9%)	25.1%	(22.9%, 27.4%)
55 to 64 years	17.7%	(17.1%, 18.3%)	18.1%	(16.2%, 20.2%)
65+ years	5.5%	(5.1%, 5.9%)	6.9%	(5.7%, 8.3%)
Gender				
Female	88.3%	(87.8%, 88.8%)	92.1%	(90.6%, 93.4%)
Male	10.1%	(9.6%, 10.6%)	5.5%	(4.4%, 6.8%)
Gender non-binary/ Genderqueer /Transgender [a]	0.3%	(0.2%, 0.4%)	*	*
Prefer not to respond	1.3%	(1.1%, 1.5%)	1.8%	(1.2%, 2.6%)
Race [b]				
White	90.2%	(89.7%, 90.7%)	69.3%	(66.9%, 71.6%)
Black	6.1%	(5.7%, 6.5%)	27.2%	(25.0%, 29.6%)
Other [c]	6.7%	(6.3%, 7.1%)	8.4%	(7.1%, 9.9%)
Hispanic or Latinx [b]				
Yes	2.8%	(2.5%, 3.1%)	3.7%	(2.8%, 4.8%)

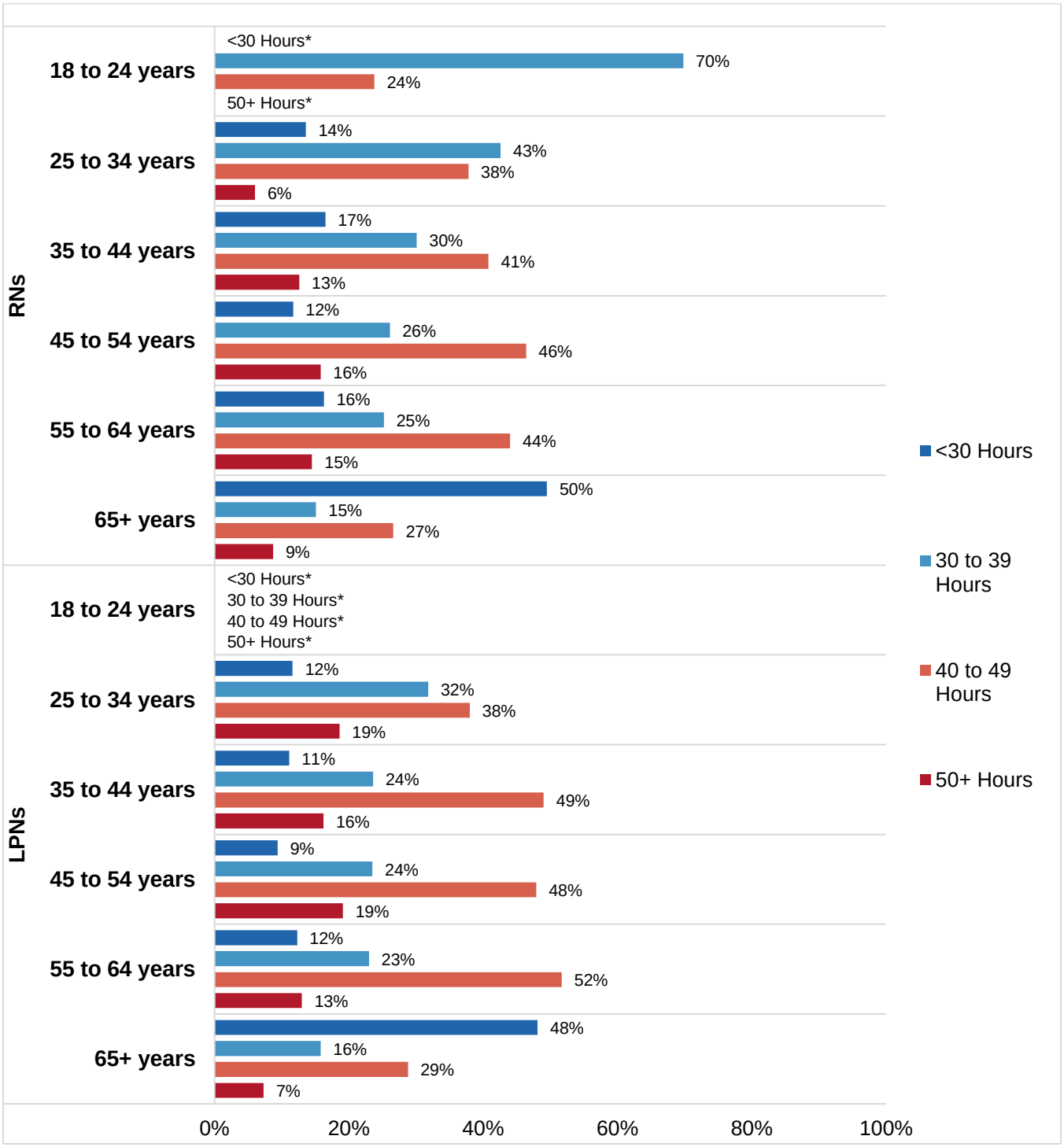
Demographics	RN = 15,056		LPN = 1,434	
	Estimate	95% CI	Estimate	95% CI
Middle Eastern [b]				
Yes	1.7%	(1.5%, 1.9%)	1.1%	(0.7%, 1.8%)
Residence				
Upper Peninsula	3.3%	(3.0%, 3.6%)	8.2%	(6.9%, 9.7%)
Northwest LP	3.8%	(3.5%, 4.1%)	2.6%	(1.9%, 3.6%)
Northeast LP	1.7%	(1.5%, 1.9%)	2.3%	(1.6%, 3.2%)
West/West Central	15.3%	(14.7%, 15.9%)	14.0%	(12.3%, 15.9%)
East Central	5.6%	(5.2%, 6.0%)	6.7%	(5.5%, 8.1%)
East	8.2%	(7.8%, 8.6%)	9.4%	(8.0%, 11.0%)
South Central	4.1%	(3.8%, 4.4%)	2.8%	(2.1%, 3.8%)
Southwest	6.5%	(6.1%, 6.9%)	7.5%	(6.2%, 9.0%)
Southeast	9.6%	(9.1%, 10.1%)	8.7%	(7.3%, 10.3%)
Detroit Metro	28.6%	(27.9%, 29.3%)	32.0%	(29.6%, 34.5%)
Michigan Residence [d]	1.5%	(1.3%, 1.7%)	2.1%	(1.5%, 3.0%)
Non-Michigan Residence	11.8%	(11.3%, 12.3%)	3.7%	(2.8%, 4.8%)

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
[c] Includes individuals who indicated they were American Indian, Asian/PI, or "Other" race.
[d] Includes individuals who indicated they live in Michigan but did not provide a zip code.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Both RNs and LPNs who stated they were working as a nurse were asked to indicate how many hours per week they worked in nursing or a related area (Figure 5 on the following page). RNs between 35 to 64 years old were most likely to work between 40 to 49 hours per week while LPNs between 25 to 64 years old were most likely to work 40 to 49 hours per week. On the other hand, nurses who were 65 years of age or older were most likely to work fewer than 30 hours per week in nursing or a related area (RNs = 49.5 percent; LPNs = 48.1 percent). The majority of RNs 18 to 34 years old work 30 to 39 hours per week (42.6 percent to 69.8 percent). Of note, in some healthcare organizations, particularly inpatient hospital settings, 36 hours per week is considered full-time, as opposed to 40 hours per week.

LPNs aged 25 to 34 years were statistically more likely to work 50 or more hours a week compared to RNs in the same age group (18.6 percent vs. 6.0 percent). LPNs aged 35 to 44 years and 55 to 64 years old were statistically more likely compared to RNs to work 40 to 49 hours a week (49.0 percent vs. 40.8 percent and 51.7 percent vs. 44.0 percent, respectively).

Figure 5. Hours Worked per Week by Age, 2024



* Data are suppressed if count is less than 10 or sample population was less than 20.

Most commonly, RNs (34.2 percent) had been working as a nurse for 20 or more years, while LPNs had been working for 10 to less than 20 years (29.4 percent; Table 17 on the following page). Almost one third of RNs had been working as a nurse for 10 to less than 20 years (29.5 percent). Additionally, 10.2 percent of RNs had been working for less than three years compared to 17.9 percent of LPNs, which was statistically significant.

Table 17. Number of Years Working as a Nurse (RNs & LPNs), 2024

Years	RN = 16,059		LPN = 1,540	
	Estimate	95% CI	Estimate	95% CI
Less than 3 years	10.2%	(9.7%, 10.7%)	17.9%	(16.1%, 19.9%)
3 to less than 6 years	11.8%	(11.3%, 12.3%)	12.8%	(11.2%, 14.6%)
6 to less than 10 years	14.3%	(13.8%, 14.8%)	14.0%	(12.4%, 15.8%)
10 to less than 20 years	29.5%	(28.8%, 30.2%)	29.4%	(27.2%, 31.7%)
20 or more years	34.2%	(33.5%, 34.9%)	26.0%	(23.9%, 28.2%)

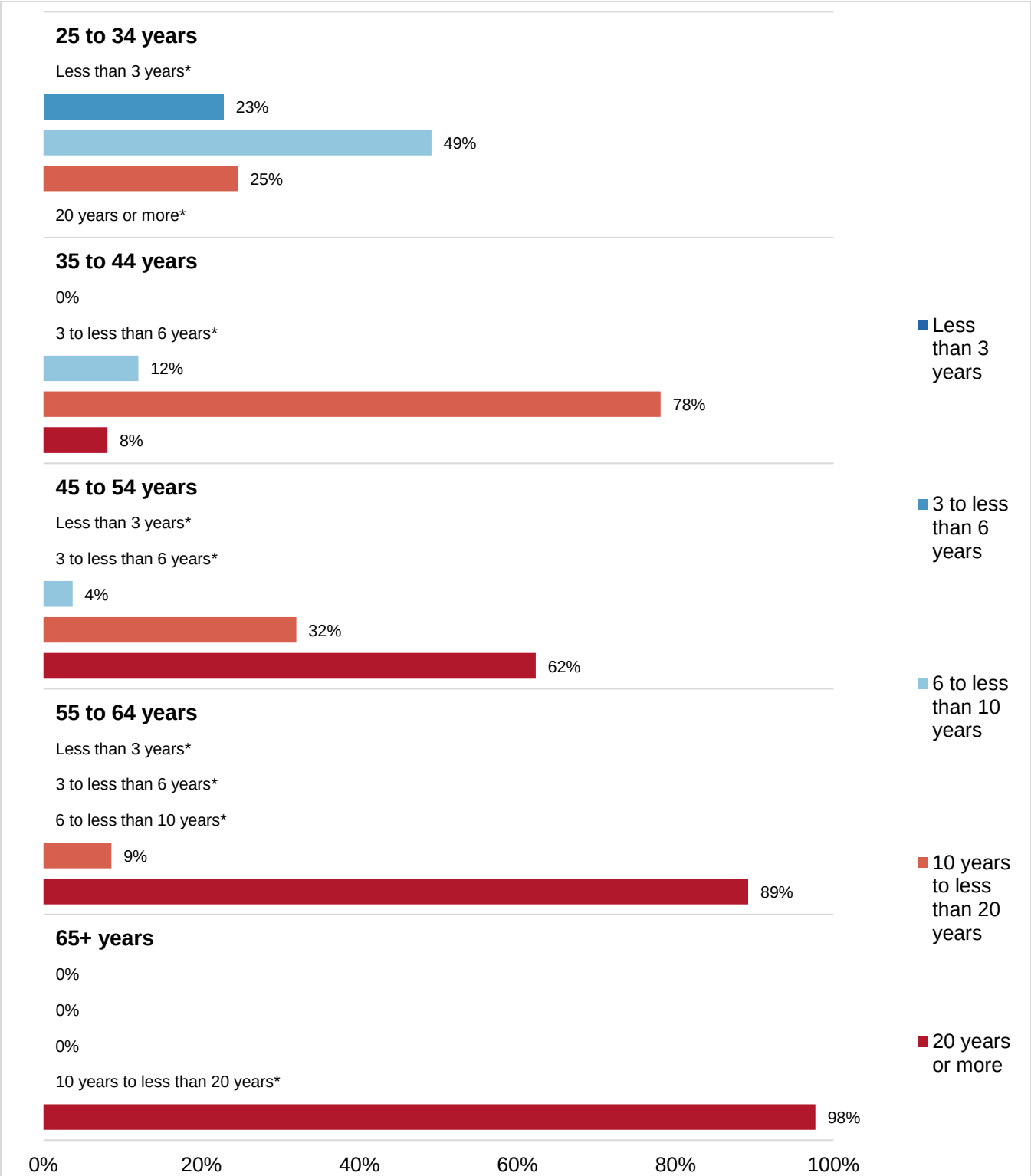
The number of years nationally certified APNs had been working was also measured as a subset of RNs (Table 18). In 2024, 38.5 percent of APNs had been working as a nurse for 20 or more years. This suggests that new nurses are not pursuing APN certification at the same rate they previously were and may not be pursuing this certification until 10 or more years of working in the nursing workforce.

Table 18. Number of Years Working as a Nurse (APNs only), 2024

Years	APN = 1,850	
	Estimate	95% CI
Less than 3 years	0.7%	(0.4%, 1.2%)
3 to less than 6 years	4.6%	(3.7%, 5.7%)
6 to less than 10 years	13.5%	(12.0%, 15.1%)
10 to less than 20 years	42.8%	(40.6%, 45.1%)
20 or more years	38.5%	(36.3%, 40.7%)

The number of years nationally certified APNs have been working was also compared to their age (Figure 6 on the following page). The percentage of APNs working six to less than 10 years are mostly between 25 and 34 years old (49.1 percent) while most APNs 35 to 44 years old have been working for 10 to less than 20 years (78.1 percent). APNs 45 years or older are most likely to have worked as a nurse for 20 or more years (62.3 percent to 97.7 percent).

Figure 6. Number of Years Working as a Nurse Compared to Age (APNs only), 2024[a]



[a] Note about the data: All categories for the age group <25 years were zero percent, thus not included in the above graphic.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Nurses actively working in the nursing field were asked to indicate how many different nursing positions they held (Table 19). At the time of the survey, most RNs and LPNs only had one nursing position (84.9 percent and 79.3 percent, respectively). LPNs were statistically more likely to have two positions (18.5 percent vs. 12.8 percent).

Table 19. Number of Currently Employed Nursing Positions, 2024

Number of Positions	RN = 17,127		LPN = 1,697	
	Estimate	95% CI	Estimate	95% CI
1 Position	84.9%	(84.4%, 85.4%)	79.3%	(77.3%, 81.2%)
2 Position	12.8%	(12.3%, 13.3%)	18.5%	(16.7%, 20.4%)
3+ Positions	2.3%	(2.1%, 2.5%)	2.2%	(1.6%, 3.0%)

Nurses were asked which, if any, supports their employers provide such as tuition reimbursement, professional development, and residency programs (Table 20). Most RNs (63.8 percent) indicated they received tuition reimbursement, with the next most common employer support being access to counseling/mental health services/EAP (49.6 percent). Conversely, nearly a third of the LPNs did not have any of the listed employer supports (36.9 percent), which was significantly greater compared to RNs.

RNs were statistically more likely to have the following supports compared to LPNs: 63.8 percent had tuition reimbursement compared to 45.9 percent of LPNs, 6.8 percent had paid time off for advancing their nursing education compared to 4.2 percent of LPNs, 15.1 percent had paid time off for continuing education compared to only 4.2 percent of LPNs, 36.9 percent had reimbursement for continuing education compared to 18.2 percent of LPNs, 24.7 percent had reimbursement for costs associated with obtaining an advanced degree compared to only 6.1 percent of LPNs, 13.1 percent had student loan repayment benefits compared to 7.9 percent of LPNs, 23.8 percent had nurse residency or transition to practice programs compared to only 3.9 percent of LPNs, and 16.7 percent had mentorships compared to only 6.1 percent of LPNs.

In 2024, response options to employer supports relating to staff health and wellbeing were added (Table 20). RNs were statistically more likely to have the following supports compared to LPNs: 12.4 percent had health and wellness stipends compared to only 5.2 percent of LPNs, 16.6 percent had meditation/wellness app access compared to 5.8 percent of LPNs, 49.6 percent had access to counseling or other mental health services compared to 23.5 percent of LPNs, 1.8 percent had housing support compared to 0.8 percent of LPNs, and 15.9 percent had self-care services made available to them compared to 7.3 percent of LPNs.

Table 20. Employer Supports, 2024[a]

Supports	RN = 16,338		LPN = 1,572	
	Estimate	95% CI	Estimate	95% CI
None of the below	14.6%	(14.1%, 15.1%)	36.9%	(34.5%, 39.3%)
Any Supports				
Tuition reimbursement	63.8%	(63.1%, 64.5%)	45.9%	(43.4%, 48.4%)
Paid time off for advancing nursing education	6.8%	(6.4%, 7.2%)	4.2%	(3.3%, 5.3%)
Paid time off for continuing education courses	15.1%	(14.6%, 15.7%)	4.2%	(3.3%, 5.3%)

Supports	RN = 16,338		LPN = 1,572	
	Estimate	95% CI	Estimate	95% CI
Reimbursement for continuing education	36.9%	(36.2%, 37.6%)	18.2%	(16.4%, 20.2%)
Reimbursement for costs associated with obtaining advanced certification	24.7%	(24.0%, 25.4%)	6.1%	(5.0%, 7.4%)
Student loan repayment benefits	13.1%	(12.6%, 13.6%)	7.9%	(6.7%, 9.3%)
Nurse residency/Transitions to practice programs	23.8%	(23.2%, 24.5%)	3.9%	(3.0%, 5.0%)
Mentorship	16.7%	(16.1%, 17.3%)	6.1%	(5.0%, 7.4%)
Personal/mental health days separate from sick leave	11.6%	(11.1%, 12.1%)	10.5%	(9.1%, 12.1%)
Health and wellness stipends	12.4%	(11.9%, 12.9%)	5.2%	(4.2%, 6.4%)
Meditation/wellness app access	16.6%	(16.0%, 17.2%)	5.8%	(4.7%, 7.1%)
Access to counseling/mental health services/EAP	49.6%	(48.8%, 50.4%)	23.5%	(21.5%, 25.7%)
Housing supports	1.8%	(1.6%, 2.0%)	0.8%	(0.5%, 1.4%)
Self-care services	15.9%	(15.3%, 16.5%)	7.3%	(6.1%, 8.7%)

[a] Respondents were instructed to mark all that apply.

Nurses employed outside of Michigan were asked the reason for being employed outside the state (Table 21). Most respondents indicated they lived out of state (RNs = 62.8 percent; LPNs = 40.6 percent) at the time of the survey. RNs were statistically more likely to indicate it was due to remote work (RNs = 23.1 percent of RNs; LPNs = 10.0 percent). Both RNs and LPNs indicated that they were out of state because they worked as travel nurses (17.5 percent and 24.5 percent, respectively). Respondents also indicated that better pay/wages/benefits was the reason for employment outside of Michigan, however, this was statistically greater among LPNs compared to RNs (16.4 percent and 32.0 percent, respectively).

Table 21. Reason Primary Place of Employment is Outside of Michigan, 2024[a]

Reason	RN = 2,185		LPN = 84	
	Estimate	95% CI	Estimate	95% CI
Living out of state	62.8%	(60.8%, 64.8%)	40.6%	(30.7%, 51.3%)
Semi-retired	1.2%	(0.8%, 1.7%)	*	*
Taking care of home and family	4.8%	(4.0%, 5.8%)	*	*
Better pay/wages/benefits	16.4%	(14.9%, 18.0%)	32.0%	(23.0%, 42.6%)
Better staffing/patient care ratios	7.9%	(6.8%, 9.1%)	*	*
School	1.1%	(0.7%, 1.6%)	*	*
Difficulty finding a nursing position	3.4%	(2.7%, 4.2%)	*	*
Scope of practice regulation is more favorable outside of Michigan	4.0%	(3.3%, 4.9%)	*	*
Travel nurse	17.5%	(16.0%, 19.1%)	24.5%	(16.6%, 34.7%)
Remote work such as online teaching, telehealth, or call centers	23.1%	(21.4%, 24.9%)	10.0%	(5.2%, 18.3%)
Military	2.1%	(1.6%, 2.8%)	0.0%	(0.0%, 4.4%)
Other	4.6%	(3.8%, 5.6%)	10.2%	(5.4%, 18.5%)

[a] Respondents were instructed to mark all that apply.
* Data are suppressed if count is less than 10 or sample population was less than 20.

EMPLOYMENT SETTING

Nurses were asked about their current practice setting, position/role, and specialty (Tables 22 to 24).

Practice Setting

RNs were most likely to work in an acute care setting (52.0 percent), while LPNs were most likely to work in a long-term care setting (50.8 percent; Table 22). RNs were statistically more likely compared to LPNs to work in acute care (52.0 percent vs. 15.8 percent), ambulatory care (24.7 percent vs. 19.8 percent), emergent and urgent care (12.4 percent vs. 4.5 percent), non-clinical settings (9.2 percent vs. 6.6 percent), and school of nursing (4.1 percent vs. 1.3 percent). LPNs were statistically more likely compared to RNs to work in community health (10.6 percent vs. 5.8 percent), corrections (3.9 percent vs. 1.0 percent), long-term care (50.8 percent vs. 6.0 percent), mobile and home care (16.7 percent vs. 5.5 percent), and other community-based health care settings (16.5 percent vs. 3.6 percent).

Table 22. Practice Setting, 2024[a]

Setting	RN = 17,024		LPN = 1,677	
	Estimate	95% CI	Estimate	95% CI
Acute Care	52.0%	(51.2%, 52.7%)	15.8%	(14.1%, 17.6%)
Ambulatory Care	24.7%	(24.1%, 25.4%)	19.8%	(18.0%, 21.8%)
Community Health	5.8%	(5.5%, 6.2%)	10.6%	(9.2%, 12.2%)
Corrections	1.0%	(0.9%, 1.2%)	3.9%	(3.1%, 4.9%)
Emergent and Urgent Care	12.4%	(11.9%, 12.9%)	4.5%	(3.6%, 5.6%)
Long-term Care	6.0%	(5.7%, 6.4%)	50.8%	(48.4%, 53.2%)
Mobile and Home Care	5.5%	(5.2%, 5.9%)	16.7%	(15.0%, 18.6%)
Non-clinical	9.2%	(8.8%, 9.6%)	6.6%	(5.5%, 7.9%)
Public Health	3.7%	(3.4%, 4.0%)	3.2%	(2.5%, 4.2%)
School of Nursing	4.1%	(3.8%, 4.4%)	1.3%	(0.9%, 2.0%)
School Health	1.7%	(1.5%, 1.9%)	2.8%	(2.1%, 3.7%)
Other Community-based Health Care settings	3.6%	(3.3%, 3.9%)	16.5%	(14.8%, 18.4%)
Other Community-based Care	2.8%	(2.6%, 3.1%)	1.9%	(1.3%, 2.7%)

[a] Respondents were instructed to mark all that apply.

Position & Role

All respondents who were employed were asked about their current role and position and could select APRN and nurse anesthetist if appropriate (see Appendix A for the survey tool and definition of APRN). Both RNs and LPNs were most likely to have a position as a staff nurse, however, this was significantly higher among LPNs (78.5 percent vs. 59.8 percent). RNs were statistically more likely to have a role in faculty (4.3 percent vs. 0.6 percent), education, research, and consulting (9.1 percent vs. 3.6 percent), and other health services (16.1 percent vs. 11.6 percent) compared to LPNs. LPNs were statistically more likely to have a role in school nursing (3.0 percent vs. 1.5 percent), in managerial positions (12.4 percent vs. 9.3 percent), and in military health services (1.4 percent vs. 0.7 percent) compared to RNs.

Table 23. Position and Role, 2024[a]

Position	RN = 16,682		LPN = 1,629	
	Estimate	95% CI	Estimate	95% CI
Staff Nurse	59.8%	(59.1%, 60.5%)	78.5%	(76.5%, 80.4%)
Faculty	4.3%	(4.0%, 4.6%)	0.6%	(0.3%, 1.1%)
Education, Research, & Consulting	9.1%	(8.7%, 9.5%)	3.6%	(2.8%, 4.6%)
School Nurse	1.5%	(1.3%, 1.7%)	3.0%	(2.3%, 3.9%)
Telehealth	4.5%	(4.2%, 4.8%)	4.2%	(3.3%, 5.3%)
Travel Nurse	3.6%	(3.3%, 3.9%)	4.2%	(3.3%, 5.3%)
Executives	4.9%	(4.6%, 5.2%)	4.4%	(3.5%, 5.5%)
Patient Educator	8.3%	(7.9%, 8.7%)	10.1%	(8.7%, 11.6%)
APRN and Nurse Anesthetist	10.9%	(10.4%, 11.4%)	*	*
Managerial	9.3%	(8.9%, 9.7%)	12.4%	(10.9%, 14.1%)
Military Health Services	0.7%	(0.6%, 0.8%)	1.4%	(0.9%, 2.1%)
Other Health Services	16.1%	(15.6%, 16.7%)	11.6%	(10.2%, 13.2%)
Other Health Non-related	0.4%	(0.3%, 0.5%)	0.9%	(0.5%, 1.5%)

[a] Respondents were instructed to mark all that apply.

