2022 Survey of Michigan Nurses

Diversity Edition

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

Prepared by the
Michigan Public Health Institute

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Introduction

The Survey of Michigan Nurses has been supported by the Michigan Department of Health and Human Services (MDHHS) 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 primarily 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.

The 2022 Survey of Michigan Nurses report focuses specifically on the racial and ethnic diversity of the nursing workforce over the past five years from 2017 to 2022. As requested by nursing stakeholders, a diversity edition report will be published every five years to analyze workforce diversity over time.

Methodology

SURVEY INSTRUMENT

The MDHHS-Office of Nursing Safety and Workforce Planning (ONP) contracted with the Michigan Public Health Institute (MPHI) to revise 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 two meetings with nursing-stakeholders in December of 2021 to discuss revisions to the 2021 survey instrument that would be incorporated into the 2022 edition and the priorities stakeholders had for the associated diversity analysis. Most notably, there were optional questions added to the end of the survey related to experiences of workplace violence that were first added to the 2020 survey and reviewed by stakeholders. In the most recent survey, questions were added for those in military, non-military, education, staff nurses, nurses practicing in academia and travel nurse positions. A copy of the 2022 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 2017, postcard reminders from LARA included instructions on how to complete the survey online by clicking a link at the end of the licensure renewal process or a direct URL to the survey. In 2018 and in 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 about the survey and reminded nurses to complete the annual survey by using the emailed survey link or completing the survey through a general link. LARA also sent an email reminder to nurses to complete the survey.

The survey was administered from March 14 to May 10, 2022. This timeframe was initially planned to overlap with the survey period in previous years as well as being extended to allow ample time for nursing associations to inform members about the survey. 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 2022 survey results so comparisons between these seven 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 2022 cannot be compared with survey results from years prior to 2016, as those results were not presented as weighted estimates. It is important to note there were some limitations associated with the racial diversity data. Respondents in the nurse survey were unable to be weighted by race or ethnicity because LARA does not collect data on race or ethnicity in the complete licensure dataset. The information that is collected by LARA in the licensure and licensure renewal process is specified in statute. To compensate for this limitation, the analyses have focused on metrics that can be compared with responses obtained in a single year (i.e., educational level that first qualified you as a nurse, and highest level of education obtained to date). Other analyses focused on the impact on categories that contain a higher rate of Black, Indigenous, and People of Color (BIPOC) respondents or respondents from a particular subset of races or ethnicities (e.g., certain age categories

of Licensed Practical Nurses (LPNs)). 2020 Michigan census data was retrieved from the United States Census Bureau[1].

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-percent 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.

Call out boxes are included throughout this report to comment and highlight key findings, limitations of data interpretations, and areas for further exploration.

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

Results

SURVEY RESPONDENTS & RESPONSE RATES

A total of 27,489 nurses participated in the 2022 Survey of Michigan Nurses which is lower than the 38,242 nurses who completed the 2021 survey. Even though there were fewer responses to the survey this year compared to last year, there was a similar distribution for this year's respondents based on several demographics as well as location. This was determined to be due to the dissemination method for the survey being similar to survey dissemination in the prior year.

Comparisons between RNs and LPNs on demographics should be performed with caution as there are significantly more RNs than LPNs which could potentially skew the data.

Racial Representation

To compare the demographic distribution of nurses who took the survey to the population in Michigan, the race variable in the nurse survey was recategorized and new percentages were created (Table 72 in Appendix D). In 2020, 79.3 percent of Michigan residents were white, which is less than RN respondents from the nursing survey (89.1 percent), but more than LPNs (67.8 percent). The difference between the population of white residents in Michigan and the proportion of white LPNs was the greatest difference among all racial groups (11.5 percent) suggesting white LPNs are underrepresented in survey responses. The population of Black residents in Michigan was 13 percent, which is in the middle of the percentages for RNs (4.9 percent) and LPNs (24.1 percent). This indicates Black RNs are underrepresented in survey findings while Black LPNs are overrepresented in survey results.

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[1] United States Census Bureau. (2020). Michigan: 2020 Census [Data file]. Retrieved from https://data.census.gov/cedsci/

Regional Representation

To compare the regional distribution of nurses who responded to the survey to the population in Michigan, region of residency was recategorized and new percentages were created (Table 73 in Appendix D). The majority of Michigan residents live in the Southeast region (48.9 percent, Table 73) where there is similar RN coverage (46.1 percent) and slightly less LPN coverage (41.4 percent). This indicates LPNs from the Southeast region may be underrepresented in survey findings. There is 15.7 percent of the population in West or West Central region where LPNs who responded to the survey were 19.0 percent, which means LPNs from this region may be overrepresented in survey findings.

Age & Gender Representation

About 40 percent of Michigan's residents are above the age of 54 (Table 74, Appendix D), which was about 10 percent less than what is reported among the nursing population for both RNs and LPNs (55.3 percent and 54.1 percent respectively). This indicates older nurses are overrepresented in survey responses and observations noted may represent the experience of nurses 54 years and older. About 50 percent of Michigan residents were female (data not shown), which is 30 percent less than nurse survey respondents for both RNs and LPNs. This indicates female nurse respondents are overrepresented in our survey results and observations noted may represent the experience of female 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 to 74 years (47.6 percent), female (84.8 percent), white (83.4 percent) and located in the Detroit Metro area (27.2 percent). Licensed Practical Nurses (LPNs) were most likely to be 55 to 74 years of age (45.3 percent), female (83.8 percent), white (66.2 percent) and located in the Detroit Metro area (24.8 percent).

Table 1. Demographic Characteristics of Survey Respondents, 2022

Demographics	RN= 24,521		LPN= 2,968	
	n	Estimate	n	Estimate
Age				
<25 years	89	0.4%	*	*
25 to 34 years	1,720	7.0%	154	5.2%
35 to 44 years	3,364	13.7%	452	15.2%
45 to 54 years	4,250	17.3%	515	17.4%
55 to 64 years	6,185	25.2%	717	24.2%
65 to 74 years	5,496	22.4%	626	21.1%
75+ years	865	3.5%	90	3.0%
Unknown	2,552	10.4%	406	13.7%
Gender				
Female	20,798	84.8%	2,488	83.8%

Demographics	RN= 24,521		LPN= 2,968	
	n	**Estimate**	**n**	**Estimate**
Male	1,861	7.6%	155	5.2%
Unknown	1,862	7.6%	325	11.0%
Race [a]				
White	20,455	83.4%	1,966	66.2%
Black	1,193	4.9%	565	19.0%
American Indian	283	1.2%	62	2.1%
Asian/ Pacific Islander	582	2.4%	56	1.9%
Other	542	2.2%	99	3.3%
Unknown	1,988	8.1%	334	11.3%
Hispanic or Latinx [a]				
Yes	428	1.7%	67	2.3%
No	22,091	90.1%	2,556	86.1%
Unknown	2,002	8.2%	345	11.6%
Middle Eastern [a]				
Yes	263	1.1%	21	0.7%
No	22,185	90.5%	2,607	87.8%
Unknown	2,073	8.5%	340	11.5%
Region				
Upper Peninsula	757	3.1%	150	5.1%
Northwest LP	969	4.0%	92	3.1%
Northeast LP	450	1.8%	65	2.2%
West/West Central	3,171	12.9%	458	15.4%
East Central	1,186	4.8%	186	6.3%
East	1,683	6.9%	221	7.4%
South Central	866	3.5%	76	2.6%
Southwest	1,473	6.0%	163	5.5%
Southeast	2,380	9.7%	259	8.7%
Detroit Metro	6,664	27.2%	737	24.8%
MI, Unknown Region	1,129	4.6%	135	4.5%
Outside MI	2,191	8.9%	132	4.4%
Unknown	1,602	6.5%	294	9.9%

[a] 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 below, most licensed nurses who had passed the National APN certification exam were also certified by LARA (84.9 percent or higher; Table 2). Among all RNs, nurses who had passed the APN certification exam were most commonly 35 to 44 years old

It is important to note that while the rate at which some of these groups are achieving national APN and LARA certification are impressive, their lower rate of representation in the nursing profession still leaves them underrepresented in these roles relative to the diversity of the population in Michigan. Black APNs are slightly underrepresented when compared to the population of Black Michigan residents (8.0 percent APNs compared to 13.0 percent Michigan population; Table 72). American Indian and Asian Pacific Islander APNs are slightly overrepresented in comparison to the overall Michigan population (5.6 percent APNs American Indian compared to 0.5 percent Michigan population; 9.3 percent APNs Asian Pacific Islander compared to 3.2 percent Michigan population).

(15.1 percent; Table 2); of those licensed nurses, 84.9 percent indicated they also had an APRN or nurse anesthetist certification from LARA (data not shown). Among all National APN certified RNs, 15.5 percent were male and 11 percent were female. Middle Eastern (13.4 percent), Asian or Pacific Islander (9.3 percent), and white (8.7 percent) were the most common races and ethnicities for licensed nurses that passed a national APN certification exam.

Table 2. Demographics of APNs who Completed National APN Certification & LARA-Certified APRNs and Nurse Anesthetists, 2022

Demographics	Completed National APN Certification	LARA-Certified APRNs
	N = 24,521	N = 2,546
Age		
<25 years	0.0%	*
25 to 34 years	8.8%	91.2%
35 to 44 years	15.1%	84.9%
45 to 54 years	12.7%	87.3%
55 to 64 years	10.1%	89.9%
65+ years	11.3%	88.7%
Gender		
Female	11.0%	89.0%
Male	15.5%	84.5%
Race [a]		
White	8.7%	92.1%
Black	8.0%	91.2%
American Indian	5.6%	99.9%
Asian/ Pacific Islander	9.3%	90.4%
Other Race	8.9%	91.0%

Demographics	Completed National APN Certification	LARA-Certified APRNs
	N = 24,521	N = 2,546
Hispanic or Latinx [a]		
Yes	7.0%	93.2%
No	8.7%	91.9%
Middle Eastern [a]		
Yes	13.4%	92.9%
No	8.6%	91.9%
Region of Residence		
Upper Peninsula	10.4%	89.6%
Northwest LP	12.1%	87.9%
Northeast LP	10.3%	89.7%
West/West Central	9.0%	91.0%
East Central	11.1%	88.9%
East	10.3%	89.7%
South Central	11.8%	88.2%
Southwest	10.9%	89.1%
Southeast	11.7%	88.3%
Detroit Metro	12.9%	87.1%
Unknown MI Region	12.4%	87.6%
Outside MI	12.3%	87.7%
Region of Employment		
Upper Peninsula	11.4%	88.6%
Northwest LP	11.7%	88.3%
Northeast LP	12.5%	87.5%
West/West Central	9.3%	90.7%
East Central	13.4%	86.6%
East	11.2%	88.8%
South Central	13.5%	86.5%
Southwest	12.6%	87.4%
Southeast	14.1%	85.9%
Detroit Metro	13.9%	86.1%
Unknown MI Region	8.5%	91.5%
Outside MI	12.7%	87.3%

[a] 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 www.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). A comparison of the nursing population to the overall Michigan population by ethnicity can be found in Appendix D.

Table 3. Comparison of Survey Respondents to All Nurses Licensed in Michigan, 2022

Characteristics	RNs				LPNs			
	Nurse Population		Survey Participants		Nurse Population		Survey Participants	
	#	%	#	%	#	%	#	%
Total	**169,808**	**-**	**24,521**	**-**	**20,879**	**-**	**2,968**	**-**
Age								
<25 years	3,427	2.0%	89	0.4%	329	1.6%	*	*
25 to 34 years	35,155	20.7%	1,720	7.0%	3,446	16.5%	154	5.2%
35 to 44 years	38,819	22.9%	3,364	13.7%	4,960	23.8%	452	15.2%
45 to 54 years	35,572	20.9%	4,250	17.3%	4,618	22.1%	515	17.4%
55 to 64 years	33,675	19.8%	6,185	25.2%	4,343	20.8%	717	24.2%
65 to 74 years	20,134	11.9%	5,496	22.4%	2,793	13.4%	626	21.1%
75+ years	2,978	1.8%	865	3.5%	382	1.8%	90	3.0%
Unknown	48	0.0%	2,552	10.4%	*	*	406	13.7%
Region								
Eastern/Central/Western UP	4,161	2.5%	757	3.1%	1,204	5.8%	150	5.1%
Northwest LP	5,012	3.0%	969	4.0%	477	2.3%	92	3.1%
Northeast LP	2,662	1.6%	450	1.8%	537	2.6%	65	2.2%
West/West Central	20,745	12.2%	3,171	12.9%	2,903	13.9%	458	15.4%
East Central	7,948	4.7%	1,186	4.8%	1,163	5.6%	186	6.3%
East	12,125	7.1%	1,683	6.9%	1,773	8.5%	221	7.4%
South Central	5,487	3.2%	866	3.5%	540	2.6%	76	2.6%
Southwest	9,610	5.7%	1,473	6.0%	1,294	6.2%	163	5.5%
Southeast	17,006	10.0%	2,380	9.7%	1,909	9.1%	259	8.7%
Detroit Metro	52,082	30.7%	6,664	27.2%	7,097	34.0%	737	24.8%
MI, Unknown Region	-	-	1,129	4.6%	-	-	135	4.5%
Non-Michigan	31,483	18.5%	2,191	8.9%	1,914	9.2%	132	4.4%
Unknown Region	1,487	0.9%	1,602	6.5%	68	0.3%	294	9.9%
LARA-certified APRN (Advanced Practitioner Registered Nurse)								
Nurse Practitioner	12,925	7.6%	1,477	6.0%	-	-	-	-
Anesthetist	3,018	1.8%	293	1.2%	-	-	-	-
Midwife	530	0.3%	87	0.4%	-	-	-	-
Clinical Specialist	292	0.2%	126	0.5%	-	-	-	-

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

- Data are not available/data are not applicable.

Results of the 2022 Survey of Michigan Nurses

EDUCATIONAL PATH

RNs were asked to select which level of degree/certificate qualified them for their first nursing license. As shown in Table 4 (on the following page), 45.4 percent of RNs started with a bachelor's degree in nursing. Slightly over 4 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, 2022

Education Level	RN = 24,490	
	Estimate	95% CI
LPN diploma/certificate	6.0%	(5.7% - 6.3%)
RN diploma in nursing	7.9%	(7.6% - 8.2%)
Associate degree in nursing	36.5%	(35.9% - 37.1%)
Bachelor's degree in nursing	45.4%	(44.8% - 46.0%)
Master's degree in nursing	4.2%	(4.0% - 4.5%)

RN and LPN nurses were asked their highest level of nursing education (Table 5) and non-nursing education (Table 6). The highest level of nursing education for 49.3 percent of RNs was a bachelor's degree in nursing and 27.7 percent held an associate degree in nursing as their highest level of education. Almost all LPNs (92.6 percent) reported an LPN diploma/certificate being their highest level of nursing education. Over half of RNs and LPNs (64.5 percent and 63.8 percent, respectively) responded that non-nursing education was not applicable (Table 6). RNs were statistically more likely than LPNs to have obtained an associate degree in nursing (27.7 percent vs. 5.6 percent; Table 5) or a bachelor's degree in nursing (49.3 percent vs. 1.0 percent; Table 5). LPNs were statistically more likely than RNs to have obtained a non-nursing associate degree (26.9 percent vs. 13.7 percent; Table 5). RNs were statistically more likely than LPNs to have a non-nursing bachelor's degree (15.8 percent vs. 7.6 percent; Table 6) or a non-nursing master's degree (5.4 percent vs. 1.6 percent; Table 6).

Table 5. Highest Level of Nursing-Related Education, 2022

Education Level	RN = 24,365		LPN = 2,962	
	Estimate	95% CI	Estimate	95% CI
LPN diploma/certificate	*	*	92.6%	(91.6% - 93.5%)
RN diploma in nursing	4.8%	(4.5% - 5.1%)	0.5%	(0.3% - 0.8%)
Associate degree in nursing	27.7%	(27.1% - 28.3%)	5.6%	(4.8% - 6.5%)
Bachelor's degree in nursing	49.3%	(48.7% - 49.9%)	1.0%	(0.7% - 1.4%)
Master's degree in nursing	15.7%	(15.2% - 16.2%)	*	*
Doctor of Nursing Practice (DNP)	1.8%	(1.6% - 2.0%)	*	*
Doctor of Nurse Anesthesia (DNAP)	0.1%	(0.1% - 0.1%)	0.0%	-
Doctor of Philosophy in Nursing (PhD)	0.6%	(0.5% - 0.7%)	0.0%	-
Other doctoral degree in nursing	0.1%	(0.1% - 0.1%)	*	*

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

Table 6. Highest Level of Non-Nursing Education, 2022

Education Level	RN = 24,211		LPN = 2,905	
	Estimate	95% CI	Estimate	95% CI
Non-nursing associate degree	13.7%	(13.3% - 14.1%)	26.9%	(25.3% - 28.5%)
Non-nursing bachelor's degree	15.8%	(15.3% - 16.3%)	7.6%	(6.7% - 8.6%)
Non-nursing master's degree	5.4%	(5.1% - 5.7%)	1.6%	(1.2% - 2.1%)
Non-nursing doctoral degree	0.7%	(0.6% - 0.8%)	*	*
Not applicable	64.5%	(63.9% - 65.1%)	63.8%	(62.0% - 65.5%)

* 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 degree achieved (Table 7). Over a quarter of nurses whose first degree was an LPN diploma or certificate had obtained a RN diploma/associate degree (16.1 percent) or a bachelor's degree (11.0 percent). Nurses whose first degree was a bachelor's degree largely stayed at this degree level (81.8 percent) while almost one-fifth had obtained a master's or PhD level degree (14.8 percent and 3.4 percent, respectively). Nurses whose first degree was at the master's level commonly stayed at this degree level (96.3 percent) while only 3.7 percent went onto obtain a doctorate level degree in nursing.

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

First Nursing Degree to Highest Nursing Degree	n	Estimate	95% CI
LPN Diploma/Certificate as First Nursing Degree			
LPN diploma/certificate	2,968	67.3%	(65.9%, 68.6%)
RN Diploma/ Associate degree	823	16.1%	(15.1%, 17.2%)
Bachelor's degree in nursing	489	11.0%	(10.1%, 11.9%)
Master's or PhD in nursing	262	5.6%	(5.0%, 6.3%)
RN Diploma/Associate degree as First Nursing Degree			
RN Diploma/Associate degree	8,336	66.3%	(64.9%, 67.7%)
Bachelor's degree in nursing	2,519	22.8%	(21.6%, 24.0%)
Master's in nursing	1,135	9.2%	(8.4%, 10.1%)
PhD in nursing	227	1.7%	(1.4%, 2.1%)
Bachelor's degree in nursing			
Bachelor's degree in nursing	7,727	81.8%	(80.7%, 82.9%)
Master's in nursing	1,464	14.8%	(13.8%, 15.9%)
PhD in nursing	325	3.4%	(2.9%, 4.0%)
Master's Degree as First Nursing Degree			
Master's in nursing	957	96.3%	(94.9%, 97.3%)
PhD in nursing	46	3.7%	(2.7%, 5.1%)

[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.

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. LPNs were not asked which degree qualified them for their first license, so only RNs are reported. As shown in Figure 1, RNs had mostly completed a pre-licensure bachelor's degree in nursing (40.3 percent-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 (35.6 percent-38.2 percent).

Figure 1. Number of Years Working Compared to First Nursing License, 2022

LPN diploma/certificate
3%
7%
7%

RN diploma in nursing
2%
2%
12%

Associate degree in nursing
36%
38%
36%

■ <6 years
■ 6 to <20 years
■ 20+ years

Bachelor's degree in nursing
58%
47%
40%

Master's degree in nursing
1%
5%
6%

0%   10%   20%   30%   40%   50%   60%   70%
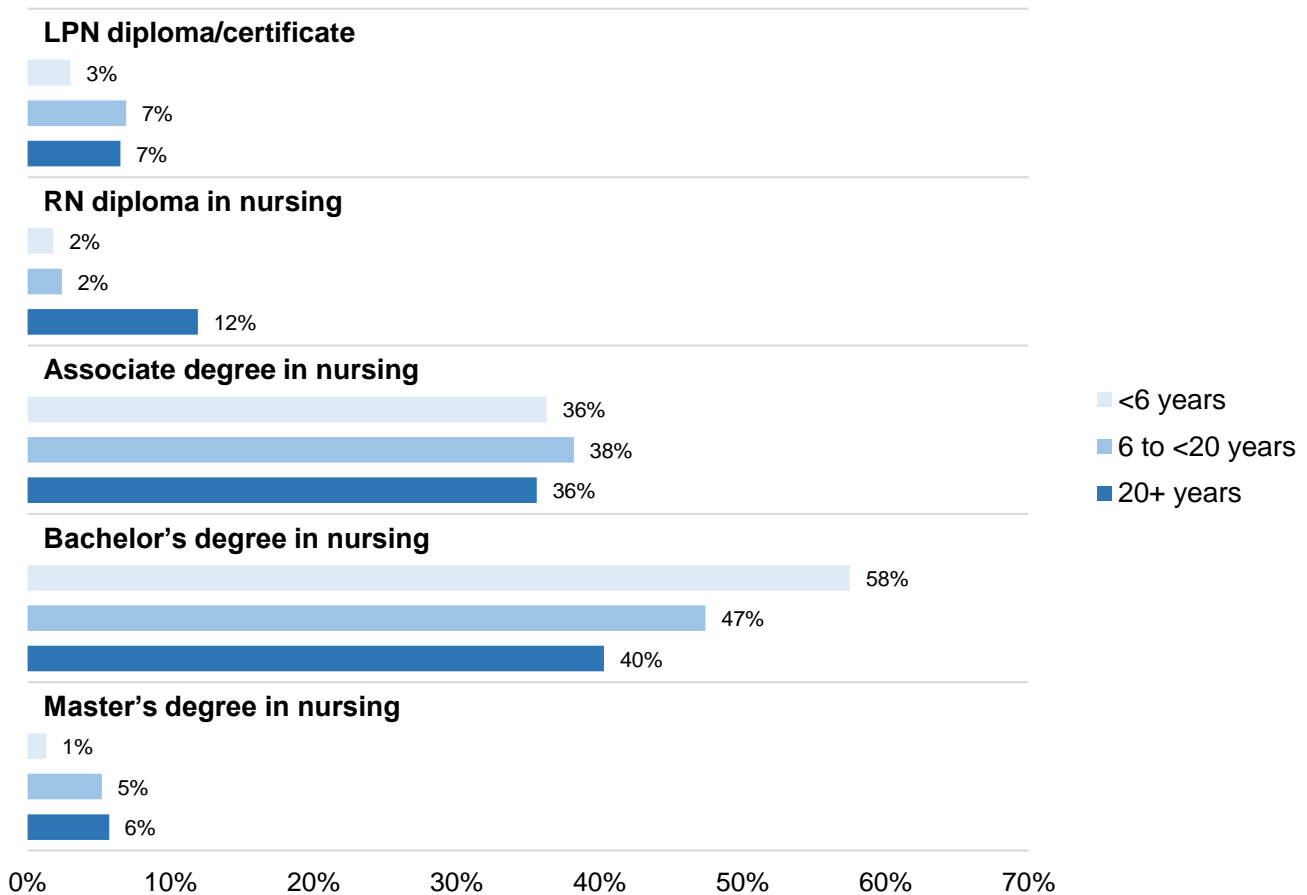
Few nurses who responded to the survey indicated they were currently enrolled in a nursing education program (8.8 percent for RNs and 15.6 percent for LPNs). Those who indicated they were enrolled were asked if they were currently enrolled in a program to obtain an Associate degree in Nursing (ADN), 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). Most RNs were enrolled in a program to obtain a BSN (44.8 percent) with the next most common program being MSN (39.7 percent). Most LPNs were enrolled in a program to earn an ADN (85.8 percent) while 15.3 percent were enrolled in a program to obtain a BSN.

Table 8. Current Enrollment in Nursing Educational Programs, 2022[a]

Degree	RN= 1,407		LPN= 310	
	Estimate	95% CI	Estimate	95% CI
Associate degree in Nursing (ADN)	0.5%	(0.2% - 1.0%)	85.8%	(81.5% - 89.2%)
Bachelor of Science in Nursing (BSN)	44.8%	(42.2% - 47.4%)	15.3%	(11.7% - 19.7%)
Master of Science in Nursing (MSN)	39.7%	(37.2% - 42.3%)	*	*
Doctor of Nursing Practice (DNP)	14.9%	(13.1% - 16.9%)	*	*
Doctor of Nurse Anesthesia (DNAP)	2.2%	(1.6% - 3.1%)	*	*
Doctor of Philosophy in Nursing (PhD)	1.9%	(1.3% - 2.8%)	*	*

[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.

Table 9 shows nurses who had a prerequisite degree and were currently enrolled in a program in 2022. LPNs were most likely to be enrolled in an ADN program (13.7 percent), while RNs were most likely to be enrolled in a BSN degree program (11.5 percent). RNs were statistically more likely to be enrolled in a BSN program compared to LPNs (11.5 percent vs. 2.4 percent).

Table 9. Nurses who Have Prerequisite Degree[a] and Current Enrollment Programs, 2022 [a]

Degree	RN = 43,663			LPN = 8,652		
	N	Estimate	95% CI	N	Estimate	95% CI
Associate degree in Nursing (ADN)	-	-	-	2,741	13.7%	(12.5% -15.0%)
Bachelor of Science in Nursing (BSN)	9,197	11.5%	(10.9% - 12.2%)	2,923	2.4%	(1.9% - 3.0%)
Master of Science in Nursing (MSN)	19,943	4.0%	(3.7% - 4.3%)	2,952	*	*
Any Doctorate of Nursing (DNP, DNAP, PhD)	14,523	2.4%	(2.2% - 2.7%)	36	*	*

[a] Note about analysis: ADNs among LPN diploma; BSN among any degree certificate; MSN among any degree as some Associate level nurses indicated they enrolled in an MSN program; For all PhD categories among nurses with a BSN or MSN.
* Data are suppressed if count is less than 10 or sample population was less than 20.
- Data not applicable.

RNs who indicated they were enrolled in a program to earn MSN or DNP degrees were asked if the program was designed to earn a specialty certification (Table 10). Among the enrolled nurses, 60.2 percent of RNs were currently enrolled in nurse practitioner educational programs and 6.3 percent were enrolled in nurse anesthetist educational programs.

Table 10. Current Enrollment in Educational Programs Associated with APN Nursing Specialty Certification Exams, 2022

Certification	RN = 666	
	Estimate	95% CI
Nurse Practitioner	60.2%	(56.4% - 63.8%)
Nurse Midwife	3.9%	(2.7% - 5.7%)
Nurse Anesthetist	6.3%	(4.7% - 8.4%)
Clinical Nurse Specialist	4.0%	(2.8% - 5.8%)
Other	25.5%	(22.3% - 28.9%)

Due to the required clinical content, LPN-RN or LPN-BSN programs cannot be fully online, which explains why the percentage for online program types is so much smaller for LPNs compared to RNs (23.3 percent vs. 75.8 percent). RN-BSN programs are not often offered fully in-person, which explains why the percentage for in-person programs are so much smaller for RNs than for LPNs (6.1 percent vs. 44.1 percent).

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 11). About three-quarters of RNs indicated they were enrolled online (75.8 percent), while in-person programs were most common for LPNs (44.1 percent).

Table 11. Current Enrollment Program Type, 2022

Program Type	RN= 1,382		LPN= 312	
	Estimate	95% CI	Estimate	95% CI
In-person	6.1%	(5.0% - 7.5%)	44.1%	(38.7% - 49.6%)
Online	75.8%	(73.5% - 78.0%)	23.3%	(19.0% - 28.3%)
Hybrid	18.1%	(16.2% - 20.2%)	32.7%	(27.7% - 38.1%)

Almost all individuals who had completed advanced practice educational programs (92.8 percent) indicated they held national certification as an advanced practice nurse. The results in Figure 2 on the following page show the distribution of additional national nursing certifications among nationally certified advanced practiced nurses. Forty-one percent held an American Association of Critical Care Nurses (AACN) certification, and 23.3 percent had a certification from American Academy of Nurse Practitioners Certification Board (AANPCB). To see the specific APN certifications from each of these organizations, see Appendix B.

Figure 2. Completed National APN Certifications, 2022[a]

American Academy of Nurse Practitioners Certification Board (AANPCB)
23.3%

American Association of Critical Care Nurses Certification Corporation
0.9%

American Midwifery Certification Board-Certified Nurse Midwife
3.4%

American Association of Critical Care Nurses (AACN)
2.2%

American Nurses Credentialing Center (ANCC)
41.3%

National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA)
11.9%

National Certification Corporation
4.7%

Oncology Nursing Certification Corporation (ONCC) Advanced Oncology Certified Nurse Practitioner
0.6%

Oncology Nursing Certification Corporation (ONCC) Advanced Oncology Certified Clinical Nurse Specialist
0.3%

Pediatric Nursing Certification Board (PNCB)
5.3%

Other
4.8%

0%   10%   20%   30%   40%   50%

[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.

Most RNs indicated they did not hold a national certification in a specialty role outside of APN (83.3 percent). Those who indicated they held a national certification in a specialty role outside of APN are shown in Figure 3 (on the following page). About half of the respondents (49.5 percent) indicated they held some type of certification other than APN documented holding a national certification that was not listed. Thirteen percent of RNs held an American Nurses Credentialing Certification (ANCC), and 12.6 percent held an American Association of Critical Care Nurses (AACN). To see the specific additional national certifications APNs held from each of these organizations, see Appendix C.

Figure 3. National Specialty Certifications Outside of APN, 2022[a]

American Academy of Professional Coders (AAPC)
0.5%

American Association of Critical Care Nurses (AACN)
12.6%

American Board of Wound Management (ABWM)
0.5%

American Board of Wound Healing (ABWH)
*

American Case Management Association (ACMA)
3.3%

American Health Information Management Association (AHIMA)
0.3%

American Holistic Nurses Credentialing Corporation (AHNCC)
1.2%

American Nurses Credentialing Certification (ANCC)
13.1%

American Organization for Nursing Leadership (AONL) - Certified in Executive Nursing Practice
0.9%

Board of Certification for Emergency Nursing (BCEN)
5.6%

Emergency Nurses Association (ENA) - TNCC Provider
6.7%

Hospice and Palliative Credentialing Center (HPCC)
2.6%

National Alliance of Wound Care and Ostomy (NAWCCB) - Wound Care Certified Certification
0.8%

National Association for Healthcare Quality (NAHQ): Certified Professional in Healthcare Quality (CPHQ)
0.9%

National Certification Corporation
6.7%

National Board of Public Health Examiners (NBPHE) - Certified in Public Health (CPH)
*

National Board for Certification of School Nurses (NBCSN) - Nationally Certified School Nurse Credential
0.8%

National League for Nursing (NLN) - Certified Nurse Educator CNE
1.7%

National League for Nursing (NLN) – Certified Academic Clinical Nurse Educator (CNEcl)
*

Oncology Nursing Certification Corporation (ONCC)
5.6%

Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB)
1.8%

Other
49.5%

0%   10%   20%   30%   40%   50%

[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.

DIVERSITY OF EDUCATIONAL PATH

Table 12 shows the highest level of education of Michigan nurses in 2017 compared to 2022. Percent change was calculated to determine the direction of change taking place in each degree type by race (Figure 4). The largest percent increase was among white nurses who received a Doctor of Nursing Practice (DNP) (+300.0 percent), while the largest percent decrease was among Asian or Pacific Islander nurses who received a RN Diploma in nursing (-62.0 percent).

When looking at degree level, the percentage of nurses who obtained LPN diplomas/certifications (LPNs), RN diplomas in nursing (RNs), and associate degrees in nursing decreased across almost all race groups, while the percentage of nurses who obtained bachelor's degrees in nursing, master's degrees in nursing, DNPs, and Doctor of Philosophy in Nursing degrees (PhD) increased across almost all race groups (Table 12).

When looking specifically at race and degree level, there are several notable trends (Figure 4). White nurses had the largest decrease in LPNs (-32.5 percent), followed by Hispanic or Latinx nurses (-21.4 percent), while Black (+8.8 percent) and Asian or Pacific Islander (+8.5 percent) nurses were the only groups to have an increase of nurses in this category. Asian or Pacific Islander (-62.0 percent) and nurses of some other race (-58.9 percent) had the largest decrease in RNs, while Black nurses were the only group to have an increase of nurses in this category (+22.2 percent). Middle Eastern nurses had the largest decrease of nurses who obtained an associate degree in nursing (-41.0 percent), while Asian or Pacific Islander nurses were the only group to have an increase of nurses in this category (+15.6 percent). Asian or Pacific Islander nurses had the largest decrease in nurses with a bachelor's degree (-11.2 percent). American Indian (+110.6 percent) and Asian or Pacific Islander (86.7 percent) nurses had the largest increase in nurses who obtained a master's degree in nursing, while no groups saw a decrease in nurses in this category. For nurses with a DNP, DNAP, PhD, or other doctoral degree in nursing, most data were suppressed, so trends were not able to be accurately assessed across all race groups (Table 12 & Figure 4).

Overall, the highest levels of education in nursing are increasing over time, and at a higher rate, compared to other nursing degree types (Figure 4). Even though this number increased at a high rate, the number of respondents is actually quite low (Table 85 in Appendix F). Those with an associate degree have mostly decreased over time; however, Asian or Pacific Islander nurses were the only racial group to see an increase over time (+15.6 percent). Those with a bachelor's degree had mostly increased over time, however, Asian or Pacific Islander (-11.2 percent) nurses and Middle Eastern nurses (-1.2 percent) had a decrease over time. Diploma programs at the RN level were phased out by the 1970s, so the numbers for RN diplomas represent older nurses leaving the profession or having obtained higher levels of education since then. Diploma graduates at the LPN level may have been impacted by the shift to online education due to COVID.

Table 12. Diversity[a] of the Highest Level of Nursing Education, 2017 & 2022[b]

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,591	N = 22,292	N = 3,145	N = 1,742	N = 507	N = 344	N = 1,243	N = 636	N = 650	N = 495	N = 183	N = 282	N = 527	N = 640
LPN diploma/ certificate	12.0%	8.1%	32.8%	35.7%	19.7%	16.1%	5.9%	6.4%	15.4%	12.1%	*	8.8%	15.5%	15.4%
RN diploma in nursing	7.3%	4.4%	2.7%	3.3%	3.2%	2.2%	7.1%	2.7%	3.5%	2.3%	*	*	7.3%	3.0%
Associate degree in nursing	35.0%	26.1%	25.1%	20.2%	41.6%	30.6%	12.2%	14.1%	36.4%	25.7%	30.2%	19.0%	32.8%	23.7%
Bachelor's degree in nursing	36.0%	44.8%	27.2%	27.6%	29.8%	39.0%	64.5%	57.3%	37.5%	44.7%	51.0%	50.4%	36.3%	41.8%
Master's degree in nursing	8.9%	14.2%	10.7%	11.2%	4.7%	9.9%	9.0%	16.8%	6.7%	11.6%	9.3%	13.5%	7.6%	12.6%
Doctorate in Nursing Practice (DNP)	0.4%	1.6%	1.0%	1.6%	*	*	*	*	*	3.2%	*	*	*	2.1%
Doctor of Nurse Anesthesia (DNAP)	-	0.1%	-	*	-	*	-	0.0%	-	0.0%	-	*	-	*
Doctor of Philosophy in Nursing (PhD)	0.4%	0.6%	0.5%	0.4%	*	*	*	*	*	*	*	*	*	*
Other doctoral degree in nursing	0.1%	0.1%	*	*	0.0%	*	*	*	*	0.0%	0.0%	*	0.0%	*

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 85
* Data are suppressed if count is less than 10 or sample population was less than 20.
- Data were not collected for this year.

Figure 4. Percent Change in the Diversity[a] of the Highest Level of Nursing Education, 2017 & 2022

White
- LPN diploma/certificate: -33%
- RN diploma in nursing: -40%
- Associate degree in nursing: -25%
- Bachelor's degree in nursing: 72%
- Master's degree in nursing: 60%

Black
- RN diploma in nursing: 9%
- Associate degree in nursing: 22%
- Bachelor's degree in nursing: -20%
- Bachelor's degree: 2%
- Master's degree in nursing: 5%

American Indian
- LPN diploma/certificate: -18%
- RN diploma in nursing: -31%
- Associate degree in nursing: -26%
- Bachelor's degree in nursing: 31%
- Master's degree in nursing: 111%

Asian/ PI
- LPN diploma/certificate: 9%
- RN diploma in nursing: -62%
- Associate degree in nursing: 16%
- Bachelor's degree in nursing: -11%
- Master's degree in nursing: 87%

Hispanic or Latinx
- LPN diploma/certificate: -21%
- RN diploma in nursing: -34%
- Associate degree in nursing: -29%
- Bachelor's degree in nursing: 19%
- Master's degree in nursing: 73%

Middle Eastern
LPN diploma/certificate*
RN diploma in nursing *
- Associate degree in nursing: -41%
- Bachelor's degree in nursing: -1%
- Master's degree in nursing: 45%

Other
- LPN diploma/certificate: -1%
- RN diploma in nursing: -59%
- Associate degree in nursing: -28%
- Bachelor's degree in nursing: 15%
- Master's degree in nursing: 66%

Legend:
- LPN diploma/certificate
- RN diploma in nursing
- Associate degree in nursing
- Bachelor's degree in nursing
- Master's degree in nursing

[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.

Table 13 shows the diversity of nurses' first nursing degree compared to their highest nursing degree earned by 2022, while Figures 5 through 7 on the following pages show the percent change in nurses' first nursing degree compared to their highest nursing degree between 2017 and 2022. Across all racial groups, except among Asian or Pacific Islander nurses, nurses whose first degree was a RN diploma or associate degree and later attained a bachelor's degree has increased since 2017 (+11.4 to +71.8 percent; Figure 6). Additionally, nurses whose first degree was a bachelor's degree and later attained a master's degree increased for all racial groups (+3.5 to percent to +43.3 percent; Figure 7), except among black nurses and nurses of some other race (-15.4 percent and -46.6 percent, respectively; Figure 7). This suggests that there will be an increase in diversity in the number of nurses attaining a graduate education over time. The data also shows that for LPNs whose first degree was a diploma or certificate who obtained an RN diploma or associate degree has decreased since 2017 across all racial groups (-33.3 to -45.3 percent; Figure 5).

Due to suppression rules, a figure is not shown for those whose first nursing degree was a master's degree. Of the data available, there was a consistent percent decrease among nurses whose highest nursing degree remained a master's degree (white, -2.4 percent; Black, -5.3 percent, Hispanic or Latinx, -6.3 percent). Due to suppression rules, percent change could not be assessed for LPN/diploma certificate holders with a master's degree as well as RNs with a PhD in nursing.

Table 13. Diversity[a] of Nurses' First Nursing Degree Compared to their Highest Nursing Degree, 2017 & 2022[b, c]

First Nursing Degree to Highest Nursing Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 6,952	N = 3,267	N = 1,351	N = 675	N = 179	N = 82	N = 137	N = 66	N = 155	N = 94	N = *	N = 34	N = 136	N = 141
LPN Diploma/Certificate as First Nursing Degree														
LPN diploma/ certificate	59.0%	61.8%	80.2%	86.4%	64.8%	76.0%	68.8%	85.3%	70.8%	72.7%	*	76.6%	64.1%	74.4%
RN Diploma/ Associate degree	28.2%	18.8%	10.2%	6.6%	27.8%	15.2%	17.8%	*	22.0%	12.5%	*	*	24.4%	13.5%
Bachelor's degree in nursing	9.2%	13.0%	5.9%	4.3%	5.9%	*	12.1%	*	6.0%	*	*	*	10.7%	*
Master's or PhD in nursing	3.6%	6.4%	3.6%	2.8%	*	*	*	*	*	*	*	*	*	*
RN Diploma/Associate degree as First Nursing Degree														
RN Diploma/ Associate degree	76.3%	66.7%	64.7%	63.1%	76.2%	65.7%	74.6%	72.8%	75.9%	62.1%	79.9%	57.2%	73.3%	57.2%
Bachelor's degree in nursing	16.9%	22.7%	22.9%	25.5%	15.2%	22.8%	17.7%	17.6%	20.4%	26.6%	18.1%	31.1%	22.2%	28.1%

First Nursing Degree to Highest Nursing Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 6,952	N = 3,267	N = 1,351	N = 675	N = 179	N = 82	N = 137	N = 66	N = 155	N = 94	N = *	N = 34	N = 136	N = 141
Master's in nursing	6.2%	9.0%	11.1%	8.9%	7.0%	10.7%	6.7%	9.0%	*	8.6%	*	*	*	12.1%
PhD in nursing	0.6%	1.6%	1.4%	2.4%	*	*	*	*	*	*	*	*	*	*
Bachelor's degree in nursing														
Bachelor's degree in nursing	85.9%	81.6%	79.3%	79.8%	93.9%	90.8%	90.0%	83.0%	89.4%	83.2%	84.4%	77.8%	84.6%	85.5%
Master's in nursing	12.8%	15.2%	18.2%	15.4%	*	*	9.0%	12.9%	9.4%	10.5%	14.4%	14.9%	14.8%	7.9%
PhD in nursing	1.3%	3.3%	2.6%	4.8%	*	*	*	4.2%	*	*	*	*	*	6.6%
Master's degree in nursing														
Master's in nursing	98.8%	96.4%	100.0%	94.7%	*	83.0%	100.0%	100.0%	100.0%	93.7%	*	85.9%	97.4%	*
PhD in nursing	*	3.6%	*	*	*	*	*	*	*	*	*	*	*	*

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 86
[c] 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.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 5. Percent Change in the Diversity[a, b] of Nurses' First Nursing Degree Compared to their Highest Nursing Degree, 2017 & 2022

White
5%
-33%
41%

Black
8%
-35%
-27%

American Indian
17%
-45%
Bachelor's degree in nursing*

Asian/ PI
24%
RN Diploma/ Associate degree *
Bachelor's degree in nursing*

Hispanic or Latinx
3%
-43%
Bachelor's degree in nursing*

Other
-14%
-45%
Bachelor's degree in nursing*

Legend:
- ■ LPN diploma/certificate
- ■ RN Diploma/ Associate degree
- ■ Bachelor's degree in nursing

X-axis: -50% -40% -30% -20% -10% 0% 10% 20% 30% 40% 50%

[a] Respondents were instructed to mark all that apply.
[b] Note about the data: Middle Eastern is not included as most data for this groups were suppressed.
* Data are suppressed if count is less than 10 or sample population was less than 20.

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Figure 6. Percent Change in the Diversity[a] of Nurses First Nursing Degree Compared to their Highest Nursing Degree, 2017 & 2022

White
-13%
34%
45%
167%

Black
-3%
11%
-20%
71%

American Indian
-14%
50%
53%
PhD in nursing*

Asian/ PI
-2%
-1%
34%
PhD in nursing*

Hispanic or Latinx
-18%
30%
Master's in nursing*
PhD in nursing*

Middle Eastern
-28%
72%
Master's in nursing*
PhD in nursing*

Other
-22%
27%
Master's in nursing*
PhD in nursing*

Legend:
- RN Diploma/ Associate degree
- Bachelor's degree in nursing
- Master's in nursing
- PhD in nursing

x-axis: -50%, 0%, 50%, 100%, 150%, 200%

[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.

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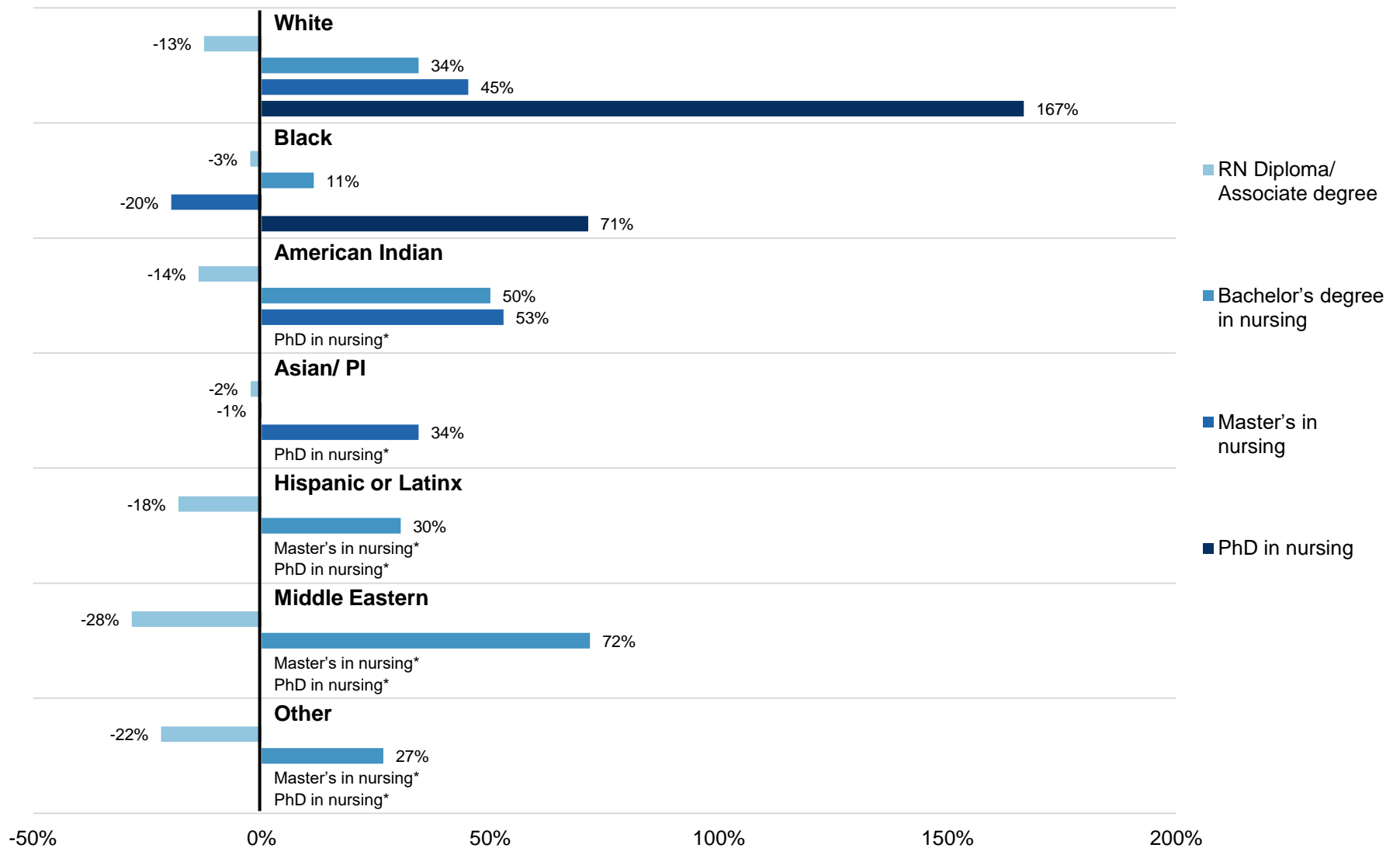
Figure 7. Percent Change in the Diversity[a] of Nurses First Nursing Degree Compared to their Highest Nursing Degree, 2017 & 2022

White
-5%
19%
154%

Black
1%
-15%
85%

American Indian
-3%
Master's in nursing*
PhD in nursing*

Asian/ PI
-8%
43%
PhD in nursing*

Hispanic or Latinx
-7%
12%
PhD in nursing*

Middle Eastern
-8%
4%
PhD in nursing*

Other
1%
-47%
PhD in nursing*

-100%   -50%   0%   50%   100%   150%   200%

Legend:
- Bachelor's degree in nursing
- Master's in nursing
- PhD in nursing
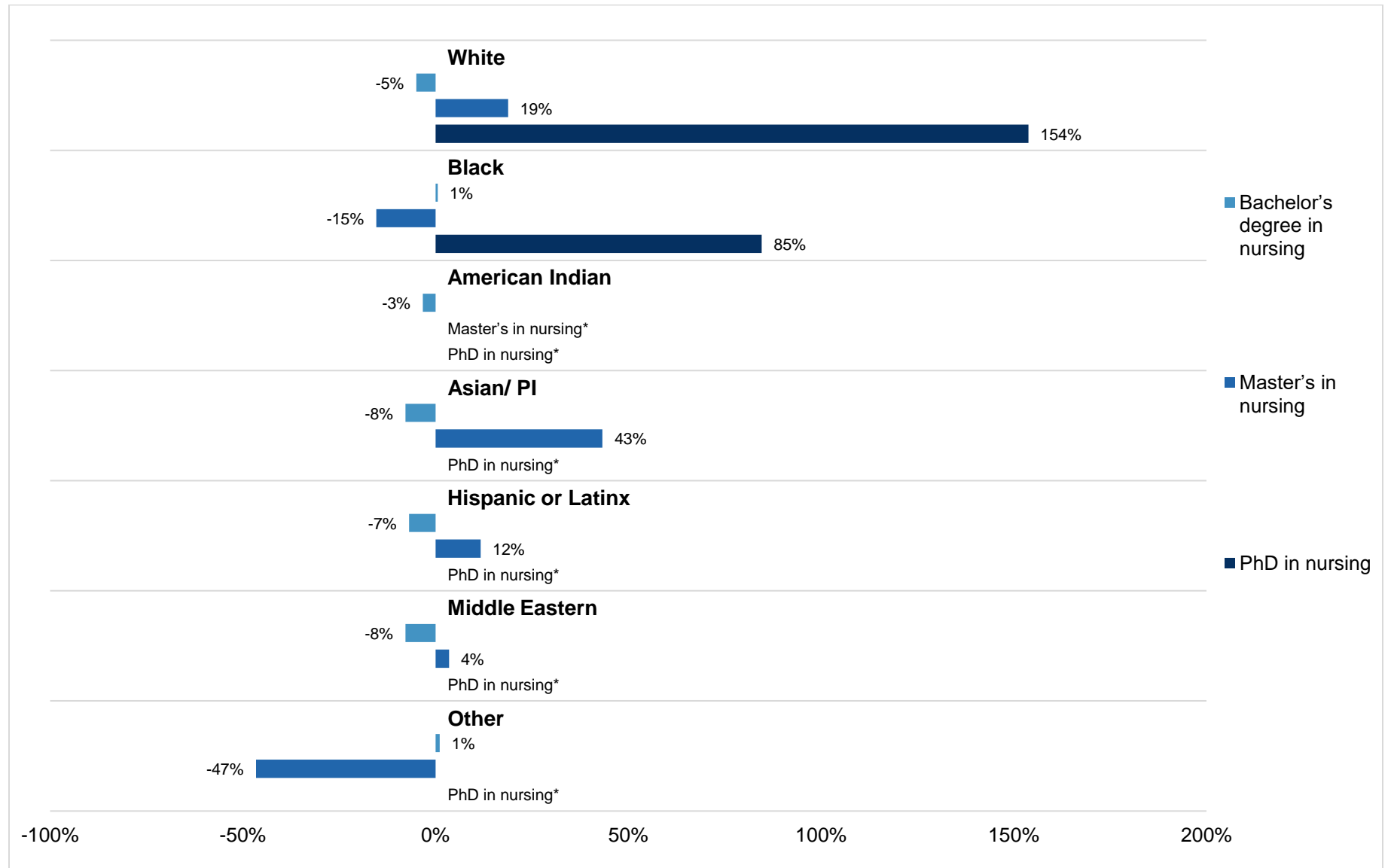
[a] Respondents were instructed to mark all that apply.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 14 shows the highest level of education in non-nursing degrees in 2017 compared to 2022. Percent change was calculated to determine the direction of change taking place in each degree type by race (Figure 8). Nurses who obtained a non-nursing degree increased from 2017 to 2022 among white, Asian or Pacific Islander, Hispanic or Latinx, and Middle Eastern nurses. The only racial group that showed a decrease in the number of nurses who obtained a non-nursing degree from 2017 to 2022 was American Indian nurses. Despite this overall decrease, American Indian nurses did show a slight increase in obtaining a non-nursing associate degree (+1.4 percent). Similarly, Hispanic or Latinx nurses who obtained a non-nursing degree increased over from 2017 to 2022, but when looking specifically at Hispanic or Latinx nurses who obtained a non-nursing associate degree or a non-nursing bachelor's degree, there was a decrease (-5.7 percent and -2.2 percent, respectively).

