

2025

Survey of Michigan Nurses Executive Summary

Sept. 30, 2025

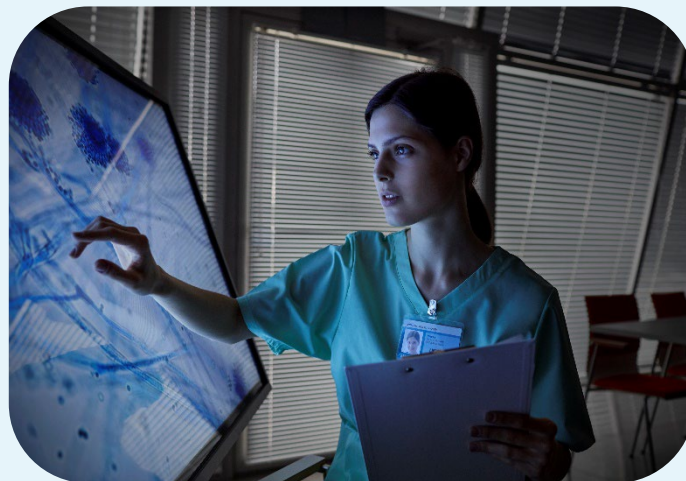
**Office of Nursing Safety and Workforce Planning
Michigan Department of Health and Human Services**

Prepared by the Michigan Public Health Institute



Introduction

The Survey of Michigan Nurses has been supported by the Michigan Department of Health and Human Services-Office of Nursing Programs (MDHHS-ONP) annually since 2004 to gather information about the supply of nurses in Michigan. Information gathered from this survey is used to inform state and local decision-making about the recruitment, education, and employment status of the nursing population. This survey includes questions that focus on 1) demographic information; 2) license type and educational background; 3) employment status, including current practice setting; and 4) length of time practicing and plans to continue practicing as a nurse.



Methodology

The MDHHS-ONP contracted with the Michigan Public Health Institute (MPHI) to update the annual Survey of Michigan Nurses, collect, and analyze the data, and report findings to nursing partners in a variety of formats.

Survey Administration

MPHI used email addresses provided by the Michigan Department of Licensing and Regulatory Affairs (LARA) for all licensed nurses recorded in their licensure system to send electronic invites to complete the survey. The MDHHS-ONP sent a reminder email, and the general survey link was distributed via MDHHS social media. Nursing associations and organizations were also asked to share the survey link. The survey was administered from Jan. 14 to March 12, 2025.

Data Analyses

All percentages reported in the results section are presented as weighted estimates that reflect Michigan's overall nurse population. To see complete reports from previous years, visit minurse.org.

Survey Respondents & Response Rates

A total of 17,148 nurses participated in the 2025 Survey of Michigan Nurses, which is significantly lower than the 27,012 nurses who completed the 2024 survey. Even though there was a lower response rate in 2025, there were no significant differences in demographic characteristics between the two years, except that the unknowns were significantly lower compared to last year. As with previous years, registered nurses (RN) make up around 92% of respondents, while licensed practical nurses (LPN) only make up about 8% of respondents.

Results of the 2025 Survey of Michigan Nurses

Comparing survey respondents to LARA Licensure data

When comparing the ages of nurses who participated in the nurse survey compared to those who are in the nurse licensure data, there is an underrepresentation of younger nurses (i.e., nurses under the age of 55 years of age) and an overrepresentation of nurses aged 55 years or older.



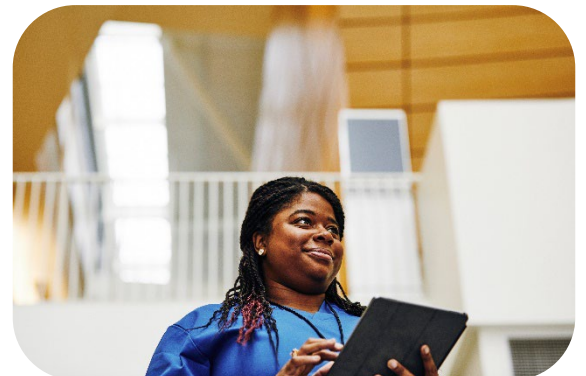
Educational Path

There are multiple pathways to pursuing a nursing education. Nearly half of the RNs surveyed started with a Bachelor of Science in Nursing (BSN). For nursing-related education levels, RNs surveyed were most likely to have a BSN (50.9%) or an associate degree in nursing (ADN) (25%) as their highest nursing degree, while LPNs surveyed were mostly likely to have an LPN diploma/certificate (93.4%), followed by an ADN (4.4%) as their highest nursing degree. RNs and LPNs surveyed were more likely to have earned a non-nursing education prior to their nursing education (79.1% and 69%) rather than after their nursing education.

