2025 Survey of Michigan Nurses

Survey Summary Report

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

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Introduction

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

This survey includes questions that focus on 1) 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

Survey Instrument

The MDHHS-ONP contracted with the Michigan Public Health Institute (MPHI) to update the annual Survey of Michigan Nurses, collect and analyze the data, and report findings to nursing partners in a variety of formats. In partnership with the MDHHS-ONP, MPHI held a meeting with nursing partners in Oct. 2024 to discuss revisions to the 2024 survey instrument that would be incorporated into the 2025 edition. Most notably, there were newly added questions related to second degree nurses, internationally trained nurses, reasons for not working as a nurse, and nurse preceptorships, along with additional response options related to employment status. A copy of the 2025 Survey of Michigan Nurses can be found in Appendix A.

Survey Administration

Survey administration has been adjusted to align with changes in nurse license renewal procedures. Beginning in 2020, MPHI used the 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. Nursing associations and organizations were also notified and reminded nurses to complete the annual survey by using either the personal email or publicly available general survey link. LARA also sent an email reminder to nurses to complete the survey. In 2025, MDHHS-ONP used the email addresses to send the reminder email sent by LARA in previous years, and the general survey link was also shared via MDHHS and nursing partner social media. View past reports for more information about previous implementation practices at minurse.org.

The survey was administered from Jan. 14 to Mar. 12, 2025. Any nurse with an active Michigan nursing license was emailed a link to the survey, using the email on file with LARA.

Definitions for Selected Nursing Populations

Advanced practice nurses (APNs) were identified by asking only registered nurses (RN) about their LARA certification status (see Appendix A for survey questions). In this report, APNs include nurse anesthetists, nurse midwives, nurse practitioners, and clinical nurse specialists in alignment with Michigan Public Health Code sections 333.17201 and 333.17210. In previous years, APNs were also asked if they passed a national certification exam or completed portfolio review as an APN, and this was distinguished from those that indicated LARA certification. This question was removed in 2025 due to low response rates and potential ambiguity in how respondents interpreted the distinctions.

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 2025 survey results, so comparisons between these eight years can be made in cases where the survey questions were the same. However, comparing 2018 results with 2023 and 2024 results should be done with some caution as the response rates for 2018 & 2025 were considerably lower than previous years. Survey results from 2016 to 2025 cannot be compared with survey results from years prior to 2016 as those results were not presented as weighted estimates.

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

Limitations

There are several limitations that need to be noted concerning sample sizes. First, due to suppression rules, some breakdowns for Licensed Practical Nurses (LPN) cannot be provided. In these cases, data will not be provided in tables, however, narrative is provided for comparisons that could be made. Second, those who responded that they were gender non-binary, genderqueer, and transgender have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys. Due to the small number of responses in this category, gender comparisons can only be made between those who indicated that they were male or female.

Survey Respondents & Response Rates

A total of 17,148 nurses participated in the 2025 Survey of Michigan Nurses and are included in this report, 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, RNs make up around 92% of respondents, while LPNs only make up about 8% of respondents.

Results of the 2025 Survey of Michigan Nurses

Demographics

The distribution of responding nurses by demographic characteristics is presented in Table 1. Among RNs in Michigan, most were between the ages of 55 and 74 years (51.7%), female (89.8%), white

(89.8%), and located in the Detroit Metro area (30.6%). LPNs were also most likely to be 55 to 74 years of age (52.1%), female (91.7%), white (73.9%), and located in the Detroit Metro area (29.4%).

Table 1. Demographic Characteristics of Survey Respondents

Demographics	RN = 15,786		LPN = 1,362	
	n	Estimate	n	Estimate
Age				
<25 years	80	0.5%	*	*
25 to 34 years	1,177	7.5%	95	7.0%
35 to 44 years	2,318	14.7%	211	15.5%
45 to 54 years	3,088	19.6%	268	19.7%
55 to 64 years	4,100	26.0%	397	29.1%
65 to 74 years	4,050	25.7%	313	23.0%
75+ years	793	5.0%	55	4.0%
Unknown	180	1.1%	19	1.4%
Gender				
Female	14,178	89.8%	1,249	91.7%
Male	1,334	8.5%	90	6.6%
Gender non-binary/ Genderqueer/Transgender [a]	36	0.2%	0	0.0%
Prefer not to respond	168	1.1%	14	1.0%
Unknown	70	0.4%	*	*
Race [b]				
White	14,179	89.8%	1,006	73.9%
Black	886	5.6%	293	21.5%
American Indian	224	1.4%	41	3.0%
Asian/ Pacific Islander	428	2.7%	27	2.0%
Other	318	2.0%	46	3.4%
Unknown	139	0.9%	18	1.3%
Hispanic or Latinx [b]				
Yes	316	2.0%	35	2.6%
No	15,279	96.8%	1,303	95.7%
Unknown	191	1.2%	24	1.8%
Middle Eastern [b]				
Yes	203	1.3%	16	1.2%
No	15,409	97.6%	1,326	97.4%
Unknown	174	1.1%	20	1.5%
Region [c]				
Upper Peninsula	546	3.5%	92	6.8%
Northwest Lower Peninsula (LP)	655	4.1%	42	3.1%
Northeast LP	319	2.0%	39	2.9%
West/West Central	2,300	14.6%	221	16.2%
East Central	804	5.1%	102	7.5%
East	1,207	7.6%	111	8.1%
South Central	668	4.2%	37	2.7%
Southwest	1,029	6.5%	98	7.2%
Southeast [d]	1,598	10.1%	131	9.6%
Detroit Metro [e]	4,826	30.6%	400	29.4%
MI, Unknown Region	181	1.1%	21	1.5%
Outside MI	1,653	10.5%	68	5.0%
Unknown	0	0.0%	0	0.0%

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to select all races that apply to them.
[c] Map of regions can be found in Appendix D.
[d] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.
[e] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.
* Data are suppressed if count is less than 10 or sample population was less than 20.

In Table 2, the demographics are presented for the 12% of survey respondents who have obtained APN certification from LARA. Among all LARA-certified APN survey respondents, most were 35 to 44 years old (17.2%). There were 14% male and 11.9% female LARA-Certified APN survey respondents. Middle Eastern (21.8%) and Asian (16.3%) were the most common races and ethnicities for LARA-certified APNs. The most common region of residence and region of employment among APN-certified nurses was Southwest Michigan (14.4% and 15.9%, respectively).

Table 2. Demographics of LARA-Certified APNs

Demographics	LARA-Certified APNs N = 15,010	
	Estimate	95% CI
Total	12.0%	(11.5%, 12.5%)
Age		
<25 years	0.0%	(0.0%, 4.9%)
25 to 34 years	8.5%	(7.0%, 10.3%)
35 to 44 years	17.2%	(15.7%, 18.8%)
45 to 54 years	13.9%	(12.7%, 15.2%)
55 to 64 years	10.2%	(9.3%, 11.2%)
65+ years	8.9%	(8.1%, 9.8%)
Gender [a]		
Female	11.9%	(11.4%, 12.5%)
Male	14.0%	(12.2%, 16.0%)
Gender non-binary, Genderqueer, Transgender [a]	0.0%	(0.0%, 10.7%)
Prefer not to respond	10.2%	(6.4%, 15.9%)
Race [b]		
White	11.7%	(11.2%, 12.3%)
Black	12.6%	(10.5%, 15.0%)
American Indian	10.7%	(7.2%, 15.6%)
Asian/ Pacific Islander	16.3%	(13.1%, 20.2%)
Other Race	14.4%	(10.9%, 18.8%)
Hispanic or Latinx [b]		
Yes	9.6%	(6.8%, 13.4%)
Middle Eastern [b]		
Yes	21.8%	(16.6%, 28.0%)
Region of Residence [c]		
Upper Peninsula	10.0%	(7.7%, 12.9%)
Northwest LP	12.3%	(10.0%, 15.1%)
Northeast LP	11.7%	(8.5%, 15.8%)
West/West Central	8.9%	(7.8%, 10.2%)
East Central	12.2%	(10.1%, 14.7%)
East	8.9%	(7.4%, 10.7%)
South Central	11.9%	(9.6%, 14.6%)
Southwest	14.4%	(12.3%, 16.7%)

Demographics	LARA-Certified APNs N = 15,010	
	Estimate	95% CI
Region of Residence [c]		
Southeast [d]	14.1%	(12.4%, 15.9%)
Detroit Metro [e]	13.7%	(12.7%, 14.7%)
Unknown MI Region	8.3%	(5.0%, 13.5%)
Outside MI	11.4%	(9.9%, 13.1%)
Region of Employment [c]		
Upper Peninsula	11.4%	(8.5%, 15.2%)
Northwest LP	13.3%	(10.2%, 17.1%)
Northeast LP	12.2%	(8.1%, 18.0%)
West/West Central	9.7%	(8.3%, 11.4%)
East Central	15.0%	(12.2%, 18.3%)
East	12.6%	(10.3%, 15.3%)
South Central	15.2%	(12.2%, 18.7%)
Southwest	15.9%	(13.3%, 18.9%)
Southeast [d]	15.6%	(13.6%, 17.8%)
Detroit Metro [e]	13.6%	(12.4%, 14.9%)
Unknown MI Region	11.8%	(7.9%, 17.3%)
Outside MI	12.6%	(10.8%, 14.6%)

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to select all races that apply to them.
[c] Map of regions can be found in Appendix D.
[d] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.
[e] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.

Comparing Survey Respondents to LARA Licensure Data

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

Results from these analyses showed differences in the distribution of nurses who completed the survey compared to the overall nurse population (Table 3). When comparing the ages of nurses who participated in the nurse survey compared to those who are in the nurse licensure data, there is an underrepresentation of younger nurses (i.e., nurses under the age of 55 years of age) and an overrepresentation of nurses aged 55 years or older. When looking at the region the nurses reside, there appears to be an underrepresentation of LPNs in the Detroit Metro region among 2025 survey participants.

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

Characteristics	RNs				LPNs			
	Nurse Population		Survey Participants		Nurse Population		Survey Participants	
	#	%	#	%	#	%	#	%
Total	**176,813**	**-**	**15,786**	**-**	**20,663**	**-**	**1,362**	**-**
Age								
<25 years	3,825	2.2%	80	0.5%	447	2.2%	*	*
25 to 34 years	36,696	20.8%	1,177	7.5%	3,338	16.2%	95	7.0%
35 to 44 years	44,523	25.2%	2,318	14.7%	5,347	25.9%	211	15.5%
45 to 54 years	36,789	20.8%	3,088	19.6%	4,749	23.0%	268	19.7%
55 to 64 years	32,349	18.3%	4,100	26.0%	4,044	19.6%	397	29.1%
65 to 74 years	19,457	11.0%	4,050	25.7%	2,343	11.3%	313	23.0%
75+ years	3,145	1.8%	793	5.0%	388	1.9%	55	4.0%
Unknown	29	0.02%	180	1.1%	*	*	19	1.4%
Region of Residence [a]								
Eastern/Central/ Western UP	4,168	2.4%	546	3.5%	1,094	5.3%	92	6.8%
Northwest LP	5,118	2.9%	655	4.1%	420	2.0%	42	3.1%
Northeast LP	2,718	1.5%	319	2.0%	513	2.5%	39	2.9%
West/West Central	22,157	12.5%	2,300	14.6%	2,716	13.1%	221	16.2%
East Central	8,290	4.7%	804	5.1%	1,111	5.4%	102	7.5%
East	12,623	7.1%	1,207	7.6%	1,819	8.8%	111	8.1%
South Central	5,610	3.2%	668	4.2%	573	2.8%	37	2.7%
Southwest	9,849	5.6%	1,029	6.5%	1,272	6.2%	98	7.2%
Southeast [b]	17,534	9.9%	1,598	10.1%	1,851	9.0%	131	9.6%
Detroit Metro [c]	55,385	31.3%	4,826	30.6%	7,915	38.3%	400	29.4%
MI, Unknown Region	3,789	2.1%	181	1.1%	42	0.2%	21	1.5%
Non-Michigan	29,022	16.4%	1,653	10.5%	1,251	6.1%	68	5.0%
Unknown Region	550	0.3%	0	0.0%	86	0.4%	0	0.0%
LARA-certified APN								
Nurse Practitioner	16,239	9.2%	1,205	7.6%	-	-	-	-
Anesthetist	3,219	1.8%	212	1.3%	-	-	-	-
Midwife	603	0.3%	64	0.4%	-	-	-	-
Clinical Specialist	342	0.2%	170	1.1%	-	-	-	-

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

- Data are not available/data are not applicable.

[a] Map of regions can be found in Appendix D.

[b] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.

[c] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.

EDUCATIONAL PATH

Degree Paths Taken

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

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

Education Level	RN = 15,786		
	N	Estimate	95% CI
LPN diploma/certificate	932	5.7%	(5.3%, 6.1%)
RN diploma in nursing	1,645	6.6%	(6.2%, 7.0%)
Associate degree in nursing	5,743	34.5%	(33.8%, 35.2%)
Bachelor's degree in nursing	6,610	48.1%	(47.3%, 48.9%)
Master's degree in nursing	838	5.2%	(4.9%, 5.6%)

RNs and LPNs were asked about their highest level of nursing education (Table 5) and non-nursing education (Table 6). For nursing-related education levels, RNs were most likely to have a bachelor's degree in nursing (50.9%) or an associate degree in nursing (25.0%), while LPNs were mostly likely to have an LPN diploma/certificate (93.4%), followed by an associate degree in nursing (4.4%).

Table 5. Highest Level of Nursing-Related Education

Educational Level	RN = 15,698			LPN = 1,355		
	N	Estimate	95% CI	N	Estimate	95% CI
LPN diploma/certificate	*	*	*	1,263	93.4%	(92.0%, 94.6%)
RN diploma in nursing	954	3.8%	(3.5%, 4.1%)	10	1.0%	(0.6%, 1.7%)
Associate degree in nursing	4,318	25.0%	(24.3%, 25.7%)	66	4.4%	(3.4%, 5.6%)
Bachelor's degree in nursing	7,154	50.9%	(50.1%, 51.7%)	13	1.0%	(0.6%, 1.7%)
Master's degree in nursing	2,700	16.8%	(16.2%, 17.4%)	*	*	*
Doctorate in Nursing Practice (DNP)	380	2.6%	(2.4%, 2.9%)	0	0.0%	(0.0%, 0.3%)
Doctor of Nurse Anesthesia (DNAP)	21	0.2%	(0.1%, 0.3%)	0	0.0%	(0.0%, 0.3%)
Doctor of Philosophy in Nursing (Ph.D.)	155	0.6%	(0.5%, 0.7%)	0	0.0%	(0.0%, 0.3%)
Other doctoral degree in nursing	13	0.0%	(0.0%, 0.0%)	*	*	*

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

For non-nursing related education levels, RNs were most likely to have a bachelor's degree in a non-nursing area (15.4%; Table 6), while LPNs were most likely to have an associate degree in a non-nursing area (22.9%). RNs were statistically more likely to have a non-nursing bachelor's degree (15.4% vs. 6.6%) and non-nursing master's degree (5.3% vs. 1.6%) compared to LPNs.

Table 6. Highest Level of Non-Nursing Education

Education Level	RN = 15,786			LPN = 1,362		
	N	Estimate	95% CI	N	Estimate	95% CI
Non-nursing associate degree	2,056	13.5%	(13.0%, 14.0%)	317	22.9%	(20.7%, 25.2%)
Non-nursing bachelor's degree	2,328	15.4%	(14.8%, 16.0%)	103	6.6%	(5.4%, 8.0%)
Non-nursing master's degree	1,111	5.3%	(5.0%, 5.7%)	31	1.6%	(1.1%, 2.4%)
Non-nursing doctoral degree	152	0.5%	(0.4%, 0.6%)	*	*	*
Not applicable	10,139	65.1%	(64.4%, 65.8%)	906	68.6%	(66.1%, 71.0%)

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

Table 7 shows which degree was received first, a non-nursing degree or a nursing degree. RNs and LPNs were more likely to have earned a non-nursing education prior to their nursing education (79.1% and 69.0%, respectively) rather than after their nursing education. RNs were statistically more likely to have received a non-nursing degree prior to their nursing education (79.1% vs. 69.0%), while LPNs were statistically more likely to have received their nursing education prior to their non-nursing education (31.0% vs. 20.9%). Additional analyses related to which degree was received first can be found in Appendix B.

Table 7. Degree Received First

Degree Received First	RN = 5,621			LPN = 457		
	N	Estimate	95% CI	N	Estimate	95% CI
Non-nursing education prior to nursing education	3,966	79.1%	(78.0%, 80.1%)	291	69.0%	(64.6%, 73.1%)
Nursing education prior to non-nursing education	1,655	20.9%	(19.9%, 22.0%)	166	31.0%	(26.9%, 35.4%)

To better understand the educational path of nurses, analyses were performed to examine the first nursing-related degree in comparison to the highest nursing-related degree achieved (Table 8). Across all education levels, most nurses did not pursue an additional nursing degree after they received their first nursing degree. This trend is significantly higher among those whose first nursing degree was a master's degree in nursing (93.7%) or a bachelor's degree in nursing (81.7%) compared to all other groups. However, a quarter of nurses whose first degree was an RN diploma or associate degree in nursing pursued a bachelor's degree in nursing, which was significantly greater compared to other groups pursuing a bachelor's degree.

Table 8. 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	1,362	67.5%	(65.6%, 69.4%)
RN diploma/associate degree	415	13.2%	(11.9%, 14.6%)
Bachelor's degree in nursing	319	12.1%	(10.8%, 13.5%)
Master's or Doctorate[b] in nursing	194	7.2%	(6.2%, 8.3%)

First Nursing Degree to Highest Nursing Degree	n	Estimate	95% CI
RN Diploma/Associate degree as First Nursing Degree			
RN diploma/associate degree	4,839	64.2%	(62.2%, 66.1%)
Bachelor's degree in nursing	1,523	23.5%	(21.8%, 25.3%)
Master's degree in nursing	798	10.3%	(9.1%, 11.6%)
Doctorate in nursing	183	2.0%	(1.5%, 2.7%)
Bachelor's degree in nursing as First Nursing Degree			
Bachelor's degree in nursing	5,305	81.7%	(80.1%, 83.2%)
Master's degree in nursing	967	14.0%	(12.6%, 15.5%)
Doctorate in nursing	297	4.3%	(3.5%, 5.2%)
Master's Degree as First Nursing Degree			
Master's degree in nursing	776	93.7%	(92.6%, 94.6%)
Doctorate in nursing	52	6.3%	(5.4%, 7.4%)

[a] Data related to RN diplomas and associate degrees were combined for analysis due to overlapping data Additionally, LPNs who did not answer the survey question about their highest level of education were categorized in the LPN diploma category. For this reason, sample size numbers may vary across tables.
[b] Doctorate degrees include Ph.D., DNP, DNAP, or other nursing doctorate degrees.

Nurses were asked if they had received an international board-certified lactation consultant (IBCLC) certificate (Table 9). For both RNs and LPNs, most did not have an international board-certified lactation consultant certificate (99.4% and 99.3%, respectively). There were no statistically significant differences between RNs and LPNs and if they did have a certificate.

Table 9. International Board-Certified Lactation Consultant Certificate

International Board-Certified Lactation Consultant Certificate	RN = 15,714			LPN = 1,352		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	108	0.6%	(0.5%, 0.7%)	11	0.7%	(0.4%, 1.3%)
No	15,606	99.4%	(99.3%, 99.5%)	1,341	99.3%	(98.7%, 99.6%)

In Table 10, nurses were asked if they had obtained their nursing education outside of the United States. For both RNs and LPNs, the majority indicated that they did not receive a nursing education outside of the U.S (96.6% and 98.6%, respectively). However, RNs were statistically more likely to have obtained a nursing education outside of the U.S compared to LPNs (3.4% vs. 1.4%).

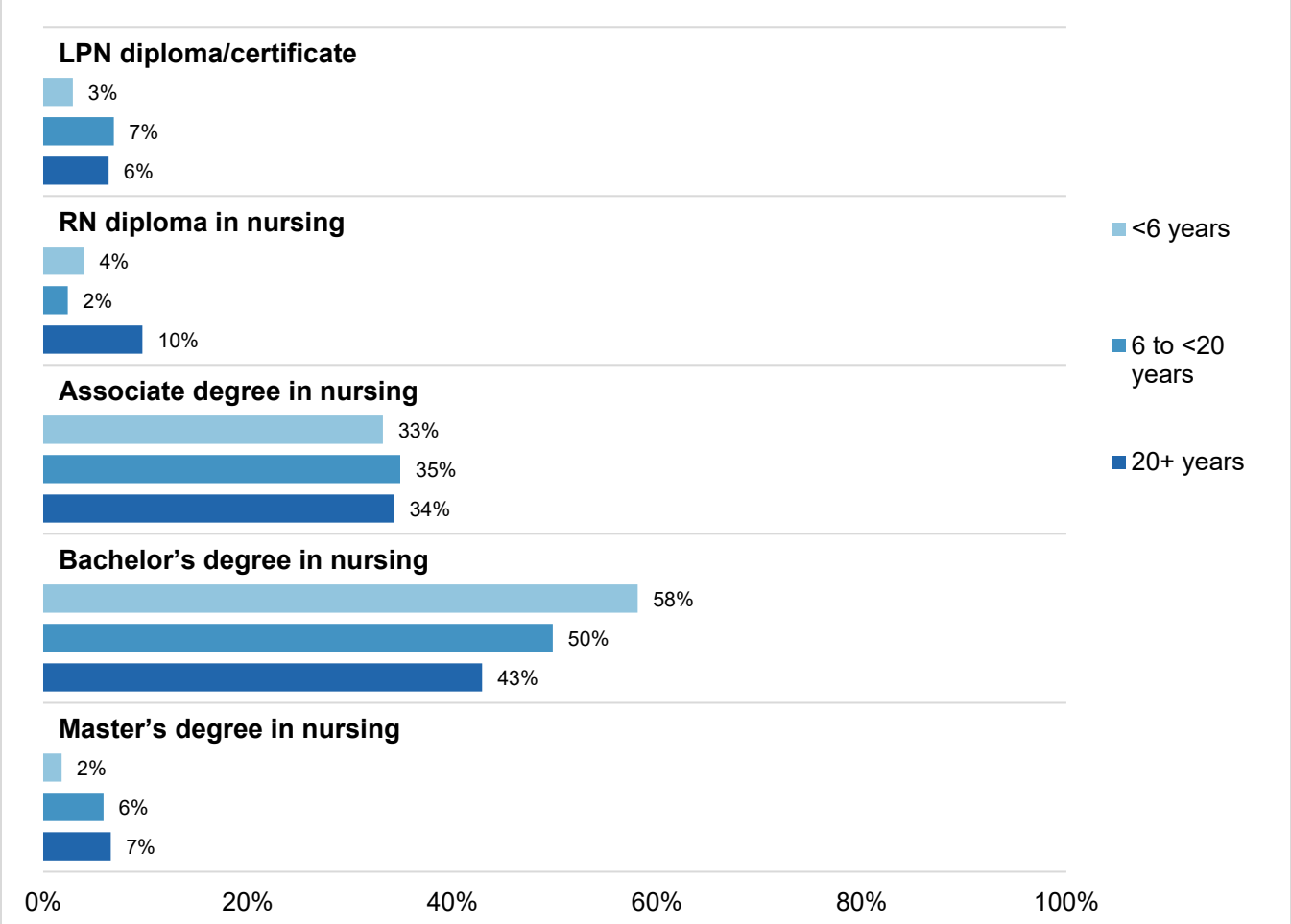
Table 10. Nursing Education Outside the United States

Education Outside of the United States	RN = 15,606			LPN = 1,343		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	492	3.4%	(3.1%, 3.7%)	21	1.4%	(0.9%, 2.2%)
No	15,114	96.6%	(96.3%, 96.9%)	1,322	98.6%	(97.8%, 99.1%)

The type of degree/certificate that first qualified respondents to apply for a nursing license was also compared to how long they have been working (Figure 1). LPNs were not asked which degree qualified them for their first license, so only RNs are reported in the figure. As shown in Figure 1, RNs had mostly completed a pre-licensure bachelor's degree in nursing (42.9% to 58.1%) 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 (33.2% to 34.9%).

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



Nurses were asked if and what types of loan repayment program would be useful for nurses during their nurse education (Table 11). The majority of RNs indicated that a loan repayment program would not have been useful for them (54.9%), which was statistically greater compared to LPNs (38.9%). The majority of LPNs indicated that it would have helped them seek additional nursing education (50.1%), which was significantly greater compared to RNs (34.5%). LPNs were also significantly more likely to say that the loan repayment program would have helped them pay previous loans compared to RNs (45.0% vs. 31.6%).

Table 11. Benefits of a Loan Repayment Program[a]

Benefits of a Loan Repayment Program	RN = 15,530		LPN = 1,340	
	Estimate	95% CI	Estimate	95% CI
Yes, it would help pay previous loans	31.6%	(30.9%, 32.3%)	45.0%	(42.4%, 47.7%)
Yes, it would help seek additional nursing education	34.5%	(33.8%, 35.3%)	50.1%	(47.5%, 52.8%)
No	54.9%	(54.1%, 55.7%)	38.9%	(36.3%, 41.5%)

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

Current Enrollment in Educational Programs

Few nurses who responded to the survey indicated they were currently enrolled in a nursing education program (RNs = 8.0%; LPNs = 15.5%; data not shown), however, this was significantly greater among LPNs compared to RNs. Those who indicated they were enrolled were asked if they were currently enrolled in a program to obtain an associate degree in nursing (ADN), Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), Doctor of Nurse Anesthesia (DNAP), or Doctor of Philosophy in Nursing (Ph.D.) degree (Table 12). Most RNs were enrolled in a program to obtain an MSN (40.5%), which was significantly greater compared to LPNs (data are suppressed), or to obtain an BSN (40.0% and 19.9%, respectively). Most LPNs were enrolled in a program to earn an ADN (82.3%). This difference is most likely due to there being no benefit for RNs to receive an associate degree when they already have a RN diploma degree as there are no additional pay or other benefits.

Table 12. Current Enrollment in Nursing Educational Programs[a]

Degree	RN = 778			LPN = 141		
	N	Estimate	95% CI	N	Estimate	95% CI
Associate Degree in Nursing (ADN)	15	1.4%	(0.8%, 2.5%)	115	82.3%	(75.2%, 87.7%)
Bachelor of Science in Nursing (BSN)	304	40.0%	(36.6%, 43.5%)	29	19.9%	(14.1%, 27.2%)
Master of Science in Nursing (MSN)	319	40.5%	(37.1%, 44.0%)	*	*	*
Doctor of Nursing Practice (DNP)	131	16.0%	(13.6%, 18.7%)	0	0.0%	(0.0%, 2.7%)
Doctor of Nurse Anesthesia (DNAP)	22	3.9%	(2.8%, 5.5%)	0	0.0%	(0.0%, 2.7%)
Doctor of Philosophy in Nursing (Ph.D.)	23	2.9%	(1.9%, 4.3%)	0	0.0%	(0.0%, 2.7%)

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

RNs who indicated they were enrolled in a program to earn MSN or DNP degrees were also asked if the program was designed to earn a specialty certification (Table 13). Among these nurses, 56.3% of RNs were currently enrolled in nurse practitioner educational programs.

Table 13. Current Enrollment in Educational Programs Associated with APN Nursing Specialty Certification Exams among all RNs

Certification	RN = 392	
	Estimate	95% CI
Nurse Practitioner	56.3%	(51.4%, 61.1%)
Nurse Midwife	*	*
Nurse Anesthetist	8.7%	(6.3%, 11.9%)
Clinical Nurse Specialist	5.9%	(4.0%, 8.7%)
Other	26.8%	(22.7%, 31.4%)

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

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 14). Nearly three-quarters of RNs indicated they were enrolled online (70.1%), while in-person programs were most common for LPNs (50.5%). LPNs were statistically more likely to have an in-person program type (50.5% vs. 8.6%), or a hybrid program type (33.2% vs. 21.3%) compared to RNs, while RNs were statistically more likely to have an online program (70.1% vs. 16.3%). Notably, educational requirements for LPN-RN programs often dictate in-person instruction as new clinical skills/experiences are part of the program. On the other hand, once an RN has been licensed, additional education can be accomplished in an online format, or by partnering with clinical professionals since the student has demonstrated proficiency in RN clinical skills by obtaining a license.

Table 14. Current Program Type

Program Type	RN = 761		LPN = 140	
	Estimate	95% CI	Estimate	95% CI
In-person	8.6%	(6.8%, 10.8%)	50.5%	(42.3%, 58.7%)
Online	70.1%	(66.8%, 73.2%)	16.3%	(11.1%, 23.3%)
Hybrid	21.3%	(18.5%, 24.3%)	33.2%	(25.9%, 41.4%)

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Preparedness for Assessing SDOH

Nurses were asked how prepared they felt around assessing patients' SDOH, which are the conditions in which people are born, grow, work, live, and age (Table 15). For both RNs and LPNs, most indicated that they were either very prepared (34.1% and 36.2%, respectively) or moderately prepared (28.9% and 25.7%, respectively). There were no statistically significant differences between RNs and LPNs and their level of preparedness.