Table 14. Diversity[a] of the Highest Level of Non-Nursing Education, 2017 & 2022[b]

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,106	N = 22,159	N = 3,120	N = 1,728	N = 494	N = 341	N = 1,222	N = 628	N = 645	N = 487	N = 184	N = 282	N = 517	N = 634
No – I do not have a non-nursing degree	67.9%	64.9%	58.3%	58.4%	60.2%	63.0%	70.0%	66.5%	63.7%	62.6%	58.6%	54.8%	56.3%	56.5%
Yes – I have a non-nursing degree	**32.1%**	**35.1%**	**41.7%**	**41.6%**	**39.8%**	**37.0%**	**30.0%**	**33.5%**	**36.3%**	**37.4%**	**41.4%**	**45.2%**	**43.7%**	**43.5%**
Non-nursing associate degree	14.8%	14.7%	22.1%	21.9%	20.9%	21.2%	7.8%	8.1%	19.2%	18.1%	12.6%	14.6%	21.7%	20.0%
Non-nursing bachelor's degree	12.8%	14.9%	12.0%	13.1%	14.1%	11.4%	16.3%	18.4%	13.7%	13.4%	25.7%	25.5%	15.8%	17.6%
Non-nursing master's degree	4.0%	4.9%	6.7%	6.0%	4.5%	3.9%	4.5%	5.7%	2.9%	5.4%	*	4.3%	5.1%	5.1%
Non-nursing doctoral degree	0.5%	0.6%	0.9%	0.6%	*	*	1.3%	1.3%	*	*	0.0%	*	*	*

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 87
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 8. Percent Change in the Diversity[a] of the Highest Level of Non-Nursing Education, 2017 to 2022
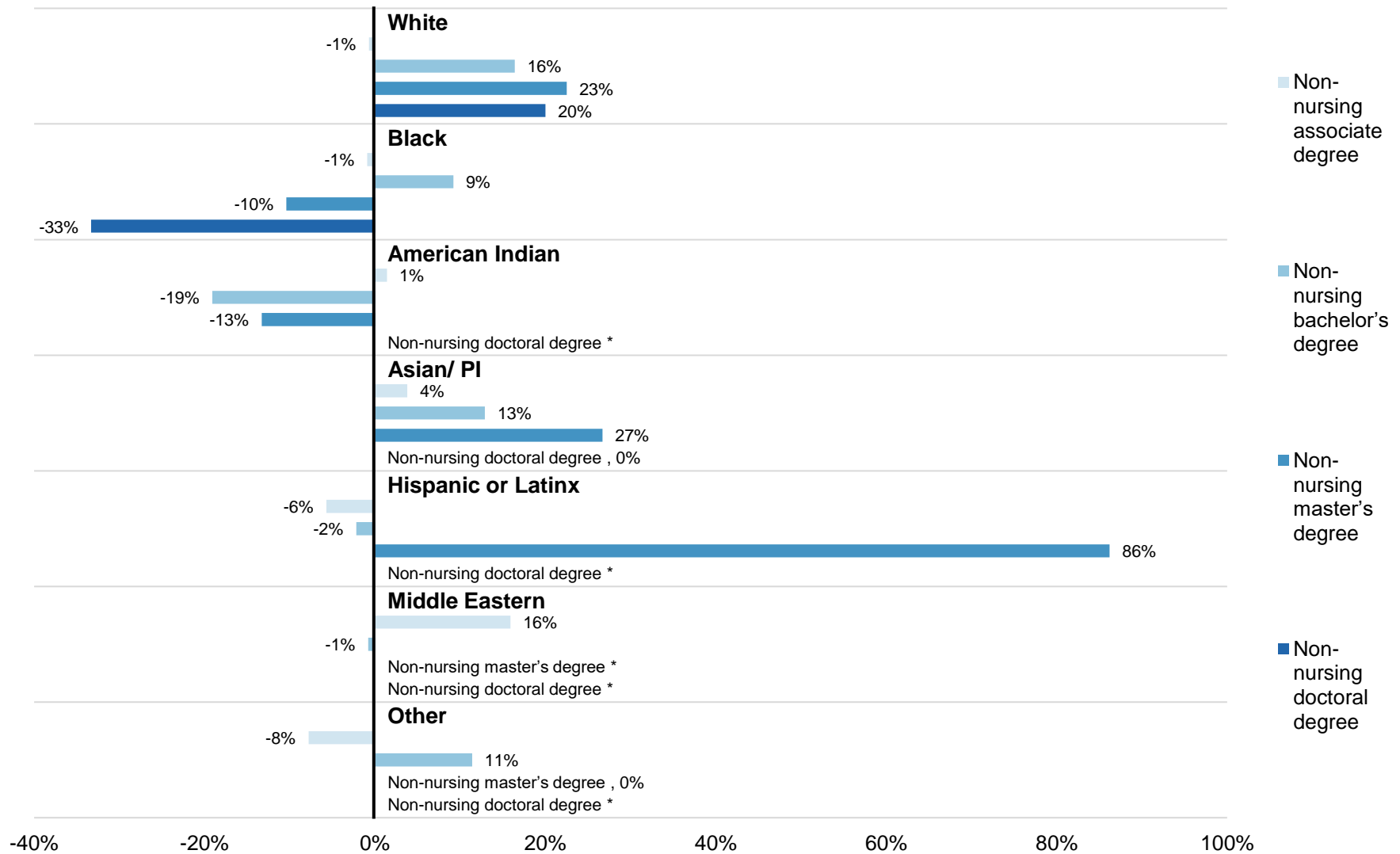
White
- -1%
- 16%
- 23%
- 20%

Black
- -1%
- 9%
- -10%
- -33%

American Indian
- 1%
- -19%
- -13%
- Non-nursing doctoral degree *

Asian/ PI
- 4%
- 13%
- 27%
- Non-nursing doctoral degree , 0%

Hispanic or Latinx
- -6%
- -2%
- 86%
- Non-nursing doctoral degree *

Middle Eastern
- 16%
- -1%
- Non-nursing master's degree *
- Non-nursing doctoral degree *

Other
- -8%
- 11%
- Non-nursing master's degree , 0%
- Non-nursing doctoral degree *

Legend:
- Non-nursing associate degree
- Non-nursing bachelor's degree
- Non-nursing master's degree
- Non-nursing doctoral degree

X-axis: -40%, -20%, 0%, 20%, 40%, 60%, 80%, 100%

[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.

Table 15 shows the current enrollment of nurses who are attending college to further their education. Percent change was calculated to determine the direction of change taking place in current enrollment of each degree type by race (Figure 9). Across all degree types and all races, the percentage of nurses currently enrolled in college has increased significantly since 2017. The largest percentage increase was among white nurses who were currently enrolled in a DNP program (+2,033.0 percent).

Black (+525.0 percent) nurses had the largest percent increase among those who were currently enrolled in a DNP program (Figure 9). Hispanic or Latinx (+600.0 percent) and Asian or Pacific Islander (+721.3 percent) nurses had the largest percent increase among those who were currently enrolled in a MSN program. American Indian (+369.7 percent) and Middle Eastern (+173.8 percent) nurses had the largest percent increase among those currently enrolled in a BSN. Among those who were not enrolled in a nursing educational program, the largest percent increase was among Middle Eastern nurses (+13.4 percent), while the only nurses who experienced a percent decrease was Black nurses (-1.0 percent).

Due to suppression rules, trends could not be established for DNP, DNAP or PhD programs.

Table 15. Diversity[a] in the Current Enrollment in Nursing Educational Programs, 2017 & 2022[b]

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,703	N = 22,421	N = 3,164	N = 1,758	N = 508	N = 345	N = 1,248	N = 638	N = 652	N = 495	N = 184	N = 284	N = 529	N = 641
No – not enrolled	89.0%	91.7%	76.6%	75.8%	81.2%	86.3%	87.4%	88.7%	82.4%	85.7%	71.7%	81.3%	79.5%	86.4%
Associate degree in Nursing (ADN)	1.8%	9.7%	8.4%	41.3%	5.3%	*	*	*	4.0%	*	*	*	3.9%	15.1%
Bachelor of Science in Nursing (BSN)	5.5%	41.9%	8.6%	30.4%	8.9%	41.8%	5.8%	41.7%	7.4%	37.8%	13.0%	35.6%	10.6%	33.0%
Master of Science in Nursing (MSN)	3.3%	35.7%	4.8%	18.0%	4.6%	*	4.7%	38.6%	5.2%	36.4%	9.6%	*	5.9%	40.4%

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,703	N = 22,421	N = 3,164	N = 1,758	N = 508	N = 345	N = 1,248	N = 638	N = 652	N = 495	N = 184	N = 284	N = 529	N = 641
Doctor of Nursing Practice (DNP)	0.6%	12.8%	1.6%	10.0%	*	*	*	*	*	*	*	*	*	11.1%
Doctor of Nurse Anesthesia (DNAP)	-	2.1%	-	*	-	*	-	*	-	*	-	*	-	*
Doctor of Philosophy in Nursing (PhD)	0.1%	1.8%	0.3%	*	0.0%	*	*	*	*	*	*	*	*	*

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 88
* Data are suppressed if count is less than 10 or sample population was less than 20.
- Data were not collected for this year.

Figure 9. Percent Change in the Diversity[a] of Current Enrollment in Nursing Educational Programs, 2017 to 2022[b]

White
3%
439%
662%
982%

Black
-1%
392%
254%
275%

American Indian
6%
276%
370%
307%

Asian/ PI
2%
Associate degree in Nursing (ADN) *
619%
721%

Hispanic or Latinx
4%
138%
411%
600%

Middle Eastern
13%
Associate degree in Nursing (ADN) *
174%
85%

Other
9%
287%
211%
585%

Legend:
- No – not enrolled
- Associate degree in Nursing (ADN)
- Bachelor of Science in Nursing (BSN)
- Master of Science in Nursing (MSN)

X-axis: -100%, 100%, 300%, 500%, 700%, 900%, 1100%
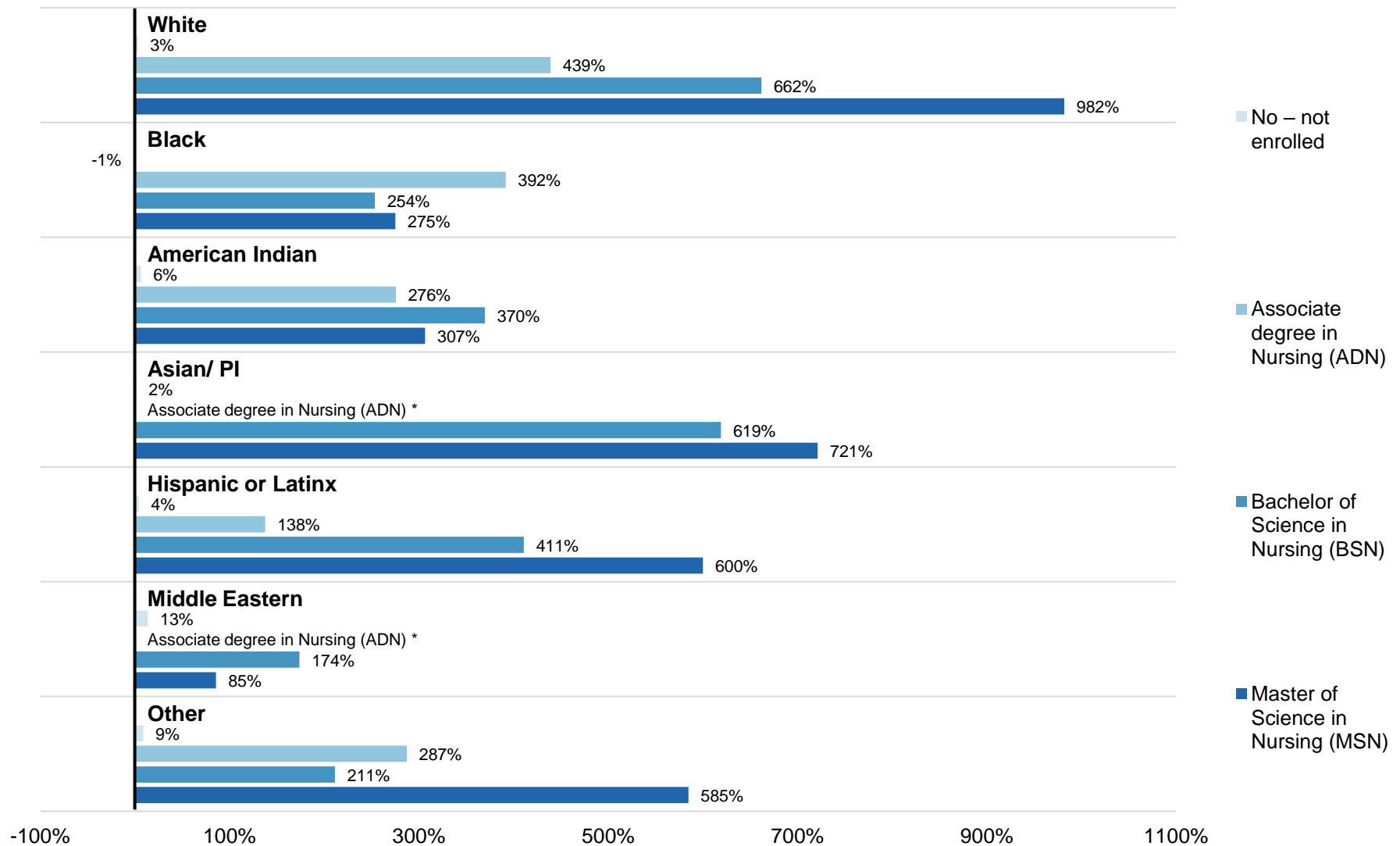
[a] Respondents were instructed to mark all that apply.

[b] Note about the data: There were limited data available for DNAP, DNP, and PhD degrees, so that data was not included in the figure.

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

- Data were not collected for this year.

Table 16 shows the current enrollment for specialty certifications among Michigan nurses in 2017 and 2022. Percent change was calculated to determine the direction of change taking place in current enrollment of specialty certification by race (Figure 10 on the following page). Due to suppression rules, most trends could not be determined across all races for several specialties. However, the data revealed that Hispanic or Latinx (+15.4 percent) and nurses of some other race (+15.0 percent) had the largest percentage increase of nurses who were a nurse practitioner, while only Black nurses had a percent decrease among nurses in this specialty (-4.7 percent). Another noteworthy trend was an 85 percent decrease in clinical nurse specialists among Asian or Pacific Islander nurses.

Table 16. Diversity[a] of the Current Enrollment to Earn Specialty Certification in Nursing, 2017 & 2022[b]

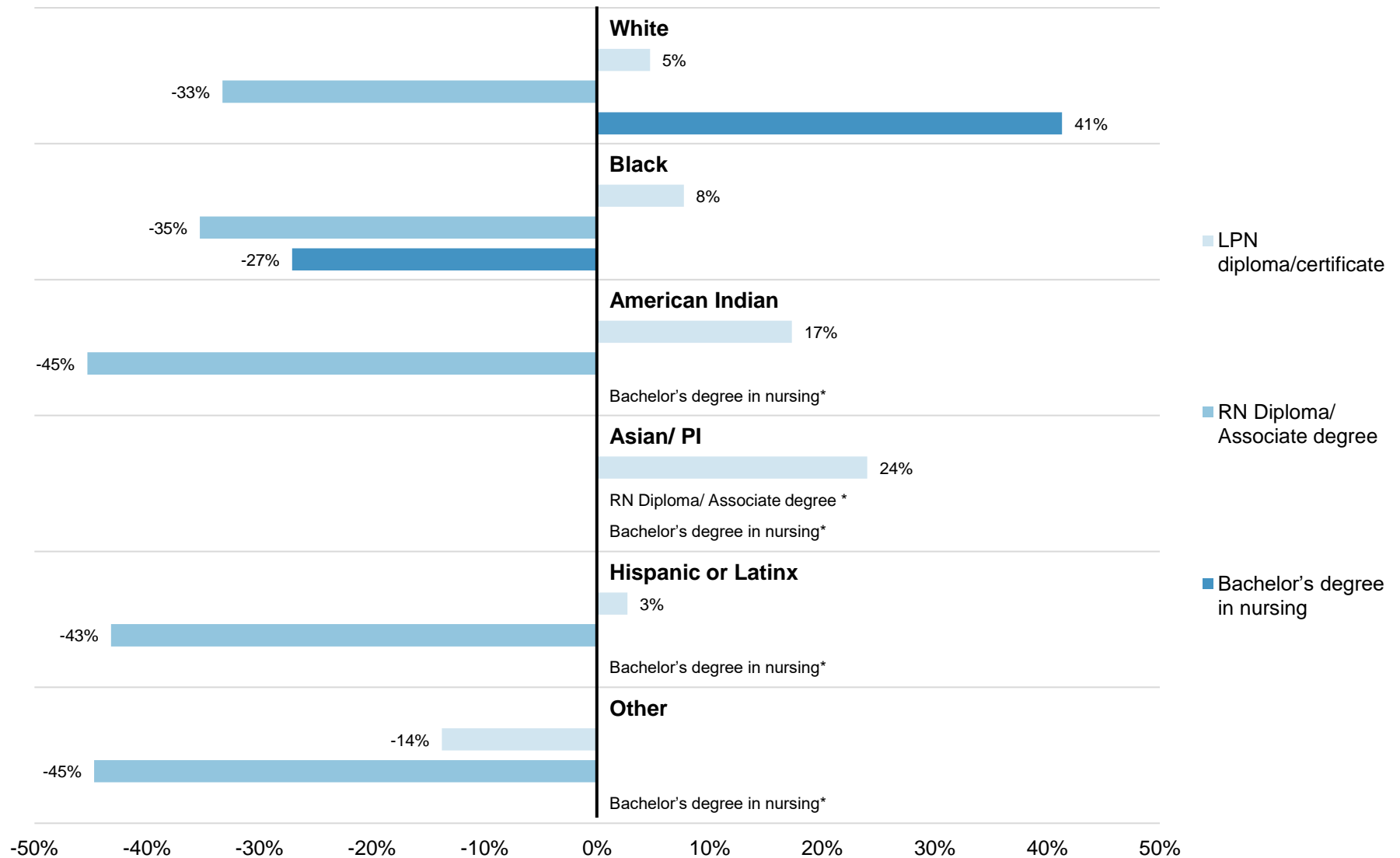| Specialty	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 1,202	N = 500	N = 246	N = 80	N = 27	N = *	N = 94	N = 26	N = 49	N = 27	N = 26	N = *	N = 41	N = 31
Nurse Practitioner	55.4%	59.9%	61.2%	58.3%	50.0%	*	61.3%	62.4%	59.1%	68.2%	65.6%	*	66.2%	76.1%
Nurse-Midwife	2.3%	3.0%	*	*	0.0%	*	0.0%	*	*	*	*	0.0%	0.0%	0.0%
Nurse Anesthetist	5.0%	7.3%	*	*	*	*	*	0.0%	*	*	*	*	0.0%	0.0%
Clinical Nurse Specialist	7.1%	4.5%	10.6%	*	*	0.0%	15.6%	2.4%	*	*	*	*	*	*
None of the above	30.2%	25.3%	28.2%	28.6%	*	*	23.1%	*	*	*	*	*	33.8%	*

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 89
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 10. Percent Change in the Diversity[a] of the Current Enrollment to Earn Specialty Certification in Nursing, 2017 to 2022[b]
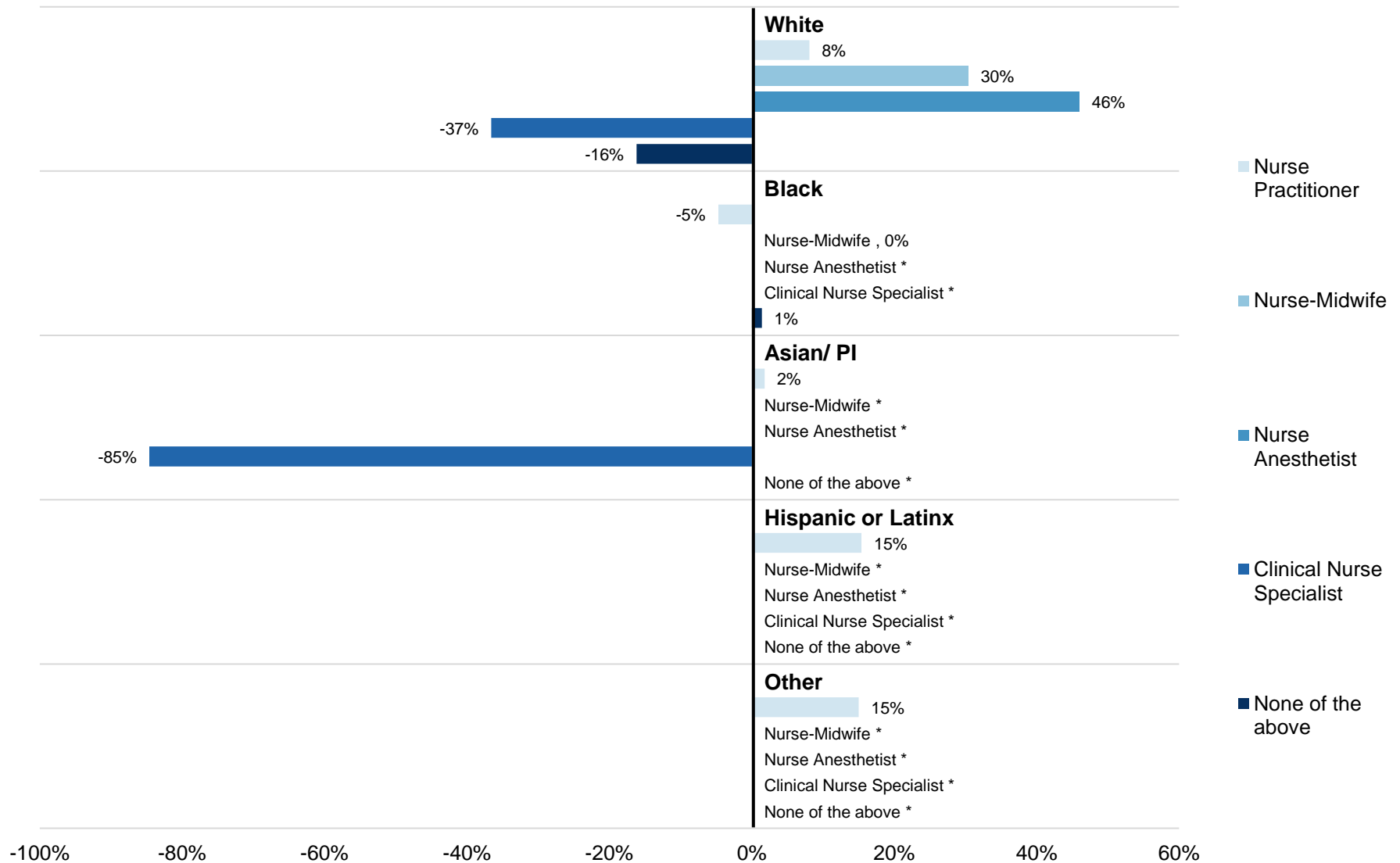
White
8%
30%
46%
-37%
-16%

Black
-5%
Nurse-Midwife , 0%
Nurse Anesthetist *
Clinical Nurse Specialist *
1%

Asian/ PI
2%
Nurse-Midwife *
Nurse Anesthetist *
-85%
None of the above *

Hispanic or Latinx
15%
Nurse-Midwife *
Nurse Anesthetist *
Clinical Nurse Specialist *
None of the above *

Other
15%
Nurse-Midwife *
Nurse Anesthetist *
Clinical Nurse Specialist *
None of the above *

Legend:
- Nurse Practitioner
- Nurse-Midwife
- Nurse Anesthetist
- Clinical Nurse Specialist
- None of the above

-100%   -80%   -60%   -40%   -20%   0%   20%   40%   60%

[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.
[b] Note about the data: American Indian and Middle Eastern are not included as most data for these groups were suppressed.

Diversity analyses were performed to examine RNs who are not APNs and currently enrollment in specialty programs. However, due to suppression rules, there was limited data available to present (no table or figure available). However, what can be reported is that enrollment in the nurse practitioner specialty program was most common for Hispanic or Latinx (5.9 percent), Black (5.6 percent), Asian or Pacific Islander (4.1 percent), and white (2.4 percent) nurses.

Table 17 compares the racial and ethnic breakdown of nurses who have a prerequisite degree and were currently enrolled in programs in 2017 and 2022. Due to suppression rules, there was difficulty in assessing trends among nurses with an ADN, however, data shows that Black nurses were significantly more likely to be enrolled in an ADN program compared to white nurses (26.4 percent vs. 9.2 percent). Black nurses were also more likely compared to white nurses to be enrolled in any doctoral level nursing degree program (7.0 percent vs. 2.1 percent). There were no other significant differences.

Table 17. Diversity[a] of Nurses who Have Prerequisite Degree and Current Enrollment in Programs, 2017 & 2022[b]

Specialty [c]	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 3,865	N = 1,839	N = 995	N = 519	N = 102	N = 55	N = 73	N = 36	N = 98	N = 61	N = *	N = *	N = 84	N = 90
Associate degree in Nursing (ADN)	11.7%	9.2%	22.7%	26.4%	20.2%	*	*	*	25.1%	*	*	*	25.0%	*
Bachelor of Science in Nursing (BSN)	9.5%	8.5%	13.2%	11.6%	13.2%	10.9%	15.0%	18.2%	13.2%	13.5%	*	*	18.3%	26.8%
Master of Science in Nursing (MSN)	3.4%	3.3%	4.9%	4.5%	4.4%	*	4.4%	4.0%	5.4%	5.9%	*	*	6.0%	0.0%
Doctor of Nursing Practice (DNP)	1.3%	1.6%	4.2%	6.1%	*	*	1.2%	*	*	*	*	*	*	*
Doctor of Nurse Anesthesia (DNAP)	-	0.3%	-	*	-	*	-	*	-	*	-	*	-	0.0%
Doctor of Philosophy in Nursing (PhD)	0.2%	0.2%	0.8%	*	0.0%	*	*	*	*	*	*	*	*	0.0%

Specialty [c]	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 3,865	N = 1,839	N = 995	N = 519	N = 102	N = 55	N = 73	N = 36	N = 98	N = 61	N = *	N = *	N = 84	N = 90
Any PhD program	1.5%	2.1%	5.0%	7.0%	*	*	1.8%	*	*	5.7%	*	*	*	0.0%

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

[b] Corresponding data table including n values can be found in Appendix F Table 90

[c] Note about analysis: ADNs among LPN diploma; BSN among any degree certificate; MSN among any degree as some Associate level nurses indicated they enrolled in an MSN program; For all PhD categories among nurses with a BSN or MSN.

- Data were not collected for this year.

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

Figure 11 (on the following page) shows the percent change in race and ethnicity of nurses who have a prerequisite degree and were currently enrolled in programs between 2017 & 2022. Nurses of some other race had the largest percent decrease in MSN degrees (-100.0 percent) and had the largest percent increase in BSN degrees (+46.4 percent). For white nurses, all degree types had a decrease in proportion from 2017 except for DNPs (+23.1 percent) and any PhD programs (+40.0 percent). Black nurses had the largest percent increase among those with a DNP degree compared to other degree types (+45.2 percent). Due to suppression rules, other trends were not able to be explored.

Figure 11. Percent Change in the Diversity[a] of Nurses who Have Prerequisite Degree[b] and Current Enrollment in Programs, 2017 & 2022
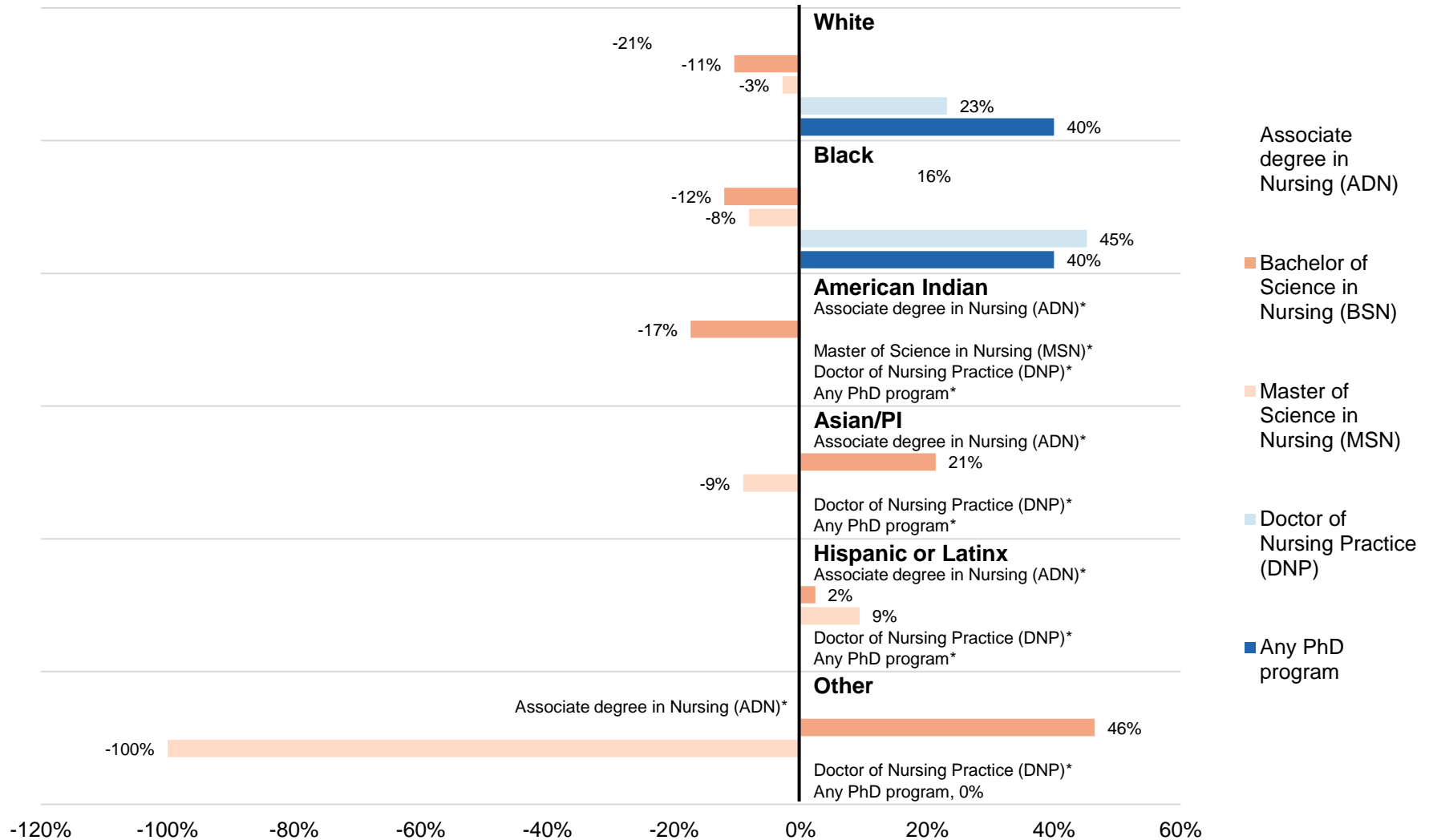
White
-21%
-11%
-3%
23%
40%

Black
16%
-12%
-8%
45%
40%

American Indian
Associate degree in Nursing (ADN)*
-17%
Master of Science in Nursing (MSN)*
Doctor of Nursing Practice (DNP)*
Any PhD program*

Asian/PI
Associate degree in Nursing (ADN)*
21%
-9%
Doctor of Nursing Practice (DNP)*
Any PhD program*

Hispanic or Latinx
Associate degree in Nursing (ADN)*
2%
9%
Doctor of Nursing Practice (DNP)*
Any PhD program*

Other
Associate degree in Nursing (ADN)*
46%
-100%
Doctor of Nursing Practice (DNP)*
Any PhD program, 0%

Associate degree in Nursing (ADN)

■ Bachelor of Science in Nursing (BSN)

Master of Science in Nursing (MSN)

■ Doctor of Nursing Practice (DNP)

■ Any PhD program

-120% -100% -80% -60% -40% -20% 0% 20% 40% 60%

[a] Respondents were instructed to mark all that apply.
[b] Note about analysis: ADNs among LPN diploma; BSN among any degree certificate; MSN among any degree as some Associate level nurses indicated they enrolled in an MSN program; For all PhD categories among nurses with a BSN or MSN.
* Data are suppressed if count is less than 10 or sample population was less than 20.

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 18). Most LPNs (55.8 percent) felt adequately prepared, while 42.3 percent of RNs felt adequately prepared and 43.5 percent felt they lacked enough clinical education time prior to entering the nursing workforce. Many of these nurses also indicated that their education lacked sufficient time in skills lab or simulation (22.5 percent RNs and 15.1 percent LPNs). LPNs were statistically more likely compared to RNs to feel adequately prepared for entering the workforce (55.8 percent vs. 42.3 percent; Table 18).

Overall, there is a large percentage of nurses who indicate they are not adequately prepared for their job, that they did not have enough clinical, lab, or critical thinking practice (Table 18). The number of RNs that did not feel prepared was 407 compared to 62 LPNs, so even though the percentage was smaller, the impact will be greater among RNs (data not shown). Due to the timeframe of the education of these new nurses, the COVID impact on availability of clinical placements and access to lab facilities might be reflected in this data.

Table 18. Preparedness for Entering Nursing Workforce, 2022[a]

Level of Preparedness	RN= 721		LPN= 140	
	Estimate	95% CI	Estimate	95% CI
Adequately prepared	42.3%	(38.7% - 45.9%)	55.8%	(47.5% - 63.8%)
Not enough classroom time	3.0%	(2.0% - 4.5%)	*	*
Not enough clinical time	43.5%	(39.9% - 47.1%)	34.0%	(26.7% - 42.2%)
Not enough skills lab/simulation time	22.5%	(19.6% - 25.7%)	15.1%	(10.1% - 22.0%)
Not enough critical thinking/ prioritization practice	24.2%	(21.2% - 27.5%)	14.5%	(9.6% - 21.3%)
Other	2.2%	(1.4% - 3.6%)	*	*

[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.

Nurses who indicated they had been working as a nurse less than three years were also asked about their experience finding employment and satisfaction with orientation at their employment site (Table 19). Both RNs (36.0 percent) and LPNs (42.6 percent) felt it was very easy to find a nursing position. RNs (30.5 percent) and LPNs (34.3 percent) felt neutral about finding a nursing position in their preferred practice area. Slightly less than half of RNs (45.3 percent) participated in a residency program at the end of their nursing educational program that helped ease their transition to practice. Over half of the RNs and over a third of the LPNs were satisfied or highly satisfied with the orientation at their place of employment (57.7 percent and 37.7 percent respectively).

RNs were statistically more likely compared to LPNs to say it was difficult to find a nursing position in their preferred practice area (20.8 percent vs. 10.3 percent; Table 17 on the following page). LPNs were statistically more likely compared to RNs to say it was very easy to find a nursing position in their preferred practice area (28.8 percent vs. 17.1 percent). RNs were statistically more likely compared to LPNs to have had a residency placement program as part of their nursing program (45.3 percent vs. 18.5 percent). LPNs were statistically more likely compared to RNs to have said they were very dissatisfied with their orientation at their place of employment (16.8 percent vs. 4.5 percent). RNs were

statistically more likely to have said they were satisfied with their orientation at their place of employment (44.1 percent vs. 26.5 percent).

Table 19. Finding Employment for Nurses Entering Workforce, 2022

Finding Employment	RN = 723		LPN = 141	
	Estimate	95% CI	Estimate	95% CI
Difficulty Finding a Nursing Position				
Very difficult	*	*	0.0%	-
Difficult	7.9%	(6.1% - 10.1%)	*	*
Neutral	21.4%	(18.6% - 24.5%)	23.2%	(17.0% - 30.8%)
Easy	33.9%	(30.5% - 37.4%)	33.4%	(26.1% - 41.5%)
Very easy	36.0%	(32.6% - 39.6%)	42.6%	(34.7% - 50.9%)
Difficulty Finding a Nursing Position in Preferred Practice Area				
Very difficult	8.5%	(6.7% - 10.8%)	*	*
Difficult	20.8%	(18.0% - 23.9%)	10.3%	(6.3% - 16.4%)
Neutral	30.5%	(27.3% - 34.0%)	34.3%	(27.0% - 42.5%)
Easy	23.0%	(20.1% - 26.2%)	22.4%	(16.3% - 30.0%)
Very easy	17.1%	(14.5% - 20.0%)	28.8%	(21.9% - 36.8%)
Had a Residency Placement as Part of Nursing Program				
Yes	45.3%	(41.7% - 48.9%)	18.5%	(12.9% - 25.8%)
No	54.7%	(51.1% - 58.3%)	81.5%	(74.2% - 87.1%)
Satisfaction with Orientation at Place of Employment				
Very dissatisfied	4.5%	(3.2% - 6.3%)	16.8%	(11.5% - 23.8%)
Dissatisfied	15.3%	(12.9% - 18.1%)	17.1%	(11.8% - 24.2%)
Neutral	22.6%	(19.7%, 25.8%)	28.3%	(21.5% - 36.2%)
Satisfied	44.1%	(40.5%, 47.7%)	26.5%	(19.9% - 34.3%)
Very satisfied	13.6%	(11.3%, 16.3%)	11.2%	(7.0% - 17.5%)

* 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 20 on the following page). 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 = 13.2 percent; LPNs = 17.7 percent; Table 20). Less than 10 percent of new RNs (9.5 percent) completed a program in middle or high school to build academic skills related to nursing.

> Despite COVID-19 impacts, the most common type of nursing program was a full-time (RNs = 87.9 percent; LPNs 72.2 percent) and in-person (RNs = 64.4 percent and LPNs = 49.6 percent) rather than part-time or hybrid programs. RNs were statistically more likely compared to LPNs to be in a full-time nursing program and to have the program be in-person.

About one-third of new nurses reported reduced in-person clinical experience due to COVID-19 (RNs = 35.5 percent and LPNs = 32.0 percent; Table 20). More than half of nursing students indicated having taken out student loans (70.9 percent LPNs and 62.9 percent for RNs). Most nurses had several academic supports available to them (RNs = 82.9 percent; LPNs = 69.2 percent). RNs were statistically

more likely to have academic support (89.2 percent vs 69.2 percent), support to navigate their college experience (41.1 percent vs. 15.4 percent), mentorships (29.0 percent vs. 7.5 percent), and work study (23.4 percent vs. 13.2 percent) compared to LPNs.

Table 20. New Nurse Educational Program Experience, 2022

New Nurse Educational Program Experience	RN = 720		LPN = 140	
	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	13.2%	(10.9% - 15.9%)	17.7%	(12.3% - 24.9%)
Yes, program completed in middle or high school to build academic skills related to nursing	9.5%	(7.6% - 11.9%)	*	*
No	75.4%	(72.1% - 78.4%)	74.1%	(66.3% - 80.6%)
Other (please specify)	1.9%	(1.1% - 3.2%)	*	*
Nursing Program Characteristics [a]				
Holistic admissions	25.7%	(22.6% - 29.0%)	8.4%	(4.8% - 14.2%)
Public	58.5%	(54.9% - 62.0%)	34.3%	(26.9% - 42.5%)
Private	19.6%	(16.9% - 22.7%)	11.5%	(7.2% - 17.9%)
For profit institutions	8.3%	(6.5% - 10.5%)	9.4%	(5.6% - 15.4%)
Online	23.6%	(20.6% - 26.8%)	18.3%	(12.8% - 25.6%)
In-person	64.4%	(60.8% - 67.8%)	49.6%	(41.4% - 57.8%)
Hybrid online and in-person program	37.9%	(34.4% - 41.5%)	26.5%	(19.9% - 34.4%)
Full-time program	87.9%	(85.3% - 90.1%)	72.2%	(64.2% - 79.0%)
Part-time program	9.6%	(7.7% - 12.0%)	11.4%	(7.1% - 17.8%)
Accelerated graduation date due to COVID	7.1%	(5.4% - 9.2%)	*	*
Reduced in-person clinical experience due to COVID	35.5%	(32.1% - 39.1%)	32.0%	(24.8% - 40.1%)
Nursing Program Supports [a]				
Academic supports available	89.2%	(86.7% - 91.3%)	69.2%	(60.8% - 76.5%)
Supports available to navigate college experience	41.1%	(37.5% - 44.8%)	15.4%	(10.2% - 22.6%)
English as a second language supports available	8.1%	(6.3% - 10.4%)	*	*
Mentorship	29.0%	(25.7% - 32.5%)	7.5%	(4.1% - 13.4%)
Scholarship	56.4%	(52.7% - 60.1%)	20.7%	(14.6% - 28.5%)
Work study	23.4%	(20.4% - 26.7%)	13.2%	(8.4% - 20.1%)
Student loans	62.9%	(59.2% - 66.4%)	70.9%	(62.5% - 78.0%)
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.

DIVERSITY OF NEW NURSES EXPERIENCE

Figure 12 shows the diversity of new nurses between 2017 and 2022. For both 2017 and 2022, white nurses had the highest proportion for new nurses compared to all other race groups for both 2017 and 2022. For Black nurses, there was a slight decrease in the proportion of new nurses from 2017 to 2022. New American Indian nurses did not change between 2017 and 2022, while Hispanic, Middle Eastern and nurses of other races all either increased slightly between 2017 and 2022.