Across all education levels, most nurses surveyed did not pursue an additional degree after they received their first nursing degree. This trend is significantly higher among those whose first degree was a Master of Science in Nursing (MSN) (93.7%) or a BSN (81.7%) compared to all other groups. However, a quarter of nurses surveyed whose first degree was an RN diploma pursued a BSN, which was significantly greater compared to other groups pursuing a bachelor's degree.

Current Enrollment in Educational Programs

Most RNs surveyed were enrolled in a program to obtain an MSN (40.5%), or to obtain a BSN (40%). Most LPNs were enrolled in a program to earn an ADN (82.3%). This difference is most likely due to there being no perceived benefit for RNs to receive an associate degree when they already have a RN diploma degree as there are no additional pay or other benefits.



Social Determinants of Health (SDOH)

Nurses were asked how prepared they felt to assess patients' SDOH, which are the conditions in which people are born, grow, work, live, and age. For both RNs and LPNs surveyed, most indicated that they were either very prepared (34.1% and 36.2%) or moderately prepared (28.9% and 25.7%). Nurses were also asked how prepared they felt to connect patients to community resources to address SDOH. For both RNs and LPNs surveyed, nurses felt moderately prepared to connect patients to resources (28.1% and 29.1%). A specialty brief about the data related to social determinants of health is available at [Annual ONP Efforts and Reports](#).

Employment

In 2025, most RNs and LPNs surveyed (66% and 63.5%) were currently employed full-time in a position that requires a nursing license. Approximately one out of 10 nurses were employed in a part-time position (RNs = 10.4%; LPNs = 11%) or had retired from the nursing workforce (RNs = 9.2%; LPNs = 7.6%). LPNs surveyed were statistically more likely to be unemployed and seeking clinical work (2.9% and 0.9%) compared to RNs.

Nurses were asked which, if any, support their employers provided such as tuition reimbursement, professional development and residency programs. Most RNs surveyed indicated they received tuition reimbursement (62.5%) and access to counseling/mental health services/employee assistance programs (EAP) (52.4%). Conversely, over a third of the LPNs surveyed did not have any of the listed employer supports (37%), which was significantly greater compared to RNs (13.9%).

For both RNs and LPNs surveyed, most said they never have to work mandatory overtime. However, there was a significant difference between RNs and LPNs, with more RNs indicating never working mandatory overtime compared to their LPNs counterparts (59% and 44.5%). LPNs reported having to work mandatory overtime once a month or more often than RNs (35.4% and 21.6%). LPNs working in emergent and urgent care (53.7%), long-term care (46%), specialty care (52.1%) and those working in a managerial position indicated working mandatory overtime once a month or more, and these values were significantly higher compared to RNs in the same settings. RNs working in long-term care (37.2%) and anesthesia (34.5%) indicated working overtime once a month or more, and these were significantly higher compared to LPNs in the same settings.

Not Currently Working as a Nurse

When asked why nurses are not currently working, both RNs and LPNs surveyed indicated that retirement was the main reason (49.8% and 35.8%), which was statistically significant. Michigan nurses also indicated that work was too stressful or they felt burned out (27.9% and 32.5%). LPNs were statistically more likely to be on hiatus/temporarily not working in nursing compared to RNs (12.4% and 6.9%).

Nurses were asked if there were any reasons why they would consider returning to nursing. While most nurses surveyed indicated they are not looking to return to nursing, LPNs were more likely to say they would return if work was more readily available compared to RNs (11% and 5.5%), if there was a lower nurse to patient ratio (31.7% and 23.4%), and if there was higher compensation (31.2% and 21.8%).

Employment Setting

Practice Setting, Position & Role & Specialties

RNs surveyed were most likely to work in an acute care setting (51.7%), while LPNs were most likely to work in a long-term care setting (51.6%). Both RNs and LPNs surveyed were most likely to have a position as a staff nurse; however, this was significantly higher among LPNs (75% and 59.2%). The top specialty among all nurses was geriatric care (44.1%), followed by adult care (37.3%).