* Data are suppressed if count is less than 10 or sample population was less than 20.

Specialties

Currently employed nurses were also asked to identify the employment specialty that most closely corresponded to their nursing practice position (Table 24). The top specialty for RNs in 2024 was adult health (24.8 percent) and for LPNs, the top specialty was geriatric care (41.6 percent). RNs were statistically more likely compared to LPNs to have a specialty in academia (3.6 percent vs. 2.2 percent), care management (12.9 percent vs. 9.1 percent), critical care (17.8 percent vs. 5.3 percent), specialty care (16.4 percent vs. 7.5 percent), surgical services (11.5 percent vs. 1.5 percent), and women and infant health (9.5 percent vs. 3.6 percent). LPNs were statistically more likely compared to RNs to have a specialty in adult health (40.8 percent vs. 24.8 percent), behavioral health (10.7 percent vs. 7.5 percent), child and family health (18.2 percent vs. 13.6 percent), community care (6.9 percent vs. 4.8 percent), geriatric care (41.6 percent vs. 11.4 percent), hospice (13.2 percent vs. 5.5 percent), medical-surgical and wound care (29.4 percent vs. 19.3 percent), occupational health and transitions of care (7.0 percent vs. 5.2 percent), phlebotomy, testing, and diagnostics (6.0 percent vs. 3.1 percent), and rehabilitation (22.4 percent vs. 4.4 percent).

Table 24. Specialties, 2024[a]

Specialty	RN = 16,537		LPN = 1,599	
	Estimate	95% CI	Estimate	95% CI
Academia	3.6%	(3.3%, 3.9%)	2.2%	(1.6%, 3.0%)
Adult Health	24.8%	(24.2%, 25.5%)	40.8%	(38.5%, 43.2%)
Anesthesia	4.1%	(3.8%, 4.4%)	*	*
Behavioral Health	7.5%	(7.1%, 7.9%)	10.7%	(9.3%, 12.3%)
Care Management	12.9%	(12.4%, 13.4%)	9.1%	(7.8%, 10.6%)
Child & Family Health	13.6%	(13.1%, 14.1%)	18.2%	(16.4%, 20.1%)
Community Care	4.8%	(4.5%, 5.1%)	6.9%	(5.8%, 8.2%)
Critical Care	17.8%	(17.2%, 18.4%)	5.3%	(4.3%, 6.5%)
Dialysis Nurse	1.9%	(1.7%, 2.1%)	1.2%	(0.8%, 1.8%)
Geriatric Care	11.4%	(10.9%, 11.9%)	41.6%	(39.3%, 44.0%)

Specialty	RN = 16,537		LPN = 1,599	
	Estimate	95% CI	Estimate	95% CI
Hospice	5.5%	(5.2%, 5.9%)	13.2%	(11.7%, 14.9%)
Medical-Surgical & Wound Care	19.3%	(18.7%, 19.9%)	29.4%	(27.3%, 31.6%)
Occupational Health and Transitions of Care	5.2%	(4.9%, 5.5%)	7.0%	(5.9%, 8.3%)
Other	13.0%	(12.5%, 13.5%)	15.5%	(13.8%, 17.3%)
Other Non-clinical Specialties	2.0%	(1.8%, 2.2%)	1.8%	(1.3%, 2.6%)
Phlebotomy, Testing, & Diagnostics	3.1%	(2.9%, 3.4%)	6.0%	(5.0%, 7.2%)
Rehabilitation	4.4%	(4.1%, 4.7%)	22.4%	(20.5%, 24.5%)
Specialty Care	16.4%	(15.9%, 17.0%)	7.5%	(6.3%, 8.9%)
Surgical Services	11.5%	(11.0%, 12.0%)	1.5%	(1.0%, 2.2%)
Women & Infants Health	9.5%	(9.1%, 9.9%)	3.6%	(2.8%, 4.6%)

[a] Respondents were instructed to mark all that apply.

* Data are suppressed if count is less than 10 or sample population was less than 20.

Change in Employment Setting

Nurses who made a change in their employment setting in the past three years were asked to indicate what type of change they made (Table 25). Over half of RNs and LPNs did not make a change in their employment setting last year (57.0 percent and 55.8 percent, respectively). Of those who did make a change in employment setting, moving from an inpatient setting to a community-based setting (RNs = 5.6 percent; LPNs = 3.9 percent) and direct patient care to non-direct care setting (RNs = 6.0 percent; LPNs = 3.2 percent) were most common.

RNs were statistically more likely to move from an inpatient setting to a community-based setting (5.6 percent vs. 3.9 percent), and from direct patient care to non-direct care setting (6.0 percent vs. 3.2 percent). LPNs were statistically more likely to move from a primary care setting to a specialty (3.2 percent vs. 2.2 percent), from a sub-acute care setting to an acute care setting (2.3 percent vs. 1.2 percent), or from a non-direct patient care setting to a direct patient care setting (3.3 percent vs. 1.9 percent) compared to RNs.

Table 25. Change in Employment Setting, 2024[a]

Change in Employment Setting	RN = 16,338		LPN = 1,572	
	Estimate	95% CI	Estimate	95% CI
Did not make a change	57.0%	(56.2%, 57.8%)	55.8%	(53.3%, 58.2%)
Among those who DID make a change:				
An inpatient setting to a community-based setting?	5.6%	(5.3%, 6.0%)	3.9%	(3.0%, 5.0%)
An inpatient setting to an outpatient setting?	2.0%	(1.8%, 2.2%)	2.4%	(1.8%, 3.3%)
A primary care setting (e.g., family practice, general medicine) to a specialty care setting?	2.2%	(2.0%, 2.4%)	3.2%	(2.4%, 4.2%)

Change in Employment Setting	RN = 16,338		LPN = 1,572	
	Estimate	95% CI	Estimate	95% CI
A specialty care setting to a primary care setting?	1.5%	(1.3%, 1.7%)	2.0%	(1.4%, 2.8%)
A sub-acute care setting to an acute care setting?	1.2%	(1.0%, 1.4%)	2.3%	(1.7%, 3.2%)
An acute care setting to a sub-acute care setting?	1.4%	(1.2%, 1.6%)	1.3%	(0.8%, 2.0%)
A direct patient care setting to a non-direct patient care setting?	6.0%	(5.6%, 6.4%)	3.2%	(2.4%, 4.2%)
A non-direct patient care setting to a direct patient care setting?	1.9%	(1.7%, 2.1%)	3.3%	(2.5%, 4.3%)
I changed locations but stayed in the same care setting.	12.4%	(11.9%, 12.9%)	14.6%	(12.9%, 16.4%)
Some other type of change in employment.	14.2%	(13.7%, 14.7%)	14.1%	(12.5%, 15.9%)

[a] Respondents were instructed to mark all that apply.

Reason for Change in Employment

Those who indicated that they changed employment settings were asked the reason for this change (Table 26). Most RNs and LPNs were seeking a less stressful position or setting (44.4 percent and 46.6 percent, respectively) or wanted a better schedule (42.7 percent and 37.6 percent, respectively). Other common reasons for RNs and LPNs to change their employment settings were work culture (31.9 percent and 27.9 percent, respectively), workload (30.2 percent and 32.8 percent, respectively), and wages (27.9 percent and 30.2 percent, respectively). RNs were statistically more likely compared to LPNs to change due to relocating to another area (11.9 percent vs. 7.9 percent).

Table 26. Reason for Change in Employment among RNs & LPNs, 2024[a]

Reason	RN = 6,200		LPN = 619	
	Estimate	95% CI	Estimate	95% CI
Preparing to retire	6.0%	(5.4%, 6.6%)	5.6%	(4.0%, 7.7%)
Care for home or family	12.9%	(12.1%, 13.8%)	9.6%	(7.5%, 12.2%)
Completed educational program	9.4%	(8.7%, 10.2%)	8.8%	(6.8%, 11.3%)
Changing to preferred nursing position	26.0%	(24.9%, 27.1%)	21.9%	(18.8%, 25.3%)
Seeking a less stressful position/setting	44.4%	(43.2%, 45.6%)	46.6%	(42.7%, 50.5%)
Difficulties with EMR/New technology	0.4%	(0.3%, 0.6%)	*	*

Reason	RN = 6,200		LPN = 619	
	Estimate	95% CI	Estimate	95% CI
Violence/safety Issues	9.1%	(8.4%, 9.8%)	7.3%	(5.5%, 9.6%)
Relocating/moving to another area	11.9%	(11.1%, 12.7%)	7.9%	(6.0%, 10.3%)
COVID-related	5.9%	(5.3%, 6.5%)	5.0%	(3.5%, 7.0%)
Temporary disability or long-term illness	1.6%	(1.3%, 1.9%)	1.8%	(1.0%, 3.2%)
Permanent disability leave	*	*	*	*
Wages	27.9%	(26.8%, 29.0%)	30.2%	(26.7%, 33.9%)
Work culture	31.9%	(30.8%, 33.1%)	27.9%	(24.5%, 31.6%)
Workload	30.2%	(29.1%, 31.4%)	32.8%	(29.2%, 36.6%)
Better schedule	42.7%	(41.5%, 43.9%)	37.6%	(33.9%, 41.5%)
Benefits and employer supports	16.2%	(15.3%, 17.1%)	16.0%	(13.3%, 19.1%)
Other	7.9%	(7.3%, 8.6%)	6.7%	(5.0%, 8.9%)

[a] Respondents were instructed to mark all that apply.

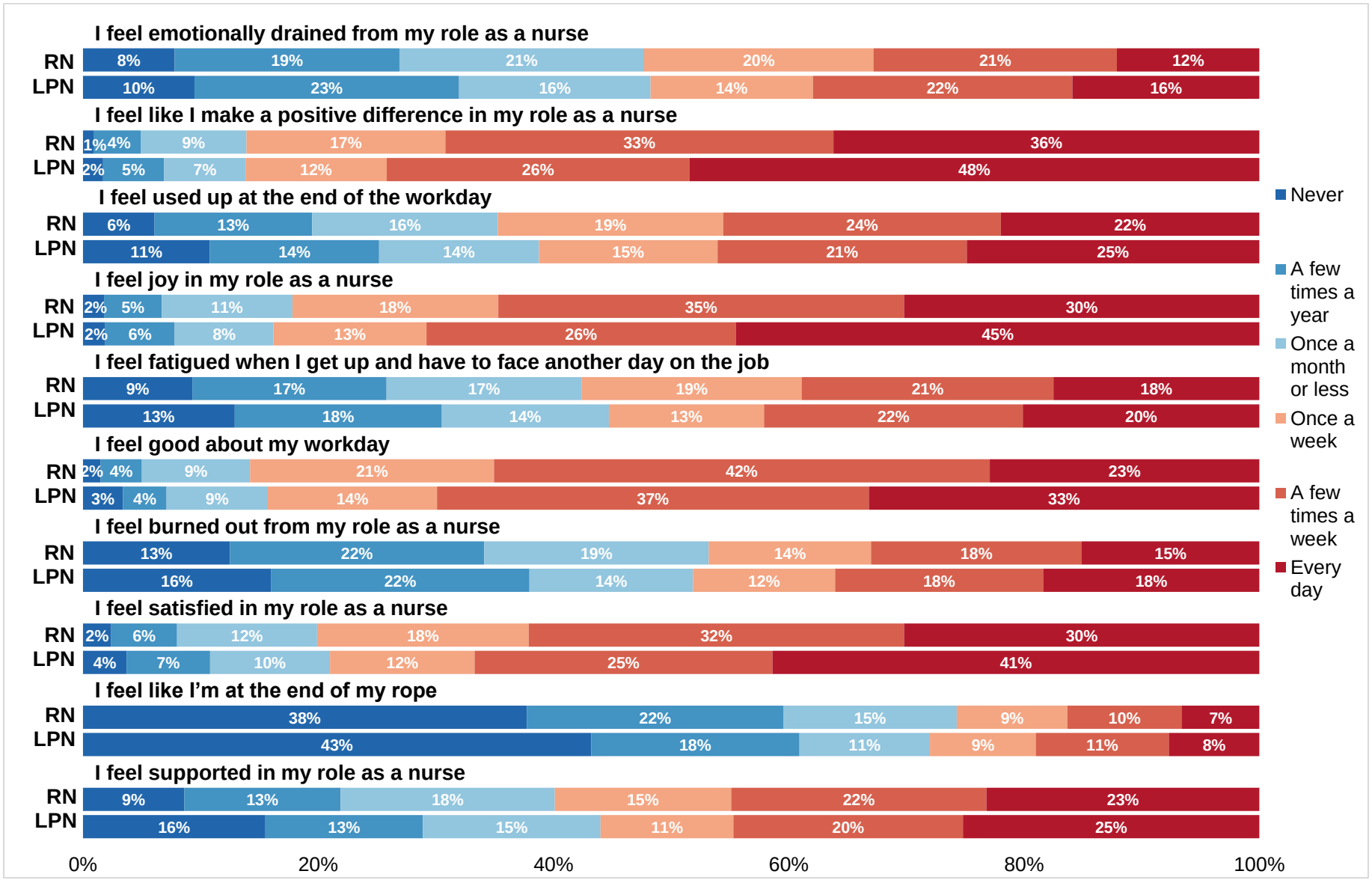
* Data are suppressed if count is less than 10 or sample population was less than 20.

Job Satisfaction and Burnout

Nurses were asked to mark the response that best described how frequently they felt about feelings related to their role at their job. Some examples of these feelings included: “feeling emotionally drained after work,” “feeling joy in role,” “feeling satisfied in my role as a nurse,” “feeling fatigued at the end of the workday,” etc. RNs and LPNs were mostly positive when it came to how they felt about their roles as nurses (Figure 7 on the following page). RNs were most likely to say they feel good about their workday at least a few times a week (42.1 percent), they never feel at the end of their rope (37.7 percent), they feel like they make a positive difference every day (36.2 percent), and they feel joy at least a few times a week (34.5 percent). LPNs were most likely to say they felt like they made a positive difference every day (48.4 percent), they feel joy in their role as a nurse every day (44.5 percent), they are satisfied in their role as a nurse every day (41.4 percent), and they never feel at the end of their rope (43.2 percent).

When comparing RNs and LPNs, significant differences in how they felt about job satisfaction and burnout were noted (Figure 7). RNs were statistically more likely to feel emotionally drained at the end of the day at least once a month (20.8 percent vs. 16.3 percent) or once a week (19.5 percent vs. 13.8 percent) compared to LPNs, however, LPNs were more likely to feel emotionally drained every day (15.9 percent vs. 12.1 percent). RNs were statistically more likely to say that they feel used up at the end of the day at least once a week (19.2 percent vs. 15.2 percent), while LPNs were more likely to say that they never experienced this (10.8 percent vs. 6.1 percent). RNs were statistically more likely to say that they feel fatigued when getting up in the morning to face their day at least once a week (18.7 percent vs. 13.2 percent), while LPNs were more likely to say that they never experienced this (12.9 percent vs. 9.3 percent). LPNs were statistically more likely to feel burned out at the end of the day every day (18.4 percent vs. 15.1 percent) and feel like they were never supported in their role (15.5 percent vs. 8.6 percent) compared to RNs.

Figure 7. Job Satisfaction and Burnout, 2024



RNs working in emergent and urgent care (58.0 percent), long-term care (55.0 percent), and acute care (52.6 percent) had the highest percentage who indicated experiencing burnout at least once a week (Table 27). LPNs working in long-term care (56.3 percent), emergent and urgent care (53.1 percent), and acute care (50.9 percent) had the highest percentage of nurses who indicated experiencing burnout at least once a week. When comparing nurses experiencing burnout at least once a week by practice setting, there was only one significant difference found. RNs working in mobile and home care were statistically more likely to experience burnout at least once a week compared to LPNs (45.6 percent vs. 32.3 percent).

Table 27. Nurses Experiencing Burnout At Least Once a Week by Practice Setting, 2024

Setting	RN = 20,882		LPN = 2,242	
	Estimate	95% CI	Estimate	95% CI
Acute Care	52.6%	(51.5%, 53.7%)	50.9%	(43.9%, 57.8%)
Ambulatory Care	43.9%	(42.4%, 45.5%)	40.5%	(35.2%, 46.1%)
Community Health	44.3%	(41.2%, 47.4%)	44.2%	(36.5%, 52.2%)
Corrections	49.4%	(42.0%, 56.8%)	39.4%	(27.8%, 52.4%)
Emergent and Urgent Care	58.0%	(55.7%, 60.3%)	53.1%	(40.1%, 65.7%)
Long-term Care	55.0%	(52.0%, 58.0%)	56.3%	(52.7%, 59.9%)
Mobile and Home Care	45.6%	(42.5%, 48.7%)	32.3%	(27.0%, 38.1%)
Non-clinical	36.2%	(34.0%, 38.5%)	42.0%	(33.5%, 51.1%)
Public Health	37.8%	(34.0%, 41.8%)	31.2%	(19.4%, 46.1%)
School of Nursing	37.5%	(34.1%, 41.0%)	*	*
School Health	33.7%	(28.4%, 39.4%)	*	*
Other Community-based Health Care Settings	42.5%	(38.8%, 46.3%)	47.8%	(41.5%, 54.2%)
Other Community-based Care	32.7%	(28.7%, 37.0%)	47.1%	(29.6%, 65.4%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

RNs working in a position as a travel nurse (59.5 percent), in managerial positions (52.1 percent), and staff nurses (50.8 percent) had the highest percentage who indicated experiencing burnout at least once a week (Table 28). LPNs working in a managerial position, (59.3 percent), in education, research, and consulting (58.7 percent), in executive positions (58.1 percent), and staff nurses (49.0 percent) positions had the highest percentage of nurses who indicated experiencing burnout at least once a week. When comparing nurses experiencing burnout at least once a week by position, there was only one significant difference found. LPNs were statistically more likely to experience burnout at least once a week when working in education, research and consulting compared to RNs (58.7 percent vs. 41.1 percent).

Table 28. Nurses Experiencing Burnout At Least Once a Week by Position, 2024

Position	RN = 21,392		LPN = 2,038	
	Estimate	95% CI	Estimate	95% CI
Staff Nurse	50.8%	(49.8%, 51.8%)	49.0%	(46.1%, 51.9%)
Faculty	39.7%	(36.3%, 43.2%)	*	*
Education, Research, & Consulting	41.1%	(38.7%, 43.5%)	58.7%	(45.5%, 70.7%)
School Nurse	30.3%	(25.0%, 36.2%)	22.5%	(13.2%, 35.6%)
Telehealth	45.4%	(41.9%, 49.0%)	41.5%	(30.2%, 53.8%)
Travel Nurse	59.5%	(55.2%, 63.7%)	49.7%	(37.3%, 62.2%)
Executives	44.6%	(41.4%, 47.9%)	58.1%	(45.4%, 69.8%)

Position	RN = 21,392		LPN = 2,038	
	Estimate	95% CI	Estimate	95% CI
Patient Educator	41.2%	(38.7%, 43.7%)	39.3%	(32.3%, 46.8%)
APRN and Nurse Anesthetist	45.4%	(43.0%, 47.8%)	*	*
Managerial	52.1%	(49.6%, 54.6%)	59.3%	(51.9%, 66.3%)
Military Health Services	46.4%	(36.8%, 56.2%)	*	*
Other Health Services	39.2%	(37.5%, 41.0%)	41.6%	(35.0%, 48.5%)
Other Health Non-related	37.0%	(27.0%, 48.2%)	*	*

* Data are suppressed if count is less than 10 or sample population was less than 20.

RNs working in rehabilitation (58.2 percent), critical care (56.8 percent), hospice (56.8 percent), and medical-surgical and wound care (55.7 percent) had the highest percentage of nurses who indicated experiencing burnout at least once a week (Table 29). LPNs working in academia (70.3 percent), rehabilitation (60.7 percent), occupational health and transitions of care (60.6 percent), and hospice (60.4 percent) had the highest percentage of nurses who indicated experiencing burnout at least once a week. When comparing nurses experiencing burnout at least once a week by specialty, there were several significant differences. LPNs were statistically more likely to experience burnout at least once a week when working in academia (70.3 percent vs. 37.5 percent) compared to RNs. RNs were statistically more likely to experience burnout at least once a week when working in child and family health (47.9 percent vs. 36.7 percent) compared to LPNs.

Table 29. Nurses Experiencing Burnout At Least Once a Week by Specialty, 2024

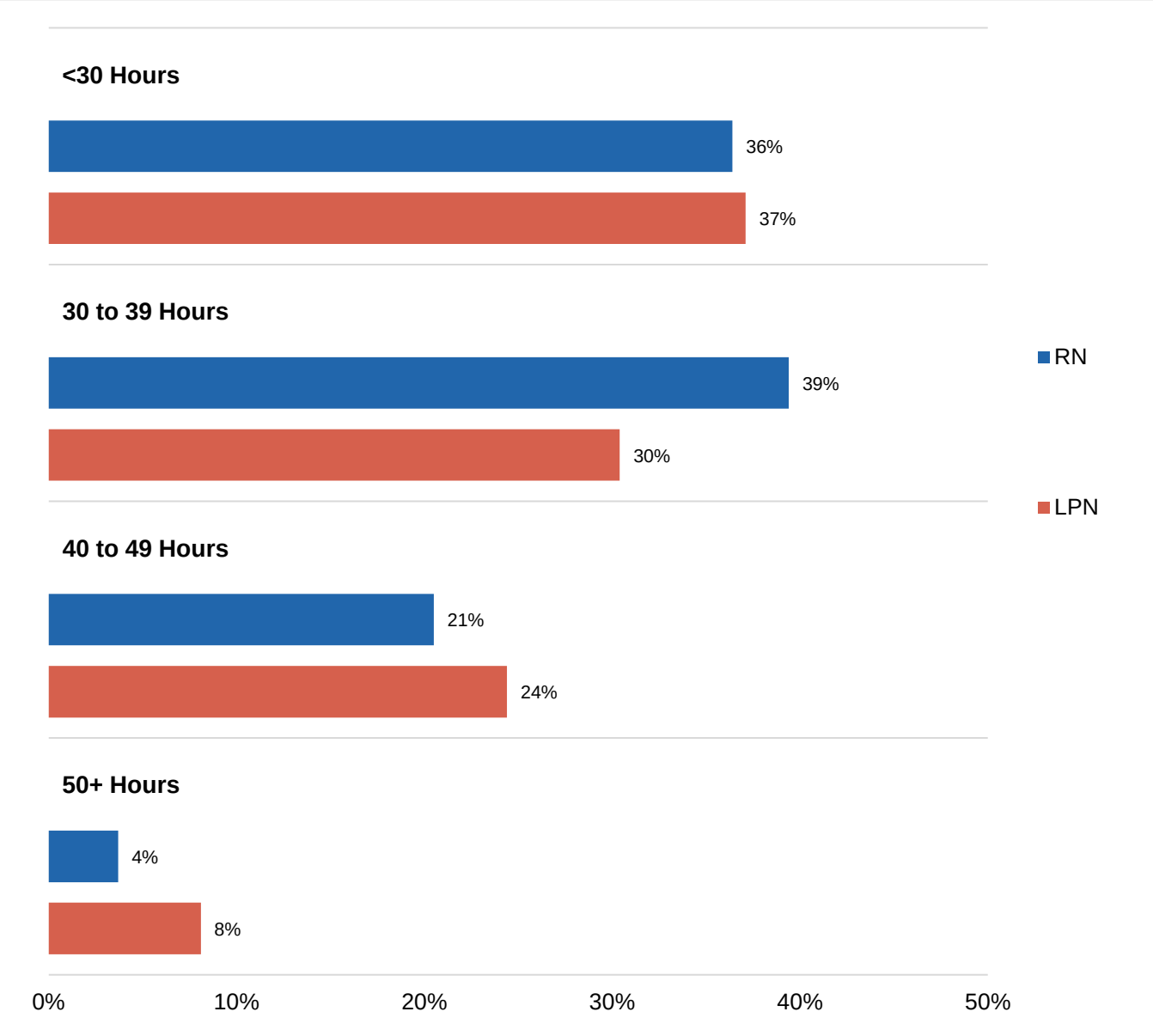
Specialty	RN = 29,610		LPN = 3,521	
	Estimate	95% CI	Estimate	95% CI
Academia	37.5%	(33.8%, 41.3%)	70.3%	(51.1%, 84.3%)
Adult Health	52.6%	(51.0%, 54.2%)	51.8%	(47.8%, 55.8%)
Anesthesia	41.9%	(38.2%, 45.7%)	*	*
Behavioral Health	52.0%	(49.1%, 54.9%)	49.4%	(41.7%, 57.1%)
Care Management	42.5%	(40.5%, 44.5%)	42.2%	(34.4%, 50.5%)
Child & Family Health	47.9%	(45.7%, 50.1%)	36.7%	(31.4%, 42.4%)
Community Care	44.4%	(41.0%, 47.9%)	37.3%	(28.1%, 47.6%)
Critical Care	56.8%	(54.8%, 58.8%)	48.9%	(36.9%, 61.0%)
Dialysis Nurse	48.0%	(42.4%, 53.6%)	*	*
Geriatric Care	54.1%	(51.8%, 56.4%)	55.3%	(51.3%, 59.2%)
Hospice	56.8%	(53.4%, 60.1%)	60.4%	(53.2%, 67.2%)
Medical-Surgical & Wound Care	55.7%	(53.8%, 57.6%)	55.8%	(50.8%, 60.7%)
Occupational Health and Transitions of Care	51.2%	(47.8%, 54.6%)	60.6%	(50.9%, 69.5%)
Other	43.3%	(41.3%, 45.3%)	48.9%	(43.1%, 54.8%)
Other Non-clinical Specialties	35.2%	(30.5%, 40.2%)	*	*
Phlebotomy, Testing, & Diagnostics	55.4%	(50.9%, 59.8%)	56.5%	(45.5%, 66.9%)
Rehabilitation	58.2%	(54.6%, 61.7%)	60.7%	(55.1%, 66.1%)
Specialty Care	54.7%	(52.7%, 56.7%)	51.0%	(41.7%, 60.2%)
Surgical Services	47.5%	(45.2%, 49.8%)	*	*
Women & Infants Health	44.3%	(41.7%, 46.9%)	44.8%	(31.6%, 58.7%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

Direct Care

Nurses who worked in positions that provide direct care (including staff nurses, school health nurses K-12, and APRNs) and their hours worked per week are reported in Figure 8. RNs worked 30 to 39 hours per week (39.4 percent) in direct care positions most often, which was statistically greater compared to LPNs (30.4 percent), while LPNs worked less than 30 hours a per week (37.1 percent) in direct care positions most often, however, this difference was not statistically significant. LPNs working in direct care were statistically more likely to work 40 to 49 hours per week (24.4 percent vs. 20.5 percent) and more than 50 hours a week (8.1 percent vs 3.7 percent) compared to RNs.