Figure 12. Diversity[a] of New Nurses, 2017 to 2022[b]
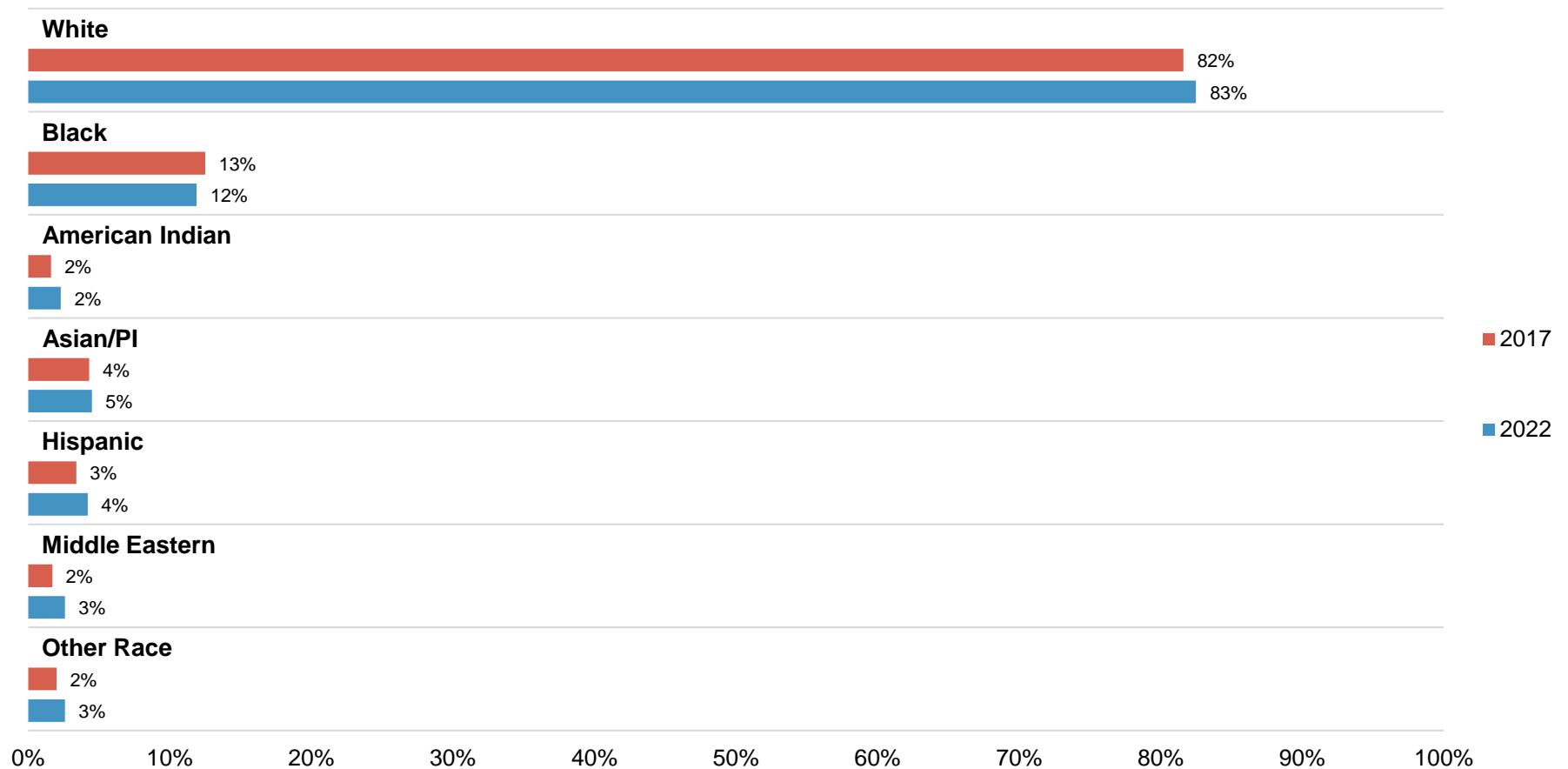
[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 91

Figure 13 shows the percent change in new nurses by race between 2017 and 2022. Black nurses were the only group to have a percent decrease in new nurses from 2017 to 2022 (-4.8 percent), while all other race groups experienced a percent increase. Middle Eastern nurses saw the largest percent increase in nurses between 2017 and 2022 (+52.9 percent), while white nurses experienced the smallest percent increase (1.1 percent).

Figure 13. Percent Change in the Diversity[a] of New Nurses, 2017 to 2022
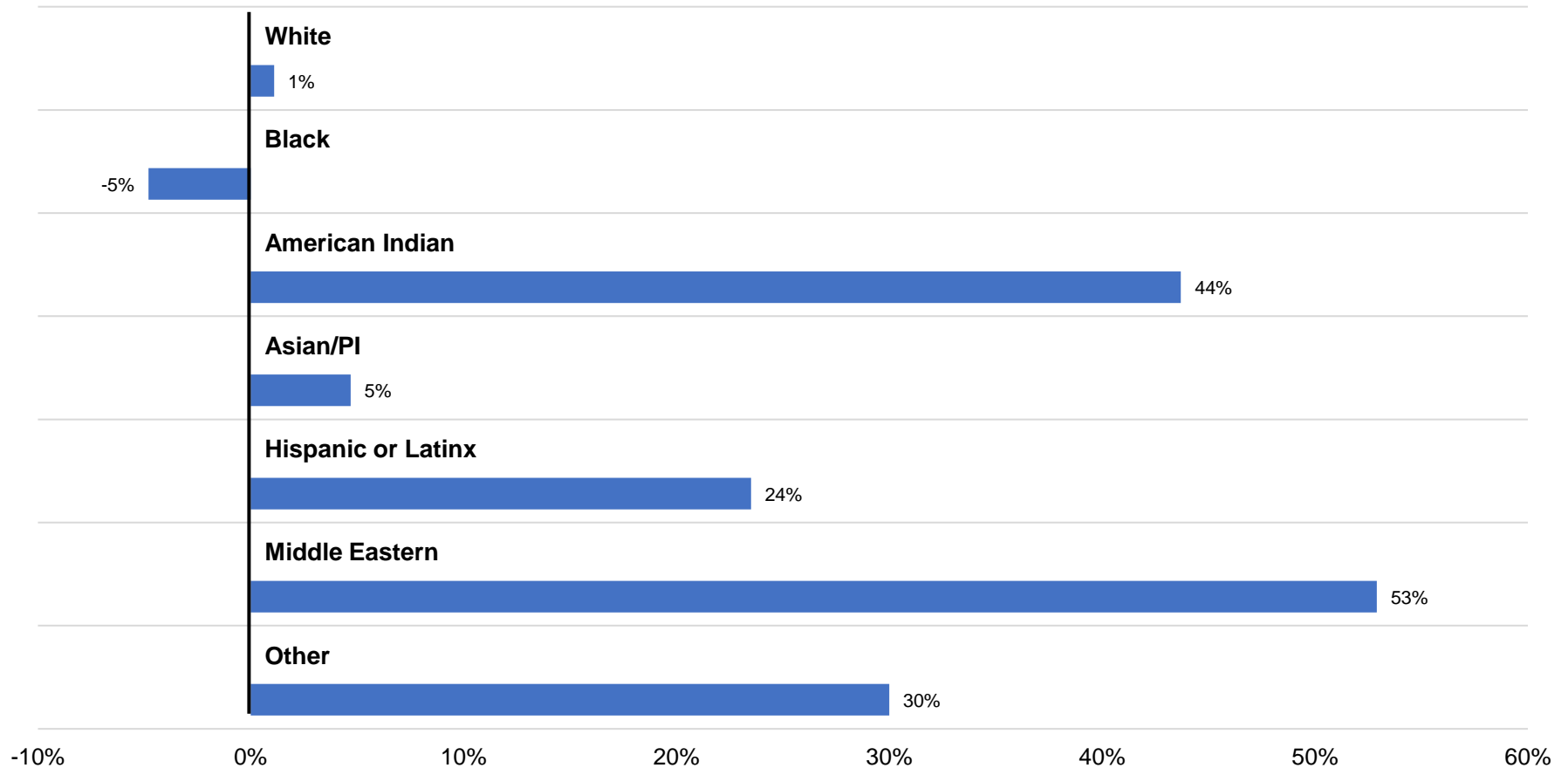
[a] Respondents were instructed to mark all that apply.

Figure 14 on the following page shows the level of preparedness of new nurses by race in 2022. All categories, regardless of race, had a high percentage of those who indicated they did not feel adequately prepared, did not feel like they had enough clinical time, and not enough critical thinking/prioritization practice.

Overall, across all race groups, less than 65 percent of respondents indicated they felt they were prepared for working in the nursing workforce, with white nurses having the lowest proportion at 40.8 percent who felt adequately prepared. white nurses were also the group with the highest proportion of nurses who felt they did not have enough clinical time (45.3 percent) compared to other racial groups.

Due to the suppression of most other categories, trends were unable to be established. Additional questions related to new nurses' experience have been added in recent years; therefore, analysis comparing 2017 to 2022 is not possible.

These numbers are higher than ideal and may be reflective of the impact of COVID-19 on clinical placement experiences. The COVID-19 pandemic resulted in reduced time in clinical placements throughout most of the state. However, more research is needed to determine if COVID-19 was the only impact on these trends. These numbers demonstrate that sufficient support is needed for the transition to practice and mentoring of new nurses during the early years of their careers. The difference in the rate of white nurses feeling prepared may also be reflective of the higher rate of RNs among white nurses, and the higher rate of RNs -vs- LPNs who felt inadequately prepared for the nursing workforce.

Figure 14. Diversity[a] of the Level of Preparedness of New Nurses, 2022[b-c]

White
- Adequately prepared: 41%
- Not enough classroom time: 4%
- Not enough clinical time: 45%
- Not enough skills lab/simulation time: 22%
- Not enough critical thinking/prioritization practice: 24%
- Other: 2%

Black
- Adequately prepared: 58%
- Not enough classroom time*
- Not enough clinical time: 27%
- Not enough skills lab/simulation time: 16%
- Not enough critical thinking/prioritization practice: 15%
- Other*

Asian/PI
- Adequately prepared: 57%
- Not enough classroom time*
- Not enough clinical time: 33%
- Not enough skills lab/simulation time: 31%
- Not enough critical thinking/prioritization practice*
- Other*

Hispanic
- Adequately prepared: 62%
- Not enough classroom time*
- Not enough clinical time: 24%
- Not enough skills lab/simulation time*
- Not enough critical thinking/prioritization practice*
- Other*

Other
- Adequately prepared: 49%
- Not enough classroom time*
- Not enough clinical time: 30%
- Not enough skills lab/simulation time*
- Not enough critical thinking/prioritization practice*
- Other*

Legend:
- Adequately prepared
- Not enough classroom time
- Not enough clinical time
- Not enough skills lab/simulation time
- Not enough critical thinking/prioritization practice
- Other

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

[b] Note about the data: American Indian and Middle Eastern are not included as most data for these groups were suppressed.

[c] Corresponding data table including n's can be found in Appendix F, Table 92

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

Data are available for comparison since 2019 on new nurses' level of preparedness (Table 21). Overall, the data shows that for both RNs and LPNs, since 2019 there was a decrease in the proportion of nurses who felt they were adequately prepared for their nursing career and an increase in the proportion of nurses who felt that there was not enough classroom or clinical time. RNs indicated that they also did not have enough skills labs or simulation time; however, the proportion of LPNs who have felt they had enough of both have varied since 2019. The data also showed that the proportion of both RNs and LPNs who felt they did not have enough critical thinking or prioritization has varied, as has the proportion of LPNs who felt they did not have enough skills lab or simulation time.

> It may be important to explore whether there are specific job settings that nurses feel less prepared in. This may be indicative of a need for more exposure during nursing education as well as support during transition to practice, mentoring for early years of career. All of the information points to a need for more emphasis on assessing and improving comfort and confidence levels of new nurses in order to support retention of them in the profession.

Table 21. Level of Preparedness for New Nurses, 2019 to 2022

Level of Preparedness	2019		2020		2021		2022	
	RN= 1,158	LPN= 190	RN= 2,698	LPN= 455	RN= 2,104	LPN= 422	RN = 721	LPN = 140
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Adequately prepared	51.6%	64.7%	54.7%	63.6%	50.5%	61.3%	42.3%	55.8%
Not enough classroom time	2.5%	*	1.8%	*	2.0%	3.6%	3.0%	*
Not enough clinical time	32.9%	18.3%	29.6%	22.5%	33.5%	28.7%	43.5%	34.0%
Not enough skills lab/ simulation time	17.9%	18.0%	15.3%	15.0%	18.1%	18.1%	22.5%	15.1%
Not enough critical thinking/ prioritization practice	25.5%	11.0%	21.3%	13.6%	21.0%	9.4%	24.2%	14.5%
Other	3.7%	*	2.70%	*	2.2%	1.0%	2.2%	*

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

Figure 15 shows the percent change among the level of preparedness for new nurses from 2019 to 2022. Percent change was calculated for each year, as well as an overall percent change from the first to last year of available data. This was calculated for both RNs and LPNs, rather than by race and ethnicity due to a smaller sample size and suppression rules.

Overall, for new RNs between 2019 and 2022, while there was an increase in 2020, since 2020 there were less nurses who felt adequately prepared (-18.0 percent), more nurses who felt they did not have enough classroom time (+20.0 percent), more nurses who felt they did not have enough clinical time (+32.2 percent), more nurses who felt they did not have enough skills labs or simulation time (+25.7 percent), and a variable level of nurses who felt they had enough critical thinking or prioritization practice (between –16.5 and +15.2 percent).

Overall, for new LPNs between 2019 and 2022, there were less nurses who felt they were adequately prepared (-13.8 percent), more nurses who felt they did not have enough clinical time (+85.5 percent), a variable rate of nurses who indicated they had enough skills labs and simulation time (between –16.7 and +20.7 percent), and a variable rate of nurses who indicated they had enough critical thinking or prioritization practice (-30.9 and +54.3 percent).

Figure 15. Percent Change for Level of Preparedness for New Nurses, 2019 to 2022

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

New nurses were asked about finding employment after graduation starting in 2020 (Table 22 on the following page). Overall, since 2020, the proportion of RNs who indicated that it was very easy to find a nursing position has increased, while the proportion for LPNs has

decreased. For both RNs and LPNs, the proportion of nurses who indicated that it was very easy to find a nursing position in their preferred practice area has increased since 2020.

COVID-19 could have potentially impacted these numbers as there is a shortage of nurses both due to the high need demanded during the pandemic and the increased rate of nurses departing certain settings. Both RNs and LPNs also had an increase in the proportion of nurses who indicated they had a residency program as part of their nursing program. It would be interesting to explore whether the increase in residency programs since 2020 is a result of COVID-19 impacts on clinical and lab exposure in nursing educational programs during the pandemic. Even though finding positions has been easier and there are more placement programs available, for both RNs and LPNs, since 2020, there has been an increase in the proportion of nurses who indicated they were very dissatisfied with their orientation at their place of employment. This could be explained by the impact that COVID-19 had on staffing shortages, and the associated workload of preceptors as well as the fact that more nurses are having fewer clinical experiences (Table 21) and feel overall less prepared at time of graduation.

Table 22. Finding Employment for Nurses Entering Workforce, 2020 to 2022

Finding Employment	2020		2021		2022	
	RN = 2,707	LPN = 455	RN = 2,107	LPN = 424	RN = 723	LPN = 141
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Difficulty Finding a Nursing Position						
Very difficult	0.8%	0.5%	1.5%	0.0%	*	0.0%
Difficult	7.3%	3.8%	9.9%	2.5%	7.9%	*
Neutral	24.3%	17.5%	27.3%	19.5%	21.4%	23.2%
Easy	38.2%	34.0%	34.8%	29.9%	33.9%	33.4%
Very easy	29.3%	44.2%	26.5%	48.2%	36.0%	42.6%
Difficulty Finding a Nursing Position in Preferred Practice Area						
Very difficult	8.0%	6.1%	10.2%	4.9%	8.5%	*
Difficult	21.6%	10.6%	23.1%	11.9%	20.8%	10.3%
Neutral	31.2%	34.3%	30.6%	25.5%	30.5%	34.3%
Easy	25.9%	23.5%	24.1%	25.6%	23.0%	22.4%
Very easy	13.2%	25.5%	12.0%	32.0%	17.1%	28.8%
Had a Residency Placement as Part of Nursing Program						
Yes	34.8%	11.2%	36.6%	11.9%	45.3%	18.5%
No	65.2%	88.8%	63.4%	88.1%	54.7%	81.5%

Satisfaction with Orientation at Place of Employment

Very dissatisfied	2.8%	8.7%	3.4%	8.7%	4.5%	16.8%
Dissatisfied	8.6%	13.0%	10.0%	13.1%	15.3%	17.1%
Neutral	20.4%	28.2%	20.8%	31.6%	22.6%	28.3%
Satisfied	50.1%	32.9%	48.6%	30.7%	44.1%	26.5%
Very satisfied	18.2%	17.1%	17.3%	15.8%	13.6%	11.2%

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

Figures 16 through 19 shows the level of difficulty for new nurses about finding employment when entering the workforce from 2020 to 2022. Percent change was calculated for each year, as well as an overall percent change from the first to last year of available data. This was calculated for both RNs and LPNs.

Overall, more new RNs indicated that finding a nursing position was very easy in 2022 compared to 2020 (+22.9 percent), while LPNs were more neutral towards the difficulty of finding a nursing position (+32.6 percent; Figure 15 on the following page). More RNs also indicated that it was very easy to find a nursing position in their preferred practice area (+29.5 percent), as well as new LPNs (+12.9 percent; Figure 16). Again, COVID-19 could have potentially impacted these numbers as there is a shortage of nurses due to the high need demanded of due the pandemic. More new RNs and LPNs indicated that they had a residency placement as part of their nursing program in 2022 compared to 2020 (RNs = +30.2 percent; LPNs = +65.2 percent; Figure 17). More new RNs and LPNs were very dissatisfied with orientation at their place of employment in 2022 compared to 2020 (RNs = +60.7 percent; LPNs = +93.1 percent; Figure 18). Again, this could be explained by the impact that COVID-19 had on staffing shortages and the fact that more nurses are having fewer clinical experiences (Table 21) and feel overall less prepared at time of graduation.

Figure 16. Percent Change for Difficulty Finding a Nursing Position, 2020 to 2022

Legend:
- Very difficult
- Difficult
- Neutral
- Easy
- Very easy

2020-2021

RN
- 88%
- 36%
- 12%
- -9%
- -10%

LPN
- -100%
- -34%
- 11%
- -12%
- 9%

2021-2022

RN
- Very difficult *
- -20%
- -22%
- -3%
- 36%

LPN
- Very difficult , 0%
- Difficult *
- 19%
- 12%
- -12%

2020-2022

RN
- Very difficult *
- 8%
- -12%
- -11%
- 23%

LPN
- -100%
- Difficult *
- 33%
- -2%
- -4%
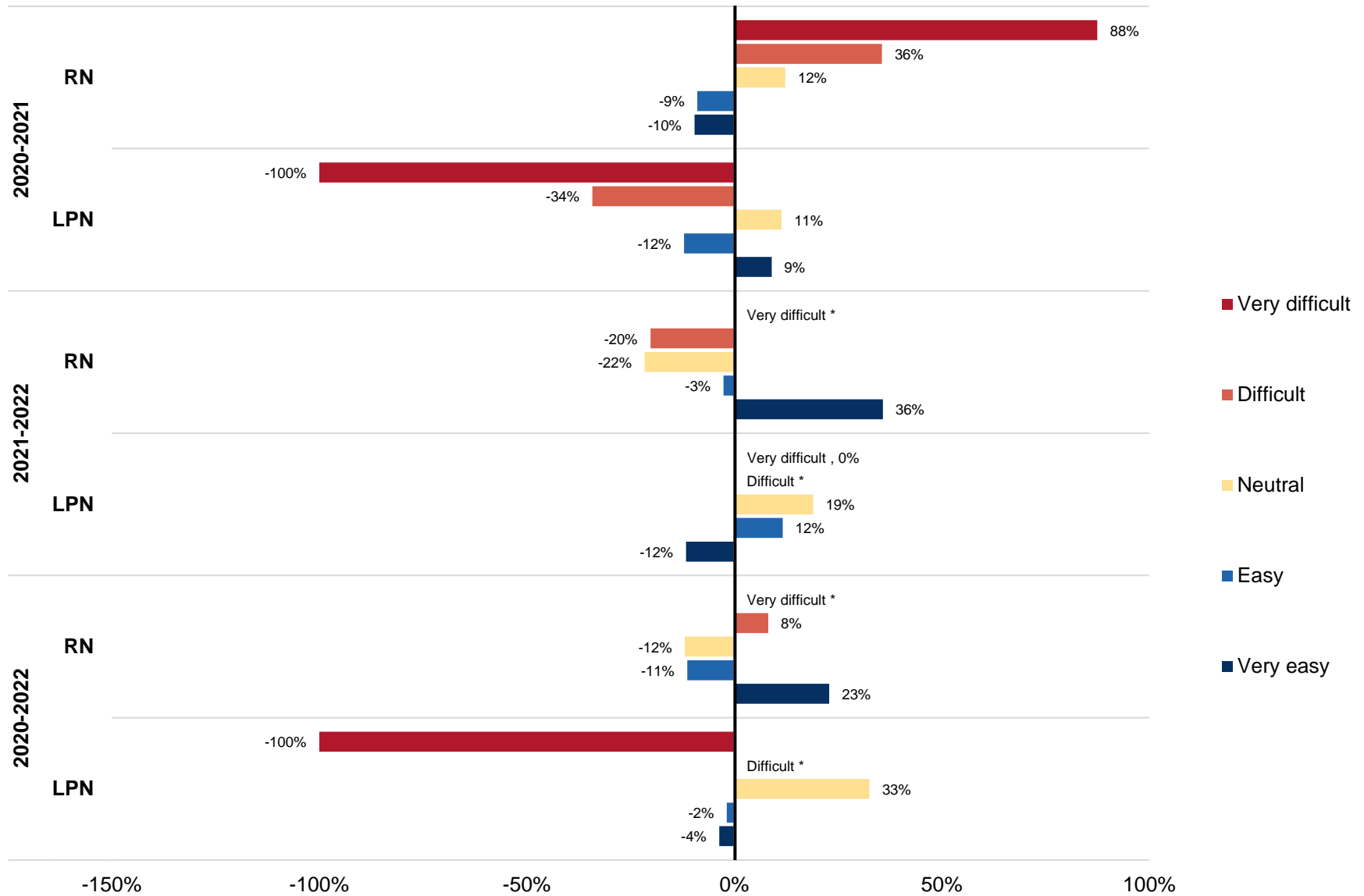
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 17. Percent Change for Difficulty Finding a Nursing Position in Preferred Practice Area, 2020 to 2022

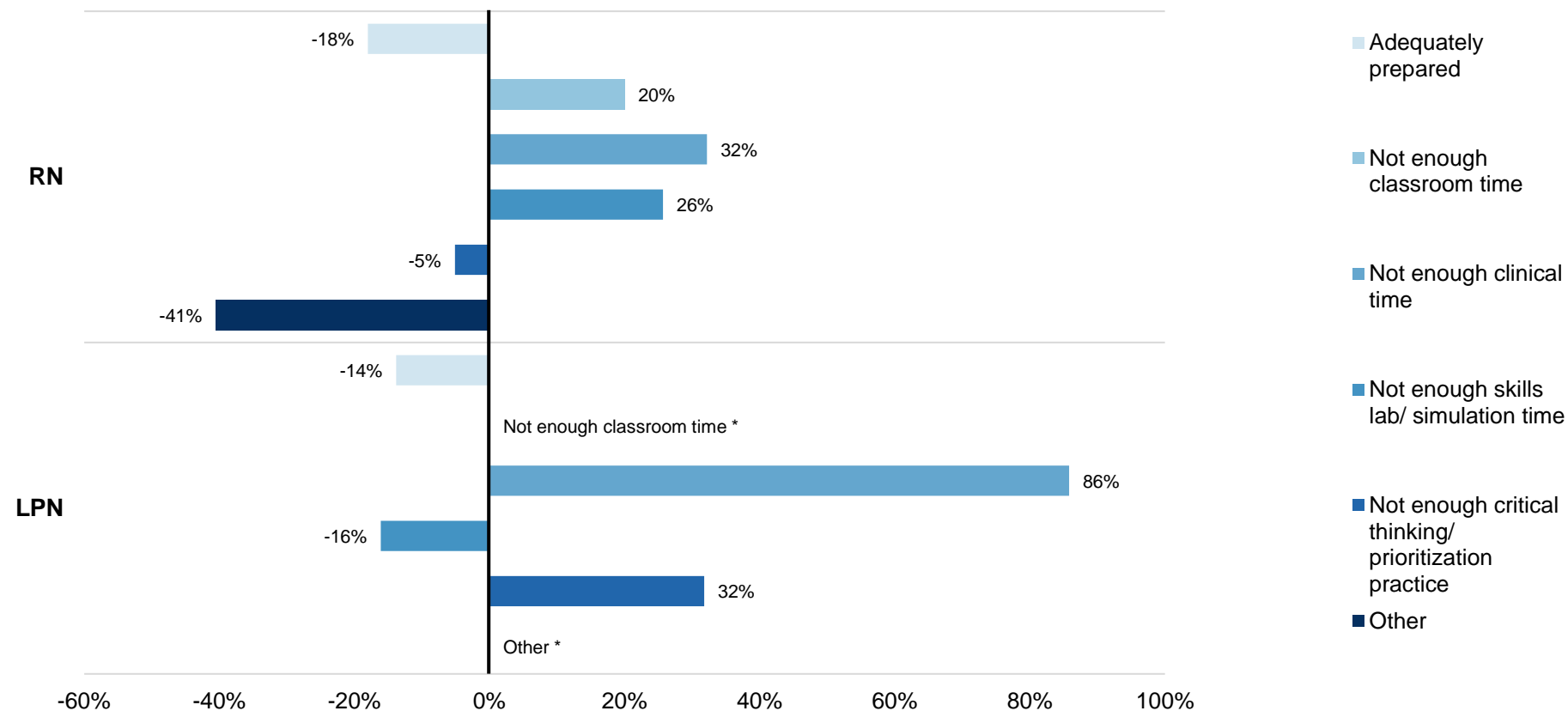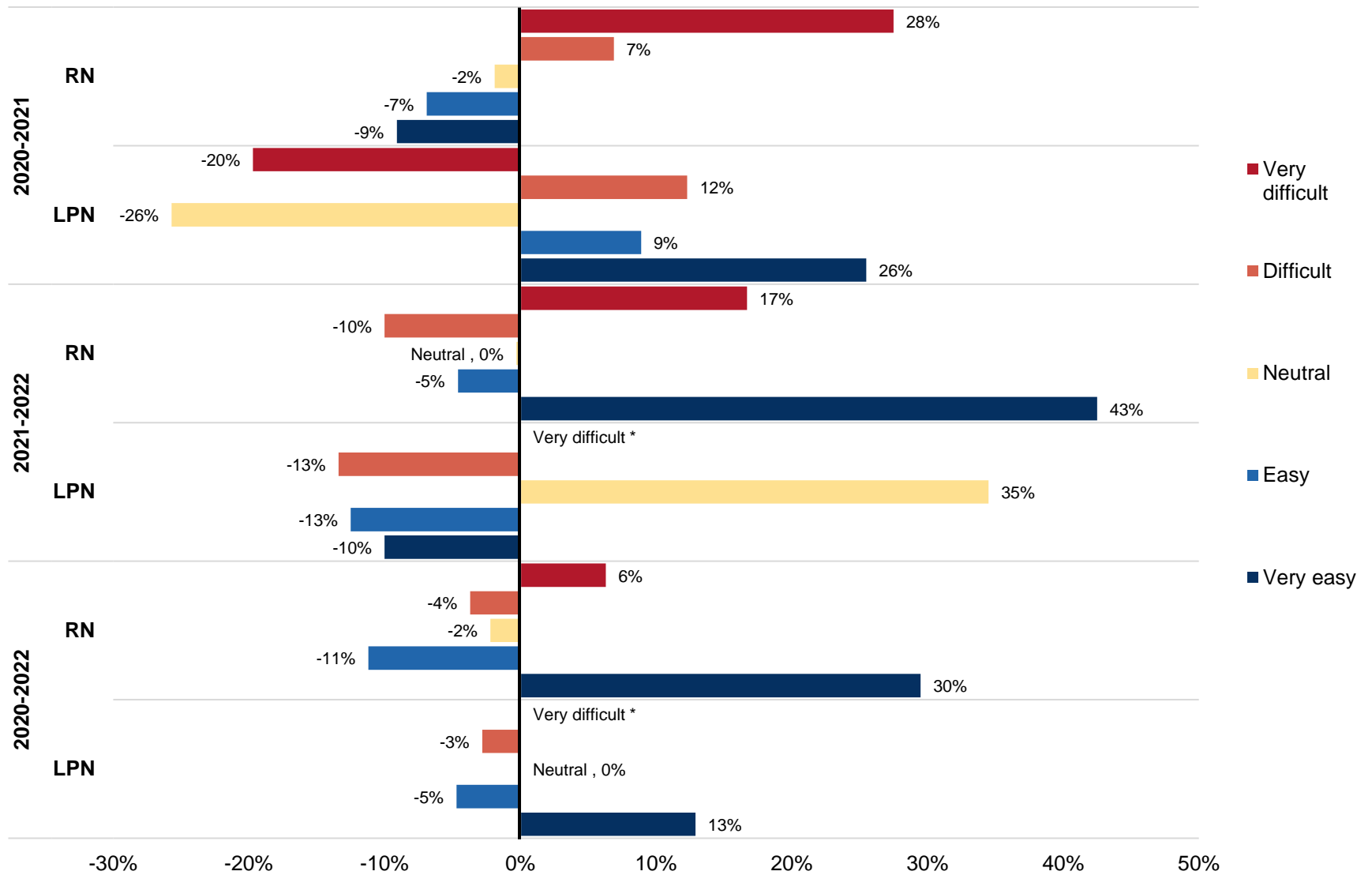
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 18. Percent Change for Had a Residency Placement of Nursing Programs, 2020 to 2022
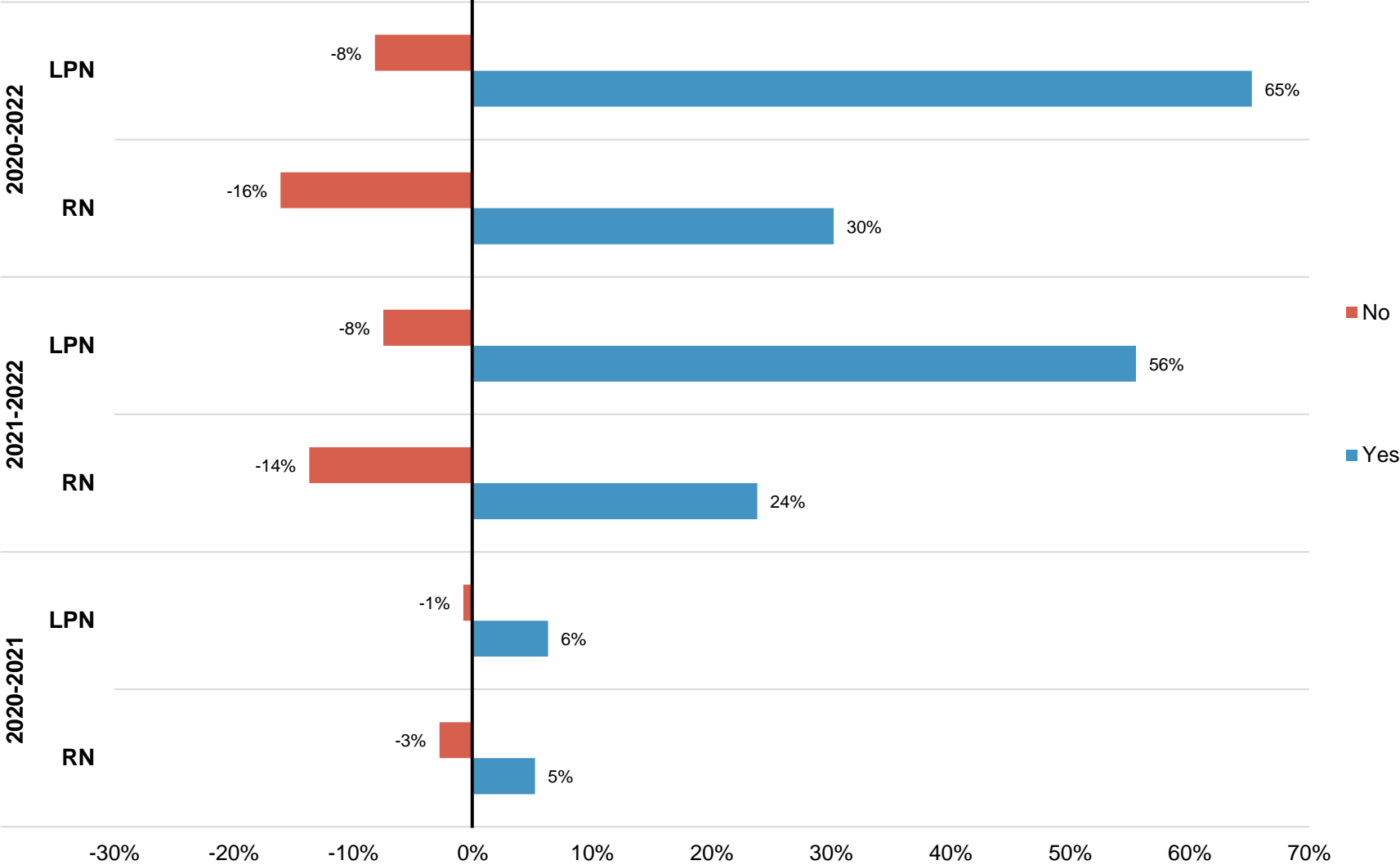
Figure 19. Percent Change for Satisfaction with Orientation at Place of Employment, 2020 to 2022
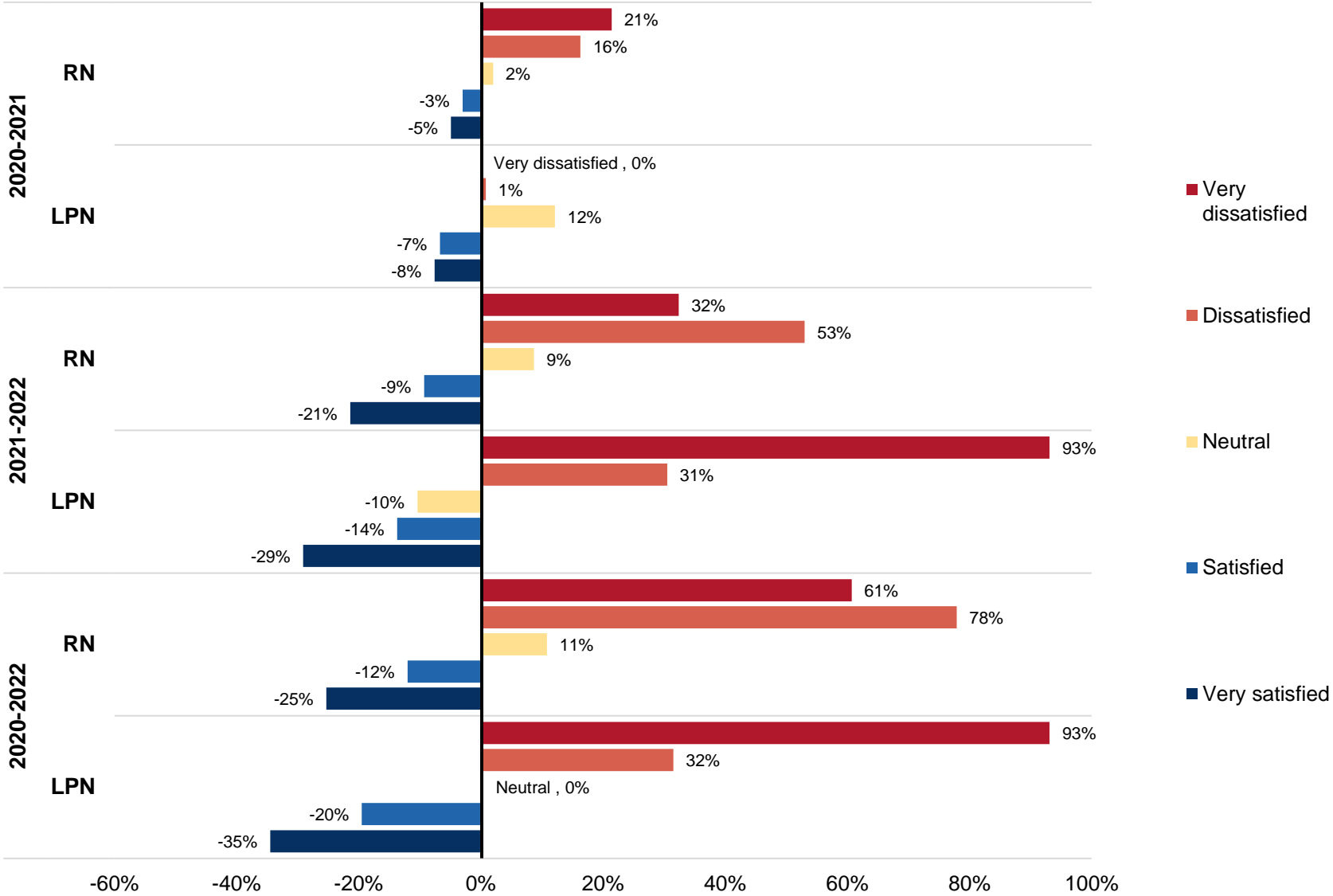
EMPLOYMENT

Nurses were asked about their current employment status to determine the size and characteristics of the workforce (Table 23). 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, or retired.

Most RNs and LPNs (62.7 percent and 58.4 percent, respectively) were currently employed full-time in a position that requires a nurse license (Table 23). Approximately one out of 10 nurses were employed in a part-time position (RNs = 10.7 percent; LPNs = 11.7 percent) or had retired from the nursing workforce (RNs = 11.1 percent; LPNs = 10.7 percent). LPNs were statistically more likely to be actively employed in a field other than nursing compared to RNs (2.8 percent vs. 5.0 percent). LPNs were also more likely to be unemployed and looking for work as a nurse compared to RNs (2.8 percent vs. 1.5 percent). See Appendix E for data to look at employment status by age (Table 77) and diversity of employment status (Table 78).

Table 23. Current Employment Status, 2022

Employment	RN= 24,521		LPN= 2,968	
	Estimate	95% CI	Estimate	95% CI
Actively employed in nursing or in a position that requires a nurse license full-time	62.7%	(62.1% - 63.3%)	58.4%	(56.6% - 60.2%)
Actively employed in nursing or a position that requires a nurse license part-time	10.7%	(10.3% - 11.1%)	11.7%	(10.6% - 12.9%)
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	5.7%	(5.4% - 6.0%)	5.3%	(4.6% - 6.2%)
On temporary medical leave from a position that requires a nurse license	0.9%	(0.8% - 1.0%)	1.1%	(0.8% - 1.5%)
On temporary non-medical leave from a position that requires a nurse license	0.3%	(0.2% - 0.4%)	0.4%	(0.2% - 0.7%)
Actively employed in a field other than nursing	2.8%	(2.6% - 3.0%)	5.0%	(4.3% - 5.8%)
Volunteer nurse status only	0.6%	(0.5% - 0.7%)	0.6%	(0.4% - 0.9%)
Unemployed, seeking work as a nurse	1.5%	(1.4% - 1.7%)	2.8%	(2.3% - 3.5%)
Unemployed, not seeking work as a nurse	3.7%	(3.5% - 3.9%)	4.0%	(3.4% - 4.8%)
Retired (left the workforce)	11.1%	(10.7% - 11.5%)	10.7%	(9.6% - 11.9%)

Among all licensed nurses in Michigan, 79.4 percent of RNs and 75.5 percent of LPNs were currently employed as a nurse at the time of the survey (Table 24 on the following page). The percentage of RNs who were currently employed as a nurse tends to decrease as age increases. Nurses who were 65 years and older were the least likely to be currently employed. LPNs were statistically more likely to be 65 or older compared to RNs (37.9 percent vs. 32.2 percent). Male RNs and LPNs were more likely to be currently employed as a nurse than female RNs, and this difference was statistically significant (84.2 percent vs. 75.5 percent). RNs living in the Upper Peninsula of Michigan were employed at the highest levels (81.0 percent), while LPNs living in the Detroit Metro region of Michigan were employed at the highest levels (79.2 percent). RNs were more likely to reside in the Northwest LP (78.7 percent vs. 60.2 percent), West/West Central LP (80.7 percent vs. 70.9 percent), and South-Central LP (79.1 percent vs. 63.9 percent) compared to LPNs.

See Appendix E to see the demographics of working nurses from 2019 to 2022 and visit www.minurse.org for reports previously published.

Table 24. Percentage of Nurses Who are Employed in Nursing by Demographic Characteristics, 2022

Demographics	RN			LPN		
	n	Estimate	95% CI	n	Estimate	95% CI
Total	24,521	79.4%	(78.9% - 79.9%)	2,968	75.5%	(73.9% - 77.0%)
Age						
<25 years	89	98.9%	(93.9% - 99.8%)	*	*	*
25 to 34 years	1,720	90.2%	(88.7% - 91.5%)	154	87.7%	(81.6% - 92.0%)
35 to 44 years	3,364	90.0%	(88.9% - 91.0%)	452	87.6%	(84.2% - 90.3%)
45 to 54 years	4,250	89.1%	(88.1% - 90.0%)	515	85.0%	(81.7% - 87.8%)
55 to 64 years	6,185	76.0%	(74.9% - 77.0%)	717	67.5%	(64.0% - 70.8%)
65+ years	6,361	32.2%	(31.1% - 33.4%)	716	37.9%	(34.4% - 41.5%)
Gender						
Female	20,798	78.9%	(78.3% - 79.4%)	2,488	75.5%	(73.8% - 77.1%)
Male	1,861	84.2%	(82.5% - 85.8%)	155	75.5%	(68.2% - 81.6%)
Race & Ethnicity [a]						
White	28,589	78.8%	(78.3% - 79.3%)	2,760	69.3%	(67.6% - 71.0%)
Black	1,984	83.1%	(81.4% - 84.7%)	1,016	80.8%	(78.3% - 83.1%)
Hispanic or Latinx	646	86.9%	(84.1% - 89.3%)	106	83.7%	(75.5% - 89.5%)
Middle Eastern	442	80.2%	(76.2% - 83.6%)	27	68.9%	(50.0% - 83.1%)
Other [b]	2,222	81.7%	(80.0% - 83.3%)	321	75.3%	(70.3% - 79.7%)
Residence						
Upper Peninsula	757	81.0%	(78.1% - 83.6%)	150	73.9%	(66.3% - 80.3%)
Northwest LP	969	78.7%	(76.0% - 81.2%)	92	60.2%	(50.0% - 69.6%)
Northeast LP	450	73.7%	(69.4% - 77.6%)	65	63.3%	(51.1% - 74.0%)
West/West Central	3,171	80.7%	(79.3% - 82.0%)	458	70.9%	(66.6% - 74.9%)
East Central	1,186	80.3%	(77.9% - 82.5%)	186	78.4%	(71.9% - 83.7%)
East	1,683	78.4%	(76.4% - 80.3%)	221	73.0%	(66.8% - 78.4%)
South Central	866	78.2%	(75.3% - 80.8%)	76	63.9%	(52.7% - 73.8%)
Southwest	1,473	79.1%	(76.9% - 81.1%)	163	78.6%	(71.7% - 84.2%)
Southeast	2,380	78.1%	(76.4% - 79.7%)	259	79.1%	(73.7% - 83.6%)
Detroit Metro	6,664	80.2%	(79.2% - 81.1%)	737	79.2%	(76.1% - 82.0%)
Michigan Residence [c]	1,129	82.9%	(80.6% - 85.0%)	135	79.2%	(71.6% - 85.2%)
Non-Michigan Residence	2,191	77.0%	(75.2% - 78.7%)	132	76.5%	(68.6% - 82.9%)

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

[b] Includes individuals who indicated they were American Indian, Asian/PI, or "Other" race.

[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 25 on the following page shows the demographics of nurses who indicated they were currently employed in nursing. The ages of employed RNs and LPNs are fairly, evenly distributed between 25 to 64 years old (19.0 – 25.9 percent and 18.6 – 27.6 percent respectively). However, LPNs were statistically more likely compared to RNs to be 65 years of age or older (7.6 percent vs. 5.5 percent), while RNs were more likely to be aged 25-34 (23.5 percent vs. 19.2 percent). Most RNs (90.1 percent) and LPNs (94.5 percent) are female. RNs were statistically more likely to be male compared to LPNs (9.9 percent vs. 5.5 percent). LPNs were more likely to be Black (29.7 percent vs. 6.3 percent), or Hispanic (3.3 percent vs. 2.4 percent) compared to RNs, while RNs were more likely to be Middle Eastern (1.6 percent vs. 0.7 percent).

Table 25. Demographic Characteristics of Employed Nurses in the Nursing Field, 2022

Demographics	RN = 15,170		LPN = 1,732	
	Estimate	95% CI	Estimate	95% CI
Age				
<25 years	2.5%	(2.3% - 2.8%)	*	*
25 to 34 years	23.5%	(22.8% - 24.2%)	19.2%	(17.4% - 21.1%)
35 to 44 years	25.9%	(25.2% - 26.6%)	27.6%	(25.5% - 29.8%)
45 to 54 years	23.5%	(22.8% - 24.2%)	24.9%	(22.9% - 27.0%)
55 to 64 years	19.0%	(18.4% - 19.6%)	18.6%	(16.8% - 20.5%)
65+ years	5.5%	(5.1% - 5.9%)	7.6%	(6.4% - 8.9%)
Gender				
Female	90.1%	(89.6% - 90.6%)	94.5%	(93.3% - 95.5%)
Male	9.9%	(9.4% - 10.4%)	5.5%	(4.5% - 6.7%)
Race [a]				
White	88.1%	(87.7% - 88.5%)	64.4%	(62.7% - 66.1%)
Black	6.3%	(6.0% - 6.6%)	29.7%	(28.1% - 31.4%)
Other	7.3%	(7.0% - 7.6%)	8.0%	(7.1% - 9.0%)
Hispanic or Latinx [a]				
Yes	2.4%	(2.2% - 2.6%)	3.3%	(2.7% - 4.0%)
No	97.6%	(97.4% - 97.8%)	96.7%	(96.0% - 97.3%)
Middle Eastern [a]				
Yes	1.6%	(1.5% - 1.8%)	0.7%	(0.5% - 1.1%)
No	98.4%	(98.2% - 98.5%)	99.3%	(98.9% - 99.5%)

[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.

Nurses employed outside of Michigan were asked the reason for being employed outside the state (Table 26). While most respondents indicated they live out of state (52.6 percent RNs and 42.8 percent LPNs), 20.3 percent of RNs and 34.9 percent of responding LPNs indicated they were employed outside of Michigan because their employer was located in another state. However, LPNs were statistically more likely compared to RNs to have said their employer was located in another state (34.9 percent vs. 20.3 percent).

Table 26. Reason Primary Place of Employment is Outside of Michigan, 2022[a]

Reason	RN = 1,638		LPN = 113	
	Estimate	95% CI	Estimate	95% CI
Living out of state	52.6%	(50.2% - 55.0%)	42.8%	(34.1% - 52.0%)
Semi-retired	0.7%	(0.4% - 1.2%)	*	*
Taking care of home and family	3.2%	(2.5% - 4.2%)	*	*
School	*	*	*	*
Difficulty finding a nursing position	2.9%	(2.2% - 3.8%)	*	*
Scope of practice regulation is more favorable outside of Michigan	3.1%	(2.4% - 4.1%)	*	*
Travel nurse	22.4%	(20.4% - 24.5%)	25.8%	(18.6% - 34.6%)
Provide telehealth/call center	8.8%	(7.5% - 10.3%)	*	*
Employer is in another state	20.3%	(18.4% - 22.3%)	34.9%	(26.7% - 44.1%)
Military	2.8%	(2.1% - 3.7%)	0.0%	-
Other (please specify)	7.1%	(6.0% - 8.4%)	13.4%	(8.3% - 20.9%)

[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.

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 20). 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 = 50.7 percent; LPNs = 43.0 percent). The majority of RNs 18 to 34 years old work 30 to 39 hours per week (38 – 65.5 percent).