Change in Employment Setting

Nearly half of RNs and LPNs surveyed made a change in their employment setting last year (42.3% and 45.5%). Of those who changed employment settings, moving from an inpatient setting to a community-based setting (RNs = 5%; LPNs = 5.1%) and direct patient care to a non-direct care setting (RNs = 5.4%; LPNs = 4.6%) were most common.

Reason for Change in Employment

Those who indicated they changed employment settings were asked the reason for this change. Most RNs and LPNs surveyed were seeking a less stressful position or setting (42.9% and 43.6%) or wanted a better schedule (41.5% and 38.3%). Other common reasons for RNs and LPNs to change their employment settings were work culture (33.5% and 28.7%), workload (31% and 33.2%), and wages (28.1% and 29.5%). RNs were statistically more likely compared to LPNs to change due to relocating to another area (12.7% and 7.6%).



Job Satisfaction and Burnout

RNs and LPNs surveyed were mostly positive when it came to how they felt about their roles as nurses. RNs were most likely to say they feel good about their workday at least a few times a week (55.8%), they never feel at the end of their rope (meaning someone feels completely frustrated, overwhelmed, or out of options) (33.6%), they feel joy at least a few times a week (56.5%), they feel like they make a positive difference in their role every day (31.3%), and they feel satisfied in their role as a nurse every day (27%). However, RNs also indicated that they feel emotionally drained a few times a month (20.2%), that they feel used up at the end of their workday every day (22.2%), and that they feel fatigued when they have to face another day every day (18.1%).

LPNs were most likely to say they felt like they made a positive difference every day (43.3%), they feel joy in their role as a nurse every day (41%), that they are satisfied in their role as a nurse every day (39.8%), and they never feel at the end of their rope (41.4%). However, LPNs were also most likely to say that they feel used up at the end of their workday a few times a week (22.3%) and at least a few days a week (21.6%), and that they feel fatigued when getting up to face another day every day (20.1%).

RNs working in emergent and urgent care settings (47.5%), acute care settings (43.4%), corrections settings (41.5%), travel nurses (49.6%), staff nurses (42.2%), managerial positions (41.3%), medical-surgical and wound care specialties (47.6%), critical care specialties (44.9%), and specialty care (44.4%) had the highest percentage of nurses who indicated experiencing burnout at least once a week.

LPNs working in corrections settings (56.4%), emergent and urgent care settings (52.7%), long-term care settings (45.8%), travel nurses (46.4%), managerial position, (43.5%), staff nurses (40.5%), academia specialties (70.1%), critical care specialties (51%), and behavioral health specialties (49.8%) had the highest percentage of nurses who indicated experiencing burnout at least once a week.

Plans To Continue Nursing

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 nurses. Retirement is the primary reason nurses are leaving the workforce in the next five years when broken down by setting, position, and specialty. In 2025, about half of RNs (53.4%) and LPNs (46.8%) surveyed, estimated that they will continue working as a nurse for more than 10 years. Nurses working in non-clinical (27.1% and 34.3%), mobile and home care (27.1% and 28.7%), travel nursing (32.9% and 32.1%) and other specialties (28.5% and 31.7%).



Reason for Leaving Nursing

In 2025, retirement was the primary reason for leaving the workforce in the next five years for both RN and LPN respondents across almost all settings, positions, and specialties (70.2% and 63.7%). The next highest reported reason was being too stressed or burned out (RN =30.9%; LPN = 31.8%), followed by workload (RN =24.8%; LPN=25.9%).

Emergent and urgent care was the only setting, and critical care was the only specialty where being too stressed or burned out was the primary reason for leaving the workforce. Nurses working in critical care were more likely to indicate wages (33%) were a reason for leaving the nursing workforce compared to other specialties. Violence or safety issues were also indicated more by nurses working in behavioral health (24.5%) compared to other specialties.

Travel nurses also indicated too stressful/burned out as the primary reason (69.8%), followed by workload (56.3%). Travel nurses also indicated that violence and/or safety issues were a main reason for leaving nursing (46.2%), which was significantly greater than all other positions. Travel nurses indicated wages (52.5%), work culture (45%), workload (56.3%), undesirable work schedules (37.6%) and employer benefits and supports (32.2%) as reasons for leaving nursing more often compared to most other positions.

New Nurse Experience

Nurses who indicated they have been working for less than 3 years were asked questions on their experiences so far. About 39% of RNs and LPNs surveyed in 2025 felt adequately prepared to enter the workforce. Overall, for both RNs and LPNs surveyed, respondents indicated they do not have enough clinical time (40.1% and 38.1%) and enough skills labs or simulation time (27.8% and 34.2%).