Figure 8. Hours Worked per Week by Direct Care Nurses, 2024



Nurses who indicated that they worked in direct care were asked if their place of employment was currently accepting new patients, if they were currently accepting Medicaid patients, and what types of populations are served through their place of employment (Tables 30 to 32). Both RNs and LPNs working in direct care indicated that their place of employment was accepting new patients, however, this was statistically more likely among RNs (93.2 percent vs. 88.7 percent; Table 30). LPNs were statistically more likely to be unsure of if their place of employment was accepting new patients compared to RNs (7.7 percent vs. 4.8 percent).

Table 30. Direct Care Place of Employment Currently Accepting New Patients, 2024

Accepting New Patients	RN = 12,704			LPN = 1,409		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	11,803	93.2%	(92.7%, 93.6%)	1,227	88.7%	(86.9%, 90.2%)
No	299	2.0%	(1.8%, 2.3%)	61	3.6%	(2.7%, 4.7%)
Unknown	602	4.8%	(4.4%, 5.2%)	121	7.7%	(6.4%, 9.2%)

Both RNs and LPNs working in direct care indicated that their place of employment was currently accepting Medicaid patients, however, this again was statistically more likely among RNs (89.5 percent vs. 80.5 percent; Table 31). LPNs were statistically more likely to be unsure if their place of employment was accepting Medicaid patients at the time of the survey (10.5 percent vs. 6.1 percent).

Table 31. Direct Care Place of Employment Currently Accepting Medicaid Patients, 2024

Accepting Medicaid Patients	RN = 12,684			LPN = 1,407		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	11,175	89.5%	(89.0%, 90.0%)	1,105	80.5%	(78.3%, 82.5%)
No	662	4.4%	(4.1%, 4.8%)	137	9.1%	(7.7%, 10.7%)
Unknown	847	6.1%	(5.7%, 6.5%)	165	10.5%	(9.0%, 12.2%)

RNs were statistically more likely to indicate that their place of employment served American Indian or Alaskan Native populations (80.7 percent vs. 60.5 percent), the homeless population (83.0 percent vs. 55.9 percent), migrant farmworkers (63.4 percent vs. 32.3 percent), migrant seasonal farmworkers (63.1 percent vs. 32.4 percent), and non-English speakers (90.6 percent vs. 67.3 percent) compared to LPNs.

Table 32. Direct Care Place of Employment Services to the Following Populations, 2024

Populations Served	RN = 12,100			LPN = 1,255		
	N	Estimate	95% CI	N	Estimate	95% CI
Medicaid patients	11,466	95.5%	(95.1%, 95.9%)	1,169	93.9%	(92.4%, 95.1%)
American Indian/Alaska Native	9,569	80.7%	(80.0%, 81.4%)	761	60.5%	(57.8%, 63.2%)
Homeless	9,765	83.0%	(82.3%, 83.7%)	699	55.9%	(53.1%, 58.6%)
Migrant Farmworker	7,339	63.4%	(62.5%, 64.3%)	399	32.3%	(29.8%, 34.9%)
Migrant Seasonal Farmworker	7,325	63.1%	(62.2%, 64.0%)	399	32.4%	(29.9%, 35.0%)
Non-English speakers	10,789	90.6%	(90.1%, 91.1%)	860	67.3%	(64.7%, 69.8%)

PLANS TO CONTINUE NURSING

Nurses were asked about their plans to continue nursing (Tables 33 to 36). Differences in plans to continue working by current practice setting, position/role, and specialty were also analyzed (Tables 34 to 36). To assist in projecting the supply of nurses in the future, nurses who were currently working were asked to indicate how many more years they plan to continue working as a nurse (Table 33). In 2024, about half of RNs (52.1 percent) and LPNs (48.8 percent) estimated that they will continue working as a nurse for more than 10 years. RNs were statistically more likely to indicate that they will continue working as a nurse for two to five years compared to LPNs (14.2 percent vs. 10.9 percent), while LPNs were statistically more likely to indicate that they did not know how much longer they planned to continue working as a nurse (17.2 percent vs. 10.7 percent).

Table 33. Plans to Continue Working as a Nurse, 2024

Years	RN = 16,024		LPN = 1,529	
	Estimate	95% CI	Estimate	95% CI
Less than 2 years	7.5%	(7.1%, 7.9%)	8.4%	(7.1%, 9.9%)
2 to 5 years	14.2%	(13.7%, 14.7%)	10.9%	(9.4%, 12.6%)
6 to 10 years	15.4%	(14.8%, 16.0%)	14.7%	(13.0%, 16.6%)
More than 10 years	52.1%	(51.3%, 52.9%)	48.8%	(46.3%, 51.3%)
Do not know	10.7%	(10.2%, 11.2%)	17.2%	(15.4%, 19.2%)

To further explore the supply of nurses in the future, nurses who planned to work five years or less were compared by practice setting (Table 34). In 2024, the highest percentage of nurses planning on leaving the workforce in the next five years were in corrections settings (28.1 percent) for RNs and non-clinical settings (29.6 percent) for LPNs. RNs who indicated they plan to work for five years or less were statistically more likely to be in acute care settings compared to LPNs (22.3 percent vs. 16.9 percent).

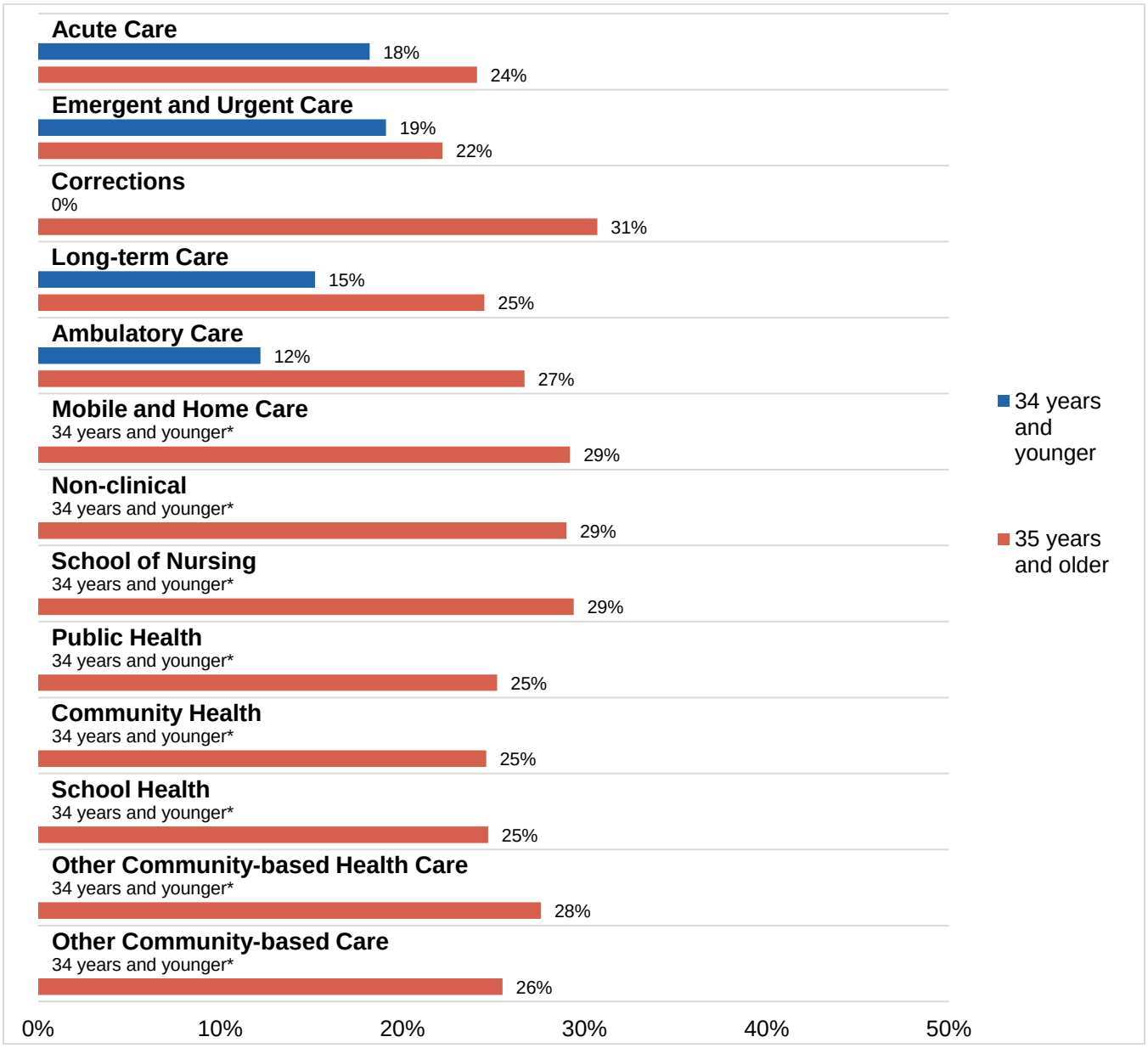
Table 34. Plans to Work Five Years or Less by Setting, 2024[a]

Setting	RN = 18,966			LPN = 1,889		
	N	%	95% CI	N	%	95% CI
Acute Care	6,685	22.3%	(21.3%, 23.3%)	166	16.9%	(12.0%, 23.3%)
Emergent and Urgent Care	1,527	21.4%	(19.4%, 23.5%)	45	17.4%	(9.0%, 30.9%)
Corrections	158	28.1%	(21.7%, 35.6%)	48	25.6%	(15.4%, 39.4%)
Long-term Care	976	24.2%	(21.6%, 27.0%)	597	20.7%	(17.6%, 24.1%)
Ambulatory Care	3,640	23.7%	(22.3%, 25.1%)	268	23.7%	(19.0%, 29.1%)
Mobile and Home Care	901	26.4%	(23.6%, 29.4%)	217	26.4%	(21.0%, 32.6%)
Non-clinical	1,637	27.3%	(25.2%, 29.5%)	97	29.6%	(21.4%, 39.3%)
School of Nursing	694	24.8%	(21.7%, 28.1%)	14	26.5%	(10.5%, 52.7%)
Public Health	543	22.5%	(19.2%, 26.2%)	38	14.6%	(6.7%, 29.0%)
Community Health	890	21.0%	(18.5%, 23.8%)	129	26.3%	(19.5%, 34.5%)
School Health	259	26.5%	(21.5%, 32.2%)	43	13.7%	(6.4%, 27.0%)
Other Community-based Healthcare	610	27.0%	(23.6%, 30.7%)	204	21.0%	(16.0%, 27.1%)
Other Community-based Care	446	24.4%	(20.6%, 28.6%)	23	20.8%	(19.5%, 34.5%)

[a] Respondents were instructed to mark all that apply.

Figure 9 shows nurses' plans to work five years or less by setting and age in 2024. Nurses aged 34 years and younger who only plan to work for the next five years most commonly worked in emergent and urgent care (19.1 percent) and acute care (18.2 percent). Nurses aged 35 and older who only plan to work for the next five years mostly worked in corrections (30.7 percent), school of nursing (29.4 percent), mobile and home care (29.2 percent), and non-clinical settings (29.0 percent). Nurses aged 35 years or older were statistically more likely to plan on working only for the next five years in the following employment settings compared to those aged 34 years or younger: acute care (24.1 percent vs. 18.2 percent) and ambulatory care (26.7 percent vs. 12.2 percent).

Figure 9. Plans to Work Five Years or Less by Setting and Age, 2024[a-b]



[a] Respondents were instructed to mark all that apply.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Nurses who planned to work five years or less were also explored to determine if there were differences based on current position (Table 35). In 2024, among RNs, the highest percentage of nurses planning on leaving the workforce in the next five years was in other health non-nursing related fields (32.1 percent), while for LPNs, the highest percentage was among those working in education, research, and consulting (30.0 percent). The second highest percent among RNs was travel nurses (31.5 percent), while the second highest for LPNs was among other health services (26.4 percent). There were no significant differences between RNs and LPNs planning on leaving the nursing workforce within the next five years based on position.

Table 35. Plans to Work Five Years or Less by Position, 2024[a]

Position	RN = 19,507			LPN = 1,731		
	N	%	95% CI	N	%	95% CI
Staff Nurse	7,864	23.2%	(22.3%, 24.1%)	961	21.1%	(18.6%, 23.8%)
Faculty	710	25.7%	(22.6%, 29.0%)	14	25.0%	(9.6%, 51.2%)
Education, Research, & Consulting	1,510	26.8%	(24.6%, 29.1%)	51	30.0%	(19.2%, 43.6%)
School Nurse	234	27.2%	(21.9%, 33.2%)	44	18.0%	(9.4%, 31.8%)
Telehealth	696	19.6%	(16.8%, 22.7%)	55	23.1%	(13.9%, 35.8%)
Travel Nurse	442	31.5%	(27.3%, 36.0%)	51	20.6%	(11.8%, 33.6%)
Executives	860	23.9%	(21.2%, 26.9%)	51	23.4%	(13.9%, 36.6%)
Patient Educator	1,348	25.6%	(23.3%, 28.0%)	146	23.7%	(17.5%, 31.2%)
APRN and Nurse Anesthetist	1,531	16.5%	(14.7%, 18.4%)	*	*	*
Managerial	1,395	20.3%	(18.3%, 22.5%)	154	21.7%	(15.9%, 28.9%)
Military Health Services	87	16.4%	(10.1%, 25.6%)	21	20.9%	(8.8%, 42.0%)
Other Health Services	2,759	27.3%	(25.7%, 29.0%)	169	26.4%	(20.3%, 33.5%)
Other Health Non-related	71	32.1%	(22.4%, 43.6%)	12	35.7%	(15.3%, 63.0%)

[a] Respondents were instructed to mark all that apply.

* Data are suppressed if count is less than 10 or sample population was less than 20.

Nurses who planned to work five years or less were also explored to determine if there were differences among current specialties (Table 36). Among RNs in 2024, the highest percentage of nurses planning on leaving the workforce in the next five years were in other non-clinical specialties (26.8 percent), followed by other specialties (26.7 percent). For LPNs, the highest percentage of nurses planning on leaving the workforce in the next five years was among those working in surgical services (32.2 percent) followed by other non-clinical specialties (31.4 percent). RNs were statistically more likely to indicate planning on leaving the workforce in the next five years in critical care settings (22.6 percent vs. 6.2 percent), and specialty care settings (23.5 percent vs. 12.1 percent).

Table 36. Plans to Work Five Years or Less by Specialty, 2024[a]

Specialty	RN = 26,759			LPN = 2,933		
	N	%	95% CI	N	%	95% CI
Academia	591	23.5%	(20.3%, 27.1%)	23	18.4%	(7.6%, 38.3%)
Adult Health	3,299	21.6%	(20.2%, 23.0%)	490	22.0%	(18.6%, 25.9%)

Specialty	RN = 26,759			LPN = 2,933		
	N	%	95% CI	N	%	95% CI
Anesthesia	599	20.2%	(17.2%, 23.6%)	*	*	*
Behavioral Health	1,009	22.4%	(19.9%, 25.1%)	138	18.8%	(13.2%, 26.1%)
Care Management	2,137	25.0%	(23.2%, 26.9%)	123	17.9%	(12.1%, 25.6%)
Child & Family Health	1,853	20.9%	(19.1%, 22.8%)	244	25.7%	(20.6%, 31.5%)
Community Care	714	20.9%	(18.1%, 24.0%)	77	14.3%	(8.2%, 23.8%)
Critical Care	2,137	22.6%	(20.9%, 24.4%)	50	6.2%	(2.2%, 16.5%)
Dialysis Nurse	273	21.7%	(17.2%, 27.0%)	13	0.0%	(0.0%, 22.8%)
Geriatric Care	1,623	23.1%	(21.1%, 25.2%)	503	21.5%	(18.1%, 25.3%)
Hospice	776	21.0%	(18.3%, 24.0%)	147	22.3%	(16.3%, 29.7%)
Medical-Surgical & Wound Care	2,430	20.7%	(19.1%, 22.4%)	324	18.8%	(14.9%, 23.4%)
Occupational Health and Transitions of Care	762	24.2%	(21.3%, 27.4%)	83	22.4%	(14.8%, 32.5%)
Other	2,062	26.7%	(24.8%, 28.7%)	232	31.0%	(25.4%, 37.2%)
Other non-clinical specialties	343	26.8%	(22.4%, 31.7%)	22	31.4%	(16.1%, 52.3%)
Phlebotomy, Testing, & Diagnostics	420	22.9%	(19.1%, 27.2%)	67	24.8%	(16.0%, 36.3%)
Rehabilitation	657	23.5%	(20.4%, 26.9%)	233	19.2%	(14.7%, 24.7%)
Specialty Care	2,128	23.5%	(21.7%, 25.3%)	96	12.1%	(7.0%, 20.1%)
Surgical Services	1,680	24.7%	(22.7%, 26.8%)	19	32.2%	(15.8%, 54.6%)
Women & Infants Health	1,266	21.8%	(19.6%, 24.2%)	43	22.2%	(12.4%, 36.6%)

[a] Respondents were instructed to mark all that apply.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Reason for Leaving Nursing

Among those who indicated that they planned to stop working in five years or less, they were also asked their reason for leaving nursing (Table 37). In 2024, the main reason for leaving the workforce for both RNs and LPNs was due to retirement (66.8 percent and 63.8 percent, respectively). Aside from retirement, the reason why nurses are leaving for both RNs and LPNs were related to nurses being too stressed or burned out (34.1 percent and 36.8 percent, respectively). Another reason was workload for RNs and LPNs (26.1 percent and 29.9 percent, respectively). There were no significant differences in the reasons for leaving nurses among RNs and LPNs who plan on leaving the nursing workforce within the next five years.

Table 37. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years, 2024[a]

Reason	RN = 5,387		LPN = 440	
	Estimate	95% CI	Estimate	95% CI
Retiring	66.8%	(65.5%, 68.0%)	63.8%	(59.2%, 68.2%)
Care for home or family	8.6%	(7.9%, 9.4%)	5.7%	(3.9%, 8.3%)
Enrolled in education program	5.1%	(4.5%, 5.7%)	*	*

Reason	RN = 5,387		LPN = 440	
	Estimate	95% CI	Estimate	95% CI
Difficulty finding a nursing position	0.9%	(0.7%, 1.2%)	*	*
Too stressful/burned out	34.1%	(32.8%, 35.4%)	36.8%	(32.4%, 41.4%)
Difficulties with EMR/new technology	1.6%	(1.3%, 2.0%)	*	*
Violence/safety issues	12.6%	(11.7%, 13.5%)	9.8%	(7.4%, 12.9%)
Relocating/moving to another area	2.7%	(2.3%, 3.2%)	4.8%	(3.2%, 7.2%)
COVID-related	1.2%	(0.9%, 1.5%)	*	*
Temporary disability or long-term illness	0.6%	(0.4%, 0.8%)	*	*
Permanent disability leave	*	*	*	*
Wages	20.0%	(19.0%, 21.1%)	21.0%	(17.5%, 25.0%)
Work culture	20.8%	(19.7%, 21.9%)	21.6%	(18.0%, 25.7%)
Workload	26.1%	(24.9%, 27.3%)	29.9%	(25.8%, 34.3%)
Better Schedule	11.9%	(11.1%, 12.8%)	13.3%	(10.4%, 16.8%)
Benefits and employer supports	12.7%	(11.8%, 13.6%)	13.2%	(10.4%, 16.7%)
Other[b]	1.3%	(1.0%, 1.6%)	*	*

[a] Respondents were instructed to mark all that apply.
[b] Other includes reasons such as family care, not enjoying the profession and/or needing a change, a few respondents mentioned concerns about COVID-19.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Further exploration for the reason for leaving nursing for those leaving in less than five years was done to determine if there were differences in reasons by region of residence (Table 38 on the following page). Across all regions, retirement was the main reason why nurses indicated leaving the workforce within the next five years (54.7 percent to 79.9 percent). There were some statistically significant differences in the reasons for leaving the nursing workforce based on geography. The Northeast and Northwest Lower Peninsula regions had significantly higher percentages of nurses leaving the workforce.

For the Northeast Lower Peninsula region, these were: (1) benefits and employer supports compared to the Upper Peninsula, West/West Central Michigan, and Southeast Michigan (21.1 percent vs. 7.6 percent vs. 8.5 percent vs. 8.0 percent, respectively), (2) undesirable schedules compared to South Central Michigan (15.9 percent vs. 6.2 percent), (3) work culture compared to West/West Central, South Central, Southeast, and Detroit Metro regions of Michigan (31.2 percent vs. 14.8 percent vs. 15.1 percent vs. 16.2 percent vs. 20.5 percent), and (4) wages compared to the Upper Peninsula, West/West Central, South Central, Southwest, and Southeast Michigan (28.8 percent vs. 14.6 percent vs. 13.5 percent vs. 6.9 percent vs. 16.7 percent vs. 14.9 percent).

For the Northwest Lower Peninsula region, these were: (1) workload compared to the Upper Peninsula, South Central, and Southeast Michigan (34.5 percent vs. 18.4 percent vs. 19.4 percent vs. 19.8 percent), (2) violence and safety issues compared to the Upper Peninsula, West/West Central, South Central, Southwest, Southeast, and Detroit Metro regions of Michigan (21.9 percent vs. 5.6 percent vs. 9.4 percent vs. 10.5 percent vs. 10.9 percent vs. 6.7 percent vs. 13.8 percent), and (3) too stressed or burned out compared to the Upper Peninsula, West/West Central, South Central, Southwest, Southeast, and Detroit Metro regions of Michigan (47.4 percent vs. 30.2 percent vs. 26.2 percent vs. 24.9 percent vs. 31.2 percent vs. 25.8 percent vs. 36.9 percent).