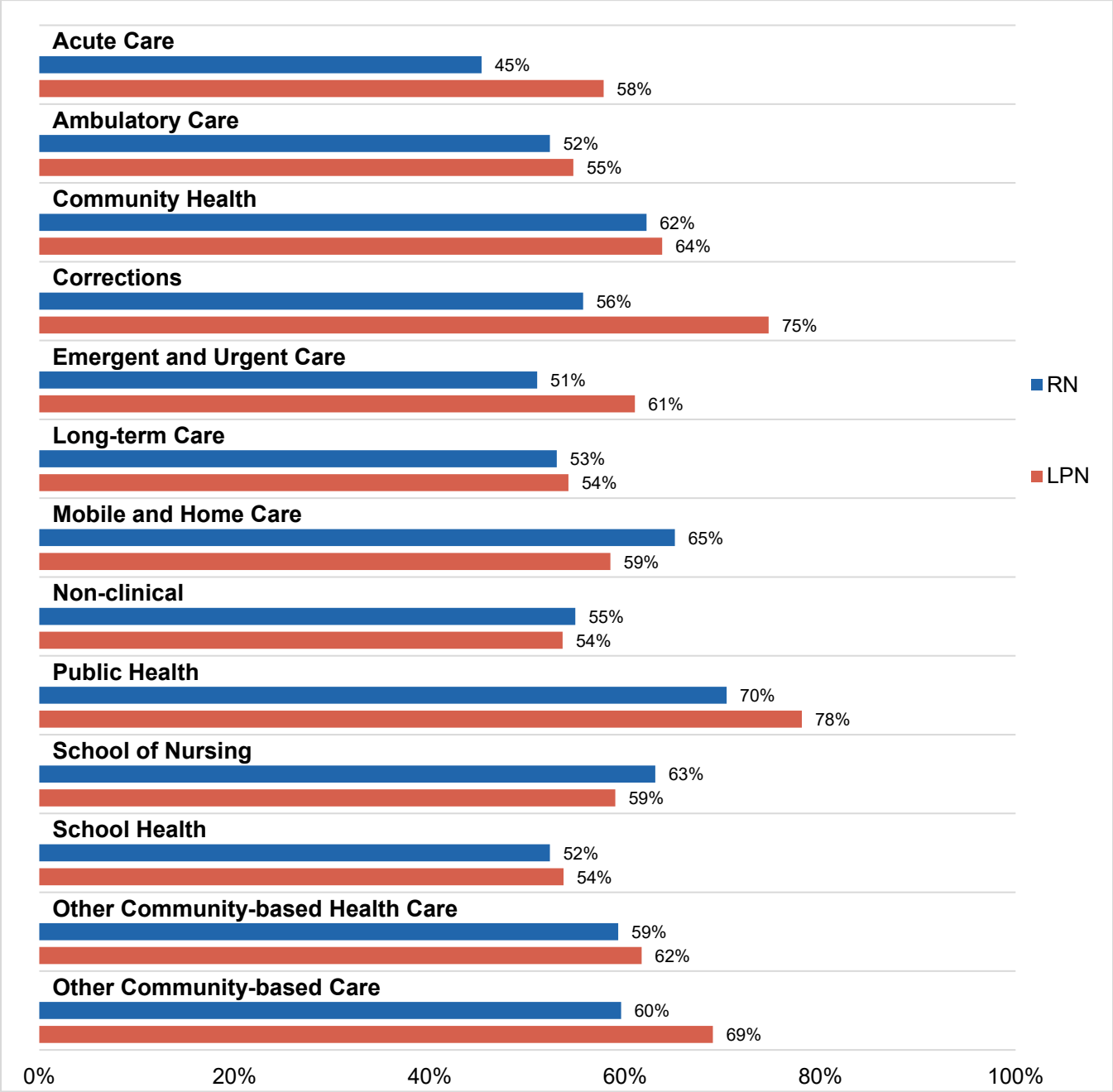
Table 15. Preparedness for Assessing SDOH

Preparedness	RN = 11,005		LPN = 962	
	Estimate	95% CI	Estimate	95% CI
Not at all prepared	3.5%	(3.2%, 3.9%)	4.4%	(3.3%, 5.9%)
Somewhat prepared	17.2%	(16.5%, 17.9%)	15.6%	(13.4%, 18.0%)
Moderately prepared	28.9%	(28.1%, 29.8%)	25.7%	(23.0%, 28.6%)
Very prepared	34.1%	(33.2%, 35.0%)	36.2%	(33.2%, 39.3%)
Extremely prepared	16.3%	(15.6%, 17.0%)	18.1%	(15.8%, 20.7%)

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

Overall, most nurses, regardless of their work setting, were either very or extremely prepared to assess SDOH (Figure 2). However, RNs working or practicing in mobile and home care settings (65.1%) and LPNs in public health settings (78.1%), were more likely to say that they were very or extremely prepared. There were no statistically significant differences between RNs and LPNs in their preparedness for assessing SDOH based on practice setting.

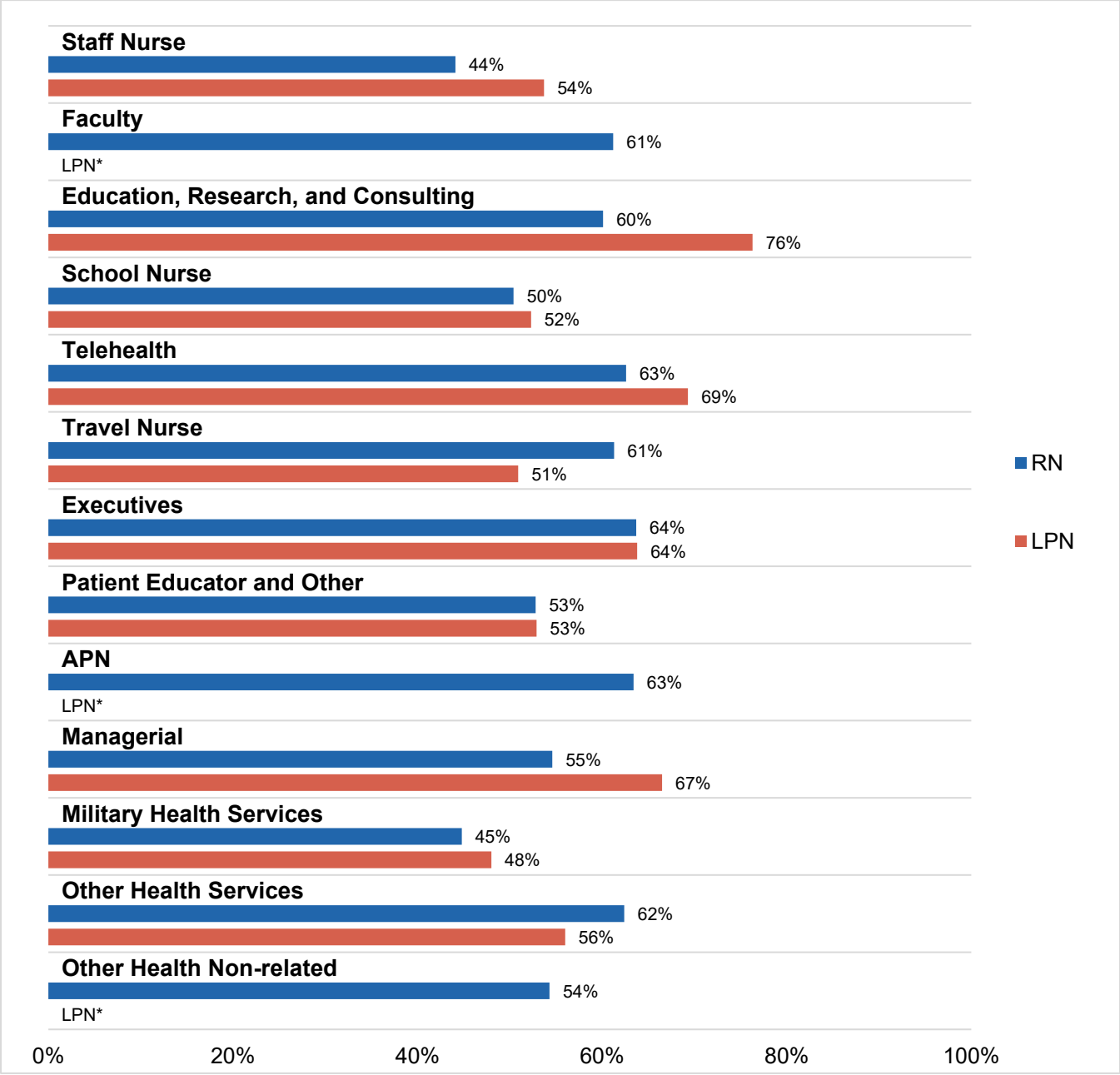
Figure 2. Very or Extremely Prepared for Assessing SDOH by Setting



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

Across nearly all positions, nurses indicated they were either very or extremely prepared to assess SDOH (Figure 3). Among RNs, executives (63.7%) and APNs (63.4%) indicated that they were very or extremely prepared. LPNs were statistically more likely compared to RNs to be very or extremely prepared to assess SDOH among nurses working in a position as a staff nurse (53.7% vs. 44.1%).

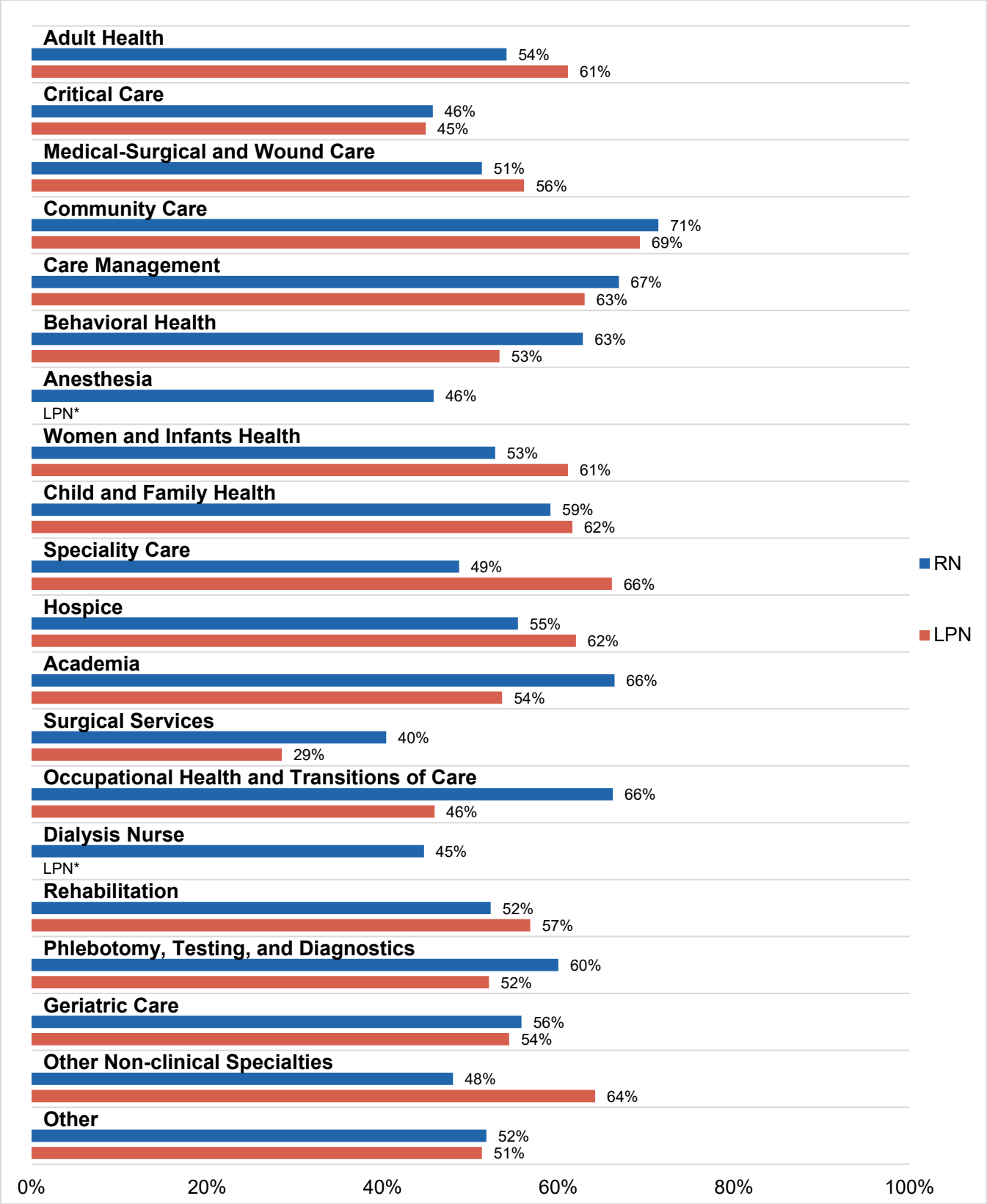
Figure 3. Very or Extremely Prepared for Assessing SDOH by Position



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

Compared to the trends in settings and positions, more nurses across specialties were less likely to indicate that they were very or extremely prepared to assess SDOH (Figure 4). RNs in community care (71.4%), care management (66.9%), academia (66.2%), and occupation health and transitions of care (66.2%) were most likely to say they felt very or extremely prepared to assess SDOH of patients. LPNs in community care (69.3%), specialty care (66.1%), care management (63.0%), and child and family health (61.6%) were more prepared in determining SDOH. RNs were statistically more likely compared to LPNs to feel very or extremely prepared to assess SDOH in occupational health and transitions of care (66.2% vs. 45.9%) specialties.

Figure 4. Very or Extremely Prepared for Assessing SDOH by Specialty



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

Connecting Patients with Community Resources

For both RNs and LPNs, nurses felt moderately prepared to connect patients to resources to address SDOH needs (28.1% and 29.1%, respectively; Table 16). RNs were significantly more likely to say they were not at all prepared (15.0% vs. 10.6%) and somewhat prepared (27.4% vs. 23.0%) compared to LPNs, while LPNs were statistically more likely to feel very prepared (26.2% vs. 20.4%).

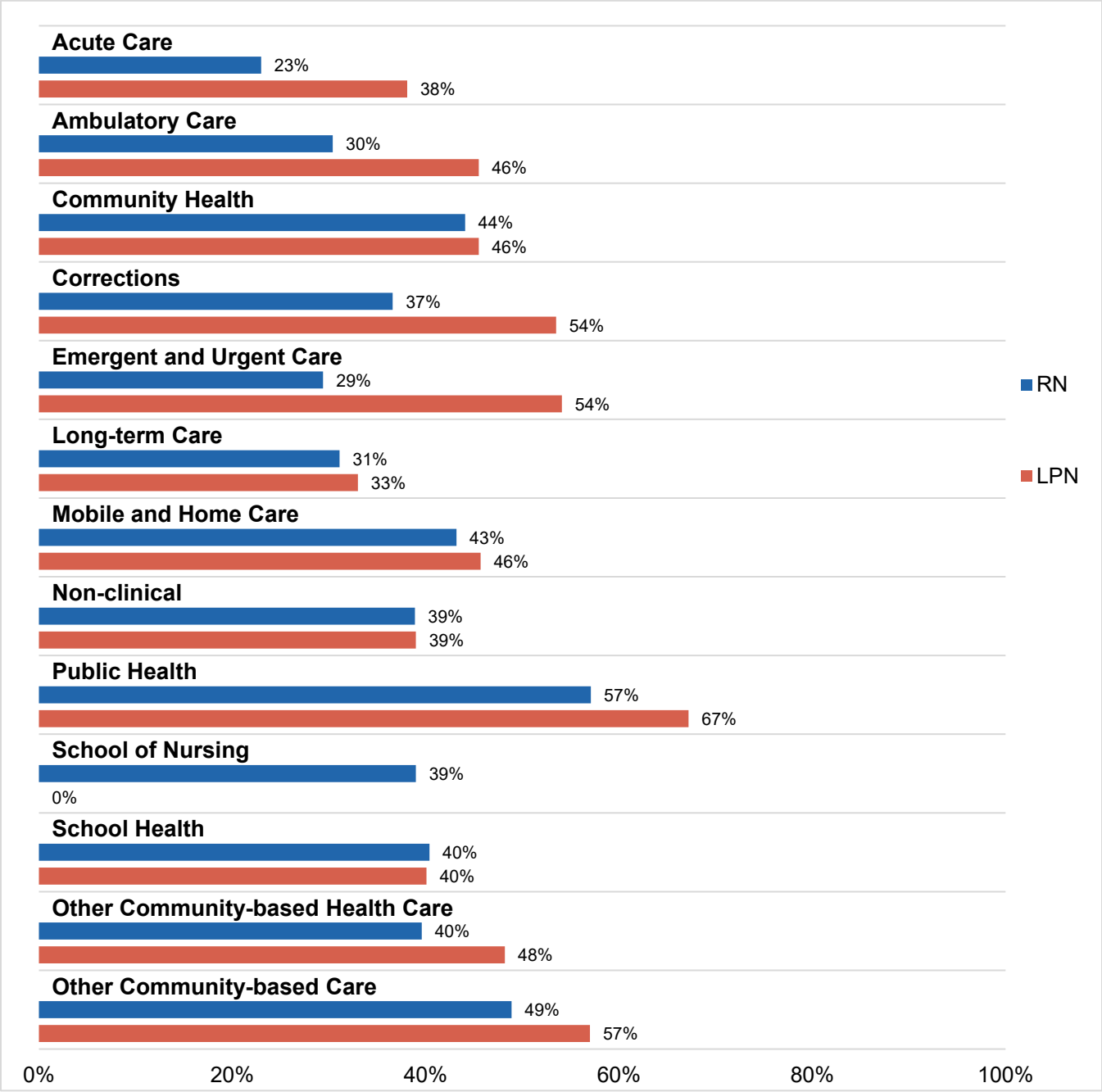
Table 16. Preparedness for Connecting Patients to Resources to Address SDOH Needs

Preparedness	RN = 11,005		LPN = 964	
	Estimate	95% CI	Estimate	95% CI
Not at all prepared	15.0%	(14.3%, 15.7%)	10.6%	(8.8%, 12.7%)
Somewhat prepared	27.4%	(26.6%, 28.2%)	23.0%	(20.5%, 25.8%)
Moderately prepared	28.1%	(27.3%, 28.9%)	29.1%	(26.3%, 32.0%)
Very prepared	20.4%	(19.7%, 21.2%)	26.2%	(23.5%, 29.1%)
Extremely prepared	9.2%	(8.7%, 9.8%)	11.1%	(9.3%, 13.2%)

To further explore how prepared nurses felt to connect patients with resources for their SDOH needs, the data were broken down by setting (Figure 5), position & role (Figure 6), and specialty (Figure 7).

Among RNs and LPNs, regardless of setting, most indicated that they felt less prepared to connect patients to resources, however, LPNs were most likely to say they are more prepared working in public health (67.2%), emergent and urgent care (54.1%), and corrections (53.5%; Figure 5). The only setting among RNs that were more prepared to connect patients to resources were among school health nurses, although this was not significant (40.4% vs 40.1%). LPNs were statistically more likely to be more prepared to connect patients to resources in acute care (38.1% vs. 23.0%), emergent and urgent care (54.1% vs. 29.4%), and ambulatory care (45.5% vs. 30.4%).

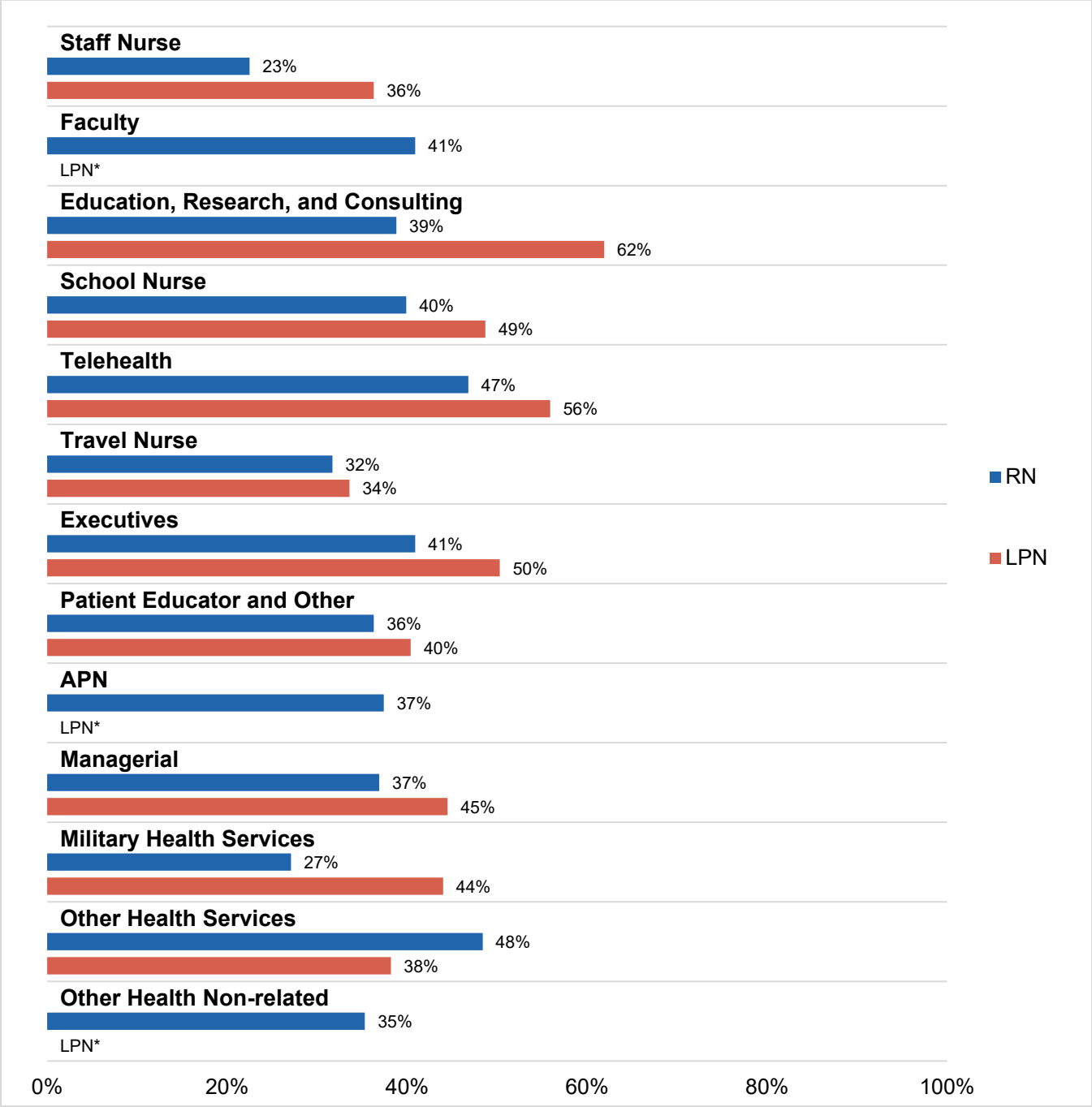
Figure 5. Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Setting



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

Among RNs, regardless of position, all were less likely to say they were very or extremely prepared to connect patients to resources, while LPNs had several positions that indicated they were more likely to be very or extremely prepared to connect patients to resources (Figure 6). Among LPNs, the positions that were more likely to feel more prepared worked in education, research, and consulting (61.9%), telehealth (55.9%), and executives (50.3%). LPNs were statistically more likely to say they were very or extremely prepared to connect patients to resources in staff nurse positions (36.3% vs. 22.5%) and in education, research, and consulting positions (61.9% vs. 38.8%).

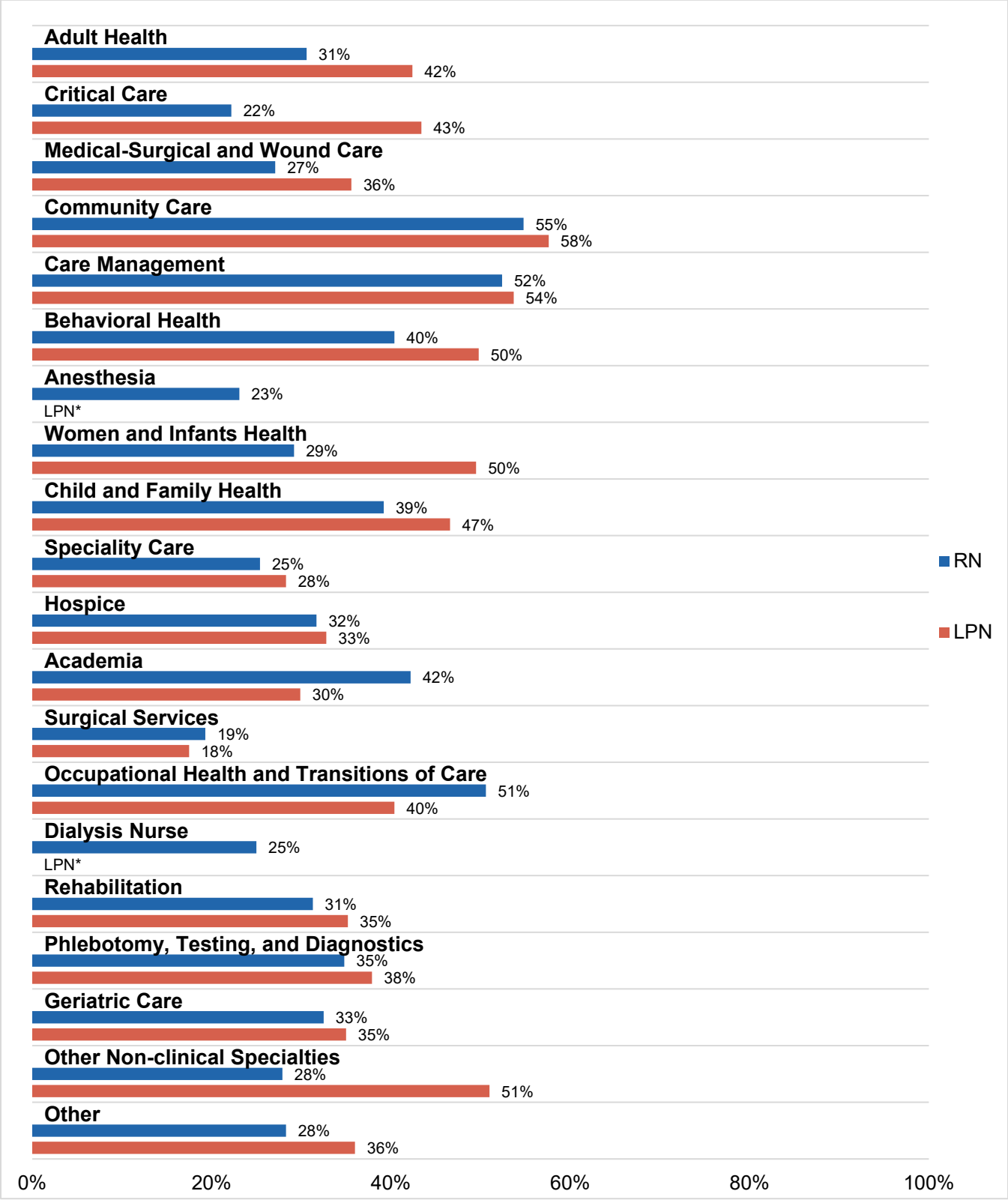
Figure 6. Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Position



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

For both RNs and LPNs, among specialties, most were less likely to indicate they felt very or extremely prepared to connect patients to resources (Figure 7). Among RNs and LPNs, specialties that were most likely to indicate they were very or extremely prepared were community care (54.8% and 57.6%, respectively), and care management (52.4% and 53.7%, respectively). LPNs were statistically more likely compared to RNs to feel very prepared in adult health (42.4% vs. 30.6%), critical care (43.4% vs. 22.2%), and medical-surgical and wound care (35.6% vs. 27.1%).

Figure 7. Very or Extremely Prepared for Connecting Patients to Resources to Address SDOH by Specialty



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

EMPLOYMENT

Current Employment Status

Nurses were asked about their current employment status to determine the size and characteristics of the workforce (Table 17). Information was collected on positions requiring a nursing license, on temporary leave from a position requiring a nursing license, in a career other than nursing, as well as nurses who were volunteering, unemployed seeking and not seeking work as a nurse, receiving disability, or retired.

In 2025, most RNs and LPNs (66.0% and 63.5%, respectively) were currently employed full-time in a position that requires a nurse license (Table 17). Approximately one out of 10 nurses were employed in a part-time position (RNs = 10.4%; LPNs = 11.0%) or had retired from the nursing workforce (RNs = 9.2%; LPNs = 7.6%). LPNs were statistically more likely to be unemployed and seeking clinical work (2.9% vs. 0.9%) compared to RNs.

Table 17. Current Employment Status

Employment	RN = 15,786			LPN = 1,362		
	N	Estimate	95% CI	N	Estimate	95% CI
Actively employed in nursing or in a position that requires a nurse license full-time	8,503	66.0%	(65.3%, 66.7%)	752	63.5%	(60.9%, 66.0%)
Actively employed in nursing or a position that requires a nurse license part-time	1,644	10.4%	(9.9%, 10.9%)	157	11.0%	(9.4%, 12.8%)
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	831	4.9%	(4.6%, 5.2%)	53	4.5%	(3.5%, 5.7%)
On temporary medical leave from a position that requires a nurse license	125	0.9%	(0.8%, 1.1%)	13	1.0%	(0.6%, 1.7%)
On temporary non-medical leave from a position that requires a nurse license	34	0.2%	(0.1%, 0.3%)	*	*	*
Actively employed in a field other than nursing	414	2.6%	(2.4%, 2.9%)	57	3.5%	(2.6%, 4.6%)
Volunteer nurse status only	196	0.6%	(0.5%, 0.7%)	13	0.7%	(0.4%, 1.3%)
Unemployed, seeking clinical work	143	0.9%	(0.8%, 1.1%)	25	2.9%	(2.1%, 3.9%)
Unemployed, seeking non-clinical work	93	0.5%	(0.4%, 0.6%)	*	*	*
Unemployed, seeking work outside of the nursing field	52	0.3%	(0.2%, 0.4%)	*	*	*
Unemployed, not seeking work	318	2.2%	(2.0%, 2.4%)	27	1.9%	(1.3%, 2.8%)
Permanent disability leave	140	0.7%	(0.6%, 0.8%)	22	1.0%	(0.6%, 1.7%)
Self-employed	150	0.7%	(0.6%, 0.8%)	19	0.9%	(0.5%, 1.6%)
Retired (left the workforce)	3,143	9.2%	(8.8%, 9.7%)	200	7.6%	(6.3%, 9.1%)

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

To further explore current employment status, data were broken down by region of residency (Table 18). For RNs, across all regions, most nurses indicated that they were actively employed in nursing or in a position that requires a nurse license full-time (63.1% to 71.2%). It should be noted that employment statuses that had more than half of the prosperity regions suppressed were removed from Table 18 for better readability. These categories were: on temporary non-medical leave from a position that requires a nurse license, on temporary medical leave from a position that requires a nurse license, unemployed and seeking clinical work, unemployed and seeking non-clinical work, unemployed and seeking work outside of the nursing field, permanent disability leave and self-employed.