In 2025, both RNs and LPNs surveyed indicated that it was easy or very easy for them to find a nursing position (75.4% and 68.1%). Similarly, about half of RNs and LPNs indicated it was easy or very easy to find a nursing position in their preferred practice area (49.2% and 43%). In 2025, most nurses surveyed did not have a transition semester or intensive as part of their nursing program (RNs = 66.2%; LPNs = 69.2%). For RNs surveyed, 44.5% indicated that they were satisfied with their orientation programs at their place of employment, while only 29.7% of LPNs were satisfied; however, this difference was not significant.

New nurses report that few had exposure to nursing through programs completed in middle or high school to explore a career in nursing (RNs = 17.3%; LPNs = 15.8%). Additionally, less than 10% of new RNs surveyed completed a program in middle or high school to build academic skills related to nursing.

Most nurses surveyed indicated that they received academic supports for their nursing education (RNs = 87.5% and LPNs = 79.2%). More than half of nursing students indicated having taken out student loans (RNs = 69.2%; LPNs = 67.9%).

Nurse Residency Programs

RNs were statistically more likely to have had a residency placement as part of their new hire orientation compared to LPNs (59.9% and 26.5%). A majority of nurses surveyed indicated that their nurse residency lasted 6 to 12 months (52.9%) or 1 to 3 months (21.4%). For all nurses who had a nurse residency placement, most respondents indicated that they were somewhat to moderately supported during their residency (58%).

Nursing Preceptorship

Nurses who indicated they provided direct care services were asked about their experiences with nurse preceptorships. RNs and LPNs surveyed indicated that the lack of financial incentives for precepting students was the main barrier to retaining preceptors, with this being significantly higher among RNs compared to LPNs (43% and 24.3%). RNs surveyed were also more likely to indicate that lack of time (28.3% and 16%) and lack of interest (26.2% and 17.1%) were additional barriers to retaining preceptors.

Nurses were also asked about what challenges they face in obtaining clinical access for students. For both RNs and LPNs surveyed, the majority of nurses indicated they were not aware of any challenges (67% and 77.9%), RNs were more likely to indicate there are a greater number of students than clinical settings in their geographic area (16.4% and 5%).



Unanticipated Barriers/Challenges While Pursuing Nursing Degree

Nurses who have been working for less than 3 years were asked if they experienced any challenges or barriers while pursuing their nursing degree that they did not anticipate. Of those who responded to this section of the survey, RNs and LPNs indicated that barriers included the cost of tuition (57.9% and 56.5%), the cost of materials, and books (53.2% and 50.8%), the cost of lost work time and benefits (32.5% and 49.3%), and financial aid (29.6% and 39.5%). LPNs were statistically more likely to have the cost of lost work time and benefits (49.3% and 32.5%) be an unanticipated barrier compared to RNs. A specialty brief about the data related to the unanticipated barriers and challenges while pursuing a nursing degree is available at [Annual ONP Efforts and Reports](#).

Workplace Violence

Less than half of nurses who responded to the 2025 survey indicated they experienced workplace violence within the last year, and RNs were statistically more likely to experience workplace violence (RNs = 47.3%; LPNs = 37.6%). Half of RNs aged 34 years or younger indicated they experienced workplace violence in the past year (younger than 25 years old = 71.6%; 25 to 34 years old = 62.9%).

The setting where nurses experienced the most workplace violence was in emergency and urgent care for both RNs and LPNs (75% and 65.8%). The position where nurses experienced the most workplace violence was among travel nurses for RNs (67.9%) and military health services nurses for LPNs (58.2%). The specialties where nurses experienced the most workplace violence were critical care for RNs (68.9%) and phlebotomy, testing, and diagnostics for LPNs (60.3%).

Overall, younger nurses surveyed experienced significantly higher rates of sexual harassment and physical violence, verbal violence, and threats compared to older nurses. Verbal abuse was most frequently experienced (RNs = 97.2%; LPNs = 95.7%), with threats reported as the next most frequently experienced type of workplace violence (RNs = 88.9%; LPNs = 88.7%).