Table 38. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Region of Residence, 2024[a]

Reason	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Retiring	169	220	119	637	240	354	178	355	459	1,325
	77.2%	61.1%	54.7%	72.6%	65.6%	68.4%	79.9%	74.5%	72.3%	60.5%
	(70.9%, 82.5%)	(55.1%, 66.8%)	(46.6%, 62.6%)	(69.3%, 75.7%)	(60.0%, 70.8%)	(63.8%, 72.6%)	(73.8%, 84.8%)	(70.1%, 78.5%)	(68.4%, 75.9%)	(58.1%, 62.8%)
Care for home or family	18	16	11	44	18	27	22	33	49	113
	9.1%	12.2%	6.7%	6.9%	5.4%	6.5%	12.9%	8.3%	11.4%	10.2%
	(5.8%, 13.9%)	(8.8%, 16.7%)	(3.6%, 12.0%)	(5.3%, 8.9%)	(3.4%, 8.6%)	(4.5%, 9.2%)	(9.0%, 18.2%)	(6.0%, 11.4%)	(9.0%, 14.4%)	(8.8%, 11.8%)
Enrolled in education program	*	*	*	13	*	*	*	*	12	42
	*	*	*	4.3%	*	*	*	*	6.0%	7.3%
	*	*	*	(3.1%, 6.0%)	*	*	*	*	(4.3%, 8.3%)	(6.1%, 8.7%)
Difficulty finding a nursing position	*	0	*	*	*	*	*	*	*	14
	*	0.0%	*	*	*	*	*	*	*	1.0%
	*	(0.0%, 0.0%)	*	*	*	*	*	*	*	(0.6%, 1.6%)
Too stressful/burned out	46	82	36	128	86	113	43	85	119	384
	30.2%	47.4%	46.2%	26.2%	40.2%	38.2%	24.9%	31.2%	25.8%	36.9%
	(24.3%, 36.9%)	(41.5%, 53.4%)	(38.3%, 54.3%)	(23.2%, 29.5%)	(34.8%, 45.9%)	(33.7%, 42.9%)	(19.4%, 31.3%)	(26.9%, 35.8%)	(22.3%, 29.7%)	(34.6%, 39.3%)
Difficulties with EMR/new technology	*	*	*	17	*	*	*	*	15	21
	*	*	*	1.8%	*	*	*	*	2.2%	1.1%
	*	*	*	(1.1%, 3.0%)	*	*	*	*	(1.3%, 3.8%)	(0.7%, 1.7%)
Violence/safety issues	10	20	*	37	28	33	18	32	26	124
	5.6%	21.9%	*	9.4%	17.7%	14.1%	10.5%	10.9%	6.7%	13.8%
	(3.2%, 9.7%)	(17.3%, 27.3%)	*	(7.5%, 11.7%)	(13.8%, 22.5%)	(11.1%, 17.7%)	(7.0%, 15.5%)	(8.2%, 14.3%)	(4.9%, 9.1%)	(12.2%, 15.6%)

Reason	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Relocating/moving to another area	0	*	*	*	*	*	*	*	13	44
	0.0%	*	*	*	*	*	*	*	4.5%	2.9%
	(0.0%, 0.0%)	*	*	*	*	*	*	*	(3.0%, 6.6%)	(2.2%, 3.8%)
COVID-related	*	*	*	*	*	*	*	*	*	17
	*	*	*	*	*	*	*	*	*	0.8%
	*	*	*	*	*	*	*	*	*	(0.5%, 1.4%)
Temporary disability or long-term illness	*	*	*	*	*	*	*	*	*	13
	*	*	*	*	*	*	*	*	*	0.5%
	*	*	*	*	*	*	*	*	*	(0.3%, 1.0%)
Permanent disability leave	0	0	*	0	0	*	0	*	*	*
	0.0%	0.0%	*	0.0%	0.0%	*	0.0%	*	*	*
	(0.0%, 0.0%)	(0.0%, 0.0%)	*	(0.0%, 0.0%)	(0.0%, 0.0%)	*	(0.0%, 0.0%)	*	*	*
Wages	25	40	15	64	49	56	12	39	50	220
	14.6%	24.7%	28.8%	13.5%	26.9%	22.4%	6.9%	16.7%	14.9%	23.9%
	(10.4%, 20.2%)	(19.9%, 30.2%)	(22.0%, 36.7%)	(11.2%, 16.1%)	(22.2%, 32.2%)	(18.7%, 26.6%)	(4.1%, 11.3%)	(13.4%, 20.6%)	(12.1%, 18.2%)	(21.9%, 26.0%)
Work culture	29	51	23	79	54	78	31	54	64	226
	19.9%	27.4%	31.2%	14.8%	26.3%	28.3%	15.1%	22.5%	16.2%	20.5%
	(15.0%, 26.0%)	(22.4%, 33.1%)	(24.2%, 39.2%)	(12.4%, 17.5%)	(21.6%, 31.6%)	(24.2%, 32.7%)	(10.8%, 20.7%)	(18.7%, 26.8%)	(13.3%, 19.5%)	(18.6%, 22.5%)
Workload	32	60	24	111	61	93	35	69	77	289
	18.4%	34.5%	26.1%	21.3%	31.4%	29.8%	19.4%	26.0%	19.8%	27.8%
	(13.6%, 24.3%)	(29.0%, 40.4%)	(19.6%, 33.8%)	(18.5%, 24.4%)	(26.4%, 36.9%)	(25.7%, 34.3%)	(14.5%, 25.4%)	(22.0%, 30.4%)	(16.7%, 23.4%)	(25.7%, 30.0%)
Undesirable schedule	12	26	13	42	22	43	11	38	31	120
	6.6%	12.1%	15.9%	8.8%	12.3%	13.6%	6.2%	14.3%	8.7%	13.0%

Reason	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
	(3.9%, 10.9%)	(8.7%, 16.6%)	(10.8%, 22.7%)	(7.0%, 11.0%)	(9.0%, 16.5%)	(10.7%, 17.2%)	(3.6%, 10.4%)	(11.2%, 18.0%)	(6.6%, 11.4%)	(11.5%, 14.7%)
Benefits and employer supports	14	38	14	39	32	39	*	34	27	157
	7.6%	18.5%	21.1%	8.5%	17.4%	12.6%	*	13.8%	8.0%	15.3%
	(4.7%, 12.1%)	(14.3%, 23.6%)	(15.2%, 28.5%)	(6.7%, 10.7%)	(13.5%, 22.1%)	(9.8%, 16.1%)	*	(10.8%, 17.5%)	(6.0%, 10.6%)	(13.6%, 17.1%)
Other[b]	*	*	*	10	*	*	*	*	*	22
	*	*	*	1.2%	*	*	*	*	*	1.7%
	*	*	*	(0.6%, 2.3%)	*	*	*	*	*	(1.2%, 2.4%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

Further exploration for the reason for leaving nursing for those leaving in less than five years was done to determine if there were differences in reasons by setting, position, and specialty (Figures 10-12 on the following pages). Due to the extensive amount of data, only the top five reasons for leaving nursing were included in this report: retiring, too stressful/burned out, wages, work culture, and workload.

Since there were many response options related to the reasons for leaving the nursing profession, and the low response rate for these questions, some categories were suppressed and therefore excluded in the figures below (Figures 10-12). Comparisons were still able to be made in the narrative. To reference the other categories for this question of the survey, please reference Appendix A, question 52.

Across almost all settings, retirement was the main reason why nurses indicated leaving the workforce within the next five years (41.6 percent to 83.6 percent; Figure 10 on the following page). For nurses who are in emergent and urgent care settings, the highest reason for leaving was because it was too stressful/they were burned out (56.7 percent). The second top reason among almost all settings was due to working being too stressful or feeling too burned out (19.4 percent to 56.7 percent), except among nurses in emergent and urgent care settings and those working in a school of nursing that indicated workload as their second reason for leaving the workforce (47.7 percent and 21.1 percent, respectively).

There were also some statistical differences found in other reasons for leaving nursing within the next five years between settings (data not shown). Those working in emergent and urgent care were most likely to report violence or safety issues (34.3 percent; data not shown) compared to all other settings. Wages (41.3 percent), work culture (35.4 percent) and workload (47.7 percent) being a reason for leaving the nursing field was highest among nurses working in emergent and urgent care, and this was significantly greater compared to most other settings (Figure 10). Those working in emergent and urgent care were also most likely to indicate having an undesirable schedule (21.0 percent) and wanting to leave due to employer supports and benefits not being adequate (26.3 percent; data not shown). Leaving the nursing field to care for home or family was highest among those in school health (16.9 percent; data not shown), sometimes being as great as three times as high compared to other settings, however, this was not statistically significant.

Figure 10. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Practice Setting, 2024

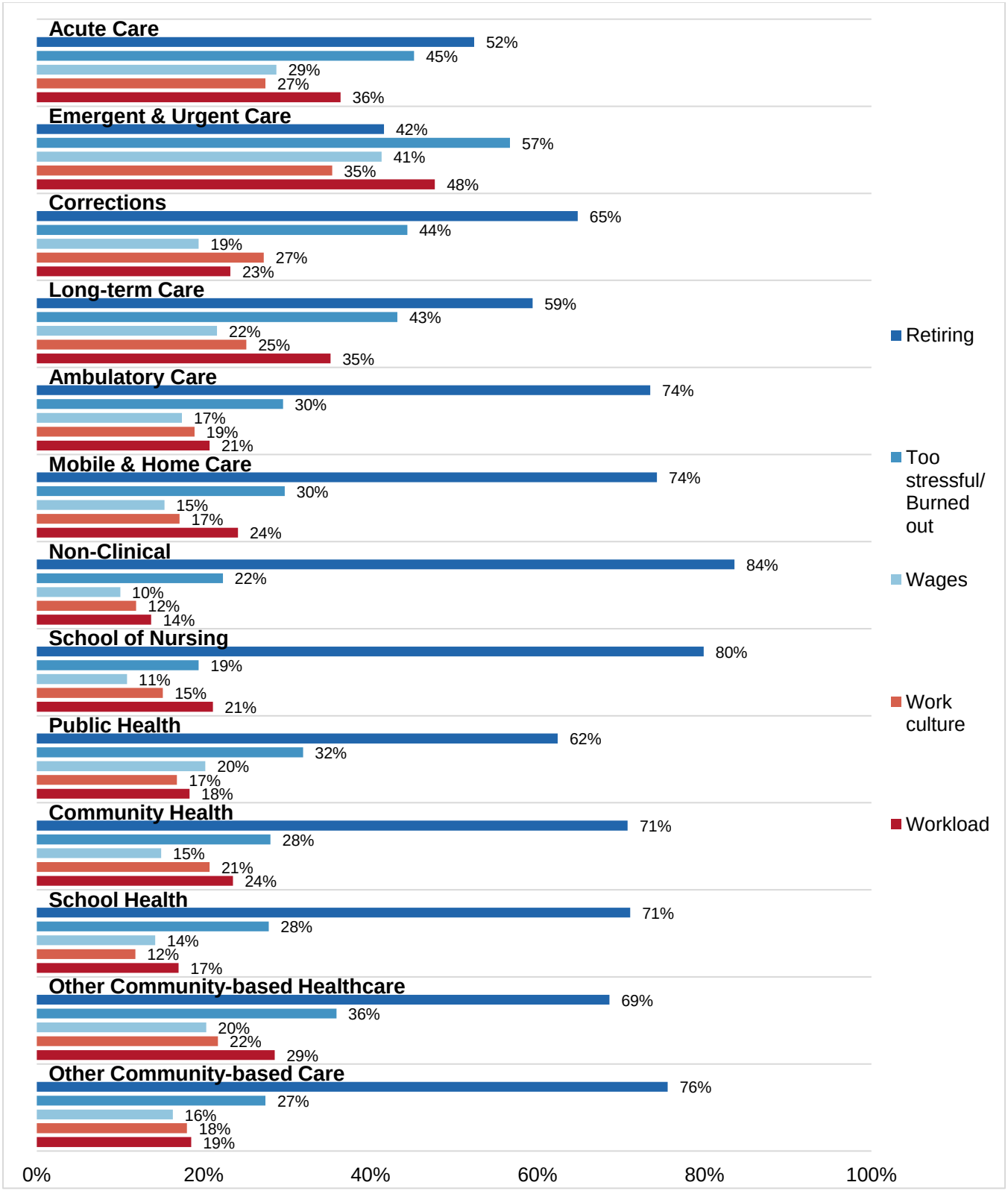
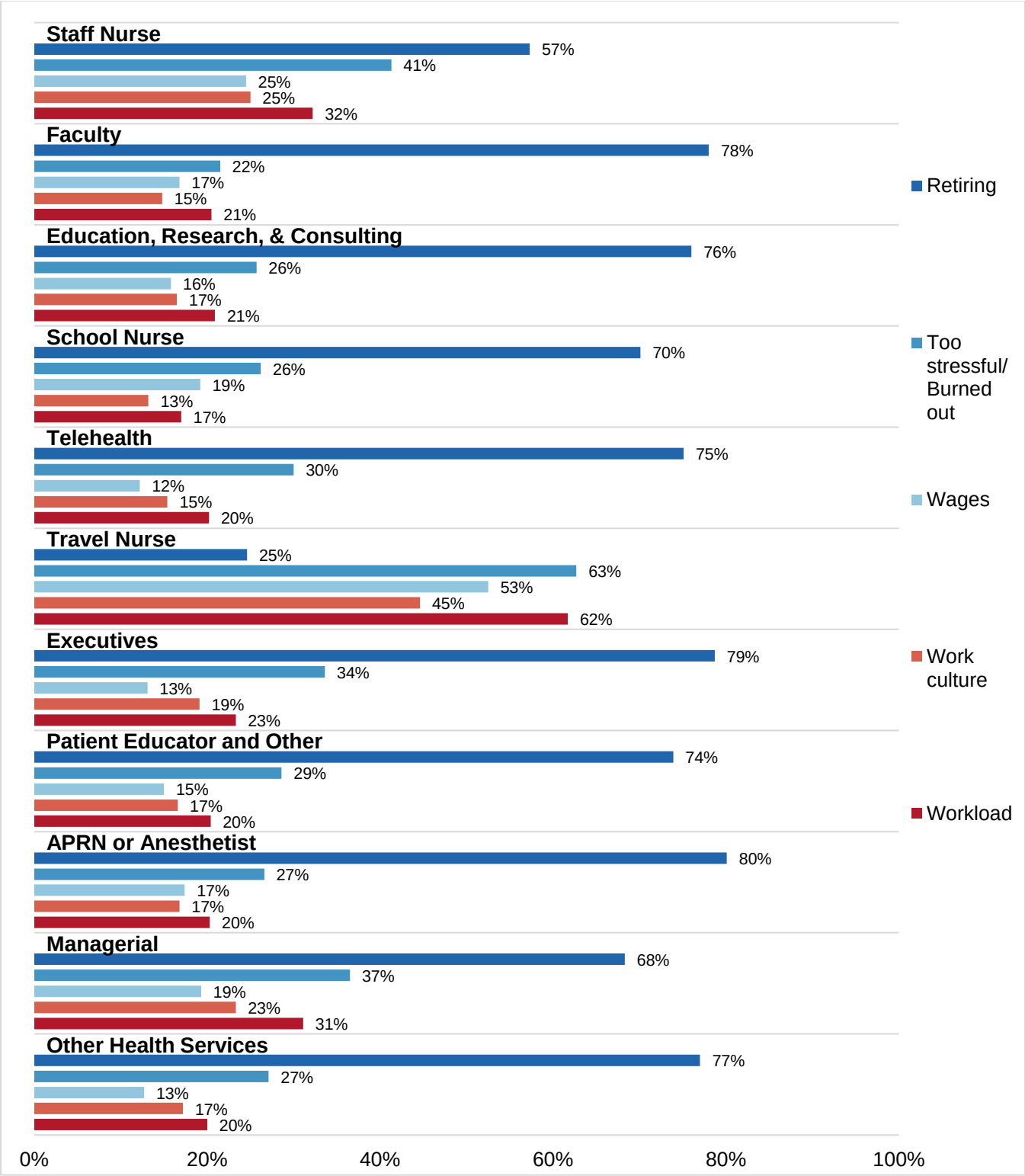


Figure 11 on the following page highlights the top five reasons for leaving the workforce within the next five years. Most commonly, nurses in most positions indicated that retirement was the main reason for leaving the workforce (24.6 percent to 80.1 percent; Figure 11). For travel nurses, the highest reason for leaving was because it was too stressful/they were burned out (62.7 percent), followed very closely by workload (61.7 percent). The second most common reason among most settings was the job being too stressful or they were burned out, except for travel nurses whose second reason was workload (61.7 percent).

In addition to the reasons included in Figure 11, travel nurses indicated that violence and/or safety issues were a main reason for leaving nursing (38.0 percent), which was significantly greater when compared to all other positions. Travel nurses were also most likely to indicate wages (52.5 percent), work culture (44.6 percent), and workload (61.7 percent) as a reason for leaving compared to all other positions (Figure 11). Undesirable work schedules (23.9 percent) and employer benefits and supports (26.2 percent) were also indicated as reasons for leaving nurses among travel nurses compared to most other positions. Faculty and school nurses indicated that caring for their home or family was a main reason for leaving nursing (15.4 percent and 16.8 percent, respectively; data not shown).

Figure 11. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Position, 2024[a]



[a] Military Health Services and other Health Non-related positions were not included due to the suppression rule.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 12 on the following pages has been broken specialties into two figures for ease of viewing.

Similarly to the trends in settings and positions, retirement was the main reason why nurses indicated leaving the workforce within the next five years across most specialties (37.5 percent to 84.0 percent; Figure 12 on the following page). For nurses in critical care, medical-surgical and wound care, and phlebotomy, testing, and diagnostics, the highest reason for leaving was because it was too stressful/they were burned out (50.9 percent, 51.8 percent, 52.8 percent, respectively). The second most common reason for leaving the nursing workforce among most specialties was because it was too stressful or they were burned out, except for phlebotomy, testing, and diagnostics, and medical-surgical and wound care which had retiring as their second main reason (51.3 percent and 48.7 percent, respectively), and critical care which indicated workload (44.9 percent) as their second main reason.

Nurses working in critical care were most likely to indicate wages (42.1 percent) and workload (44.9 percent) were a reason for leaving the nursing workforce compared to other specialties (Figure 12). Nurses working in phlebotomy, testing and diagnostics were most likely to say that work culture (38.9 percent) was a reason for leaving the workforce compared to other specialties. Nurses in other non-clinical specialties indicated that caring for their home or family was a main reason for leaving nursing (15.8 percent; data not shown). Violence or safety issues were most likely to be experienced by nurses working in critical care (28.9 percent) and behavioral health (26.2 percent) compared to other specialties (data not shown).

Figure 12a. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Specialty, 2024

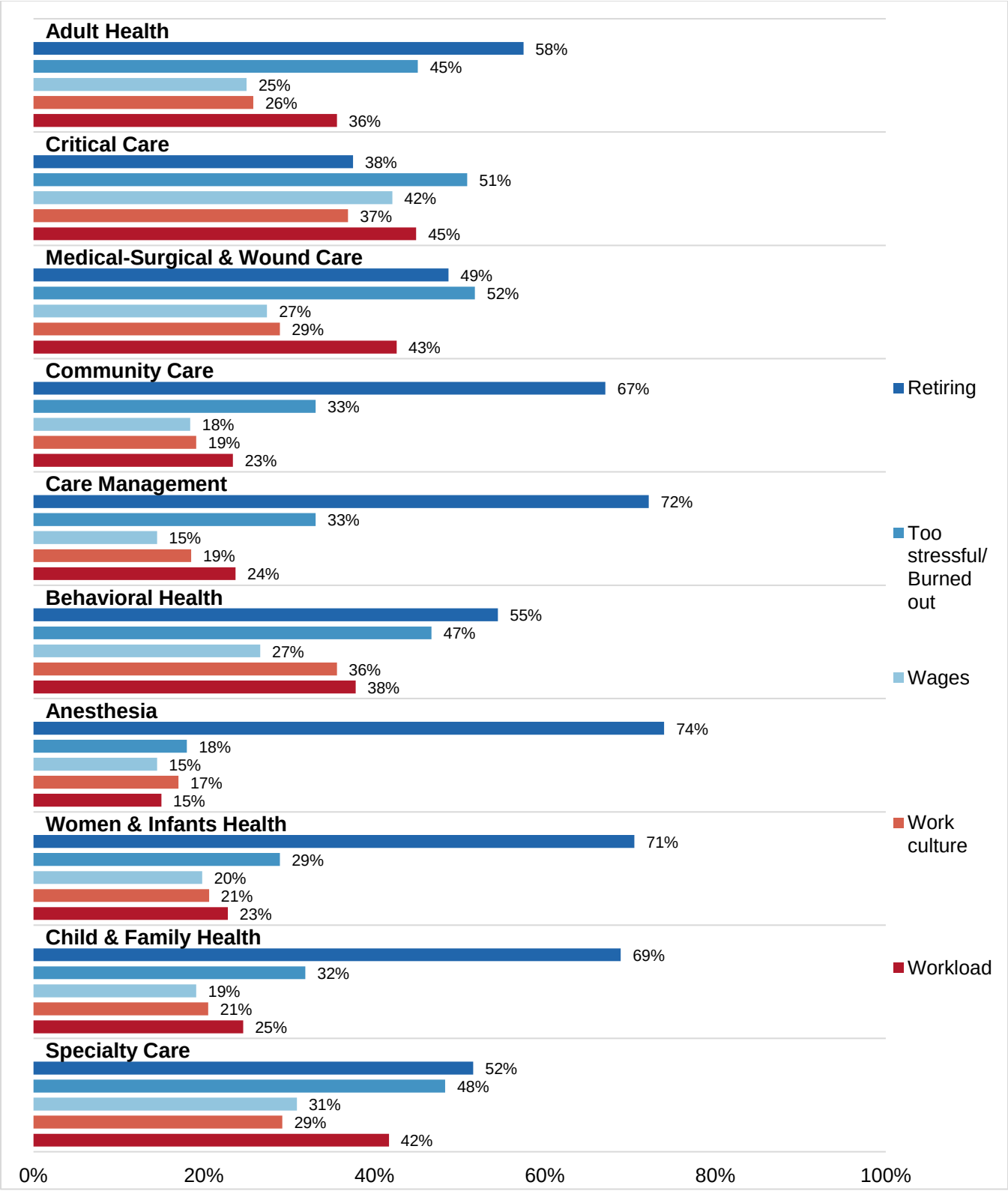
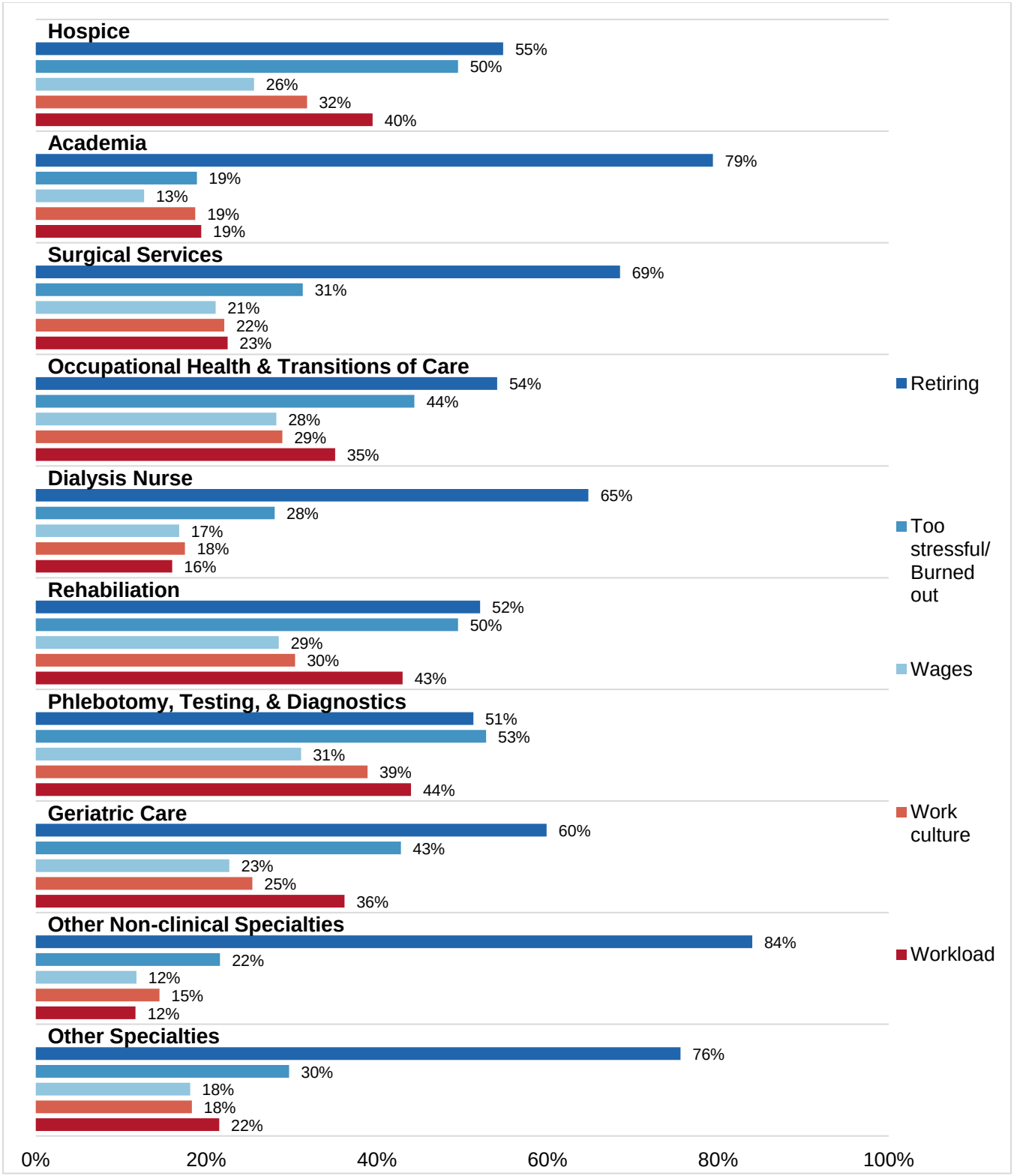


Figure 12b. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Specialty, 2024



NEW NURSE EXPERIENCE

Nurses who indicated they had been working as a nurse less than three years were asked to indicate how prepared they felt when entering the nursing workforce (Table 39). About thirty nine percent of RNs and about forty percent of LPNs in 2024 felt adequately prepared to enter the workforce. Overall, for both LPNs and RNs, respondents indicated they do not have enough clinical time and enough skills labs or simulation time (46.3 percent and 42.0 percent, respectively). There were no significant differences between RNs and LPNs in their level of preparedness for entering the nursing workforce.

Table 39. Preparedness for Entering Nursing Workforce, 2024[a]

Level of Preparedness	RN = 840		LPN = 160	
	Estimate	95% CI	Estimate	95% CI
Adequately prepared	38.6%	(35.4%, 41.9%)	40.2%	(32.9%, 47.9%)
Not enough classroom time	4.3%	(3.1%, 5.9%)	*	*
Not enough clinical time	46.3%	(43.0%, 49.7%)	42.0%	(34.6%, 49.7%)
Not enough skills lab/simulation time	29.2%	(26.2%, 32.4%)	29.3%	(22.8%, 36.8%)
Not enough critical thinking/ prioritization practice	28.3%	(25.4%, 31.4%)	24.8%	(18.8%, 32.0%)
Other	2.0%	(1.2%, 3.2%)	*	*

[a] Respondents were instructed to mark all that apply.