Figure 20. Hours Worked per Week by Age, 2022
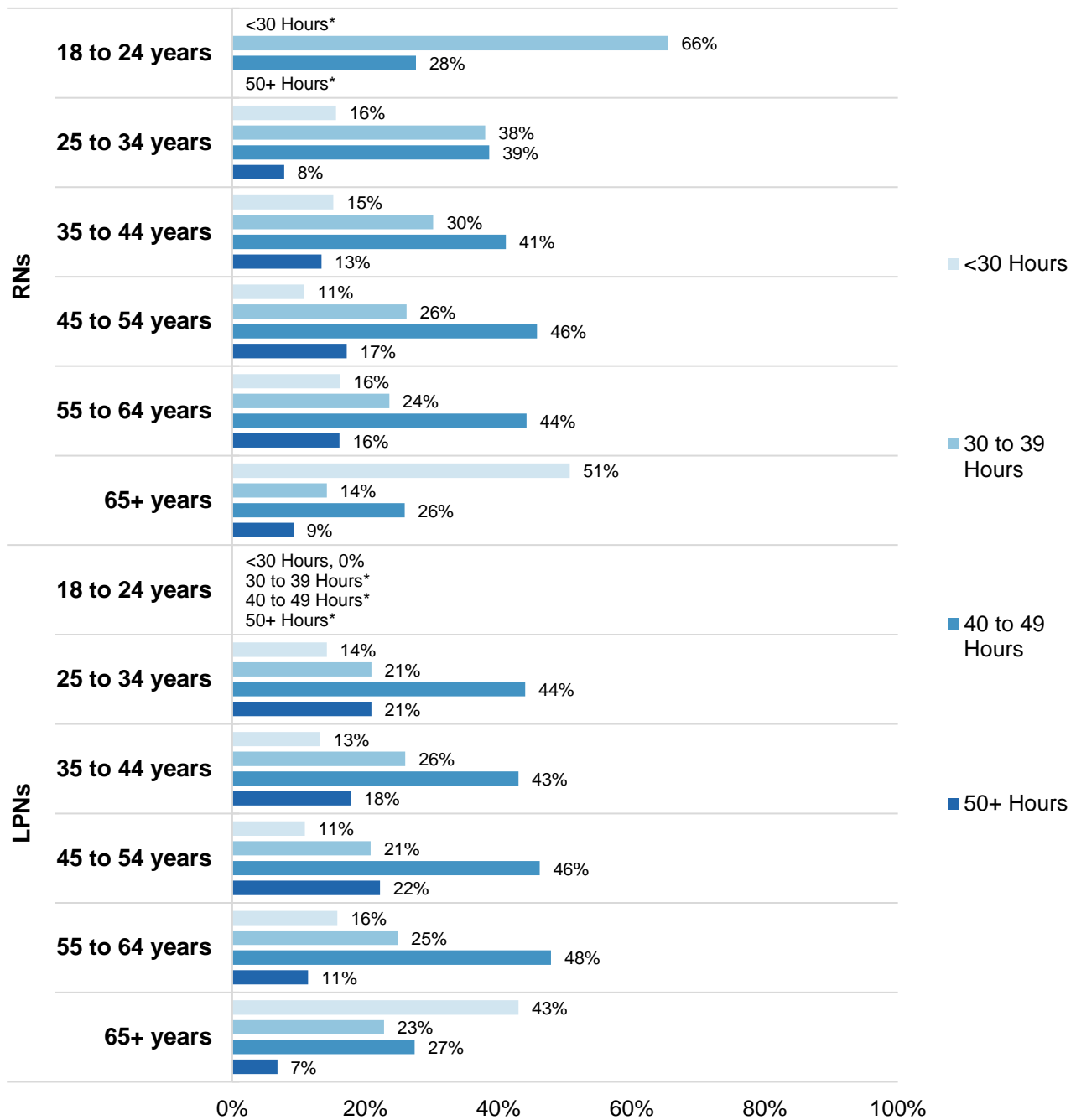
RNs

18 to 24 years
- <30 Hours* — 66%
- 28%
- 50+ Hours*

25 to 34 years
- 16%
- 38%
- 39%
- 8%

35 to 44 years
- 15%
- 30%
- 41%
- 13%

45 to 54 years
- 11%
- 26%
- 46%
- 17%

55 to 64 years
- 16%
- 24%
- 44%
- 16%

65+ years
- 51%
- 14%
- 26%
- 9%

LPNs

18 to 24 years
- <30 Hours, 0%
- 30 to 39 Hours*
- 40 to 49 Hours*
- 50+ Hours*

25 to 34 years
- 14%
- 21%
- 44%
- 21%

35 to 44 years
- 13%
- 26%
- 43%
- 18%

45 to 54 years
- 11%
- 21%
- 46%
- 22%

55 to 64 years
- 16%
- 25%
- 48%
- 11%

65+ years
- 43%
- 23%
- 27%
- 7%

Legend: <30 Hours, 30 to 39 Hours, 40 to 49 Hours, 50+ Hours

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

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 21. Most RNs worked 30 to 39 hours per week (37.5 percent) while most LPNs worked less than 30 hours per week (37.0 percent) in direct care positions.

Figure 21. Hours Worked per Week by Direct Care Nurses, 2022
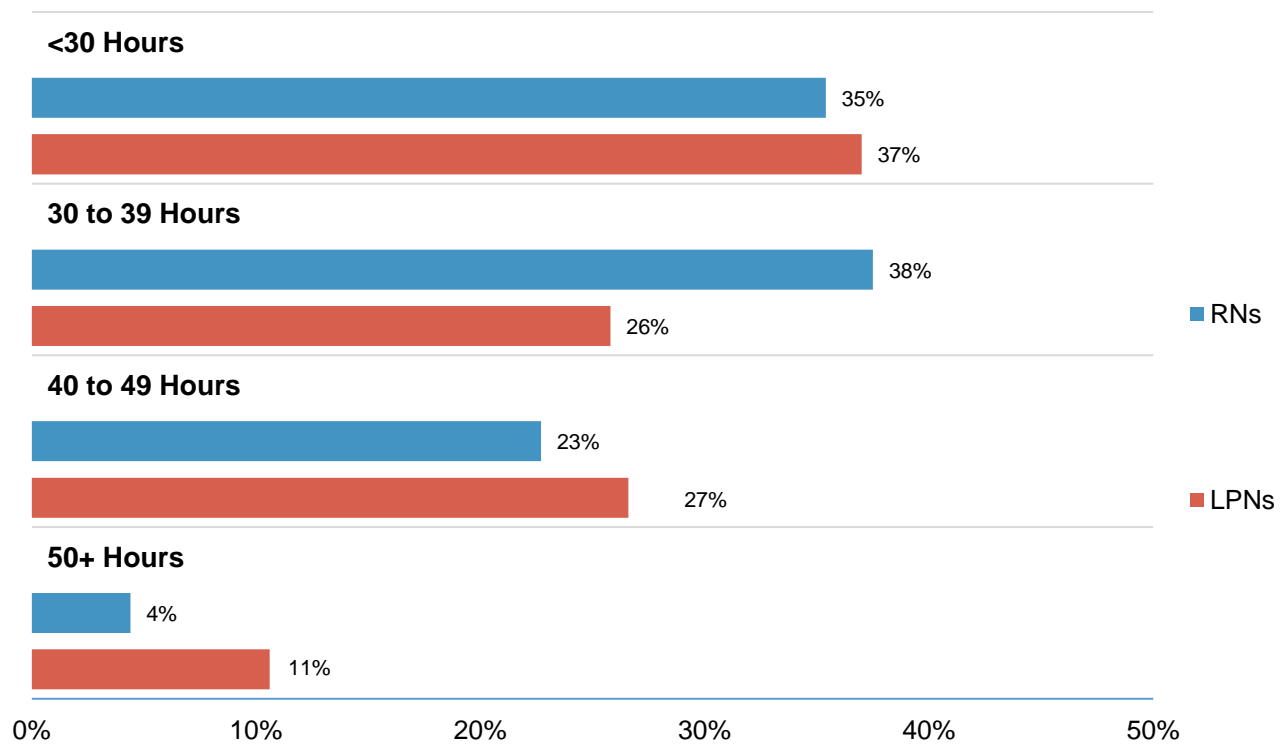
Nurses currently working in the nursing field were asked to indicate how many different nursing positions they held (Table 27). Currently, most of the RNs and LPNs only had one nursing position, 84.5 percent, and 80.3 percent, respectively. LPNs were statistically more likely to have two positions (16.1 percent vs. 13.3 percent) or to have three or more positions (3.6 percent vs. 2.2 percent) compared to RNs.

Table 27. Number of Currently Employed Nursing Positions, 2022

Number of Positions	RN = 16,656		LPN = 1,941	
	Estimate	95% CI	Estimate	95% CI
1 Position	84.5%	(83.9% - 85.0%)	80.3%	(78.5% - 82.0%)
2 Position	13.3%	(12.8% - 13.8%)	16.1%	(14.5% - 17.8%)
3+ Positions	2.2%	(2.0% - 2.4%)	3.6%	(2.9% - 4.5%)

Nurses were asked which, if any, supports their employers provide such as tuition reimbursement, professional development, and residency programs (Table 28 on the following page). Most RNs (59.7 percent) indicated they received tuition reimbursement, with the next most common support being reimbursement for continuing education (31.0 percent). Conversely, over half of the LPNs did not have any of the listed employer supports (52.3 percent), which was significantly greater than for RNs, 40.6 percent had tuition reimbursement, and 12.0 percent had reimbursement for continuing education. Across all supports, RNs were statistically more likely to have support compared to LPNs.

Table 28. Employer Supports, 2022[a]

Supports	RN = 16,00		LPN = 1,837	
	Estimate	95% CI	Estimate	95% CI
None of the above	26.5%	(25.8% - 27.2%)	52.3%	(50.0% - 54.6%)
Tuition reimbursement	59.7%	(58.9% - 60.5%)	40.6%	(38.4% - 42.9%)
Paid time off for advancing nursing education	4.5%	(4.2% - 4.8%)	2.9%	(2.2% - 3.8%)
Paid time off for continuing education courses	12.9%	(12.4% - 13.4%)	3.2%	(2.5% - 4.1%)
Reimbursement for continuing education	31.0%	(30.3% - 31.7%)	12.0%	(10.6% - 13.6%)
Reimbursement for costs associated with obtaining advanced certification	21.5%	(20.9% - 22.1%)	5.0%	(4.1% - 6.1%)
Student loan repayment benefits	7.8%	(7.4% - 8.2%)	5.7%	(4.7% - 6.9%)
Nurse residency/Transitions to practice programs	17.7%	(17.1% - 18.3%)	2.1%	(1.5% - 2.9%)
Mentorship	11.0%	(10.5% - 11.5%)	4.1%	(3.3% - 5.1%)

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

Practice Setting

Slightly over half of RNs (52.1 percent) worked in acute care while about half of LPNs (50.1 percent) worked in long-term care (Table 29). The next most common setting for RNs and LPNs was ambulatory care (22.0 percent and 19.5 percent respectively). RNs were statistically more likely to work in acute care settings (52.1 percent vs. 9.8 percent), emergent and urgent care settings (10.7 percent vs. 2.2 percent), ambulatory care (22.0 percent vs. 19.5 percent), non-clinical settings (8.9 percent vs. 5.9 percent), school of nursing (4.7 percent vs. 0.9 percent), and public health (3.7 vs. 2.3 percent) compared to LPNs. LPNs were statistically more likely to work in corrections (2.9 percent vs. 0.8 percent), long-term care settings (50.1 percent vs. 5.5 percent), mobile and home care settings (12.4 percent vs. 4.8 percent), community health settings (8.2 percent vs. 5.2 percent), and other community-based healthcare settings (15.0 percent vs. 3.4 percent) compared to RNs.

Table 29. Practice Setting, 2022[a]

Setting	RN = 16,691		LPN = 1,948	
	Estimate	95% CI	Estimate	95% CI
Acute Care	52.1%	(51.3% - 52.9%)	9.8%	(8.6% - 11.2%)
Emergent and Urgent Care	10.7%	(10.2% - 11.2%)	2.2%	(1.6% - 3.0%)
Corrections	0.8%	(0.7% - 0.9%)	2.9%	(2.2% - 3.7%)
Long-term Care	5.5%	(5.2% - 5.9%)	50.1%	(47.9% - 52.3%)
Ambulatory Care	22.0%	(21.4% - 22.6%)	19.5%	(17.8% - 21.3%)
Mobile and Home Care	4.8%	(4.5% - 5.1%)	12.4%	(11.0% - 13.9%)
Non-clinical	8.9%	(8.5% - 9.3%)	5.9%	(4.9% - 7.0%)
School of Nursing	4.7%	(4.4% - 5.0%)	0.9%	(0.6% - 1.4%)
Public Health	3.7%	(3.4% - 4.0%)	2.3%	(1.7% - 3.1%)
Community Health	5.2%	(4.9% - 5.5%)	8.2%	(7.1% - 9.5%)
School Health	2.1%	(1.9% - 2.3%)	2.7%	(2.1% - 3.5%)
Other Community-based Healthcare	3.4%	(3.1% - 3.7%)	15.0%	(13.5% - 16.7%)
Other Community-based Care	2.4%	(2.2% - 2.6%)	1.7%	(1.2% - 2.4%)

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

Nurses who made a change in employment setting in the past three years were asked to indicate what type of change they made (Table 30). Over half of RNs and LPNs did not make a change in their employment setting last year (55.7 percent and 57.1 percent respectively). Of those who did make a change in employment setting, moving from an inpatient setting to a community-based setting (RNs = 5.8 percent; LPNs = 4.4 percent) and direct patient care to non-direct care setting (RNs = 5.6 percent; LPNs = 4.3 percent) were most common. RNs were slightly more likely to move from an inpatient setting to a community-based setting (5.8 percent vs. 4.4 percent) or from an acute care setting to a sub-acute care setting (1.5 percent vs. 0.6 percent) compared to LPNs. LPNs were slightly more likely to move from a primary care setting to a specialty (3.1 percent vs. 2.0 percent) or from a sub-acute care setting to an acute care setting (2.2 percent vs. 1.2 percent) compared to RNs.

Table 30. Change in Employment Setting, 2022[a]

Change in Employment Setting	RN= 16,225		LPN= 1,866	
	Estimate	**95% CI**	**Estimate**	**95% CI**
Did not make a change	55.7%	(54.9% - 56.5%)	57.1%	(54.8% - 59.3%)
For those who did make a change:				
An inpatient setting to a community-based setting	5.8%	(5.5% - 6.2%)	4.4%	(3.6% - 5.4%)
A community-based setting to an inpatient setting	1.7%	(1.5% - 1.9%)	2.3%	(1.7% - 3.1%)
A primary care setting (e.g., family practice, general medicine, internal medicine, or general pediatrics) to a specialty	2.0%	(1.8% - 2.2%)	3.1%	(2.4% - 4.0%)
A specialty care setting to a primary care setting	1.3%	(1.1% - 1.5%)	1.1%	(0.7% - 1.7%)
A sub-acute care setting to an acute care setting	1.2%	(1.0% - 1.4%)	2.2%	(1.6% - 3.0%)
An acute care setting to a sub-acute care setting	1.5%	(1.3% - 1.7%)	0.6%	(0.3% - 1.1%)
A direct patient care setting to a non-direct patient care setting	5.6%	(5.3% - 6.0%)	4.3%	(3.5% - 5.3%)
A non-direct patient care setting to a direct patient care setting	2.1%	(1.9% - 2.3%)	2.1%	(1.5% - 2.9%)
I changed locations but stayed in the same care setting	13.0%	(12.5% - 13.5%)	13.9%	(12.4% - 15.5%)
I made some other type of employment change	15.2%	(14.7% - 15.8%)	15.8%	(14.2% - 17.5%)

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

Position and 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).

Most RNs and LPNs worked as staff nurses (58.1 percent and 72.0 percent respectively; Table 31). The next most common positions for RNs were other health services positions (15.5 percent) and APRN or nurse anesthetist (10.2 percent). The next most common positions for LPNs were other health services (14.8 percent) and managerial (13.2 percent). LPNs were statistically more likely to be staff nurses (72.0 percent vs. 58.1 percent), travel nurses (7.1 percent vs. 5.0 percent), and in managerial positions (13.2 percent vs. 8.2 percent) compared to RNs. RNs were statistically more likely to be faculty nurses (4.4 percent vs. 0.4 percent), in education, research and consulting positions (9.3 percent vs. 2.1 percent) and executives (4.5 percent vs. 3.0 percent) compared to LPNs.

Table 31. Position and Role, 2022[a]

Position	RN = 16,525		LPN = 1,920	
	Estimate	95% CI	Estimate	95% CI
Staff Nurse	58.1%	(57.3% - 58.8%)	72.0%	(70.0% - 73.9%)
Faculty	4.4%	(4.1% - 4.7%)	0.4%	(0.2% - 0.8%)
Education, Research, & Consulting	9.3%	(8.9% - 9.8%)	2.1%	(1.6% - 2.8%)
School Nurse	2.0%	(1.8% - 2.2%)	2.8%	(2.2% - 3.6%)
Telehealth	3.6%	(3.3% - 3.9%)	2.8%	(2.2% - 3.6%)
Travel Nurse	5.0%	(4.7% - 5.3%)	7.1%	(6.0% - 8.3%)
Executives	4.5%	(4.2% - 4.8%)	3.0%	(2.3% - 3.9%)
Patient Educator and other	7.7%	(7.3% - 8.1%)	8.1%	(7.0% - 9.4%)
APRN and Nurse Anesthetist	10.2%	(9.7% - 10.7%)	*	*
Managerial	8.2%	(7.8% - 8.6%)	13.2%	(11.8% - 14.8%)
Military Health Services	0.4%	(0.3% - 0.5%)	0.7%	(0.4% - 1.2%)
Other Health Services	15.5%	(15.0% - 16.1%)	14.8%	(13.3% - 16.4%)
Other Health Non-related	0.3%	(0.2% - 0.4%)	0.5%	(0.3% - 0.9%)

[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.

Follow-up questions were asked for nurses who indicated they were in a faculty position (Table 32). Of those who indicated they were faculty, half of them were in a full-time faculty position (50.0 percent) and slightly less than half were in a part-time faculty position (41.5 percent).

Table 32. Faculty Nurses, 2022[a]

Type of Faculty Position	N = 841	
	Estimate	95% CI
Part time role	41.5%	(38.2% - 44.9%)
Full time role	50.0%	(46.6% - 53.4%)
Adjunct, contractor, preceptor, or per diem	5.9%	(4.5% - 7.7%)
Other	2.6%	(1.7% - 3.9%)
Hours Per Week as Faculty	N = 818	
	Estimate	95% CI
Less than 30 hours	48.1%	(44.7% - 51.5%)
30 to 39 hours	9.2%	(7.4% - 11.4%)
40 to 49 hours	31.9%	(28.8% - 35.2%)
50+ hours	10.8%	(8.9% - 13.1%)
Change in Faculty Position	N = 19,048	
	Estimate	95% CI

I have not made any changes in employment in the past year.	3.2%	(3.0% - 3.5%)
From admin to faculty	0.0%	(0.0% - 0.0%)
From direct care to faculty	0.3%	(0.2% - 0.4%)
From part time to full time	0.2%	(0.1% - 0.3%)
From full time to part time	0.2%	(0.1% - 0.3%)

[a] Respondents MUST have answered 'Yes' to being in a faculty position.

Follow-up questions were asked for nurses who indicated they were in a military or non-military position (Table 33). Almost all non-military nurses are in a full-time position (97.1 percent). Due to suppression rules, data are not available for active and reserve military.

Table 33. Non-Military Nurses, 2022[a]

Non-Military Position	N = 21	
	Estimate	95% CI
Part time role	*	*
Full time role	97.1%	(80.0% - 99.6%)
Other	*	*

[a] Respondents MUST have answered 'No' to being in a military position.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Follow-up questions were asked for nurses who indicated they were in a travel position (Table 34). Of those who indicated they were travel nurses; most nurses spend most of their time in-state (58.7 percent).

Table 34. Travel Nurses Work Location, 2022[a]

Travel Nurse Work Location	N = 286	
	Estimate	95% CI
Working in Michigan	58.7%	(52.9% - 64.3%)
Working outside of Michigan	41.3%	(35.7% - 47.1%)

[a] Respondents MUST have answered 'Yes' to being in a travel nurse position.

Follow-up questions were asked for nurses who indicated they were in a staff nurse position (Table 35). Of those who indicated they were staff nurses, half of them precept new nurses within their organization (50.9 percent) while just over one-third do not serve as a preceptor (36.9 percent). Most staff nurses who precepted did not receive extra payment for their precepting role (61.4 percent).

Table 35. Staff Nurses, 2022[a]

Staff Nurse Role	N = 10,165	
	Estimate	95% CI
Precept new nurses within my organization	50.9%	(49.9% - 51.9%)
Precept students	8.3%	(7.8% - 8.9%)
I do not serve as a preceptor	36.9%	(36.0% - 37.8%)
Other	3.9%	(3.5% - 4.3%)
Receive Extra Payment for Precepting	N = 6,238	
	Estimate	95% CI
Yes	38.6%	(37.4% - 39.8%)
No	61.4%	(60.2% - 62.6%)

Specialties

The specialties for nurses are reported in Table 36 where adult health was a top specialty for both RNs (21.2 percent) and LPNs (37.0 percent) as well as medical-surgical and wound care (RNs = 17.5 percent; LPNs = 22.6 percent). A high proportion of LPNs were also specialized in geriatric care (39.6 percent). RNs were statistically more likely compared to LPNs to have specialized in academia (3.9 percent vs. 1.9 percent), care management (11.4 percent vs. 7.3 percent), critical care (16.3 percent vs. 4.4 percent), dialysis (1.8 percent vs. 0.6 percent), specialty care (14.7 percent vs. 4.9 percent), surgical services (10.0 percent vs. 1.6 percent) and women and infant health (8.7 percent vs. 1.8 percent). LPNs were statistically more likely compared to RNs to have specialized in adult health (37.0 percent vs. 21.2 percent), child and family health (15.5 percent vs. 11.6 percent), geriatric care (39.6 percent vs. 9.4 percent), hospice (9.5 percent vs. 4.6 percent), medical-surgical and wound care (22.6 percent vs. 17.5 percent), occupational health and transitions of care (5.8 percent vs. 3.7 percent), phlebotomy, testing, and diagnosis (4.5 percent vs. 2.4 percent), and rehabilitation (17.5 percent vs. 3.6 percent).

Table 36. Specialties, 2022[a]

Specialty	RNs= 16,691		LPNs= 1,886	
	%	95% CI	%	95% CI
Academia	3.9%	(3.6% - 4.2%)	1.9%	(1.4% - 2.6%)
Adult Health	21.2%	(20.6% - 21.8%)	37.0%	(34.9% - 39.2%)
Anesthesia	3.1%	(2.8% - 3.4%)	*	*
Behavioral Health	6.3%	(5.9% - 6.7%)	6.3%	(5.3% - 7.5%)
Care Management	11.4%	(10.9% - 11.9%)	7.3%	(6.2% - 8.5%)
Child & Family Health	11.6%	(11.1% - 12.1%)	15.5%	(14.0% - 17.2%)
Community Care	4.2%	(3.9% - 4.5%)	4.8%	(3.9% - 5.8%)
Critical Care	16.3%	(15.7% - 16.9%)	4.4%	(3.6% - 5.4%)
Dialysis Nurse	1.8%	(1.6% - 2.0%)	0.6%	(0.3% - 1.1%)
Geriatric Care	9.4%	(9.0% - 9.9%)	39.6%	(37.5% - 41.8%)
Hospice	4.6%	(4.3% - 4.9%)	9.5%	(8.3% - 10.9%)
Medical-Surgical & Wound Care	17.5%	(16.9% - 18.1%)	22.6%	(20.8% - 24.5%)
Occupational Health and Transitions of Care	3.7%	(3.4% - 4.0%)	5.8%	(4.8% - 6.9%)
Other	12.3%	(11.8% - 12.8%)	16.7%	(15.1% - 18.4%)
Other non-clinical specialties	2.1%	(1.9% - 2.3%)	2.3%	(1.7% - 3.1%)
Phlebotomy, Testing, & Diagnostics	2.4%	(2.2% - 2.6%)	4.5%	(3.7% - 5.5%)
Rehabilitation	3.6%	(3.3% - 3.9%)	17.5%	(15.9% - 19.3%)
Specialty Care	14.7%	(14.2% - 15.2%)	4.9%	(4.0% - 6.0%)
Surgical Services	10.0%	(9.6% - 10.5%)	1.6%	(1.1% - 2.3%)
Women & Infants Health	8.7%	(8.3% - 9.1%)	1.8%	(1.3% - 2.5%)

[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.

DIVERSITY IN EMPLOYMENT

Overall, several trends were seen when looking at hours worked by race (Table 37 & Figure 22). The largest percent increase was among Middle Eastern nurses who worked 50+ hours a week (+86.9 percent), while the largest percent decrease was also among Middle Eastern nurses, but for those who worked 30-39 hours a week (-30.5 percent). Across all racial groups, the percentage of nurses who worked 50 or more hours a week continually increased, while there the percentage of nurses who worked either 30-39 hours a week or 40-49 hours a week continually decreased.

Other notable trends were that white nurses had the lowest percent increase for nurses who worked 50 or more hours a week (+9.5 percent), while American Indian nurses were the only group to see a percent decrease in this category (-2.8 percent). American Indian nurses were also one of two groups who had a percent decrease among nurses who worked less than 30 hours a week, while the rest had a percent increase in this category (-13.4 percent; Figure 22).

Table 37. Diversity[a] of Hours Worked Per Week, 2017 & 2022[b]

Hours Worked Per Week	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,393	N = 15,092	N = 2,718	N = 1,342	N = 415	N = 241	N = 1,119	N = 505	N = 576	N = 395	N = 168	N = 207	N = 435	N = 460
<30 Hours	17.3%	16.8%	10.2%	11.5%	11.9%	10.3%	10.2%	13.3%	13.6%	10.9%	10.9%	14.0%	13.8%	11.8%
30 to 39 Hours	32.9%	29.4%	26.3%	23.2%	27.9%	29.6%	37.1%	36.7%	33.8%	37.5%	43.0%	29.9%	32.6%	33.9%
40 to 49 Hours	38.2%	41.2%	45.8%	42.2%	45.7%	45.9%	45.3%	39.2%	41.7%	36.3%	40.0%	44.6%	39.3%	38.4%
50+ Hours	11.6%	12.7%	17.7%	23.1%	14.5%	14.1%	7.4%	10.8%	10.9%	15.3%	6.1%	11.4%	14.3%	15.9%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 93

Figure 22. Percent Change in the Diversity[a] of Hours Worked Per Week by Race and Ethnicity, 2017 to 2022

White
- -3%
- -11%
- 8%
- 10%

Black
- 13%
- -12%
- -8%
- 31%

American Indian
- -13%
- 6%
- 0.4%
- -3%

Asian/ PI
- 30%
- -1%
- -14%
- 46%

Hispanic or Latinx
- -20%
- 11%
- -13%
- 40%

Middle Eastern
- 28%
- -31%
- 12%
- 87%

Other
- -15%
- 4%
- -2%
- 11%

Legend:
- <30 Hours
- 30 to 39 Hours
- 40 to 49 Hours
- 50+ Hours
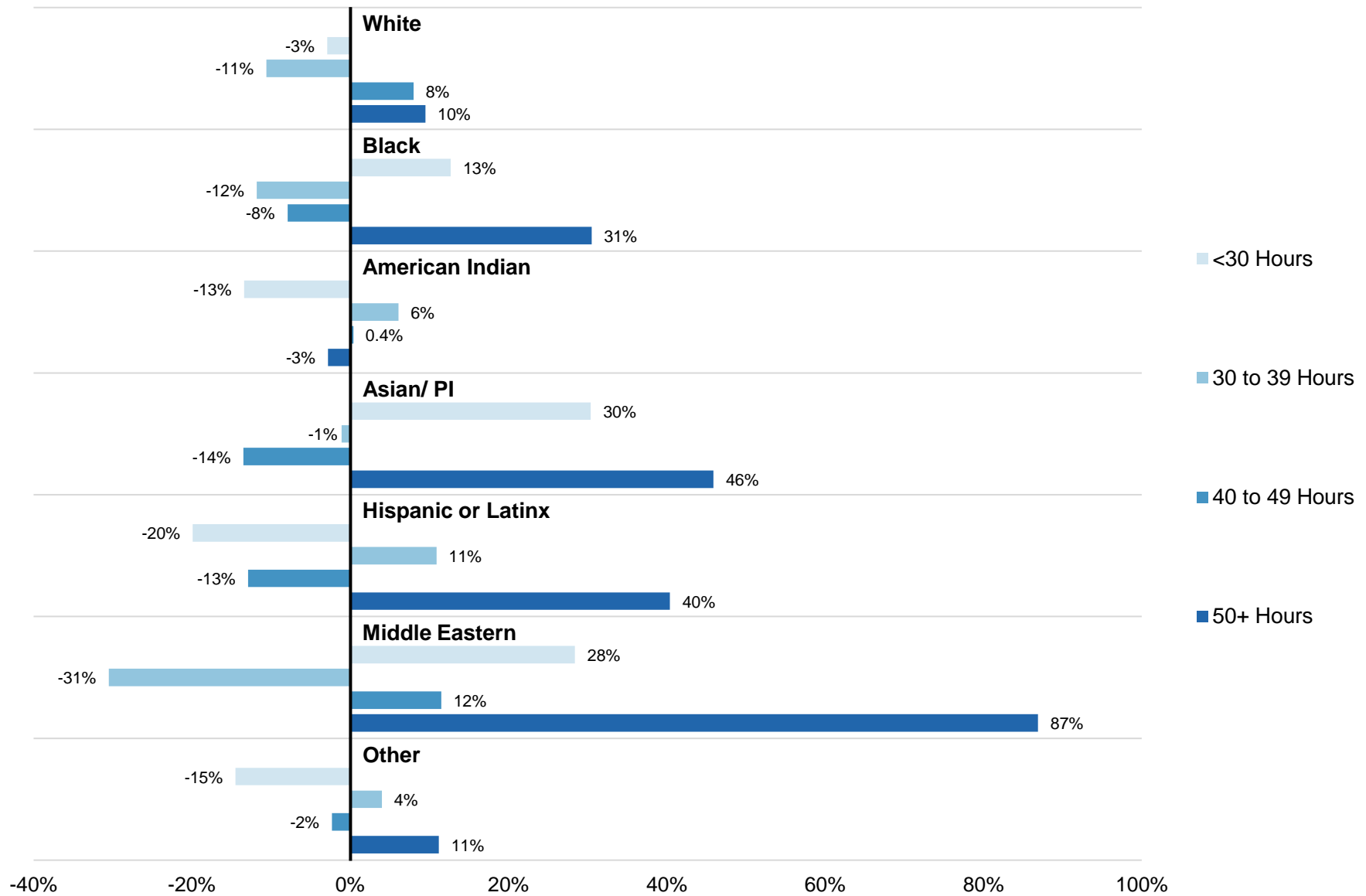
[a] Respondents were instructed to mark all that apply.

Figure 23 on the following page shows the race and ethnic breakdown of hours worked per week by direct care nurses. White nurses had the largest proportion of nurses who worked less than 30 hours a week (36.3 percent). Asian or Pacific Islander nurses had the largest proportion of nurses who worked 30 to 39 hours a week (46.0 percent). Middle Eastern nurses had the largest proportion of nurses who worked 40 to 49 hours a week (30.9 percent). Black nurses had the largest proportion of nurses that worked 50 or more hours a week (12.2 percent).

White nurses (36.2 percent) were statistically more likely to work less than 30 hours a week compared to Black (30.5 percent), Asian or Pacific Islander (23.5 percent), and nurses of some other race (29.4 percent). Black nurses were more likely than Asian nurses to work less than 30 hours a week (30.5 percent vs. 23.5 percent). White nurses were also more likely than Black nurses to work 30 to 39 hours a week (37.4 percent vs. 32.6 percent). Asian or Pacific Islander nurses (47.5 percent) were statistically more likely than Black (32.6 percent), white (37.4 percent) and Middle Eastern (31.6 percent) nurses to work 30 to 39 hours a week. Black (27.9 percent) and Middle Eastern (31.0 percent) nurses were statistically more likely to work 40-49 hours a week compared to white nurses (22.2 percent). Black nurses were statistically more likely to work 50 or more hours a week compared to white nurses (9.0 percent vs. 4.1 percent).

Figure 23. Diversity[a] of Hours Worked per Week by Direct Care Nurses, 2022 (all nurses)[b]
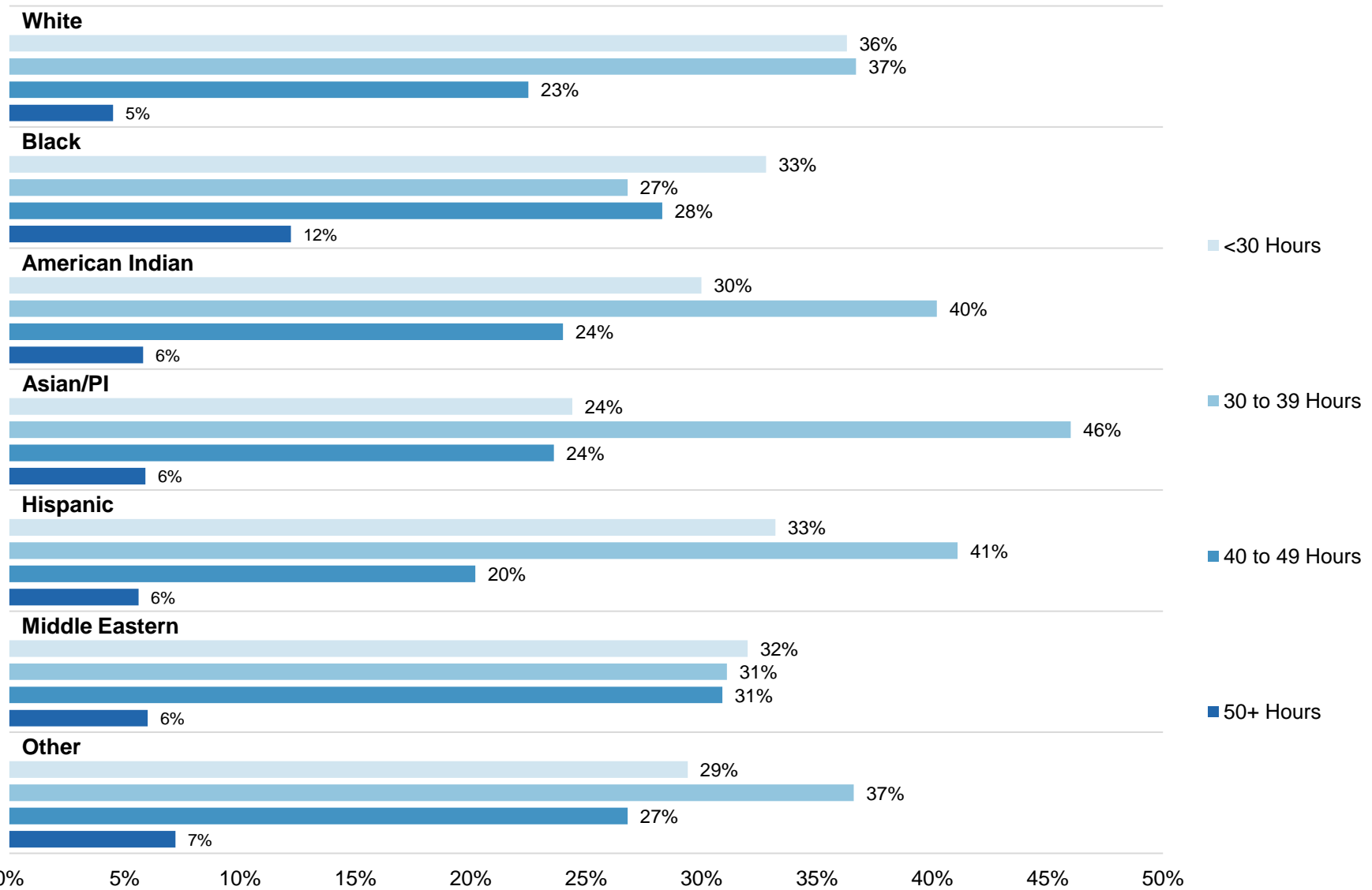
White
- <30 Hours: 36%
- 30 to 39 Hours: 37%
- 40 to 49 Hours: 23%
- 50+ Hours: 5%

Black
- <30 Hours: 33%
- 30 to 39 Hours: 27%
- 40 to 49 Hours: 28%
- 50+ Hours: 12%

American Indian
- <30 Hours: 30%
- 30 to 39 Hours: 40%
- 40 to 49 Hours: 24%
- 50+ Hours: 6%

Asian/PI
- <30 Hours: 24%
- 30 to 39 Hours: 46%
- 40 to 49 Hours: 24%
- 50+ Hours: 6%

Hispanic
- <30 Hours: 33%
- 30 to 39 Hours: 41%
- 40 to 49 Hours: 20%
- 50+ Hours: 6%

Middle Eastern
- <30 Hours: 32%
- 30 to 39 Hours: 31%
- 40 to 49 Hours: 31%
- 50+ Hours: 6%

Other
- <30 Hours: 29%
- 30 to 39 Hours: 37%
- 40 to 49 Hours: 27%
- 50+ Hours: 7%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 94

Table 38 shows the employment settings by race and ethnicity in 2017 and 2022. Across all races, most nurses worked to provide direct care or worked in acute care settings. This was followed by ambulatory care and non-direct care.

Black nurses were statistically more likely to work in nurse administration (19.2 percent vs. 14.3 percent), as a nurse faculty member (6.2 percent vs. 4.3 percent), work in a long-term care facility (11.7 percent vs. 5.6 percent), assisted living (2.0 percent vs. 0.9 percent), home health (8.1 percent vs. 4.7 percent), corrections (1.8 percent vs. 0.7 percent), public or community health (7.4 percent vs. 5.0 percent), insurance (5.4 percent vs. 2.5 percent) and traveling or training (13.5 percent vs. 9.1 percent) nurses compared to white nurses. Black nurses (33.0 percent) were statistically more likely to work in long term care compared to American Indian (11.3 percent), Asian or Pacific Islander (11.3 percent), Hispanic (11.8 percent), Middle Eastern (11.2 percent) nurses and nurses of some other race (12.2 percent). Black nurses were also statistically more likely to work in assisted living compared to Hispanic nurses (9.3 percent vs. 2.9 percent). Other relationships were unable to be determined due to suppression rules.

When looking just at nurses in 2022, there were several differences in employment setting based on race. However, the proportion of those providing direct care as well as those working in ambulatory care has decreased since 2017, which may have been impacted by the COVID-19 pandemic. There may be a lower percentage of respondents practicing in direct care, both because they may have been too busy and because they may be doing things not related to nursing in their time away from work. The change in ambulatory care could be related to ambulatory care settings closing or reducing hours due to COVID.

Black nurses were statistically less likely to work in ambulatory care compared to white nurses (14.9 percent vs. 22.9 percent). American Indian nurses were statistically more likely to provide direct care compared to white nurses (65.8 percent vs. 57.8 percent). Asian or Pacific Islander nurses were statistically more likely to provide direct care (67.4 percent vs. 57.8 percent) and work in acute care (69.5 percent vs. 56.0 percent) compared to white nurses. Asian or Pacific Islander nurses were statistically less likely to provide indirect care (24.7 percent vs. 29.8 percent), work in nurse administration (10.5 percent vs. 14.3 percent), ambulatory care (17.8 percent vs. 22.9 percent), hospice (2.7 percent vs. 5.7 percent) or in school of nursing (2.7 percent vs. 5.1 percent) compared to white nurses. Nurses of some other race were statistically more likely to work in acute care (61.8 percent vs. 56.0 percent), public or community health (7.9 percent vs. 5.0 percent) and traveling or training (13.1 percent vs. 9.1 percent) settings compared to white nurses. Hispanic nurses were statistically more likely to work in acute care (65.1 percent vs. 56.0 percent) or in school nursing (8.9 percent vs. 5.1 percent) settings compared to white nurses. Hispanic nurses were statistically less likely to work in ambulatory care compared to white nurses (17.0 percent vs. 22.9 percent). Middle Eastern nurses were statistically more likely to work in acute care compared to white nurses (66.7 percent vs. 56.0 percent).

Table 38. Diversity[a] of Employment Settings, 2017 & 2022[b]

Setting [c]	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,497	N = 15,222	N = 2,725	N = 1,363	N = 418	N = 242	N = 1,127	N = 514	N = 577	N = 401	N = 168	N = 212	N = 439	N = 468
Provides Direct Care	85.6%	58.7%	85.1%	65.1%	90.4%	67.4%	92.0%	68.2%	89.7%	62.1%	93.6%	65.5%	89.7%	65.4%
Provides non-direct care	20.3%	28.6%	22.0%	24.1%	20.8%	26.2%	22.3%	23.9%	17.9%	29.2%	11.5%	25.0%	24.0%	24.0%
Nurse Administrator	4.3%	14.4%	3.2%	18.0%	*	18.7%	2.2%	10.7%	3.1%	13.2%	*	10.5%	*	13.8%
Nurse Faculty	1.5%	4.0%	2.9%	3.9%	*	*	1.3%	2.0%	*	5.6%	*	5.2%	*	4.5%
Acute Care	48.2%	52.1%	36.0%	38.8%	47.7%	51.3%	65.1%	65.0%	53.7%	58.0%	61.4%	63.4%	49.1%	55.6%
Ambulatory Care	26.9%	23.1%	16.5%	11.0%	26.6%	20.8%	16.2%	17.8%	22.6%	17.9%	21.6%	26.0%	22.3%	18.9%
Nursing Care - LTC Facility	9.1%	8.9%	27.1%	33.0%	13.2%	11.3%	10.1%	11.3%	10.5%	11.8%	8.7%	11.2%	12.7%	12.2%
Assisted Living	2.3%	1.6%	6.0%	9.3%	3.8%	*	2.7%	*	2.9%	2.9%	*	*	3.4%	5.5%
Home Health Care	6.2%	5.3%	9.2%	10.4%	5.2%	8.0%	6.1%	4.6%	6.8%	4.9%	*	4.5%	10.7%	5.6%
Hospice	3.4%	6.1%	2.8%	8.7%	5.5%	8.4%	1.1%	2.7%	2.9%	8.0%	*	*	3.7%	7.0%
Corrections System	0.8%	0.9%	1.4%	2.6%	*	*	1.6%	*	*	*	0.0%	*	*	*
School of Nursing	2.0%	4.7%	1.4%	5.1%	*	4.4%	1.1%	2.4%	*	7.8%	*	5.2%	*	5.1%
Public or Community Health	0.6%	4.8%	*	7.4%	2.8%	6.5%	*	2.2%	*	6.9%	*	*	*	8.6%
Insurance Company Health Plan	2.2%	2.4%	4.4%	3.8%	2.3%	*	1.9%	3.4%	2.2%	4.0%	*	*	*	*
Training, Traveling, Other	11.7%	8.8%	11.6%	11.5%	13.6%	10.5%	6.9%	6.6%	10.6%	6.3%	8.1%	5.4%	14.2%	12.5%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 95
[c] Settings were asked differently across surveys and may limit direct comparisons between the two years. To aide in comparisons across years, Provides Direct Care, Provides non-direct care, Nurse Administrator, and Nurse Faculty were included in the table.

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

Figure 24a and Figure 24b (data was split into two separate figures for ease of viewing) on the following pages shows the percent change in employment settings by race and ethnicity between 2017 and 2022. Across all race groups, there was a decrease in the proportion of nurses working to provide direct care, with the largest percent decrease among white nurses (-31.4 percent), followed very closely by Hispanic (-30.8 percent) and Middle Eastern (-30.0 percent) nurses. This means there was an overall increase in the proportion of nurses who provided indirect care, with Middle Eastern nurses having the largest percent increase (+117.4 percent). Nurse administrators saw the largest percent increase among all setting types, with Black nurses having the largest percent increase (+462.5 percent). Acute care had an overall increase from 2017, with the largest increase among nurses of some other race (+13.2 percent). Asian or Pacific Islander nurses were the only nurses who had a percent decrease in nurses working in acute care settings; however, the change was very small (-0.2 percent). Ambulatory care also saw an overall decrease in nurses between 2017 and 2022, with the largest percent decrease among Black nurses (-33.3 percent), while Middle Eastern nurses had the largest percent increase (+20.4 percent). Nurses working in long-term care facilities had an overall increase from 2017, with the largest percent increase among Middle Eastern nurses (+28.7 percent), while American Indian nurses had the largest percent decrease (-14.4 percent). Home health care had an overall decrease in nurses, with the largest percent decrease among nurses of some other race (-47.7 percent). However, American Indian nurses had the largest percent increase in nurses working in home health care settings (+53.8 percent). There was an overall increase in the proportion of nurses working in hospice, with the largest percent increase among Black nurses (+210.7 percent), followed by Hispanic nurses (+175.9 percent). Nurses working for insurance company plans had an overall increase since 2017, with Hispanic nurses having the largest percent increase (+81.8 percent), followed closely by Asian or Pacific Islander nurses (+78.9 percent). Black nurses were the only group to have a percent decrease in this category (-13.6 percent). Travelling or training settings saw a decrease in nurses across all race groups, with the largest percent decrease among Hispanic nurses (-40.6 percent), followed by Middle Eastern nurses (-33.3 percent).

Nurse faculty, assisted living, corrections, school of nursing, and public or community health had sample sizes that were too small to make any accurate comparisons between races.

COVID-19 has likely impacted the change in diversity of settings over the past five years, especially the trend of nurses leaving direct care settings and more nurses in acute care settings. Further exploration is needed to understand why nurses have changed workplace settings. COVID-19 may also have impacted the number of direct care nurse respondents to the survey.

Figure 24a. Percent Change in the Diversity[a] for Employment Settings, 2017 & 2022
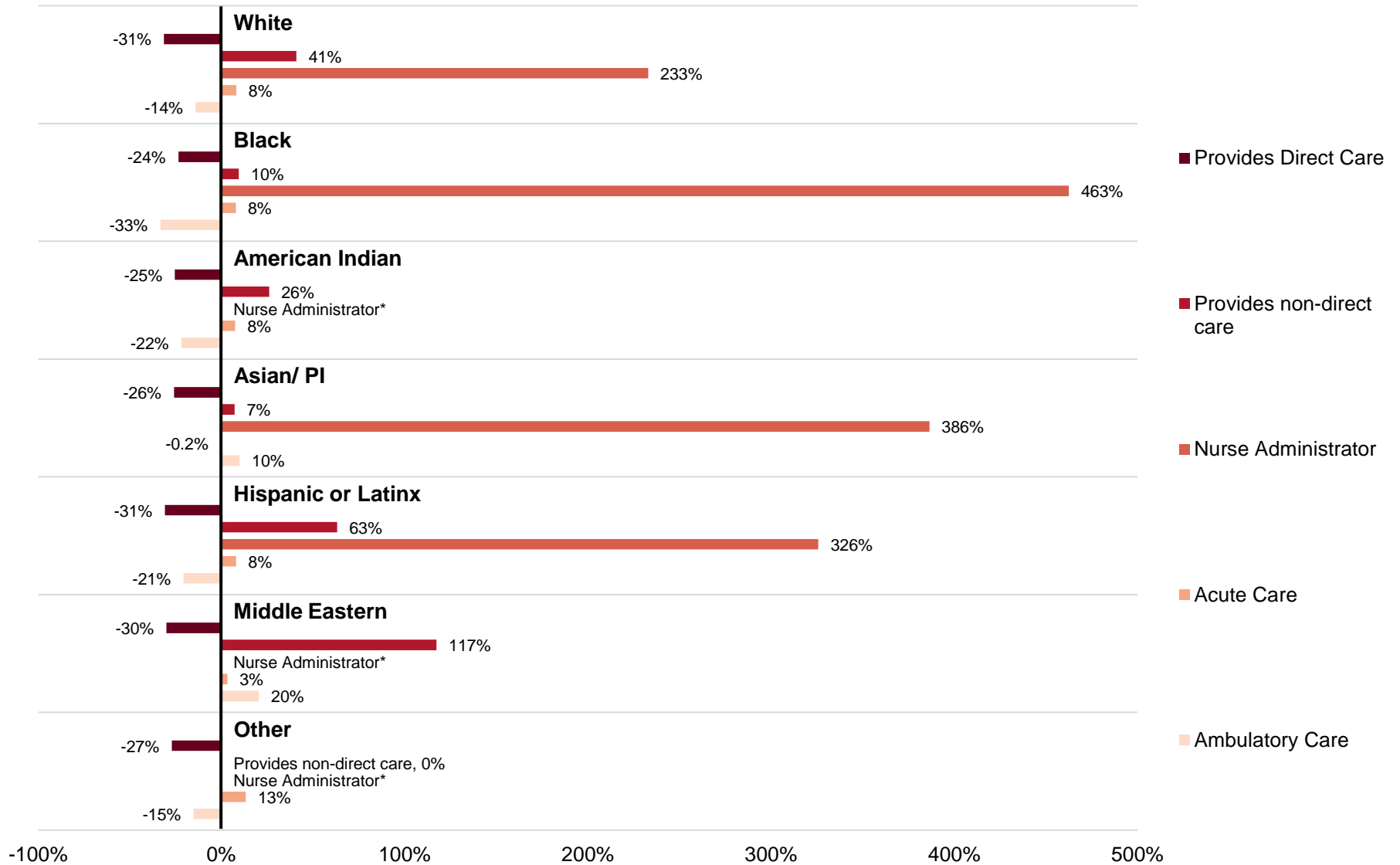
White
- -31%
- 41%
- 233%
- 8%
- -14%

Black
- -24%
- 10%
- 463%
- 8%
- -33%

American Indian
- -25%
- 26%
- Nurse Administrator*
- 8%
- -22%

Asian/ PI
- -26%
- 7%
- 386%
- -0.2%
- 10%

Hispanic or Latinx
- -31%
- 63%
- 326%
- 8%
- -21%

Middle Eastern
- -30%
- 117%
- Nurse Administrator*
- 3%
- 20%

Other
- -27%
- Provides non-direct care, 0%
- Nurse Administrator*
- 13%
- -15%

Legend:
- Provides Direct Care
- Provides non-direct care
- Nurse Administrator
- Acute Care
- Ambulatory Care

[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.

