

2024

Survey of Michigan Nurses EXECUTIVE SUMMARY

Introduction

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



Methodology

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

SURVEY ADMINISTRATION

MPHI used the email addresses provided by Licensing and Regulatory Affairs (LARA) for all licensed nurses recorded in their licensure system to send electronic invites to complete the survey. Nursing associations and organizations were also notified and reminded nurses to complete the annual survey by using the emailed or general link. LARA also sent an email reminder to nurses to complete the survey. In 2024, the MDHHS-ONP used the email addresses provided by LARA for all licensed nurses recorded in their licensure system to send the reminder email sent by LARA

in previous years, and the general survey link was distributed via social media. The survey was administered from January 16 to February 29, 2024.

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 27,012 nurses participated in the 2024 Survey of Michigan Nurses and are included in this report, more than the 22,754 nurses who completed the 2023 survey. Even though there was a higher response rate in 2024, there were no significant differences in demographic characteristics between the two years. As in previous years, Registered Nurses (RNs) make up around 91% of respondents, while Licensed Practical Nurses (LPNs) only make up about 9% of respondents.

Results of the 2024 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

Across all education levels, most nurses did not pursue an additional degree after they received their first nursing degree. This trend is significantly higher among those whose first degree was a master's degree in nursing (93.1%) or a bachelor's degree in nursing (82.6%) compared to all other groups. However, a quarter of nurses whose first degree was an RN diploma pursued a bachelor's degree in nursing, which was significantly greater compared to other groups pursuing a bachelor's degree.

Current Enrollment in Educational Programs

Most RNs were enrolled in a program to obtain a Bachelor of Science in Nursing (BSN) (41.5%), which was significantly greater compared to LPNs (20.8%), or to obtain an MSN (39.6%). Most LPNs were enrolled in a program to earn an Associate Degree in Nursing (ADN) (81.4%). 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

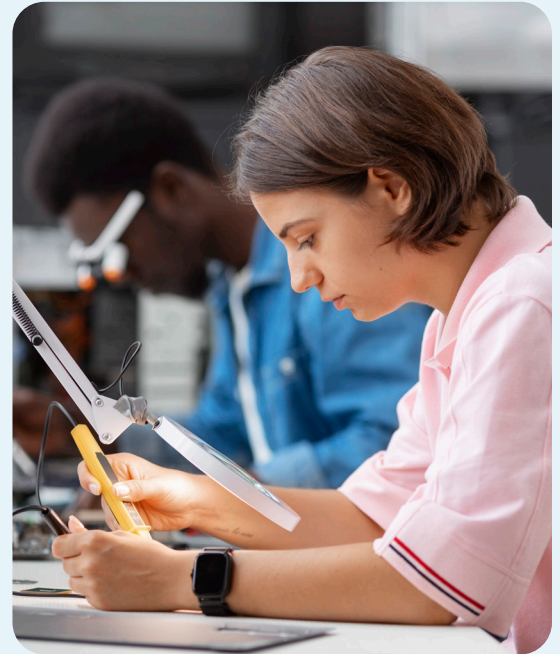
Nurses were asked how prepared they felt to assess patients' social determinants of health. For both RNs and LPNs, most indicated that they were either very prepared (43.4% and 45.4%, respectively) or extremely prepared (26.1% and 30.9%, respectively). LPNs were statistically more likely to indicate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

UNANTICIPATED BARRIERS/CHALLENGES WHILE PURSUING NURSING DEGREE

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

Cost of lost work time and benefits was experienced the greatest among Hispanic or Latinx nurses (55.7%) and was significantly greater when compared to nurses who indicated they were white (34.9%) and Asian (24.4%). The cost of tuition, materials, books, etc. was ranked as the greatest challenge among American Indian nurses (95.0%), which was significantly greater when compared to white (63.4%), Black (49.9%), and Middle Eastern (43.1%) nurses.