* Data are suppressed if count is less than 10 or sample population was less than 20.

The 2020 survey was the first year that nurses were asked about their experiences with finding employment (data not shown). These questions were only asked to nurses who indicated they have been working as a nurse for three years or less. In 2024, both RNs and LPNs indicated that it was easy or very easy for them to find a nursing position (83.4 percent and 75.0 percent, respectively; Table 40), which was significantly greater among RNs. Similarly, about half of RNs and LPNs indicated it was easy or very easy to find a nursing position in their preferred practice area (53.5 percent and 51.5 percent, respectively). In 2024, most nurses did not have a residency placement as part of their nursing program (RNs = 50.6 percent; LPNs = 87.8 percent), however, this was significantly greater among LPNs. For RNs, 62.9 percent indicated that they were satisfied with their orientation programs at their place of employment, while only 42.9 percent of LPNs were satisfied, and this difference was significantly different.

Table 40. Finding Employment for Nurses Entering Workforce, 2024[a]

Finding Employment	RN = 843		LPN = 162	
	Estimate	95% CI	Estimate	95% CI
Difficulty Finding a Nursing Position				
Very difficult	*	*	*	*
Difficult	2.8%	(1.9%, 4.1%)	*	*
Neutral	13.5%	(11.4%, 16.0%)	18.3%	(13.1%, 25.0%)
Easy	35.8%	(32.6%, 39.1%)	19.8%	(14.4%, 26.6%)
Very easy	47.6%	(44.2%, 51.0%)	55.2%	(47.5%, 62.6%)
Difficulty Finding a Nursing Position in Preferred Practice Area				
Very difficult	4.9%	(3.6%, 6.6%)	9.3%	(5.7%, 14.8%)
Difficult	16.8%	(14.4%, 19.5%)	16.8%	(11.8%, 23.3%)
Neutral	24.8%	(22.0%, 27.8%)	22.4%	(16.6%, 29.4%)

Finding Employment	RN = 843		LPN = 162	
	Estimate	95% CI	Estimate	95% CI
Difficulty Finding a Nursing Position in Preferred Practice Area				
Easy	29.6%	(26.6%, 32.8%)	23.2%	(17.4%, 30.3%)
Very easy	23.9%	(21.1%, 26.9%)	28.3%	(21.9%, 35.7%)
Had a Residency Placement as Part of Nursing Program				
Yes	49.4%	(46.0%, 52.8%)	12.2%	(8.0%, 18.2%)
No	50.6%	(47.2%, 54.0%)	87.8%	(81.8%, 92.0%)
Satisfaction with Orientation at Place of Employment				
Very dissatisfied	3.5%	(2.5%, 5.0%)	6.0%	(3.3%, 10.8%)
Dissatisfied	8.5%	(6.8%, 10.6%)	15.1%	(10.4%, 21.4%)
Neutral	25.2%	(22.4%, 28.2%)	36.1%	(29.1%, 43.7%)
Satisfied	48.4%	(45.0%, 51.8%)	32.3%	(25.6%, 39.8%)
Very satisfied	14.5%	(12.3%, 17.0%)	10.6%	(6.7%, 16.3%)

* Data are suppressed if count is less than 10 or sample population was less than 20.

Nurses who indicated they had been working as a nurse less than three years were also asked about exposure to nursing during middle or high school, the characteristics of their nursing program, and program supports (Table 41). Nursing program support includes items such as tutoring, mentorships, language support, financial support, and work study.

New nurses had exposure to nursing through programs completed in middle or high school to explore a career in nursing (RNs = 17.0 percent; LPNs = 13.8 percent; Table 41). Less than 10 percent of new RNs completed a program in middle or high school to build academic skills related to nursing.

RNs were statistically more likely to participate in a full-time program compared to LPNs (85.3 percent vs. 71.2 percent). RNs were statistically more likely to attend a private nursing program compared to LPNs (21.6 percent vs. 9.8 percent). Nearly two-thirds of new RNs and one-third of LPNs reported reduced in-person clinical experience due to COVID-19 (60.7 percent and 30.0 percent, respectively; Table 43), with RNs being statistically more likely to experience this reduction in clinical experience.

More than half of nursing students indicated having taken out student loans (RNs = 67.1 percent; LPNs = 71.9 percent). Most nurses had several academic supports available to them (RNs = 86.4 percent; LPNs = 72.0 percent). RNs were statistically more likely to have academic support (86.4 percent vs. 72.0 percent), support to navigate their college experience (40.3 percent vs. 23.8 percent), mentorship (28.1 percent vs. 13.3 percent), and scholarships (63.0 percent vs. 39.9 percent) compared to LPNs.

Table 41. New Nurse Educational Program Experience, 2024

New Nurse Educational Program Experience	RN = 839		LPN = 161	
	Estimate	95% CI	Estimate	95% CI
Exposure to Nursing During Middle or High School				
Yes, programs completed in middle or high school to explore career in nursing	17.0%	(14.6%, 19.7%)	13.8%	(9.3%, 20.0%)
Yes, program completed in middle or high school to build academic skills related to nursing	8.1%	(6.4%, 10.1%)	6.7%	(3.8%, 11.7%)
No	73.1%	(70.0%, 76.0%)	76.5%	(69.4%, 82.4%)
Other	1.8%	(1.1%, 2.9%)	*	*

New Nurse Educational Program Experience	RN = 839		LPN = 161	
	Estimate	95% CI	Estimate	95% CI
Nursing Program Characteristics [a]				
Holistic admissions	21.4%	(18.8%, 24.3%)	13.4%	(9.0%, 19.5%)
Public	58.1%	(54.7%, 61.4%)	34.5%	(27.6%, 42.1%)
Private	21.6%	(18.9%, 24.5%)	9.8%	(6.1%, 15.4%)
For profit institutions	7.4%	(5.8%, 9.4%)	7.4%	(4.3%, 12.5%)
Online	28.7%	(25.7%, 31.9%)	29.0%	(22.5%, 36.4%)
In-person	54.7%	(51.3%, 58.0%)	50.0%	(42.4%, 57.6%)
Hybrid online and in-person program	55.3%	(51.9%, 58.6%)	45.0%	(37.5%, 52.7%)
Full-time program	85.3%	(82.7%, 87.5%)	71.2%	(63.8%, 77.6%)
Part-time program	10.2%	(8.3%, 12.4%)	11.5%	(7.4%, 17.3%)
Accelerated graduation date due to COVID	3.8%	(2.7%, 5.3%)	7.6%	(4.4%, 12.8%)
Reduced in-person clinical experience due to COVID	60.7%	(57.4%, 64.0%)	30.0%	(23.5%, 37.5%)
Nursing Program Supports [a]				
Academic supports available	86.4%	(83.9%, 88.6%)	72.0%	(64.2%, 78.6%)
Supports available to navigate college experience	40.3%	(37.0%, 43.7%)	23.8%	(17.6%, 31.3%)
English as a second language supports available	12.0%	(9.9%, 14.4%)	*	*
Mentorship	28.1%	(25.1%, 31.3%)	13.3%	(8.7%, 19.8%)
Scholarship	63.0%	(59.6%, 66.3%)	39.9%	(32.3%, 48.0%)
Work study	25.0%	(22.1%, 28.1%)	17.2%	(11.9%, 24.1%)
Student loans	67.1%	(63.8%, 70.3%)	71.9%	(64.1%, 78.6%)
Other	*	*	*	*

[a] Respondents were instructed to mark all that apply.

* Data are suppressed if count is less than 10 or sample population was less than 20.

WORKPLACE VIOLENCE

The 2020 survey was the first year to ask nurses about their experiences with workplace violence. All questions were optional for respondents, and definitions were provided for each term used in the question (see questions 63 – 69 in Appendix A).

Basic Demographics

Less than half of nurses who responded to the 2024 survey indicated that they have experienced workplace violence within the last year, and RNs were statistically more likely to experience workplace violence (46.3 percent vs. 32.7 percent; Table 42). Similar to 2023, as nurses age, they are less likely to experience workplace violence. Over half the RNs 34 years or younger indicated they experienced workplace violence in the past year (younger than 25 years old = 62.6 percent; 25 to 34 years old = 59.8 percent). Over one-third of LPNs 25 to 44 years old experienced workplace violence in the past year (25 to 34 years old = 41.7 percent; 35 to 44 years old = 36.0 percent). Male nurses continued to be more likely to experience workplace violence (RNs = 52.7 percent; LPNs = 40.9 percent), however, this difference was only significant among RNs.

Among RNs, the highest percentage of nurses who experienced workplace violence within the last year resided in South Central (53.7 percent) and Southwest (53.5 percent) Michigan but were employed in Southwest (54.8 percent) and South Central (50.8 percent) Michigan. Among LPNs, the highest percentage of nurses who experienced workplace violence within the last year resided in South Central (55.0 percent) but were employed in Southwest (40.9 percent) Michigan.

Table 42. Demographics of those Nurses who Experienced Workplace Violence in the Past Year, 2024

Characteristics	RNs		LPNs	
	n †	Estimate ¥	n †	Estimate ¥
Total	**15,450**	46.3%	**1,466**	32.7%
Age				
<25 years	123	62.6%	*	*
25 to 34 years	1,574	59.8%	127	41.7%
35 to 44 years	2,938	48.2%	292	36.0%
45 to 54 years	3,593	42.6%	347	25.6%
55 to 64 years	4,339	35.2%	391	29.4%
65+ years	2,146	22.9%	227	19.8%
Gender				
Female	13,589	45.3%	1,342	31.6%
Male	1,407	52.7%	76	40.9%
Gender non-binary/non-conforming, Genderqueer, Transgender [a]	31	75.4%	*	*
Prefer not to respond	260	63.1%	28	51.2%
Ethnicity [b]				
Hispanic or Latinx	365	52.4%	44	43.9%
Middle Eastern	206	45.9%	*	*
Race [b]				
White	13,592	47.3%	1,032	36.2%
Black	937	34.7%	73	21.6%
American Indian	224	59.0%	30	37.9%

Characteristics	RNs		LPNs	
	n †	Estimate ¥	n †	Estimate ¥
Race [b]				
Asian/ Pacific Islander	445	41.8%	*	*
Other	387	51.8%	57	46.5%
Employment Region				
Eastern/Central/Western UP	503	43.4%	115	35.2%
Northwest LP	577	45.0%	36	40.1%
Northeast LP	264	47.1%	*	*
West/West Central	2,090	50.5%	206	39.7%
East Central	834	49.3%	112	26.5%
East	982	49.8%	102	30.9%
South Central	631	50.8%	46	43.9%
Southwest	999	54.8%	106	40.9%
Southeast	1,768	47.6%	141	36.5%
Detroit Metro	4,225	45.7%	446	27.4%
Outside of MI	2,046	33.7%	71	25.3%
Unknown MI Region	531	45.6%	47	41.4%
Region of Residence				
Upper Peninsula	482	42.3%	109	34.7%
Northwest LP	580	46.0%	43	40.3%
Northeast LP	291	44.7%	*	*
West/West Central	2,157	49.8%	212	38.4%
East Central	800	49.8%	101	27.4%
East	1,220	49.5%	122	29.3%
South Central	613	53.7%	41	55.0%
Southwest	996	53.5%	107	43.2%
Southeast	1,491	47.2%	129	30.7%
Detroit Metro	4,303	45.6%	447	28.0%
Non-Michigan Residence	1,984	33.6%	63	25.2%
Unknown MI Region	533	51.9%	51	50.1%

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
† The n represents the total number of nurses who responded to the workplace violence section of the survey
¥ Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is less than 10 or sample population was less than 20.

Comparison of those who experienced workplace violence in 2023 to 2024 is table shown in Table 43 on the following page. Both RNs and LPNs reported experiencing more workplace violence in 2024 than in 2023 across multiple demographics, however, these differences were only significant among RNs. The number of RNs who experienced workplace violence (44.2 percent vs. 46.3 percent) significantly increased between 2023 and 2024, as well as for the following groups: RNs aged 45 to 54 years (38.5 percent vs. 42.6 percent), female (43.3 percent vs. 45.3 percent), white (45.4 percent vs. 47.3 percent), Black or African American (27.8 percent vs. 34.7 percent), and RNs living and working in Southwest (46.0 percent vs. 53.5 percent and 47.1 vs. 54.8 percent, respectively) and Southeast Michigan (40.5 percent vs. 47.2 percent and 41.2 percent vs. 47.6 percent, respectively). There were no significant differences in the demographics of LPNs who experienced workplace violence.

Table 43. Nurses who Experienced WPV by Demographic and Geographic Characteristics, 2023 & 2024

Characteristics	2023				2024			
	RNs		LPNs		RNs		LPNs	
	n †	Estimate ¥	n †	Estimate ¥	n †	Estimate ¥	n †	Estimate ¥
Total	**13,437**	**44.2%**	**1,174**	**30.5%**	**15,450**	**46.3%**	**1,466**	**32.7%**
Age								
<25 years	123	62.6%	*	*	123	62.6%	*	*
25 to 34 years	1,359	59.6%	86	39.5%	1,574	59.8%	127	41.7%
35 to 44 years	2,507	47.0%	243	30.9%	2,938	48.2%	292	36.0%
45 to 54 years	3,187	38.5%	282	29.1%	3,593	42.6%	347	25.6%
55 to 64 years	3,965	32.9%	340	27.4%	4,339	35.2%	391	29.4%
65+ years	1,852	19.3%	177	16.4%	2,146	22.9%	227	19.8%
Gender								
Female	11,824	43.3%	1,088	30.3%	13,589	45.3%	1,342	31.6%
Male	1,254	49.9%	53	33.2%	1,407	52.7%	76	40.9%
Gender non-binary/non-conforming, Genderqueer, Transgender [a]	27	75.6%	*	*	*	*	*	*
Prefer not to respond	211	56.7%	*	*	260	63.1%	28	51.2%
Race [b]								
White	11,940	45.4%	846	33.2%	13,592	47.3%	1,032	36.2%
Black	707	27.8%	248	23.7%	937	34.7%	73	21.6%
American Indian	174	50.4%	29	57.4%	224	59.0%	30	37.9%
Asian/ Pacific Islander	390	38.8%	*	*	445	41.8%	*	*
Other	330	49.5%	49	40.2%	387	51.8%	57	46.5%
Ethnicity [b]								
Hispanic or Latinx	319	45.9%	36	40.3%	365	52.4%	44	43.9%
Middle Eastern	168	40.5%	*	*	206	45.9%	*	*
Employment Region								
Upper Peninsula	461	45.5%	88	37.7%	503	43.4%	115	35.2%
Northwest LP	530	51.1%	42	33.7%	577	45.0%	36	40.1%
Northeast LP	246	38.8%	27	29.0%	264	47.1%	*	*
West/West Central	1,814	52.5%	174	31.3%	2,090	50.5%	206	39.7%
East Central	749	45.9%	72	27.1%	834	49.3%	112	26.5%
East	861	46.0%	85	30.0%	982	49.8%	102	30.9%
South Central	606	46.5%	35	38.7%	631	50.8%	46	43.9%
Southwest	842	47.1%	76	40.0%	999	54.8%	106	40.9%
Southeast	1,629	41.2%	127	32.8%	1,768	47.6%	141	36.5%
Detroit Metro	3,795	42.8%	359	25.2%	4,225	45.7%	446	27.4%
Outside of MI	1,685	34.0%	71	33.5%	2,046	33.7%	71	25.3%
Unknown MI Region	150	46.1%	*	*	531	45.6%	47	41.4%

Characteristics	2023				2024			
	RNs		LPNs		RNs		LPNs	
	n†	Estimate¥	n†	Estimate¥	n†	Estimate¥	n†	Estimate¥
Region of Residence								
Upper Peninsula	446	45.5%	81	39.0%	482	42.3%	109	34.7%
Northwest LP	554	50.0%	39	30.7%	580	46.0%	43	40.3%
Northeast LP	271	38.6%	*	*	291	44.7%	*	*
West/West Central	1,889	51.5%	173	31.3%	2,157	49.8%	212	38.4%
East Central	709	46.9%	73	26.6%	800	49.8%	101	27.4%
East	1,032	46.2%	97	29.6%	1,220	49.5%	122	29.3%
South Central	590	49.3%	33	45.6%	613	53.7%	41	55.0%
Southwest	822	46.0%	81	40.8%	996	53.5%	107	43.2%
Southeast	1,358	40.5%	116	32.1%	1,491	47.2%	129	30.7%
Detroit Metro	3,849	42.6%	353	24.0%	4,303	45.6%	447	28.0%
Non-Michigan Residence	1,569	33.2%	70	36.0%	1,984	33.6%	63	25.2%
Unknown MI Region	334	54.6%	29	44.1%	533	51.9%	51	50.1%

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
† The n represents the total number of nurses who responded to the workplace violence section of the survey
¥ Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
-Data were not available/response was not an option.
* Data are suppressed if count is less than 10 or sample population was less than 20.

The care setting where nurses experienced the most workplace violence was in emergency and urgent care for RNs (72.5 percent) and community health for LPNs (46.8 percent; Table 44). RNs who experienced workplace violence were statistically more likely compared to LPNs to work in acute care (59.7 percent vs. 37.3 percent), long-term care (45.9 percent vs. 35.7 percent), and ambulatory care (37.9 percent vs. 27.5 percent).

Table 44. Nurses who Experienced Workplace Violence by Care Setting, 2024 (top settings in descending order by RNs)[a]

Setting	RN = 20,141			LPN = 2,120		
	n†	Estimate¥	95% CI	n†	Estimate¥	95% CI
Emergent and Urgent Care	1,675	72.5%	(70.3%, 74.6%)	51	45.8%	(32.9%, 59.3%)
Acute Care	7,152	59.7%	(58.6%, 60.8%)	184	37.3%	(30.6%, 44.5%)
Corrections	167	52.6%	(45.1%, 60.0%)	52	43.3%	(30.8%, 56.8%)
Long-term care	1,021	45.9%	(42.9%, 49.0%)	674	35.7%	(32.2%, 39.4%)
School of Nursing	727	41.5%	(38.0%, 45.1%)	*	*	*
Community Health	939	40.0%	(36.9%, 43.2%)	143	46.8%	(38.8%, 55.0%)
Ambulatory Care	3,806	37.9%	(36.4%, 39.5%)	298	27.5%	(22.7%, 32.8%)
Public Health	571	36.5%	(32.7%, 40.5%)	42	32.5%	(20.3%, 47.6%)
Other Community Based Health Care	643	36.2%	(32.6%, 40.0%)	220	35.1%	(29.1%, 41.6%)
School Health	272	34.1%	(28.7%, 39.9%)	*	*	*

Setting	RN = 20,141			LPN = 2,120		
	n†	Estimate¥	95% CI	n†	Estimate¥	95% CI
Mobile and Home Care	954	32.2%	(29.3%, 35.2%)	256	24.3%	(19.5%, 29.9%)
Non-Clinical	1,727	21.9%	(20.0%, 23.9%)	112	27.3%	(19.9%, 36.2%)
Other Community Based Care	487	20.9%	(17.5%, 24.7%)	*	*	*

[a] Respondents were instructed to mark all that apply.
† The n represents the total number of nurses who responded to the workplace violence section of the survey
¥ Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is less than 10 or sample population was less than 20.

The position where nurses experienced the most workplace violence was among travel nurses for both RNs (62.7 percent) and for LPNs (44.6 percent; Table 45). RNs who experienced workplace violence were statistically more likely compared to LPNs to work as a staff nurse (56.2 percent vs. 35.3 percent), managerial (48.3 percent vs. 33.9 percent), education/research/consulting (39.7 percent vs. 24.1 percent), and patient educator or other (38.2 percent vs. 24.6 percent).

Table 45. Nurses who Experienced Workplace Violence by Position, 2024 (top positions in descending order by RNs)[a]

Position	RN = 20,637			LPN = 1,948		
	n†	Estimate¥	95% CI	n†	Estimate¥	95% CI
Travel Nurse	481	62.7%	(58.3%, 66.9%)	52	44.6%	(31.9%, 58.0%)
Staff Nurse	8,446	56.2%	(55.1%, 57.3%)	1,100	35.3%	(32.5%, 38.2%)
Military Health Services	89	49.7%	(39.5%, 59.9%)	*	*	*
Managerial	1,466	48.3%	(45.7%, 50.9%)	167	33.9%	(27.2%, 41.4%)
Faculty	742	42.7%	(39.2%, 46.3%)	*	*	*
Education/ Research/ Consulting	1,586	39.7%	(37.3%, 42.1%)	55	24.1%	(14.7%, 36.8%)
Patient Educator and other	1,427	38.2%	(35.7%, 40.7%)	160	24.6%	(18.6%, 31.8%)
APRN or Anesthetist	1,575	36.9%	(34.6%, 39.3%)	*	*	*
Telehealth	735	35.2%	(31.8%, 38.7%)	62	33.2%	(22.8%, 45.6%)
Executives	878	33.2%	(30.2%, 36.4%)	57	37.9%	(26.4%, 50.9%)
School Nurse	244	30.1%	(24.7%, 36.1%)	48	*	*
Other Health Services	2,896	29.1%	(27.5%, 30.8%)	197	23.9%	(18.5%, 30.3%)
Other health non-related	72	26.6%	(17.8%, 37.8%)	*	*	*

[a] Respondents were instructed to mark all that apply.
† The n represents the total number of nurses who responded to the workplace violence section of the survey
¥ Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is less than 10 or sample population was less than 20.

The specialties where nurses experienced the most workplace violence were behavioral health for RNs (67.9 percent) and hospice for LPNs were (52.5 percent; Table 46 on the following page). RNs who experienced workplace violence were statistically more likely than LPNs to have a specialty in behavioral health (67.9 percent vs. 40.8 percent), critical care (66.6 percent vs. 36.6 percent), medical-

surgical & wound care (63.9 percent vs. 39.9 percent), specialty care (59.2 percent vs. 35.3 percent), adult health (55.8 percent vs. 32.9 percent), geriatric care (55.4 percent vs. 38.3 percent), rehabilitation (55.3 percent vs. 40.8 percent), child and family health (46.0 percent vs. 26.4 percent), community care (41.1 percent vs. 28.9 percent), and care management (31.6 percent vs. 20.5 percent).