Due to suppression, additional trends among LPNs were unable to be presented in a table, however, some trends and comparisons were still able to be made. For LPNs, across all regions, most nurses indicated that they were actively employed in nursing or in a position that requires a nurse license full-time (51.7% to 73.3%; data not shown). RNs were statistically more likely than LPNs to indicate that they were actively employed in a nursing or in a position that requires a nursing license full time in the Northwest Lower Peninsula (65.3% vs. 51.7%). LPNs were statistically more likely to be unemployed and seeking clinical work in the Detroit Metro area compared to RNs (5.7% vs. 1.1%). LPNs were also statistically more likely to be working as a part time nurse in Southwest Michigan compared to RNs (18.9% vs. 12.8%). RNs were statistically more likely compared to LPNs to be retired in the Detroit Metro Region (9.7% vs. 4.1%).

Table 18. Current Employment Status for RNs by Region of Residence[a]

Employment Status	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Actively employed in nursing or in a position that requires a nurse license full-time	303	328	151	1,179	472	703	358	546	818	2,504
	67.2%	65.3%	63.1%	64.0%	71.2%	69.4%	65.1%	65.1%	63.5%	64.5%
	(63.2%, 71.0%)	(61.6%, 68.8%)	(57.7% 68.2%)	(62.0%, 65.9%)	(68.0%, 74.2%)	(66.7%, 71.9%)	(61.4%, 68.6%)	(62.1%, 68.0%)	(61.1%, 65.8%)	(63.1%, 65.8%)
Actively employed in nursing or a position that requires a nurse license part-time	48	49	19	305	54	111	79	129	177	508
	8.1%	7.4%	5.1%	13.6%	6.8%	9.8%	13.1%	12.8%	11.5%	10.4%
	(6.1%, 10.7%)	(5.6%, 9.7%)	(3.2%, 8.1%)	(12.3%, 15.1%)	(5.3%, 8.8%)	(8.2%, 11.6%)	(10.8%, 15.9%)	(10.9%, 15.0%)	(10.0%, 13.2%)	(9.6%, 11.3%)

Employment Status	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Actively employed in nursing or in a position that requires a nurse license on a per-diem basis	18	32	28	118	44	46	42	51	74	292
	2.7%	4.2%	6.9%	4.4%	5.5%	3.9%	6.2%	4.0%	4.3%	5.8%
	(1.6%, 4.4%)	(2.9%, 6.0%)	(4.6%, 10.2%)	(3.6%, 5.3%)	(4.1%, 7.3%)	(2.9%, 5.1%)	(4.6%, 8.3%)	(3.0%, 5.4%)	(3.4%, 5.4%)	(5.2%, 6.5%)
Actively employed in a field other than nursing	26	18	10	71	19	33	20	25	48	112
	4.1%	3.1%	3.4%	2.9%	2.4%	2.3%	2.5%	2.2%	3.4%	2.3%
	(2.7%, 6.1%)	(2.0%, 4.7%)	(1.9%, 6.0%)	(2.3%, 3.7%)	(1.5%, 3.7%)	(1.6%, 3.3%)	(1.6%, 4.0%)	(1.5%, 3.3%)	(2.6%, 4.4%)	(1.9%, 2.8%)
Volunteer nurse status only	*	10	*	28	10	12	*	15	28	52
	*	1.1%	*	0.6%	0.5%	0.5%	*	0.9%	0.8%	0.5%
	*	(0.5%, 2.2%)	*	(0.4%, 1.0%)	(0.2%, 1.3%)	(0.2%, 1.1%)	*	(0.5%, 1.7%)	(0.5%, 1.4%)	(0.3%, 0.7%)
Unemployed, not seeking work	15	10	*	49	*	19	12	29	29	100
	2.9%	1.5%	*	2.4%	*	1.5%	1.9%	3.1%	2.5%	2.1%
	(1.8%, 4.7%)	(0.8%, 2.8%)	*	(1.8%, 3.1%)	*	(1.0%, 2.4%)	(1.1%, 3.2%)	(2.2%, 4.3%)	(1.8%, 3.4%)	(1.7%, 2.5%)
Retired	97	180	79	448	162	224	129	202	344	1,025
	8.3%	14.4%	12.8%	8.4%	9.3%	8.4%	7.9%	9.0%	10.0%	9.7%
	(6.3%, 10.9%)	(11.9%, 17.3%)	(9.6%, 16.9%)	(7.3%, 9.6%)	(7.5%, 11.5%)	(7.0%, 10.1%)	(6.1%, 10.2%)	(7.4%, 10.9%)	(8.6%, 11.6%)	(8.9%, 10.6%)

[a] Map of regions can be found in Appendix D.

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

Table 19 describes how often mandatory overtime is worked for RNs and LPNs. LPNs were statistically more likely to report having to work mandatory overtime once a month or more compared to RNs (35.4% vs. 21.6%, respectively). For both RNs and LPNs, most said that they never have to work mandatory overtime, however, there was a significant difference between RNs and LPNs, with RNs indicating never working overtime compared to LPNs (59.0% vs. 44.5%, respectively). LPNs were also statistically more likely to say they work mandatory overtime at least a few times a month compared to RNs (11.9% vs. 8.5%), at least a few times per week (12.3% vs. 4.5%), and every day (2.6% vs. 1.4%).

Table 19. Mandatory Overtime

Frequency	RN = 11,131		LPN = 976	
	Estimate	95% CI	Estimate	95% CI
Never	59.0%	(58.1%, 59.9%)	44.5%	(41.4%, 47.6%)
Once a year or less	6.1%	(5.7%, 6.6%)	5.2%	(4.0%, 6.8%)
A few times per year	13.5%	(12.9%, 14.1%)	14.8%	(12.7%, 17.2%)
Once a month	4.3%	(3.9%, 4.7%)	4.8%	(3.6%, 6.3%)
A few times a month	8.5%	(8.0%, 9.0%)	11.9%	(10.0%, 14.1%)
Once a week	2.9%	(2.6%, 3.2%)	3.8%	(2.8%, 5.2%)
A few times a week	4.5%	(4.1%, 4.9%)	12.3%	(10.4%, 14.5%)
Everyday	1.4%	(1.2%, 1.6%)	2.6%	(1.8%, 3.8%)

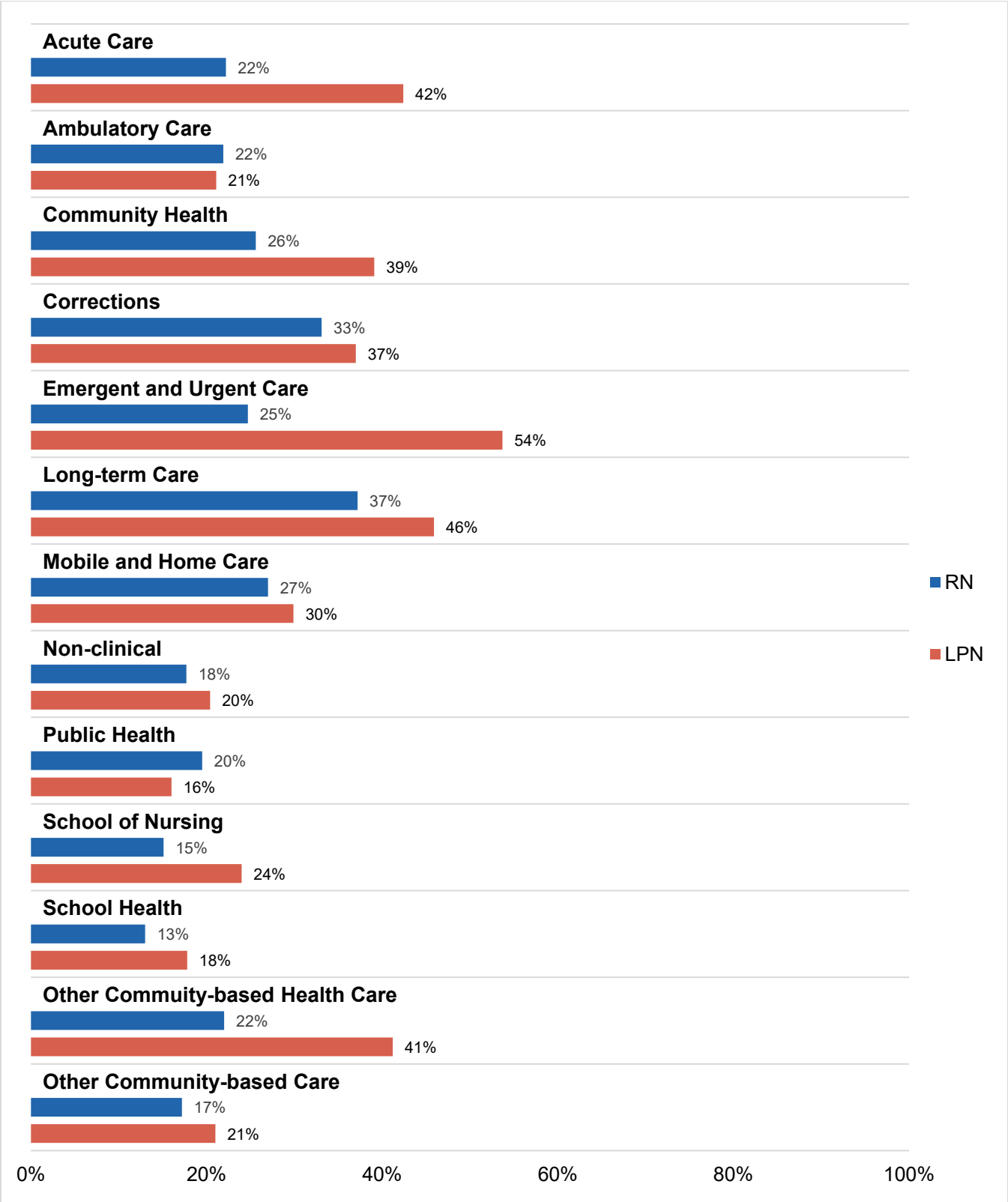
To further explore mandatory overtime, data were broken out by setting (Figure 8), position (Figure 9), and specialty (Figure 10). It is important to note that the results include those who indicated mandatory overtime once per month or more.

Among RNs, the setting that had the most nurses indicated working overtime once a month or more were those working in long-term care (37.2%), while LPNs had most nurses working overtime in emergent and urgent care (53.7%; Figure 8). There were several statistically significant differences between RNs and LPNs and which setting indicated working overtime once a month or more. LPNs were more likely to work overtime once a month or more compared to RNs for the following settings: acute care (42.4% vs. 22.2%), emergent and urgent care (53.7% vs. 24.7%), long-term care (45.9% vs. 37.2%), community health (39.1% vs. 25.6%), and other community-based health care (41.2% vs. 22.0%).

Among both RNs and LPNs, the position that had the most nurses indicated working overtime once a month or more were those working in a managerial position (35.4% vs. 55.1%), and this was significantly more likely among LPNs (Figure 9). LPNs were also more likely to work overtime once a month or more compared to RNs among staff nurses (37.8% vs. 23.0%).

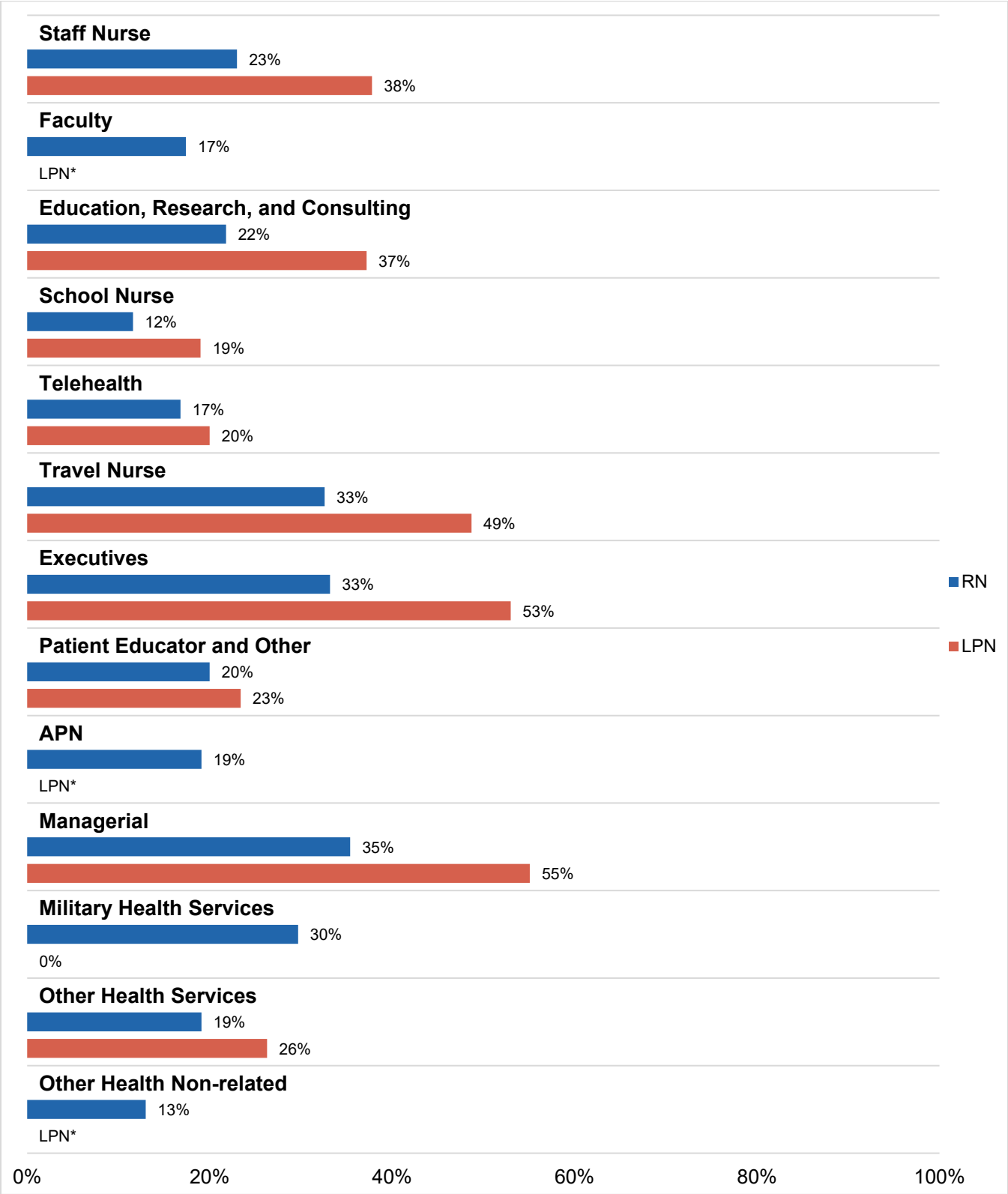
Among RNs, the specialty that had the most nurses indicated working overtime one month or more were those working in anesthesia (34.5%), while LPNs had most nurses working overtime in specialty care (52.1%; Figure 10). There were several statistically significant differences between RNs and LPNs and which specialty indicated working overtime once a month or more. LPNs were more likely to work overtime once a month or more compared to RNs for the following specialties: adult health (39.4% vs. 23.6%), critical care (46.3% vs. 23.8%), medical-surgical and wound care (40.3% vs. 23.7%), care management (35.9% vs. 22.0%), behavioral health (42.7% vs. 21.6%), women and infant health (45.4% vs. 22.9%), specialty care (52.1% vs. 17.2%), academia (51.2% vs. 17.2%), rehabilitation (49.4% vs. 30.0%), and geriatric care (43.8% vs. 28.3%).

Figure 8. Mandatory Overtime At Least Once a Month by Setting



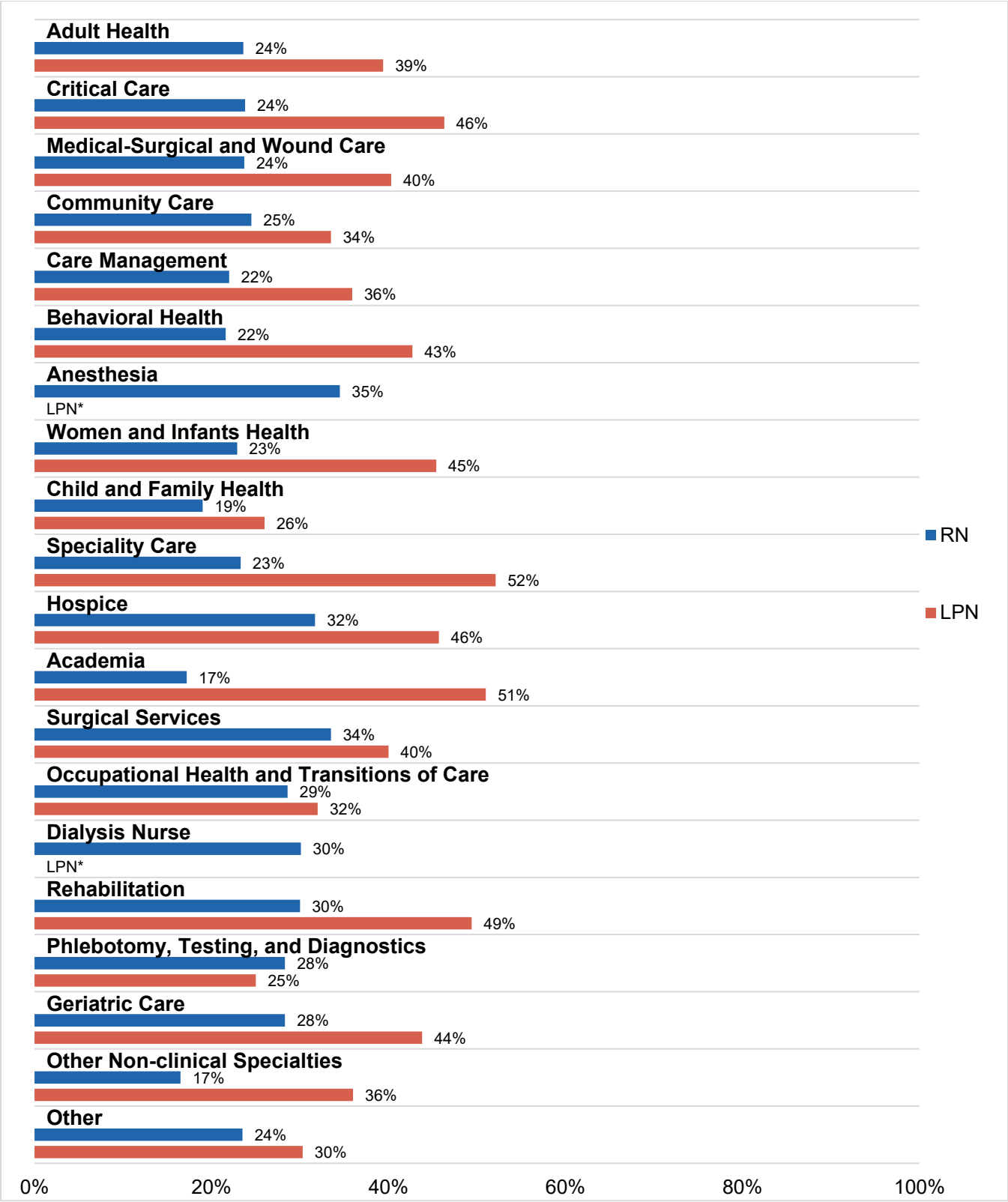
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 9. Mandatory Overtime At Least Once a Month by Position



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

Figure 10. Mandatory Overtime At Least Once a Month by Specialty



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

Characteristics of Currently Employed Nurses

Among survey respondents, 82.3% of RNs and 80.1% of LPNs were employed as a nurse at the time of the survey (Table 20). The percentage of RNs who were employed as nurses tends to decrease as age increases. Nurses who were 65 years and older were the least likely to be currently employed for both RNs and LPNs. There were statistically more male RNs currently employed compared to female RNs in 2025 (88.1% vs. 81.6%), but no significant differences in gender among LPNs. Both employed males (88.1% vs. 71.9%) and females (81.6% vs. 80.6%) were more likely to be RNs compared to LPNs. Pertaining to race and ethnicity for currently employed nurses, RNs were more likely to identify as white compared to LPNs (81.9% vs. 78.5%), nurses who identified as Hispanic had the highest report of being employed for both RNs and LPNs (90.4% and 91.9%, respectively). RNs living in South Central (85.2%), East Central (84.7%), and East (84.1%) Michigan were employed at the highest levels, while LPNs living in the Detroit Metro (82.8%) and South Central (82.2%) Michigan were employed at the highest levels. RNs were statistically more likely to reside in a non-Michigan residence compared to LPNs (84.8% vs. 70.1%).

Table 20. Percentage of Nurses Who are Employed in Nursing by Demographic Characteristics

Demographics	RN			LPN		
	n	Estimate	95% CI	n	Estimate	95% CI
Total	15,786	82.3%	(81.7%, 82.9%)	1,362	80.1%	(77.9%, 82.1%)
Age						
<25 years	80	98.8%	(93.3%, 99.8%)	*	*	*
25 to 34 years	1,177	92.5%	(90.9%, 93.9%)	95	84.1%	(75.4%, 90.1%)
35 to 44 years	2,318	90.7%	(89.4%, 91.8%)	211	89.6%	(84.7%, 93.0%)
45 to 54 years	3,088	91.5%	(90.5%, 92.4%)	268	89.6%	(85.4%, 92.7%)
55 to 64 years	4,100	78.3%	(77.0%, 79.5%)	397	75.8%	(71.4%, 79.8%)
65+ years	4,843	36.8%	(35.5%, 38.2%)	368	43.0%	(38.0%, 48.1%)
Gender						
Female	14,178	81.6%	(81.0%, 82.2%)	1,249	80.6%	(78.3%, 82.7%)
Male	1,334	88.1%	(86.3%, 89.7%)	90	71.9%	(61.9%, 80.1%)
Gender non-binary/ Genderqueer /Transgender [a]	36	85.7%	(70.9%, 93.7%)	0	0.0%	(0.0%, 0.0%)
Prefer not to respond	168	84.4%	(78.2%, 89.1%)	14	81.8%	(55.8%, 94.1%)
Race & Ethnicity [b]						
White	14,179	81.9%	(81.3%, 82.5%)	1,006	78.5%	(75.9%, 80.9%)
Black	886	85.6%	(83.1%, 87.8%)	293	83.8%	(79.1%, 87.6%)
American Indian or Alaska Native	224	85.0%	(79.7%, 89.1%)	41	81.7%	(67.3%, 90.6%)
Asian	428	86.6%	(83.0%, 89.5%)	27	89.9%	(73.2%, 96.7%)
Hispanic or Latinx	316	90.4%	(86.6%, 93.2%)	35	91.9%	(78.2%, 97.3%)
Middle Eastern	203	85.9%	(80.4%, 90.0%)	16	71.0%	(46.6%, 87.3%)
Other	318	85.9%	(81.6%, 89.3%)	46	83.0%	(69.7%, 91.2%)
Residence [c]						
Upper Peninsula	546	79.8%	(76.2%, 83.0%)	92	81.6%	(72.5%, 88.2%)
Northwest LP	655	77.9%	(74.6%, 80.9%)	42	64.3%	(49.2%, 77.0%)
Northeast LP	319	76.7%	(71.8%, 81.0%)	39	65.9%	(50.2%, 78.7%)

Demographics	RN			LPN		
	n	Estimate	95% CI	n	Estimate	95% CI
Residence [c]						
West/West Central	2,300	83.1%	(81.5%, 84.6%)	221	81.3%	(75.6%, 85.9%)
East Central	804	84.7%	(82.0%, 87.0%)	102	79.8%	(71.0%, 86.4%)
East	1,207	84.1%	(81.9%, 86.1%)	111	80.4%	(72.1%, 86.7%)
South Central	668	85.2%	(82.3%, 87.7%)	37	82.2%	(67.1%, 91.3%)
Southwest	1,029	83.0%	(80.6%, 85.2%)	98	81.5%	(72.7%, 87.9%)
Southeast [d]	1,598	79.9%	(77.9%, 81.8%)	131	78.9%	(71.1%, 85.0%)
Detroit Metro [e]	4,826	81.5%	(80.4%, 82.6%)	400	82.8%	(78.8%, 86.2%)
Unknown Michigan Residence [f]	181	80.6%	(74.2%, 85.7%)	21	68.1%	(46.8%, 83.8%)
Non-Michigan Residence	1,653	84.8%	(83.0%, 86.4%)	68	70.1%	(58.4%, 79.7%)

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
[c] Map of regions can be found in Appendix D.
[d] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.
[e] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.
[f] 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 21 shows the demographics of nurses who indicated they were currently employed in nursing. The ages of employed RNs and LPNs were fairly evenly distributed between 25 to 64 years old (17.4% to 27.8% and 17.1% to 28.9%, respectively). However, RNs were statistically more likely compared to LPNs to indicate they were 25 to 34 years of age (23.3% vs. 17.1%). Most RNs (88.2%) and LPNs (93.6%) were female. Males were statistically more likely to be RNs compared to LPNs (10.3% vs. 5.2%), while females were statistically less likely to be RNs compared to LPNs (93.6% vs. 88.2%). LPNs were more likely to be Black (27.6% vs. 5.8%) and Hispanic (4.6% vs. 2.8%) compared to RNs. RNs were more likely than LPNs to live in a region outside of Michigan (10.2% vs. 4.3%), Northwest Lower Peninsula (3.6% vs. 1.9%), and South Central Michigan (4.6% vs. 2.4%). LPNs were statistically more likely to live in the Upper Peninsula (7.1% vs. 3.5%) compared to RNs.

Table 21. Demographic Characteristics of Survey Respondents in the Nursing Field

Demographics	RN = 11,081		LPN = 972	
	Estimate	95% CI	Estimate	95% CI
Age				
<25 years	2.6%	(2.3%, 2.9%)	*	*
25 to 34 years	23.3%	(22.5%, 24.1%)	17.1%	(14.9%, 19.6%)
35 to 44 years	27.8%	(27.0%, 28.6%)	28.9%	(26.1%, 31.8%)
45 to 54 years	23.2%	(22.4%, 24.0%)	25.7%	(23.1%, 28.5%)
55 to 64 years	17.4%	(16.7%, 18.1%)	18.5%	(16.2%, 21.1%)
65+ years	5.7%	(5.3%, 6.1%)	7.1%	(5.6%, 8.9%)
Gender				
Female	88.2%	(87.6%, 88.8%)	93.6%	(91.9%, 95.0%)
Male	10.3%	(9.7%, 10.9%)	5.2%	(4.0%, 6.8%)
Gender non-binary/ Genderqueer /Transgender [a]	0.4%	(0.3%, 0.5%)	0.0%	(0.0%, 0.2%)
Prefer not to respond	1.0%	(0.8%, 1.2%)	1.2%	(0.7%, 2.1%)

Demographics	RN = 11,081		LPN = 972	
	Estimate	95% CI	Estimate	95% CI
Race [b]				
White	89.9%	(89.3%, 90.4%)	68.1%	(65.1%, 71.0%)
Black	5.8%	(5.4%, 6.3%)	27.6%	(24.9%, 30.5%)
Other [c]	7.1%	(6.6%, 7.6%)	9.9%	(8.2%, 11.9%)
Hispanic or Latinx [b]				
Yes	2.8%	(2.5%, 3.1%)	4.6%	(3.5%, 6.1%)
Middle Eastern [b]				
Yes	1.8%	(1.6%, 2.1%)	1.4%	(0.8%, 2.4%)
Residence [d]				
Upper Peninsula	3.5%	(3.2%, 3.9%)	7.1%	(5.6%, 8.9%)
Northwest LP	3.6%	(3.3%, 4.0%)	1.9%	(1.2%, 3.0%)
Northeast LP	1.8%	(1.6%, 2.1%)	1.9%	(1.2%, 3.0%)
West/West Central	15.8%	(15.1%, 16.5%)	16.0%	(13.8%, 18.4%)
East Central	5.3%	(4.9%, 5.7%)	7.2%	(5.7%, 9.0%)
East	8.2%	(7.7%, 8.7%)	8.4%	(6.8%, 10.3%)
South Central	4.6%	(4.2%, 5.0%)	2.4%	(1.6%, 3.6%)
Southwest	6.5%	(6.1%, 7.0%)	7.0%	(5.6%, 8.8%)
Southeast [e]	9.7%	(9.2%, 10.3%)	9.7%	(8.0%, 11.7%)
Detroit Metro [f]	30.4%	(29.6%, 31.3%)	33.6%	(30.7%, 36.6%)
Michigan Residence [g]	0.6%	(0.5%, 0.8%)	0.5%	(0.2%, 1.2%)
Non-Michigan Residence	10.2%	(9.7%, 10.8%)	4.3%	(3.2%, 5.8%)

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
[c] Includes individuals who indicated they were American Indian, Asian/PI, or "Other" race.
[d] Map of regions can be found in Appendix D.
[e] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.
[f] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.
[g] 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.

Hours Worked and Years Spent Working as a Nurse

Table 22 shows the average hours worked per week between RNs and LPNs. For both RNs and LPNs, nurses work between 40 and 49 hours per week (40.1% and 43.1%). RNs were statistically more likely to work 30-39 hours per week compared to LPNs (36.5% vs. 30.3%), while LPNs were statistically more likely to work 50 or more hours per week compared to RNs (10.0% vs. 7.7%).