Detroit Metro had the highest percentage of racial/ethnic disparities indicated, which was significantly greater compared to the Upper Peninsula, and the Northeast and Northwest Lower Peninsula (6.7% vs. 0.0% vs. 0.0% vs. 0.0%). Cost of lost work time and benefits was the highest report in South Central Michigan (49.1%), which was significantly greater than in the Detroit Metro area (28.0%). Variability for clinical placements and experience was reported as the highest in Southwest Michigan (52.4%), which was significantly greater than in the Detroit Metro area (32.3%). Due to suppression, additional trends among LPNs were unable to be evaluated.



EMPLOYMENT

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

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

Most respondents indicated they lived out of state (RNs = 62.8%; LPNs = 40.6%) at the time of the survey. Both RNs and LPNs indicated that they were out of state because they worked as travel nurses (17.5% and 24.5%, respectively). Respondents also indicated that better pay/wages/benefits were the reason for employment outside of Michigan, however, this was statistically greater among LPNs compared to RNs (16.4% and 32.0%, respectively).

EMPLOYMENT SETTING

Practice Setting, Position & Role & Specialties

RNs were most likely to work in an acute care setting (52.0%), while LPNs were most likely to work in a long-term care setting (50.8%). Both RNs and LPNs were most likely to have a position as a staff nurse, however, this was significantly higher among LPNs (78.5% vs. 59.8%). The top specialty for RNs in 2024 was adult health (24.8%) and for LPNs, the top specialty was geriatric care (41.6%).

Change in Employment Setting

Over half of RNs and LPNs did not make a change in their employment setting last year (57.0% and 55.8%, respectively). Of those who did make a change in employment setting, moving from an inpatient setting to a community-based setting (RNs = 5.6%; LPNs = 3.9%) and direct patient care to non-direct care setting (RNs = 6.0%; LPNs = 3.2%) were most common.

Reason for Change in Employment

Those who indicated that they changed employment settings were asked the reason for this change. Most RNs and LPNs were seeking a less stressful position or setting (44.4% and 46.6%, respectively) or wanted a better schedule (42.7% and 37.6%, respectively). Other common reasons for RNs and LPNs to change their employment settings were work culture (31.9% and 27.9%, respectively), workload (30.2% and 32.8%, respectively), and wages (27.9% and 30.2%, respectively).



JOB SATISFACTION AND BURNOUT

RNs and LPNs 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 (42.1%), they never feel at the end of their rope (37.7%), they feel like they make a positive difference every day (36.2%), and they feel joy at least a few times a week (34.5%). LPNs were most likely to say they felt like they made a positive difference every day (48.4%), they feel joy in their role as a nurse every day (44.5%), they are satisfied in their role as a nurse every day (41.4%), and they never feel at the end of their rope (43.2%).

RNs and LPNs also reported burnout. RNs working in emergent and urgent care (58.0%), long-term care (55.0%), and acute care (52.6%) had the highest percentage who indicated experiencing burnout at least once a week. LPNs working in long-term care (56.3%), emergent and urgent care (53.1%), and acute care (50.9%) had the highest percentage of nurses who indicated experiencing burnout at least once a week. Additional statistics about burnout can be found in the full report based on care setting, position, and specialty.

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 a nurse. In 2024, about half of RNs (52.1%) and LPNs (48.8%) estimated that they will continue working as a nurse for more than 10 years. In 2024, the highest percentage of nurses planning on leaving the workforce in the next five years were in corrections settings (28.1%) for RNs and non-clinical settings (29.6%) for LPNs.

Nurses aged 34 years and younger who only plan to work for the next five years most commonly worked in emergent and urgent care (19.1%) and acute care (18.2%). Nurses aged 35 and older who only plan to work for the next five years mostly worked in corrections (30.7%), schools of nursing (29.4%), mobile and home care (29.2%), and non-clinical settings (29.0%). Additional statistics about burnout can be found in the full report based on care setting, position, and specialty.



Reason for Leaving Nursing

In 2024, the main reason for leaving the workforce for both RNs and LPNs was due to retirement (66.8% and 63.8%, respectively). Aside from retirement, the reason why nurses are leaving for both RNs and LPNs were related to nurses being too stressed or burned out (34.1% and 36.8%, respectively). Another reason was workload for RNs and LPNs (26.1% and 29.9%, respectively). Across all regions, retirement was the main reason why nurses indicated leaving the workforce within the next five years (54.7% to 79.9%).