Table 46. Nurses who Experienced Workplace Violence by Specialty, 2024 (top specialties in descending order by RNs)[a]

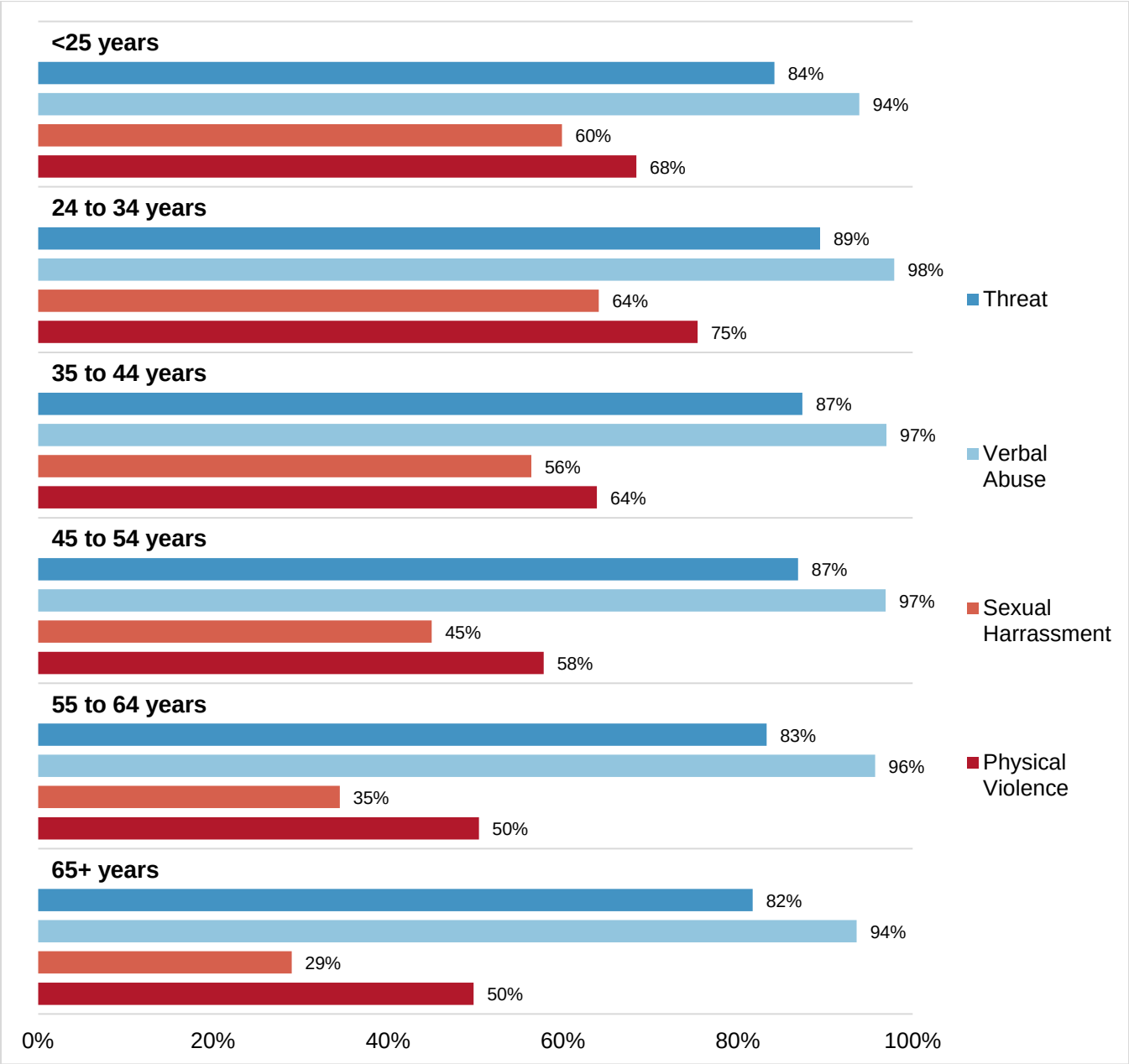
Specialty	RN = 28,518			LPN = 3,343		
	n[†]	Estimate[¥]	95% CI	n[†]	Estimate[¥]	95% CI
Behavioral Health	1,095	67.9%	(65.1%, 70.6%)	145	40.8%	(33.1%, 48.9%)
Critical Care	2,304	66.6%	(64.6%, 68.5%)	59	36.6%	(25.5%, 49.4%)
Medical Surgical & Wound Care	2,628	63.9%	(62.0%, 65.7%)	363	39.9%	(35.0%, 45.0%)
Specialty Care	2,279	59.2%	(57.2%, 61.2%)	105	35.3%	(26.8%, 44.8%)
Phlebotomy Testing & Diagnostics	460	58.9%	(54.3%, 63.3%)	76	43.2%	(32.7%, 54.4%)
Adult Health	3,526	55.8%	(54.2%, 57.4%)	566	32.9%	(29.2%, 36.9%)
Geriatric Care	1,722	55.4%	(53.0%, 57.7%)	575	38.3%	(34.4%, 42.3%)
Rehabilitation	709	55.3%	(51.6%, 58.9%)	277	40.8%	(35.2%, 46.7%)
Hospice	819	55.2%	(51.8%, 58.6%)	177	52.5%	(45.2%, 59.7%)
Occupational Health & Transitions of Care	801	48.3%	(44.9%, 51.8%)	92	34.8%	(25.9%, 45.0%)
Child & Family Health	1,982	46.0%	(43.8%, 48.2%)	277	26.4%	(21.6%, 31.9%)
Dialysis Nurse	293	44.2%	(38.6%, 49.9%)	*	*	*
Surgical Services	1,765	43.8%	(41.5%, 46.1%)	*	*	*
Women & Infant Health	1,344	42.3%	(39.7%, 45.0%)	48	32.5%	(21.0%, 46.6%)
Community Care	756	41.4%	(37.9%, 44.9%)	89	27.4%	(19.2%, 37.5%)
Anesthesia	624	41.4%	(37.6%, 45.3%)	*	*	*
Other Specialties	2,201	40.8%	(38.8%, 42.9%)	265	28.9%	(23.8%, 34.6%)
Academia	619	39.1%	(35.3%, 43.0%)	25	45.4%	(27.8%, 64.2%)
Care Management	2,222	31.6%	(29.7%, 33.6%)	135	20.5%	(14.6%, 28.1%)
Other Non-clinical Specialties	369	22.0%	(18.1%, 26.5%)	*	*	*

[a] Respondents were instructed to mark all that apply.
[†] The n represents the total number of nurses who responded to the workplace violence section of the survey
[¥] Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is less than 10 or sample population was less than 20.

Type of Violence and Perpetrator of Workplace Violence

Respondents to this year's survey continued to experience threats and verbal abuse at the highest rates of any type of violence. The age of nurses who experienced each type of workplace violence (threat, verbal abuse, sexual harassment, and physical violence) are shown in Figure 13 on the following page. Overall, younger nurses experienced significantly higher rates of sexual harassment and physical violence compared to older nurses. Threats and verbal abuse did not differ significantly between the age groups. Due to suppression rules, data by licensure are not available when analyzing LPNs alone.

Figure 13. Type of Workplace Violence Nurses Experienced by Age for All Nurses, 2024

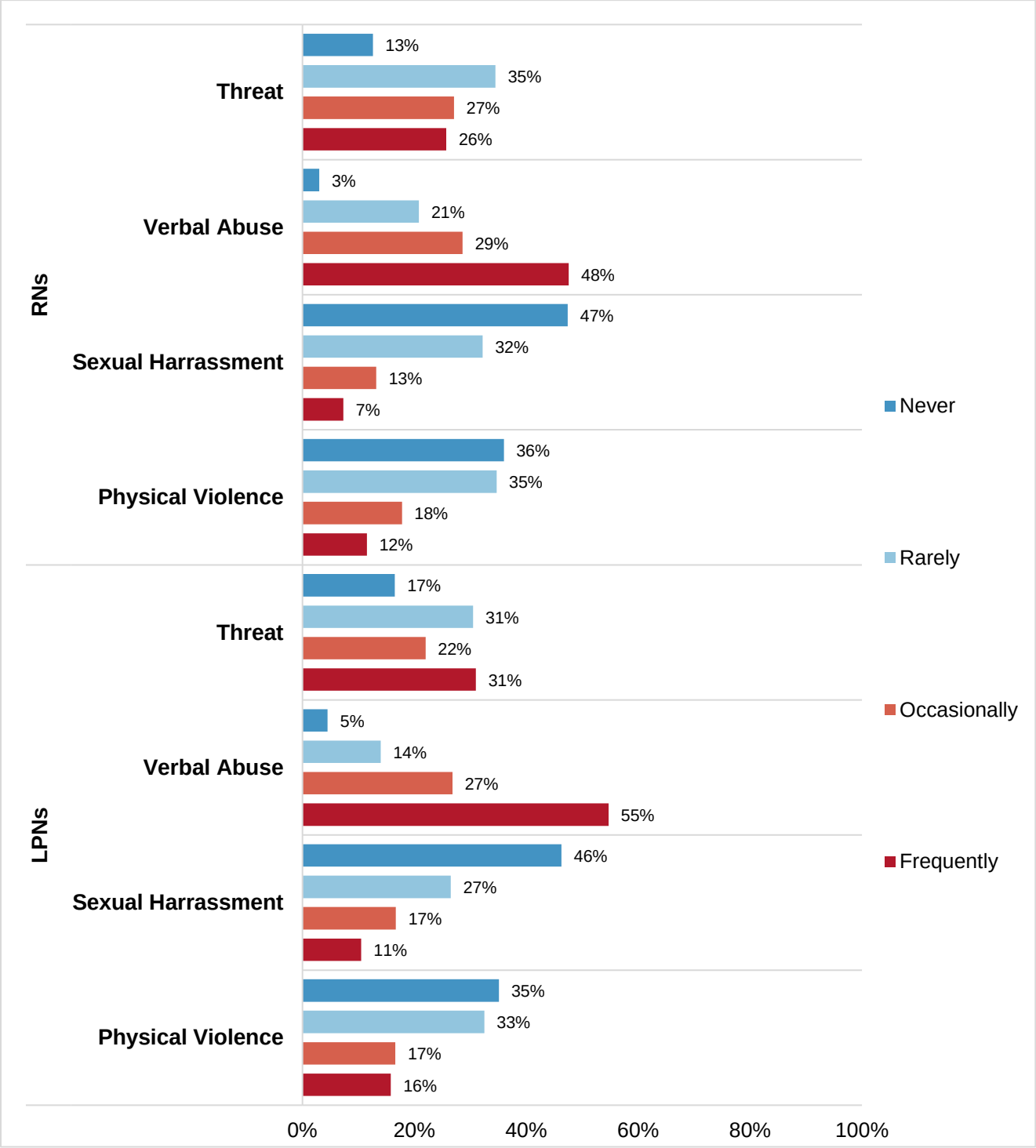


The frequency at which nurses experienced each type of workplace violence in the past year is in Figure 14 on the following page. Overall, RNs and LPNs follow similar trends in the frequency of which each type of violence was experienced. Verbal abuse was most frequently experienced (RNs = 47.6 percent; LPNs = 54.7 percent), with threats reported as the next most frequently experienced type of workplace violence (RNs = 25.7 percent; LPNs = 31.0 percent). Physical violence was most frequently experienced by 11.5 percent of RNs and 15.8 percent of LPNs. Sexual harassment was most frequently experienced by 7.3 percent of RNs and 10.5 percent of LPNs.

RNs were statistically more likely to indicate rarely experiencing verbal abuse compared to LPNs (20.8 percent vs. 14.0 percent), and less likely to indicate experiencing verbal abuse frequently compared to

LPNs (47.6 percent vs. 54.7 percent). RNs were also statistically more likely to indicate experiencing sexual harassment rarely compared to LPNs (32.2 percent vs. 26.5 percent). There were no significant differences in the frequency at which RNs and LPNs experienced physical violence in the workplace.

Figure 14. Frequency of Type of Workplace Violence, 2024



The most common perpetrator of workplace violence continued to be the patient (RNs = 90.1 percent; LPNs = 91.2 percent) or family/friend of the patient (RNs = 63.1 percent; LPNs = 51.7 percent; Table 47). RNs experienced workplace violence from peers (19.8 percent) and physicians (18.7 percent) as well. LPNs experienced workplace violence from peers (25.4 percent) and supervisors (23.1 percent). RNs were more likely to experience workplace violence from a patients' family member or friend (63.1 percent vs. 51.7 percent) and by physicians (18.7 percent vs. 9.5 percent) compared to LPNs. Conversely, LPNs were more likely to experience workplace violence from a supervisor (23.1 percent vs. 11.0 percent) and by peers (24.4 percent vs. 19.8 percent) compared to RNs.

Table 47. Perpetrator of Workplace Violence, 2024[a]

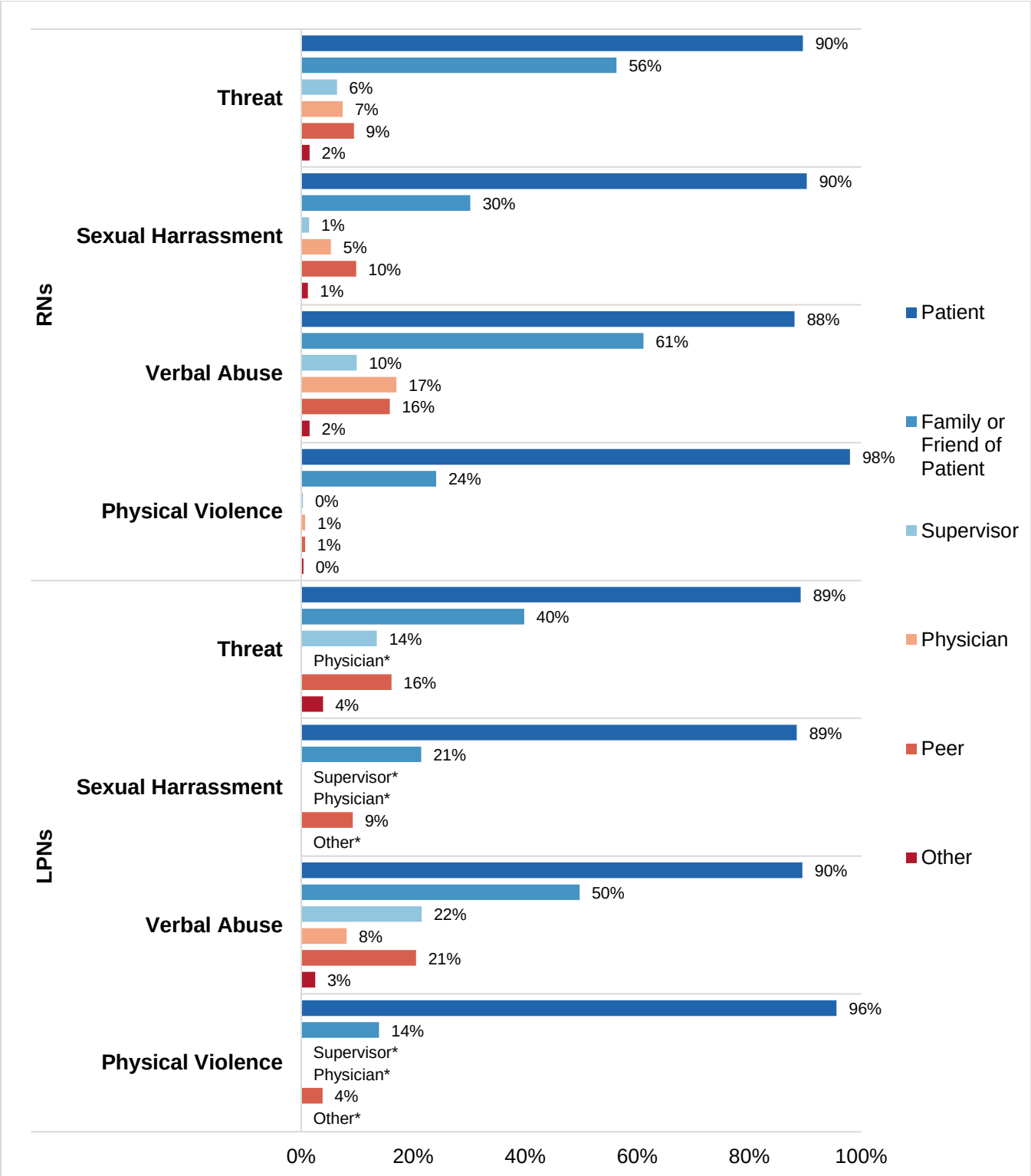
Perpetrator of WPV	RN = 6,273		LPN = 418	
	Estimate	95% CI	Estimate	95% CI
Patient	90.1%	(89.3%, 90.8%)	91.2%	(88.1%, 93.6%)
Family or Friend of Patient	63.1%	(61.9%, 64.3%)	51.7%	(46.9%, 56.5%)
Supervisor	11.0%	(10.2%, 11.8%)	23.1%	(19.3%, 27.4%)
Physician	18.7%	(17.8%, 19.7%)	9.5%	(7.0%, 12.7%)
Peer	19.8%	(18.8%, 20.8%)	25.4%	(21.5%, 29.8%)
Other	2.6%	(2.2%, 3.0%)	4.4%	(2.8%, 6.8%)

[a] In previous years, respondents noted issues with survey programming in which it only allowed them to pick one response option

The perpetrator of workplace violence was analyzed by the type of violence nurses experienced in Figure 15 on the following page. Patients were physically violent against nurses (RNs = 98.0 percent; LPNs = 95.6 percent) and threatened nurses (RNs = 89.6 percent; LPNs = 89.2 percent). RNs experienced verbal abuse from physicians (17.0 percent) and peers (15.8 percent). RNs and LPNs also experienced verbal abuse from family or friends of the patient (61.1 percent and 49.7 percent, respectively).

RNs were statistically more likely to indicate being threatened by a family member or friend of the patient (56.3 percent vs. 39.8 percent), sexually harassed by a family member or friend of the patient (30.2 percent vs. 21.4 percent), verbally abused by a family member or friend of the patient (61.1 percent vs. 49.7 percent) or a physician (17.0 percent vs. 8.1 percent) and physically harassed by a family member or a friend of the patient (24.1 percent vs. 13.9 percent) compared to LPNs. LPNs were statistically more likely to indicate being threatened by a supervisor (13.5 percent vs. 6.4 percent) or a peer (16.1 percent vs. 9.4 percent). LPNs were also significantly more likely to indicate being verbally abused by a supervisor (21.5 percent vs. 9.9 percent) or by a peer (20.5 percent vs. 15.8 percent) compared to RNs, as well as being physically assaulted by a peer (3.8 percent vs. 0.7 percent).

Figure 15. Perpetrator and Type of Violence Experienced by Nurses, 2024



* Data are suppressed if count is less than 10 or sample population was less than 20.

Workplace Violence Reporting

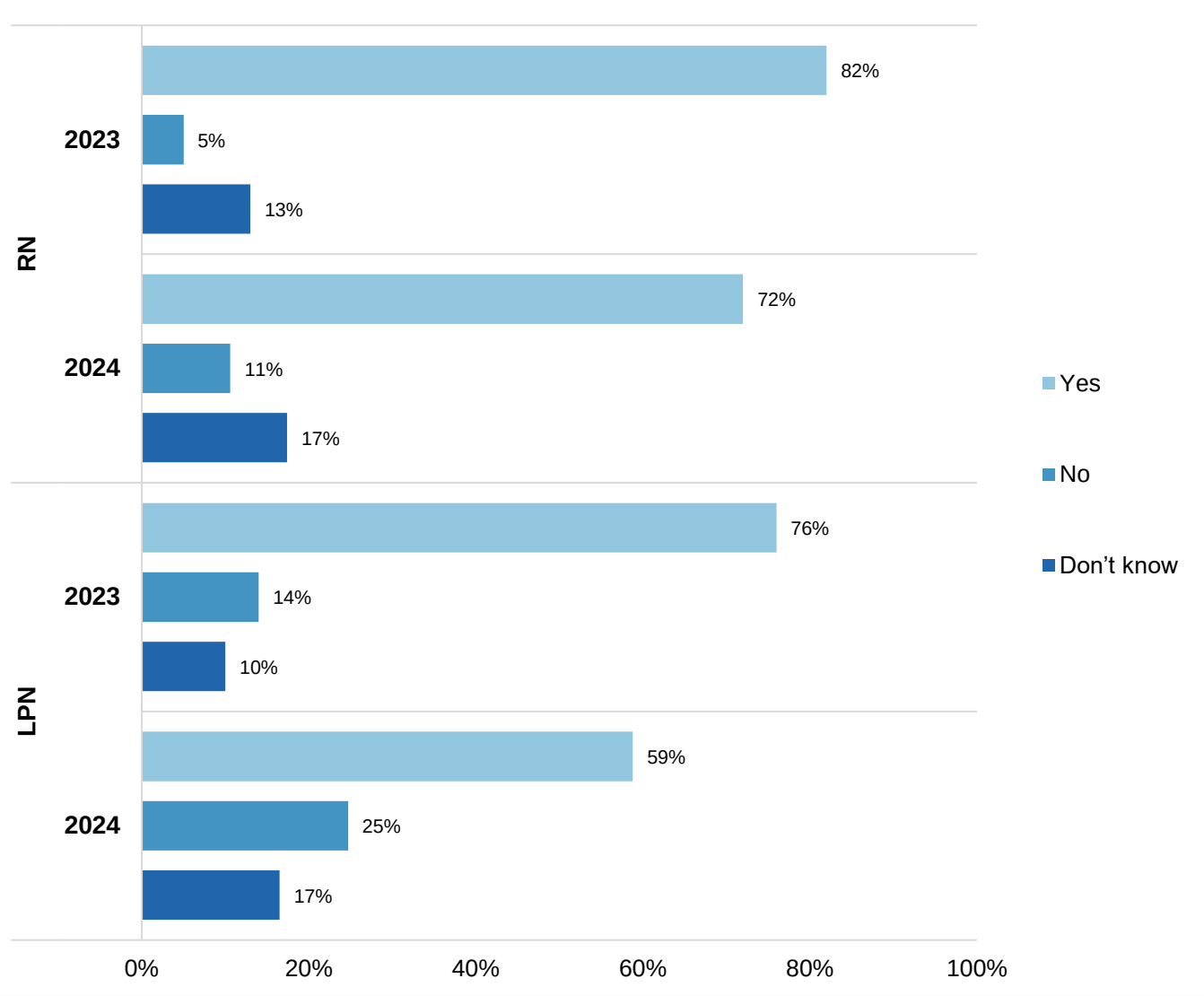
The knowledge of an organizational process to report workplace violence and if they reported the workplace violence incident(s) using this process is shown in Table 48. Public health nurses have shared that some of their organizations addressed workplace violence reporting during the safety or security training, and it is possible these individuals would respond "don't know." Most, of both RNs and LPNs, were aware of an organizational process for reporting workplace violence (72.0 percent and 58.8 percent, respectively); and more than half of RNs and LPNs reported workplace violence using their organizational process (59.1 percent and 70.3 percent, respectively). RNs were statistically more likely to have knowledge of the organizational process for reporting workplace violence compared to LPNs (72.0 percent vs. 58.8 percent). However, LPNs were statistically more likely to have reported workplace violence compared to RNs (70.3 percent vs. 59.1 percent).

Table 48. Reporting of Workplace Violence Incidence, 2024

Reporting of Workplace Violence	RN = 6,295		LPN = 421	
	Estimate	95% CI	Estimate	95% CI
Knowledge of Organizational Process for Reporting Workplace Violence				
Yes	72.0%	(70.9%, 73.1%)	58.8%	(54.0%, 63.4%)
No	10.6%	(9.9%, 11.4%)	24.7%	(20.8%, 29.0%)
Don't Know	17.4%	(16.5%, 18.4%)	16.5%	(13.3%, 20.3%)
Reported Workplace Violence Using Organizational Process				
Yes	59.1%	(57.7%, 60.5%)	70.3%	(64.4%, 75.6%)

Nurses were also asked if they knew about an organizational reporting process of workplace violence incidents in 2020. In 2020, most nurses were required to report workplace violence incidents to their organization (86.0 percent, see 2020 report on www.minurse.org). Results are compared from this year and with the 2023 findings in Figure 16 on the following page. RNs and LPNs knowledge of reporting processes through their organization decreased between this year and last year (RNs 2023 = 82.0 percent, RNs 2024 = 72.0 percent; LPNs 2023 = 76.0 percent, LPNs 2024 = 58.8 percent), which was significantly different.

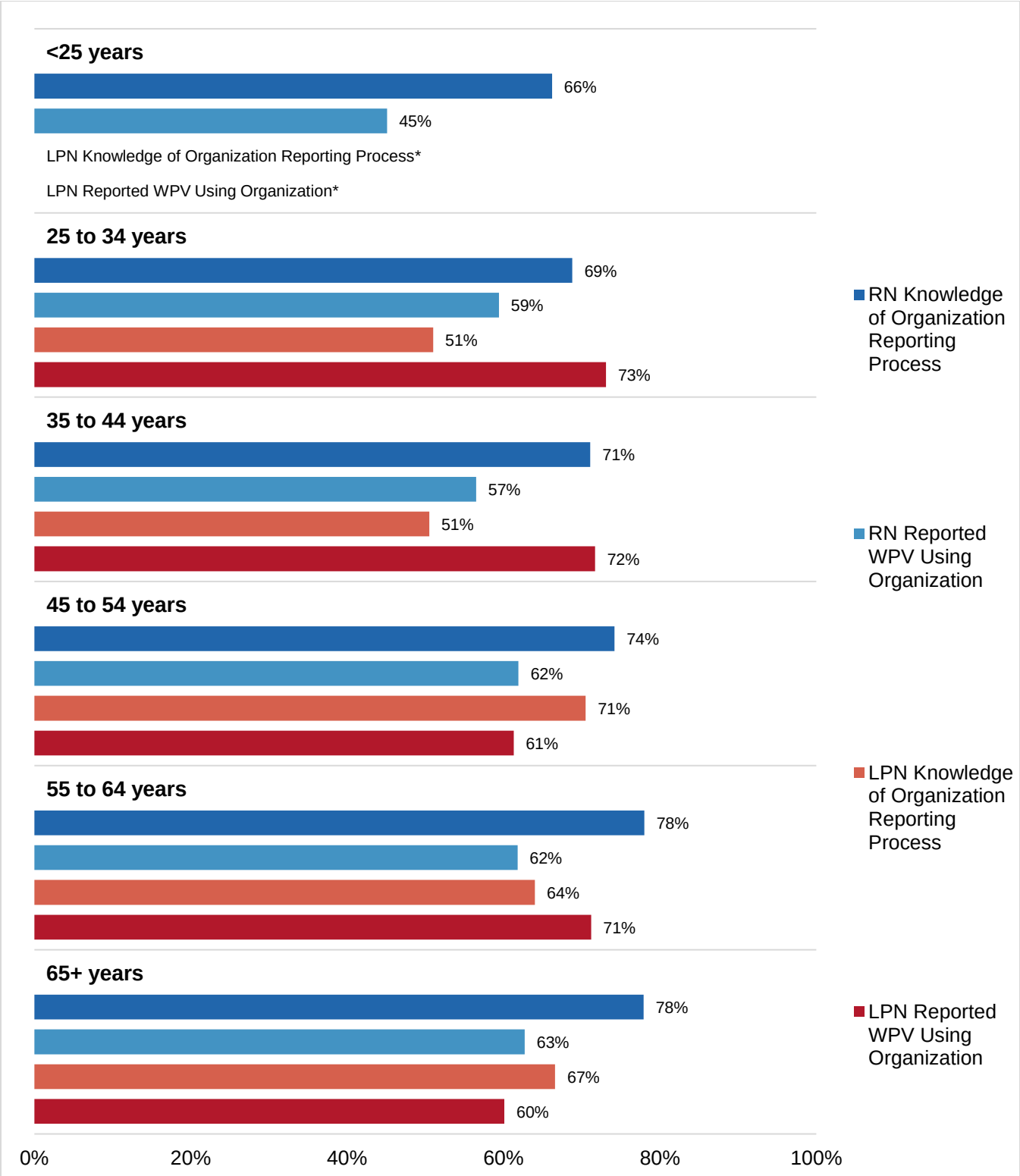
Figure 16. Knowledge of Reporting Process of Workplace Violence Incidents through Organization, 2023-2024



When comparing LPNs and RNs who experienced workplace violence, there were some significant differences based on age (Figure 17 on the following page). RNs aged 25 to 34 (68.8 percent vs. 51.0 percent), aged 35 to 44 (71.1 percent vs. 50.5 percent), and aged 55 to 64 (78.0 percent vs. 64.0 percent) were more likely to indicate experiencing workplace violence compared to LPNs.