Table 22. Average Hours per Week Working as a Nurse (RNs & LPNs)

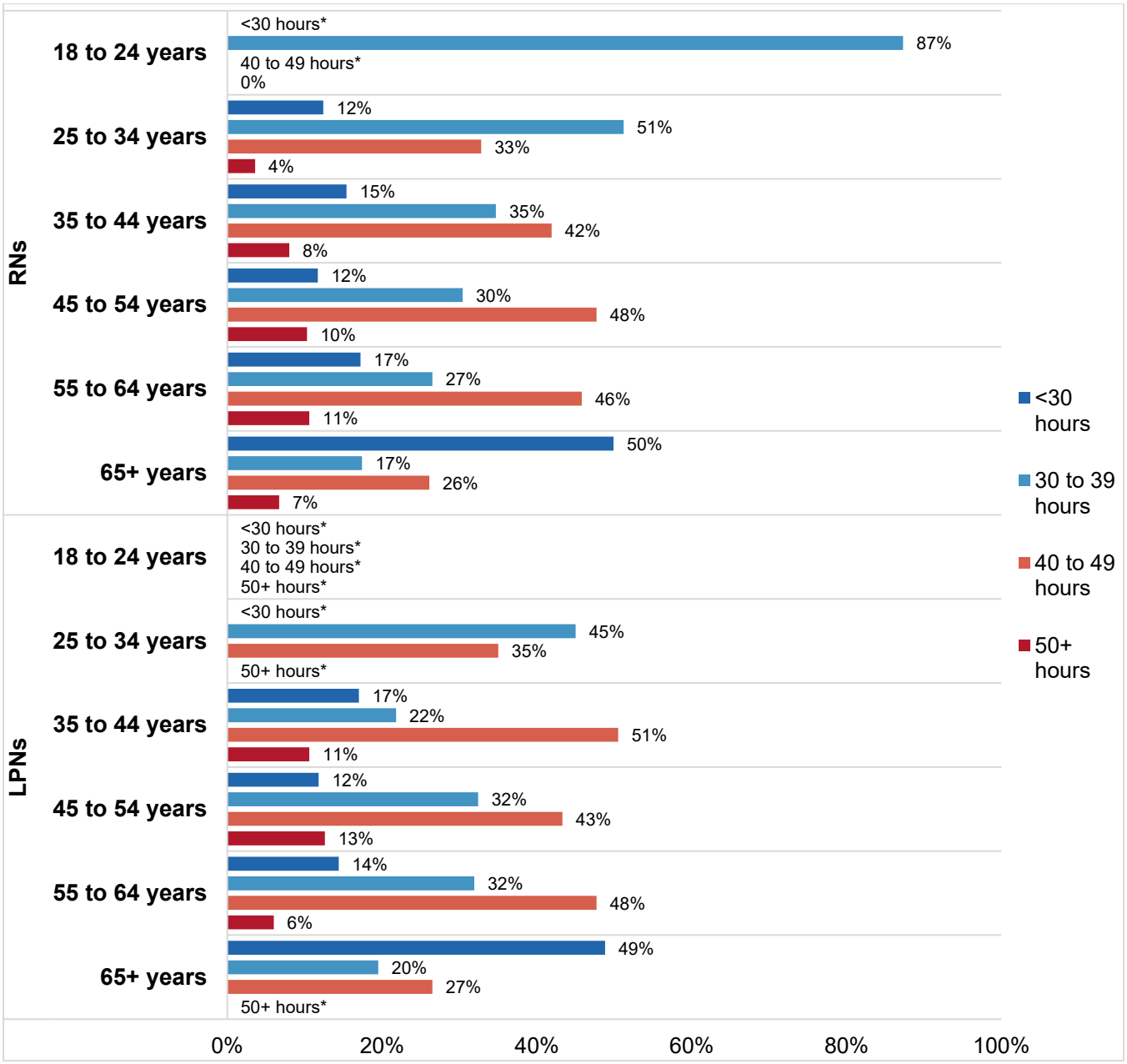
Years	RN = 11,141		LPN = 975	
	Estimate	95% CI	Estimate	95% CI
<30 hours	15.8%	(15.1%, 16.5%)	16.6%	(14.4%, 19.1%)
30-39 hours	36.5%	(35.6%, 37.4%)	30.3%	(27.5%, 33.3%)
40-49 hours	40.1%	(39.2%, 41.0%)	43.1%	(40.0%, 46.2%)
50+ hours	7.7%	(7.2%, 8.2%)	10.0%	(8.3%, 12.0%)

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 11). RNs and LPNs between 35 to 64 years

old were most likely to work between 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 (49.9% and 48.8%). The majority of RNs 18 to 34 years old work 30 to 39 hours per week (51.2% to 87.3%). Of note, in some health care organizations, particularly inpatient hospital settings, 36 hours per week is considered full-time, as opposed to 40 hours per week.

LPNs aged 35 to 44 years were statistically less likely to work 30 to 39 hours a week compared to RNs in the same age group (21.8% vs. 34.7%). LPNs aged 55 to 64 years old were statistically less likely compared to RNs to work 50 or more hours a week (6.0% vs. 10.6%).

Figure 11. Hours Worked per Week by Age



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

Most commonly, RNs and LPNs had been working as a nurse for 20 or more years (34.6% and 30.5%; Table 23). About one third of RNs and LPNs had been working as a nurse for 10 to less than 20 years (30.7% and 28.1%). Additionally, 9.9% of RNs had been working for less than three years compared to 17.0% of LPNs, which was statistically significant.

Table 23. Number of Years Working as a Nurse (RNs & LPNs)

Years	RN = 10,267		LPN = 864	
	Estimate	95% CI	Estimate	95% CI
Less than three years	9.9%	(9.3%, 10.5%)	17.0%	(14.6%, 19.6%)
Three to less than six years	11.2%	(10.6%, 11.8%)	13.5%	(11.4%, 15.9%)
Six to less than 10 years	13.6%	(13.0%, 14.3%)	11.0%	(9.1%, 13.3%)
10 to less than 20 years	30.7%	(29.8%, 31.6%)	28.1%	(25.2%, 31.2%)
20 or more years	34.6%	(33.7%, 35.5%)	30.5%	(27.5%, 33.7%)

The number of years nationally certified APNs had been working was also measured as a subset of RNs (Table 24). In 2025, 40.4% of APNs had been working as a nurse for 20 or more years and 43.3% had been working for 10 to less than 20 years. This suggests that new nurses are not pursuing APN certification at the same rate they previously were and may not be pursuing this certification until 10 or more years of working in the nursing workforce.

Table 24. Number of Years Working as a Nurse (APNs only)

Years	APN = 1,239	
	Estimate	95% CI
Less than three years	*	*
Three to less than six years	4.6%	(3.6%, 5.9%)
Six to less than 10 years	11.1%	(9.5%, 13.0%)
10 to less than 20 years	43.3%	(40.6%, 46.1%)
20 or more years	40.4%	(37.7%, 43.2%)

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

Nurses actively working in the nursing field were asked to indicate how many different nursing positions they held (Table 25). At the time of the survey, most RNs and LPNs only had one nursing position (84.6% and 81.8%).

Table 25. Number of Currently Employed Nursing Positions

Number of Positions	RN = 11,134		LPN = 974	
	Estimate	95% CI	Estimate	95% CI
One Position	84.6%	(83.9%, 85.3%)	81.8%	(79.3%, 84.1%)
Two Positions	12.6%	(12.0%, 13.2%)	14.8%	(12.7%, 17.2%)
Three or More Positions	2.7%	(2.4%, 3.0%)	3.4%	(2.4%, 4.7%)

Nurses were asked which, if any, supports their employers provide such as tuition reimbursement, professional development, and residency programs (Table 26). Most RNs (62.5%) indicated they received tuition reimbursement, with the next most common employer support being access to counseling/mental health services/Employee Assistance Programs (52.4%). Conversely, over a third of

the LPNs did not have any of the listed employer supports (37.0%), which was significantly greater compared to RNs (13.9%).

RNs were statistically more likely to have the following supports compared to LPNs: 62.5% had tuition reimbursement compared to 47.3% of LPNs, 13.4% had paid time off for continuing education courses compared to only 3.9% of LPNs, 33.3% had reimbursement for continuing education compared to 16.0% of LPNs, 24.9% had reimbursement for costs associated with obtaining an advanced certification compared to only 5.8% of LPNs, 11.2% had student loan repayment benefits compared to 6.3% of LPNs, 24.3% had nurse residency or transition to practice programs compared to only 3.2% of LPNs, and 15.1% had mentorships compared to only 4.6% of LPNs.

In 2024, response options to employer supports relating to staff health and wellbeing were added (Table 26). RNs were statistically more likely to have the following supports compared to LPNs: 12.8% had health and wellness stipends compared to only 5.8% of LPNs, 20.8% had meditation/wellness app access compared to 8.4% of LPNs, 52.4% had access to counseling or other mental health services compared to 28.0% of LPNs, and 16.1% had self-care services made available to them compared to 7.7% of LPNs.

Table 26. Employer Supports[a]

Supports	RN = 10,267		LPN = 858	
	Estimate	95% CI	Estimate	95% CI
None of the below	13.9%	(13.2%, 14.6%)	37.0%	(33.8%, 40.3%)
Any Supports:				
Tuition reimbursement	62.5%	(61.6%, 63.4%)	47.3%	(44.0%, 50.6%)
Paid time off for advancing nursing education	5.5%	(5.1%, 6.0%)	3.9%	(2.8%, 5.4%)
Paid time off for continuing education courses	13.4%	(12.8%, 14.1%)	3.9%	(2.8%, 5.4%)
Reimbursement for continuing education	33.3%	(32.4%, 34.2%)	16.0%	(13.7%, 18.6%)
Reimbursement for costs associated with obtaining advanced certification	24.9%	(24.1%, 25.7%)	5.8%	(4.4%, 7.6%)
Student loan repayment benefits	11.2%	(10.6%, 11.8%)	6.3%	(4.9%, 8.1%)
Nurse residency/Transitions to practice programs	24.3%	(23.5%, 25.1%)	3.2%	(2.2%, 4.6%)
Mentorship	15.1%	(14.4%, 15.8%)	4.6%	(3.4%, 6.2%)
Personal/mental health days separate from sick leave	10.3%	(9.7%, 10.9%)	8.9%	(7.2%, 11.0%)
Health and wellness stipends	12.8%	(12.2%, 13.5%)	5.8%	(4.4%, 7.6%)
Meditation/wellness app access	20.8%	(20.0%, 21.6%)	8.4%	(6.7%, 10.4%)
Access to counseling/mental health services/EAP	52.4%	(51.4%, 53.4%)	28.0%	(25.1%, 31.1%)
Housing supports	1.5%	(1.3%, 1.8%)	*	*
Self-care services	16.1%	(15.4%, 16.8%)	7.7%	(6.1%, 9.7%)

[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.

Not Currently Working as a Nurse

When asked why nurses are not currently working, both RNs and LPNs indicated that retiring was the main reason (49.8% vs. 35.8%), which was statistically significant between the two groups (Table 27). Both RNs and LPNs also indicated that work was too stressful or they felt burned out (27.9% and 32.5%, respectively), however, this was not statistically different. LPNs were more likely to indicate that it was difficult for them to find a job (15.2% vs. 4.0%) compared to RNs. RNs were more likely to say that work culture was the reason for them to not be working as a nurse (19.2% vs. 12.8%).

Table 27. Reason for Not Currently Working as a Nurse[a]

Reason	RN = 4,042		LPN = 313	
	Estimate	95% CI	Estimate	95% CI
Retiring	49.8%	(48.3%, 51.3%)	35.8%	(30.7%, 41.3%)
Care for family or home	24.8%	(23.5%, 26.2%)	22.3%	(18.0%, 27.2%)
Enrolled in education program	2.3%	(1.9%, 2.8%)	*	*
Difficulty finding a nursing position	4.0%	(3.4%, 4.6%)	15.2%	(11.6%, 19.6%)
Too stressful/Burned out	27.9%	(26.5%, 29.3%)	32.5%	(27.6%, 37.9%)
Difficulties with EMR/new technology	2.2%	(1.8%, 2.7%)	*	*
Violence/safety issues	6.2%	(5.5%, 7.0%)	*	*
Relocating/Moving to another area	2.6%	(2.2%, 3.1%)	*	*
Temporary disability or long-term illness	4.4%	(3.8%, 5.1%)	6.0%	(3.9%, 9.2%)
Permanent disability leave	0.8%	(0.6%, 1.1%)	*	*
Wages	10.3%	(9.4%, 11.3%)	13.8%	(10.4%, 18.1%)
Work Culture	19.2%	(18.0%, 20.4%)	12.8%	(9.5%, 17.0%)
Workload	19.1%	(17.9%, 20.3%)	19.2%	(15.2%, 23.9%)
Undesired schedule	16.6%	(15.5%, 17.8%)	18.5%	(14.6%, 23.2%)
Benefits and Employer Supports	8.5%	(7.7%, 9.4%)	7.3%	(4.9%, 10.7%)
Other	9.2%	(8.3%, 10.1%)	9.8%	(7.0%, 13.6%)

[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.

To better understand retirement as a key reason for nurses' non-employment at the time of the survey, respondents were asked additional questions about their retirement status (Table 28). For both RNs and LPNs, nurses retired because they no longer wished to work (75.8% vs. 66.3%), and the difference between RNs and LPNs was statistically significant. LPNs were statistically more likely to be on hiatus/temporarily not working in nursing compared to RNs (12.4% vs. 6.9%).

Table 28. Retirement Status

Status	RN = 3,138		LPN = 199	
	Estimate	95% CI	Estimate	95% CI
No longer wish to work	75.8%	(74.3%, 77.3%)	66.3%	(59.5%, 72.5%)
Currently employed on a part-time basis in nursing	2.6%	(2.1%, 3.2%)	*	*
Currently employed on a full-time basis in nursing	*	*	0.0%	(0.0%, 1.9%)
Currently volunteering in nursing	4.1%	(3.5%, 4.9%)	*	*
Currently employed outside of nursing	2.6%	(2.1%, 3.2%)	*	*
Permanent disability leave	2.1%	(1.7%, 2.7%)	*	*
Hiatus/temporarily not working in nursing	6.9%	(6.1%, 7.8%)	12.4%	(8.5%, 17.7%)

Status	RN = 3,138		LPN = 199	
	Estimate	95% CI	Estimate	95% CI
Currently seeking part-time clinical work	1.7%	(1.3%, 2.2%)	*	*
Currently seeking full-time clinical work	*	*	0.0%	(0.0%, 1.9%)
Currently seeking part-time non-clinical work	2.5%	(2.0%, 3.1%)	*	*
Currently seeking full-time non-clinical work	*	*	0.0%	(0.0%, 0.9%)
Currently seeking work outside of the nursing field	1.6%	(1.2%, 2.1%)	*	*

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

Nurses were also asked if there were any reasons why they would consider returning to nursing (Table 29). For both RNs and LPNs, most nurses indicated that they are not looking to return to nursing (51.8% and 40.3% respectively), with RNs being more likely to not return to nursing. LPNs were more likely to say that they would return to nursing if work was more readily available compared to RNs (11.0% vs. 5.5%, respectively), if there was a lower nurse to patient ratio (31.7% vs. 23.4%, respectively), and if there was higher compensation (31.2% vs. 21.8%, respectively).

Table 29. Reason for Considering Returning to Nursing[a]

Reason	RN = 4,055		LPN = 319	
	Estimate	95% CI	Estimate	95% CI
Work more readily available	5.5%	(4.8%, 6.2%)	11.0%	(8.0%, 14.9%)
Shorter shifts were available	20.3%	(19.1%, 21.6%)	23.4%	(19.1%, 28.3%)
More part-time jobs were available	22.8%	(21.5%, 24.1%)	22.3%	(18.1%, 27.2%)
More full-time jobs were available	1.3%	(1.0%, 1.7%)	*	*
There was a safer work environment	12.0%	(11.0%, 13.0%)	11.9%	(8.8%, 15.9%)
There was a lower nurse/patient ratio	23.4%	(22.1%, 24.7%)	31.7%	(26.8%, 37.0%)
There was higher compensation	21.8%	(20.6%, 23.1%)	31.2%	(26.4%, 36.5%)
There were virtual options	22.9%	(21.6%, 24.2%)	19.0%	(15.1%, 23.7%)
There were more readily available skill refresher courses	8.6%	(7.8%, 9.5%)	9.3%	(6.6%, 13.0%)
There were external supports for family obligations	10.2%	(9.3%, 11.2%)	12.0%	(8.9%, 16.0%)
Not looking to return to nursing	51.8%	(50.3%, 53.3%)	40.3%	(35.1%, 45.8%)

[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.

Survey respondents were asked the reasons their primary place of employment is outside of Michigan. Due to a programming error, this question was only asked of those who work outside of the United States and did not include those who work in other states besides Michigan. This table was removed due to the collection error and limited data available.

EMPLOYMENT SETTING

Nurses were asked about their current practice setting, position or role, and specialty (Tables 30 to 32).

Practice Setting

RNs 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%; Table 30). RNs were statistically more likely compared to LPNs to work in acute care (51.7% vs. 14.3%), emergent and urgent care (11.7% vs. 3.4%), ambulatory care (23.3% vs. 16.0%), school of nursing (4.7% vs. 1.4%), and public health (4.1% vs. 2.0%). LPNs were statistically more likely compared to RNs to work in corrections (2.7% vs. 1.3%), long-term care (51.6% vs. 6.0%), mobile and home care (16.6% vs. 5.0%), community health (12.3% vs. 5.6%), and other community-based health care settings (15.6% vs. 3.7%).

Table 30. Practice Setting[a]

Setting	RN = 11,032		LPN = 962	
	Estimate	95% CI	Estimate	95% CI
Acute Care	51.7%	(50.8%, 52.6%)	14.3%	(12.2%, 16.7%)
Ambulatory Care	23.3%	(22.5%, 24.1%)	16.0%	(13.8%, 18.5%)
Community Health	5.6%	(5.2%, 6.0%)	12.3%	(10.4%, 14.5%)
Corrections	1.3%	(1.1%, 1.5%)	2.7%	(1.8%, 3.9%)
Emergent and Urgent Care	11.7%	(11.1%, 12.3%)	3.4%	(2.4%, 4.7%)
Long-term Care	6.0%	(5.6%, 6.5%)	51.6%	(48.4%, 54.7%)
Mobile and Home Care	5.0%	(4.6%, 5.4%)	16.6%	(14.4%, 19.1%)
Non-clinical	11.2%	(10.6%, 11.8%)	9.3%	(7.6%, 11.3%)
Public Health	4.1%	(3.7%, 4.5%)	2.0%	(1.3%, 3.1%)
School of Nursing	4.7%	(4.3%, 5.1%)	1.4%	(0.8%, 2.4%)
School Health	2.0%	(1.8%, 2.3%)	3.1%	(2.2%, 4.4%)
Other Community-based Health Care	3.7%	(3.4%, 4.1%)	15.6%	(13.4%, 18.0%)
Other Community-based Care	2.0%	(1.8%, 2.3%)	1.3%	(0.8%, 2.2%)

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

Position & Role

All respondents who were employed were asked about their current role and position and could select APN if appropriate (see Appendix A for the survey tool and definition of APN). Both RNs and LPNs were most likely to have a position as a staff nurse, however, this was significantly higher among LPNs (75.0% vs. 59.2%). RNs were statistically more likely to have a role in education, research, and consulting (9.3% vs. 3.3%), telehealth (4.6% vs. 2.7%), and other health services (14.5% vs. 11.3%) compared to LPNs. LPNs were statistically more likely to have a role in staff nursing (75.0% vs. 59.2%), school nursing (3.2% vs. 1.7%), and in managerial positions (13.7% vs. 9.0%) compared to RNs.

Table 31. Position & Role[a]

Position	RN = 10,636		LPN = 901	
	Estimate	95% CI	Estimate	95% CI
Staff Nurse	59.2%	(58.3%, 60.1%)	75.0%	(72.2%, 77.6%)
Faculty	4.5%	(4.1%, 4.9%)	*	*
Education, Research, and Consulting	9.3%	(8.8%, 9.9%)	3.3%	(2.3%, 4.6%)
School Nurse	1.7%	(1.5%, 2.0%)	3.2%	(2.3%, 4.5%)
Telehealth	4.6%	(4.2%, 5.0%)	2.7%	(1.8%, 3.9%)
Travel Nurse	2.7%	(2.4%, 3.0%)	3.7%	(2.7%, 5.1%)
Executives	4.8%	(4.4%, 5.2%)	3.7%	(2.7%, 5.1%)
Patient Educator	11.1%	(10.5%, 11.7%)	11.2%	(9.4%, 13.3%)
APN	11.4%	(10.8%, 12.0%)	*	*
Managerial	9.0%	(8.5%, 9.5%)	13.7%	(11.7%, 16.0%)
Military Health Services	0.6%	(0.5%, 0.8%)	1.4%	(0.8%, 2.4%)
Other Health Services	14.5%	(13.9%, 15.2%)	11.3%	(9.5%, 13.5%)
Other Health Non-related	0.4%	(0.3%, 0.5%)	*	*

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

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

Specialties

Currently employed nurses were also asked to identify the employment specialty that most closely corresponded to their nursing practice specialty (Table 32). The top specialty for RNs in 2025 was adult health (23.1%), followed by critical care (17.9%). For LPNs, the top specialty was geriatric care (44.1%), followed by adult care (37.3%). RNs were statistically more likely compared to LPNs to have a specialty in academia (4.0 % vs. 2.2%), care management (12.0% vs. 7.8%), critical care (17.9% vs. 4.9%), specialty care (15.3% vs. 4.5%), surgical services (11.0% vs. 1.9%), and women and infant health (9.5% vs. 2.9%). LPNs were statistically more likely compared to RNs to have a specialty in adult health (37.3% vs. 23.1%), child and family health (18.9% vs. 12.8%), geriatric care (44.1% vs. 10.2%), hospice (10.7 % vs. 5.3%), medical-surgical and wound care (26.1% vs. 17.3%), and rehabilitation (24.9% vs. 4.3%).

Table 32. Specialties[a]

Specialty	RN = 10,494		LPN = 887	
	Estimate	95% CI	Estimate	95% CI
Adult Health	23.1%	(22.3%, 23.9%)	37.3%	(34.3%, 40.4%)
Critical Care	17.9%	(17.2%, 18.6%)	4.9%	(3.7%, 6.5%)
Medical-Surgical and Wound Care	17.3%	(16.6%, 18.0%)	26.1%	(23.4%, 29.0%)
Community Care	5.1%	(4.7%, 5.5%)	4.4%	(3.3%, 5.9%)
Care Management	12.0%	(11.4%, 12.6%)	7.8%	(6.3%, 9.7%)
Behavioral Health	7.3%	(6.8%, 7.8%)	7.4%	(5.9%, 9.2%)
Anesthesia	3.5%	(3.2%, 3.9%)	*	*
Women and Infant Health	9.5%	(9.0%, 10.1%)	2.9%	(2.0%, 4.2%)
Child and Family Health	12.8%	(12.2%, 13.4%)	18.9%	(16.6%, 21.5%)
Specialty Care	15.3%	(14.6%, 16.0%)	4.5%	(3.4%, 6.0%)
Hospice	5.3%	(4.9%, 5.7%)	10.7%	(8.9%, 12.8%)
Academia	4.0%	(3.7%, 4.4%)	2.2%	(1.4%, 3.3%)
Surgical Services	11.0%	(10.4%, 11.6%)	1.9%	(1.2%, 3.0%)

Specialty	RN = 10,494		LPN = 887	
	Estimate	95% CI	Estimate	95% CI
Occupational Health and Transitions of Care	4.2%	(3.8%, 4.6%)	5.7%	(4.4%, 7.3%)
Dialysis Nurse	1.9%	(1.7%, 2.2%)	*	*
Rehabilitation	4.3%	(3.9%, 4.7%)	24.9%	(22.3%, 27.7%)
Phlebotomy, Testing, and Diagnostics	2.4%	(2.1%, 2.7%)	3.2%	(2.3%, 4.5%)
Geriatric Care	10.2%	(9.6%, 10.8%)	44.1%	(41.0%, 47.3%)
Other Non-clinical Specialties	1.8%	(1.6%, 2.1%)	1.4%	(0.8%, 2.4%)
Other	14.6%	(14.0%, 15.3%)	16.1%	(13.9%, 18.6%)

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

Change in Employment Setting

Nurses who made a change in their employment setting in the past three years were asked to indicate what type of change they made (Table 33). Nearly half of RNs and LPNs did make a change in their employment setting last year (42.3% and 45.5%, respectively; data not shown). Of those who did make a change in employment setting, moving from an inpatient setting to a community-based setting (RNs = 5.0%; LPNs = 5.1%) and direct patient care to non-direct care setting (RNs = 5.4%; LPNs = 4.6%) were most common.

LPNs were statistically more likely to move from an inpatient setting to an outpatient setting (2.4% vs. 1.8%) and staying in the same position but had a change in their location (14.4% vs. 11.5%) compared to RNs.

Table 33. Change in Employment Setting[a]

Change in Employment Setting	RN = 10,442		LPN = 875	
	Estimate	95% CI	Estimate	95% CI
Did not make a change	58.7%	(57.8%, 59.6%)	54.5%	(51.2%, 57.8%)
Among those who DID make a change:				
An inpatient setting to a community-based setting?	5.0%	(4.6%, 5.4%)	5.1%	(3.8%, 6.8%)
An inpatient setting to an outpatient setting?	1.8%	(1.6%, 2.1%)	2.4%	(1.6%, 3.6%)
A primary care setting (e.g., family practice, general medicine) to a specialty care setting?	2.2%	(1.9%, 2.5%)	1.9%	(1.2%, 3.0%)
A specialty care setting to a primary care setting?	1.1%	(0.9%, 1.3%)	*	*
A sub-acute care setting to an acute care setting?	1.2%	(1.0%, 1.4%)	1.5%	(0.9%, 2.5%)

Change in Employment Setting	RN = 10,442		LPN = 875	
	Estimate	95% CI	Estimate	95% CI
An acute care setting to a sub-acute care setting?	1.5%	(1.3%, 1.8%)	*	*
A direct patient care setting to a non-direct patient care setting?	5.4%	(5.0%, 5.9%)	4.6%	(3.4%, 6.2%)
A non-direct patient care setting to a direct patient care setting?	1.6%	(1.4%, 1.9%)	2.3%	(1.5%, 3.5%)
I changed locations but stayed in the same care setting.	11.5%	(10.9%, 12.1%)	14.4%	(12.2%, 16.9%)
Some other type of change in employment.	14.9%	(14.2%, 15.6%)	17.1%	(14.8%, 19.7%)

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

Reason for Change in Employment

Those who indicated that they changed employment settings were asked the reason for this change (Table 34). Most RNs and LPNs were seeking a less stressful position or setting (42.9% and 43.6%, respectively) or wanted a better schedule (41.5% and 38.3%, respectively). Other common reasons for RNs and LPNs to change their employment settings were work culture (33.5% and 28.7%, respectively), workload (31.0% and 33.2%, respectively), and wages (28.1% and 29.5%, respectively). RNs were statistically more likely compared to LPNs to change due to relocating to another area (12.7% vs. 7.6%).

Table 34. Reason for Change in Employment among RNs & LPNs[a]

Reason	RN = 3,764		LPN = 354	
	Estimate	95% CI	Estimate	95% CI
Preparing to retire	5.5%	(4.8%, 6.3%)	4.5%	(2.8%, 7.2%)
Care for home or family	13.3%	(12.3%, 14.4%)	9.9%	(7.2%, 13.5%)
Completed educational program	10.9%	(9.9%, 11.9%)	7.2%	(4.9%, 10.4%)
Changing to preferred nursing position	23.9%	(22.6%, 25.3%)	20.7%	(16.8%, 25.2%)
Seeking a less stressful position/setting	42.9%	(41.3%, 44.5%)	43.6%	(38.5%, 48.8%)
Difficulties with EMR/New technology	0.3%	(0.2%, 0.5%)	*	*
Violence/safety Issues	10.0%	(9.1%, 11.0%)	8.1%	(5.7%, 11.4%)
Relocating/moving to another area	12.7%	(11.7%, 13.8%)	7.6%	(5.3%, 10.8%)
Temporary disability or long-term illness	1.4%	(1.1%, 1.8%)	*	*

Reason	RN = 3,764		LPN = 354	
	Estimate	95% CI	Estimate	95% CI
Permanent disability leave	*	*	0.0%	(0.0%, 0.1%)
Wages	28.1%	(26.7%, 29.6%)	29.5%	(25.0%, 34.5%)
Work culture	33.5%	(32.0%, 35.0%)	28.7%	(24.2%, 33.6%)
Workload	31.0%	(29.5%, 32.5%)	33.2%	(28.5%, 38.3%)
Better schedule	41.5%	(39.9%, 43.1%)	38.3%	(33.4%, 43.5%)
Benefits and employer supports	15.4%	(14.3%, 16.6%)	16.8%	(13.3%, 21.0%)
Other	8.6%	(7.7%, 9.5%)	10.5%	(7.7%, 14.1%)

[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.

JOB SATISFACTION AND BURNOUT

Nurses were asked to mark the response that best described how frequently they experienced feelings related to their role at their job (Figures 12 to 13). Some examples of these feelings included: “feeling emotionally drained after work,” “feeling joy in role,” “feeling satisfied in my role as a nurse,” “feeling fatigued at the end of the workday”. RNs were most likely to say they feel good about their workday at least a few times a week (35.9%; Figure 13), they never feel at the end of their rope (meaning someone feels completely frustrated, overwhelmed, or out of options) (33.6%; Figure 12), they feel joy at least a few times a week (29.9%; Figure 13), they feel like they make a positive difference in their role every day (31.3%; Figure 13), and they feel satisfied in their role as a nurse every day (27.0%; Figure 13). However, RNs also indicated that they feel emotionally drained a few times a month (20.2%; Figure 12), that they feel used up at the end of their workday every day (22.2%; Figure 12), and that they feel fatigued when they have to face another day every day (18.1%; Figure 12).