Workload (47.7%), wages (41.3%), and work culture (35.4%) were the top three most reported reasons for leaving the nursing field among nurses working in emergent and urgent care, followed by violence/safety issues (34.3%). Those working in emergent and urgent care were also most likely to indicate having an undesirable schedule (21.0%) and wanting to leave due to employer supports and benefits not being adequate (26.3%). Leaving the nursing field to care for home or family was highest among those in school nursing (16.9%), sometimes being as great as three times as high compared to other settings, however, this was not statistically significant.

Travel nurses also indicated that workload (61.7%), wages (52.5%), and work culture (44.6%) as the top three reasons for leaving nursing, followed by violence/safety issues (36.0%). Undesirable work schedules (23.9%) and employer benefits and supports (26.2%) were also indicated as reasons travel nurses planned to leave compared to most other positions. Faculty and school nurses indicated that caring for their home or family was a main reason for leaving nursing (15.4% and 16.8%, respectively).

Nurses working in critical care were most likely to indicate wages (42.1%) and workload (44.9%) were a reason for leaving the nursing workforce compared to other specialties. Nurses working in phlebotomy, testing and diagnostics were most likely to say that work culture (38.9%) was a reason for leaving the workforce compared to other specialties. Nurses in other non-clinical specialties indicated that caring for their home or family was a main reason for leaving nursing (15.8%).

NEW NURSE EXPERIENCE

In 2024, both RNs and LPNs indicated that it was easy or very easy for them to find a nursing position (83.4% and 75.0%, respectively), which was significantly greater among RNs. Similarly, about half of RNs and LPNs indicated it was easy or very easy to find a nursing position in their preferred practice area (53.5% and 51.5%, respectively). Most nurses did not have a residency placement as part of their nursing program (RNs = 50.6%; LPNs = 87.8%), however, this was significantly greater among LPNs. Most nurses had several academic supports available to them (RNs = 86.4%; LPNs = 72.0%), but more than half of nursing students indicated having taken out student loans (RNs = 67.1%; LPNs = 71.9%). Once in their new positions, about 39% of RNs and about 40% of LPNs in 2024 felt adequately prepared to enter the workforce. Overall, for both LPNs and RNs, respondents indicated they do not have enough clinical time and enough skills labs or simulation time (46.3% and 42.0%, respectively).

WORKPLACE VIOLENCE

Less than half of nurses who responded to the 2024 survey indicated that they have experienced workplace violence within the last year, and RNs were statistically more likely to experience workplace violence (46.3% vs. 32.7%). Similar to 2023, as nurses age, they are less likely to experience workplace violence. Overall, younger nurses experienced significantly higher rates of sexual harassment and physical violence compared to older nurses. RNs aged 25 to 34 (68.8% vs. 51.0%), aged 35 to 44 (71.1% vs. 50.5%), and aged 55 to 64 (78.0% vs. 64.0%) were more likely to indicate experiencing workplace violence compared to LPNs.

The care setting where nurses experienced the most workplace violence was in emergency and urgent care for RNs (72.5%) and community health for LPNs (46.8%). The position where nurses experienced the most workplace violence was among travel nurses for both RNs (62.7%) and for LPNs (44.6%). The specialties where nurses experienced the most workplace violence were behavioral health for RNs (67.9%) and hospice for LPNs (52.5%).

Overall, RNs and LPNs follow similar trends in the frequency of which each type of violence was experienced. Verbal abuse was most frequently experienced (RNs = 47.6%; LPNs = 54.7%), with threats reported as the next most frequently experienced type of workplace violence (RNs = 25.7%; LPNs = 31.0%). Physical violence was most frequently experienced by 11.5% of RNs and 15.8% of LPNs. Sexual harassment was most frequently experienced by 7.3% of RNs and 10.5% of LPNs. The most common perpetrator of workplace violence continued to be the patient (RNs = 90.1%; LPNs = 91.2%) or family/friend of the patient (RNs = 63.1%; LPNs = 51.7%). RNs experienced workplace violence from peers (19.8%) and physicians (18.7%) as well. LPNs experienced workplace violence from peers (25.4%) and supervisors (23.1%).