Figure 24b. Percent Change in the Diversity[a] for Employment Settings by Race and Ethnicity, 2017 & 2022
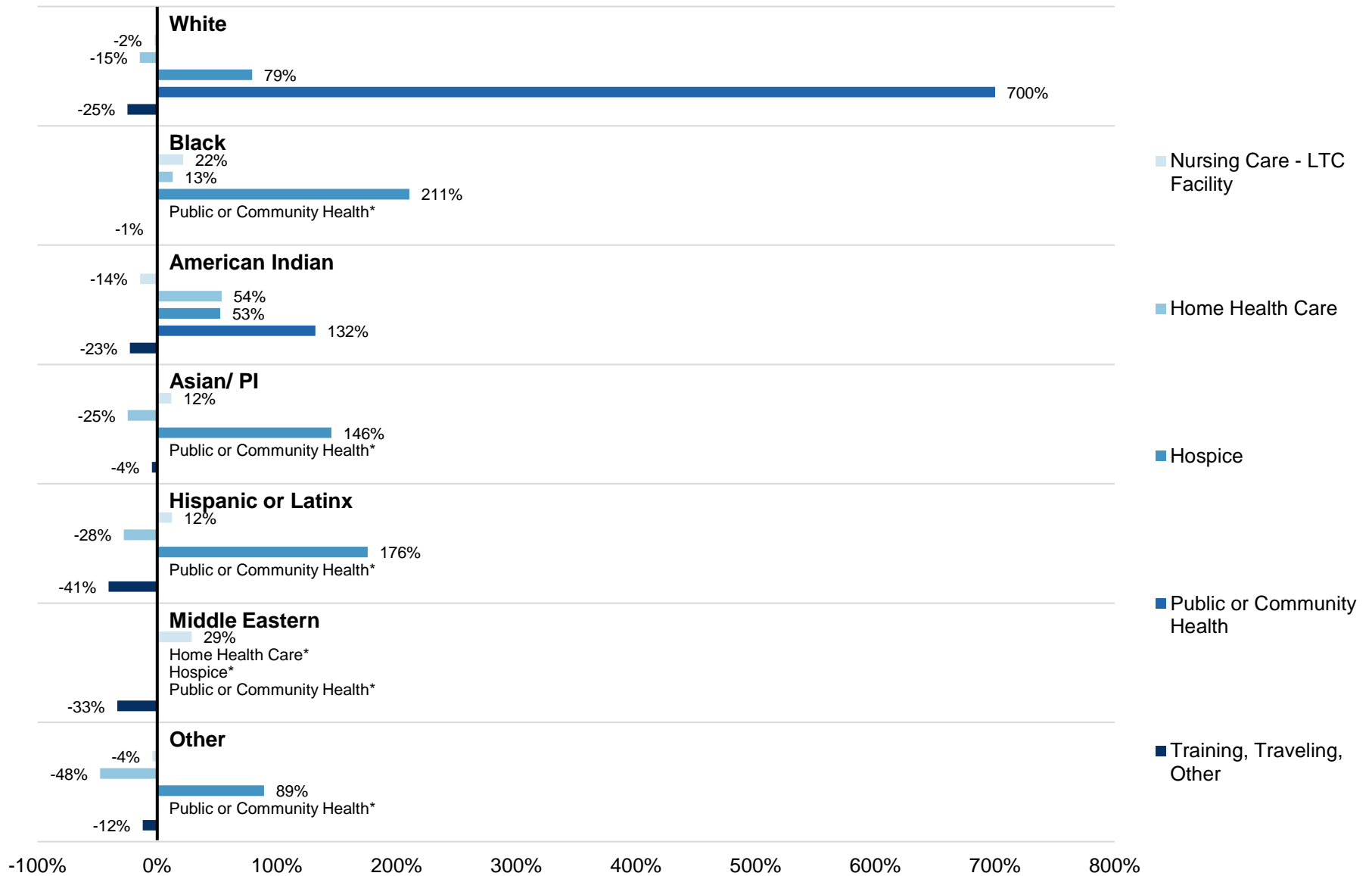
White
-2%
-15%
79%
700%
-25%

Black
22%
13%
211%
Public or Community Health*
-1%

American Indian
-14%
54%
53%
132%
-23%

Asian/ PI
12%
-25%
146%
Public or Community Health*
-4%

Hispanic or Latinx
12%
-28%
176%
Public or Community Health*
-41%

Middle Eastern
29%
Home Health Care*
Hospice*
Public or Community Health*
-33%

Other
-4%
-48%
89%
Public or Community Health*
-12%

Legend:
- Nursing Care - LTC Facility
- Home Health Care
- Hospice
- Public or Community Health
- Training, Traveling, Other

X-axis: -100% 0% 100% 200% 300% 400% 500% 600% 700% 800%

[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.

Table 39 shows nurses who made a change in employment in 2017 compared to 2022. Percent change was calculated to determine the direction of change taking place by race (Figure 25). Across all racial groups, there was a percent increase in nurses who made a change to their employment. Middle Eastern nurses saw the largest percent increase (+58.4 percent), while American Indian nurses had the lowest percent increase (+19.0 percent).

Table 39. Diversity[a] of the Change in Employment, 2017 & 2022[b]

Change in Employment	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,535	N = 15,222	N = 2,731	N = 1,363	N = 419	N = 242	N = 1,129	N = 514	N = 577	N = 401	N = 168	N = 212	N = 439	N = 468
Made a Change	33.5%	44.1%	38.6%	47.1%	41.5%	49.4%	34.6%	42.0%	37.3%	48.9%	34.6%	54.8%	38.0%	49.8%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 96

Figure 25. Percent Change in Diversity[a] of the Change in Employment, 2017 to 2022
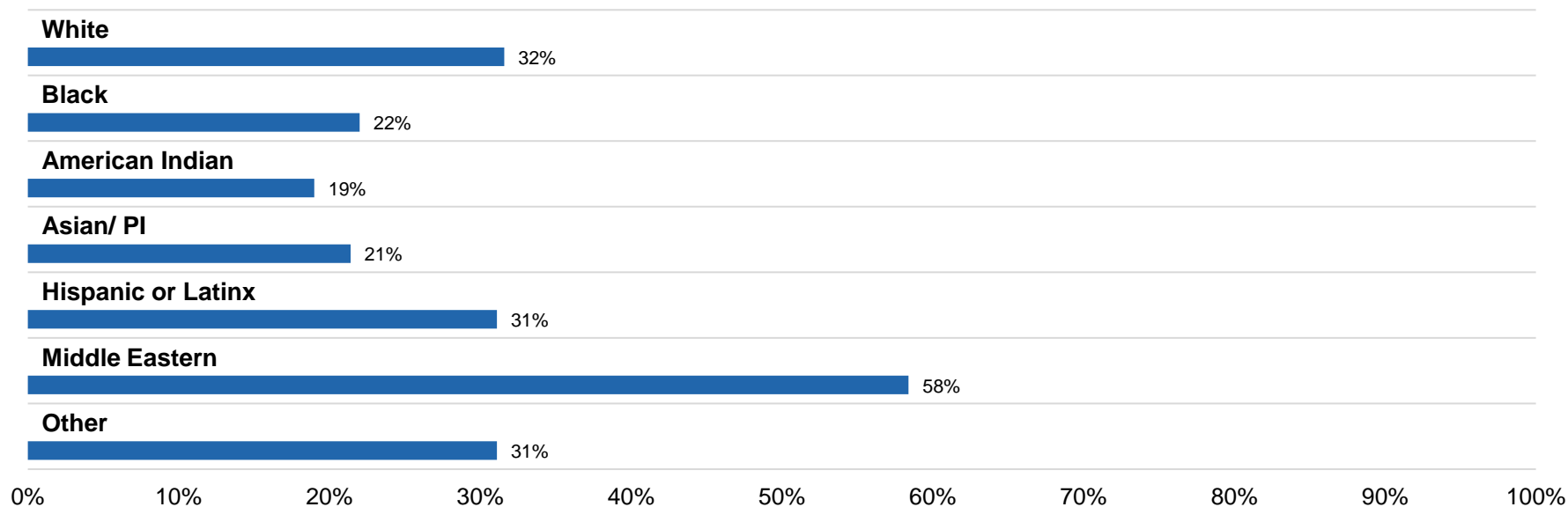
[a] Respondents were instructed to mark all that apply.

PLANS TO CONTINUE NURSING

Most commonly, RNs (36.9 percent) and LPNs (30.0 percent) had been working as a nurse for 20 or more years (Table 40). Almost one fourth of RNs and LPNs had been working as a nurse for 10 to less than 20 years (27.1 percent and 25.7 percent respectively). Additionally, 9.5 percent of RNs had been working for less than three years compared to 12.7 percent of LPNs (Table 40). LPNs were statistically more likely to have been working for less than three years (12.7 percent vs. 9.5 percent) and three to six years (15.6 percent vs. 11.1 percent) compared to RNs. Conversely, RNs were statistically more likely compared to LPNs to have been working for 20 years or more (36.9 percent vs. 30.0 percent).

Table 40. Number of Years Working as a Nurse (RN and LPN), 2022

Years	RN= 16,177		LPN= 2,895	
	Estimate	95% CI	Estimate	95% CI
Less than 3 years	9.5%	(9.1% - 10.0%)	12.7%	(11.3% - 14.3%)
3 to less than 6 years	11.1%	(10.6% - 11.6%)	15.6%	(14.0% - 17.3%)
6 to less than 10 years	15.5%	(15.0% - 16.1%)	16.1%	(14.5% - 17.8%)
10 to less than 20 years	27.1%	(26.4% - 27.8%)	25.7%	(23.8% - 27.7%)
20 or more years	36.9%	(36.2% - 37.6%)	30.0%	(28.0% - 32.1%)

The number of years working was also compared by the age of the nurse (Figure 26 on the following page). Almost all of RNs (93.2 percent) who had been working less than three years were 18 to 24 years old. RNs 25 to 34 years old had been working for three to less than 10 years (32.1 – 35.1 percent). RNs 35 to 44 years old tended to have 10 to 19 years nursing experience (59.2 percent) while LPNs in the same age category had 10 to less than 19 years' experience (38.4 percent). Both RNs and LPNs over 45 years old had more than 19 years of nursing experience.

Figure 26. Number of Years Working as a Nurse Compared to Age (RN and LPN), 2022

RN

<25 years
- 93%
- 3 to less than 6 years*
- 6 to less than 10 years, 0%
- 10 years to less than 19 years, 0%
- Greater than 19 years*

25 to 34 years
- 23%
- 32%
- 35%
- 10%
- Greater than 19 years*

35 to 44 years
- 5%
- 8%
- 18%
- 59%
- 9%

45 to 54 years
- 2%
- 4%
- 8%
- 29%
- 57%

55 to 64 years
- Less than 3 years*
- 1%
- 3%
- 12%
- 84%

65+ years
- Less than 3 years*
- 3 to less than 6 years*
- 1%
- 4%
- 95%

LPN

<25 years
- Less than 3 years*
- 3 to less than 6 years*
- 6 to less than 10 years, 0%
- 10 years to less than 19 years, 0%
- Greater than 19 years, 0%

25 to 34 years
- 27%
- 42%
- 23%
- 8%
- Greater than 19 years*

35 to 44 years
- 14%
- 18%
- 25%
- 38%
- 4%

45 to 54 years
- 6%
- 8%
- 14%
- 36%
- 37%

55 to 64 years
- Less than 3 years*
- 2%
- 6%
- 22%
- 68%

65+ years
- Less than 3 years*
- 3 to less than 6 years*
- 6 to less than 10 years*
- 7%
- 89%

Legend:
- Less than 3 years
- 3 to less than 6 years
- 6 to less than 10 years
- 10 years to less than 19 years
- Greater than 19 years

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

The number of years nationally certified APRNs had been working was also measured as a subset of RNs. Thirty-seven percent of APRNs had been working as a nurse for 20 or more years (Table 41). The number of years APRNs had been working was also compared to their age (Figure 27). The percentage of APRNs working six to less than 10 years were mostly between 25 and 34 years old (61.3 percent) while most APRNs 35 to 44 years old had been working for 10 to less than 19 years (76.2 percent). APRNs 45 years or older were most likely to have worked as a nurse for 20 or more years (72.1 – 98.5 percent).

Table 41. Number of Years Working as a Nurse (APNs only), 2022

| Years | APN= 1,595 | |
	Estimate	95% CI
Less than 3 years	*	*
3 to less than 10 years	4.2%	(3.3% - 5.3%)
10 to less than 20 years	16.1%	(14.4% - 18.0%)
20 or more years	37.5%	(35.2% - 39.9%)

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

Figure 27. Number of Years Working as a Nurse Compared to Age (APNs only), 2022[a]
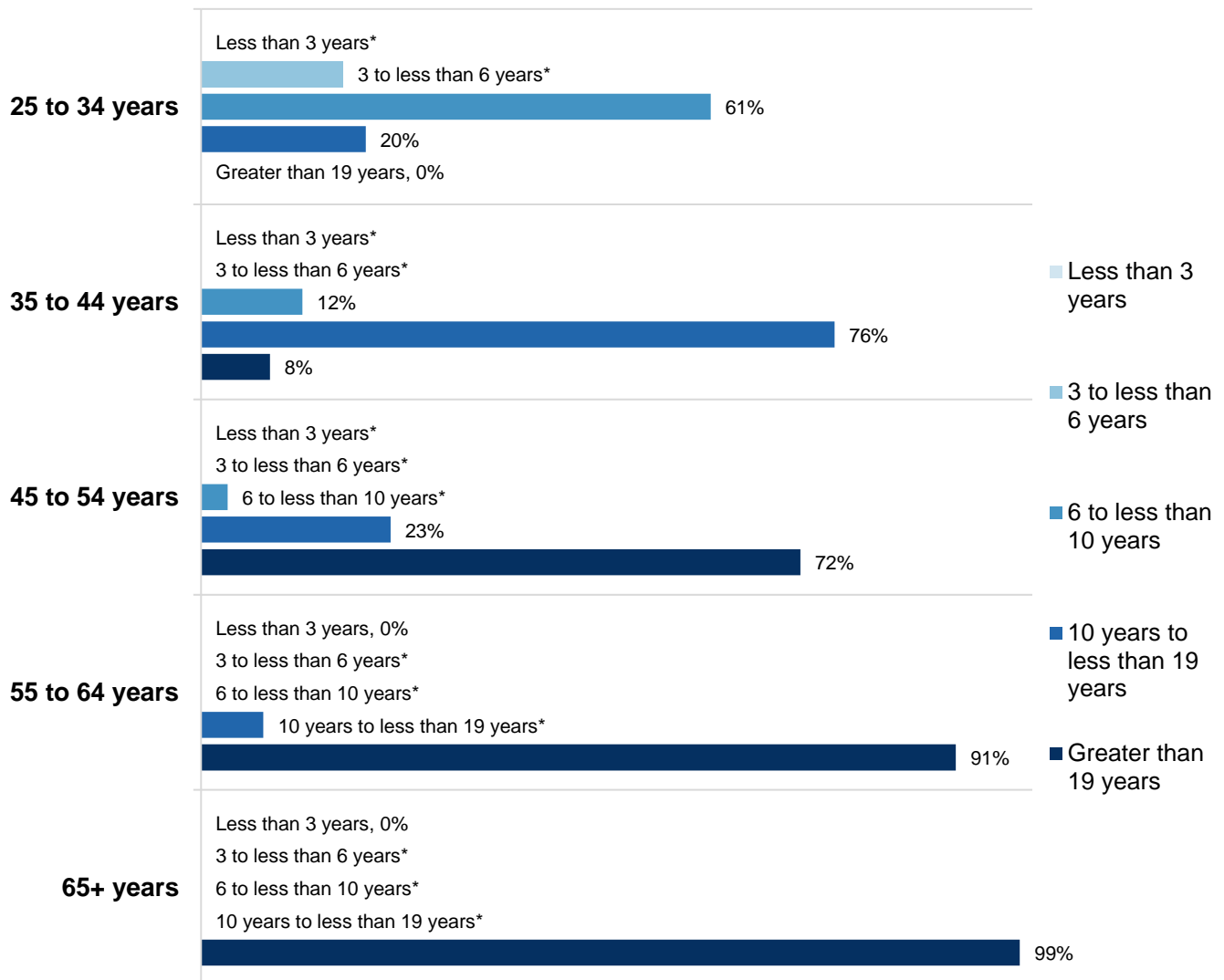
[a] Note about the data: All categories for the age group <25 years were 0 percent, thus not included in the above graphic
* Data are suppressed if count is less than 10 or sample population was less than 20.

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 42). Most RNs (50.5 percent) and LPNs (45.9 percent) estimated that they will continue working as a nurse for more than 10 years. However, RNs were slightly more likely to say they planned to work for more than 10 years compared to LPNs (50.5 percent vs. 45.9 percent). A much smaller percentage of RNs (8.3 percent) and LPNs (7.3 percent) plan to work less than two years.

Table 42. Plans to Continue Working as a Nurse (RN and LPN), 2022

Years	RN= 16,150		LPN= 1,851	
	Estimate	95% CI	Estimate	95% CI
Less than 2 years	8.3%	(7.9% - 8.7%)	7.3%	(6.2% - 8.6%)
2 to 5 years	14.4%	(13.9% - 14.9%)	13.5%	(12.0% - 15.1%)
6 to 10 years	15.5%	(15.0% - 16.1%)	13.5%	(12.0% - 15.1%)
More than 10 years	50.5%	(49.7% - 51.3%)	45.9%	(43.6% - 48.2%)
Do not know	11.3%	(10.8% - 11.8%)	19.8%	(18.0% - 21.7%)

While about half of all RNs and LPNs indicated that they planned to continue working as a nurse for 10 years or more, responses varied based upon the age of the responding nurse (Figure 28 on the following page). Most RNs (45.5 percent) and LPNs (39.4 percent) who were aged 65 or older indicated that they planned to continue working as a nurse for two or fewer years. RNs between the ages of 55 and 64 were most likely to have indicated they will continue working for two to five years (40.9 percent), and LPNs 55 to 64 years old were equally likely to continue working for two to five years (33.3 percent) or six to 10 more years (34.5 percent). Nurses younger than 55 years old most frequently indicated that they planned to continue practicing as a nurse for more than 10 years. Younger nurses were more likely to not know how long they will continue working as a nurse with 29.5 percent of RNs 25 years or younger and 28.9 percent of LPNs ages 25 to 34 years old did not know how long they would continue practicing nursing.

The percent of nurses aged 25 to 34 and 35 to 44 who planned to work less than 10 more years and the percent of nurses who didn't know whether they would work 10 more years as well as the percentage of nurses 45-54 years of age who planned to work five or fewer more years is higher than what is expected based on normal retirement age. This will have a more lasting impact on the nursing workforce than with older nursing retirements as their careers will have been shorter. Should these trends continue, more new nurses will be needed to replace these nurses.

Figure 28. Plans to Continue to Practice Nursing by Age (RN and LPN), 2022[a]

RN

<25 years
- Less than 2 years*
- 2 to 5 years*
- 6 to 10 years*
- 51%
- 30%

25 to 34 years
- 6%
- 7%
- 5%
- 64%
- 19%

35 to 44 years
- 4%
- 3%
- 7%
- 74%
- 12%

45 to 54 years
- 2%
- 8%
- 25%
- 57%
- 9%

55 to 64 years
- 15%
- 41%
- 33%
- 8%
- 3%

65+ years
- 46%
- 39%
- 6%
- 1%
- 9%

LPN

<25 years
- Less than 2 years, 0%
- 2 to 5 years, 0%
- 6 to 10 years, 0%
- More than 10 years*
- Don't know*

25 to 34 years
- Less than 2 years*
- 10%
- 6 to 10 years*
- 53%
- 29%

35 to 44 years
- Less than 2 years*
- 4%
- 5%
- 65%
- 25%

45 to 54 years
- 3%
- 6%
- 19%
- 54%
- 18%

55 to 64 years
- 11%
- 33%
- 35%
- 13%
- 8%

65+ years
- 39%
- 36%
- 8%
- More than 10 years*
- 16%

Legend:
- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years
- Don't know

[a] Corresponding data table including n's can be found in Appendix E, Table 82
* Data are suppressed if count is less than 10 or sample population was less than 20.

Whether nationally certified APNs planned to continue working as a nurse was also measured as a subset of RNs. Almost two-thirds of APNs (64.1 percent) estimated that they would continue working as a nurse for more than 10 years, while 5.4 percent planned to work as a nurse for fewer than two additional years (Table 43). APNs plans to continue working was also compared to their age (Figure 29). APNs aged 55 or older indicated that they planned to continue working as a nurse for five or fewer years. Approximately 13 percent of APNs ages 55- to 64-years old plan to work more than 10 years, while 11.7 percent in the same age category plan to work less than two years. Less than 10 percent of APNs from

35- to 54-years old plan to work two to five years (2.8 percent and 5.6 percent). There were not any 18- to 34-year-old APNs reported which makes it difficult to compare to non-APN distribution.

Table 43. Plans to Continue Working as a Nurse (APNs only), 2022

Years	APN =	1,595
	Estimate	95% CI
Less than 2 years	5.4%	(4.4% - 6.6%)
2 to 5 years	11.3%	(9.8% - 12.9%)
6 to 10 years	13.9%	(12.3% - 15.7%)
More than 10 years	64.1%	(61.7% - 66.4%)
Don't know	5.3%	(4.3% - 6.5%)

The rate of nurses aged 35- to 44-year-old who do not intend to work 10 more years, or who don't know is, again, higher than what is expected, which is concerning (n=52; Table 83). Particularly considering that the level of education required for these roles is higher, so nurses are often older when they enter these roles. Future research may be warranted to note whether this trend continues and whether it is sufficiently offset by the number of nurses attaining higher levels of education and pursuing careers as APNs.

25 to 34 years
Less than 2 years*
2 to 5 years, 0%
6 to 10 years, 0%
88%
Don't know,*

35 to 44 years
Less than 2 years*
3%
5%
85%
6%

45 to 54 years
Less than 2 years*
6%
24%
65%
5%

55 to 64 years
12%
39%
33%
13%
3%

65+ years
40%
44%
6%
More than 10 years*
8%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Legend:
- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years
- Don't know
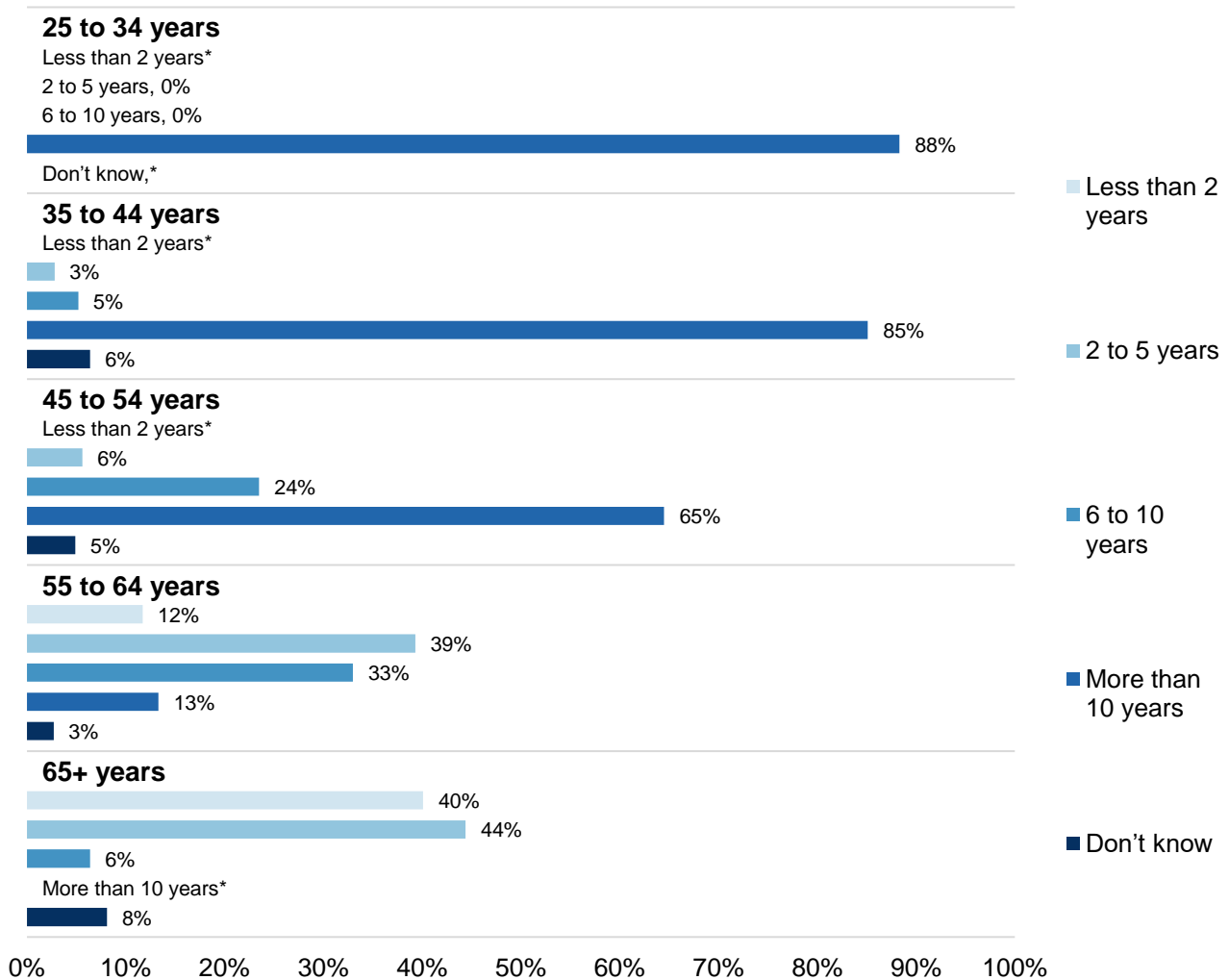
[a] Note about the data: All categories for the age group <25 years were 0 percent, thus not included in the above graphic
[b] Corresponding data table including n's can be found in Appendix E, Table 83
* Data are suppressed if count is less than 10 or sample population was less than 20.

The regional breakdown was also provided for the nurses who plan to stop working in five or less years (Table 44). For RNs, the most common region for nurses to stop working in five or less years is in the Northwest Lower Peninsula, Southeast, and Northeast Lower Peninsula (27.6 percent, 27.5 percent, and 26.8 percent respectively). For LPNs, the most common region for nurses to stop working in five or less years is in the Northwest Lower Peninsula, the Upper Peninsula, and West/West Central (43.1 percent, 41.1 percent, and 29.4 percent respectively). LPNs were statistically more likely to stop working in five years or less in the Upper Peninsula (41.1 percent vs. 25.9 percent), and West/West Central Michigan (29.4 percent vs. 21.1 percent) compared to RNs.

While the percentages of RNs who plan on working five years or less may not be considered high, the impact of the rates is concerning. The absolute number of RNs, especially those working in West/West Central Michigan, Southeast Michigan, and the Detroit Metro area, is so large that they need to be highlighted and addressed for the impact they will have on the health care system in the state and the number of new nurses required to replace these members of the workforce in those specific regions.

Table 44. Plans to Work 5 Years or Less by Region, 2022

Region	RNs			LPNs		
	N	%	95% CI	N	%	95% CI
Upper Peninsula	504	25.9%	(22.3% - 29.9%)	87	41.1%	(31.4% - 51.6%)
Northwest LP	596	27.6%	(24.2% - 31.3%)	47	43.4%	(30.3% - 57.5%)
Northeast LP	232	26.8%	(21.5% - 32.8%)	34	28.9%	(16.4% - 45.6%)
West/West Central	2,054	21.1%	(19.4% - 22.9%)	246	29.4%	(24.1% - 35.4%)
East Central	789	25.4%	(22.5% - 28.6%)	108	22.0%	(15.2% - 30.7%)
East	889	22.7%	(20.1% - 25.6%)	115	25.2%	(18.2% - 33.8%)
South Central	592	25.9%	(22.5% - 29.6%)	43	24.2%	(13.9% - 38.8%)
Southwest	975	24.8%	(22.2% - 27.6%)	105	23.6%	(16.5% - 32.6%)
Southeast	1,702	27.5%	(25.4% - 29.7%)	145	28.1%	(21.4% - 35.9%)
Detroit Metro	4,263	26.3%	(25.0% - 27.6%)	435	19.6%	(16.1% - 23.6%)
Lives in Michigan	512	26.5%	(22.9% - 30.5%)	54	29.3%	(18.9% - 42.5%)
Lives Outside of Michigan	1,513	29.3%	(27.1% - 31.6%)	97	29.7%	(21.5% - 39.4%)

The setting breakdown was also provided for those nurses who planned to stop working in five or less years (Table 45). For RNs, the most common settings for nurses to stop working in five or less years was in non-clinical settings, other community-based healthcare, other community-based care, and mobile and home care (30.3 percent, 29.1 percent, 28.8 percent, and 27.4 percent, respectively). For LPNs, the most common settings for nurses to stop working in five or less years was in mobile and home care, non-clinical settings, ambulatory care, and other community-based healthcare (33.7 percent, 32.5 percent, 30.9 percent, and 27.8 percent respectively). There were no statistically significant differences between RNs and LPNs who plan to stop working in five years or less and what their working setting was in 2022.

While the percentages of nurses who planned on working 5 years or less in acute care, emergent/urgent care, and ambulatory care may not be as high as some other areas, the impact of the rates is concerning. The absolute number of nurses are so large that they need to be highlighted and addressed for the impact they will have on the healthcare system in the state and the number of new nurses required to replace these members of the workforce (RNs in acute care N=6,691, emergent/urgent care N=1,277, ambulatory care N=3,334). While there are fewer nurses who practiced in school of nursing settings the educational level of master's or doctoral degree preparation for faculty make them harder to quickly replace.

Table 45. Plans to Work 5 Years or Less by Setting, 2022[a]

Setting	RNs			LPNs		
	N	%	95% CI	N	%	95% CI
Acute Care	6,691	23.3%	(22.3% - 24.3%)	125	21.2%	(14.9% - 29.2%)
Emergent and Urgent Care	1,277	22.4%	(20.2% - 24.8%)	32	*	*
Corrections	110	24.2%	(17.2% - 33.0%)	30	*	*
Long-term Care	880	22.9%	(20.2% - 25.8%)	660	19.9%	(17.0% - 23.1%)
Ambulatory Care	3,334	26.4%	(24.9% - 27.9%)	322	30.9%	(26.1% - 36.1%)
Mobile and Home Care	830	27.4%	(24.5% - 30.5%)	193	33.7%	(27.4% - 40.6%)
Non-clinical	1,587	30.3%	(28.1% - 32.6%)	103	32.5%	(24.2% - 42.0%)
School of Nursing	802	25.8%	(22.9% - 28.9%)	10	*	*
Public Health	561	25.8%	(22.4% - 29.6%)	26	*	*
Community Health	810	23.9%	(21.1% - 27.0%)	107	17.2%	(11.2% - 25.5%)
School Health	287	22.2%	(17.8% - 27.4%)	36	*	*

Setting	RNs			LPNs		
	N	%	95% CI	N	%	95% CI
Other Community-based Healthcare	602	29.1%	(25.6% - 32.9%)	207	27.8%	(22.1% - 34.3%)
Other Community-based Care	414	28.8%	(24.6% - 33.3%)	29	*	*

[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.

Figures 30a and 30b (data was split into two separate figures for ease of viewing) on the following pages shows nurses' plans to work five years or less by setting and age in 2022. Nurses aged 18 to 34 years who only plan to work for the next five years worked mostly in training, traveling or other types of nurses (17.9 percent). Nurses aged 35 to 54 years who only plan to work for the next five years worked mostly in assisted living (14.1 percent). Nurses aged 55 to 64 years who plan to work for the next five years worked mostly in ambulatory care (93.7 percent). Nurses aged 65 years or older who plan to work for the next five years worked mostly in acute care; however, it is expected most nurses in this age group plan to leave the workforce in the next five years.

When examining the actual number of younger nurses planning to leave settings in the next five years, direct care (54 years or younger n =3,375; Table 84) and acute care (54 years or younger n=3,079) may experience a long-lasting impact across the state. It is more likely these individuals would move onto other settings and graduating nurses will need to fill these direct and acute care positions. Again, younger nurse faculty planning to leave (nurses in school of nursing settings 54 years or younger n=216) should continue to be monitored as these replacements require higher levels of education.

Provides Direct Care
- 18 to 34 years: 18%
- 35 to 54 years: 10%
- 55 to 64 years: 41%
- 65+ years: 91%

Provides non-direct care
- 18 to 34 years: 7%
- 35 to 54 years: 5%
- 55 to 64 years: 37%
- 65+ years: 90%

Nurse Administrator
- 18 to 34 years: 12%
- 35 to 54 years: 6%
- 55 to 64 years: 36%
- 65+ years: 91%

Nurse Faculty
- 18 to 34 years, 0%
- 35 to 54 years: 8%
- 55 to 64 years: 31%
- 65+ years: 89%

Acute Care
- 18 to 34 years: 19%
- 35 to 54 years: 10%
- 55 to 64 years: 38%
- 65+ years: 95%

Ambulatory Care
- 18 to 34 years: 11%
- 35 to 54 years: 6%
- 55 to 64 years: 46%
- 65+ years: 94%

Nursing Care - LTC Facility
- 18 to 34 years: 12%
- 35 to 54 years: 10%
- 55 to 64 years: 31%
- 65+ years: 88%

Assisted Living
- 18 to 34 years*
- 35 to 54 years: 14%
- 55 to 64 years: 33%
- 65+ years: 92%

Legend:
- 18 to 34 years
- 35 to 54 years
- 55 to 64 years
- 65+ years

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix E, Table 84
* Data are suppressed if count is less than 10 or sample population was less than 20.

Home Health Care

18 to 34 years*

7%

38%

89%

Hospice

18%

9%

32%

93%

Corrections System

18 to 34 years*

35 to 54 years*

29%

93%

School of Nursing

18 to 34 years*

6%

34%

87%

Public or Community Health

18 to 34 years*

6%

41%

93%

Insurance Company Health Plan

18 to 34 years*

35 to 54 years*

29%

92%

Training, Traveling, Other

18%

8%

38%

90%

0%   20%   40%   60%   80%   100%

Legend:
- 18 to 34 years
- 35 to 54 years
- 55 to 64 years
- 65+ years

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix E, Table 84
* Data are suppressed if count is less than 10 or sample population was less than 20.

The position breakdown was also provided for those nurses who planned to stop working in five or less years (Table 46). For RNs, the most common position for nurses to stop working in five or less years were travel nurses, other health non-related positions, other health services positions, and in patient educator and other positions (33.3 percent, 30.6 percent, 28.8 percent, and 28.6 percent respectively). For LPNs, the most common positions for nurses to stop working in five or less years were patient educator and other positions, other health services positions, and staff nurses (30.2 percent, 28.9 percent, and 25.0 percent respectively). RNs who planned to stop working in five years or less were statistically more likely to be travel nurses compared to LPNs (33.3 percent vs. 14.0 percent).

The number of staff nurses who plan to only work for five years or less is large and it will take a lot to replace these nurses, as will patient educators and faculty nurses, as they require more and specialized training. APRNs and nurse anesthetists again represent large numbers considering doctoral level entry requirements for nurse anesthetists and the impending move to doctoral entry for nurse practitioners.

Table 46. Plans to Work 5 Years or Less by Position, 2022[a]

Position	RNs			LPNs		
	N	%	95% CI	N	%	95% CI
Staff Nurse	7,709	24.6%	(23.7% - 25.6%)	1,038	25.0%	(22.5% - 27.7%)
Faculty	750	25.9%	(22.9% - 29.2%)	*	*	*
Education, Research, & Consulting	1,609	26.7%	(24.6% - 28.9%)	37	23.4%	(12.7% - 39.1%)
School Nurse	271	21.0%	(16.6% - 26.2%)	39	16.9%	(8.3% - 31.5%)
Telehealth	546	23.1%	(19.8% - 26.8%)	41	*	*
Travel Nurse	513	33.3%	(29.4% - 37.5%)	63	14.0%	(7.5% - 24.6%)
Executives	838	27.3%	(24.4% - 30.4%)	50	24.1%	(14.4% - 37.5%)
Patient Educator and other	1,206	28.6%	(26.1% - 31.2%)	136	30.2%	(23.1% - 38.4%)
APRN and Nurse Anesthetist	1,372	17.4%	(15.5% - 19.5%)	*	*	*
Managerial	1,273	20.8%	(18.7% - 23.1%)	188	21.9%	(16.6% - 28.3%)
Military Health Services	63	16.8%	(9.5% - 27.9%)	*	*	*
Other Health Services	2,667	28.8%	(27.1% - 30.5%)	264	28.9%	(23.8% - 34.6%)
Other Health Non-related	47	30.6%	(19.3% - 44.8%)	*	*	*

[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 specialty breakdown was also provided for those nurses who planned to stop working in five or less years (Table 47). For RNs, the most common specialty for nurses to stop working in five or less years were other non-clinical specialties (31.1 percent), other specialties (29.9 percent), and surgical services (28.9 percent). For LPNs, the most common specialties for nurses to stop working in five or less years were other specialties (30.2 percent), child and family

The number of nurses working in critical care who planned to leave the workforce within the next five years is concerning as it is, again, a specialized area that requires further education. The number of nurses who worked in geriatric care are concerning due to the fact that the older generations are the fastest growing population in Michigan. Faculty numbers are, again, concerning due to the educational level required for this role. Acute care, particularly critical care, as well as mental health, long-term care and faculty are already experiencing nursing shortages, and these trends suggests further exacerbation of current shortages.

health (29.2 percent), and specialty care (24.6 percent). LPNs who planned to stop working in five years or less were statistically more likely to have a specialty in child and family health compared to RNs (29.2 percent vs. 20.6 percent). RNs were statistically more likely to have a specialty in phlebotomy, testing and diagnostics compared to LPNs (28.1 percent vs. 21.4 percent).

Table 47. Plans to Work 5 Years or Less Within Each Specialty, 2022[a]

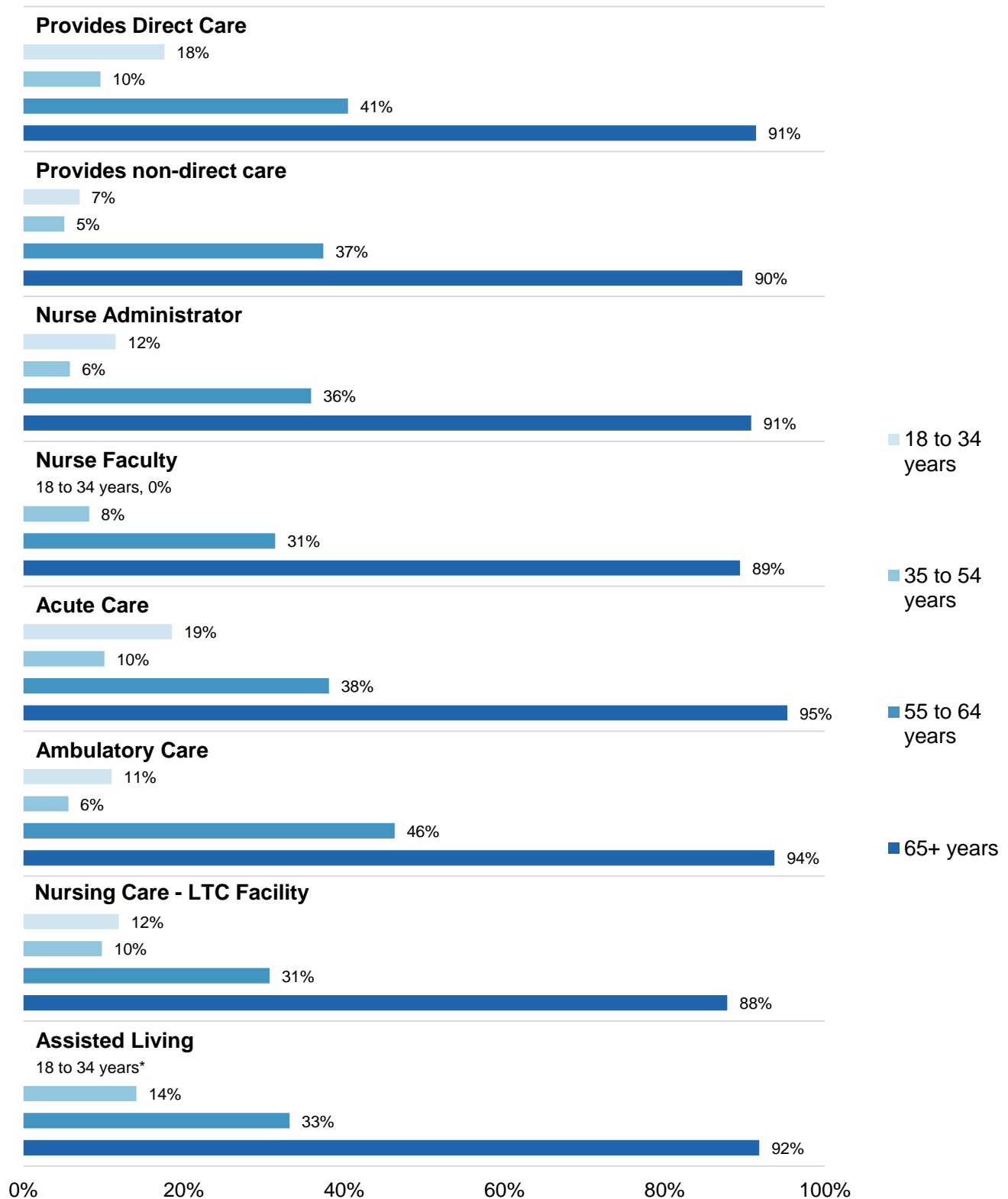| Specialty	RNs			LPNs		
	N	%	95% CI	N	%	95% CI
Academia	678	25.3%	(22.2% - 28.7%)	*	*	*
Adult Health	2,814	22.3%	(20.8% - 23.9%)	501	20.7%	(17.4% - 24.5%)
Anesthesia	457	22.5%	(18.9% - 26.5%)	*	*	*
Behavioral Health	850	23.0%	(20.3% - 25.9%)	89	18.0%	(11.4% - 27.3%)
Care Management	1,903	24.8%	(22.9% - 26.8%)	120	20.5%	(14.2% - 28.6%)
Child & Family Health	1,548	20.6%	(18.7% - 22.7%)	242	29.2%	(23.8% - 35.2%)
Community Care	647	24.5%	(21.3% - 28.0%)	63	23.1%	(14.4% - 34.9%)
Critical Care	1,864	24.8%	(22.9% - 26.8%)	46	*	*
Dialysis Nurse	280	21.9%	(17.5% - 27.1%)	*	*	*
Geriatric Care	1,315	21.6%	(19.5% - 23.9%)	536	21.7%	(18.4% - 25.4%)
Hospice	652	23.8%	(20.7% - 27.2%)	136	19.1%	(13.4% - 26.5%)
Medical Surgical & Wound Care	2,130	19.9%	(18.3% - 21.6%)	293	21.4%	(17.1% - 26.5%)
Occupational Health and Transitions of Care	570	24.3%	(21.0% - 28.0%)	71	17.4%	(10.3% - 27.8%)
Other	2,043	29.9%	(28.0% - 31.9%)	275	30.2%	(25.1% - 35.9%)
Other non-clinical specialties	362	31.1%	(26.6% - 36.0%)	33	24.0%	(12.7% - 40.8%)
Phlebotomy, Testing, & Diagnostics	340	28.1%	(23.6% - 33.1%)	60	21.4%	(12.9% - 33.3%)
Rehabilitation	536	22.9%	(19.5% - 26.6%)	216	18.8%	(14.2% - 24.5%)
Specialty Care	1,833	22.9%	(21.0% - 24.9%)	73	24.6%	(16.2% - 35.6%)
Surgical Services	1,587	28.9%	(26.7% - 31.2%)	21	*	*
Women & Infants Health	1,153	24.1%	(21.7% - 26.7%)	26	*	*

[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.

Among those who indicated that they planned to stop working in five years or less were asked their reason for leaving nursing (Table 48). Most RNs and LPNs planned to leave nursing due to retirement (68.2 percent and 66.2 percent respectively), and the next most common reason was due to stress and burn out (37.5 percent and 35.8 percent respectively). About a quarter of nurses planned to leave nursing due to the workload (RNs = 24.8 percent; LPNs = 23.4 percent). RNs who indicated they would be leaving the nursing workforce in less than five years were more likely to state that they needed to leave due to violence or safety issues (13.3 percent vs. 5.8 percent), work culture (18.8 percent vs. 12.2 percent), and wages (19.7 percent vs. 18.6 percent) compared to LPNs who also planned to leave during this same timeframe.

> Workload, work culture, wages, stressful/burned out, and workplace violence, are all areas for further research to address the potential exodus from the workforce.

Table 48. Reasons for Leaving Nursing for those Leaving Nursing in Less than 5 Years, 2022[a]

Reason	RN= 5,480		LPN= 540	
	Estimate	95% CI	Estimate	95% CI
Retiring	68.2%	(67.0% - 69.4%)	66.2%	(62.1% - 70.1%)
Care for home or family	6.5%	(5.9% - 7.2%)	5.0%	(3.5% - 7.2%)
Enrolled in education program	3.7%	(3.2% - 4.2%)	*	*
Difficulty finding a nursing position	0.4%	(0.3% - 0.6%)	*	*
Too stressful/Burned out	37.5%	(36.2% - 38.8%)	35.8%	(31.9% - 39.9%)
Difficulties with EMR/new technology	1.4%	(1.1% - 1.7%)	*	*
Violence/safety issues	13.3%	(12.4% - 14.2%)	5.8%	(4.1% - 8.1%)
Relocating/moving to another area	2.0%	(1.7% - 2.4%)	2.7%	(1.6% - 4.4%)
COVID-related	4.1%	(3.6% - 4.7%)	4.6%	(3.1% - 6.7%)
Disability or long-term illness	1.6%	(1.3% - 2.0%)	2.5%	(1.5% - 4.2%)
Wages	19.7%	(18.7% - 20.8%)	18.6%	(15.5% - 22.1%)
Work culture	18.8%	(17.8% - 19.9%)	12.2%	(9.7% - 15.2%)
Workload	24.8%	(23.7% - 26.0%)	23.4%	(20.0% - 27.2%)
Undesirable schedule	12.5%	(11.7% - 13.4%)	7.7%	(5.7% - 10.3%)
Benefits and employer supports	11.3%	(10.5% - 12.2%)	10.8%	(8.5% - 13.7%)
Other (please specify)[b]	1.4%	(1.1% - 1.7%)	3.3%	(2.1% - 5.2%)

[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 mentioned concerns about COVID-19.