LPNs were most likely to say they felt like they made a positive difference every day (43.3%; Figure 13), they feel joy in their role as a nurse every day (41.0%; Figure 13), that they are satisfied in their role as a nurse every day (39.8%; Figure 13), and they never feel at the end of their rope (41.4%; Figure 12). 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%; Figure 12) and at least a few days a week (21.6%; Figure 12), and that they feel fatigued when getting up to face another day every day (20.1%; Figure 12).

When comparing RNs and LPNs, significant differences in how they felt about job satisfaction and burnout were noted. LPNs were more likely to say that they never experienced feeling used up at the end of their day compared to RNs (11.0% vs. 6.2%; Figure 12) and that they never feel fatigued when they get up to face another day (12.2% vs. 8.8%; Figure 12). RNs were statistically more likely to say that they feel burned out from their role as a nurse a few times a year compared to LPNs (17.5% vs. 14.1%; Figure 12). LPNs were statistically more likely to never feel like they are at the end of their rope compared to RNs (41.4% vs. 33.6%; Figure 12), while RNs were more likely to feel at the end of their rope a few times a year (16.7% vs. 12.9%; Figure 12) and at least once a month (7.3% vs. 5.0%; Figure 12) compared to LPNs. While both RNs and LPNs indicated that they felt supported in their role as nurses every day (20.7% and 25.5%, respectively; Figure 13), LPNs were more likely to say that they never feel supported in their role compared to RNs (12.9% vs. 8.5%; Figure 13).

Figure 12. Job Burnout

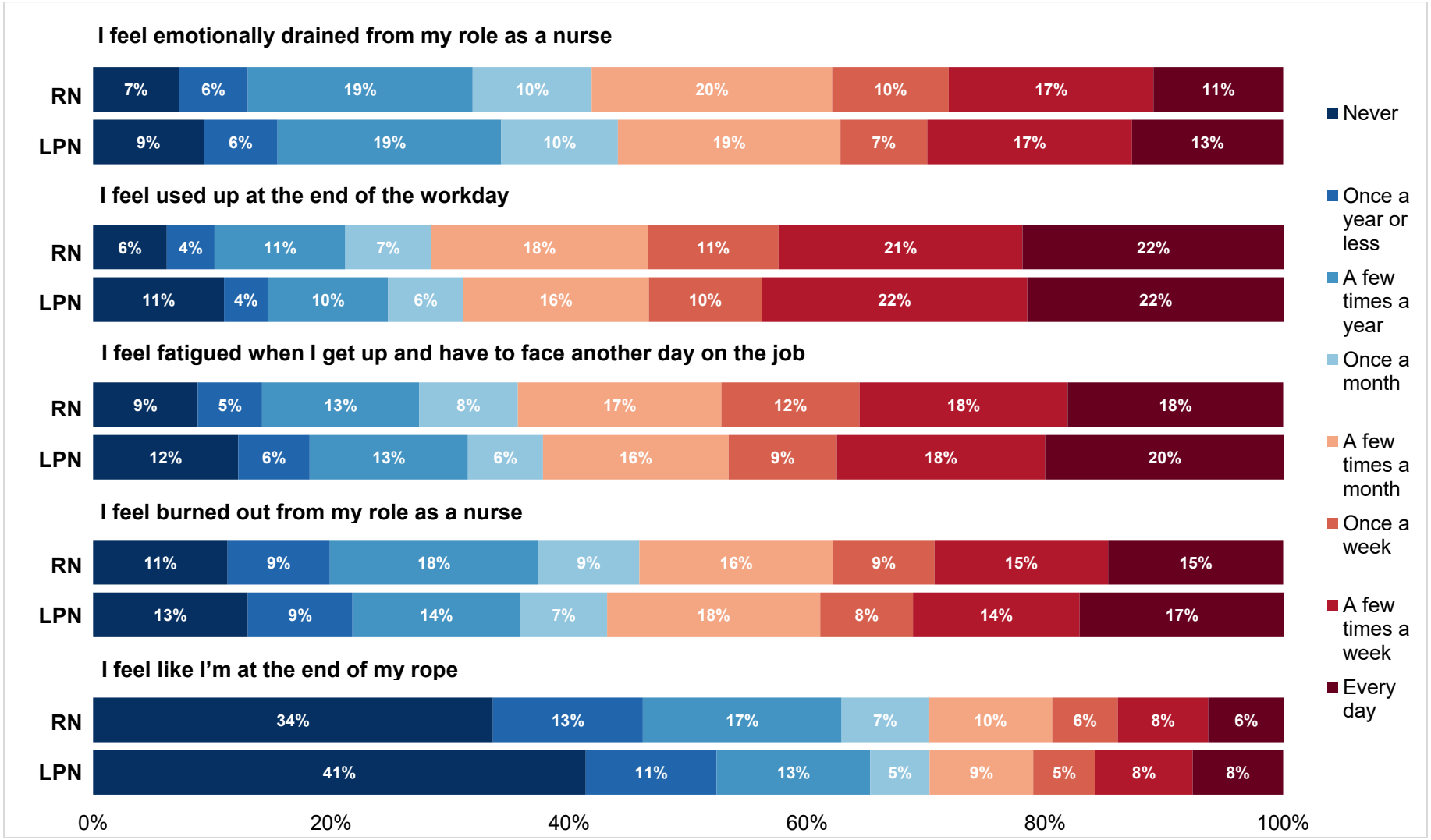
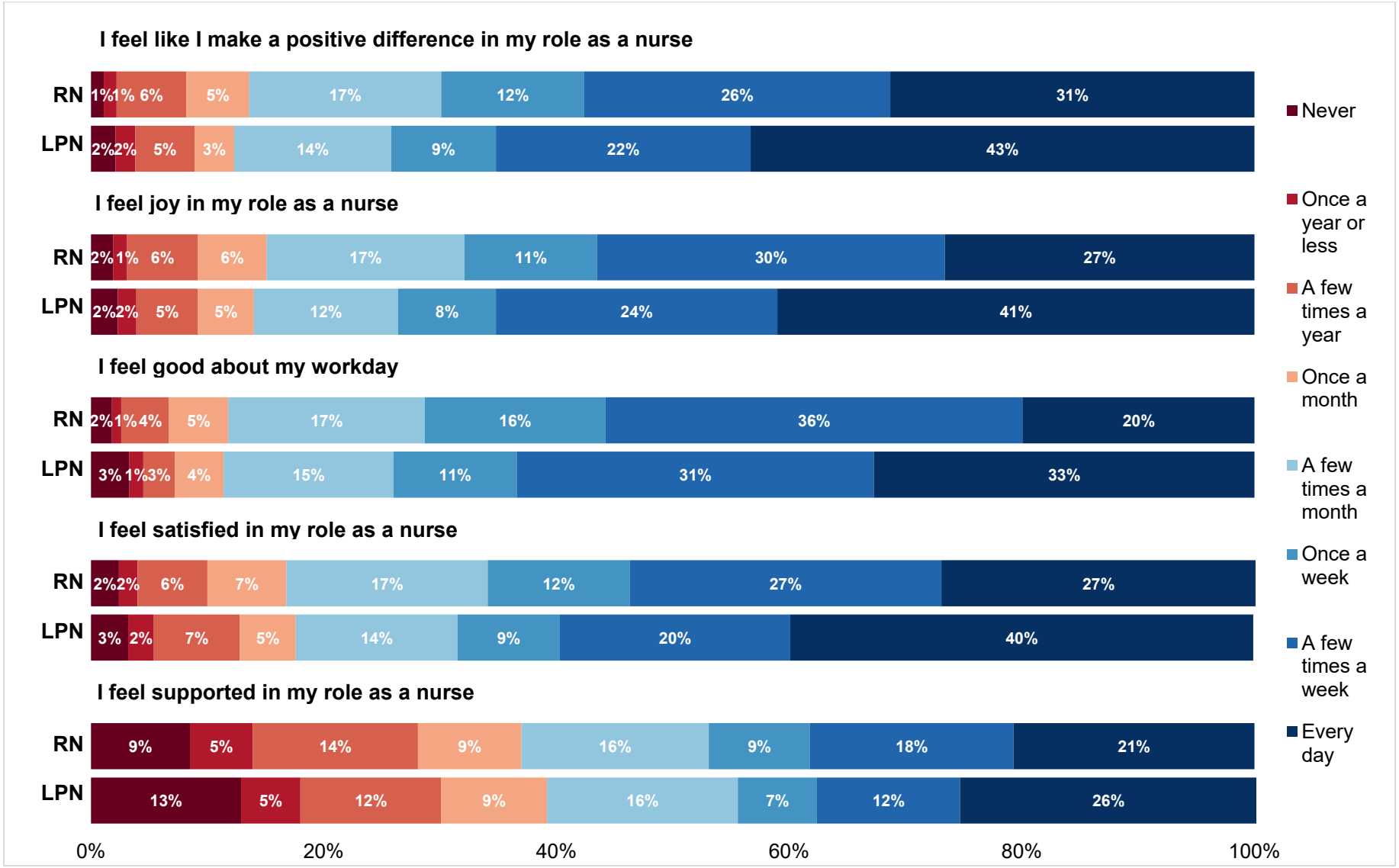


Figure 13. Job Satisfaction



RNs working in emergent and urgent care (47.5%), acute care (43.4%), and corrections (41.5%) had the highest percentage who indicated experiencing burnout at least once a week (Table 35). LPNs working in corrections (56.4%), emergent and urgent care (52.7%), and long-term care (45.8%) had the highest percentage of nurses who indicated experiencing burnout at least once a week. There were no significant differences in burnout between RNs and LPNs based on practice setting.

Table 35. Nurses Experiencing Burnout At Least Once a Week by Setting

Setting	RN = 13,316		LPN = 1,208	
	Estimate	95% CI	Estimate	95% CI
Acute Care	43.4%	(42.0%, 44.8%)	35.0%	(26.1%, 45.1%)
Ambulatory Care	35.1%	(33.2%, 37.0%)	35.1%	(28.1%, 42.8%)
Community Health	34.5%	(30.9%, 38.3%)	37.6%	(28.4%, 47.8%)
Corrections	41.5%	(33.3%, 50.2%)	56.4%	(36.3%, 74.6%)
Emergent and Urgent Care	47.5%	(44.5%, 50.5%)	52.7%	(33.8%, 70.9%)
Long-term Care	40.6%	(36.9%, 44.4%)	45.8%	(41.0%, 50.7%)
Mobile and Home Care	29.3%	(25.8%, 33.1%)	25.8%	(19.5%, 33.3%)
Non-clinical	27.2%	(24.9%, 29.6%)	30.4%	(21.9%, 40.5%)
Public Health	33.2%	(28.9%, 37.8%)	*	*
School of Nursing	30.5%	(26.8%, 34.5%)	*	*
School Health	25.1%	(19.5%, 31.6%)	*	*
Other Community-based Health Care	31.5%	(27.1%, 36.2%)	35.9%	(27.8%, 44.9%)
Other Community-based Care	28.1%	(22.6%, 34.3%)	*	*

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

RNs working in a position as a travel nurse (49.6%), staff nurses (42.2%), and in managerial positions (41.3%) had the highest percentage who indicated experiencing burnout at least once a week (Table 36). LPNs working as a travel nurse (46.4%), in a managerial position, (43.5%), and as a staff nurse (40.5%) had the highest percentage of nurses who indicated experiencing burnout at least once a week. There were no significant differences in feeling burned out at least once a week between RNs and LPNs based on position.

Table 36. Nurses Experiencing Burnout At Least Once a Week by Position

Position	RN = 13,824		LPN = 1,125	
	Estimate	95% CI	Estimate	95% CI
Staff Nurse	42.2%	(40.9%, 43.5%)	40.5%	(36.7%, 44.4%)
Faculty	30.8%	(27.0%, 34.9%)	*	*
Education, Research, and Consulting	31.3%	(28.6%, 34.1%)	*	*
School Nurse	24.6%	(18.8%, 31.4%)	*	*
Telehealth	35.4%	(31.3%, 39.7%)	*	*
Travel Nurse	49.6%	(43.5%, 55.7%)	46.4%	(30.2%, 63.4%)
Executives	35.8%	(31.9%, 39.9%)	34.4%	(20.8%, 51.2%)
Patient Educator	29.5%	(27.1%, 32.0%)	22.1%	(15.5%, 30.5%)
APN	35.7%	(32.9%, 38.6%)	*	*
Managerial	41.3%	(38.2%, 44.4%)	43.5%	(34.5%, 52.9%)
Military Health Services	40.5%	(29.0%, 53.1%)	*	*
Other Health Services	32.6%	(30.4%, 34.9%)	24.5%	(17.4%, 33.4%)
Other Health Non-related	22.3%	(13.4%, 34.8%)	*	*

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

RNs working in medical-surgical and wound care (47.6%), critical care (44.9%), and specialty care (44.4%) had the highest percentage of nurses who indicated experiencing burnout at least once a week (Table 37). LPNs working in academia (70.1%), critical care (51.0%), and behavioral health (49.8%) had the highest percentage of nurses who indicated experiencing burnout at least once a week. LPNs were statistically more likely to experience burnout at least once a week when working in academia (70.1% vs. 30.4%) compared to RNs.

Table 37. Nurses Experiencing Burnout At Least Once a Week by Specialty

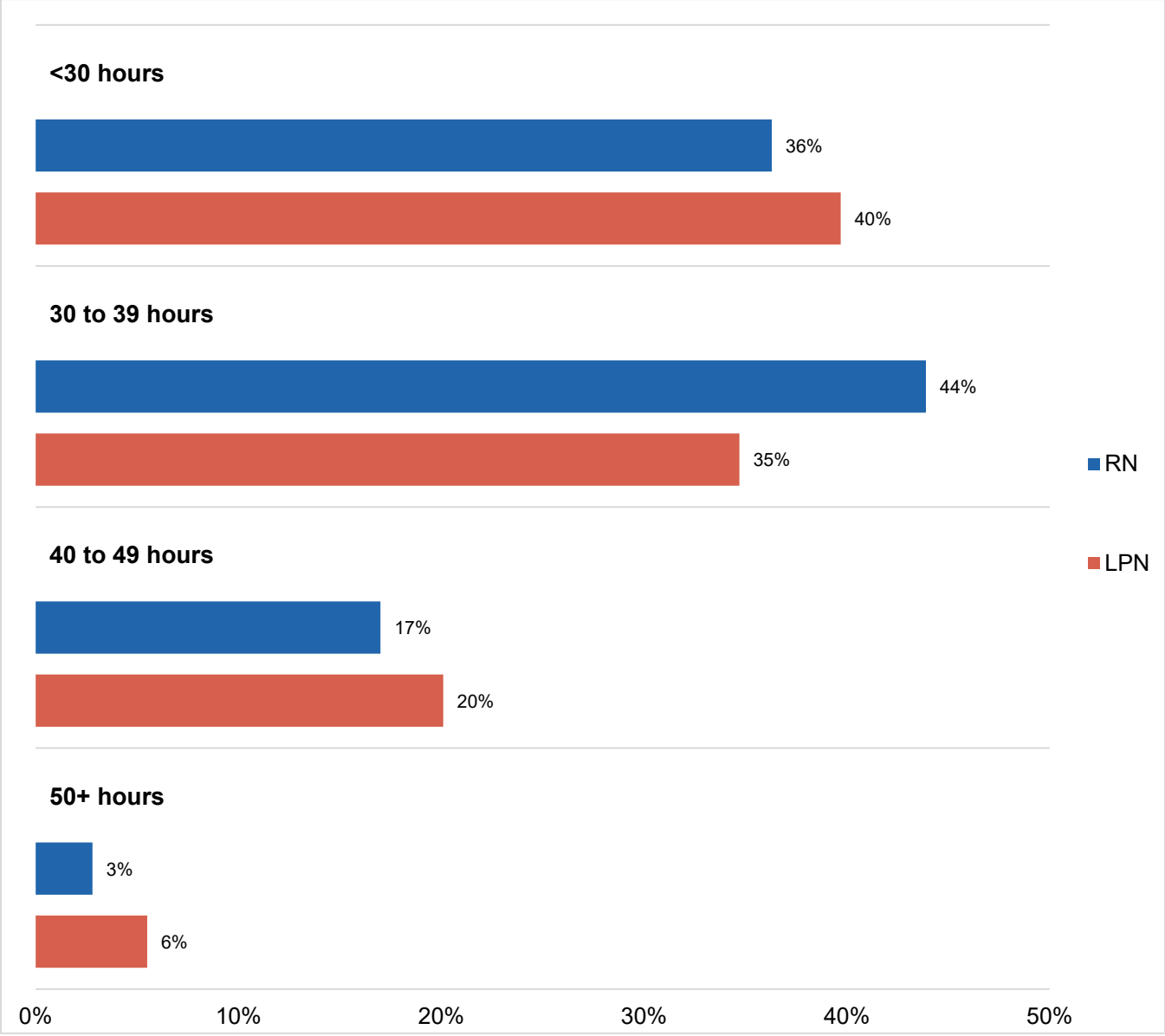
Specialty	RN = 18,483		LPN = 1,825	
	Estimate	95% CI	Estimate	95% CI
Adult Health	42.2%	(40.2%, 44.3%)	40.5%	(35.1%, 46.1%)
Critical Care	44.9%	(42.4%, 47.5%)	51.0%	(35.6%, 66.2%)
Medical-Surgical and Wound Care	47.6%	(45.2%, 50.0%)	42.7%	(36.0%, 49.7%)
Community Care	37.1%	(33.1%, 41.3%)	30.4%	(17.7%, 46.9%)
Care Management	34.5%	(32.0%, 37.1%)	34.8%	(24.1%, 47.2%)
Behavioral Health	42.5%	(39.0%, 46.0%)	49.8%	(37.6%, 62.0%)
Anesthesia	34.7%	(30.0%, 39.8%)	*	*
Women and Infant Health	37.4%	(34.3%, 40.6%)	45.4%	(28.7%, 63.3%)
Child and Family Health	38.1%	(35.4%, 40.9%)	33.6%	(27.0%, 40.9%)
Specialty Care	44.4%	(41.8%, 47.0%)	38.2%	(25.1%, 53.3%)
Hospice	41.2%	(37.2%, 45.3%)	48.8%	(38.6%, 59.1%)
Academia	30.4%	(26.4%, 34.7%)	70.1%	(44.9%, 87.1%)
Surgical Services	37.6%	(34.9%, 40.4%)	*	*
Occupational Health and Transitions of Care	39.2%	(34.9%, 43.7%)	41.1%	(27.7%, 55.9%)
Dialysis Nurse	34.3%	(28.2%, 41.0%)	*	*
Rehabilitation	41.6%	(37.2%, 46.1%)	44.8%	(37.5%, 52.3%)
Phlebotomy, Testing, and Diagnostics	39.8%	(34.0%, 45.9%)	*	*
Geriatric Care	42.1%	(39.2%, 45.1%)	45.4%	(40.3%, 50.6%)
Other Non-clinical Specialties	21.6%	(16.5%, 27.8%)	*	*
Other	34.5%	(32.3%, 36.8%)	38.7%	(31.4%, 46.6%)

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

Direct Care

Nurses who worked in positions that provide direct care (including staff nurses, school health nurses K-12, and APNs) and their hours worked per week are reported in Figure 14. RNs worked 30 to 39 hours per week (43.9%) in direct care positions most often, which was statistically greater compared to LPNs (34.7%), while LPNs worked less than 30 hours a per week (39.7%) in direct care positions most often, however, this difference was not statistically significant. LPNs working in direct care were statistically more likely to work 50 or more hours per week (5.5% vs. 2.8%) compared to RNs, while RNs were statistically more likely to work 30 to 39 hours a week (43.9% vs 34.7%) compared to LPNs.

Figure 14. Hours Worked per Week by Direct Care Nurses



Nurses who indicated that they worked in direct care were asked if their place of employment was currently accepting new patients, if they were currently accepting Medicaid patients, and what types of populations are served through their place of employment (Tables 38 to 40). Both RNs and LPNs working in direct care indicated that their place of employment was accepting new patients, however, this was statistically more likely among RNs (89.0% vs. 85.9%; Table 38).

Table 38. Direct Care Place of Employment Currently Accepting New Patients

Accepting New Patients	RN = 10,796			LPN = 943		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	9,488	89.0%	(88.4%, 89.6%)	807	85.9%	(83.5%, 88.0%)
No	586	4.2%	(3.8%, 4.6%)	54	5.3%	(4.0%, 6.9%)
Unknown	722	6.8%	(6.3%, 7.3%)	82	8.8%	(7.2%, 10.8%)

Both RNs and LPNs working in direct care indicated that their place of employment was currently accepting Medicaid patients, however, this was statistically different (78.2% and 67.5%, respectively; Table 39). LPNs were statistically more likely to be unsure if their place of employment was accepting Medicaid patients at the time of the survey (20.3% vs. 14.5%), or that they were not accepting more patients (12.2% vs. 7.3%).

Table 39. Direct Care Place of Employment Currently Accepting New Medicaid Patients

Accepting Medicaid Patients	RN = 10,797			LPN = 942		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	8,257	78.2%	(77.4%, 79.0%)	624	67.5%	(64.4%, 70.4%)
No	987	7.3%	(6.8%, 7.8%)	119	12.2%	(10.3%, 14.4%)
Unknown	1,553	14.5%	(13.8%, 15.2%)	199	20.3%	(17.9%, 23.0%)

RNs were statistically more likely to indicate that their place of employment served Medicaid patients (78.5% vs 67.3%), American Indian or Alaskan Native populations (60.5% vs. 37.1%), the homeless population (68.0% vs. 42.5%), migrant farmworkers (49.2% vs. 20.8%), and non-English speakers (74.2% vs. 46.8%) compared to LPNs. LPNs were statistically more likely compared to RNs to be unsure which populations their place of employment serves (28.1% vs. 17.7%).

Table 40. Direct Care Place of Employment Services to the Following Populations

Populations Served	RN = 10,512			LPN = 920		
	N	Estimate	95% CI	N	Estimate	95% CI
Medicaid patients	8,201	78.5%	(77.7%, 79.3%)	620	67.3%	(64.2%, 70.3%)
American Indian/Alaska Native	6,202	60.5%	(59.6%, 61.4%)	352	37.1%	(34.0%, 40.3%)
Homeless	6,968	68.0%	(67.1%, 68.9%)	388	42.5%	(39.3%, 45.7%)
Migrant Farmworker	4,907	49.2%	(48.2%, 50.2%)	195	20.8%	(18.3%, 23.5%)
Non-English speakers	7,650	74.2%	(73.4%, 75.0%)	433	46.8%	(43.6%, 50.0%)
Unsure	1,869	17.7%	(17.0%, 18.4%)	259	28.1%	(25.3%, 31.1%)

NURSING PRECEPTORSHIP

A new set of questions began being asked on the 2025 survey to obtain more information about nurse precepting (Tables 41 to 43). For both RNs and LPNs, nurses most often were not aware of any challenges to retaining preceptors (41.4% and 60.1% respectively; Table 41). However, this difference was considered statistically significant between RNs and LPNs. RNs and LPNs 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 (43.0% vs. 24.3%). RNs were also more likely to indicate that lack of time (28.3% vs. 16.0%) and lack of interest (26.2% vs. 17.1%) were additional barriers to retaining preceptors.

Table 41. Challenges for Retaining Preceptors

Challenges	RN = 10,471			LPN = 897		
	N	Estimate	95% CI	N	Estimate	95% CI
I am not aware of any challenges	4,704	41.4%	(40.5%, 42.3%)	557	60.1%	(56.9%, 63.3%)
Lack of financial incentive for precepting students	3,982	43.0%	(42.1%, 44.0%)	194	24.3%	(21.6%, 27.2%)
Lack of time	2,661	28.3%	(27.4%, 29.2%)	120	16.0%	(13.7%, 18.5%)
Lack of Interest	2,377	26.2%	(25.4%, 27.1%)	134	17.1%	(14.8%, 19.7%)
Other	579	4.7%	(4.3%, 5.1%)	44	4.0%	(2.9%, 5.5%)

Nurses were also asked about what challenges they face for obtaining clinical access for students (Table 42). For both RNs and LPNs, the majority of nurses indicated that they were not aware of any challenges (67.0% vs. 77.9%, respectively), which was statistically significant. RNs were more likely to indicate that there are a greater number of students than clinical settings in their geographic area (16.4% vs. 5.0%).

Table 42. Challenges for Obtaining Clinical Access for Students

Challenges	RN = 10,362			LPN = 884		
	N	Estimate	95% CI	N	Estimate	95% CI
I am not aware of any challenges	6,984	67.0%	(66.1%, 67.9%)	687	77.9%	(75.0%, 80.5%)
Greater number of students than clinical setting in my geographic area	1,622	16.4%	(15.7%, 17.1%)	41	5.0%	(3.7%, 6.6%)
Clinical settings are not willing to have nursing students	1,483	16.1%	(15.4%, 16.8%)	110	13.8%	(11.7%, 16.2%)
My organization only accepts preceptor placement if I paid	133	1.4%	(1.2%, 1.6%)	20	2.3%	(1.5%, 3.5%)
Other	674	5.4%	(5.0%, 5.9%)	47	4.0%	(2.9%, 5.5%)

In Table 43, nurses were asked if they were aware of continuing education credits being offered for precepting. Both RNs and LPNs indicated that they did not know that continuing education credits were offered for precepting (74.5% and 79.3%, respectively), which was significantly different between RNs and LPNs.

Table 43. Awareness of Continuing Education Credits for Precepting

Awareness	RN = 10,584			LPN = 902		
	N	Estimate	95% CI	N	Estimate	95% CI
Yes	2,633	25.5%	(24.7%, 26.3%)	180	20.7%	(18.2%, 23.5%)
No	7,951	74.5%	(73.7%, 75.3%)	722	79.3%	(76.5%, 81.8%)

PLANS TO CONTINUE NURSING

Nurses were asked about their plans to continue nursing (Tables 44 to 47). Differences in plans to continue working by current practice setting, position/role, and specialty were also analyzed (Tables 46 to 48). 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 44). In 2025, about half of RNs (53.4%) and LPNs (46.8%) estimated that they will continue working as a nurse for more than 10 years. RNs were statistically more likely to indicate that they will continue working as a nurse for more than 10 years compared to LPNs (53.4% vs. 46.8%), while LPNs were statistically more likely to indicate that they did not know how much longer they planned to continue working as a nurse (16.9% vs. 10.0%).

Table 44. Plans to Continue Working as a Nurse

Years	RN = 10,228		LPN = 856	
	Estimate	95% CI	Estimate	95% CI
Less than Two years	7.5%	(7.0%, 8.0%)	5.3%	(4.0%, 7.0%)
Two to Five years	13.8%	(13.1%, 14.5%)	14.7%	(12.5%, 17.2%)
Six to 10 years	15.3%	(14.6%, 16.0%)	16.3%	(14.0%, 18.9%)
More than 10 years	53.4%	(52.4%, 54.4%)	46.8%	(43.5%, 50.1%)
Do not know	10.0%	(9.4%, 10.6%)	16.9%	(14.5%, 19.6%)

To further explore the supply of nurses in the future, nurses who planned to work five years or less were compared by setting (Table 45). In 2025, the highest percentage of RNs and LPNs planning on leaving the workforce in the next five years were in non-clinical settings (27.1% and 34.3%, respectively) and mobile and home care settings (27.1% and 28.7%, respectively). There were no statistically significant differences in plans to work for five years or less between RNs and LPNs based on setting.

Table 45. Plans to Work Five Years or Less by Setting[a]

Setting	RN = 12,198			LPN = 1,022		
	N	Estimate	95% CI	N	Estimate	95% CI
Acute Care	4,203	21.0%	(19.8%, 22.3%)	82	13.6%	(7.8%, 22.7%)
Ambulatory Care	2,302	22.8%	(21.1%, 24.6%)	141	25.3%	(18.8%, 33.1%)
Community Health	578	21.7%	(18.5%, 25.2%)	78	14.3%	(8.2%, 23.7%)
Corrections	119	21.0%	(14.6%, 29.2%)	*	*	*
Emergent and Urgent Care	927	18.5%	(16.1%, 21.1%)	*	*	*
Long-term Care	605	25.3%	(22.0%, 28.9%)	327	20.9%	(16.8%, 25.6%)
Mobile and Home Care	544	27.1%	(23.5%, 31.0%)	124	28.7%	(21.5%, 37.2%)
Non-clinical	1,258	27.1%	(24.7%, 29.6%)	74	34.3%	(24.5%, 45.6%)
Public Health	399	23.8%	(19.9%, 28.2%)	*	*	*
School of Nursing	516	22.1%	(18.7%, 25.9%)	*	*	*
School Health	178	20.2%	(15.0%, 26.7%)	*	*	*
Other Community-based Health Care	368	22.8%	(18.8%, 27.4%)	104	16.5%	(10.6%, 24.8%)
Other Community-based Care	201	23.0%	(17.7%, 29.3%)	*	*	*

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

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

Nurses who planned to work for five years or less were also explored to determine if there were differences based on current position (Table 46). In 2025, for both RNs and LPNs, the highest percentage of nurses planning on leaving the workforce in the next five years was in travel nursing (32.9% and 32.1%, respectively). The second highest percentage among RNs was in other health non-related positions (28.4%), while the second highest for LPNs was among telehealth (32.0%). There were no significant differences between RNs and LPNs planning on leaving the nursing workforce within the next five years based on position.