The most common perpetrator of workplace violence continues to be the patient (RNs = 90%; LPNs = 88.3%) or family or friend of the patient (RNs = 62.4%; LPNs = 46.7%). Patients were most likely to be perpetrators of violence across all types of workplace violence, including physical violence (RNs = 97%; LPNs = 96.8%), verbal abuse (RNs = 87.4%; LPNs = 87.4%), sexual harassment (RNs = 90.1%; LPNs = 90.8%), and threats (RNs = 88.1%; LPNs = 85.8%).

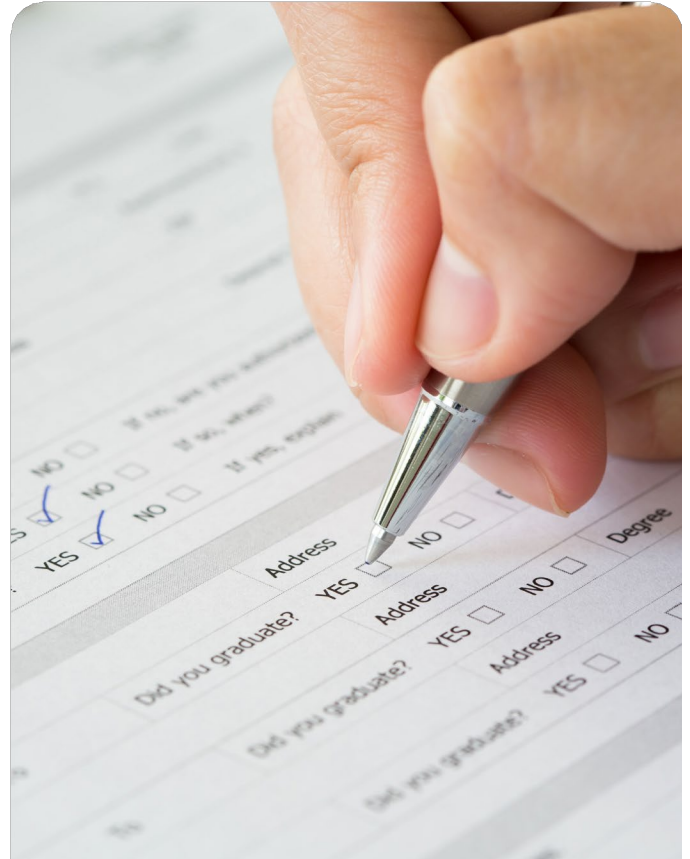
Most nurses surveyed were aware of an organizational process for reporting workplace violence (73.9% and 58%); and more than half of RNs and LPNs reported workplace violence using their organizational process (61.3% and 73.1%). Knowledge of reporting processes through their organization slightly increased between this year and last year for RNs (RNs 2024 = 72%, RNs 2025 = 73.9%) but slightly decreased for LPNs (LPNs 2024 = 58.8%, LPNs 2025 = 58%).

RNs aged 65 years or older reported having knowledge of how to report workplace violence at a higher rate compared to other age groups (80.3%), which was statistically greater than those aged 35 to 44 years (71.9%). RNs aged 25 to 34 years (74.2% and 51.7%), aged 35 to 44 years (71.9% and 51.9%), aged 55 to 64 years (78.8% and 64%), were more likely to indicate they know how to report workplace violence compared to LPNs. The knowledge of how to report workplace violence stayed relatively consistent by age for both RNs and LPNs. RNs aged 45 to 55 years (65%) and LPNs aged 25 to 34 years (86.7%) were most likely to have reported workplace violence. For both RNs and LPNs, most nurses indicated they did report workplace violence (74.9% and 84.9%). RNs and LPNs reported workplace violence to their supervisor or chief nurse at the highest levels (61.1% and 63.2%).

Conclusion

Similar to past years, the survey results show that younger nurses are underrepresented in the survey, while there is an overrepresentation of older nurses. To highlight the challenges faced by younger nurses, a specialty brief has been created that focuses on unanticipated barriers that were experienced while pursuing a nursing education.

In 2025, new questions were added to the survey, including if a nurse loan repayment program would help support them, reasons why nurses are not currently working as a nurse, and what nurses would need to be willing to return to nursing. For more information, please visit minurse.org to access the full report and 2025 specialty briefs on social determinants of health and unanticipated barriers to nursing education.



Additional Information

For additional information related to the 2025 Survey of Michigan Nurses results, past years' reports, and data produced from Michigan's nurse licensure data, please visit minurse.org. For questions or comments related to the content presented in this report, please contact Casey Klein, ONP section manager, (kleinc7@michigan.gov).

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