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

DIVERSITY OF NURSES' PLANS TO CONTINUE

Table 49 shows the years practicing as a nurse in 2017 and 2022. Overall, most nurses, regardless of race, have been working for 10 or more years, followed by four to nine years. When looking just at data collected in 2022, Black (14.5 percent), American Indian (15.5 percent), Asian or Pacific Islander (13.5 percent), Hispanic (16.1 percent), and Middle Eastern (16.4 percent) nurses were statistically more likely to have only been working for less than three years compared to white nurses (9.3 percent). Black (34.7 percent), Asian or Pacific Islander (28.9 percent), and Middle Eastern (42.5 percent) nurses were also statistically more likely than white nurses (26.4 percent) to have been working for four to nine years. White nurses (64.4 percent) were statistically more likely than Black (50.8 percent), American Indian (54.7 percent), Asian or Pacific Islander (57.6 percent), Hispanic (52.4 percent), and Middle Eastern (41.1 percent) nurses to have been working 10 or more years as a nurse.

Table 49. Diversity[a] of Years Practicing as a Nurse, 2017 & 2022[b]

Years Practicing as a Nurse	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,307	N = 15,222	N = 2,690	N = 1,363	N = 418	N = 242	N = 1,110	N = 514	N = 567	N = 401	N = 166	N = 212	N = 434	N = 468
Less than 3 years	14.7%	9.3%	20.9%	14.5%	18.0%	15.5%	17.1%	13.5%	26.2%	16.1%	42.2%	16.4%	21.6%	9.7%
4 to 9 years	22.6%	26.4%	26.1%	34.7%	26.4%	29.7%	21.7%	28.9%	27.2%	31.4%	26.9%	42.5%	27.6%	30.0%
10 or more years	62.7%	64.4%	53.0%	50.8%	55.7%	54.7%	62.1%	57.6%	46.6%	52.4%	30.9%	41.1%	50.8%	60.3%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 97

Figure 31 shows the percent change in years practicing as a nurse between 2017 and 2022. Overall, regardless of race, there was a decrease in the proportion of nurses who have only been in the workforce for less than three years and the proportion of nurses working for four to nine years as increased. Middle Eastern nurses had the largest percent decrease in new nurses (-61.1 percent), followed by nurses of some other race (-55.1 percent). Middle Eastern nurses had the largest percent increase in nurses who have been in the workforce for four to nine years (+58.0 percent), followed by Asian or Pacific Islander nurses (+33.2 percent) and Black nurses (+33.0 percent). Middle Eastern nurses had the largest percent increase in nurses working for 10 years or more (+33.0 percent), while Asian or Pacific Islander nurses had the largest percent decrease in nurses who have been working for 10 years or more (-7.2 percent).

Figure 31. Percent Change in the Diversity[a] of Years Practicing as a Nurse, 2017 & 2022

White
-37%
17%
3%

Black
-31%
33%
-4%

American Indian
-14%
13%
-2%

Asian/ PI
-21%
33%
-7%

Hispanic or Latinx
-39%
15%
12%

Middle Eastern
-61%
58%
33%

Other
-55%
9%
19%

Legend:
- Less than 3 years
- 4 to 9 years
- 10 or more years

X-axis: -80% -60% -40% -20% 0% 20% 40% 60% 80%
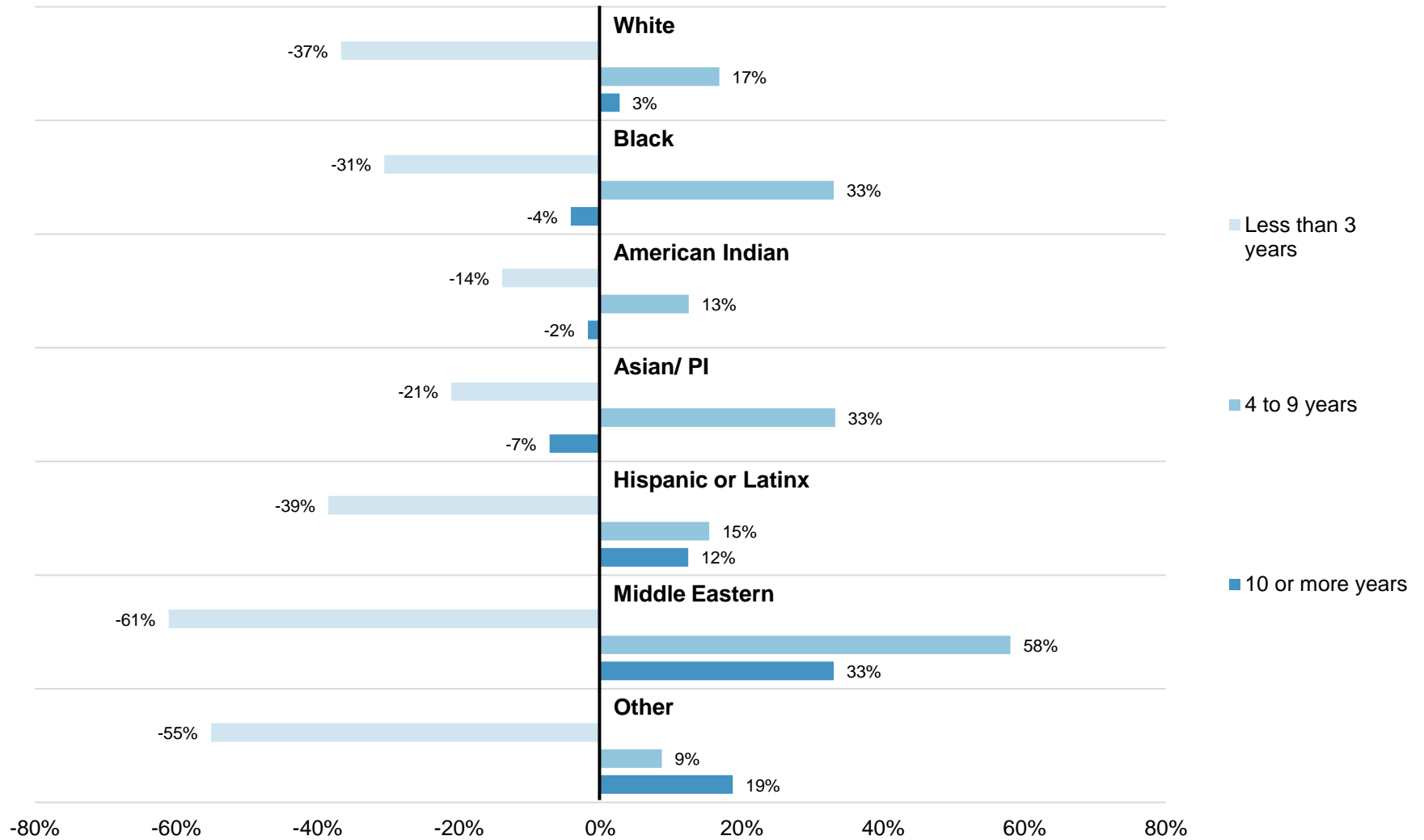
[a] Respondents were instructed to mark all that apply.

Table 50 shows nurses who plan to work five years or less in 2017 compared to 2022. Percent change was calculated to determine the direction of change taking place by race (Figure 32 on the following page). There was an overall percent increase among nurses who have been in the work force for five years or less. Hispanic or Latinx (+143.4 percent) and Middle Eastern (+142.3 percent) nurses had the largest percent increase, while Asian or Pacific Islander nurses were the only racial group to have a percent decrease (-2.1 percent). This directly results in the overall percent decrease in nurses who have worked for six years or more (Table 43). Middle Eastern nurses had the largest percent decrease (-39.4 percent), while no racial groups had a percent increase.

White nurses continued to indicate that they planned to leave the workforce at the highest rate, together with reflecting the smallest percentage of nurses who had practiced less than 10 years, this will potentially increase the diversity of the workforce as time goes on. Asian or Pacific Islander nurses were the only racial group to see a decrease in those who planned to leave the workforce within the next five years, which may increase their representation in nursing. On the other hand, Hispanic, American Indian and Middle Eastern nurses had much larger percentages that planned on leaving the workforce than in previous years, which could decrease their representation in the nursing workforce.
When comparing these data with what was found in 2021 (Table 62 of 2021 report; www.minurse.org), it should be noted that there is a continuing upward trend from 2017 to 2021 and 2021 to 2022 in nurses indicating they planned to work <=5 years rather than 6+ years. There was an increase in the percent of nurses who planned to continue working as a nurse for the next five years among white (20.1 percent vs. 23.2 percent), Black (14.6 percent vs. 15.8 percent), American Indian (16.7 percent vs. 20.0 percent), and Hispanic (12.7 percent vs. 24.1 percent) nurses. Hispanic nurses had the largest increase, and if this trend continues and is not offset by the number of Hispanic nurses entering the workforce, this could greatly reduce their representation in the workforce in years to come.

Table 50. Diversity[a] in Plans to Continue Working as a Nurse, 2017 & 2022[b]

Plans to Continue Working as a Nurse	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 24,014	N = 13,865	N = 2,358	N = 1,118	N = 389	N = 214	N = 1,006	N = 457	N = 532	N = 346	N = 151	N = 184	N = 391	N = 381
<=5 years	19.7%	23.2%	14.6%	15.8%	14.5%	20.0%	14.3%	14.0%	9.9%	24.1%	7.8%	18.9%	11.2%	22.1%
6+ years	80.3%	65.4%	85.4%	65.7%	85.5%	64.6%	85.7%	63.8%	90.1%	72.2%	92.2%	55.9%	88.8%	63.9%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n values can be found in Appendix F Table 98

Figure 32. Percent Change in the Diversity[a] of Plans to Continue Working as a Nurse, 2017 to 2022

White 18%
-19%

Black 8%
-23%

American Indian 38%
-24%

■ <=5 years

Asian/ PI -2%
-26%

■ 6+ years

Hispanic or Latinx 143%
-20%

Middle Eastern 142%
-39%

Other 97%
-28%

-50% -30% -10% 10% 30% 50% 70% 90% 110% 130% 150%
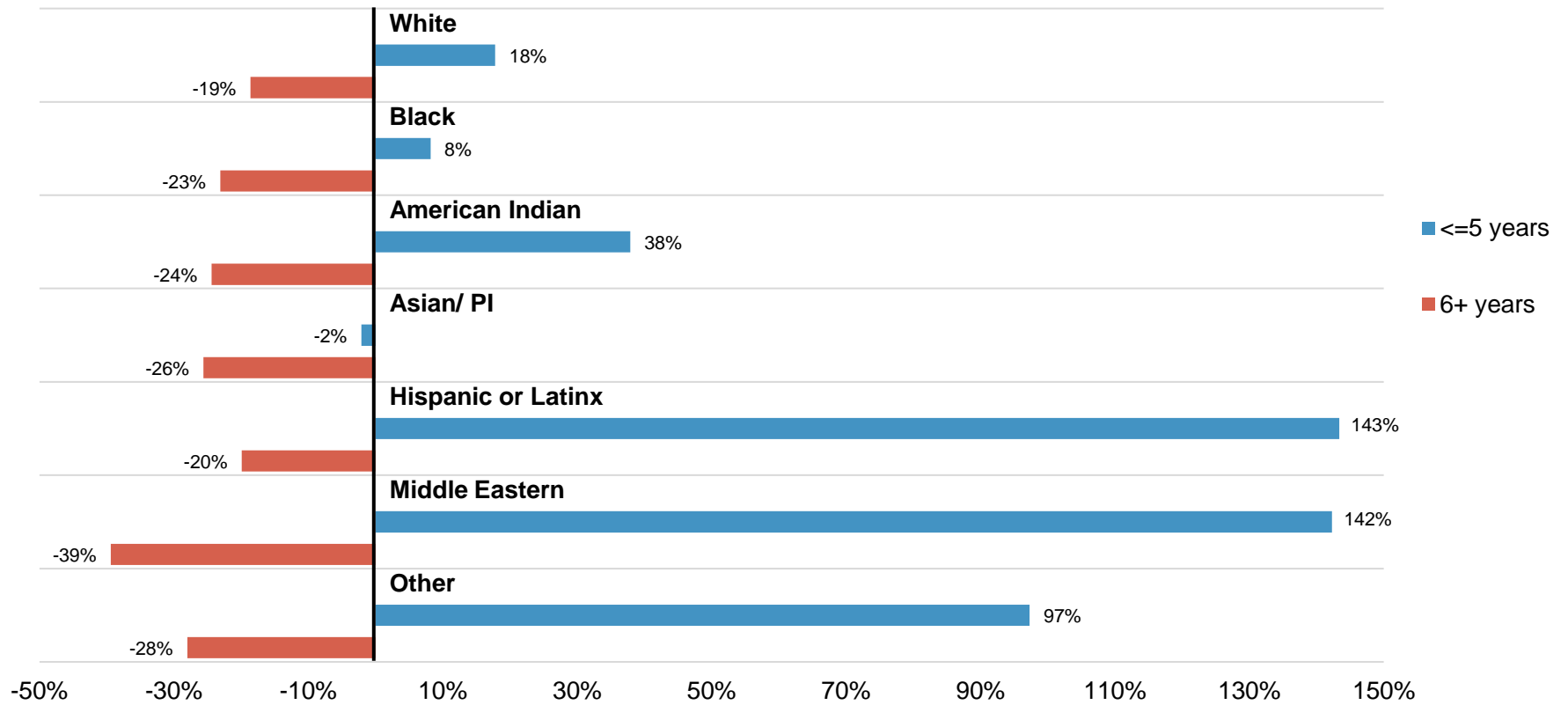
[a] Respondents were instructed to mark all that apply.

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 76 – 82 in Appendix A).

Basic Demographics

Similar to last year (2021), younger nurses were more likely to experience workplace violence (Table 51). Over half the RNs 34 years or younger indicated they experienced workplace violence in the past year (younger than 24 years old = 69.8 percent; 25 to 34 years old = 62.2 percent). About one-third of LPNs 25 to 44 years old experienced workplace violence in the past year (25 to 34 years old = 34.8 percent; 35 to 44 years old = 32.8 percent). Male nurses continued to be more likely to experience workplace violence (51.9 percent RNs: 45.0 percent LPNs).

Table 51. Demographics of those Nurses who Experienced Workplace Violence in the Past Year, 2022

Characteristics	RNs		LPNs	
	n	Estimate	n	Estimate
Total	**15,486**	**45.8%**	**1,741**	**28.9%**
Age				
<25 years	86	69.8%	*	*
25 to 34 years	1,528	62.2%	132	34.8%
35 to 44 years	2,937	47.6%	378	32.8%
45 to 54 years	3,698	41.3%	415	26.5%
55 to 64 years	4,555	33.1%	466	22.7%
65+ years	1,986	18.2%	263	15.2%
Gender				
Female	13,872	45.1%	1,614	28.0%
Male	1,377	51.9%	102	45.0%
Ethnicity [a]				
Hispanic or Latinx	154	42.2%	19	36.7%
Middle Eastern	187	32.6%	*	*
Race [a]				
White	5,473	38.9%	319	25.4%
Black	251	27.6%	113	25.4%
American Indian	99	50.0%	18	37.2%
Asian/ Pacific Islander	155	33.6%	*	*
Other	375	90.9%	28	35.4%
Employment Region				
Eastern/Central/Western UP	519	46.8%	94	27.1%
Northwest LP	645	50.1%	45	22.5%
Northeast LP	270	44.9%	37	*
West/West Central	2,183	50.7%	282	27.9%
East Central	810	45.1%	124	19.0%
East	1,131	45.8%	148	30.8%
South Central	576	46.9%	42	36.0%
Southwest	998	49.7%	115	35.2%
Southeast	1,542	45.1%	178	32.4%
Detroit Metro	4,536	43.7%	496	29.9%

Characteristics	RNs		LPNs	
	n	Estimate	n	Estimate
Outside of MI	752	54.5%	83	23.8%
Unknown MI Region	1,467	36.8%	87	24.1%
Region of Residence				
Upper Peninsula	540	45.1%	97	27.8%
Northwest LP	632	49.8%	50	27.9%
Northeast LP	239	47.8%	37	*
West/West Central	2,185	50.9%	267	28.6%
East Central	849	44.8%	116	19.0%
East	952	46.8%	129	30.6%
South Central	627	44.8%	50	36.0%
Southwest	1,023	51.1%	117	35.5%
Southeast	1,820	45.8%	179	30.9%
Detroit Metro	4,537	43.5%	520	28.2%
Non-Michigan Residence	505	47.5%	70	31.8%
Unknown MI Region	1,577	38.9%	109	27.1%

[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.

Comparison of those who experienced workplace violence in 2021 to 2022 is shown in Table 52. RNs reported experiencing more workplace violence in 2022 than in 2021 across all demographics while LPNs experienced more workplace violence across most demographics, except for some racial groups and some geographical locations. RNs less than 34 years old experienced more workplace violence in 2022 (62.2-69.8 percent) than in 2021 (45.9-48.8 percent).

> When comparing the difference between RNs and LPNs, interpretation needs to be made with caution as there are significantly more RNs compared to LPNs. This does not change the interpretation of individual percentages by themselves, but can potentially impact the interpretation of workforce needs, with the need being greater among LPNs.

Table 52. Demographics of those Nurses who Experienced Workplace Violence, 2021-2022

Characteristics	2021				2022			
	RNs		LPNs		RNs		LPNs	
	n	Estimate	n	Estimate	n	Estimate	n	Estimate
Total	7,548	**34.2%**	618	**23.6%**	15,486	**45.8%**	1,741	**28.9%**
Age								
<25 years	177	48.8%	16	44.5%	86	69.8%	*	*
25 to 34 years	1,716	45.9%	96	24.9%	1,528	62.2%	132	34.8%
35 to 44 years	1,947	37.6%	178	25.9%	2,937	47.6%	378	32.8%
45 to 54 years	1,614	29.7%	144	22.1%	3,698	41.3%	415	26.5%
55 to 64 years	1,389	24.9%	131	22.0%	4,555	33.1%	466	22.7%
65+ years	326	15.2%	26	12.2%	1,986	18.2%	263	15.2%
Gender								
Female	6,559	33.5%	563	23.5%	13,872	45.1%	1,614	28.0%
Male	899	41.1%	49	25.3%	1,377	51.9%	102	45.0%
Race [a]								

Characteristics	2021				2022			
	RNs		LPNs		RNs		LPNs	
	n	Estimate	n	Estimate	n	Estimate	n	Estimate
White	6,719	35.1%	137	27.6%	5,473	38.9%	319	25.4%
Black	348	24.6%	109	14.7%	251	27.6%	113	25.4%
American Indian	124	43.6%	23	35.2%	99	50.0%	18	37.2%
Asian/ Pacific Islander	217	28.8%	12	17.7%	155	33.6%	*	*
Other	251	43.3%	29	31.3%	375	90.9%	28	35.4%
Ethnicity [a]								
Hispanic or Latinx	201	40.5%	20	23.4%	154	42.2%	19	36.7%
Middle Eastern	102	31.7%	*	*	187	32.6%	*	*
Employment Region								
Upper Peninsula	211	39.0%	32	24.6%	519	46.8%	94	27.1%
Northwest LP	249	34.8%	15	25.7%	645	50.1%	45	22.5%
Northeast LP	98	33.5%	19	33.0%	270	44.9%	37	39.0%
West/West Central	1096	36.9%	93	24.2%	2,183	50.7%	282	27.9%
East Central	351	34.7%	45	31.9%	810	45.1%	124	19.0%
East	487	37.3%	53	31.5%	1,131	45.8%	148	30.8%
South Central	343	40.5%	29	36.5%	576	46.9%	42	*
Southwest	569	42.7%	40	27.7%	998	49.7%	115	35.2%
Southeast	828	34.5%	56	24.4%	1,542	45.1%	178	32.4%
Detroit Metro	1980	32.7%	146	17.7%	4,536	43.7%	496	29.9%
Outside of MI	562	22.7%	35	21.0%	752	54.5%	83	23.8%
Unknown MI Region	613	34.1%	49	23.7%	1,467	36.8%	87	24.1%
Region of Residence								
Upper Peninsula	214	37.4%	33	24.5%	540	45.1%	97	27.8%
Northwest LP	262	34.8%	15	26.7%	632	49.8%	50	27.9%
Northeast LP	100	32.4%	20	31.3%	239	47.8%	37	*
West/West Central	1161	37.1%	97	24.1%	2,185	50.9%	267	28.6%
East Central	345	34.6%	41	30.5%	849	44.8%	116	19.0%
East	599	37.3%	74	33.4%	952	46.8%	129	30.6%
South Central	359	42.6%	28	35.6%	627	44.8%	50	36.0%
Southwest	565	41.7%	48	30.3%	1,023	51.1%	117	35.5%
Southeast	749	34.0%	55	23.7%	1,820	45.8%	179	30.9%
Detroit Metro	2164	32.8%	147	17.5%	4,537	43.5%	520	28.2%
Non-Michigan Residence	562	22.7%	35	21.0%	505	47.5%	70	31.8%
Unknown MI Region	448	37.9%	22	19.4%	1,577	38.9%	109	27.1%

[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 care setting where nurses experienced the most workplace violence was in emergency and urgent care for RNs (75.8 percent) and corrections for LPNs (48.6 percent; Table 53 on the following page). RNs who experienced workplace violence were statistically more likely compared to LPNs to work in emergent and urgent care (75.8 percent vs. 46.1 percent), acute care (58.7 percent vs. 33.2 percent), ambulatory care (36.3 percent vs. 22.8 percent), or mobile and home care (30.3 percent vs. 18.1 percent).

Table 53. Nurses who Experienced Workplace Violence by Care Setting, 2022 (top settings in descending order by RNs)[a]

Setting	RN= 19,311		LPN= 2,208	
	n	Estimate	n	Estimate
Emergent and Urgent Care	1,404	75.8%	40	46.1%
Corrections	116	59.5%	43	48.6%
Acute Care [b]	7,102	58.7%	149	33.2%
School Health	315	42.4%	46	34.6%
Community Health	847	40.5%	128	40.3%
Long-term Care	930	40.3%	773	36.8%
Public Health	615	37.3%	*	*
Other Community-based Health Care	652	36.5%	232	30.3%
Ambulatory Care	3,491	36.3%	361	22.8%
School of Nursing	833	35.2%	*	*
Mobile and Home Care	867	30.3%	229	18.1%
Non-clinical	1,694	22.5%	118	13.3%
Other Community-based Care	445	21.4%	*	*

[a] Respondents were instructed to mark all that apply.
[b] Acute care and community health definitions may be found in *Appendix A*.
* 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 travel nurse for both RNs (69.6 percent) and for LPNs (42.2 percent; Table 54). RNs who experienced workplace violence were statistically more likely compared to LPNs to work as a travel nurse (69.6 percent vs. 42.2 percent), staff nurse (54.8 percent vs. 31.7 percent), school nurse (43.5 percent vs. 29.9 percent), patient educator (37.9 percent vs. 18.2 percent), or have a managerial position (48.1 percent vs. 29.3 percent).

Table 54. Nurses who Experienced Workplace Violence by Position, 2022 (top positions in descending order by RNs)[a]

Position	RN= 19,969		LPN= 2,179	
	n	Estimate	n	Estimate
Travel Nurse	589	69.6%	90	42.2%
Staff Nurse	8,265	54.8%	1,198	31.7%
Managerial	1,321	48.1%	215	29.3%
School Nurse	295	43.5%	50	29.9%
Patient Educator and other	1,317	37.9%	159	18.2%
Military Health Services	64	37.0%	*	*
APRN or Anesthetist	1,385	36.1%	*	*
Faculty	773	35.6%	*	*
Education, Research, & Consulting	1,658	36.3%	*	*
Telehealth	579	33.8%	43	28.5%
Executives	834	32.9%	52	28.1%
Other Health Non-related	55	31.9%	*	*
Other Health Services	2,834	30.5%	295	20.9%

[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.

The specialties where nurses experienced the most workplace violence for RNs was critical care (66.2 percent) while LPNs were in behavioral health (46.3 percent; Table 55). RNs who experienced workplace violence were statistically more likely than LPNs to have a specialty in critical care (66.2 percent vs. 31.2 percent), behavioral health (64.5 percent vs. 46.3 percent), medical-surgical & wound care (62.6 percent vs. 35.4 percent), specialty care (56.7 percent vs. 28.5 percent), adult health (54.5 percent vs. 34.3 percent), geriatric care (49.8 percent vs. 37.8 percent), or child and family health (43.3 percent vs. 21.6 percent).

Table 55. Nurses who Experienced Workplace Violence by Specialty (2022, top specialties in descending order by RNs)[a]

Specialty	RN= 25,066		LPN= 3,280	
	n	Estimate	n	Estimate
Critical Care	2,043	66.2%	62	31.2%
Behavioral Health	919	64.5%	106	46.3%
Medical-Surgical & Wound Care	2,299	62.6%	339	35.4%
Specialty Care	1,959	56.7%	78	28.5%
Adult Health	3,011	54.5%	576	34.3%
Phlebotomy, Testing, & Diagnostics	366	52.7%	76	36.5%
Hospice	699	51.1%	146	43.1%
Rehabilitation	567	51.0%	254	42.9%
Geriatric Care	1,410	49.8%	629	37.8%
Occupational Health and Transitions of Care	600	45.2%	82	40.4%
Child & Family Health	1,660	43.3%	275	21.6%
Dialysis Nurse	297	42.6%	*	*
Surgical Services	1,617	41.9%	*	*
Community Care	675	37.6%	81	31.7%
Women & Infant Health	1,242	37.6%	*	*
Anesthesia	467	36.8%	0	0.0%
Academia	711	36.6%	*	*
Other Non-clinical Specialties	2,146	36.2%	*	*
Care Management	1,996	31.1%	125	28.1%
Other	382	25.0%	*	*

[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.

Type of Violence & 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 33 on the following page. Overall, younger nurses experienced higher rates of each type of violence except verbal abuse that was reported at higher rates across all ages (verbal abuse 92.4 - 98.4 percent). Due to suppression rules, data by licensure are not available when analyzing LPNs alone.

Figure 33. Type of Workplace Violence Nurses Experienced by Age for All Nurses, 2022

<25 years
- Threat: 86%
- Verbal Abuse: 98%
- Sexual Harrassment: 65%
- Physical Violence: 87%

25 to 34 years
- Threat: 87%
- Verbal Abuse: 97%
- Sexual Harrassment: 62%
- Physical Violence: 73%

35 to 44 years
- Threat: 86%
- Verbal Abuse: 97%
- Sexual Harrassment: 54%
- Physical Violence: 63%

45 to 54 years
- Threat: 83%
- Verbal Abuse: 95%
- Sexual Harrassment: 41%
- Physical Violence: 56%

55 to 64 years
- Threat: 78%
- Verbal Abuse: 95%
- Sexual Harrassment: 30%
- Physical Violence: 48%

65+ years
- Threat: 73%
- Verbal Abuse: 92%
- Sexual Harrassment: 26%
- Physical Violence: 42%

Legend: Threat, Verbal Abuse, Sexual Harrassment, Physical Violence

The frequency at which nurses experienced each type of workplace violence in the past year is in Figure 34 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 = 48.0 percent; LPNs = 45.7 percent), with threats reported as the next most frequently experienced type of workplace violence (RNs = 26.2 percent; LPNs = 21.1 percent). Physical violence was experienced by 11.0 percent of RNs and 11.4 percent of LPNs. Sexual harassment was experienced by 6.2 percent of RNs and 10.4 percent of LPNs.

Figure 34. Frequency of Type of Workplace Violence, 2022

RNs

Threat
- Never: 15%
- Rarely: 33%
- Occasionally: 26%
- Frequently: 26%

Verbal Abuse
- Never: 4%
- Rarely: 21%
- Occasionally: 28%
- Frequently: 48%

Sexual Harrassment
- Never: 49%
- Rarely: 32%
- Occasionally: 12%
- Frequently: 6%

Physical Violence
- Never: 37%
- Rarely: 36%
- Occasionally: 16%
- Frequently: 11%

LPNs

Threat
- Never: 25%
- Rarely: 34%
- Occasionally: 20%
- Frequently: 21%

Verbal Abuse
- Never: 5%
- Rarely: 25%
- Occasionally: 25%
- Frequently: 46%

Sexual Harrassment
- Never: 53%
- Rarely: 24%
- Occasionally: 13%
- Frequently: 10%

Physical Violence
- Never: 40%
- Rarely: 30%
- Occasionally: 19%
- Frequently: 11%

Legend: Never, Rarely, Occasionally, Frequently

The most common perpetrator of workplace violence continued to be the patient (RNs = 89.3 percent; LPNs = 88.6 percent) or family/friend of the patient (RNs = 62.9 percent; LPNs = 47.6 percent; Table 56). RNs experienced workplace violence from physicians (20.6 percent) and peers (19.1 percent) as well. LPNs experienced workplace violence from peers (30.0 percent) and supervisors (21.8 percent). RNs were more likely to experience workplace violence from a patients' family member or friend (62.9 percent vs. 47.6 percent) and by physicians (20.6 percent vs. 11.4 percent) compared to LPNs. Conversely, LPNs were more likely to experience workplace violence from a supervisor (21.8 percent vs. 12.3 percent) and by peers (30.0 percent vs. 19.1 percent) compared to RNs.

Table 56. Perpetrator of Workplace Violence, 2022[a]

Perpetrator of WPV	RN= 6,053		LPN= 447	
	Estimate	95% CI	Estimate	95% CI
Patient	89.3%	(88.5% - 90.1%)	88.6%	(85.3% - 91.2%)
Family or Friend of Patient	62.9%	(61.7% - 64.1%)	47.6%	(43.0% - 52.2%)
Supervisor	12.3%	(11.5% - 13.2%)	21.8%	(18.2% - 25.9%)
Physician	20.6%	(19.6% - 21.6%)	11.4%	(8.8% - 14.7%)
Peer	19.1%	(18.1% - 20.1%)	30.0%	(25.9% - 34.4%)
Other	3.1%	(2.7% - 3.6%)	4.9%	(3.3% - 7.3%)

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

The perpetrator of workplace violence was analyzed by the type of violence nurses experienced in Figure 35 on the following page. Patients were physically violent against nurses (RNs = 98.3 percent; LPNs = 98.8 percent) and threatened nurses (RNs = 89.1 percent; LPNs = 88.5 percent). RNs experienced verbal abuse from physicians (18.6 percent) and peers (15.0 percent). LPNs also experienced verbal abuse from peers (22.5 percent) and supervisors (19.4 percent).

Figure 35. Perpetrator[a] and Type of Violence Experienced by Nurses, 2022

RNs

Threat
- Patient: 89%
- Family or Friend of Patient: 57%
- Supervisor: 7%
- Physician: 8%
- Peer: 9%
- Other: 2%

Verbal Abuse
- Patient: 87%
- Family or Friend of Patient: 61%
- Supervisor: 11%
- Physician: 19%
- Peer: 15%
- Other: 2%

Sexual Harrassment
- Patient: 90%
- Family or Friend of Patient: 28%
- Supervisor: 2%
- Physician: 8%
- Peer: 11%
- Other: 1%

Physical Violence
- Patient: 98%
- Family or Friend of Patient: 20%
- Supervisor: 0.2%
- Physician: 1%
- Peer: 1%
- Other: 0.3%

LPNs

Threat
- Patient: 89%
- Family or Friend of Patient: 41%
- Supervisor: 16%
- Physician: 5%
- Peer: 17%
- Other: 2%

Verbal Abuse
- Patient: 86%
- Family or Friend of Patient: 47%
- Supervisor: 19%
- Physician: 11%
- Peer: 23%
- Other: 2%

Sexual Harrassment
- Patient: 88%
- Family or Friend of Patient: 22%
- Supervisor: 4%
- Physician: 5%
- Peer: 17%
- Other*

Physical Violence
- Patient: 99%
- Family or Friend of Patient: 11%
- Supervisor *
- Physician *
- Peer *
- Other*

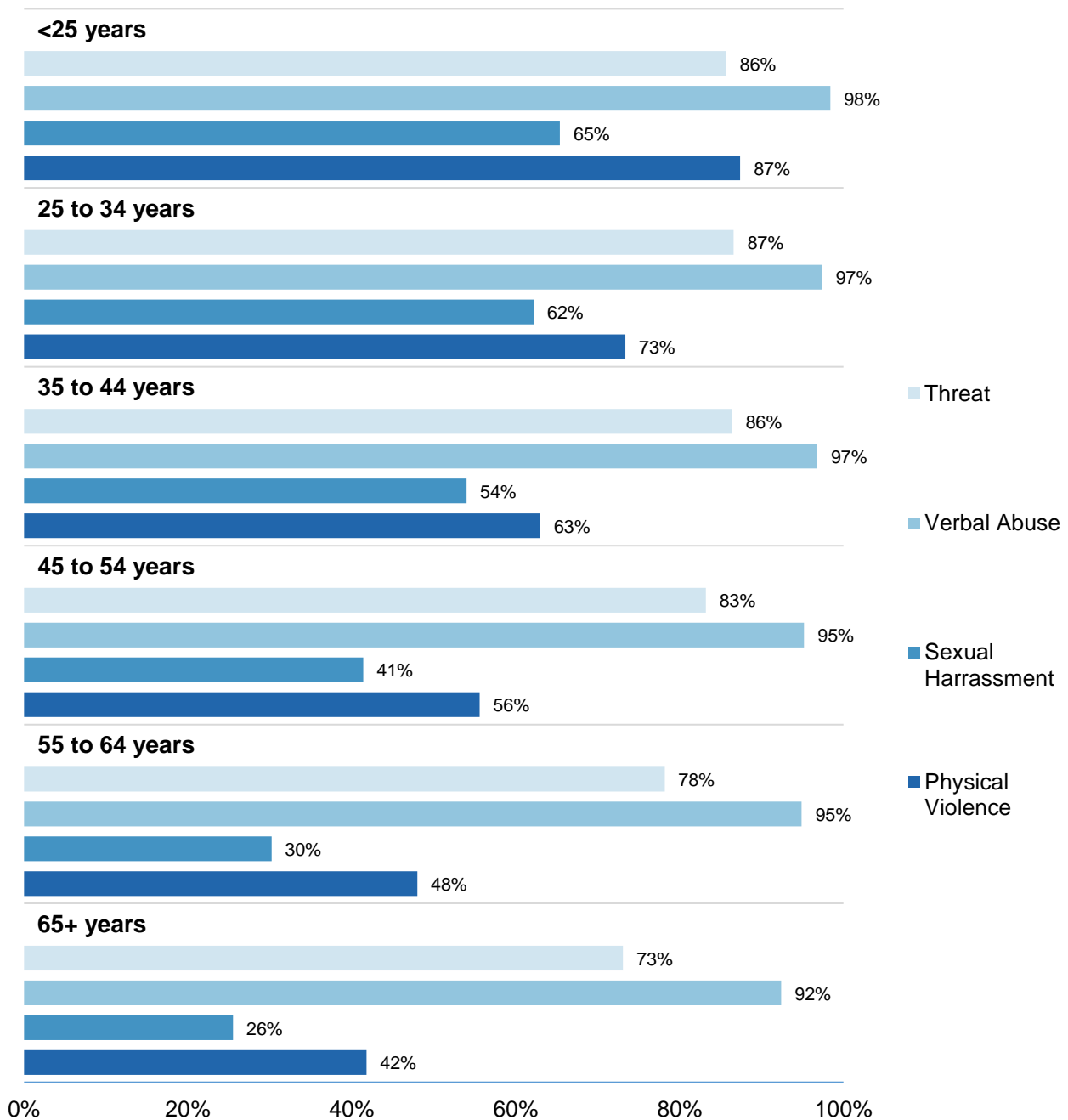Legend: Patient; Family or Friend of Patient; Supervisor; Physician; Peer; Other

[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.
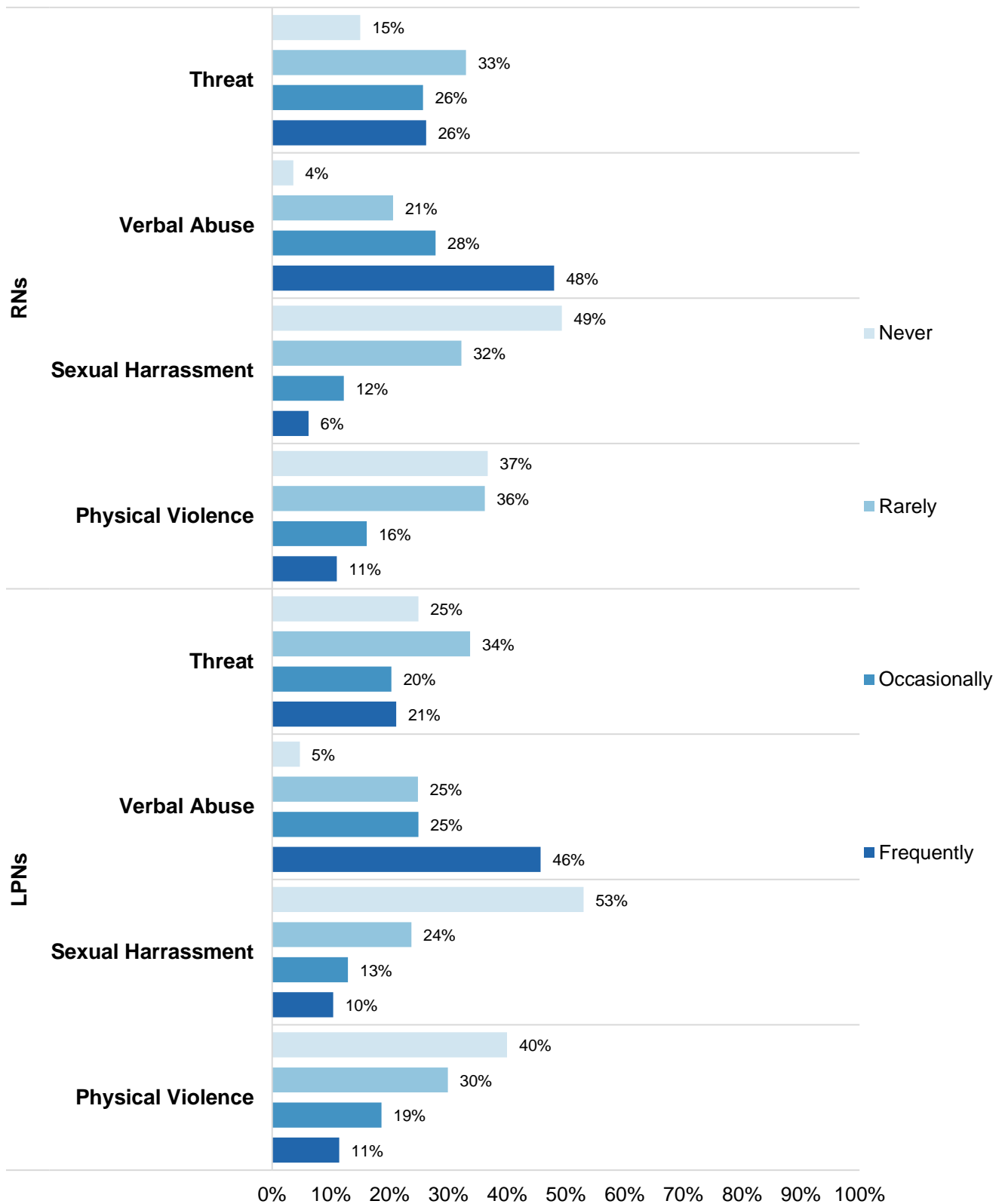
Nurses who experienced workplace violence were asked if they missed any work due to the incident(s) (Table 57). Overall, RNs and LPNs missed work at similar rates (7.9 percent and 8.3 percent respectively). Nurses 45 to 54 years old missed the most work due to workplace violence (RNs = 9.7 percent; LPNs = 10.2 percent).

Table 57. Missed Work Due to Workplace Violence by Age, 2022

Missed Work	RNs = 6,056	LPNs = 450
Total	**7.9%**	**8.3%**
<25 years	*	*
25 to 34 years	8.0%	8.0%
35 to 44 years	8.2%	8.6%
45 to 54 years	9.7%	10.2%
55 to 64 years	6.4%	6.5%
65+ years	4.4%	4.2%

* 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 58. 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 (80.2 percent and 68.4 percent respectively); and most RNs and LPNs reported workplace violence using their organizational process (56.5 percent and 62.9 percent respectively). RNs were statistically more likely to have knowledge of the organizational process for reporting workplace violence compared to LPNs (80.2 percent vs. 68.4). However, LPNs were more likely to have reported workplace violence (62.9 percent vs. 56.5 percent), but this difference was not statistically significant.

Table 58. Reporting of Workplace Violence Incidence, 2022

Reporting of Workplace Violence	RN= 6073		LPN= 451	
	Estimate	**95% CI**	**Estimate**	**95% CI**
Knowledge of Organizational Process for Reporting Workplace Violence				
Yes	80.2%	(79.2% - 81.2%)	68.4%	(64.0% - 72.5%)
No	5.2%	(4.7% - 5.8%)	13.8%	(10.9% - 17.3%)
Don't Know	14.6%	(13.7% - 15.5%)	17.8%	(14.5% - 21.6%)
Reported Workplace Violence Using Organizational Process				
Yes	56.5%	(55.1% - 57.9%)	62.9%	(57.4% - 68.0%)

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 2021 findings in Figure 36. RNs and LPNs are more unaware of reporting processes

through their organization this year than they were last year (RNs 2021 = 4.2 percent, RNs 2022 = 5.2 percent; LPNs 2021 = 9.0 percent, LPNs 2022 = 17.8 percent).

Figure 36. Knowledge of Reporting Process of Workplace Violence Incidents through Organization, 2021-2022
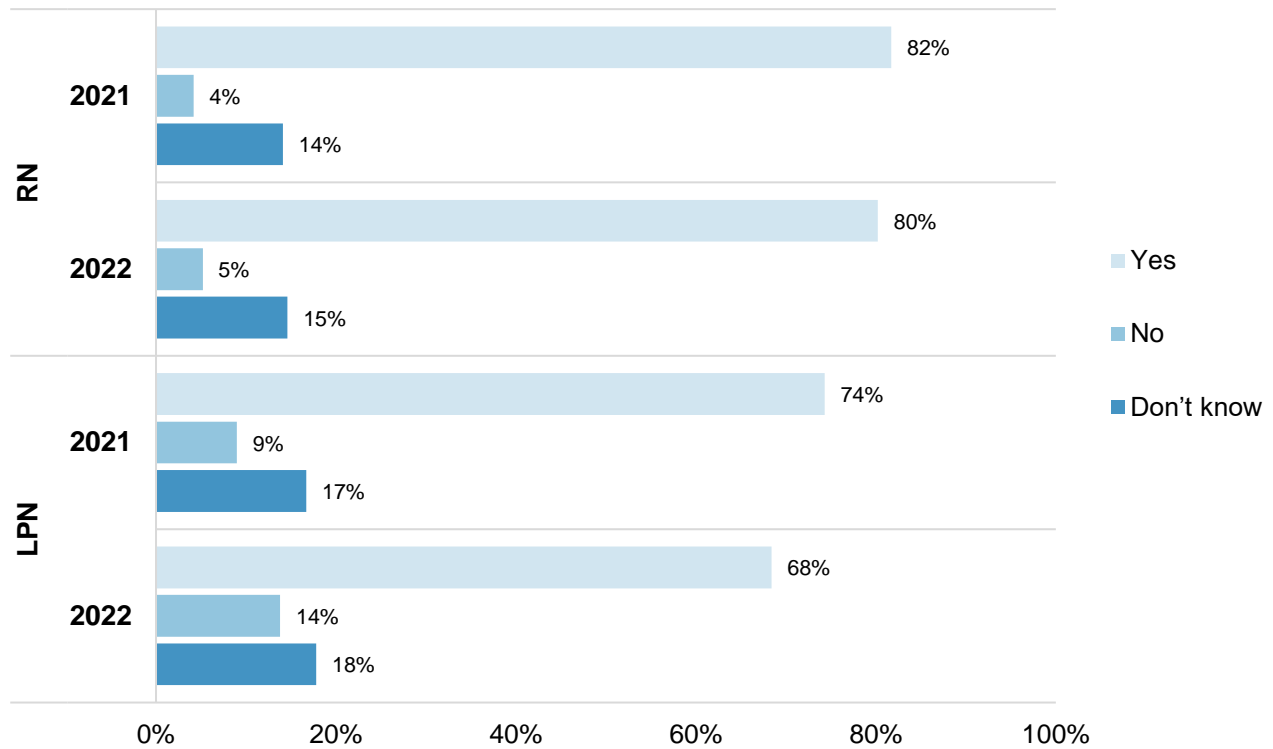
RNs tended to have more knowledge of their organization reporting process compared to LPNs across all age groups, with knowledge generally increasing with age for both RNs and LPNs (Figure 37 on the following page). RNs reporting workplace violence through their organization increase with age as well (54.3-62.8 percent). LPNs from 25 to 54 years old report workplace violence at similar rates (62.2-69.7 percent).

<25 years

77%

54%

LPN Knowledge of Organization Reporting Process*
LPN Reported WPV Using Organization*

25 to 34 years

78%

54%

62%

50%

35 to 44 years

79%

56%

65%

64%

45 to 54 years

81%

58%

70%

68%

55 to 64 years

85%

60%

76%

68%

65+ years

86%

63%

84%

72%

■ RN Knowledge of Organization Reporting Process

■ RN Reported WPV Using Organization

■ LPN Knowledge of Organization Reporting Process

■ LPN Reported WPV Using Organization

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%
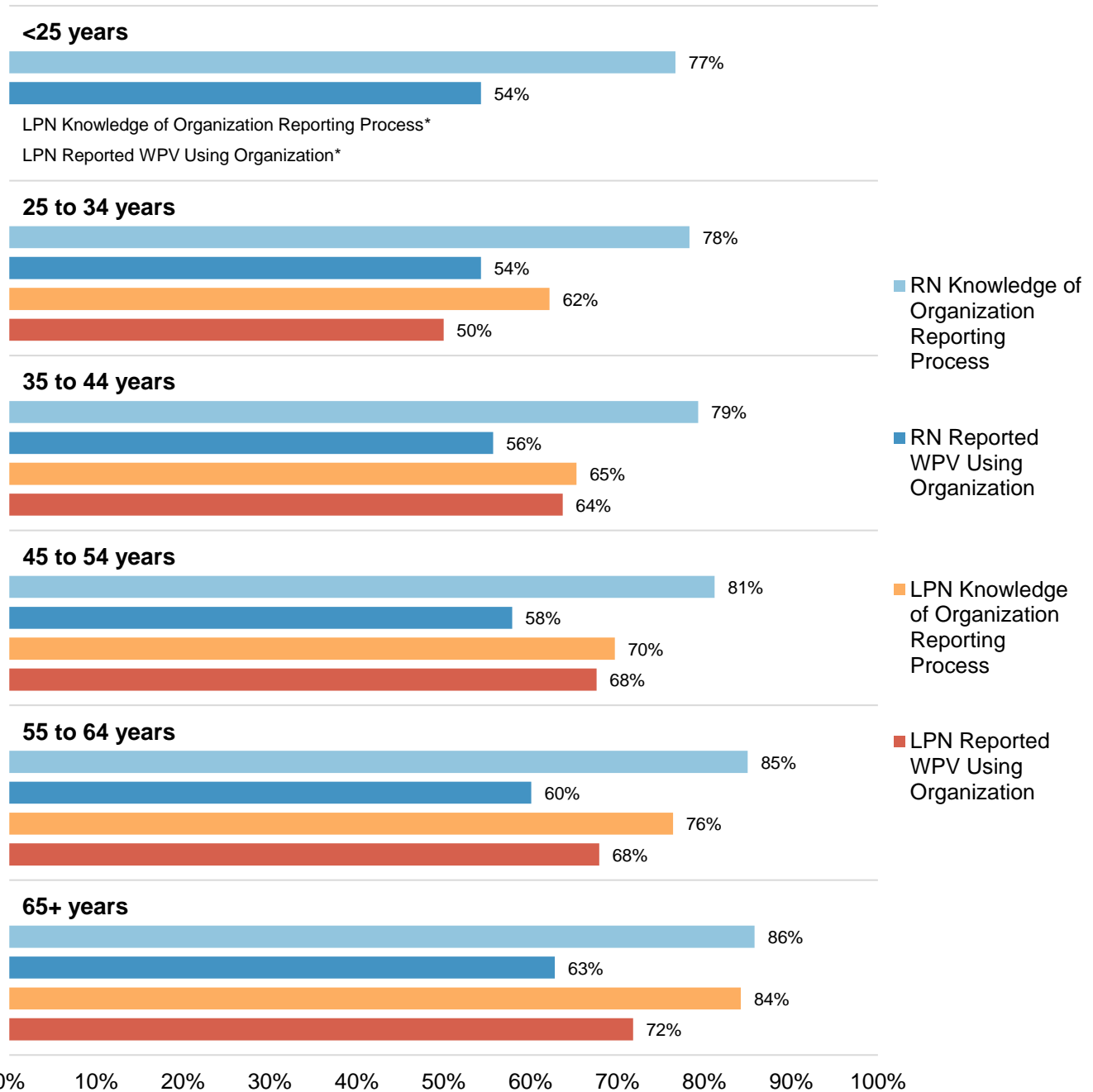
* Data are suppressed if count is less than 10 or sample population was less than 20.