Table 46. Plans to Work Five Years or Less by Position[a]

Position	RN = 12,710			LPN = 959		
	N	Estimate	95% CI	N	Estimate	95% CI
Staff Nurse	4,973	23.1%	(21.9%, 24.3%)	523	23.2%	(19.8%, 27.0%)
Faculty	496	20.8%	(17.5%, 24.6%)	*	*	*
Education, Research, and Consulting	1,029	23.5%	(21.0%, 26.2%)	*	*	*
School Nurse	162	22.7%	(16.9%, 29.7%)	*	*	*
Telehealth	464	20.5%	(17.1%, 24.4%)	25	32.0%	(17.2%, 51.6%)
Travel Nurse	227	32.9%	(27.1%, 39.3%)	29	32.1%	(18.1%, 50.3%)
Executives	544	22.3%	(19.0%, 26.0%)	*	*	*
Patient Educator	1,213	26.2%	(23.8%, 28.7%)	96	25.3%	(17.7%, 34.8%)
APN	1,042	15.3%	(13.2%, 17.6%)	*	*	*
Managerial	906	20.7%	(18.2%, 23.5%)	94	18.9%	(12.3%, 28.0%)
Military Health Services	57	18.5%	(10.5%, 30.4%)	*	*	*
Other Health Services	1,549	25.6%	(23.5%, 27.8%)	95	28.8%	(20.7%, 38.6%)
Other Health Non-related	48	28.4%	(17.6%, 42.4%)	*	*	*

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

Nurses who planned to work for five years or less were also explored to determine if there were differences among current specialties (Table 47). Among RNs in 2025, the highest percentage of nurses planning on leaving the workforce in the next five years were in other specialties (28.5%), followed by other non-clinical specialties (24.7%). For LPNs, the highest percentage of nurses planning on leaving the workforce in the next five years was among those working in specialty care (40.0%) followed by other specialties (31.7%). LPNs were statistically more likely to indicate planning on leaving the workforce in the next five years in specialty care settings (40.0% vs. 20.8%).

Table 47. Plans to Work Five Years or Less by Specialty[a]

Specialty	RN = 16,842			LPN = 1,531		
	N	Estimate	95% CI	N	Estimate	95% CI
Adult Health	2,033	20.3%	(18.6%, 22.1%)	249	21.6%	(16.9%, 27.1%)
Critical Care	1,306	20.5%	(18.4%, 22.8%)	*	*	*
Medical-Surgical and Wound Care	1,436	18.6%	(16.7%, 20.7%)	171	20.7%	(15.3%, 27.4%)
Community Care	497	23.1%	(19.6%, 27.0%)	*	*	*
Care Management	1,260	24.2%	(21.9%, 26.6%)	53	18.4%	(10.2%, 30.8%)

Specialty	RN = 16,842			LPN = 1,531		
	N	Estimate	95% CI	N	Estimate	95% CI
Behavioral Health	698	21.3%	(18.4%, 24.5%)	52	15.9%	(8.4%, 28.1%)
Anesthesia	337	23.9%	(19.7%, 28.7%)	*	*	*
Women and Infant Health	833	20.7%	(18.1%, 23.6%)	*	*	*
Child and Family Health	1,089	19.5%	(17.3%, 22.0%)	151	23.9%	(17.8%, 31.3%)
Specialty Care	1,284	20.8%	(18.7%, 23.1%)	33	40.0%	(25.2%, 56.9%)
Hospice	519	21.0%	(17.7%, 24.7%)	67	17.2%	(10.0%, 27.9%)
Academia	444	22.7%	(19.0%, 26.8%)	*	*	*
Surgical Services	1,099	24.5%	(22.0%, 27.1%)	*	*	*
Occupational Health and Transitions of Care	426	23.0%	(19.3%, 27.2%)	37	21.9%	(11.6%, 37.5%)
Dialysis Nurse	189	23.9%	(18.4%, 30.5%)	*	*	*
Rehabilitation	420	20.9%	(17.3%, 25.0%)	135	17.9%	(12.3%, 25.2%)
Phlebotomy, Testing, and Diagnostics	234	22.6%	(17.7%, 28.4%)	28	24.1%	(12.0%, 42.4%)
Geriatric Care	1,001	21.3%	(18.9%, 23.9%)	295	23.3%	(18.8%, 28.4%)
Other Non-clinical Specialties	186	24.7%	(19.1%, 31.4%)	*	*	*
Other Specialties	1,551	28.5%	(26.3%, 30.8%)	132	31.7%	(24.4%, 40.1%)

[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.

Reason for Leaving Nursing

Among those who indicated that they planned to stop working in five years or less, they were also asked their reason for leaving nursing (Table 48). In 2025, the main reason for leaving the workforce for both RNs and LPNs was due to retirement (70.2% and 63.7%, 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 (30.9% and 31.8%, respectively). Another reason was workload for RNs and LPNs (24.8% and 25.9%, respectively). There were no significant differences in the reasons for leaving nurses among RNs and LPNs who plan on leaving the nursing workforce within the next five years.

Table 48. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years[a]

Reason	RN = 3,485		LPN = 243	
	Estimate	95% CI	Estimate	95% CI
Retiring	70.2%	(68.7%, 71.7%)	63.7%	(57.5%, 69.5%)
Care for home or family	9.1%	(8.2%, 10.1%)	5.7%	(3.4%, 9.4%)
Enrolled in education program	4.0%	(3.4%, 4.7%)	*	*
Difficulty finding a nursing position	0.8%	(0.6%, 1.2%)	*	*
Too stressful/ Burned out	30.9%	(29.4%, 32.5%)	31.8%	(26.3%, 37.9%)
Difficulties with EMR/new technology	1.7%	(1.3%, 2.2%)	*	*
Violence/safety issues	11.9%	(10.9%, 13.0%)	8.1%	(5.3%, 12.2%)

Reason	RN = 3,485		LPN = 243	
	Estimate	95% CI	Estimate	95% CI
Relocating/Moving to another area	2.5%	(2.0%, 3.1%)	*	*
Temporary disability or long-term illness	0.9%	(0.6%, 1.3%)	*	*
Permanent disability leave	0.5%	(0.3%, 0.8%)	*	*
Wages	16.2%	(15.0%, 17.5%)	11.1%	(7.7%, 15.7%)
Work culture	19.3%	(18.0%, 20.6%)	12.0%	(8.5%, 16.7%)
Workload	24.8%	(23.4%, 26.3%)	25.9%	(20.8%, 31.8%)
Undesirable schedule	12.0%	(11.0%, 13.1%)	11.9%	(8.4%, 16.6%)
Benefits and employer supports	12.1%	(11.1%, 13.2%)	8.7%	(5.8%, 12.9%)
Other (please specify)	1.7%	(1.3%, 2.2%)	*	*

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

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

Further exploration of the reason for leaving nursing for those leaving in less than five years was done to determine if there were differences in reasons by region of residence (Table 49). It should be noted that the categories for reasons why nurses plan on leaving within the next five years were removed for better readability if more than half of the prosperity regions were suppressed. These categories included: enrolled in an education program, difficulty finding a nursing position, difficulties with EMR or new technology, relocating or moving to a new area, temporary disability or long-term illness, permanent disability, or some other reason.

Across all regions, retirement was the main reason why nurses indicated leaving the workforce within the next five years (65.2% to 79.1%). Southwest Michigan had a significantly higher percentage of nurses leaving the workforce due to retirement (79.1%) followed by West/West Central (73.6%), and Southeast (73.5%) Michigan. There were some statistically significant differences.

Nurses in the West/West Central (5.1%) and Southeast (5.1%) regions in Michigan were less likely to indicate workplace violence or concerns about their safety at the workplace was the reason for leaving nursing compared to the Northeast Lower Peninsula (18.0%), the East Central region (21.5%) and the Detroit Metro Area (13.3%) of Michigan. Nurses in the Northeastern Lower Peninsula were statistically more likely to indicate workload (33.6%) as the reason they were leaving the nursing workforce compared to the West/West Central region (19.7%), the Southeast region (19.2%), and the Southwest region (18.0%) of Michigan

For the Northwest Lower Peninsula region, nurses were statistically more likely to indicate the following reasons for leaving the nursing workforce: wages (25.0%) compared to the Eastern region (12.6%), the South Central region (12.6%), the Southeast region (10.4%), and the Southwest region (6.8%) of Michigan; work culture (28.4%) compared to the Southeast region (16.1%), the Upper Peninsula (13.9%), and the West/West Central region (13.9%) of Michigan; and benefits and employer supports (21.8%) compared to the Eastern region (10.4%), Southwest region (10.1%), the West/West Central region (10.0%), and the Southeast region (9.6%) of Michigan.

Table 49. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Region of Residence[a-b]

Reason	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Retiring	108	149	86	465	176	203	123	231	323	901
	72.9%	68.2%	72.1%	73.6%	65.2%	73.3%	69.6%	79.1%	73.5%	65.7%
	(64.6%, 79.8%)	(60.9%, 74.7%)	(62.4%, 80.1%)	(69.7%, 77.2%)	(58.6%, 71.2%)	(67.4%, 78.5%)	(61.8%, 76.4%)	(73.8%, 83.6%)	(68.9%, 77.7%)	(62.8%, 68.5%)
Care for home or family	11	12	*	39	16	19	*	23	28	78
	10.3%	7.5%	*	8.9%	7.6%	10.0%	*	11.3%	8.2%	10.1%
	(6.1%, 16.8%)	(4.4%, 12.4%)	*	(6.8%, 11.6%)	(4.8%, 11.9%)	(6.8%, 14.4%)	*	(8.0%, 15.7%)	(5.8%, 11.4%)	(8.4%, 12.0%)
Too stressful/burned out	31	36	27	89	53	67	33	43	64	230
	36.4%	36.6%	43.1%	25.7%	36.3%	34.9%	34.8%	24.1%	21.9%	32.2%
	(28.6%, 45.0%)	(29.7%, 44.0%)	(33.6%, 53.1%)	(22.2%, 29.6%)	(30.2%, 42.9%)	(29.2%, 41.1%)	(27.6%, 42.8%)	(19.3%, 29.6%)	(18.0%, 26.3%)	(29.5%, 35.0%)
Violence/safety issues	*	*	10	19	25	21	18	20	15	78
	*	*	18.0%	5.1%	21.5%	11.4%	21.3%	10.1%	5.1%	13.3%
	*	*	(11.6%, 26.9%)	(3.5%, 7.3%)	(16.5%, 27.5%)	(8.0%, 16.0%)	(15.5%, 28.6%)	(7.0%, 14.4%)	(3.3%, 7.8%)	(11.4%, 15.4%)
Wages	12	21	*	43	26	19	12	14	28	116
	14.1%	25.0%	*	17.3%	19.7%	12.6%	12.6%	6.8%	10.4%	18.5%
	(9.1%, 21.2%)	(19.1%, 32.0%)	*	(14.3%, 20.8%)	(14.9%, 25.5%)	(9.0%, 17.4%)	(8.2%, 18.9%)	(4.3%, 10.5%)	(7.7%, 13.9%)	(16.3%, 20.9%)
Work culture	16	28	17	56	35	34	25	33	49	138
	13.9%	28.4%	25.3%	13.9%	26.2%	20.9%	23.6%	18.0%	16.1%	19.7%
	(9.0%, 21.0%)	(22.2%, 35.6%)	(17.7%, 34.8%)	(11.2%, 17.1%)	(20.8%, 32.5%)	(16.3%, 26.4%)	(17.5%, 31.1%)	(13.8%, 23.1%)	(12.8%, 20.1%)	(17.4%, 22.2%)
Workload	22	23	21	76	39	48	33	35	55	192
	23.6%	22.4%	33.6%	19.7%	29.6%	26.7%	31.4%	18.0%	19.2%	27.9%
	(17.1%, 31.7%)	(16.8%, 29.2%)	(24.9%, 43.5%)	(16.5%, 23.3%)	(23.9%, 36.0%)	(21.5%, 32.6%)	(24.5%, 39.3%)	(13.8%, 23.1%)	(15.6%, 23.4%)	(25.3%, 30.6%)

Reason	Upper Peninsula	Northwest LP	Northeast LP	West/West Central	East Central	East	South Central	Southwest	Southeast	Detroit Metro
	N	N	N	N	N	N	N	N	N	N
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Undesirable schedule	*	15	*	31	20	24	16	16	23	82
	*	15.0%	*	10.4%	14.2%	12.5%	16.0%	9.5%	8.6%	12.8%
	*	(10.4%, 21.1%)	*	(8.1%, 13.3%)	(10.2%, 19.5%)	(8.9%, 17.3%)	(11.0%, 22.8%)	(6.5%, 13.7%)	(6.2%, 11.8%)	(10.9%, 14.9%)
Benefits and employer supports	*	16	12	32	16	20	14	20	28	94
	*	21.8%	22.0%	10.0%	14.9%	10.4%	13.2%	10.1%	9.6%	14.6%
	*	(16.3%, 28.6%)	(14.9%, 31.3%)	(7.7%, 12.9%)	(10.8%, 20.3%)	(7.2%, 14.9%)	(8.7%, 19.6%)	(7.0%, 14.4%)	(7.0%, 13.0%)	(12.6%, 16.8%)

[a] Respondents were instructed to mark all that apply.
[b] Map of regions can be found in Appendix D.
* Data are suppressed if count is less than 10 or sample population was less than 20.

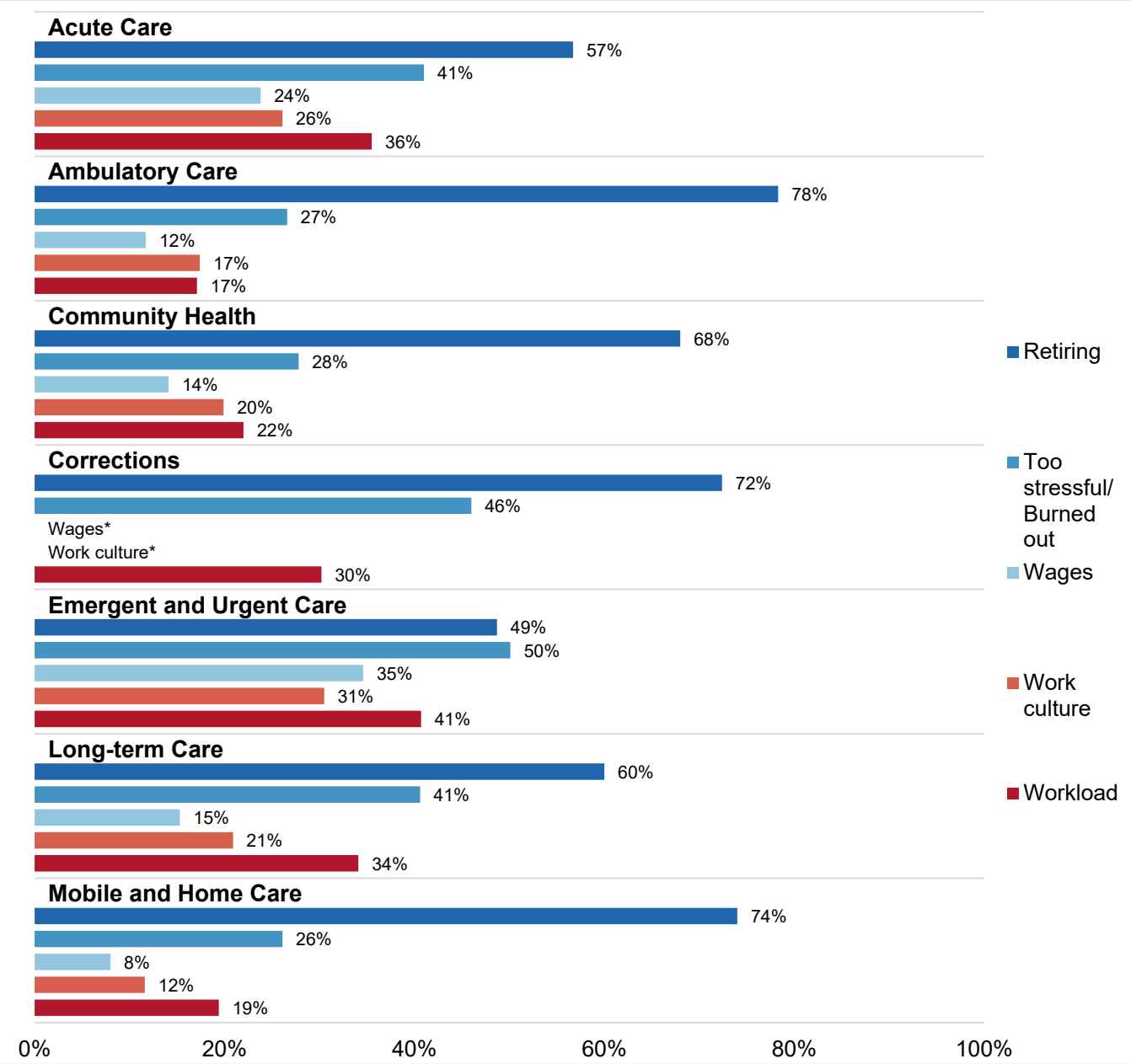
Further exploration of the reason for leaving nursing for those leaving in less than five years was done to determine if there were differences in reasons by setting, position, and specialty (Figures 15 to 17). Due to the extensive amount of data, only the top five reasons for leaving nursing were included in this report: retiring, too stressful/burned out, wages, work culture, and workload.

Since there were many response options related to the reasons for leaving the nursing profession, and the low response rate for these questions, some categories were suppressed and therefore excluded in the figures below. Comparisons were still able to be made in the narrative. To reference the other categories for this question of the survey, please reference Appendix A, question 72.

Across almost all settings, retirement was the main reason why nurses indicated leaving the workforce within the next five years (48.7% to 83.8%; Figure 15). For nurses who are in emergent and urgent care settings, the highest reason for leaving was because it was too stressful or they were burned out (50.1%). The second top reason among almost all settings was due to working being too stressful or burned out (18.2% to 50.1%), except among nurses in emergent and urgent care settings who indicated retiring as their second reason for leaving the workforce (48.7%).

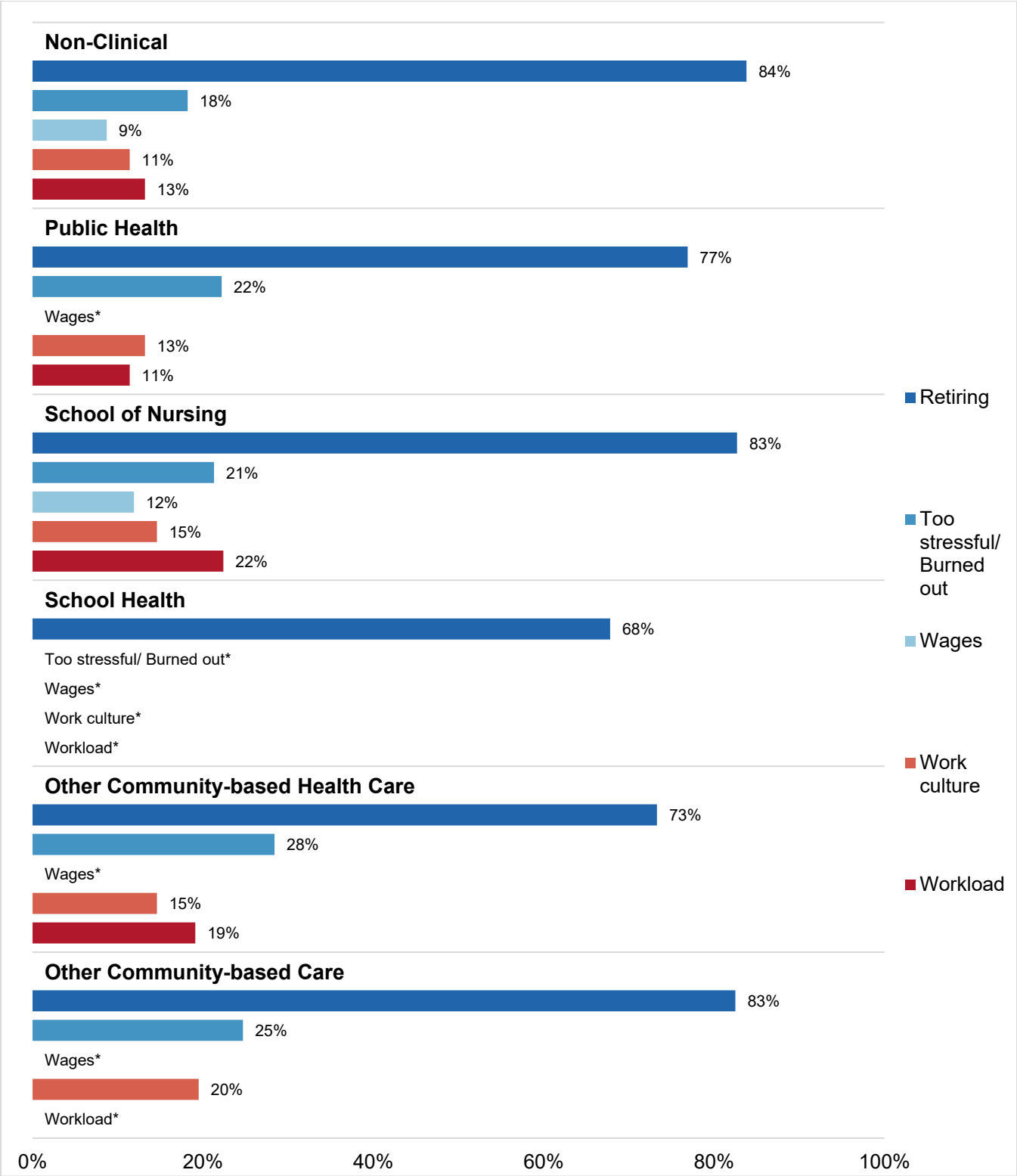
There were also some statistical differences found in other reasons for leaving nursing within the next five years between settings (data not shown). Those working in emergent and urgent care were most likely to report violence or safety issues (33.8%; data not shown) compared to all other settings. Wages (34.6%), work culture (30.5%) and workload (40.7%) being a reason for leaving the nursing field was highest among nurses working in emergent and urgent care, and this was significantly greater compared to most other settings (Figure 16). Those working in emergent and urgent care were also most likely to indicate having an undesirable schedule (28.4%) and wanting to leave due to employer supports and benefits not being adequate (22.3%; data not shown).

Figure 15a. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Setting[a]



[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 15b. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Setting[a]



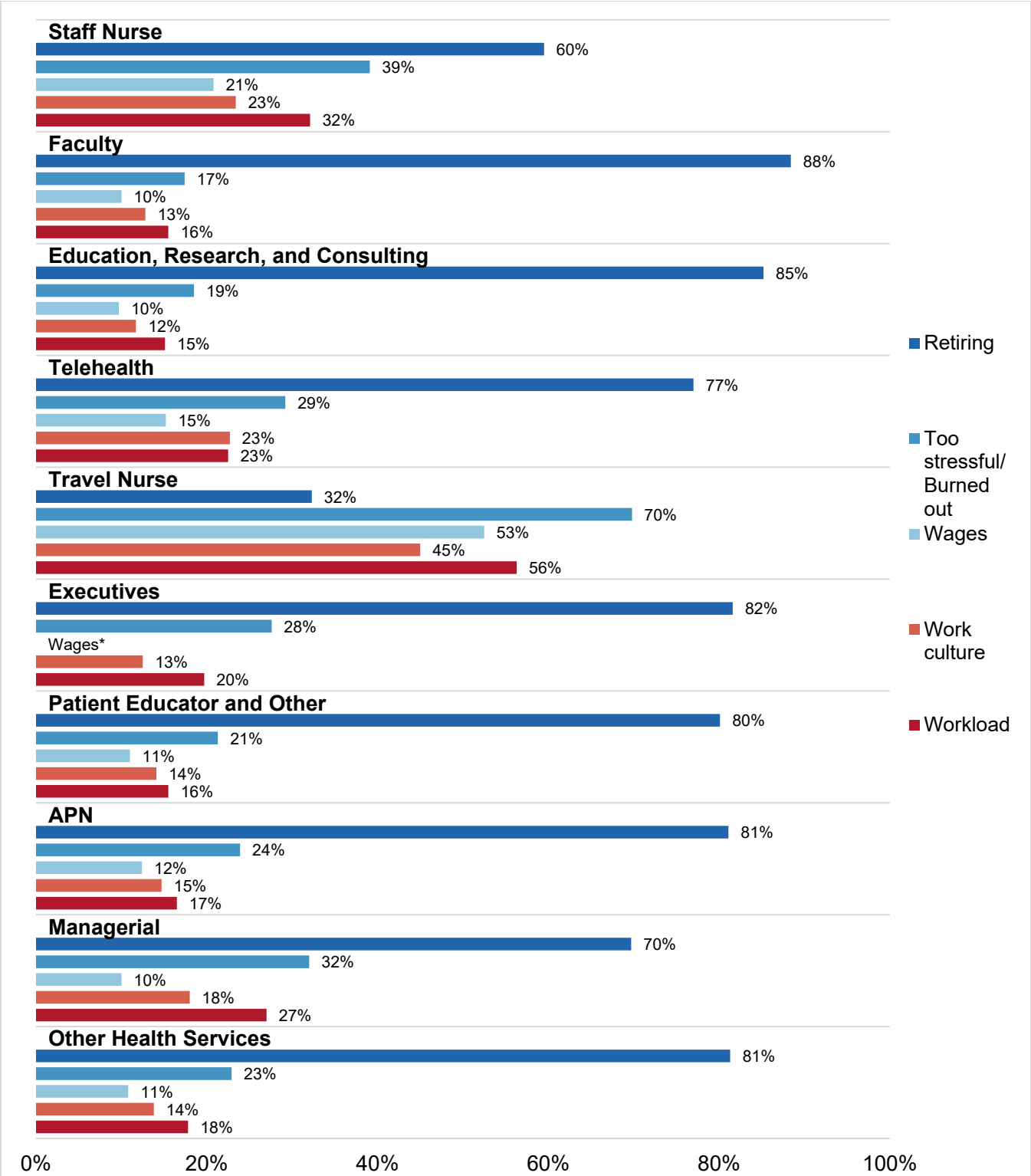
[a] Respondents were instructed to mark all that apply.

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

Figure 16 highlights the top five reasons for leaving the workforce within the next five years. It should be noted that in Figure 16, categories of the top five reasons for leaving the workforce within the next five years were removed if more than half of the positions of nurses had more than half of the responses suppressed. These positions were: School Nurse, Military Health services, and Other non-related health positions.

Most commonly, nurses in most positions indicated that retirement was the main reason for leaving the workforce (32.2% to 88.4%; Figure 16), except for travel nurses (32.2%), which the highest reason for leaving was because it was too stressful or they were burned out (69.8%), followed by workload (56.3%). In addition to the reasons included in Figure 16, travel nurses indicated that violence and/or safety issues were a main reason for leaving nursing (46.2%), which was significantly greater when compared to all other positions. Travel nurses were also most likely to indicate wages (52.5%), work culture (45.0%), and workload (56.3%) as reasons for leaving compared to all other positions (Figure 16). Undesirable work schedules (37.6%) and employer benefits and supports (32.2%) were also indicated as reasons for leaving nurses among travel nurses compared to most other positions.

Figure 16. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Position[a]



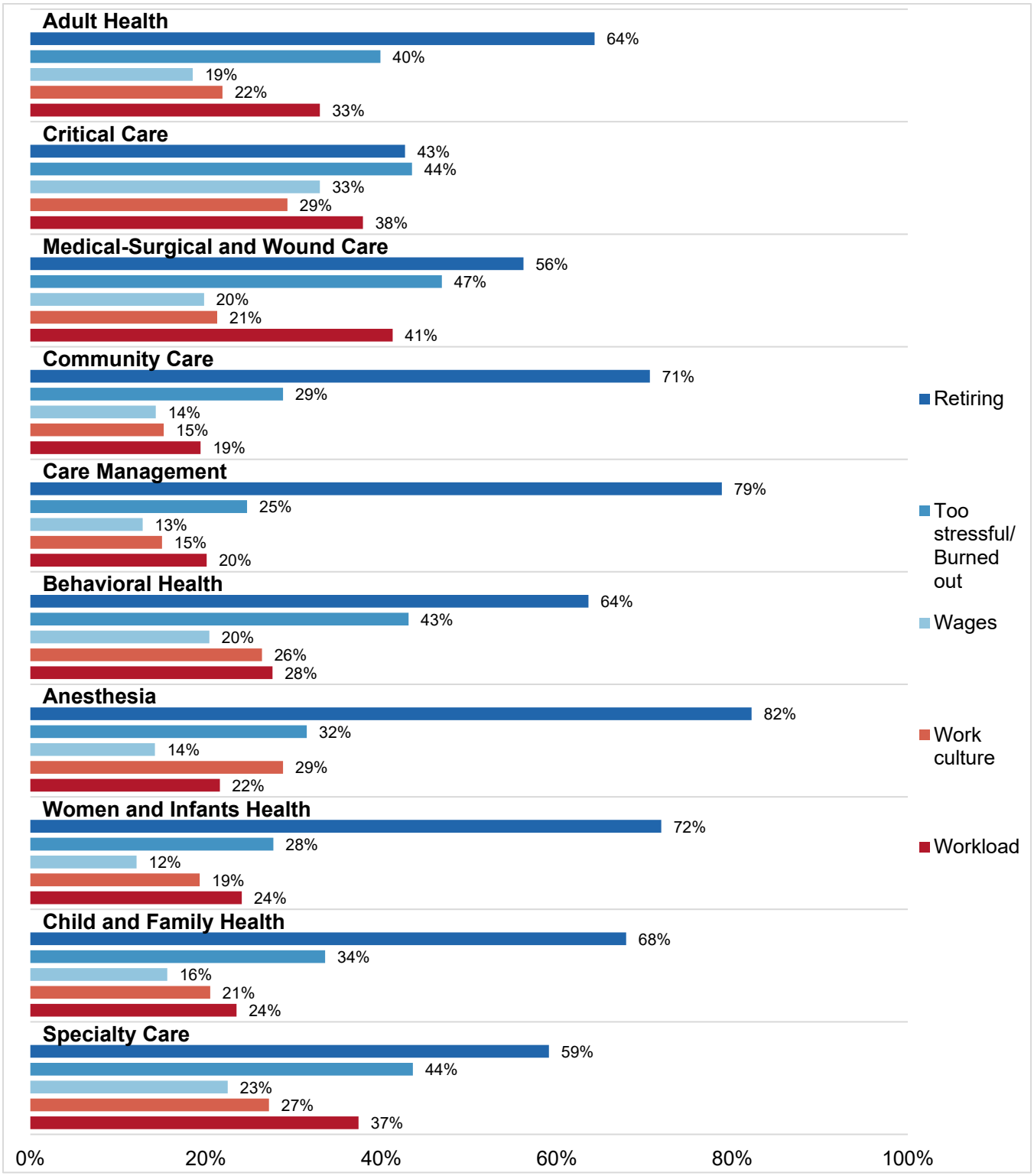
[a] Respondents were instructed to mark all that apply.
* Data are suppressed if count is less than 10 or sample population was less than 20.