When comparing RNs and LPNs who experienced and reported workplace violence, there were some general differences. LPNs tended to have more knowledge of their organization reporting process compared to RNs, with knowledge having generally increased with age for RNs, but stayed relatively consistent for LPNs (Figure 17). LPNs aged 25 to 34 years old reported workplace violence at a higher rate compared to other age groups (73.1 percent). There were no significant differences in reporting workplace violence by age between RNs and LPNs.

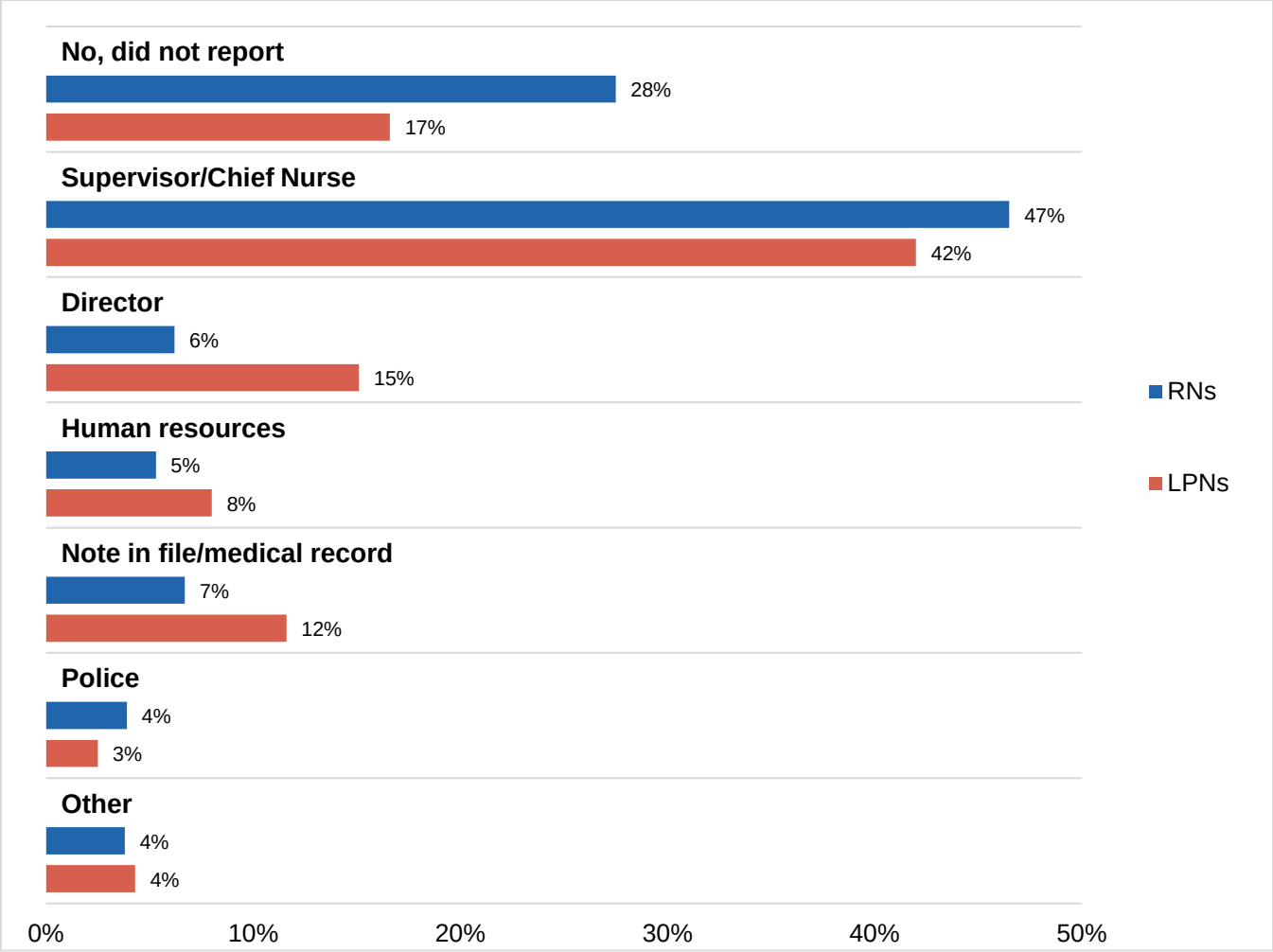
Figure 17. Knowledge of Organizational Reporting Process & Use of WPV Reporting by Age, 2024



* Data are suppressed if count is less than 10 or sample population was less than 20.

Nurses were asked which types of methods were used to report workplace violence incidences as shown in Figure 18. RNs and LPNs reported workplace violence to their supervisor or chief nurse at the highest levels (46.5 percent and 42.0 percent, respectively). There were 27.5 percent of RNs and 16.6 percent of LPNs did not report any workplace violence incidents, which was significantly different. LPNs were significantly more likely to report workplace violence to their director (15.1 percent vs. 6.2 percent) or to note workplace violence in a file or medical record (11.6 percent vs. 6.7 percent) compared to RNs.

Figure 18. Methods of Reporting Workplace Violence Incidence, 2024



Additional Information

For additional information related to the 2024 Survey of Michigan Nurses results, such as the executive summary, infographics, and specialty briefs, please visit minurse.org. Past years' reports and data produced from Michigan's nurse licensure data can also be accessed at minurse.org. For questions or comments related to the content presented in this report, please contact Christopher Wojcik, Associate Program Director, Michigan Public Health Institute (cwojcik@mphi.org).

The rest of the report includes Appendix A-B: Appendix A provides a copy of the 2024 Survey of Michigan Nurses and Appendix B provides data from the LARA Nurse Licensure dataset from 2020 to 2024 that explores the movement of nurses within and outside of Michigan.

APPENDICES

Appendix A: 2024 Survey of Michigan Nurses Data Collection Tool

License Type

1. Are you a licensed practical nurse (LPN) or a registered nurse (RN) (mark ONE*)? Note: If you are both an LPN and a RN, please select RN*
    a. LPN [Skip to #5]
    b. RN

Advanced Practice Nurse (APN) National Certification

2. Have you passed a national certification exam or completed portfolio review as an advanced practice nurse (APN) in one of these areas?
    a. No, I have not. [Skip to #4]
    b. Nurse Anesthetist
    c. Nurse-Midwife
    d. Nurse Practitioner
    e. Clinical Nurse Specialist
3. Do you have a specialty certification by the Michigan Department of Licensing and Regulatory Affairs (LARA) in one of the three advanced practice registered nurse fields or as a nurse anesthetist recognized by the Michigan Public Health Code?
    a. No, I do not have one.
    b. Nurse Anesthetist
    c. Nurse-Midwife
    d. Nurse Practitioner
    e. Clinical Nurse Specialist

Education

4. What type of nursing degree/credential qualified you for your first U.S. nursing license (mark ONE)?
    a. LPN diploma/certificate

b. RN diploma in nursing
c. Associate degree in nursing
d. Bachelor's degree in nursing
e. Master's degree in nursing

5. What is your highest level of nursing education (mark ONE)?
    a. LPN diploma/certificate
    b. RN diploma in nursing
    c. Associate degree in nursing
    d. Bachelor's degree in nursing
    e. Master's degree in nursing
    f. Doctorate in Nursing Practice (DNP)
    g. Doctor of Nurse Anesthesia (DNAP)
    h. Doctor of Philosophy in Nursing (PhD)
    i. Other doctoral degree in nursing
6. What is your highest level of non-nursing education (mark ONE)?
    a. Non-nursing associate degree
    b. Non-nursing bachelor's degree
    c. Non-nursing master's degree
    d. Non-nursing doctoral degree
    e. Do not have a non-nursing degree

7. Are you currently enrolled in a program to obtain any of the following degrees (mark ALL that apply)?
    a. No – not enrolled [Skip to #10]
    b. Associate Degree in Nursing (ADN) [Skip to #9]
    c. Bachelor of Science in Nursing (BSN) [Skip to #9]
    d. Master of Science in Nursing (MSN)
    e. Doctor of Nursing Practice (DNP)
    f. Doctor of Nurse Anesthesia (DNAP)
    g. Doctor of Philosophy in Nursing (PhD) [Skip to #9]
8. You indicated you are enrolled in a program to obtain an MSN or DNP, which specialty certification is the program designed to prepare you for (mark ONE)?
    a. Nurse Practitioner
    b. Nurse-Midwife
    c. Nurse Anesthetist
    d. Clinical Nurse Specialist
    e. Other
    f. I am not enrolled in specialty certification.
9. What kind of program are you currently enrolled in?
    a. In-person
    b. Online
    c. Hybrid

EMPLOYMENT

10. What is your current employment status (mark ONE)?
    a. Actively employed in nursing or in a position that requires a nurse license full-time [Skip to #12]
    b. Actively employed in nursing or a position that requires a nurse license part-time [Skip to #12]

c. Actively employed in nursing or in a position that requires a nurse license on a per-diem basis [Skip to #12]
d. On temporary medical leave from a position that requires a nurse license [Skip to #56]
e. On temporary non-medical leave from a position that requires a nurse license [Skip to #56]
f. Actively employed in a field other than nursing [Skip to #56]
g. Volunteer nurse status only [Skip to #12]
h. Unemployed, seeking work as a nurse [Skip to #56]
i. Unemployed, not seeking work as a nurse [Skip to #56]
j. Permanent disability leave [Skip to #56]
k. Retired [Go to #11]

Retired Nurses

11. What best describes your retirement status (mark one)?
    a. No longer wish to work [Skip to #56]
    b. Currently employed on a part-time basis in nursing [Skip to #12]
    c. Currently employed on a full-time basis in nursing [Skip to #12]
    d. Currently volunteering in nursing [Skip to #12
    e. Currently employed outside of nursing [Skip to #56]
    f. Permanent disability leave [Skip to #56]

Volunteer & Employed Nurses

12. Have you temporarily returned to the nursing workforce after a period of not practicing?
    a. No, I did not return to nursing as I was already practicing nursing
    b. Yes, in a paid nursing position
    c. Yes, in a volunteer nursing position

Employed Nurses

13. How many positions are you currently employed in as a nurse (mark ONE)?
    a. One
    b. Two
    c. Three or more
14. How many hours do you work during a typical week in all of your nursing positions?
15. How prepared do you feel around assessing patients' social determinants of health (SDOH) (e.g., medication administration, follow up, etc.)?
    a. Not at all prepared
    b. Somewhat prepared
    c. Moderately prepared
    d. Very prepared
    e. Extremely prepared

Setting

16. Please identify the type of **setting** that most closely corresponds to your nursing practice position(s) (mark ALL that apply)?
    a. Acute Care (i.e. hospital inpatient acute care, non-federal long-term hospital, non-federal psychiatric hospital, federal government hospital) [Skip to #20]
    b. Ambulatory Care (i.e. adolescent, child, and university health services; outpatient specialty clinics; primary care offices, FQHCs; group practice/partnerships; dental practice) [Skip to #20]

c. Ambulatory Surgery Center [Skip to #20]
d. Diagnostic/Testing Center (i.e. free-standing testing center) [Skip to #20]
e. Emergent /Urgent Care Center i.e. free-standing urgent care [Skip to #20]
f. Nursing Home/Extended Care (i.e. long-term care; rehabilitation) [Skip to #20]
g. Assisted Living Facility [Skip to #20]
h. Home Health (i.e. health care provided in patient's home) [Skip to #20]
i. Hospice (i.e. in-home and facility-based hospice care) [Skip to #20]
j. Correctional Facility (i.e. jail or prisons) [Skip to #20]
k. Mobile Care Unit [Skip to #20]
l. School of Nursing (i.e. college or university) [Skip to #20]
m. Public Health (i.e. state health dept; state mental health agency; city/county health dept) [Go to #17]
n. Dialysis Center [Skip to #20]
o. Community Health (i.e. volunteer/official nursing services; community mental health center; substance abuse; community health center; family planning center; day care; rural health center; faith-based) [Skip to #20]
p. School Health Services K-12 (i.e. elementary or secondary schools; board of education) [Skip to #20]
q. Occupational Health (i.e. private industry, government) [Skip to #20]
r. Insurance Claims/Benefits (i.e. insurance company) [Skip to #20]
s. Policy/Planning/Regulatory/Licensing Agency (i.e. central/regional office of federal agency; state board of nursing; health planning agency; nurse workforce center) [Skip to #20]
t. Other Community-based Healthcare Settings [Skip to #20]
u. Other Community-based Service Organizations [Skip to #20]
v. Other Community Settings not providing direct care or social services (i.e. utilization review organization, healthcare support agencies, quality improvement) [Skip to #20]
w. Other [Skip to #20]

PUBLIC HEALTH NURSES ONLY

17. Please identify the role that most closely corresponds to your experience in Public Health (mark ALL that apply).
    a. Academia
    b. Home visiting
    c. Communicable disease
    d. COVID-19 temporary position
    e. Administrative
    f. Community Service programs
    g. Health Education
18. Did you move from another position within public health to address COVID-19?
    a. Yes
    b. No
19. Do you have a clinical position (mark ALL that apply)?
    a. Yes, standard immunizations
    b. Yes, COVID-19 vaccine and testing
    c. Yes, STDs/HIV/TB
    d. No

DIRECT CARE

20. In any of your positions, do you provide direct care services?
    a. Yes
    b. No [Skip to #25]
21. How many hours are spent providing direct care services to patients/families during a typical week?
    _____
22. Is your place of employment currently accepting new patients?
    a. Yes
    b. No
    c. Unsure
23. Does your place of employment currently accept Medicaid patients?
    a. Yes
    b. No
    c. Unsure
24. Does your place of employment provide services to any of the following populations? (Select all that apply)
    a. Medicaid patients
    b. American Indian/Alaska Native
    c. Homeless
    d. Migrant Farmworker
    e. Migrant Seasonal Farmworkers
    f. Non-English speakers

Position/Role

25. Please identify the **position title or role** that most closely corresponds to your nursing position(s) (mark ALL that apply).
    a. Staff Nurse (i.e. nurse in direct patient care who is responsible for the treatment and well-being of patients) [Skip to #34]
    b. Nurse Manager/Supervisor (i.e. individual who has line management position with 24-hour accountability for a designated patient care services which may include operational responsibility for patient care delivery, fiscal and quality outcomes) [Skip to #36]
    c. Nurse Executive/Administrator (involved with management and administration concerns. They provide leadership roles in operational planning, development of procedures and policies, personnel decisions, and administration of budgets in health delivery, academic and community service settings. [Skip to #36]
    d. Nurse Consultant (A professional who provides advice or expertise in the field of nursing regarding such issues as nursing education, nurse staffing, nurse policy, etc.) [Skip to #36]
    e. Nurse Secondary Educator (i.e. provide nursing education in faculty roles for early middle college and high school vocational tech programs) [Go to #26]
    f. Nurse Post-Secondary Educator (i.e. provide education in faculty roles to undergraduate and graduate student nurses) [Go to #26]
    g. Professional Nurse Training (i.e. nurse education of already licensed nurses in non-degree setting, non-degree courses) [Skip to #36]
    h. Patient Educator (i.e. provide education to patients, members of the community) [Skip to #36]
    i. School Health Nurse K-12 [Skip to #36]
    j. Advanced Practice Registered Nurse or Nurse Anesthetist (i.e. obtained state of Michigan certification to practice as an APRN in one of the three APRN roles: certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP), or certified registered nurse anesthetist (CRNA).) [Skip to #36]
    k. Faith-based Nurse [Go to #36]

l. Case Manager/Coordinator/Navigator (i.e. collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes) [Skip to #36]
m. Nurse Researcher (i.e. role and/or title is to conduct research in the field of nursing) [Skip to #36]
n. Reserve or Active Military [Go to #29]
o. Non-military, work in Military setting (i.e. veteran's hospital) [Go to #31]
p. Telehealth [Skip to #36]
q. Travel nurse [Skip to #33]
r. Other Health Related [Skip to #36]
s. Other Health Non-related [Skip to #36]
t. Other [Skip to #36]

Faculty Nurses

26. You've indicated you're working as faculty, is this a part- or full-time role?
    a. Part time role
    b. Full time role
    c. Other, please specify.
27. How many hours per week do you spend working as faculty?_____
28. [FACULTY ONLY] Have you made any of the changes in employment in the past year (mark ALL that apply)?
    a. I have not made any changes in employment in the past year.
    b. From admin to faculty
    c. From direct care to faculty
    d. From part time to full time]
    e. From full time to part time

Reserve & Active Military

29. You indicated you're working as a reserve or active military nurse, is this a part- or full-time role?
    a. Part time role
    b. Full time role
    c. Other, please specify.
30. How many hours per week do you spend working as a reserve or active military nurse?_____

Non -Military Nurse

31. You've indicated you're working as a non-military nurse, is this a part- or full-time role?
    a. Part time role
    b. Full time role
    c. Other, please specify.
32. How many hours per week do you spend working as a non-military nurse?_____

Travel Nurse

33. [You indicated you're a travel nurse, do you spend most of your time working as a nurse in Michigan?
    a. Yes

b. No

STAFF NURSE

34. You indicated you're a staff nurse, do you serve as a preceptor in any of these roles?
    a. Precept new nurses within my organization
    b. Precept students
    c. I do not serve as a preceptor [Skip to #32]
    d. Other, please specify
35. Do you receive extra or separate payment for your precepting roles?
    a. Yes
    b. No

SPECIALTY

36. Please identify the **employment specialty** that most closely corresponds to your nursing practice position(s) (mark ALL that apply).
    a. Critical Care (i.e. Critical care nurses deal specifically with human responses to life threatening problems)
    b. Emergency/Trauma/Urgent Care (i.e. provide emergency care to patients of all ages. These nurses work to maintain vital signs and prevent complications and death.)
    c. Adult Health (i.e. provision of nursing care to adult patients)
    d. Family Health (i.e. meet the healthcare needs of the individual and family
    e. Anesthesia (i.e. provide anesthesia and anesthesia-related care or management of pain)
    f. Cardiology (i.e. provide nursing care and treatment for individuals with diagnosed or suspected heart diseases and conditions)
    g. Case Management/Care Coordination
    h. Community Care (i.e. delivery of nursing care to improve the health of an entire community; use of the nursing process and other processes to promote health and prevent illness in population groups in employment settings other than a public health department.)
    i. Health Informatics (i.e., applies principles of computer and information science to the advancement of life sciences research, health professions education, public health, and patient care. This multidisciplinary and integrative field focuses on health information technologies (HIT), and involves the computer, cognitive, and social sciences. Informatics is the science of how to use data, information and knowledge to improve human health and the delivery of health care services.)
    j. Dialysis Nurse
    k. Discharge Planning/Transitions of Care
    l. Flight Nurse
    m. Geriatric/Gerontology (i.e. nursing care of the elderly.)
    n. Hematology/Oncology (i.e. provide nursing care and support for patients suspected of having or diagnosed with cancer.)
    o. Maternal-child Health/Obstetrics (i.e. provide medical and surgical treatment to pregnant women and to mother and baby following delivery)
    p. Medical-Surgical (i.e. provide diagnostic and therapeutic services to acutely ill patients for a variety of medical conditions, both surgical and non-surgical)
    q. Nephrology/Renal (providing nursing care and treatment of individuals with diagnosed or suspected kidney disease)

r. Nursing Academic Services/Non-Faculty (i.e. simulation specialist, clinical placement coordinator, skills remediation, program coordinator/advisor, etc.)
s. Nursing Faculty (i.e. clinical and/or didactic faculty role at a college of nursing)
t. Occupational Health (i.e. provide on-the-job health care for the nation's workforce, striving to ensure workers' health, safety, and productivity)
u. Operating Room/Scrub Nurse
v. Palliative Care/Hospice
w. Pediatrics
x. Neonatal
y. Phlebotomy
z. Pre-op/Post-op Recovery Room (i.e. provision of nursing care to patients in the period immediately prior to performance or immediately following an interventional or surgical procedure)
aa. Public Health (i.e. promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing practice focuses on population health, with the goal of promoting health, and preventing disease and disability)
bb. Psychiatric/Mental Health/Substance Abuse (i.e. aid and support the mental health of patients with acute or chronic psychiatric needs; pain management nurses who help regulate medications and provide care for those addicted to drugs or alcohol, or who are suffering from other types of substance abuse.)
cc. Rehabilitation (i.e. provide physical and emotional support to patients and the families of patients with illnesses or disabilities that affect their ability to function normally and that may alter their lifestyle.)
dd. School Health K-12 (i.e. dedicated to promoting the health and well-being of children of all ages in an academic environment.)
ee. Telehealth
ff. Testing and Diagnostic Services Nurse
gg. Thoracic Care (i.e. patients receiving heart and pulmonary surgery)
hh. Women's Health (i.e. provided care for women across the life cycle with emphasis on conditions that are particular to women)
ii. Wound Care
jj. Other Medical (i.e. dermatology, diabetic, allergy/immunology, infectious disease/ infection nurse, etc.)
kk. Other Clinical Specialties
ll. Other Non-clinical Specialties
mm. Other

EMPLOYER SUPPORTS

37. Does your employer offer any of the following (mark ALL that apply)?
    a. Tuition reimbursement
    b. Paid time off for advancing nursing education
    c. Paid time off for continuing education courses
    d. Reimbursement for continuing education
    e. Reimbursement for costs associated with obtaining advanced certification
    f. Student loan repayment benefits
    g. Nurse residency/Transitions to practice programs
    h. Mentorship
    i. Personal/mental health days separate from sick leave
    j. Health and wellness stipends

k. Meditation/wellness app access (e.g., Calm App)
l. Access to counselling/mental health services/Employee Assistance Program (EAP)
m. Housing supports
n. Self-care services (e.g., massages, gym memberships/facilities, respite rooms, etc.)
o. None of the above

CHANGE IN EMPLOYMENT SETTING

38. If you made a change in your employment setting within the past three years, what was the change (mark ALL that apply)?
    a. I did not make an employment change in the past three years [Skip to #40]
    b. An inpatient setting to a community-based setting
    c. A community-based setting to an inpatient setting
    d. A primary care setting (e.g., family practice, general medicine, internal medicine, or general pediatrics) to a specialty care setting
    e. A specialty care setting to a primary care setting
    f. A sub-acute care setting to an acute care setting
    g. An acute care setting to a sub-acute care setting
    h. A direct patient care setting to a non-direct patient care setting
    i. A non-direct patient care setting to a direct patient care setting
    j. I changed locations but stayed in the same care setting
    k. I made some other type of employment change
39. You indicated you made a change in your employment setting, please specify the reason (mark ALL that apply)?
    a. Preparing to Retire
    b. Care for home or family
    c. Completed educational program
    d. Changing to preferred nursing position
    e. Seeking a less stressful position or setting
    f. Difficulties with EMR/new technology
    g. Violence/safety issues
    h. Relocating/Moving to another area
    i. COVID-related
    j. Temporary disability or long-term illness
    k. Permanent disability leave
    l. Wages
    m. Work culture
    n. Workload
    o. Better schedule
    p. Benefits and employer supports
    q. Other (please specify)

BURNOUT

40. Please mark the response that best describes how frequently you have each feeling in relation to your role at your job.	Never	A few times a year	Once a month or less	Once a week	A few times a week	Every day
I feel emotionally drained from my role as a nurse.						

I feel like I make a positive difference in my role as a nurse.						
I feel used up at the end of the workday.						
I feel joy in my role as a nurse.						
I feel fatigued when I get up and have to face another day on the job.						
I feel good about my workday.						
I feel burned out from my role as a nurse.						
I feel satisfied in my role as a nurse.						
I feel like I'm at the end of my rope.						
I feel supported in my role as a nurse.						