Nurses were asked which types of methods were used to report workplace violence incidences as shown in Figure 38 on the following page. RNs and LPNs reported workplace violence to their supervisor or chief nurse at the highest levels (both 44.8 percent). Less than one third of nurses did not report any workplace violence incidents (RNs = 29.6 percent; LPNs = 28.9 percent).

Figure 38. Methods of Reporting Workplace Violence Incidence, 2022
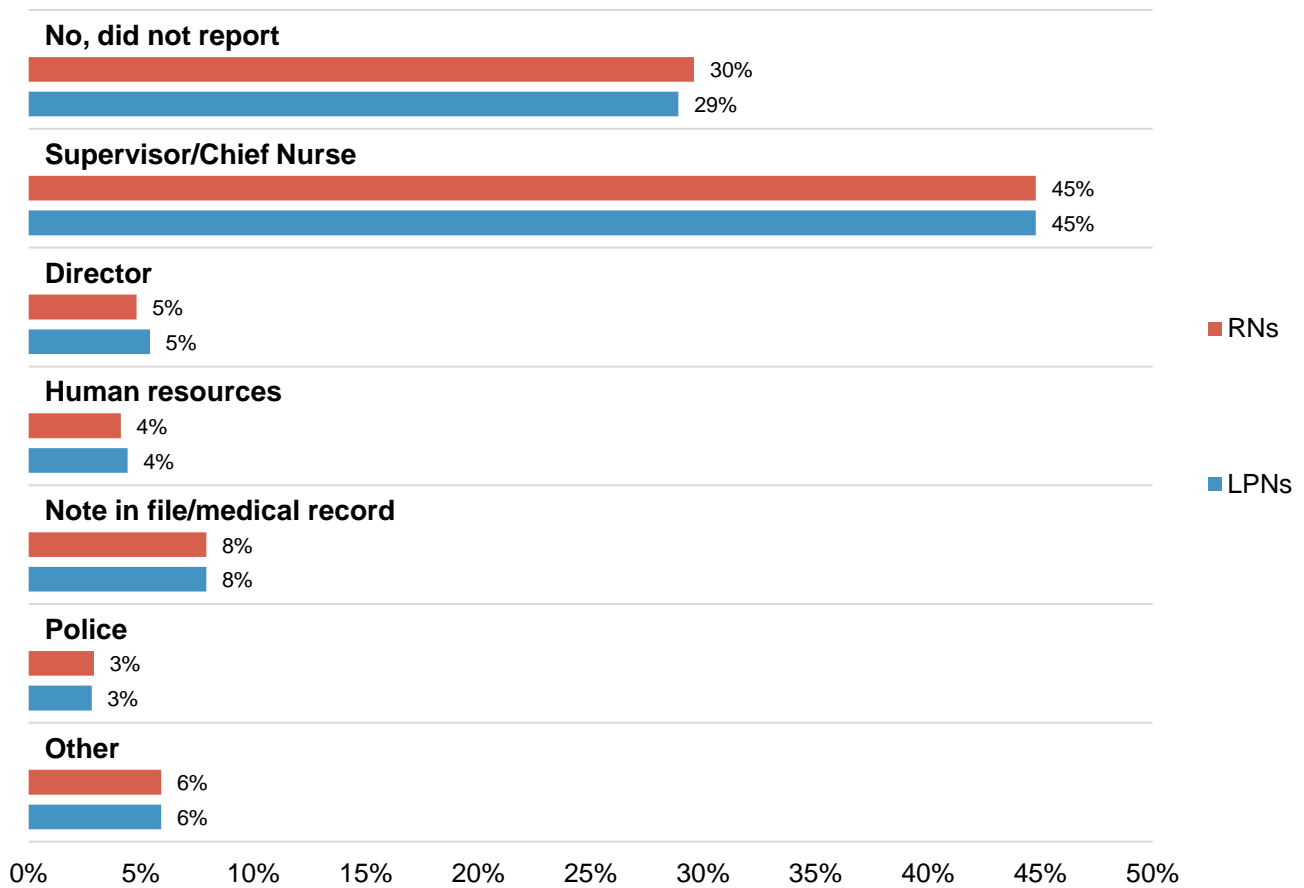
Diversity of Nurses who Experienced Workplace Violence

The type of violence experienced by ethnicity for all nurses is reported in Figure 39 on the following page. As previously mentioned, threats (81.2-97.6 percent) and verbal abuse (93.7-97.7 percent) are experienced at the highest rates for all ethnicities. American Indian nurses experienced more sexual harassment (64.1 percent) and physical violence (75.2 percent). Hispanic nurses also experienced higher rates of sexual harassment (52.2 percent) and physical violence (63.0 percent).

Figure 39. Diversity[a] of the Type of Violence Experienced, 2022[b]

White
- Threat: 85%
- Verbal Abuse: 97%
- Sexual Harrassment: 51%
- Physical Violence: 64%

Black
- Threat: 81%
- Verbal Abuse: 95%
- Sexual Harrassment: 38%
- Physical Violence: 55%

American Indian
- Threat: 90%
- Verbal Abuse: 98%
- Sexual Harrassment: 64%
- Physical Violence: 75%

Asian/PI
- Threat: 84%
- Verbal Abuse: 96%
- Sexual Harrassment: 46%
- Physical Violence: 64%

Hispanic
- Threat: 84%
- Verbal Abuse: 95%
- Sexual Harrassment: 52%
- Physical Violence: 63%

Middle Eastern
- Threat: 91%
- Verbal Abuse: 98%
- Sexual Harrassment: 51%
- Physical Violence: 65%

Other
- Threat: 84%
- Verbal Abuse: 94%
- Sexual Harrassment: 59%
- Physical Violence: 70%

Legend: Threat, Verbal Abuse, Sexual Harrassment, Physical Violence

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 99

Workplace violence experienced by race and ethnicity within each of the top specialties for all nurses is reported in Figure 40 on the following page. American Indian nurses experienced their highest rates of workplace violence in critical care (69.7 percent) and behavioral health (64.9 percent). Asian or Pacific Islander nurses experienced their highest rates of workplace violence in specialty care (53.7 percent). Hispanic nurses experienced their highest rates of workplace violence in behavioral health (77.0 percent) and medical, surgical, and wound care (62.5 percent). Middle Eastern nurses experienced

their highest rates of workplace violence in behavioral health (65.6 percent) and critical care (52.4 percent).

Figure 40. Diversity[a] of Nurses who Experienced Workplace Violence by Specialty, 2022[b]

White
- 68%
- 66%
- 62%
- 57%
- 54%
- 51%
- 50%
- 51%
- 49%
- 46%

Black
- 48%
- 50%
- 41%
- 44%
- 34%
- 40%
- 40%
- 40%
- 32%
- 27%

American Indian
- 70%
- 65%
- 60%
- 59%
- 59%
- 63%
- Hospice*
- Rehabilitation*
- 59%
- Occupational Health and Transitions of Care*

Asian/PI
- 42%
- 45%
- 49%
- 54%
- 40%
- Phlebotomy, Testing, & Diagnostics*
- Hospice*
- Rehabilitation*
- 37%
- Occupational Health and Transitions of Care*

Hispanic
- 59%
- 77%
- 63%
- 56%
- 49%
- Phlebotomy, Testing, & Diagnostics*
- 66%
- 68%
- 58%
- 67%

Middle Eastern
- 52%
- 66%
- 38%
- 46%
- 38%
- Phlebotomy, Testing, & Diagnostics*
- Hospice*
- Rehabilitation*
- Geriatric Care*
- Occupational Health and Transitions of Care*

Other
- 65%
- 64%
- 60%
- 67%
- 57%
- 88%
- 85%
- 54%
- 54%
- 64%

Legend:
- Critical Care
- Behavioral Health
- Medical, Surgical, & Wound Care
- Speciality Care
- Adult Health
- Phlebotomy, Testing, & Diagnostics
- Hospice
- Rehabilitation
- Geriatric Care
- Occupational Health and Transitions of Care

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 100
* Data are suppressed if count is less than 10 or sample population was less than 20.

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Nurses continued to experience workplace violence from primarily patients (87.0-93.0 percent) and family or friends of the patient (51.7-65.5 percent; Figure 41). Other perpetrators of workplace violence included supervisors, peers, and physicians. American Indian nurses experienced the highest rates of workplace violence from physicians and peers (both 31.7 percent). Black nurses experienced the highest rates of workplace violence from supervisors (18.3 percent).

Figure 41. Diversity[a] of the Type of Perpetrator[b], 2022

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 101
* Data are suppressed if count is less than 10 or sample population was less than 20.

As previously mentioned, nurses who experienced workplace violence were asked if they missed any days of work due to the workplace violence. Hispanic and other races (17.8 percent and 18.3 percent respectively) reported the highest rates of missing days due to workplace violence, while white nurses reported the lowest rates (7.6 percent; Figure 42).

Figure 42. Diversity[a] of Missed Work Due to Workplace Violence, 2022[b]
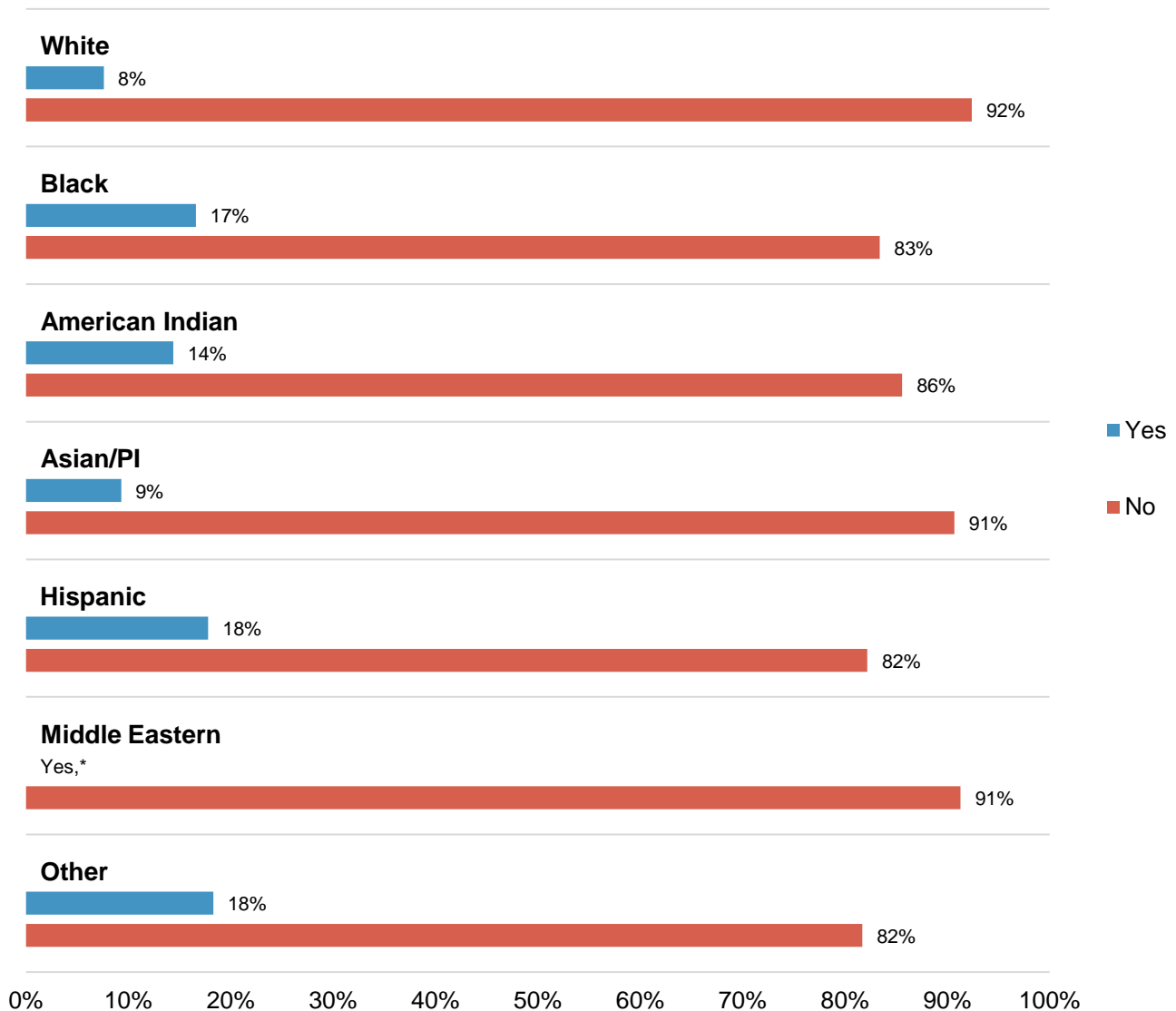
White
8%
92%

Black
17%
83%

American Indian
14%
86%

Asian/PI
9%
91%

Hispanic
18%
82%

Middle Eastern
Yes,*
91%

Other
18%
82%

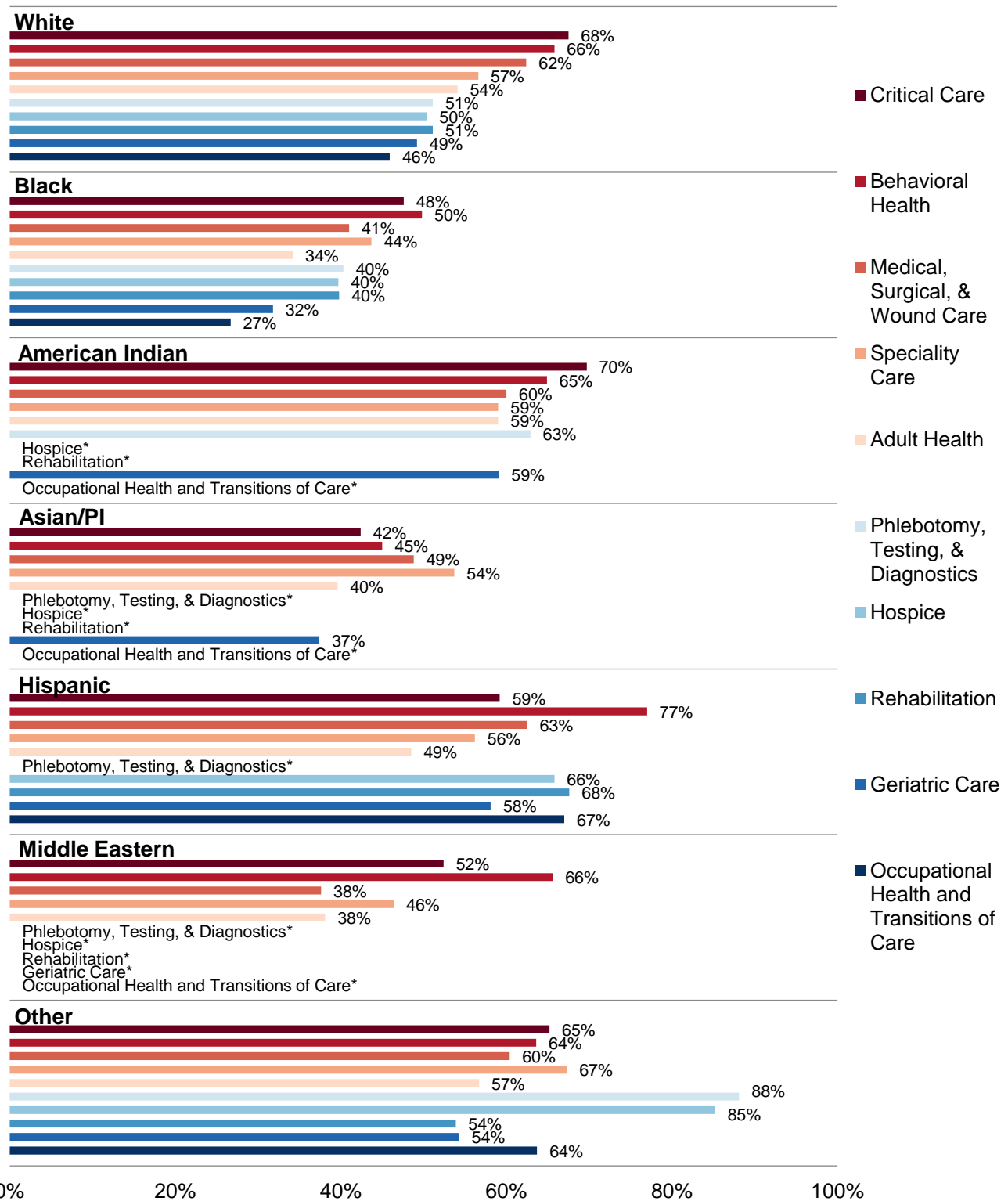■Yes

■No

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 102
* Data are suppressed if count is less than 10 or sample population was less than 20.

Most of each race and ethnicity have similar knowledge of organizational reporting process (65.5-87.6 percent; Figure 43 on the following page). American Indian nurses were not aware of an organizational reporting process (12.9 percent) or did not know if there was a process (10.3 percent). Middle Eastern and Hispanic nurses also did not know if there was an organizational process (22.7 percent and 19.9 percent respectively).

Figure 43. Diversity[a] Knowledge of Organizational Reporting Process & Use of WPV Reporting, 2022[b]
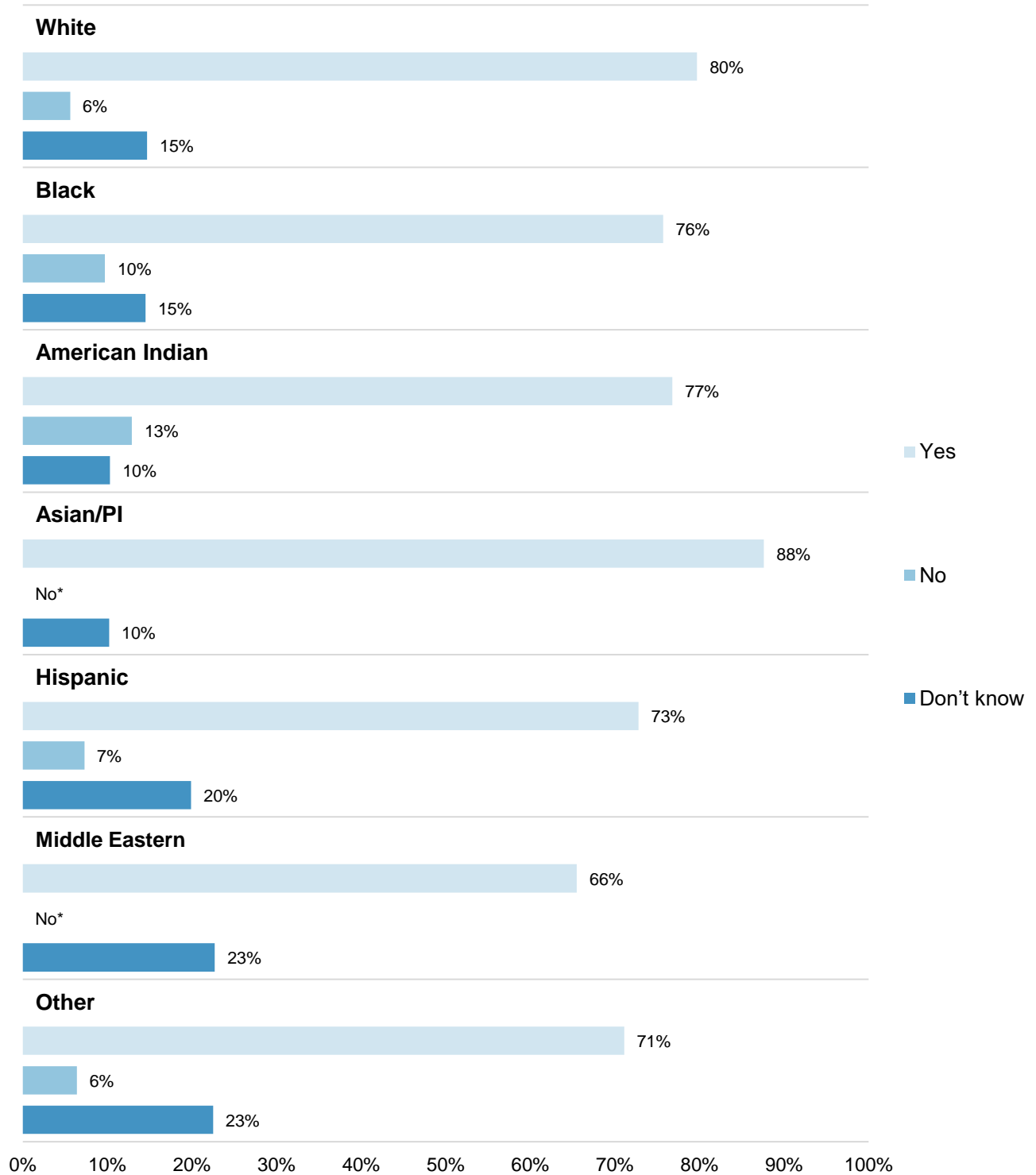
White
- 80%
- 6%
- 15%

Black
- 76%
- 10%
- 15%

American Indian
- 77%
- 13%
- 10%

Asian/PI
- 88%
- No*
- 10%

Hispanic
- 73%
- 7%
- 20%

Middle Eastern
- 66%
- No*
- 23%

Other
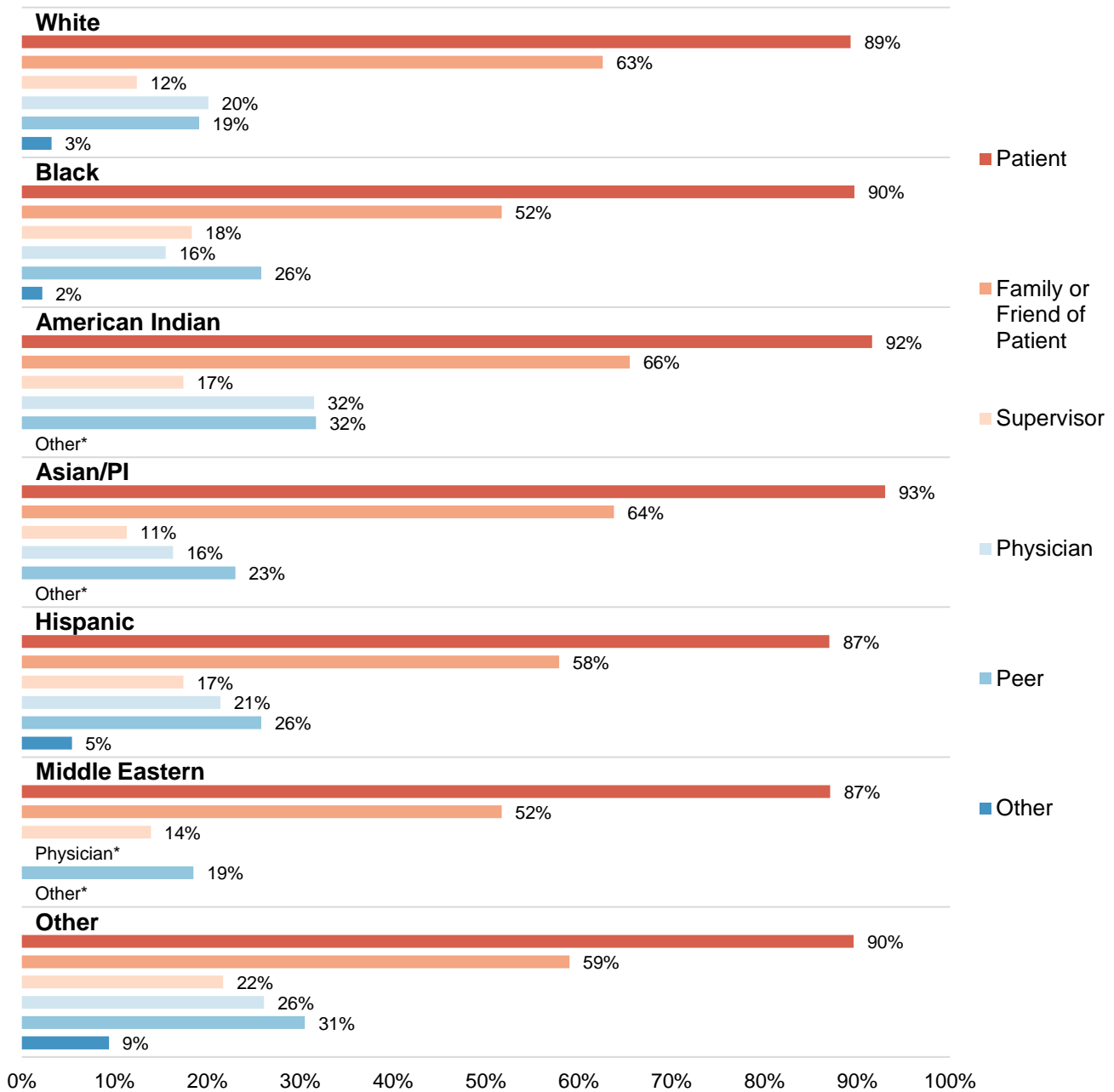- 71%
- 6%
- 23%

Legend:
- ■ Yes
- ■ No
- ■ Don't know

[a] Respondents were instructed to mark all that apply.
[b] Corresponding data table including n's can be found in Appendix F, Table 103
* Data are suppressed if count is less than 10 or sample population was less than 20.

Additional Information

For additional information related to the 2022 Survey of Michigan Nurses results, past years' reports, and data produced from Michigan's nurse licensure data, please visit www.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 Appendices A–F: Appendix A provides a copy of the 2022 Survey of Michigan Nurses; Appendix B provides additional data on the specific national APN specialty certifications held by RNs; Appendix C provides additional data on the national specialty certifications outside of APN; Appendix D provides data comparing the nursing population to the overall population in Michigan; Appendix E provides additional employment analysis; and Appendix F provides additional diversity analysis.

APPENDICES

Appendix A: 2022 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 #24]
    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 #11]
    b. Nurse Anesthetist
    c. Nurse-Midwife
    d. Nurse Practitioner
    e. Clinical Nurse Specialist
3. Do you have a national certification as an APN from any of the following certifying bodies (mark ALL that apply? **Note: There will be follow up questions about other non-APRN certifications later in the survey.)**
    a. No, I do not have a national certification as an APN. [Skip to #11]
    b. American Academy of Nurse Practitioners Certification Board (AANPCB) [Go to #4]
    c. American Association of Critical Care Nurses Certification Corporation [Skip to #5]
    d. American Midwifery Certification Board-Certified Nurse Midwife [Skip to #10]
    e. American Association of Critical Care Nurses (AACN) [Skip to #6]
    f. American Nurses Credentialing Center (ANCC) [Skip to #7]
    g. National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) [Skip to #10]
    h. National Certification Corporation [Skip to #8]
    i. Oncology Nursing Certification Corporation (ONCC) Advanced Oncology *Certified Nurse Practitioner* [Skip to #10]
    j. Oncology Nursing Certification Corporation (ONCC) Advanced Oncology *Certified Clinical Nurse Specialist* [Skip to #11]
    k. Pediatric Nursing Certification Board (PNCB) [Skip to #9]
    l. Other [Skip to #10]
4. Please select which specialty certification(s) you have from **American Academy of Nurse Practitioners Certification Board AANPCB** (mark ALL that apply).
    a. Adult-Gerontology Primary Care Nurse Practitioner Certification
    b. Emergency Nurse Practitioner Certification
    c. Family Nurse Practitioner Certification
5. Please select which specialty certification(s) you have from **American Association of Critical Care Nurses Certification Corporation** (mark ALL that apply).
    a. Acute Care Nurse Practitioner
    b. Acute Care Nurse Practitioner Certification Adult-Gerontology

6. Please select which specialty certification(s) you have from **American Association of Critical Care Nurses (AACN)** (mark ALL that apply).
    a. Acute Care Clinical Nurse Specialist-Adult-Gerontology (ACCNS-AG)
    b. Acute Care Clinical Nurse Specialist – Neonatal (ACCNS-N)
    c. Acute Care Clinical Nurse Specialist – Pediatric (ACCNS-P)
    d. Acute/Critical Care Clinical Nurse Specialist -CCNS (Adult) renewal only
    e. Acute/Critical Care Clinical Nurse Specialist- CCNS (Pediatric) renewal only
    f. Acute/Critical Care Clinical Nurse Specialist- CCNS (Neonatal) renewal only
    g. Acute Care Nurse Practitioner (Adult)-ACNPC (Adult) renewal only
    h. Acute Care Nurse Practitioner (Adult-Gero)-ACNPC-AG (Adult-Gero)
7. Please select which specialty certification(s) you have from **American Nurses Credentialing Center (ANCC)** (mark ALL that apply).
    a. Adult- Gerontology Acute Care Nurse Practitioner Certification (AGACNP-BC)
    b. Adult-Gerontology Clinical Nurse Specialist Certification (AGCNS-BC)
    c. Adult- Gerontology Primary Care Nurse Practitioner Certification (AGPCNP-BC)
    d. Adult Health Clinical Nurse Specialist (ACNS-BC) renewal only
    e. Adult Nurse Practitioner Certification renewal only
    f. Emergency Nurse Practitioner Certification renewal only
    g. Family Nurse Practitioner Certification (FNP-BC)
    h. Gerontological Nurse Practitioner Certification (GERO-BC)
    i. Pediatric Primary Care Nurse Practitioner Certification retired
    j. Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan) Certification (PMHNP-BC)
    k. Psychiatric-Mental Health Nurse Practitioner Certification renewal only
    l. Public/Community Health Clinical Nurse Specialist renewal only
    m. School Nurse Practitioner Certification renewal only
8. Please select which specialty certification(s) you have from **National Certification Corporation** (mark ALL that apply).
    a. Neonatal Nurse Practitioner Certification
    b. Women's Health Care Nurse Practitioner Certification
9. Please select which specialty certification(s) you have from **Pediatric Nursing Certification Board (PNCB)** (mark ALL that apply).
    a. Certified Pediatric Nurse Practitioner - Acute Care
    b. Certified Pediatric Nurse Practitioner - Primary Care
    c. Pediatric Primary Care Mental Health Specialist

SPECIALTY CERTIFICATION AS APRN OR NURSE ANESTHETIST
10. 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

NATIONAL CERTIFICATION OUTSIDE OF ADVANCED PRACTICE
11. Do you hold national certification in a specialty role outside of advanced practice?
    a. Yes

b. No [Skip to #23]

12. Please select which certifying organization granted your **national specialty certification** from the list below (mark ALL that apply).
   a. American Academy of Professional Coders (AAPC) [Go to #13]
   b. American Association of Critical Care Nurses (AACN) [Skip to #14]
   c. American Board of Wound Management (ABWM) [Skip to #23]
   d. American Board of Wound Healing (ABWH) [Skip to #23]
   e. American Case Management Association (ACMA) [Skip to #23]
   f. American Health Information Management Association (AHIMA) [Skip to #15]
   g. American Holistic Nurses Credentialing Corporation (AHNCC) [Skip to #16]
   h. American Nurses Credentialing Certification (ANCC) [Skip to #17]
   i. American Organization for Nursing Leadership (AONL) - Certified in Executive Nursing Practice [Skip to #23]
   j. Board of Certification for Emergency Nursing (BCEN) [Skip to #18]
   k. Emergency Nurses Association (ENA) - TNCC Provider [Skip to #23]
   l. Hospice and Palliative Credentialing Center (HPCC) [Skip to #19]
   m. National Alliance of Wound Care and Ostomy (NAWCCB) - Wound Care Certified Certification [Skip to #23]
   n. National Association for Healthcare Quality (NAHQ): Certified Professional in Healthcare Quality (CPHQ) [Skip to #23]
   o. National Certification Corporation [Skip to #20]
   p. National Board of Public Health Examiners (NBPHE) - Certified in Public Health (CPH) [Skip to #23]
   q. National Board for Certification of School Nurses (NBCSN) - Nationally Certified School Nurse Credential [Skip to #23]
   r. National League for Nursing (NLN) - Certified Nurse Educator CNE [Skip to #23]
   s. National League for Nursing (NLN) – Certified Academic Clinical Nurse Educator (CNEcl) [Skip to #23]
   t. Oncology Nursing Certification Corporation (ONCC) [Skip to #21]
   u. Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB) [Skip to #22]
   v. Other [Skip to #23]

13. Please select which specialty certification(s) you have from **American Academy of Professional Coders (AAPC)** (mark ALL that apply).
   a. Certified Professional Medical Auditor
   b. Instructor Certification
   c. Medical Auditing Certification
   d. Medical Billing Certification
   e. Medical Coding Certification
   f. Medical Compliance Certification
   g. Medical Documentation Certification
   h. Physician Practice Manager Certification

14. Please select which specialty certification(s) you have from **American Association of Critical Care Nurses (AACN)** (mark ALL that apply).
   a. Acute/Critical Care Knowledge Professional
   b. Acute/Critical Care Nursing
   c. Cardiac Medicine
   d. Cardiac Surgery
   e. Critical Care RN (Neonatal)
   f. Critical Care RN Knowledge Professional (Neonatal)
   g. Progressive Care Knowledge Professional

       h.   Progressive Care Nursing
       i.   Tele-ICU Acute/Critical Care Nursing

15. Please select which specialty certification(s) you have from **American Health Information Management Association (AHIMA)** (mark ALL that apply).
       a.   Commission on Certification for Health Informatics and Information Management (CCHIIM)
       b.   Certified Coding Associate (CCA)
       c.   Certified Coding Specialist (CCS)
       d.   Certified Coding Specialist-Physician-based (CCS-P)
       e.   Certified Documentation Improvement Practitioner (CDIP)
       f.   Certified Health Data Analyst (CHDA)
       g.   Certified in Healthcare Privacy and Security (CHPS)
       h.   Registered Health Information Administrator (RHIA)
       i.   Registered Health Information Technician (RHIT)

16. Please select which specialty certification(s) you have from **American Holistic Nurses Credentialing Corporation (AHNCC)** (mark ALL that apply).
       a.   Advanced Holistic Nurse Board Certified
       b.   Advanced Practice Holistic Nurse Board Certified
       c.   Holistic Nurse Baccalaureate Board Certified
       d.   Holistic Nurse Board Certified
       e.   Holistic Nurse Coach

17. Please select which specialty certification(s) you have from **American Nurses Credentialing Center (ANCC)** (mark ALL that apply).
       a.   Advanced Diabetes Management Certification
       b.   Ambulatory Care Nursing Certification (AMB-BC)
       c.   Cardiac Vascular Nursing Certification (CV-BC)
       d.   Care Coordination and Transition Management
       e.   Gerontology Nursing Certification (GERO-BC)
       f.   Informatics Nursing Certification (RN-BC)
       g.   Medical-Surgical Nursing Certification (MEDSURG-BC)
       h.   National Healthcare Disaster Certification (NHDP-BC)
       i.   Nursing Case Management Certification (CMGT-BC)
       j.   Nurse Executive Advanced Certification (NEA-BC)
       k.   Nurse Executive Certification (NE-BC)
       l.   Nursing Professional Development Certification (NPD-BC)
       m.   Pain Management Nursing Certification (PMGT-BC)
       n.   Psychiatric-Mental Health Nursing Certification (PMHNP-BC)
       o.   Pediatric Nursing Certification (PED-BC)
       p.   Public Health Nurse Advanced (certificate retired)

18. Please select which specialty certification(s) you have from **Board of Certification for Emergency Nursing (BCEN)** (mark ALL that apply).
       a.   Certified Emergency Nurse
       b.   Certified Flight Registered Nurse
       c.   Certified Transport Registered Nurse
       d.   Trauma Certified Registered Nurse

19. Please select which specialty certification(s) you have from **Hospice and Palliative Credentialing Center (HPCC)** (mark ALL that apply).
       a.   Advanced Certified Hospice and Palliative Care Nurse
       b.   Certified Hospice and Palliative Care Administrator
       c.   Certified Hospice and Palliative Care Nurse
       d.   Certified Hospice and Palliative Licensed Nurse / Vocational Nurse

   e. Certified Hospice and Palliative Nursing Assistant
   f. Certified Hospice and Palliative Pediatric Nurse
   g. Certified in Perinatal Loss Care
20. Please select which specialty certification(s) you have from **National Certification Corporation** (mark ALL that apply).
   a. Inpatient Obstetric Nursing
   b. Low Risk Neonatal Nursing
   c. Maternal Newborn Nursing
   d. Neonatal Intensive Care Nursing
21. Please select which specialty certification(s) you have from **Oncology Nursing Certification Corporation (ONCC)** (mark ALL that apply).
   a. Advanced Oncology Certified Clinical Nurse Specialist
   b. Blood & Marrow Transplant Certified Nurse
   c. Certified Breast Care Nurse
   d. Certified Pediatric Hematology-Oncology Nurse
   e. Certified Pediatric Oncology Nurse
   f. Advanced Oncology Certified Nurse
   g. Oncology Certified Nurse
22. Please select which specialty certification(s) you have from **Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB)** (mark ALL that apply).
   a. Certified Wound Ostomy Continence Nurse
   b. Certified Wound Ostomy Nurse
   c. Certified Wound Care Nurse
   d. Certified Ostomy Care Nurse
   e. Certified Continence Care Nurse
   f. Certified Foot Care Nurse

EDUCATION

23. 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
24. 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
25. 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. Not applicable
26. Are you currently enrolled in a program to obtain any of the following degrees (mark ALL that apply)?
    a. No – not enrolled [Skip to #29]
    b. Associate Degree in Nursing (ADN) [Skip to #28]
    c. Bachelor of Science in Nursing (BSN) [Skip to #28]
    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 #28]
27. 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.
28. What kind of program are you currently enrolled in?
    a. In-person
    b. Online
    c. Hybrid

EMPLOYMENT
29. 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 #31]
    b. Actively employed in nursing or a position that requires a nurse license part-time [Skip to #31]
    c. Actively employed in nursing or in a position that requires a nurse license on a per-diem basis [Skip to #31]
    d. On temporary medical leave from a position that requires a nurse license [Skip to #31]
    e. On temporary non-medical leave from a position that requires a nurse license [Skip to #31]
    f. Actively employed in a field other than nursing [Skip to #69
    g. Volunteer nurse status only [Skip to #31]
    h. Unemployed, seeking work as a nurse [Skip to #69]
    i. Unemployed, not seeking work as a nurse [Skip to #69]
    j. Retired (left the workforce) [Go to #30]

RETIRED NURSES
30. What best describes your retirement status (mark one)?
    a. No longer wish to work [Skip to #69]
    b. Currently employed in nursing due to COVID-19 [Skip to #32]
    c. Currently volunteering in nursing due to COVID-19 [Skip to #32]
    d. Currently employed on a part-time basis in nursing [Skip to #32]
    e. Currently employed on a full-time basis in nursing [Skip to #32]
    f. Currently volunteering in nursing [Skip to #32
    g. Currently employed outside of nursing [Skip to #69]
    h. Permanent disability leave

VOLUNTEER & EMPLOYED NURSES

31. Have you temporarily returned to the nursing workforce due to COVID-19 (i.e., providing any nursing services such as vaccine administration)?
    a. Yes, in a paid nursing position
    b. Yes, in a volunteer nursing position
    c. No, I did not return to nursing due to COVID-19, I was already practicing nursing or became licensed during COVID-19.
    d. No, I did not return to nursing due to COVID-19, I returned for other reasons.

EMPLOYED NURSES

32. How many positions are you currently employed in as a nurse (mark ONE)?
    a. One
    b. Two
    c. Three or more

33. How many hours do you work during a typical week in all of your nursing positions? _____

SETTING

34. 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 #38]
    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 #38]
    c. Ambulatory Surgery Center [Skip to #38]
    d. Diagnostic/Testing Center (i.e., free-standing testing center) [Skip to #38]
    e. Emergent /Urgent Care Center i.e., free-standing urgent care [Skip to #38]
    f. Nursing Home/Extended Care (i.e., long-term care; rehabilitation)   [Skip to #38]
    g. Assisted Living Facility [Skip to #38]
    h. Home Health (i.e., health care provided in patient's home) [Skip to #38]
    i. Hospice (i.e., in-home and facility-based hospice care) [Skip to #38]
    j. Correctional Facility (i.e., jail or prisons) [Skip to #38]
    k. Mobile Care Unit [Skip to #38]
    l. School of Nursing (i.e., college or university) [Skip to #38]
    m. Public Health (i.e., state health dept; state mental health agency; city/county health dept) [Go to #35]
    n. Dialysis Center [Skip to #38]
    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 #38]
    p. School Health Services K-12 (i.e., elementary or secondary schools; board of education) [Skip to #38]
    q. Occupational Health (i.e., private industry, government) [Skip to #38]
    r. Insurance Claims/Benefits (i.e., insurance company) [Skip to #38]
    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 #38]
    t. Other Community-based Healthcare Settings [Skip to #38]
    u. Other Community-based Service Organizations [Skip to #38]

v. Other Community Settings not providing direct care or social services (i.e., utilization review organization, healthcare support agencies, quality improvement) [Skip to #38]

w. Other [Skip to #38]

PUBLIC HEALTH NURSES ONLY

35. 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

36. Did you move from another position within public health to address COVID-19?
    a. Yes
    b. No

37. 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

38. In any of your positions, do you provide direct care services?
    a. Yes
    b. No [Skip to #40]

39. How many hours are spent providing direct care services to patients/families during a typical week?
    _____

POSITION/ROLE

40. 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 #49]
    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 #51]
    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 #51]
    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 #51]
    e. Nurse Secondary Educator (i.e., provide nursing education in faculty roles for early middle college and high school vocational tech programs) [Go to #41]
    f. Nurse Post-Secondary Educator (i.e., provide education in faculty roles to undergraduate and graduate student nurses) [Go to #41]

g. <u>Professional Nurse Training</u> (i.e., nurse education of already licensed nurses in non-degree setting, non-degree courses) [Skip to #51]
h. <u>Patient Educator</u> (i.e., provide education to patients, members of the community) [Skip to #51]
i. <u>School Health Nurse K-12</u> [Skip to #51]
j. <u>Advanced Practice Registered Nurse or Nurse Anesthetist</u> (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 #51]
k. <u>Faith-based Nurse</u> [Go to #51]
l. <u>Case Manager/Coordinator/Navigator</u> (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 #51]
m. <u>Nurse Researcher</u> (i.e., role and/or title is to conduct research in the field of nursing) [Skip to #51]
n. <u>Reserve and Active Military</u> [Go to #44]
o. <u>Non-military, work in Military</u> setting (i.e., veteran's hospital) [Go to #46]
p. <u>Telehealth</u> [Skip to #51]
q. <u>Travel nurse</u> [Skip to #48]
r. Other Health Related [Skip to #51]
s. Other Health Non-related [Skip to #51]
t. Other [Skip to #51]

FACULTY, RESERVE & ACTIVE MILITARY, NON-MILITARY, TRAVEL NURSES

41. 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.
42. How many hours per week do you spend working as faculty? _____
43. [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
44. You've indicated you're working as reserve and active military, is this a part- or full-time role?
    a. Part time role
    b. Full time role
    c. Other, please specify.
45. How many hours per week do you spend working as reserve and active military? _____
46. You've indicated you're working as non-military nurse, is this a part- or full-time role?
    a. Part time role
    b. Full time role
    c. Other, please specify.
47. How many hours per week do you spend working as non-military nurse? _____
48. [TRAVEL NURSES ONLY] You indicated you're a travel nurse, do you spend most of your time working as a nurse in Michigan?
    a. Yes

b.   No
49. [STAFF NURSES ONLY] 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 #51]
   d.   Other, please specify
50. [STAFF NURSES ONLY] Do you receive extra or separate payment for your precepting roles?
   a.   Yes
   b.   No

SPECIALTY

51. 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. <u>Occupational Health</u> (i.e., provide on-the-job health care for the nation's workforce, striving to ensure workers' health, safety, and productivity)
u. <u>Operating Room/Scrub Nurse</u>
v. <u>Palliative Care/Hospice</u>
w. <u>Pediatrics</u>
x. <u>Neonatal</u>
y. <u>Phlebotomy</u>
z. <u>Pre-op/Post-op Recovery Room</u> (i.e., provision of nursing care to patients in the period immediately prior to performance or immediately following an interventional or surgical procedure)
aa. <u>Public Health</u> (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. <u>Psychiatric/Mental Health/Substance Abuse</u> (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. <u>Rehabilitation</u> (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. <u>School Health K-12</u> (i.e., dedicated to promoting the health and well-being of children of all ages in an academic environment.)
ee. <u>Telehealth</u>
ff. <u>Testing and Diagnostic Services Nurse</u>
gg. <u>Thoracic Care</u> (i.e., patients receiving heart and pulmonary surgery)
hh. <u>Women's Health</u> (i.e., provided care for women across the life cycle with emphasis on conditions that are particular to women)
ii. <u>Wound Care</u>
jj. <u>Other Medical</u> (i.e., dermatology, diabetic, allergy/immunology, infectious disease/ infection nurse, etc.)
kk. <u>Other Clinical Specialties</u>
ll. <u>Other Non-clinical Specialties</u>
mm. <u>Other</u>

EMPLOYER SUPPORTS

52. 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. None of the above

CHANGE IN EMPLOYMENT SETTING

53. 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 #55]
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

54. You indicated you made a change in your employment, please specify the reason (mark ALL that apply)?
a. Retiring
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. Disability or long-term illness
k. Wages
l. Work culture
m. Workload
n. Better schedule
o. Benefits and employer supports
p. Other (please specify)

TIME PRACTICING AS A NURSE

55. 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 #64]
c. 6 to less than 10 years [Skip to #64]
d. 10 years to less than 19 years [Skip to #64]
e. Greater than 19 years [Skip to #64]

NEW NURSES ONLY

56. 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)

57. How difficult was it to find a nursing position?
a. Very difficult

b. Difficult
c. Neutral
d. Easy
e. Very easy

58. 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

59. Did you complete a nursing residency?
    a. Yes
    b. No

60. How satisfied were you with the orientation at your place of employment?
    a. Very dissatisfied
    b. Dissatisfied
    c. Neutral
    d. Satisfied
    e. Very satisfied

61. 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)

62. 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

63. 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)

PLANS TO CONTINUE WORKING AS A NURSE

64. 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 #66]
    d. More than 10 years [Skip to #66]
    e. Don't know [Skip to #66]

65. 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. Disability or long-term illness
    k. Wages
    l. Work culture
    m. Workload
    n. Undesirable schedule
    o. Benefits and employer supports
    p. Other (please specify)

PLACE OF EMPLOYMENT

66. Where is your primary place location of employment (mark ONE)?
    a. Michigan [Skip to #68]
    b. Other state in the U.S.
    c. Canada
    d. Other nation

67. 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. School
    e. Difficulty finding a nursing position
    f. Scope of practice regulation is more favorable outside of Michigan
    g. Travel nurse
    h. Provide telehealth/call center
    i. Employer is located in another state
    j. Military
    k. Other (please specify)

68. What is the ZIP Code of your primary place of employment? _____

DEMOGRAPHICS

69. Where is your primary place of residence (mark ONE)?

a. Michigan
b. Other state in the U.S.
c. Canada
d. Other nation

70. If you live in the U.S., what is the ZIP Code of your primary place of residence? _____

71. In what year were you born? _____

72. What is your gender (mark ONE)?
a. Female
b. Male

73. Are you Hispanic or Latinx?
a. Yes
b. No

74. Are you Middle Eastern, Chaldean, or of other Middle Eastern decent?
a. Yes
b. No

75. 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.