Figure 17 on the following pages has broken specialties into two figures for ease of viewing.

Similarly to the trends in settings and positions, retirement was the main reason why nurses indicated leaving the workforce within the next five years across most specialties (42.7% to 85.3%; Figure 17). For nurses in critical care, the highest reason for leaving was because it was too stressful or they were burned out (43.5%). The second most common reason for leaving the nursing workforce among most specialties was because it was too stressful or they were burned out, except for critical care which had retiring as their second main reason (42.7%).

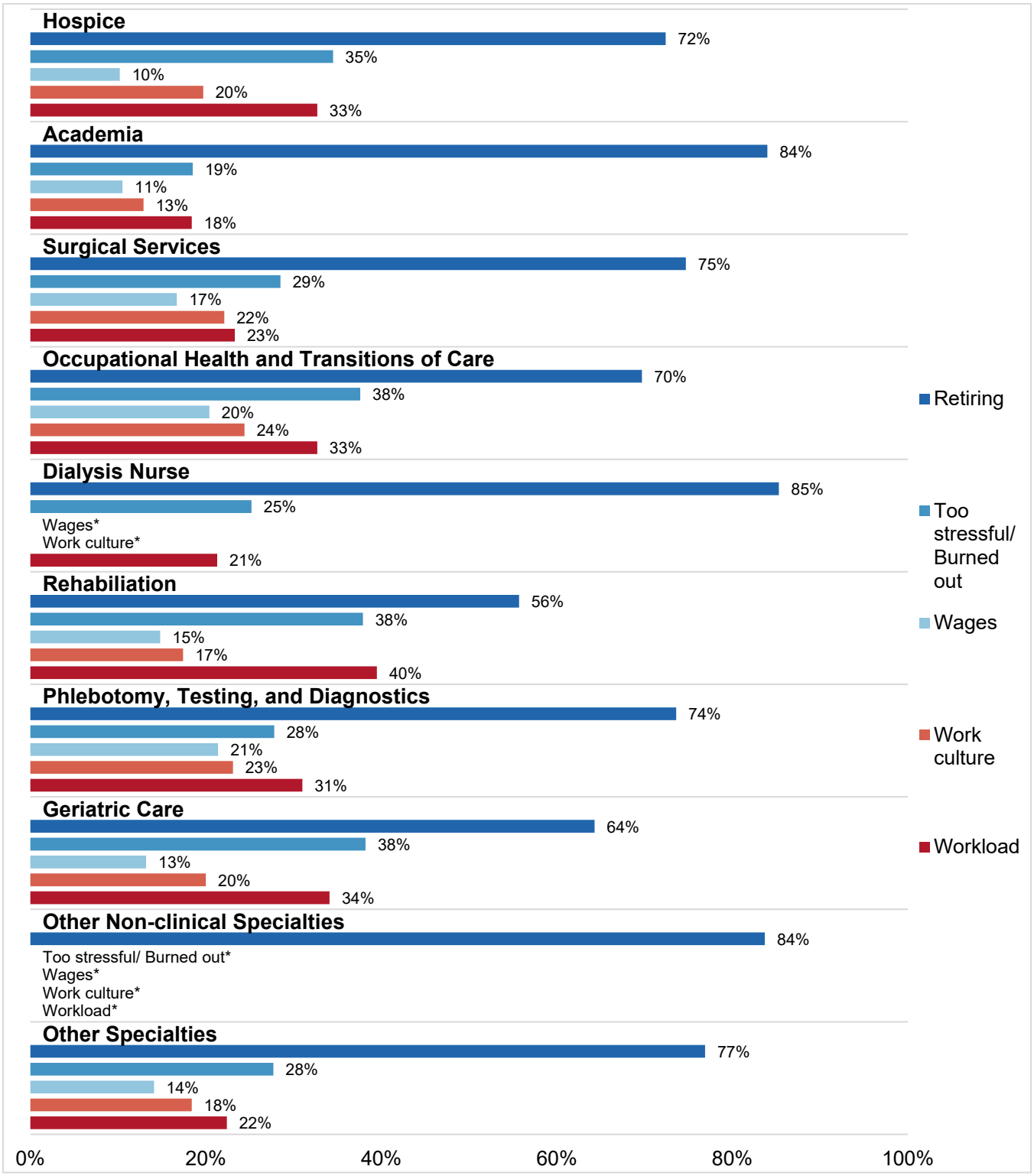
Nurses working in critical care were most likely to indicate wages (33.0%) were a reason for leaving the nursing workforce compared to other specialties (Figure 17). Violence or safety issues were most likely to be experienced by nurses working in behavioral health (24.5%) compared to other specialties (data not shown).

Figure 17a. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Specialty[a]



[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 17b. Reasons for Leaving Nursing for those Leaving Nursing in Less than Five Years by Specialty[a]



[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.

NEW NURSE EXPERIENCE

Entering the Workforce

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 50). About 39% of RNs and LPNs in 2025 felt adequately prepared to enter the workforce. Overall, for both RNs and LPNs, respondents indicated they do not have enough clinical time (40.1% and 38.1%, respectively) and enough skills labs or simulation time (27.8% and 34.2%, respectively). There were no significant differences between RNs and LPNs in their level of preparedness for entering the nursing workforce.

Table 50. Preparedness for Entering Nursing Workforce[a]

Level of Preparedness	RN = 478		LPN = 80	
	Estimate	95% CI	Estimate	95% CI
Adequately prepared	38.6%	(34.3%, 43.0%)	38.5%	(28.6%, 49.5%)
Not enough classroom time	2.9%	(1.7%, 4.8%)	*	*
Not enough clinical time	40.1%	(35.8%, 44.6%)	38.1%	(28.2%, 49.1%)
Not enough skills lab/simulation time	27.8%	(24.0%, 32.0%)	34.2%	(24.7%, 45.1%)
Not enough critical thinking/ prioritization practice	34.0%	(29.9%, 38.4%)	23.0%	(15.1%, 33.3%)
Other	1.7%	(0.9%, 3.3%)	*	*

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

The 2020 survey was the first year that nurses were asked about their experiences with finding employment (data not shown). These questions were only asked to nurses who indicated they have been working as a nurse for three years or less. In 2025, both RNs and LPNs indicated that it was easy or very easy for them to find a nursing position (75.4% and 68.1%, respectively; Table 51). 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 43.0%, respectively). In 2025, most nurses did not have a transition semester or intensive as part of their nursing program (RNs = 66.2%; LPNs = 69.2%). For RNs, 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.

Table 51. Finding Employment for Nurses Entering Workforce

Finding Employment	RN = 479		LPN = 80	
	Estimate	95% CI	Estimate	95% CI
Difficulty Finding a Nursing Position				
Very difficult	*	*	*	*
Difficult	3.9%	(2.5%, 6.0%)	*	*
Neutral	20.0%	(16.7%, 23.8%)	26.0%	(17.6%, 36.6%)
Easy	30.6%	(26.6%, 34.9%)	32.8%	(23.5%, 43.7%)
Very easy	44.8%	(40.4%, 49.3%)	35.3%	(25.7%, 46.3%)
Difficulty Finding a Nursing Position in Preferred Practice Area				
Very difficult	8.0%	(5.9%, 10.8%)	13.8%	(7.9%, 23.0%)
Difficult	18.8%	(15.6%, 22.5%)	17.1%	(10.4%, 26.8%)
Neutral	24.0%	(20.4%, 28.0%)	26.1%	(17.7%, 36.7%)

Finding Employment	RN = 479		LPN = 80	
	Estimate	95% CI	Estimate	95% CI
Difficulty Finding a Nursing Position in Preferred Practice Area				
Easy	25.3%	(21.6%, 29.4%)	20.5%	(13.1%, 30.6%)
Very easy	23.9%	(20.3%, 27.9%)	22.5%	(14.7%, 32.8%)
Transition Semester/Intensive as Part of Nursing Program				
Yes	33.8%	(29.6%, 38.2%)	30.8%	(21.6%, 41.9%)
No	66.2%	(61.8%, 70.4%)	69.2%	(58.1%, 78.4%)
Satisfaction with Orientation at Place of Employment				
Very dissatisfied	6.4%	(4.5%, 9.0%)	*	*
Dissatisfied	8.3%	(6.1%, 11.2%)	21.5%	(13.7%, 32.1%)
Neutral	29.1%	(25.2%, 33.4%)	32.0%	(22.5%, 43.2%)
Satisfied	44.5%	(40.1%, 49.0%)	29.7%	(20.6%, 40.8%)
Very satisfied	11.6%	(9.0%, 14.8%)	10.4%	(5.3%, 19.3%)

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

Educational Program Experience

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 52). Nursing program support includes items such as tutoring, mentorships, language support, financial support, and work study.

New nurses had exposure to nursing through programs completed in middle or high school to explore a career in nursing (RNs = 17.3%; LPNs = 15.8%; Table 52). Less than 10% of new RNs completed a program in middle or high school to build academic skills related to nursing.

RNs were significantly more likely compared to LPNs to be admitted to a public nursing school (59.0% vs. 39.9%; Table 52). LPNs were statistically more likely to have in-person classes compared to RNs (72.4% and 56.2%, respectively), while RNs were statistically more likely to experience hybrid online and in-person classes (47.7% vs. 21.7%).

Most nurses 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%). RNs were statistically more likely to have supports to navigate their college experience (45.1% vs. 25.4%) and scholarships (66.4% vs. 37.4%) compared to LPNs.

Table 52. New Nurse Educational Program Experience

New Nurse Educational Program Experience	RN = 444		LPN = 73	
	Estimate	95% CI	Estimate	95% CI
Exposure to Nursing During Middle or High School				
Yes, programs completed in middle or high school to explore career in nursing	17.3%	(14.1%, 21.1%)	15.8%	(9.2%, 25.8%)
Yes, program completed in middle or high school to build academic skills related to nursing	7.3%	(5.2%, 10.1%)	*	*
No	73.2%	(68.9%, 77.1%)	73.3%	(62.2%, 82.1%)
Other	2.2%	(1.2%, 4.0%)	*	*

New Nurse Educational Program Experience	RN = 444		LPN = 73	
	Estimate	95% CI	Estimate	95% CI
Nursing Program Characteristics [a]				
Holistic admissions	25.1%	(21.3%, 29.4%)	*	*
Public	59.0%	(54.3%, 63.5%)	39.9%	(29.4%, 51.4%)
Private	24.1%	(20.3%, 28.3%)	16.3%	(9.6%, 26.4%)
For profit institutions	7.0%	(5.0%, 9.8%)	15.0%	(8.6%, 24.9%)
Online	22.5%	(18.8%, 26.6%)	24.4%	(16.0%, 35.4%)
In-person	56.2%	(51.5%, 60.8%)	72.4%	(61.2%, 81.3%)
Hybrid online and in-person program	47.7%	(43.1%, 52.4%)	21.7%	(13.8%, 32.4%)
Full-time program	84.7%	(81.0%, 87.8%)	75.5%	(64.5%, 83.9%)
Part-time program	11.6%	(8.9%, 14.9%)	*	*
Accelerated graduation date due to COVID	2.8%	(1.6%, 4.8%)	*	*
Reduced in-person clinical experience due to COVID	37.5%	(33.1%, 42.1%)	*	*
Nursing Program Supports [a]				
Academic supports available	87.5%	(84.0%, 90.3%)	79.2%	(68.2%, 87.1%)
Supports available to navigate college experience	45.1%	(40.4%, 49.8%)	25.4%	(16.6%, 36.8%)
English as a second language supports available	16.2%	(13.0%, 20.0%)	*	*
Mentorship	29.6%	(25.5%, 34.1%)	22.0%	(13.8%, 33.1%)
Scholarship	64.4%	(59.7%, 68.8%)	37.4%	(26.9%, 49.2%)
Work study	23.9%	(20.1%, 28.2%)	23.6%	(15.1%, 34.8%)
Student loans	69.2%	(64.7%, 73.4%)	67.9%	(56.2%, 77.7%)
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.

Nurse Residency Programs

To further understand nurse residency, new nurses were asked about their residency experience (Table 53). RNs were statistically more likely to have had a residency placement as part of their new hire orientation compared to LPNs (59.9% vs. 26.5%).

Table 53. Nurse Residency among New Nurses

Residency Placement	RN = 479		LPN = 80	
	Estimate	95% CI	Estimate	95% CI
Yes	59.9%	(55.4%, 64.2%)	26.5%	(18.1%, 37.1%)
No	40.1%	(35.8%, 44.6%)	73.5%	(62.9%, 81.9%)

Those who indicated they did have a nurse residency placement as a part of their new hire orientation were asked about the length of their residency. Responses were combined to all nurses rather than RNs and LPNs due to low response rates. A majority of nurses indicated that their nurse residency lasted six to 12 months (52.9%; Table 54) or one to three months (21.4%).

Table 54. Nurse Residency Length among New Nurses

New Nurse Residency Length	N = 280	
	Estimate	95% CI
Less than a Month	6.2%	(3.9%, 9.7%)
One to Three Months	21.4%	(17.0%, 26.6%)
Three to Six Months	16.5%	(12.6%, 21.3%)
Six to 12 Months	52.9%	(47.1%, 58.7%)
12-24 Months	*	*

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

For all nurses who had a nurse residency placement, most respondents indicated that they were somewhat to moderately supported during their residency (58.0%; Table 55). There were no statistically significant differences between RNs and LPNs and their level of support during their residency program.

Table 55. Support for Residency among New Nurses

Level of Support	N = 483	
	Estimate	95% CI
Not at all supported	11.8%	(9.2%, 15.0%)
Somewhat supported	27.2%	(23.4%, 31.3%)
Moderately supported	30.8%	(26.8%, 35.1%)
Very supported	23.0%	(19.5%, 27.0%)
Extremely supported	7.1%	(5.1%, 9.7%)

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

Unanticipated Barriers and Challenges while Pursuing Nursing Degree

New nurses were asked if they experienced any challenges or barriers while pursuing their nursing degree that they did not anticipate (Table 56). Of those who responded to this section of the survey, both 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% vs. 32.5%) be an unanticipated barrier compared to RNs.

Table 56. Unanticipated Barriers and Challenges while Pursuing Nursing Degree[a]

Barriers	RN = 435		LPN = 71	
	Estimate	95% CI	Estimate	95% CI
No Unanticipated barriers	10.5%	(8.0%, 13.7%)	*	*
Among those who did experience unanticipated barriers:				
English as a second language	2.4%	(1.3%, 4.3%)	*	*
Racial/ethnic disparities	4.0%	(2.5%, 6.3%)	*	*
Learning difficulties and/or disabilities	9.0%	(6.7%, 12.1%)	*	*
Lack of flexibility in work schedules	28.9%	(24.8%, 33.3%)	40.4%	(29.8%, 52.0%)
Childcare issues	10.8%	(8.2%, 14.1%)	*	*

Barriers	RN = 435		LPN = 71	
	Estimate	95% CI	Estimate	95% CI
Pregnancy (i.e., as covered under Title IX)	4.9%	(3.2%, 7.4%)	*	*
Other family issues	17.3%	(14.0%, 21.1%)	19.9%	(12.3%, 30.6%)
Cost of lost work time and benefits	32.5%	(28.3%, 37.0%)	49.3%	(38.0%, 60.7%)
Cost of tuition	57.9%	(53.2%, 62.5%)	56.5%	(44.9%, 67.4%)
Cost of materials, books, etc.	53.2%	(48.5%, 57.8%)	50.8%	(39.4%, 62.1%)
Student loans were not available/could not take enough loans	12.4%	(9.6%, 15.8%)	19.0%	(11.6%, 29.6%)
Financial aid	29.6%	(25.5%, 34.1%)	39.5%	(29.0%, 51.1%)
Commuting distance to educational program	19.5%	(16.1%, 23.5%)	28.2%	(19.1%, 39.6%)
Limited access to online learning or other online resources	2.4%	(1.3%, 4.3%)	*	*
Scheduling or educational programs offered	10.7%	(8.1%, 14.0%)	16.2%	(9.4%, 26.5%)
Variability for clinical placements and experience	27.5%	(23.5%, 31.9%)	25.1%	(16.5%, 36.3%)
Younger/older classmates	16.2%	(13.0%, 20.0%)	22.6%	(14.4%, 33.6%)
Feeling “too young” or “too old” for the profession	14.6%	(11.6%, 18.2%)	18.6%	(11.3%, 29.2%)
Other	*	*	*	*

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

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

WORKPLACE VIOLENCE

The 2020 survey was the first year to ask nurses about their experiences with workplace violence. All questions were optional for respondents, and definitions were provided for each term used in the question (see questions 76 – 82 in Appendix A).

Basic Demographics

Less than half of nurses who responded to the 2025 survey indicated that they have experienced workplace violence within the last year, and RNs were statistically more likely to experience workplace violence (47.3% vs. 37.6%; Table 57). Similar to 2024, as nurses age, they are less likely to experience workplace violence. Half the RNs 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%). Nearly half of LPNs 25 to 34 years old experienced workplace violence in the past year (46.9%). Male nurses continued to be more likely to experience workplace violence (RNs = 52.3%; LPNs = 53.2%); however, this difference was only significant among RNs.

In 2025, RNs who experienced the highest percentage of workplace violence were of a race other than the categories listed (62.3%), while for LPNs, it was nurses who described themselves as American Indian or Alaska Native (63.8%) who experienced the highest percentage of workplace violence. RNs who described themselves as American Indian or Alaska Native (48.5%) were significantly more likely to have experienced workplace violence compared to Black or African American (33.5%). RNs who described themselves as white (48.2%) were statistically more likely to experience workplace violence compared to Black or African nurses (33.5%) and people who described themselves as Asian or Pacific Islander (38.8%).

For LPNs, nurses who described themselves as American Indian or Alaska Native (63.8%) were statistically more likely to experience workplace violence compared to Black or African American nurses (26.9%).

When looking at ethnicity, regardless of whether they were an RN or an LPN, more than half of people who identified as Hispanic experienced workplace violence (52.3% and 53.5%, respectively). Nearly half of RNs and LPNs who identified as Middle Eastern also experienced workplace violence (47.8% and 34.5%, respectively). There were no significant differences in experiencing workplace violence between RNs and LPNs based on ethnicity.

Among RNs, the highest percentage of nurses who experienced workplace violence within the last year resided in the Northeast Lower Peninsula (53.0%), East Central (52.7%), and Southwest (52.7%) Michigan and were employed in Southwest (54.7%) and East Central (54.5%) Michigan. Among LPNs, the highest percentage of nurses who experienced workplace violence within the last year resided in East (52.1%) and East Central (52.1%) Michigan and were employed in East (56.2%) Michigan. RNs living in the Detroit Metro Area of Michigan were significantly more likely to experience workplace violence compared to LPNs living in the same area (47.8% vs. 32.7%).

Table 57. Demographics of those Nurses who Experienced Workplace Violence in the Past Year

Characteristics	RNs		LPNs	
	n †	Estimate ¥	n †	Estimate ¥
Total	**9,911**	**47.3%**	**827**	**37.6%**
Age				
<25 years	67	71.6%	*	*
25 to 34 years	927	62.9%	64	46.9%
35 to 44 years	1,829	49.6%	154	33.8%
45 to 54 years	2,534	41.9%	205	41.0%
55 to 64 years	2,889	36.2%	259	35.1%
65+ years	1,575	22.1%	135	19.1%
Gender				
Female	8,821	46.4%	766	36.4%
Male	936	52.3%	48	52.3%
Gender non-binary/non-conforming, Genderqueer, Transgender [a]	23	87.6%	0	0.0%
Prefer not to respond	96	67.1%	*	*
Ethnicity [b]				
Hispanic or Latinx	238	52.3%	26	53.5%
Middle Eastern	132	47.8%	12	34.5%
Race [b]				
White	8,900	48.2%	600	39.6%
Black	561	33.5%	186	26.9%
American Indian	156	48.5%	23	63.8%
Asian/ Pacific Islander	283	38.8%	20	44.9%
Other	197	62.3%	28	41.8%
Employment Region [c]				
Eastern/Central/Western UP	335	47.7%	58	34.2%
Northwest LP	380	46.7%	22	28.5%
Northeast LP	168	51.9%	22	46.4%
West/West Central	1,426	46.9%	140	39.3%
East Central	519	54.5%	59	47.5%
East	664	47.9%	62	56.2%
South Central	479	49.3%	24	40.3%
Southwest	648	54.7%	51	31.1%
Southeast [d]	1,147	49.7%	87	35.3%
Detroit Metro [e]	2,886	47.2%	247	33.6%
Outside of MI	119	51.2%	11	27.9%
Unknown MI Region	1,140	34.9%	44	34.5%
Region of Residence [c]				
Upper Peninsula	337	46.2%	60	32.9%
Northwest LP	390	46.8%	24	35.8%
Northeast LP	191	53.0%	23	40.6%
West/West Central	1,470	47.9%	135	37.7%
East Central	508	52.7%	58	52.1%
East	786	50.7%	71	52.1%
South Central	437	51.4%	22	39.1%
Southwest	669	52.7%	59	36.3%
Southeast [d]	972	47.0%	77	41.1%
Detroit Metro [e]	2,931	47.8%	248	32.7%

Characteristics	RNs		LPNs	
	n†	Estimate¥	n†	Estimate ¥
Region of Residence [c]				
Non-Michigan Residence	102	39.3%	12	43.0%
Unknown MI Region	1,118	34.2%	38	26.9%

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
[c] Map of regions can be found in Appendix D.
[d] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.
[e] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.
† The n represents the total number of nurses who responded to the workplace violence section of the survey
¥ Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is less than 10 or sample population was less than 20.

Comparison of those who experienced workplace violence in 2024 to 2025 is table shown in Table 58. Both RNs and LPNs reported experiencing more workplace violence in 2025 than in 2024 across multiple demographics, however, these differences were only significant among LPNs. The number of LPNs who experienced a significantly greater amount of workplace violence in 2025 compared to 2024 were in the following groups: LPNs aged 45 to 54 years (41.0% vs. 25.6%) and LPNs living in East Central (52.1% vs. 27.4%) and Eastern (52.1% vs. 29.3%) Michigan.

Table 58. Nurses who Experienced WPV by Demographic and Geographic Characteristics, 2024 & 2025

Characteristics	2024				2025			
	RNs		LPNs		RNs		LPNs	
	n†	Estimate¥	n†	Estimate ¥	n†	Estimate ¥	n†	Estimate ¥
Total	**15,450**	**46.3%**	**1,466**	**32.7%**	**9,911**	**47.3%**	**827**	**37.6%**
Age								
<25 years	123	62.6%	*	*	67	71.6%	*	*
25 to 34 years	1,574	59.8%	127	41.7%	927	62.9%	64	46.9%
35 to 44 years	2,938	48.2%	292	36.0%	1,829	49.6%	154	33.8%
45 to 54 years	3,593	42.6%	347	25.6%	2,534	41.9%	205	41.0%
55 to 64 years	4,339	35.2%	391	29.4%	2,889	36.2%	259	35.1%
65+ years	2,146	22.9%	227	19.8%	1,575	22.1%	135	19.1%
Gender								
Female	13,589	45.3%	1,342	31.6%	8,821	46.4%	766	36.4%
Male	1,407	52.7%	76	40.9%	936	52.3%	48	52.3%
Gender non-binary/non-conforming, Genderqueer, Transgender [a]	31	75.4%	*	*	23	87.6%	0	0.0%
Prefer not to respond	260	63.1%	28	51.2%	96	67.1%	*	*
Race [b]								
White	13,592	47.3%	1,032	36.2%	8,900	48.2%	600	39.6%
Black	937	34.7%	73	21.6%	561	33.5%	186	26.9%
American Indian	224	59.0%	30	37.9%	156	48.5%	23	63.8%

Characteristics	2024				2025			
	RNs		LPNs		RNs		LPNs	
	n[†]	Estimate[¥]	n[†]	Estimate[¥]	n[†]	Estimate[¥]	n[†]	Estimate[¥]
Race [b]								
Asian/ Pacific Islander	445	41.8%	*	*	283	38.8%	*	*
Other	387	51.8%	57	46.5%	197	62.3%	28	41.8%
Ethnicity [b]								
Hispanic or Latinx	365	52.4%	44	43.9%	238	52.3%	26	53.5%
Middle Eastern	206	45.9%	*	*	132	47.8%	*	*
Employment Region [c]								
Upper Peninsula	503	43.4%	115	35.2%	335	47.7%	58	34.2%
Northwest LP	577	45.0%	36	40.1%	380	46.7%	22	28.5%
Northeast LP	264	47.1%	*	*	168	51.9%	22	46.4%
West/West Central	2,090	50.5%	206	39.7%	1,426	46.9%	140	39.3%
East Central	834	49.3%	112	26.5%	519	54.5%	59	47.5%
East	982	49.8%	102	30.9%	664	47.9%	62	56.2%
South Central	631	50.8%	46	43.9%	479	49.3%	24	40.3%
Southwest	999	54.8%	106	40.9%	648	54.7%	51	31.1%
Southeast [d]	1,768	47.6%	141	36.5%	1,147	49.7%	87	35.3%
Detroit Metro [e]	4,225	45.7%	446	27.4%	2,886	47.2%	247	33.6%
Outside of MI	2,046	33.7%	71	25.3%	119	51.2%	11	27.9%
Unknown MI Region	531	45.6%	47	41.4%	1,140	34.9%	44	34.5%
Region of Residence [c]								
Upper Peninsula	482	42.3%	109	34.7%	337	46.2%	60	32.9%
Northwest LP	580	46.0%	43	40.3%	390	46.8%	24	35.8%
Northeast LP	291	44.7%	*	*	191	53.0%	23	40.6%
West/West Central	2,157	49.8%	212	38.4%	1,470	47.9%	135	37.7%
East Central	800	49.8%	101	27.4%	508	52.7%	58	52.1%
East	1,220	49.5%	122	29.3%	786	50.7%	71	52.1%
South Central	613	53.7%	41	55.0%	437	51.4%	22	39.1%
Southwest	996	53.5%	107	43.2%	669	52.7%	59	36.3%
Southeast [d]	1,491	47.2%	129	30.7%	972	47.0%	77	41.1%
Detroit Metro [f]	4,303	45.6%	447	28.0%	2,931	47.8%	248	32.7%
Non-Michigan Residence	1,984	33.6%	63	25.2%	102	39.3%	12	43.0%
Unknown MI Region	533	51.9%	51	50.1%	1,118	34.2%	38	26.9%

[a] These options have been combined for the purpose of increasing the likelihood of having enough responses to be included in the analysis. Should the number be high enough, we will revisit separating out options in future surveys.
[b] Respondents were instructed to mark all that apply.
[c] Map of regions can be found in Appendix D.
[d] Southeast Michigan includes the following counties: Livingston, Jackson, Washtenaw, Hillsdale, Lenawee and Monroe.
[e] Detroit Metro includes the following counties: Oakland, Wayne, and Macomb.
[†] The n represents the total number of nurses who responded to the workplace violence section of the survey
[¥] Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is less than 10 or sample population was less than 20.

The setting where nurses experienced the most workplace violence was in emergency and urgent care for both RNs and LPNs (75.0% and 65.8%, respectively; Table 59). RNs who experienced workplace violence were statistically more likely compared to LPNs to work in acute care (61.6% vs. 43.3%) and public health (31.2% vs. 59.6%).

Table 59. Nurses who Experienced Workplace Violence by Setting (top settings in descending order by RNs)[a]

Setting	RN = 12,920			LPN = 1,158		
	n[†]	Estimate[¥]	95% CI	n[†]	Estimate[¥]	95% CI
Emergent and Urgent Care	1,010	75.0%	(72.2%, 77.6%)	23	65.8%	(45.5%, 81.6%)
Acute Care	4,468	61.6%	(60.2%, 63.0%)	89	43.3%	(33.5%, 53.7%)
Corrections	126	59.3%	(50.6%, 67.5%)	21	39.5%	(21.8%, 60.4%)
Long-term care	654	45.4%	(41.6%, 49.2%)	381	43.4%	(38.5%, 48.4%)
Community Health	605	40.5%	(36.7%, 44.5%)	93	43.3%	(33.7%, 53.4%)
School of Nursing	533	39.2%	(35.1%, 43.4%)	*	*	*
Ambulatory Care	2,394	38.3%	(36.4%, 40.3%)	149	39.3%	(31.8%, 47.3%)
School Health	190	33.7%	(27.4%, 40.7%)	24	46.8%	(28.7%, 65.8%)
Other Community-based Health Care	391	32.5%	(28.0%, 37.3%)	109	33.5%	(25.3%, 42.8%)
Public Health	431	31.2%	(27.0%, 35.7%)	16	59.6%	(36.1%, 79.4%)
Mobile and Home Care	571	27.1%	(23.6%, 30.9%)	147	26.4%	(19.9%, 34.1%)
Non-Clinical	1,326	25.3%	(23.0%, 27.7%)	87	24.3%	(16.5%, 34.3%)
Other Community-based Care	221	22.4%	(17.4%, 28.3%)	11	35.8%	(14.8%, 64.1%)

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

The position where nurses experienced the most workplace violence was among travel nurses for RNs (67.9%) and military health services nurses for LPNs (58.2%; Table 60). RNs who experienced workplace violence were statistically more likely compared to LPNs to work as a travel nurse (67.9% vs. 35.2%) or a staff nurse (58.5% vs. 41.5%).