Time Practicing as a Nurse

41. In total, how long have you been employed as a practicing nurse (mark ONE)?
    a. Less than 3 years
    b. 3 to less than 6 years [Skip to #51]
    c. 6 to less than 10 years [Skip to #51]
    d. 10 years to less than 20 years [Skip to #51]
    e. 20 years or more [Skip to #51]

New Nurses Only [< 3 Years]

42. How prepared did you feel when you entered the nursing workforce (mark ALL that apply)?
    a. Adequately prepared
    b. Not enough classroom time
    c. Not enough clinical time
    d. Not enough skills lab/simulation time
    e. Not enough critical thinking/prioritization practice
    f. Other (please specify)
43. How difficult was it to find a nursing position?
    a. Very difficult
    b. Difficult
    c. Neutral
    d. Easy
    e. Very easy
44. How difficult was it to find a nursing position in your preferred practice area?
    a. Very difficult
    b. Difficult
    c. Neutral
    d. Easy
    e. Very easy
45. Did you complete a nursing residency?

a. Yes
b. No

46. How satisfied were you with the orientation at your place of employment?
    a. Very dissatisfied
    b. Dissatisfied
    c. Neutral
    d. Satisfied
    e. Very satisfied
47. Did you have exposure to nursing during middle or high school?
    a. Yes, programs completed in middle or high school to explore career in nursing
    b. Yes, program completed in middle or high school to build academic skills related to nursing
    c. No
    d. Other (please specify)
48. Which characteristics did your nursing program have (mark ALL that apply)?
    a. Holistic admissions (i.e., university admissions strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement such as grades and test scores)
    b. Public
    c. Private
    d. For profit institutions
    e. Online
    f. In-person
    g. Hybrid online and in-person program
    h. Full-time program
    i. Part-time program
    j. Accelerated graduation date due to COVID
    k. Reduced in-person clinical experience due to COVID
49. What supports were available in your nursing program (Mark ALL that apply)?
    a. Academic supports available (i.e., tutoring, peer tutoring, formal study groups, etc.)
    b. Supports available to navigate college experience
    c. English as a second language supports available
    d. Mentorship
    e. Scholarship
    f. Work study
    g. Student loans
    h. Other (please specify)
50. What were the challenges/barriers you faced while pursuing your nursing education that you did not anticipate? (Mark all that apply)
    a. English as a second language
    b. Racial/ethnic disparities
    c. Learning difficulties and/or disabilities (i.e., as covered in the American Disabilities Act)
    d. Lack of flexibility in work schedules
    e. Childcare issues
    f. Pregnancy (i.e., as covered under Title IX)
    g. Other family issues
    h. Cost of lost work time and benefits
    i. Cost of tuition, materials, books, etc.
    j. Student loans were not available/could not take enough loans

k. Financial aid
l. Commuting distance to educational program
m. Limited access to online learning or other online resources
n. Scheduling or educational programs offered
o. Variability for clinical placements and experience
p. Other (please specify)
q. None of the above

Plans to Continue Working as a Nurse

51. To assist us in projecting the supply of nurses in the future, please tell us how much longer you plan to practice nursing (mark ONE).
    a. Less than 2 years
    b. 2 to 5 years
    c. 6 to 10 years [Skip to #53]
    d. More than 10 years [Skip to #53]
    e. Don't know [Skip to #53]
52. Why are you planning on leaving nursing (mark ALL that apply)?
    a. Retiring
    b. Care for home or family
    c. Enrolled in education program
    d. Difficulty finding a nursing position
    e. Too stressful/ Burned out
    f. Difficulties with EMR/new technology
    g. Violence/safety issues
    h. Relocating/Moving to another area
    i. COVID-related
    j. Temporary disability or long-term illness
    k. Permanent disability leave
    l. Wages
    m. Work culture
    n. Workload
    o. Undesirable schedule
    p. Benefits and employer supports
    q. Other (please specify)

Place of Employment

53. Where is your primary place location of employment (mark ONE)?
    a. Michigan
    b. Other state in the U.S. [Skip to #55]
    c. Canada [Skip to #55]
    d. Other nation [Skip to #55]
54. What is the ZIP Code of your primary place of employment? _____ [Skip to #56]
55. Why is your primary place location of employment not in Michigan (mark ALL that apply)?
    a. Living out of state
    b. Semi-retired
    c. Taking care of home and family
    d. Better pay/wages/benefits
    e. Better staffing/patient care ratios

f. School
g. Difficulty finding a nursing position
h. Scope of practice regulation is more favorable outside of Michigan
i. Travel nurse
j. Remote work such as online teaching, telehealth, or call centers
k. Military
l. Other (please specify)

DEMOGRAPHICS

56. Where is your primary place of residence (mark ONE)?
    a. Michigan
    b. Other state in the U.S. [Skip to #58]
    c. Canada [Skip to #58]
    d. Other nation [Skip to #58]
57. What is the ZIP Code of your primary place of residence? _____

58. In what year were you born? _____
59. What is your gender (mark ONE)?
    a. Female
    b. Male
    c. Gender non-binary/non-conforming, Genderqueer, Transgender*
    d. Prefer not to respond

*These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating the options out in future surveys.

60. Are you Hispanic or Latinx?
    a. Yes
    b. No
61. Are you Arabic, Chaldean, or of other Middle Eastern decent?
    a. Yes
    b. No
62. What is your race (mark ALL that apply)?
    a. White
    b. Black or African American
    c. American Indian or Alaska Native
    d. Asian
    e. Native Hawaiian or Pacific Islander
    f. Other

WORKPLACE VIOLENCE QUESTIONS

The following questions ask you about your experiences with workplace violence. Violence in the workplace has become a serious concern for nurses because they have the highest risk among health professionals to become victims due to having the most interaction with patients. For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical

or emotional injury or consequences. This includes physical assault, threat, sexual harassment, and verbal abuse, which are defined as follows:

Threat - the use of words, gestures, or actions with the intent of intimidating, frightening, or harming (physically or otherwise).

Sexual harassment - any type of unwelcome sexual behavior (words or actions) that creates a hostile work environment.

Verbal abuse - when another person yells or swears at you, calls you names, or uses other words intended to control or hurt you.

Physical violence - when you are hit, slapped, kicked, pushed, choked, grabbed, sexually assaulted, or otherwise subjected to physical contact intended to injure or harm you.

Your responses are confidential and optional. All reporting will be in aggregate form.

63. In the past year, did you experience any workplace violence?
    a. Yes
    b. No [Skip to #70]
    c. Prefer not to answer [Skip to #70]

64. How often did you experience these types of workplace violence?

	Never 0 times	Rarely 1-3 times per year	Occasionally 4-8 times per year	Frequently 9 or more times per year
Threat				
Sexual harassment				
Verbal abuse				
Physical violence				

65. Who was responsible for the workplace violence against you? (Mark ALL that apply.)

	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Not experienced
Threat							
Sexual harassment							
Verbal abuse							
Physical violence							

66. Have you missed any days of work as a result of the most recent workplace violence event?
    a. Yes
    b. No

67. Is there a formal process for you to report workplace violence incidents through your organization (i.e., beyond reporting workplace violence to supervisors)?
    a. Yes
    b. No [Skip to #69]
    c. Don't know [Skip to #69]

68. Did you report workplace violence incidents using the organizational process?
    d. Yes

e. No

69. Did you report or make any of the following aware of workplace violence incidents?
    f. No, did not report
    g. Supervisor/Chief Nurse
    h. Director
    i. Human resources
    j. Note in file/medical record
    k. Police
    l. Other (please specify)

END OF SURVEY

70. If you would like to be notified when the survey report has been published, please provide your email address below. If you would not like to be notified, leave it blank.

Appendix B: Movement within the Nursing Workforce, 2020-2024

LARA Nurse Licensure Data

To further explore the change in the nursing workforce, the LARA Nurse Licensure data was analyzed from 2020 to 2024 to determine if nurses are staying in their region, are moving within Michigan to another region or if they are leaving Michigan entirely (Tables 49 to 60). The tables are broken down by age, showing all nurses aged 64 and younger, nurses aged 34 years or younger, and nurses aged 35 to 64 years of age. The main takeaways from this data are as follows:

1. Overall, most nurses aged 64 years or younger in Michigan between 2023 and 2024 continued to live in the same region as the previous year (96.4 percent; Table 49).
    a. This was also true among nurses aged 34 years or younger and nurses aged 35 to 64 years; however, slightly fewer younger nurses continued to work in the same region compared to older nurses (95.5 percent and 98.2 percent, respectively).

2. Among nurses aged 64 years and younger living in Michigan, the largest percentage of nurses who moved to a different region in Michigan, or moved outside of Michigan, occurred between 2021 and 2022 (3.8 percent and 3.1 percent, respectively; Table 49).
    a. This was also true among both younger nurses and older nurses; however, younger nurses were more likely to have moved to a different region or moved outside of Michigan compared to older nurses between 2021 and 2022 (5.8 percent vs. 3.1 percent and 4.1 percent vs 2.7 percent, respectively).

3. Among nurses aged 64 years and younger, there had been a relatively steady decrease in the percentage of nurses living outside of Michigan (88.7 percent to 82.2 percent; Table 50). The largest percentage of nurses aged 64 years and younger who moved into Michigan occurred between 2022 and 2023 (9.6 percent).
    a. Both younger and older nurses had their largest increase of movement into Michigan between 2022 and 2023; however, younger nurses were more likely to move into Michigan across all years, with the highest percentage occurring between 2022 and 2023 (14.0 percent vs. 8.1 percent).

In addition to looking at Michigan as a whole, the data was explored looking at each Michigan region individually. When breaking down this data by specific Michigan region, the following trends appear:

1. Among nurses aged 64 years or younger in Michigan between 2020 and 2024 and across most regions, the years that consistently had the largest percentage of nurses moving to other regions or moving outside of Michigan was between 2021 and 2022 (Tables 49 to 60).
2. Across all regions, younger nurses were more likely to leave to a different region or move outside of Michigan compared to older nurses (Tables 49 to 60).
3. Between 2023 and 2024, the region that had the largest percentage of nurses aged 64 years and younger moving to other regions was South Central Michigan (2.7 percent; Table 57), followed by Northeast Lower Peninsula (2.4 percent; Table 53).
    a. This stayed true for older nurses (1.9 percent and 1.7 percent, respectively; Tables 57 and 53); however, younger nurses were most likely to leave South Central Michigan (5.1 percent; Table 57), followed closely by Eastern Michigan (4.7 percent; Table 56), and Northeastern Lower Peninsula (4.9 percent; Table 53).

Table 49. Change in Nurse Location Over Time Among RNs Living in Michigan by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	119,903	-	117,955	-	115,448	-	119,217	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	115,191	96.1	106,947	90.7	112,042	97.0	114,917	96.4
Different Region	1,494	1.2	4,520	3.8	1,365	1.2	1,801	1.5
Outside Michigan	632	0.5	3,628	3.1	559	0.5	681	0.6
Not Found	2,586	2.2	2,860	2.4	1,482	1.3	1,818	1.5

Aged 34 years or younger								
Living in MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	33,188	-	31,359	-	30,921	-	32,412	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	31,810	95.8	27,563	87.9	29,731	96.2	30,941	95.5
Different Region	735	2.2	1,832	5.8	629	2.0	888	2.7
Outside Michigan	198	0.6	1,283	4.1	206	0.7	227	0.7
Not Found	445	1.3	681	2.2	355	1.1	356	1.1

Aged 35 to 64 years								
Living in MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	86,715	-	86,596	-	84,527	-	85,689	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	83,381	96.2	79,384	91.7	82,311	97.4	84,171	98.2
Different Region	759	0.9	2,688	3.1	736	0.9	570	0.7

Aged 35 to 64 years								
Living in MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Outside Michigan	434	0.5	2,345	2.7	353	0.4	374	0.4
Not Found	2,141	2.5	2,179	2.5	1,127	1.3	574	0.7

Table 50. Change in Nurse Location Over Time Among RNs Living Outside Michigan by Age Group, 2020-2024

Aged 64 years or younger								
Living Outside MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	21,119	-	22,727	-	30,643	-	30,679	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Outside Michigan	18,727	88.7	19,192	84.4	25,081	81.8	25,218	82.2
Moved to Michigan	434	2.1	963	4.2	2,927	9.6	1,205	3.9
Unknown	1,958	9.3	2,572	11.3	2,635	8.6	4,256	13.9
Aged 34 years or younger								
Living Outside MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	4,483	-	4,709	-	7,453	-	3,677	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Outside Michigan	3,892	86.8	3,819	81.1	5,817	78.1	3,182	86.5
Moved to Michigan	181	4.0	419	8.9	1,044	14.0	184	5.0
Unknown	410	9.1	471	10.0	592	7.9	311	8.5

Aged 35 to 64 years								
Living Outside MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	16,636	-	18,018	-	23,190	-	23,244	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Outside Michigan	14,835	89.2	15,373	85.3	19,264	83.1	19,462	83.7
Moved to Michigan	253	1.5	544	3.0	1,883	8.1	556	2.4
Unknown	1,548	9.3	2,101	11.7	2,043	8.8	3,226	13.9

Table 51. Change in Nurse Location in the Upper Peninsula (UP) Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in the UP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	3,749	-	3,685	-	3,559	-	3,679	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	3,579	95.5	3,326	90.3	3,430	96.4	3,521	95.7
Different Region	24	0.6	74	2.0	30	0.8	34	0.9
Outside Michigan	25	0.7	131	3.6	22	0.6	30	0.8
Not Found	121	3.2	154	4.2	77	2.2	94	2.6

Aged 34 years or younger								
Living in the UP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	1,008	-	948	-	922	-	960	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	956	94.8	834	88.0	886	96.1	918	95.6

Aged 34 years or younger								
Living in the UP in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Different Region	17	1.7	31	3.3	11	1.2	18	1.9
Outside Michigan	*	*	46	4.9	*	*	13	1.4
Not Found	29	2.9	37	3.9	17	1.8	11	1.1
Aged 35 to 64 years								
Living in UP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	2,741	-	2,737	-	2,637	-	2,719	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	2,623	95.7	2,492	91.0	2,544	96.5	2,500	91.9
Different Region	*	*	43	1.6	19	0.7	119	4.4
Outside Michigan	19	0.7	85	3.1	14	0.5	17	0.6
Not Found	92	3.4	117	4.3	60	2.3	83	3.1

* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 52. Change in Nurse Location in the Northwestern Lower Peninsula (Northwest LP) Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in Northwest LP in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	4,212	-	4,088	-	4,019	-	4,139	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	4,019	95.4	3,690	90.3	3,901	97.1	3,967	95.8
Different Region	68	1.6	156	3.8	52	1.3	81	2.0

Aged 64 years or younger								
Living in Northwest LP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Outside Michigan	23	0.5	115	2.8	14	0.3	20	0.5
Not Found	102	2.4	127	3.1	52	1.3	71	1.7

Aged 34 years or younger								
Living in Northwest LP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	980	-	880	-	883	-	927	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	929	94.8	755	85.8	846	95.8	876	94.5
Different Region	32	3.3	66	7.5	23	2.6	35	3.8
Outside Michigan	*	*	33	3.8	*	*	*	*
Not Found	14	1.4	26	3.0	*	*	11	1.2

Aged 35 to 64 years								
Living in Northwest LP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	3,232	-	3,208	-	3,136	-	3,212	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	3,090	95.6	2,935	91.5	3,055	97.4	3,091	96.2
Different Region	36	1.1	90	2.8	29	0.9	46	1.4
Outside Michigan	18	0.6	82	2.6	*	*	15	0.5
Not Found	88	2.7	101	3.1	44	1.4	60	1.9

* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 53. Change in Nurse Location in the Northeastern Lower Peninsula (Northeast LP) Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in Northeast LP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	2,143	-	2,107	-	2,118	-	2,174	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	2,032	94.8	1,839	87.3	2,027	95.7	2,064	94.9
Different Region	46	2.1	136	6.5	56	2.6	52	2.4
Outside Michigan	14	0.7	70	3.3	*	*	11	0.5
Not Found	51	2.4	62	2.9	27	1.3	47	2.2

Aged 34 years or younger								
Living in Northeast LP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	488	-	479	-	475	-	471	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	461	94.5	398	83.1	448	94.3	437	92.8
Different Region	20	4.1	55	11.5	21	4.4	23	4.9
Outside Michigan	*	*	19	4.0	*	*	*	*
Not Found	*	*	*	*	*	*	*	*

Aged 35 to 64 years								
Living in Northeast LP in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	1,655	-	1,628	-	1,643	-	1,703	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	

Aged 35 to 64 years								
Living in Northeast LP in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Same Region	1,571	94.9	1,441	88.5	1,579	96.1	1,627	95.5
Different Region	26	1.6	81	5.0	35	2.1	29	1.7
Outside Michigan	13	0.8	51	3.1	*	*	*	*
Not Found	45	2.7	55	3.4	24	1.5	39	2.3

* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 54. Change in Nurse Location in West/West Central Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in West MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	18,261	-	17,997	-	17,738	-	18,481	-
In Following Year:	**2021**		**2022**		**2023**			
Same Region	17,671	96.8	16,634	92.4	17,278	97.4	17,948	97.1
Different Region	155	0.8	419	2.3	152	0.9	181	1.0
Outside Michigan	89	0.5	567	3.2	68	0.4	81	0.4
Not Found	346	1.9	377	2.1	240	1.4	271	1.5

Aged 34 years or younger								
Living in West MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	5,622	-	5,289	-	5,220	-	5,539	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	5,442	96.8	4,754	89.9	5,042	96.6	5,368	96.9
Different Region	72	1.3	212	4.0	82	1.6	88	1.6

Aged 34 years or younger								
Living in West MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Outside Michigan	39	0.7	222	4.2	32	0.6	25	0.5
Not Found	69	1.2	101	1.9	64	1.2	58	1.0
Aged 35 to 64 years								
Living in West MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	12,639	-	12,708	-	12,518	-	12,942	-
In Following Year:	**2021**		**2022**		**2023**			
Same Region	12,229	96.8	11,880	93.5	12,236	97.7	12,580	97.2
Different Region	83	0.7	207	1.6	70	0.6	93	0.7
Outside Michigan	50	0.4	345	2.7	36	0.3	56	0.4
Not Found	277	2.2	276	2.2	176	1.4	213	1.6

Table 55. Change in Nurse Location in East Central Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in East Central MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	7,063	-	7,010	-	6,896	-	7,122	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	6,798	96.2	6,420	91.6	6,723	97.5	6,864	96.4
Different Region	89	1.3	273	3.9	86	1.2	130	1.8
Outside Michigan	35	0.5	180	2.6	21	0.3	31	0.4
Not Found	141	2.0	137	2.0	66	1.0	97	1.4

Aged 34 years or younger								
Living in East Central MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	1,908	-	1,768	-	1,707	-	1,759	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	1,832	96.0	1,566	88.6	1,641	96.1	1,665	94.7
Different Region	45	2.4	127	7.2	47	2.8	72	4.1
Outside Michigan	12	0.6	58	3.3	*	*	10	0.6
Not Found	19	1.0	17	1.0	12	0.7	12	0.7

Aged 35 to 64 years								
Living in East Central MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	5,155	-	5,242	-	5,189	-	5,363	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	4,966	96.3	4,854	92.6	5,082	97.9	5,199	96.9
Different Region	44	0.9	146	2.8	39	0.8	58	1.1
Outside Michigan	23	0.4	122	2.3	14	0.3	21	0.4
Not Found	122	2.4	120	2.3	54	1.0	85	1.6

* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 56. Change in Nurse Location in Eastern Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in East MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	10,945	-	10,774	-	10,318	-	10,694	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	

Aged 64 years or younger								
Living in East MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Same Region	10,469	95.7	9,451	87.7	10,017	97.1	10,260	95.9
Different Region	212	1.9	820	7.6	146	1.4	249	2.3
Outside Michigan	37	0.3	285	2.6	47	0.5	48	0.4
Not Found	227	2.1	218	2.0	108	1.0	137	1.3

Aged 34 years or younger								
Living in East MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	2,797	-	2,656	-	2,646	-	2,748	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	2,659	95.1	2,248	84.6	2,534	95.8	2,598	94.5
Different Region	106	3.8	292	11.0	70	2.6	129	4.7
Outside Michigan	14	0.5	68	2.6	23	0.9	*	*
Not Found	18	0.6	48	1.8	19	0.7	14	0.5

Aged 35 to 64 years								
Living in East MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	8,148	-	8,118	-	7,672	-	7,946	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	7,810	95.9	7,203	88.7	7,483	97.5	7,662	96.4
Different Region	106	1.3	528	6.5	76	1.0	120	1.5
Outside Michigan	23	0.3	217	2.7	24	0.3	41	0.5
Not Found	209	2.6	170	2.1	89	1.2	123	1.5

Table 57. Change in Nurse Location in South Central Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in South Central MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	4,998	-	4,895	-	4,709	-	4,862	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	4,758	95.2	4,255	86.9	4,531	96.2	4,626	95.1
Different Region	109	2.2	343	7.0	98	2.1	131	2.7
Outside Michigan	24	0.5	154	3.1	20	0.4	30	0.6
Not Found	107	2.1	143	2.9	60	1.3	75	1.5

Aged 34 years or younger								
Living in South Central MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	1,343	-	1,225	-	1,167	-	1,249	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	1,256	93.5	1,007	82.2	1,101	94.3	1,156	92.6
Different Region	59	4.4	136	11.1	49	4.2	64	5.1
Outside Michigan	*	*	52	4.2	*	*	12	1.0
Not Found	20	1.5	30	2.4	11	0.9	17	1.4

Aged 35 to 64 years								
Living in South Central MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	3,655	-	3,670	-	3,542	-	3,613	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	3,502	95.8	3,248	88.5	3,430	96.8	3,470	96.0
Different Region	50	1.4	207	5.6	49	1.4	67	1.9

Aged 35 to 64 years								
Living in South Central MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Outside Michigan	16	0.4	102	2.8	14	0.4	18	0.5
Not Found	87	2.4	113	3.1	49	1.4	58	1.6

* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 58. Change in Nurse Location in Southwest (SW) Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in SW MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	8,468	-	8,292	-	7,980	-	8,217	-
In Following Year:	2021		2022		2023		2024	
Same Region	8,081	95.4	7,447	89.8	7,708	96.6	7,884	95.9
Different Region	91	1.1	300	3.6	84	1.1	107	1.3
Outside Michigan	59	0.7	293	3.5	54	0.7	64	0.8
Not Found	237	2.8	252	3.0	134	1.7	162	2.0

Aged 34 years or younger								
Living in SW MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	1,994	-	1,872	-	1,772	-	1,882	-
In Following Year:	2021		2022		2023		2024	
Same Region	1,899	95.2	1,590	84.9	1,678	94.7	1,783	94.7
Different Region	43	2.2	128	6.8	43	2.4	54	2.9
Outside Michigan	16	0.8	106	5.7	22	1.2	21	1.1

Aged 34 years or younger								
Living in SW MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Not Found	36	1.8	48	2.6	29	1.6	24	1.3
Aged 35 to 64 years								
Living in SW MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	6,474	-	6,420	-	6,208	-	6,335	-
In Following Year:	2021		2022		2023		2024	
Same Region	6,182	95.5	5,857	91.2	6,030	97.1	6,101	96.3
Different Region	48	0.7	172	2.7	41	0.7	53	0.8
Outside Michigan	43	0.7	187	2.9	32	0.5	43	0.7
Not Found	201	3.1	204	3.2	105	1.7	138	2.2

Table 59. Change in Nurse Location in Southeast (SE) Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in SE MI in Baseline Year	Baseline Year							
	2020		2021		2022		2023	
	#	%	#	%	#	%	#	%
Nurses in Baseline Year	13,921	-	13,717	-	14,234	-	14,674	-
In Following Year:	2021		2022		2023		2024	
Same Region	13,289	95.5	12,362	90.1	13,733	96.5	13,998	95.4
Different Region	225	1.6	502	3.7	212	1.5	303	2.1
Outside Michigan	96	0.7	439	3.2	75	0.5	112	0.8
Not Found	311	2.2	414	3.0	214	1.5	261	1.8

Aged 34 years or younger								
Living in SE MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	3,715	-	3,540	-	3,689	-	3,839	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	3,499	94.2	3,029	85.6	3,491	94.6	3,599	93.7
Different Region	115	3.1	231	6.5	110	3.0	148	3.9
Outside Michigan	32	0.9	166	4.7	29	0.8	39	1.0
Not Found	69	1.9	114	3.2	59	1.6	53	1.4

Aged 35 to 64 years								
Living in SE MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	10,206	-	10,177	-	10,545	-	10,835	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	9,790	95.9	9,333	91.7	10,242	97.1	10,399	96
Different Region	110	1.1	271	2.7	102	1.0	155	1.4
Outside Michigan	64	0.6	273	2.7	46	0.4	73	0.7
Not Found	242	2.4	300	2.9	155	1.5	208	1.9

Table 60. Change in Nurse Location in the Detroit Metro Area (DMA) in Michigan Over Time Among RNs by Age Group, 2020 to 2024

Aged 64 years or younger								
Living in DMA MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	46,143	-	45,390	-	43,877	-	45,175	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	

Aged 64 years or younger								
Living in DMA MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Same Region	44,495	96.4	41,523	91.5	42,694	97.3	43,785	96.9
Different Region	475	1.0	1,497	3.3	449	1.0	533	1.2
Outside Michigan	230	0.5	1,394	3.1	230	0.5	254	0.6
Not Found	943	2.0	976	2.2	504	1.1	603	1.3

Aged 34 years or younger								
Living in DMA MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	13,333	-	12,702	-	12,440	-	13,038	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	12,877	96.6	11,382	89.6	12,064	97.0	12,541	96.2
Different Region	226	1.7	554	4.4	173	1.4	257	2.0
Outside Michigan	65	0.5	513	4.0	70	0.6	92	0.7
Not Found	165	1.2	253	2.0	133	1.1	148	1.1

Aged 35 to 64 years								
Living in DMA MI in Baseline Year	**Baseline Year**							
	2020		**2021**		**2022**		**2023**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Nurses in Baseline Year	32,810	-	32,688	-	31,437	-	32,137	-
In Following Year:	**2021**		**2022**		**2023**		**2024**	
Same Region	31,618	96.4	30,141	92.2	30,630	97.4	31,244	97.2
Different Region	249	0.8	943	2.9	276	0.9	276	0.9
Outside Michigan	165	0.5	881	2.7	160	0.5	162	0.5
Not Found	778	2.4	723	2.2	371	1.2	455	1.4

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