76. In the past year, did you experience any workplace violence?
a. Yes
b. No [Skip to end of survey]
c. Prefer not to answer [Skip to end of survey]

77. 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				

78. 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							

79. Have you missed any days of work as a result of the most recent workplace violence event?
   a. Yes
   b. No
80. Is there a process for you to report workplace violence incidents through your organization?
   a. Yes
   b. No [Skip to #82]
   c. Don't know [Skip to #82]
81. Did you report workplace violence incidents using the organizational process?
   d. Yes
   e. No
82. 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

83. 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. National APN Specialty Certifications

Table 59. Specialty certification(s) from American Academy of Nurse Practitioners Certification Board AANPCB, 2022

Please select which specialty certification(s) you have from American Academy of Nurse Practitioners Certification Board AANPCB (Mark ALL that apply).	RNs = 429	
	Estimate	95 % CI
Adult-Gerontology Primary Care Nurse Practitioner Certification	20.9%	(19.4% - 22.5%)
Emergency Nurse Practitioner Certification	*	*
Family Nurse Practitioner Certification	79.3%	(77.7% - 80.8%)

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

Table 60. Specialty certification(s) you have from American Association of Critical Care Nurses (AACN), 2022

Please select which specialty certification(s) you have from American Association of Critical Care Nurses (AACN) (Mark ALL that apply).	RNs = 35	
	Estimate	95% CI
Acute Care Clinical Nurse Specialist-Adult-Gerontology (ACCNS-AG)	*	*
Acute Care Clinical Nurse Specialist – Neonatal (ACCNS-N)	0.0%	-
Acute Care Clinical Nurse Specialist – Pediatric (ACCNS-P)	*	*
Acute/Critical Care Clinical Nurse Specialist -CCNS (Adult) renewal only	23.6%	(22.0% - 25.3%)
Acute/Critical Care Clinical Nurse Specialist- CCNS (Pediatric) renewal only	*	*
Acute/Critical Care Clinical Nurse Specialist- CCNS (Neonatal) renewal only	0.0%	-
Acute Care Nurse Practitioner (Adult)-ACNPC (Adult) renewal only	*	*
Acute Care Nurse Practitioner (Adult-Gero)-ACNPC-AG (Adult-Gero)	*	*

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

Table 61. Specialty certification(s) from American Nurses Credentialing Center (ANCC), 2022

Please select which specialty certification(s) you have from American Nurses Credentialing Center (ANCC) (Mark ALL that apply).	RNs = 1,064	
	Estimate	95% CI
Adult- Gerontology Acute Care Nurse Practitioner Certification (AGACNP-BC)	15.1%	(13.8% - 16.5%)
Adult-Gerontology Clinical Nurse Specialist Certification (AGCNS-BC)	6.1%	(5.2% - 7.1%)
Adult- Gerontology Primary Care Nurse Practitioner Certification (AGPCNP-BC)	7.4%	(6.4% - 8.5%)
Adult Health Clinical Nurse Specialist (ACNS-BC) renewal only	4.0%	(3.3% - 4.8%)
Adult Nurse Practitioner Certification renewal only	12.3%	(11.1% - 13.6%)
Emergency Nurse Practitioner Certification renewal only	*	*
Family Nurse Practitioner Certification (FNP-BC)	45.5%	(43.6% - 47.4%)
Gerontological Nurse Practitioner Certification (GERO-BC)	1.4%	(1.0% - 1.9%)

Please select which specialty certification(s) you have from American Nurses Credentialing Center (ANCC) (Mark ALL that apply).	RNs = 1,064	
	Estimate	95% CI
Pediatric Primary Care Nurse Practitioner Certification retired	0.8%	(0.5% - 1.2%)
Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan) Certification (PMHNP-BC)	8.4%	(7.4% - 9.5%)
Psychiatric-Mental Health Nurse Practitioner Certification renewal only	2.5%	(2.0% - 3.2%)
Public/Community Health Clinical Nurse Specialist renewal only	*	*
School Nurse Practitioner Certification renewal only	*	*

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

Table 62. Specialty certification(s) from National Certification Corporation, 2022

Please select which specialty certification(s) you have from National Certification Corporation (Mark ALL that apply).	RNs = 118	
	Estimate	95% CI
Neonatal Nurse Practitioner Certification	34.9%	(33.1%, 36.8%)
Women's Health Care Nurse Practitioner Certification	65.1%	(63.2%, 66.9%)

Table 63. Specialty certification(s) you have from Pediatric Nursing Certification Board (PNCB), 2022

Please select which specialty certification(s) you have from Pediatric Nursing Certification Board (PNCB) (Mark ALL that apply).	RNs = 99	
	Estimate	95% CI
Certified Pediatric Nurse Practitioner - Acute Care	16.3%	(14.9% - 17.8%)
Certified Pediatric Nurse Practitioner - Primary Care	87.4%	(86.1% - 88.6%)
Pediatric Primary Care Mental Health Specialist	*	*

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

Appendix C. National Specialty Certifications Outside of APN

Table 64. Specialty certification(s) from American Association of Critical Care Nurses (AACN), 2022

Please select which specialty certification(s) you have from American Association of Critical Care Nurses (AACN) (Mark ALL that apply).	RNs = 397	
	Estimate	95% CI
Acute/Critical Care Knowledge Professional	11.5%	(11.1% - 11.9%)
Acute/Critical Care Nursing	70.2%	(69.6% - 70.8%)
Cardiac Medicine	5.9%	(5.6% - 6.2%)
Cardiac Surgery	3.5%	(3.3% - 3.7%)
Critical Care RN (Neonatal)	*	*
Critical Care RN Knowledge Professional (Neonatal)	*	*
Progressive Care Knowledge Professional	4.9%	(4.6% - 5.2%)
Progressive Care Nursing	16.5%	(16.0% - 17.0%)
Tele-ICU Acute/Critical Care Nursing	4.8%	(4.5% - 5.1%)

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

Table 65. Specialty certification(s) you have from American Holistic Nurses Credentialing Corporation (AHNCC), 2022

Please select which specialty certification(s) you have from American Holistic Nurses Credentialing Corporation (AHNCC) (Mark ALL that apply).	RNs = 58	
	Estimate	95% CI
Advanced Holistic Nurse Board Certified	*	*
Advanced Practice Holistic Nurse Board Certified	*	*
Holistic Nurse Baccalaureate Board Certified	51.7%	(51.1% - 52.3%)
Holistic Nurse Board Certified	23.1%	(22.6% - 23.6%)
Holistic Nurse Coach	*	*

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

Table 66. Specialty certification(s) from American Nurses Credentialing Certification (ANCC), 2022

Please select which specialty certification(s) you have from American Nurses Credentialing Certification (ANCC) (Mark ALL that apply).	RNs = 446	
	Estimate	95% CI
Advanced Diabetes Management Certification	*	*
Ambulatory Care Nursing Certification (AMB-BC)	3.7%	(3.5% - 3.9%)
Cardiac Vascular Nursing Certification (CV-BC)	5.5%	(5.2% - 5.8%)
Care Coordination and Transition Management	*	*
Gerontology Nursing Certification (GERO-BC)	10.4%	(10.0% - 10.8%)
Informatics Nursing Certification (RN-BC)	4.6%	(4.3% - 4.9%)
Medical-Surgical Nursing Certification (MEDSURG-BC)	19.2%	(18.7% - 19.7%)
National Healthcare Disaster Certification (NHDP-BC)	*	*
Nursing Case Management Certification (CMGT-BC)	2.3%	(2.1% - 2.5%)
Nurse Executive Advanced Certification (NEA-BC)	7.6%	(7.3% - 7.9%)
Nurse Executive Certification (NE-BC)	13.3%	(12.9% - 13.7%)
Nursing Professional Development Certification (NPD-BC)	14.6%	(14.2% - 15.0%)
Pain Management Nursing Certification (PMGT-BC)	4.8%	(4.5% - 5.1%)

Please select which specialty certification(s) you have from American Nurses Credentialing Certification (ANCC) (Mark ALL that apply).	RNs = 446	
	Estimate	95% CI
Psychiatric-Mental Health Nursing Certification (PMHNP-BC)	15.1%	(14.7% - 15.6%)
Pediatric Nursing Certification (PED-BC)	3.1%	(2.9% - 3.3%)
Public Health Nurse Advanced (certificate retired)	1.7%	(1.5% - 1.9%)

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

Table 67. Specialty certification(s) from Board of Certification for Emergency Nursing (BCEN), 2022

Please select which specialty certification(s) you have from Board of Certification for Emergency Nursing (BCEN) (Mark ALL that apply).	RNs = 191	
	Estimate	95% CI
Certified Emergency Nurse	92.4%	(92.1% - 92.7%)
Certified Flight Registered Nurse	12.2%	(11.8% - 12.6%)
Certified Transport Registered Nurse	*	*
Trauma Certified Registered Nurse	20.4%	(19.9% - 20.9%)

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

Table 68. Specialty certification(s) from Hospice and Palliative Credentialing Center (HPCC), 2022

Please select which specialty certification(s) you have from Hospice and Palliative Credentialing Center (HPCC) (Mark ALL that apply).	RNs = 102	
	Estimate	95% CI
Advanced Certified Hospice and Palliative Care Nurse	32.7%	(32.1% - 33.3%)
Certified Hospice and Palliative Care Administrator	*	*
Certified Hospice and Palliative Care Nurse	63.6%	(63.0% - 64.2%)
Certified Hospice and Palliative Licensed Nurse / Vocational Nurse	*	*
Certified Hospice and Palliative Nursing Assistant	0.0%	-
Certified Hospice and Palliative Pediatric Nurse	*	*
Certified in Perinatal Loss Care	*	*

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

- Data are not applicable.

Table 69. Specialty certification(s) from National Certification Corporation, 2022

Please select which specialty certification(s) you have from National Certification Corporation (Mark ALL that apply).	RNs = 219	
	Estimate	95% CI
Inpatient Obstetric Nursing	62.4%	(61.8% - 63.0%)
Low Risk Neonatal Nursing	4.4%	(4.2% - 4.7%)
Maternal Newborn Nursing	11.3%	(10.9% - 11.7%)
Neonatal Intensive Care Nursing	27.8%	(27.2% - 28.4%)

Table 70. Specialty certification(s) from Oncology Nursing Certification Corporation (ONCC), 2022

Please select which specialty certification(s) you have from Oncology Nursing Certification Corporation (ONCC) (Mark ALL that apply).	RNs = 215	
	Estimate	95% CI
Advanced Oncology Certified Clinical Nurse Specialist	*	*
Blood & Marrow Transplant Certified Nurse	*	*
Certified Breast Care Nurse	5.1%	(4.8% - 5.4%)
Certified Pediatric Hematology-Oncology Nurse	*	*
Certified Pediatric Oncology Nurse	*	*
Advanced Oncology Certified Nurse	*	*
Oncology Certified Nurse	91.8%	(91.5% - 92.1%)

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

Table 71. Specialty certification(s) from Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB), 2022

Please select which specialty certification(s) you have from Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB) (Mark ALL that apply).	RNs = 77	
	Estimate	95% CI
Certified Wound Ostomy Continence Nurse	41.4%	(40.8% - 42.0%)
Certified Wound Ostomy Nurse	22.7%	(22.2% - 23.2%)
Certified Wound Care Nurse	36.6%	(36.0% - 37.2%)
Certified Ostomy Care Nurse	*	*
Certified Continence Care Nurse	*	*
Certified Foot Care Nurse	*	*

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

Appendix D. Nursing Population Compared to Overall Michigan Population

Table 72. Diversity[a] from the 2022 Nurse Survey to Match the 2020 Census Data

Demographics	2020 Census Data N = 7,812,144	2022 RN= 19,422		2022 LPN= 2,389	
	Estimate	Estimate	95% CI	Estimate	95% CI
White = 11.5	79.3%	89.1%	(88.7% - 89.5%)	67.8%	(65.9% - 69.6%)
Black ==11.1	13.0%	4.4%	(4.1% - 4.7%)	24.1%	(22.4% - 25.9%)
American Indian	0.5%	0.3%	(0.2% - 0.4%)	0.3%	(0.1% - 0.6%)
Asian/Pacific Islander	3.2%	2.3%	(2.1% - 2.5%)	1.3%	(0.9% - 1.8%)
Other	1.2%	1.7%	(1.5% - 1.9%)	2.4%	(1.9% - 3.1%)
Two or More Races	2.7%	2.3%	(2.1% - 2.5%)	4.1%	(3.4% - 5.0%)
Hispanic	4.3%	2.2%	(2.0% - 2.4%)	2.7%	(2.1% - 3.4%)

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

Table 73. Comparing Region of Residency of Nurses in Michigan with 2020 Census Data and 2022 Nurse Survey Data

Demographics	2020 Census Data N = 7,812,144	2022 RN= 19,422	2022 LPN= 2,389
	Estimate	Estimate	Estimate
Upper Peninsula	3.1%	3.8%	5.8%
Northwest LP	3.1%	4.9%	3.9%
Northeast LP	2.1%	2.3%	2.7%
West/West Central	15.7%	16.2%	19.0%
East Central	5.7%	6.1%	7.8%
East	8.5%	8.6%	9.2%
South Central	4.9%	4.4%	3.1%
Southwest	7.8%	7.5%	6.8%
Southeast	48.9%	46.1%	41.4%

Table 74. Comparing the Diversity[a] and Location Distribution of Nurses in Michigan between the 2020 Census Data and the 2022 Nurse Survey Data

Characteristics	2020 Census Data		2022 Nurse Survey Data	
	Estimate	95% CI	Estimate	95% CI
Eastern/Central/Western UP	**N = 245,839**		**N = 830**	
White	89.3%	-	92.8%	(90.8% - 94.4%)
Black	2.5%	-	0.1%	(0.0% - 0.6%)
American Indian	3.6%	-	2.4%	(1.6% - 3.7%)
Asian/Pacific Islander	1.0%	-	0.1%	(0.0% - 0.6%)
Other	0.3%	-	1.0%	(0.5% - 1.9%)
Two or more races	3.2%	-	3.5%	(2.4% - 5.0%)
Hispanic	1.4%	-	0.4%	(0.1% - 1.1%)
Northwest LP	**N = 245,342**		**N = 1,048**	

Characteristics	2020 Census Data		2022 Nurse Survey Data	
	Estimate	95% CI	Estimate	95% CI
White	94.6%	-	96.3%	(95.0% - 97.3%)
Black	0.8%	-	0.1%	(0.0% - 0.5%)
American Indian	1.2%	-	0.1%	(0.0% - 0.5%)
Asian/Pacific Islander	0.6%	-	0.5%	(0.2% - 1.1%)
Other	0.5%	-	1.8%	(1.2% - 2.8%)
Two or more races	2.4%	-	1.3%	(0.8% - 2.2%)
Hispanic	2.1%	-	0.9%	(0.5% - 1.7%)
Northeast LP	N = 167,944		N = 510	
White	95.9%	-	96.1%	(94.0% - 97.5%)
Black	0.6%	-	0.3%	(0.1% - 1.3%)
American Indian	0.8%	-	0.3%	(0.1% - 1.3%)
Asian/Pacific Islander	0.5%	-	0.2%	(0.0% - 1.1%)
Other	0.3%	-	1.7%	(0.9% - 3.2%)
Two or more races	2.0%	-	1.4%	(0.7% - 2.8%)
Hispanic	1.4%	-	0.6%	(0.2% - 1.7%)
West/West Central	N = 1,229,149		N = 3,607	
White	86.7%	-	94.4%	(93.6% - 95.1%)
Black	5.8%	-	1.2%	(0.9% - 1.6%)
American Indian	0.5%	-	0.3%	(0.2% - 0.5%)
Asian/ Pacific Islander	2.0%	-	1.0%	(0.7% - 1.4%)
Other	2.1%	-	1.0%	(0.7% - 1.4%)
Two or more races	3.0%	-	2.1%	(1.7% - 2.6%)
Hispanic	6.8%	-	2.1%	(1.7% - 2.6%)
East Central	N = 446,507		N = 1,364	
White	87.5%	-	92.4%	(90.9% - 93.7%)
Black	7.2%	-	3.6%	(2.7% - 4.7%)
American Indian	0.7%	-	0.1%	(0.0% - 0.5%)
Asian/Pacific Islander	1.1%	-	0.5%	(0.2% - 1.0%)
Other	0.8%	-	1.7%	(1.1% - 2.5%)
Two or more races	2.5%	-	1.8%	(1.2% - 2.7%)
Hispanic	4.6%	-	2.5%	(1.8% - 3.5%)
East	N = 663,996		N = 1,888	
White	86.2%	-	92.8%	(91.5% - 93.9%)
Black	9.7%	-	3.3%	(2.6% - 4.2%)
American Indian	0.3%	-	0.2%	(0.1% - 0.5%)
Asian/Pacific Islander	0.7%	-	0.4%	(0.2% - 0.8%)
Other	0.8%	-	1.3%	(0.9% - 1.9%)
Two or more races	2.3%	-	2.0%	(1.5% - 2.7%)
Hispanic	3.0%	-	2.7%	(2.1% - 3.5%)
South Central	N = 381,655		N = 929	
White	81.4%	-	90.7%	(88.7% - 92.4%)
Black	8.4%	-	3.0%	(2.1% - 4.3%)
American Indian	0.4%	-	0.3%	(0.1% - 0.9%)
Asian/Pacific Islander	5.0%	-	1.1%	(0.6% - 2.0%)
Other	1.2%	-	2.2%	(1.4% - 3.4%)
Two or more races	3.6%	-	2.8%	(1.9% - 4.1%)
Hispanic	6.0%	-	1.8%	(1.1% - 2.9%)
Southwest	N = 608,812		N = 1,625	
White	84.3%	-	90.6%	(89.1% - 91.9%)

Characteristics	2020 Census Data		2022 Nurse Survey Data	
	Estimate	95% CI	Estimate	95% CI
Black	8.7%	-	3.4%	(2.6% - 4.4%)
American Indian	0.4%	-	0.3%	(0.1% - 0.7%)
Asian/Pacific Islander	1.8%	-	1.6%	(1.1% - 2.3%)
Other	1.4%	-	2.0%	(1.4% - 2.8%)
Two or more races	3.4%	-	2.0%	(1.4% - 2.8%)
Hispanic	4.8%	-	2.6%	(1.9% - 3.5%)
Southeast	**N = 3,822,900**		**N = 9,946**	
White	71.4%	-	78.7%	(77.9% - 79.5%)
Black	19.8%	-	12.2%	(11.6% - 12.9%)
American Indian	0.3%	-	0.1%	(0.1% - 0.2%)
Asian/Pacific Islander	4.8%	-	3.9%	(3.5% - 4.3%)
Other	1.2%	-	2.1%	(1.8% - 2.4%)
Two or more races	2.6%	-	3.0%	(2.7% - 3.4%)
Hispanic	3.9%	-	2.6%	(2.3% - 2.9%)

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

- Data are not available.

Table 75. Comparing Diversity[a] and Age Distribution of Nurses in Michigan between the 2020 Census and the 2022 Nurse Survey Data

Characteristics	2020 Census Data		2022 Nurse Survey Data	
	Estimate	95% CI	Estimate	95% CI
18-34 years of age	**N = 2,247,095**		**N = 1,956**	
White	73.4%	-	85.1%	(83.5% - 86.6%)
Black	15.6%	-	6.5%	(5.5% - 7.7%)
American Indian	0.5%	-	0.2%	(0.1% - 0.5%)
Asian/Pacific Islander	4.3%	-	2.8%	(2.2% - 3.6%)
Two or more races	4.6%	-	3.4%	(2.7% - 4.3%)
Other	1.5%	-	1.9%	(1.4% - 2.6%)
Hispanic	6.5%	-	2.8%	(2.2% - 3.6%)
35-54 years of age	**N = 2,454,173**		**N = 8,529**	
White	77.9%	-	83.9%	(83.1% - 84.7%)
Black	13.6%	-	8.0%	(7.4% - 8.6%)
American Indian	0.5%	-	0.4%	(0.3% - 0.6%)
Asian/Pacific Islander	3.9%	-	3.1%	(2.8% - 3.5%)
Two or more races	2.7%	-	2.7%	(2.4% - 3.1%)
Other	1.3%	-	2.0%	(1.7% - 2.3%)
Hispanic	5.0%	-	2.9%	(2.6% - 3.3%)
55+ years of age	**N = 3,110,876**		**N = 13,894**	
White	84.6%	-	89.9%	(89.4% - 90.4%)
Black	10.7%	-	5.1%	(4.7% - 5.5%)
American Indian	0.4%	-	0.3%	(0.2% - 0.4%)
Asian/Pacific Islander	1.9%	-	1.3%	(1.1% - 1.5%)
Two or more Races	1.4%	-	1.8%	(1.6% - 2.0%)
Other	0.9%	-	1.6%	(1.4% - 1.8%)
Hispanic	2.1%	-	1.3%	(1.1% - 1.5%)

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

- Data are not available.

Appendix E. Additional Employment Analysis

Table 76. Percentage of Nurses Who are Employed in Nursing by Demographic Characteristics, 2019 - 2022

Demographics	2019		2020		2021		2022	
	RN	LPN	RN	LPN	RN	LPN	RN	LPN
Total	81.3%	78.0%	79.2%	74.5%	79.3%	72.8%	79.4%	75.5%
Age								
<25 years	96.4%	82.4%	94.2%	84.0%	96.1%	81.8%	98.9%	*
25 to 34 years	92.9%	89.6%	91.2%	87.4%	91.2%	86.2%	90.2%	87.7%
35 to 44 years	91.6%	87.8%	89.7%	84.3%	89.5%	82.8%	90.0%	87.6%
45 to 54 years	90.3%	85.5%	88.9%	84.6%	90.0%	81.1%	89.1%	85.0%
55 to 64 years	76.8%	72.1%	74.9%	68.0%	75.4%	69.8%	76.0%	67.5%
65+ years	38.0%	47.6%	34.0%	38.8%	32.4%	31.0%	32.2%	37.9%
Gender								
Female	80.7%	77.9%	78.7%	74.5%	78.8%	72.4%	78.9%	75.5%
Male	87.2%	79.8%	84.5%	75.6%	84.2%	75.8%	84.2%	75.5%
Race & Ethnicity [a]								
White	80.7%	75.7%	78.8%	71.3%	78.8%	69.3%	78.8%	69.3%
Black	85.9%	88.2%	82.6%	82.2%	83.1%	80.8%	83.1%	80.8%
Hispanic or Latinx	88.2%	82.8%	85.8%	80.1%	86.9%	83.7%	86.9%	83.7%
Middle Eastern	-	-	84.5%	70.9%	80.2%	68.9%	80.2%	68.9%
Other [b]	86.0%	79.5%	82.9%	77.5%	81.7%	75.3%	81.7%	75.3%
Residence								
Upper Peninsula	79.5%	80.1%	81.8%	77.8%	77.3%	72.6%	81.0%	73.9%
Northwest LP	75.8%	69.7%	74.1%	64.5%	75.5%	58.5%	78.7%	60.2%
Northeast LP	76.5%	70.5%	75.0%	76.2%	70.0%	65.9%	73.7%	63.3%
West/West Central	84.0%	76.9%	80.1%	72.8%	80.5%	69.8%	80.7%	70.9%
East Central	82.6%	73.5%	80.2%	73.7%	79.7%	73.2%	80.3%	78.4%
East	82.7%	76.4%	80.5%	68.0%	80.4%	71.1%	78.4%	73.0%
South Central	82.1%	72.7%	79.4%	75.9%	80.0%	69.6%	78.2%	63.9%
Southwest	80.4%	79.6%	78.9%	77.3%	81.1%	72.4%	79.1%	78.6%
Southeast	79.8%	83.4%	78.4%	77.9%	78.9%	79.7%	78.1%	79.1%
Detroit Metro	82.2%	80.7%	79.7%	76.3%	80.0%	75.6%	80.2%	79.2%
Michigan Residence [c]	79.3%	78.2%	77.9%	75.4%	84.6%	77.4%	82.9%	79.2%
Non-Michigan Residence	75.6%	65.0%	74.9%	65.3%	75.4%	67.3%	77.0%	76.5%

[a] Respondents were instructed to mark all that apply.
[b] Includes individuals who indicated they were American Indian, Asian/PI, or "Other" race.
[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.
- Data are not available.

Table 77. Employment Status by Age, 2017 to 2022

Employment Status	44 Years and Younger		45 Years and Older	
	2017	2022	2017	2022
	N = 11,689	N = 5,787	N = 24,585	N = 18,744
Actively employed in nursing or in a position that requires a nurse license full-time	75.8%	72.1%	60.0%	54.1%
Actively employed in nursing or a position that requires a nurse license part-time	13.4%	11.6%	12.2%	10.2%
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	4.3%	6.6%	4.4%	4.9%
On temporary medical leave from a position that requires a nurse license	*	0.9%	*	0.9%
On temporary non-medical leave from a position that requires a nurse license	*	0.3%	*	0.3%
Actively employed in a field other than nursing	1.5%	2.3%	3.7%	3.6%
Volunteer nurse status only	0.1%	*	1.3%	1.0%
Unemployed, seeking work as a nurse	1.8%	1.7%	2.2%	1.6%
Unemployed, not seeking work as a nurse	2.9%	4.3%	3.5%	3.2%
Retired (left the workforce)	*	0.2%	12.6%	20.1%

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

Table 78. Diversity[a] of Employment Status Over Time, 2017 to 2022

Employment Status	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,135	N = 21,788	N = 3,076	N = 1,672	N = 490	N = 328	N = 1,213	N = 613	N = 636	N = 466	N = 180	N = 263	N = 507	N = 578
Actively employed in nursing or in a position that requires a nurse license full-time	64.7%	61.4%	76.5%	67.6%	69.9%	68.6%	79.2%	73.1%	75.0%	68.6%	79.0%	65.4%	68.6%	64.1%
Actively employed in nursing or a position that requires a nurse license part-time	13.4%	11.1%	8.3%	9.4%	10.3%	7.8%	9.0%	9.2%	10.7%	9.4%	8.2%	11.8%	10.3%	8.3%
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	4.6%	5.5%	3.3%	8.1%	4.0%	3.5%	2.8%	3.9%	3.7%	6.9%	*	5.1%	5.3%	7.5%
On temporary medical leave from a position that requires a nurse license	*	0.8%	*	1.6%	*	*	*	*	*	2.5%	*	*	*	2.0%
On temporary non-medical leave from a position that requires a nurse license	*	0.3%	*	*	*	*	*	*	*	*	*	*	*	*
Actively employed in a field other than nursing	3.0%	3.1%	1.7%	1.3%	2.2%	3.2%	1.5%	2.2%	2.4%	2.6%	*	3.2%	3.5%	4.7%
Volunteer nurse status only	0.8%	0.6%	0.6%	0.4%	*	*	*	*	*	*	*	*	*	*

Employment Status	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,135	N = 21,788	N = 3,076	N = 1,672	N = 490	N = 328	N = 1,213	N = 613	N = 636	N = 466	N = 180	N = 263	N = 507	N = 578
Unemployed, seeking work as a nurse	1.9%	1.4%	3.0%	3.7%	3.4%	2.3%	2.9%	3.2%	2.3%	*	*	*	4.1%	1.9%
Unemployed, not seeking work as a nurse	3.5%	3.9%	1.5%	1.9%	4.3%	*	1.6%	2.7%	2.3%	3.5%	*	7.2%	2.5%	3.5%
Retired (left the workforce)	8.1%	11.8%	5.1%	5.6%	4.7%	9.5%	2.8%	4.9%	2.6%	4.8%	*	4.9%	4.6%	6.8%

[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.

Table 79. Plans to Continue Practice Nursing by Age (RN and LPN), 2022

Years Plan to Continue Working as a Nurse	RN						LPN					
	<25 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65+ years	<25 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65+ years
	N = 88	N = 1551	N = 3,019	N = 3,785	N = 4,696	N = 2,031	N = *	N = 135	N = 396	N = 438	N = 484	N = 271
Less than 2 years	*	91	126	88	692	925	0	*	*	12	53	107
2 to 5 years	*	107	94	290	1920	790	0	14	16	26	161	97
6 to 10 years	*	70	211	940	1557	114	0	*	18	84	167	22
More than 10 years	45	991	2230	2138	380	15	*	72	257	237	63	*
Don't know	26	292	358	329	147	187	*	39	97	79	40	42

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

Table 80. Plans to Continue Practicing Nursing (in years) by AGe (APNs only), 2022

Years Plan to Continue Working as a Nurse	25 to 34 years N = 111	35 to 44 years N = 362	45 to 54 years N = 408	55 to 64 years N = 412	65+ years N = 206
Less than 2 years	*	*	*	48	83
2 to 5 years	0	10	23	162	91
6 to 10 years	*	19	96	136	13
More than 10 years	98	308	263	55	*
Don't know	*	23	20	11	17

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

Table 81. Plans to Work 5 Years or Less by Setting and Age, 2022

Setting	18 to 34 years N = 1,321	35 to 54 years N = 4,205	55 to 64 years N = 6,461	65+ years N = 2,646
Provides Direct Care	971	2404	3184	1150
Provides non-direct care	318	1315	2013	810
Nurse Administrator	107	721	1146	444
Nurse Faculty	34	182	343	191
Acute Care	887	2192	2729	883
Ambulatory Care	251	859	1456	537
Nursing Care - LTC Facility	29	272	421	158
Assisted Living	*	44	71	38
Home Health Care	28	202	363	191
Hospice	80	225	348	140
Corrections System	*	39	49	15
School of Nursing	45	200	358	199
Public or Community Health	51	220	300	181
Insurance Company Health Plan	22	97	224	79
Training, Traveling, Other	107	367	524	252

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

Table 82. Plans to Continue to Practice Nursing by Age (RN and LPN), 2022

Years Plan to Continue Working as a Nurse	RN						LPN					
	<25 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65+ years	<25 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65+ years
	N = 88	N = 1551	N = 3,019	N = 3,785	N = 4,696	N = 2,031	N = 8	N = 135	N = 396	N = 438	N = 484	N = 271
Less than 2 years	*	91	126	88	692	925	0	*	*	12	53	107
2 to 5 years	*	107	94	290	1920	790	0	14	16	26	161	97
6 to 10 years	*	70	211	940	1557	114	0	*	18	84	167	22
More than 10 years	45	991	2230	2138	380	15	*	72	257	237	63	*
Don't know	26	292	358	329	147	187	*	39	97	79	40	42

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

Table 83. Plans to Continue Nursing (in years) by Age (APNs only), 2022

Years Plan to Continue Working as a Nurse	25 to 34 years N = 111	35 to 44 years N = 362	45 to 54 years N = 408	55 to 64 years N = 412	65+ years N = 206
Less than 2 years	*	*	*	48	83
2 to 5 years	0	10	23	162	91
6 to 10 years	0	19	96	136	13
More than 10 years	98	308	263	55	*
Don't know	*	23	20	11	17

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

Table 84. Plans to Work 5 Years or Less by Setting and Age, 2022[a]

Setting[a]	18 to 34 years N = 1,321	35 to 54 years N = 4,205	55 to 64 years N = 6,461	65+ years N = 2,646
Provides Direct Care	971	2404	3184	1150
Provides non-direct care	318	1315	2013	810
Nurse Administrator	107	721	1146	444
Nurse Faculty	34	182	343	191
Acute Care	887	2192	2729	883
Ambulatory Care	251	859	1456	537
Nursing Care - LTC Facility	29	272	421	158
Assisted Living	*	44	71	38
Home Health Care	28	202	363	191
Hospice	80	225	348	140
Corrections System	*	39	49	15
School of Nursing	45	200	358	199
Public or Community Health	51	220	300	181
Insurance Company Health Plan	22	97	224	79
Training, Traveling, Other	107	367	524	252

[a] Settings were asked differently across surveys and may limit direct comparisons between the two years.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Appendix F. Additional Diversity Analysis

Table 85. Diversity[a] of the Highest Level of Nursing Education, 2017 & 2022

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,591	N = 22,292	N = 3,145	N = 1,742	N = 507	N = 344	N = 1,243	N = 636	N = 650	N = 495	N = 183	N = 282	N = 527	N = 640
LPN diploma/ certificate	3,865	1,839	995	519	102	55	73	36	98	61	*	19	84	90
RN diploma in nursing	2,621	1,583	96	76	17	12	101	26	27	17	*	*	42	35
Associate degree in nursing	11,336	6,273	832	388	212	109	152	104	243	143	57	66	177	175
Bachelor's degree in nursing	11,236	8,924	875	490	149	121	819	350	245	200	95	131	188	241
Master's degree in nursing	2,309	3,148	309	223	22	36	86	104	33	58	13	41	33	80
Doctorate in Nursing Practice (DNP)	98	314	21	30	*	*	*	*	*	12	*	*	*	10
Doctor of Nurse Anesthesia (DNAP)	-	16	-	*	-	*	-	0	-	0	-	*	-	*
Doctor of Philosophy in Nursing (PhD)	109	174	15	10	*	*	*	*	*	*	*	*	*	*
Other doctoral degree in nursing	17	21	*	*	0	*	*	*	*	0	0	*	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.

- Data were not collected for this year.

Table 86. Diversity of Nurses' First Nursing Degree Compared to their Highest Nursing Degree

First Nursing Degree to Highest Nursing Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 6,952	N = 3,267	N = 1,351	N = 675	N = 179	N = 82	N = 137	N = 66	N = 155	N = 94	N = *	N = 34	N = 136	N = 141
LPN diploma/ certificate														
LPN diploma/ certificate	4114	1966	1073	565	115	62	96	56	108	67	*	21	92	99
RN (diploma/certificate, Associate, Bachelor's)	2629	1088	235	86	61	17	39	*	45	22	*	11	48	32
Master's degree in nursing	209	213	43	24	*	*	*	*	*	*	*	*	*	*
RN (diploma/certificate, Associate, Bachelor's)														
RN (diploma/certificate, Associate, Bachelor's)	22299	16780	1492	954	303	242	1008	480	460	360	*	206	350	451
Master's degree in nursing	1950	3673	238	269	23	47	78	120	25	74	*	57	27	99
Master's degree in nursing														
Master's degree in nursing	331	740	59	80	*	10	15	40	10	16	*	13	97.4%	*
PhD in nursing	*	29	*	*	*	*	*	*	*	*	*	*	*	*

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

Table 87. Diversity[a] of the Highest Level of Non-Nursing Education, 2017 & 2022

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,106	N = 22,159	N = 3,120	N = 1,728	N = 494	N = 341	N = 1,222	N = 628	N = 645	N = 487	N = 184	N = 282	N = 517	N = 634
Non-nursing associate degree	4,524	3,143	692	382	100	79	95	56	124	90	24	41	112	125
Non-nursing bachelor's degree	3,897	3,145	370	219	72	42	201	117	88	61	46	67	83	104
Non-nursing master's degree	1,340	1,462	226	153	22	20	56	40	21	34	*	16	27	50
Non-nursing doctoral degree	191	197	29	18	*	*	18	12	*	*	0	*	*	*
Not applicable	21,154	14,212	1,803	956	298	197	852	403	409	300	108	154	289	348

[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.

Table 88. Diversity[a] in the Current Enrollment in Nursing Educational Programs, 2017 & 2022

Degree Level	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 31,703	N = 22,421	N = 3,164	N = 1,758	N = 508	N = 345	N = 1,248	N = 638	N = 652	N = 495	N = 184	N = 284	N = 529	N = 641
No – not enrolled	28,610	21,259	2,470	1,440	420	307	1103	590	545	441	134	248	425	571
Associate degree in Nursing (ADN)	494	111	246	118	24	*	10	*	24	*	*	*	20	10
Bachelor of Science in Nursing (BSN)	1,574	488	258	103	43	17	70	22	46	19	23	15	52	26
Master of Science in Nursing (MSN)	921	412	144	65	21	*	52	21	33	20	17	*	31	24
Doctor of Nursing Practice (DNP)	155	154	44	31	*	*	10	*	*	*	*	*	*	10
Doctor of Nurse Anesthesia (DNAP)	-	19	-	*	-	*	-	*	-	*	-	*	-	*
Doctor of Philosophy in Nursing (PhD)	27	27	11	*	0	*	*	*	*	*	*	*	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.

- Data were not collected for this year.

Table 89. Diversity[a] of the Current Enrollment to Earn Specialty Certification in Nursing, 2017 & 2022

Specialty	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 1,202	N = 500	N = 246	N = 80	N = 27	N = *	N = 94	N = 26	N = 49	N = 27	N = 26	N = *	N = 41	N = 31
Nurse Practitioner	639	289	147	45	13	*	57	17	29	17	17	*	27	21
Nurse-Midwife	25	12	*	*	0	*	0	*	*	*	*	0	0	0
Nurse Anesthetist	56	28	*	*	*	*	*	0	*	*	*	*	0	0
Clinical Nurse Specialist	100	23	27	*	*	0	16	*	*	*	*	0	*	*
None of the above	382	148	65	27	*	*	17	*	*	*	*	*	11	*

[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.

Table 90. Diversity[a] of Nurses who Have Prerequisite Degree and Current Enrollment in Programs, 2017 & 2022

Specialty [b]	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 3,865	N = 1,839	N = 995	N = 519	N = 102	N = 55	N = 73	N = 36	N = 98	N = 61	N = *	N = *	N = 84	N = 90
Associate degree in Nursing (ADN)	364	98	215	110	18	*	*	*	23	*	*	*	20	*
Bachelor of Science in Nursing (BSN)	1465	464	237	94	41	15	44	18	45	19	*	*	50	23

Specialty [b]	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 3,865	N = 1,839	N = 995	N = 519	N = 102	N = 55	N = 73	N = 36	N = 98	N = 61	N = *	N = *	N = 84	N = 90
Master of Science in Nursing (MSN)	864	381	131	56	19	*	46	16	32	19	*	*	29	22
Doctor of Nursing Practice (DNP)	148	142	43	28	*	*	10	*	*	*	*	*	*	*
Doctor of Nurse Anesthesia (DNAP)	-	17	-	*	-	*	-	*	-	*	-	*	-	0
Doctor of Philosophy in Nursing (PhD)	26	24	10	*	0	*	*	*	*	*	*	*	0	*
Any PhD program	174	183	53	34	*	*	13	*	*	10	*	*	*	11

[a] Respondents were instructed to mark all that apply.
[b] Note about analysis: ADNs among LPN diploma; BSN among any degree certificate; MSN among any degree as some Associate level nurses indicated they enrolled in an MSN program; For all PhD categories among nurses with a BSN or MSN.
- Data were not collected for this year.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 91. Diversity[a] of New Nurses, 2017 & 2022

Years Working as a Nurse	White		Black		American Indian		Asian/PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,307	N = 15,222	N = 2,690	N = 1,363	N = 418	N = 242	N = 1,110	N = 514	N = 567	N = 401	N = 166	N = 212	N = 434	N = 468
Less than 3 years	3,190	675	488	115	65	18	162	36	133	841	66	38	84	29
4 to 9 years	4,980	2,524	646	350	100	50	214	108	147	98	41	67	109	104
10 or more years	17,137	12,023	1,556	898	253	174	734	370	287	265	59	123	241	335

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

Table 92. Diversity[a] of Level of Preparedness

Level of Preparedness	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 669	N = 114	N = *	N = 36	N = 38	N = 20	N = 29
Adequately prepared	282	68	*	20	22	*	14
Not enough classroom time	26	*	0	*	*	0	*
Not enough clinical time	293	29	*	11	11	*	10
Not enough skills lab/simulation time	139	18	*	11	*	*	*
Not enough critical thinking/prioritization practice	158	19	*	*	*	*	*
Other (please specify)	16	*	0	*	*	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.

Table 93. Diversity[a] of Hours Worked Per Week, 2017 & 2022

Hours Worked Per Week	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,393	N = 15,092	N = 2,718	N = 1,342	N = 415	N = 241	N = 1,119	N = 505	N = 576	N = 395	N = 168	N = 207	N = 435	N = 460
<30 Hours	4,545	3,009	296	167	51	29	120	67	81	55	70	31	60	66
30 to 39 Hours	8,141	3,937	685	303	118	62	408	168	191	134	68	55	139	131
40 to 49 Hours	9,750	6,120	1,255	575	186	110	510	213	242	141	11	95	175	187
50+ Hours	2,957	2,026	482	297	60	40	81	57	62	65	70	26	61	76

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

Table 94. Diversity of Hours Worked per Week by Direct Care Nurses, 2022 (all nurses)

Hours Worked per Week	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 11,402	N = 1,017	N = 197	N = 409	N = 311	N = 167	N = 362
<30 Hours	4,609	343	68	104	115	60	116
30 to 39 Hours	3,816	274	69	175	119	47	123
40 to 49 Hours	2,470	288	47	105	60	49	96
50+ Hours	507	112	13	25	17	11	27

Table 95. Diversity[a] of Employment Settings, 2017 & 2022

Setting [b]	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,497	N = 15,222	N = 2,725	N = 1,363	N = 418	N = 242	N = 1,127	N = 514	N = 577	N = 401	N = 168	N = 212	N = 439	N = 468
Provides Direct Care	21,496	8251	2,281	812	374	146	1034	335	512	243	156	130	391	296
Provides non-direct care	5,533	4410	640	362	91	71	255	131	105	117	23	54	106	113

Setting [b]	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,497	N = 15,222	N = 2,725	N = 1,363	N = 418	N = 242	N = 1,127	N = 514	N = 577	N = 401	N = 168	N = 212	N = 439	N = 468
Nurse Administrator	1,167	2400	93	272	*	55	28	61	19	57	*	25	*	67
Nurse Faculty	384	698	75	74	*	10	14	12	*	25	*	14	*	22
Acute Care	11,718	6418	954	464	187	99	719	300	296	194	101	110	206	214
Ambulatory Care	6,641	3304	424	150	108	51	169	93	125	63	34	40	96	82
Nursing Care - LTC Facility	2,256	1293	711	363	52	22	113	62	61	46	14	18	54	56
Assisted Living	563	250	149	86	18	*	26	*	14	13	*	*	17	18
Home Health Care	1,667	878	254	139	23	21	70	26	41	25	*	13	48	29
Hospice	879	905	74	101	23	19	13	17	16	28	*	10	18	32
Corrections System	211	130	41	28	*	*	17	*	*	*	0	*	*	*
School of Nursing	510	742	42	80	*	11	13	13	*	30	*	14	*	24
Public or Community Health	142	735	*	107	11	13	0	12	*	30	0	10	0	42
Insurance Company Health Plan	600	394	130	62	11	*	20	17	13	14	*	*	*	*
Training, Traveling, Other	3090	1270	329	153	58	28	79	32	63	26	14	12	64	58

[a] Respondents were instructed to mark all that apply.
[b] Settings were asked differently across surveys and may limit direct comparisons between the two years.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Table 96. Diversity[a] of the Change in Employment, 2017 & 2022

Change in Employment	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,535	N = 15,222	N = 2,731	N = 1,363	N = 419	N = 242	N = 1,129	N = 514	N = 577	N = 401	N = 168	N = 212	N = 439	N = 468
Made a Change	8,142	5,934	1,016	569	164	107	377	187	207	182	53	106	160	209

Table 97. Diversity[a] of Years Practicing as a Nurse, 2017 & 2022

Years Practicing as a Nurse	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 25,307	N = 15,222	N = 2,690	N = 1,363	N = 418	N = 242	N = 1,110	N = 514	N = 567	N = 401	N = 166	N = 212	N = 434	N = 468
Less than 3 years	3,190	675	488	115	65	18	162	36	133	38	66	22	84	29
4 to 9 years	4,980	2,524	646	350	100	50	214	108	147	98	41	67	109	104
10 or more years	17,137	12,023	1,556	898	253	174	734	370	287	265	59	123	241	335

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

Table 98. Diversity[a] in Plans to Continue Working as a Nurse, 2017 & 2022

Plans to Continue Working as a Nurse	White		Black		American Indian		Asian/ PI		Hispanic or Latinx		Middle Eastern		Other	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
	N = 24,014	N = 13,865	N = 2,358	N = 1,118	N = 389	N = 214	N = 1,006	N = 457	N = 532	N = 346	N = 151	N = 184	N = 391	N = 381
<=5 years	5,639	5,276	410	314	68	67	174	101	66	101	14	54	53	146
6+ years	18,375	8,589	1,948	804	321	147	832	356	466	245	137	130	338	235

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

Table 99. Diversity[a] of the Type of Violence Experienced, 2022

Type of Workplace Violence	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 5,792	N = 364	N = 117	N = 162	N = 172	N = 74	N = 222
Threat	4784	294	102	131	143	64	188
Verbal Abuse	5546	340	113	154	163	70	210
Sexual Harassment	2582	128	66	64	84	39	114
Physical Violence	3372	184	80	94	101	43	145

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

Table 100. Diversity[a] of Nurses who Experienced Workplace Violence by Specialty, 2022

Specialty	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 24,024	N = 2,487	N = 470	N = 873	N = 637	N =383	N = 833
Critical Care	1,789	125	32	90	59	47	81
Behavioral Health	823	150	22	27	24	17	36
Medical, Surgical, & Wound Care	2,134	288	40	111	58	43	90
Specialty Care	1,808	108	27	79	55	34	47
Adult Health	2,955	380	64	127	78	56	110
Phlebotomy, Testing, & Diagnostics	365	42	14	21	*	*	16
Hospice	730	70	14	13	20	*	20
Rehabilitation	638	131	16	29	16	13	21
Geriatric Care	1,610	298	37	63	48	19	67
Occupational Health and Transitions of Care	569	77	*	17	18	10	21

[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.

Table 101. Diversity[a] of the Type of Perpetrator, 2022

Perpetrator of Workplace Violence	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 5,732	N = 355	N = 116	N = 160	N = 170	N =73	N = 219
Patient	4937	306	103	146	191	142	64
Family or Friend of Patient	3380	172	72	90	122	94	37
Supervisor	779	71	26	21	49	31	12
Physician	1124	57	37	26	56	36	*
Peer	1144	95	37	36	63	45	15
Other	226	12	*	*	20	10	*

[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.

Table 102. Diversity[a] of Missed Work Due to Workplace Violence, 2022

Missed Days of Work Due to Workplace Violence	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 5,738	N = 357	N = 116	N = 160	N = 170	N =73	N = 219
Yes	415	64	22	16	29	*	43
No	5323	293	94	144	141	64	176

[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.

Table 103. Diversity[a] of Knowledge of Organization Reporting Process & Use of WPV Reporting, 2022

Knowledge of Organization Process for Reporting Workplace Violence	White	Black	American Indian	Asian/PI	Hispanic or Latinx	Middle Eastern	Other
	N = 5,749	N = 358	N = 116	N = 161	N = 170	N =73	N = 220
Yes	4,656	275	90	140	126	50	163
No	339	31	16	*	13	*	15
Don't know	754	52	10	15	31	15	42

[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.

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