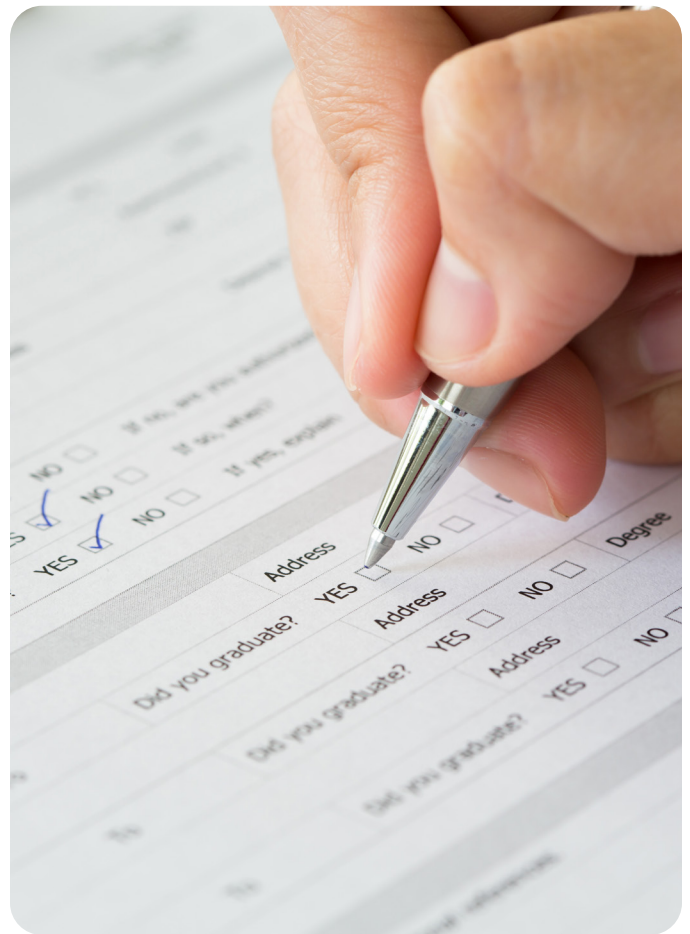
Most, of both RNs and LPNs, were aware of an organizational process for reporting workplace violence (72.0% and 58.8%, respectively); and more than half of RNs and LPNs reported workplace violence using their organizational process (59.1% and 70.3%, respectively). RNs and LPNs knowledge of reporting processes through their organization decreased between this year and last year (RNs 2023 = 82.0%, RNs 2024 = 72.0%; LPNs 2023 = 76.0%, LPNs 2024 = 58.8%), which was significantly different. LPNs tended to have more knowledge of their organization reporting process compared to RNs, with knowledge having generally increased with age for RNs, but stayed relatively consistent for LPNs. LPNs aged 25 to 34 years old reported workplace violence at a higher rate compared to other age groups (73.1%).

RNs and LPNs reported workplace violence to their supervisor or chief nurse at the highest levels (46.5% and 42.0%, respectively). There were 27.5% of RNs and 16.6% of LPNs did not report any workplace violence incidents, which was significantly different. LPNs were significantly more likely to report workplace violence to their director (15.1% vs. 6.2%) or to note workplace violence in a file or medical record (11.6% vs. 6.75%) compared to RNs.

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 both the successes and the challenges faced by younger nurses, a specialty brief will be created.

In 2024, new questions were added to the survey, including barriers and challenges while pursuing a nursing degree, nurses' ability to assess social determinants of health, and job satisfaction and burnout among nurses. Both RNs and LPNs faced barriers such as the cost of tuition and lack of flexibility in work schedule. Nurses felt prepared to assess patients' social determinants of health, with LPNs feeling more prepared than RNs. RNs and LPNs reported positive feelings about their roles but also experienced burnout, especially in emergent and urgent care settings. Given its importance, a dedicated brief on job satisfaction and burnout will also be developed and published. Please visit minurse.org to access the 2024 Specialty Briefs.



ADDITIONAL INFORMATION

For additional information related to the 2024 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 Christopher Wojcik, Associate Program Director, Michigan Public Health Institute (cwojcik@mphi.org).

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