Table 60. Nurses who Experienced Workplace Violence by Position (top positions in descending order by RNs)[a]

Position	RN = 13,438			LPN = 1,089		
	n[†]	Estimate[¥]	95% CI	n[†]	Estimate[¥]	95% CI
Travel Nurse	252	67.9%	(61.9%, 73.4%)	28	35.2%	(20.3%, 53.7%)
Staff Nurse	5,316	58.5%	(57.2%, 59.8%)	600	41.5%	(37.6%, 45.5%)
Military Health Services	59	57.9%	(45.2%, 69.6%)	12	58.2%	(31.8%, 80.6%)
Managerial	954	46.7%	(43.6%, 49.9%)	106	35.7%	(27.2%, 45.2%)
APN	1,058	38.8%	(35.9%, 41.8%)	*	*	*
Faculty	510	38.7%	(34.6%, 43.0%)	*	*	*
Education, Research, and Consulting	1,065	37.5%	(34.6%, 40.4%)	28	17.8%	(7.8%, 35.5%)
Patient Educator and other	1,288	35.8%	(33.2%, 38.5%)	114	36.5%	(28.2%, 45.6%)

Position	RN = 13,438			LPN = 1,089		
	n†	Estimate¥	95% CI	n†	Estimate¥	95% CI
Telehealth	491	35.2%	(31.1%, 39.5%)	27	35.9%	(20.6%, 54.7%)
School Nurse	174	33.9%	(27.3%, 41.2%)	22	53.0%	(33.3%, 71.8%)
Other health Non-related	53	32.7%	(21.6%, 46.1%)	*	*	*
Executives	548	32.2%	(28.4%, 36.2%)	32	42.8%	(27.4%, 59.8%)
Other Health Services	1,670	30.2%	(28.0%, 32.4%)	106	20.6%	(14.0%, 29.3%)

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

The specialties where nurses experienced the most workplace violence were critical care for RNs (68.9%) and phlebotomy, testing, and diagnostics for LPNs (60.3%; Table 61). RNs who experienced workplace violence were statistically more likely than LPNs to have a specialty in critical care (68.9% vs. 45.2%), medical-surgical and wound care (63.9% vs. 47.5%), adult health (55.2% vs. 40.7%), and geriatric care (54.5% vs. 44.9%).

Table 61. Nurses who Experienced Workplace Violence by Specialty (top specialties in descending order by RNs)[a]

Specialty	RN = 17,921			LPN = 1,765		
	n†	Estimate¥	95% CI	n†	Estimate¥	95% CI
Critical Care	1,411	68.9%	(66.4%, 71.3%)	36	45.2%	(30.2%, 61.1%)
Medical-Surgical and Wound Care	1,546	63.9%	(61.5%, 66.3%)	191	47.5%	(40.5%, 54.6%)
Behavioral Health	742	63.5%	(60.0%, 66.9%)	58	51.8%	(39.2%, 64.1%)
Specialty Care	1,380	59.1%	(56.5%, 61.7%)	40	47.8%	(33.2%, 62.8%)
Phlebotomy, Testing, and Diagnostics	253	57.6%	(51.4%, 63.5%)	30	60.3%	(42.6%, 75.7%)
Adult Health	2,176	55.2%	(53.1%, 57.3%)	293	40.7%	(35.2%, 46.4%)
Geriatric Care	1,067	54.5%	(51.5%, 57.5%)	340	44.9%	(39.7%, 50.2%)
Hospice	547	51.5%	(47.3%, 55.7%)	83	50.5%	(40.0%, 61.0%)
Rehabilitation	449	47.4%	(42.8%, 52.0%)	162	42.5%	(35.1%, 50.2%)
Occupational Health and Transitions of Care	449	47.3%	(42.7%, 51.9%)	43	52.3%	(37.8%, 66.4%)
Surgical Services	1,133	46.0%	(43.1%, 48.9%)	16	39.0%	(19.6%, 62.7%)
Child and Family Health	1,180	44.3%	(41.5%, 47.1%)	170	38.4%	(31.4%, 45.9%)
Dialysis Nurse	197	42.8%	(36.1%, 49.8%)	*	*	*
Women and Infant Health	866	41.6%	(38.4%, 44.9%)	28	51.1%	(33.6%, 68.3%)
Other Specialties	1,644	40.6%	(38.3%, 43.0%)	149	37.1%	(29.8%, 45.1%)
Anesthesia	346	39.8%	(34.8%, 45.0%)	*	*	*
Community Care	522	38.7%	(34.6%, 42.9%)	34	39.4%	(24.9%, 56.1%)
Academia	463	38.4%	(34.1%, 42.9%)	15	29.1%	(12.4%, 54.3%)
Care Management	1,345	29.8%	(27.4%, 32.3%)	60	34.2%	(23.5%, 46.8%)
Other Non-clinical Specialties	205	21.0%	(16.0%, 27.1%)	12	24.4%	(8.6%, 52.7%)

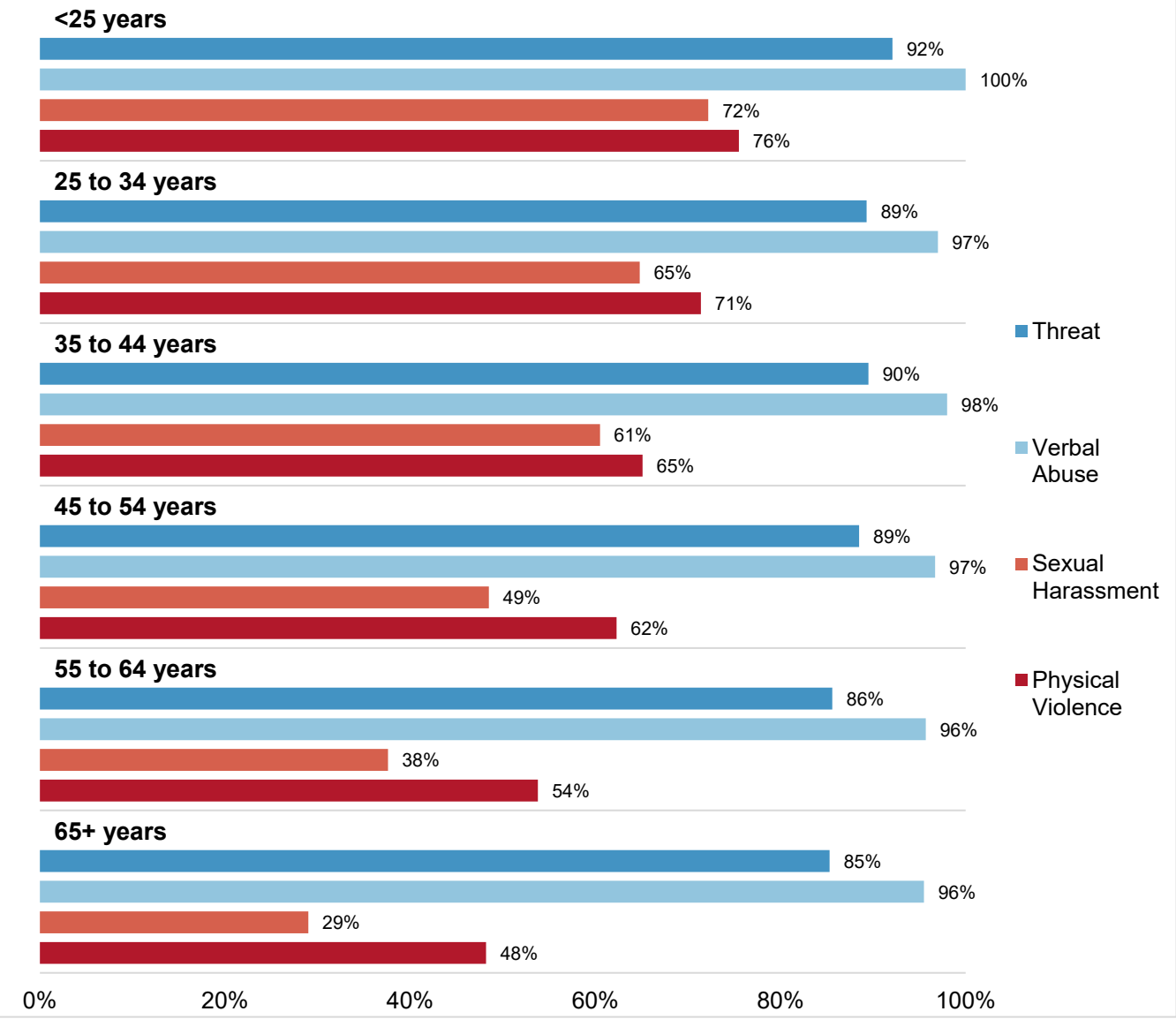
[a] Respondents were instructed to mark all that apply.
† The n represents the total number of nurses who responded to the workplace violence section of the survey
¥ Estimates reflect the weighted percentage of nurses who said "Yes" to experiencing workplace violence
* Data are suppressed if count is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

Type of Violence and Perpetrator of Workplace Violence

Respondents of 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 18. Overall, younger nurses experienced significantly higher rates of sexual harassment and physical violence, verbal violence, and threats compared to older nurses. Nurses less than 25 years old were statistically more likely to experience sexual harassment (72.2%) compared to nurses aged 45 to 54 years of age (48.5%), those aged 55 to 64 years of age (37.6%), and those aged 65 years or older (29.0%). Nurses less than 25 years of age (75.5%) were statistically more likely to experience physical violence compared to nurses aged 65 years or older (48.2%).

Due to suppression rules, data by licensure are not available when analyzing LPNs alone.

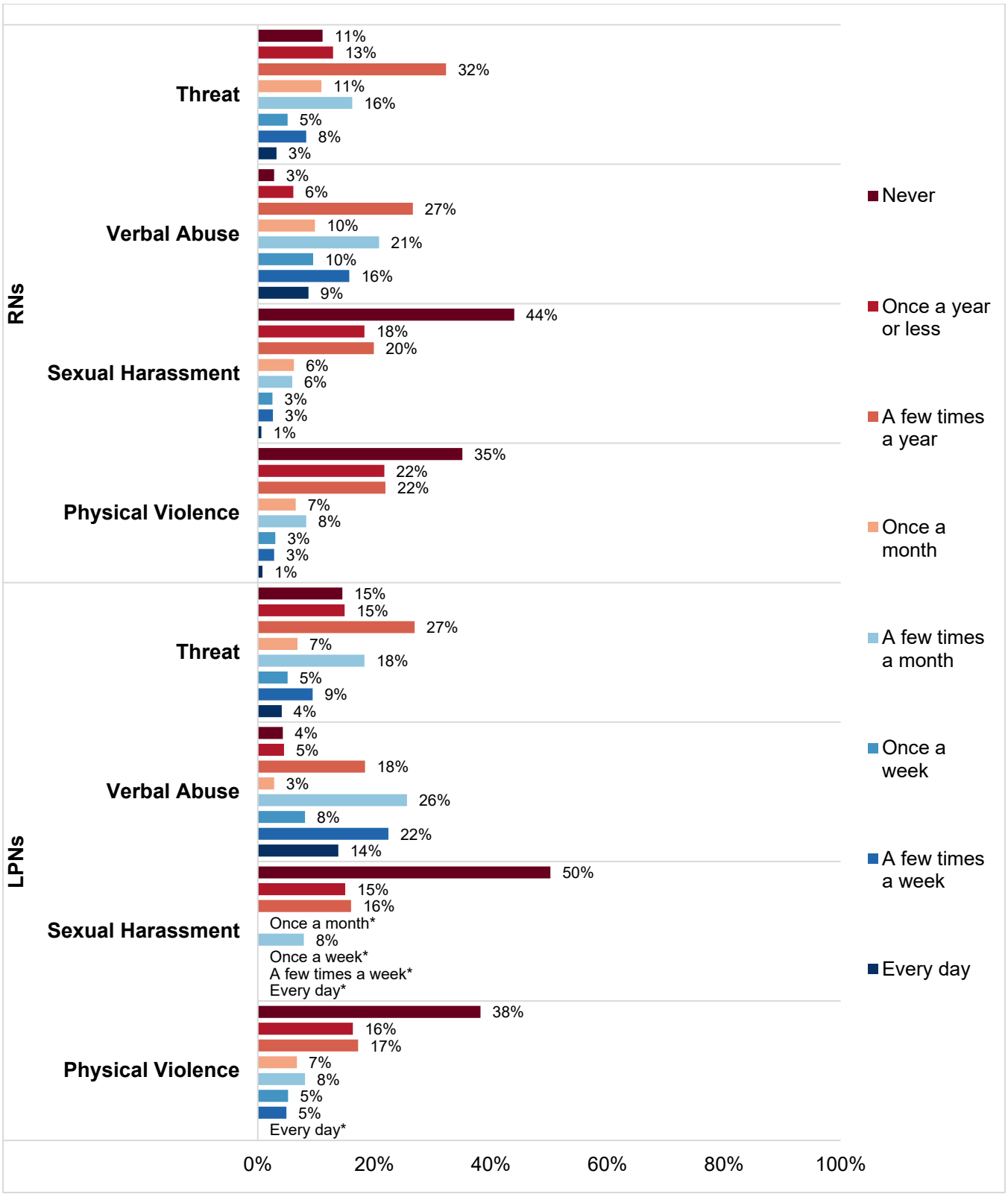
Figure 18. Type of Workplace Violence Nurses Experienced by Age for All Nurses



The frequency at which nurses experienced each type of workplace violence in the past year is in Figure 19. 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 = 97.2%; LPNs = 95.7%; data not shown), with threats reported as the next most frequently experienced type of workplace violence (RNs = 88.9%; LPNs = 88.7%; data not shown).

RNs were statistically more likely to indicate that they experience verbal abuse a few times a year compared to LPNs (26.6% vs. 18.4%), once a month (9.8% vs. 2.8%), and while LPNs were more likely to indicate experiencing verbal abuse a few times per week (22.4% vs. 15.7%) and every day (13.8% vs. 8.7%) compared to RNs. There were no statistically significant differences between RNs and LPNs for experiencing threats, sexual harassment or physical violence.

Figure 19. Frequency of Type of Workplace Violence



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

The most common perpetrator of workplace violence continues to be the patient (RNs = 90.0%; LPNs = 88.3%; Table 62) or family or friend of the patient (RNs = 62.4%; LPNs = 46.7%). RNs were more likely to experience workplace violence from a patients' family or friend (62.4% vs. 46.7%) and by physicians (17.7% vs. 8.9%) compared to LPNs. Conversely, LPNs were more likely to experience workplace violence from a supervisor (16.9% vs. 9.9%) and by peers (24.7% vs. 17.7%) compared to RNs.

Table 62. Perpetrator of Workplace Violence

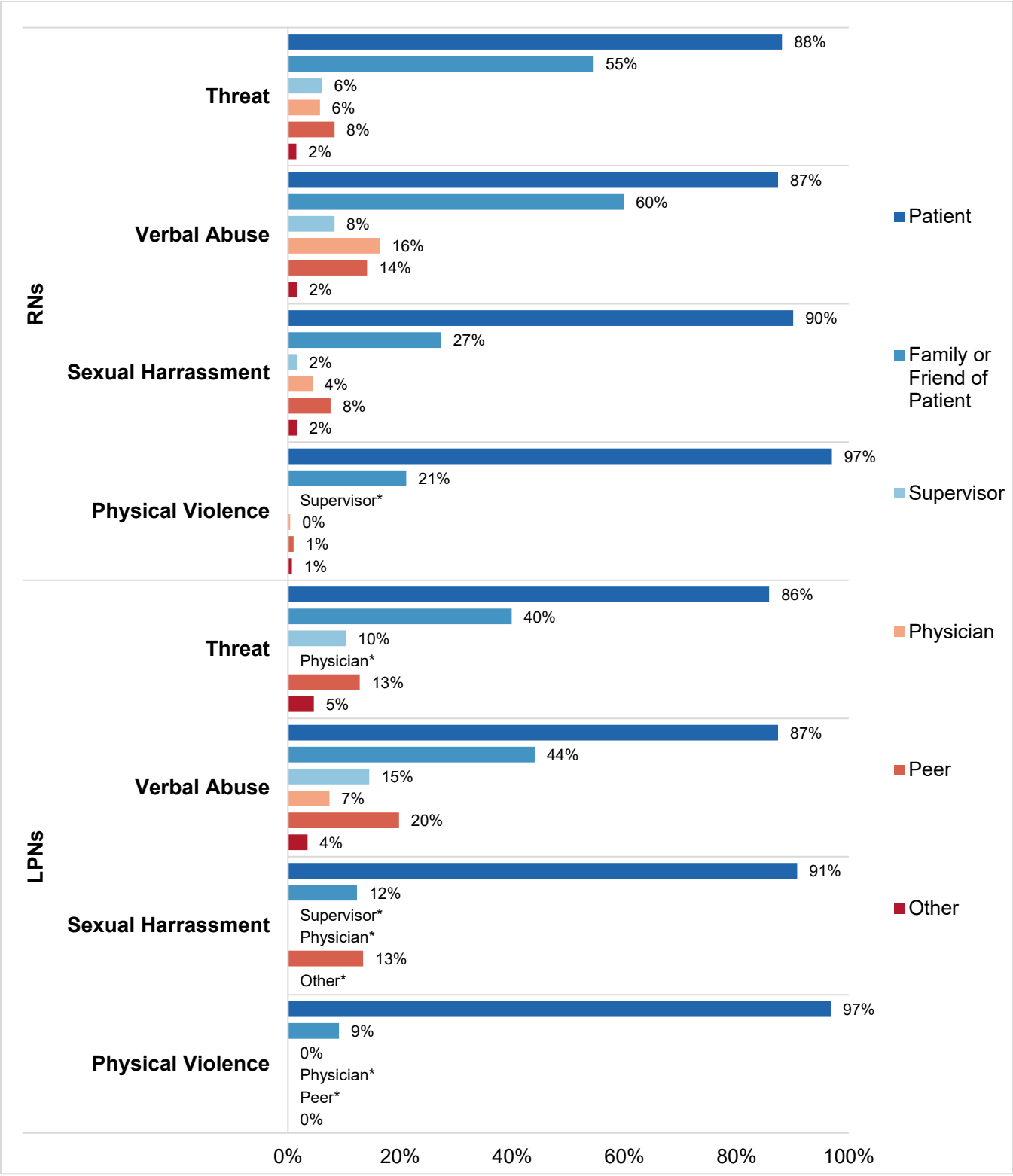
Perpetrator of WPV	RN = 4,001		LPN = 283	
	Estimate	95% CI	Estimate	95% CI
Patient	90.0%	(89.0%, 90.9%)	88.3%	(84.0%, 91.5%)
Family or Friend of Patient	62.4%	(60.9%, 63.9%)	46.7%	(41.0%, 52.5%)
Supervisor	9.9%	(9.0%, 10.9%)	16.9%	(13.0%, 21.7%)
Physician	17.7%	(16.5%, 18.9%)	8.9%	(6.1%, 12.8%)
Peer	17.7%	(16.5%, 18.9%)	24.7%	(20.0%, 30.0%)
Other	2.8%	(2.3%, 3.4%)	5.2%	(3.2%, 8.4%)

The perpetrator of workplace violence was analyzed by the type of violence nurses experienced in Figure 20. Across all types of workplace violence, patients were most likely to be perpetrators of violence. Patients were physically violent against nurses (RNs = 97.0%; LPNs = 96.8%), verbally abusive (RNs = 87.4%; LPNs = 87.4%), sexually harassed (RNs = 90.1%; LPNs = 90.8%), and threatened nurses (RNs = 88.1%; LPNs = 85.8%).

RNs were statistically more likely to indicate being threatened by a family member or friend of the patient (54.5% vs. 39.9%), sexually harassed by a family member or friend of the patient (27.3% vs. 12.3%), verbally abused by a family member or friend of the patient (59.9% vs. 44.0%) or a physician (16.4% vs. 7.4%), and experience physical violence from a family member or a friend of the patient (21.1% vs. 9.1%) compared to LPNs.

LPNs were statistically more likely to indicate being threatened by a supervisor compared to RNs (10.3% vs. 6.1%). LPNs were also significantly more likely to indicate being verbally abused by a supervisor (14.5% vs. 8.3%) or by a peer (19.8% vs. 14.1%) compared to RNs.

Figure 20. Perpetrator and Type of Violence Experienced by Nurses



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

Workplace Violence Reporting

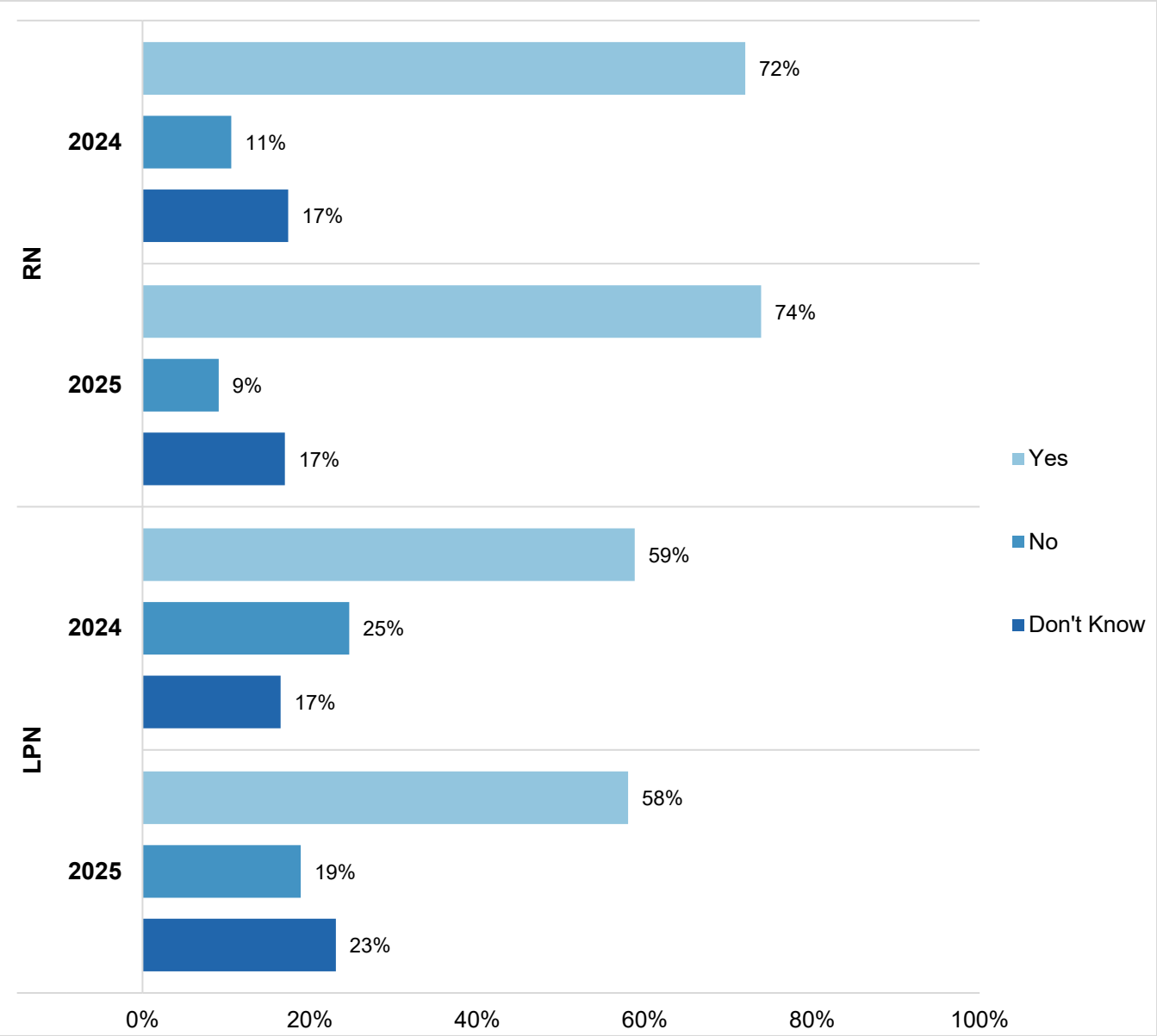
The knowledge of an organizational process to report workplace violence and if they reported the workplace violence incident(s) using this process is shown in Table 63. Public health nurses have shared that some of their organizations addressed workplace violence reporting during the safety or security 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 (73.9% and 58.0%, respectively); and more than half of RNs and LPNs reported workplace violence using their organizational process (61.3% and 73.1%, respectively). RNs were statistically more likely to have knowledge of the organizational process for reporting workplace violence compared to LPNs (73.9% vs. 58.0%). However, LPNs were statistically more likely to have reported workplace violence compared to RNs (73.1% vs. 61.3%).

Table 63. Reporting of Workplace Violence Incidence

Reporting of Workplace Violence	RN = 4,011		LPN = 283	
	Estimate	95% CI	Estimate	95% CI
Knowledge of Organizational Process for Reporting Workplace Violence				
Yes	73.9%	(72.5%, 75.2%)	58.0%	(52.2%, 63.6%)
No	9.1%	(8.2%, 10.0%)	18.9%	(14.8%, 23.9%)
Don't Know	17.0%	(15.9%, 18.2%)	23.1%	(18.6%, 28.4%)
Reported Workplace Violence Using Organizational Process				
Yes	61.3%	(59.5%, 63.0%)	73.1%	(65.9%, 79.3%)

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%, see 2020 report on minurse.org). Results are compared from 2024 and with the 2025 findings in Figure 21. RNs and LPNs knowledge of reporting processes through their organization slightly increased between this year and last year for RNs (RNs in 2024 = 72.0%, RNs in 2025 = 73.9%), but slightly decreased for LPNs (LPNs in 2024 = 58.8%, LPNs in 2025 = 58.0%). There were no statistically significant differences between RNs and LPNs and their knowledge of reporting processes through their organization based on year.

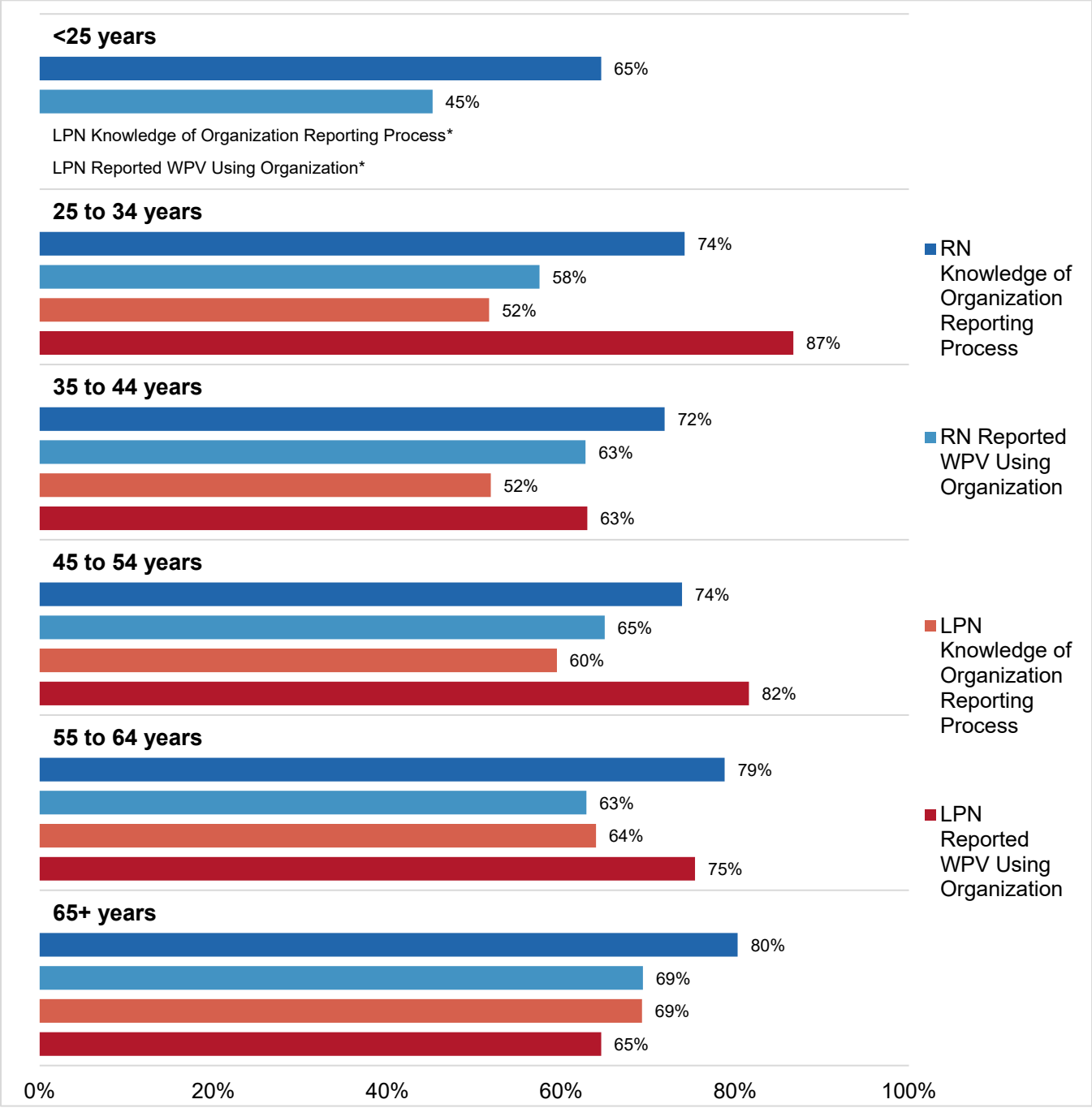
Figure 21. Knowledge of Reporting Process of Workplace Violence Incidents through Organization, 2024-2025



When comparing LPNs and RNs who experienced workplace violence, there were some significant differences in their knowledge of how to report workplace violence based on age (Figure 22). RNs aged 65 years or older reported having the 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 of age (71.9%). RNs aged 25 to 34 years (74.2% vs. 51.7%), aged 35 to 44 years (71.9% vs. 51.9%), aged 55 to 64 years (78.8% vs. 64.0%), 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.

There were some general differences in reporting workplace violence based on age between RNs and LPNs (Figure 22). RNs aged 45 to 55 years of age (65.0%) were most likely to have reported workplace violence, and this was significantly less compared to LPNs (81.6%). LPNs aged 25 to 34 years of age were most likely to have reported workplace violence (86.7%), which was significantly greater than what was reported by RNs (57.5%).

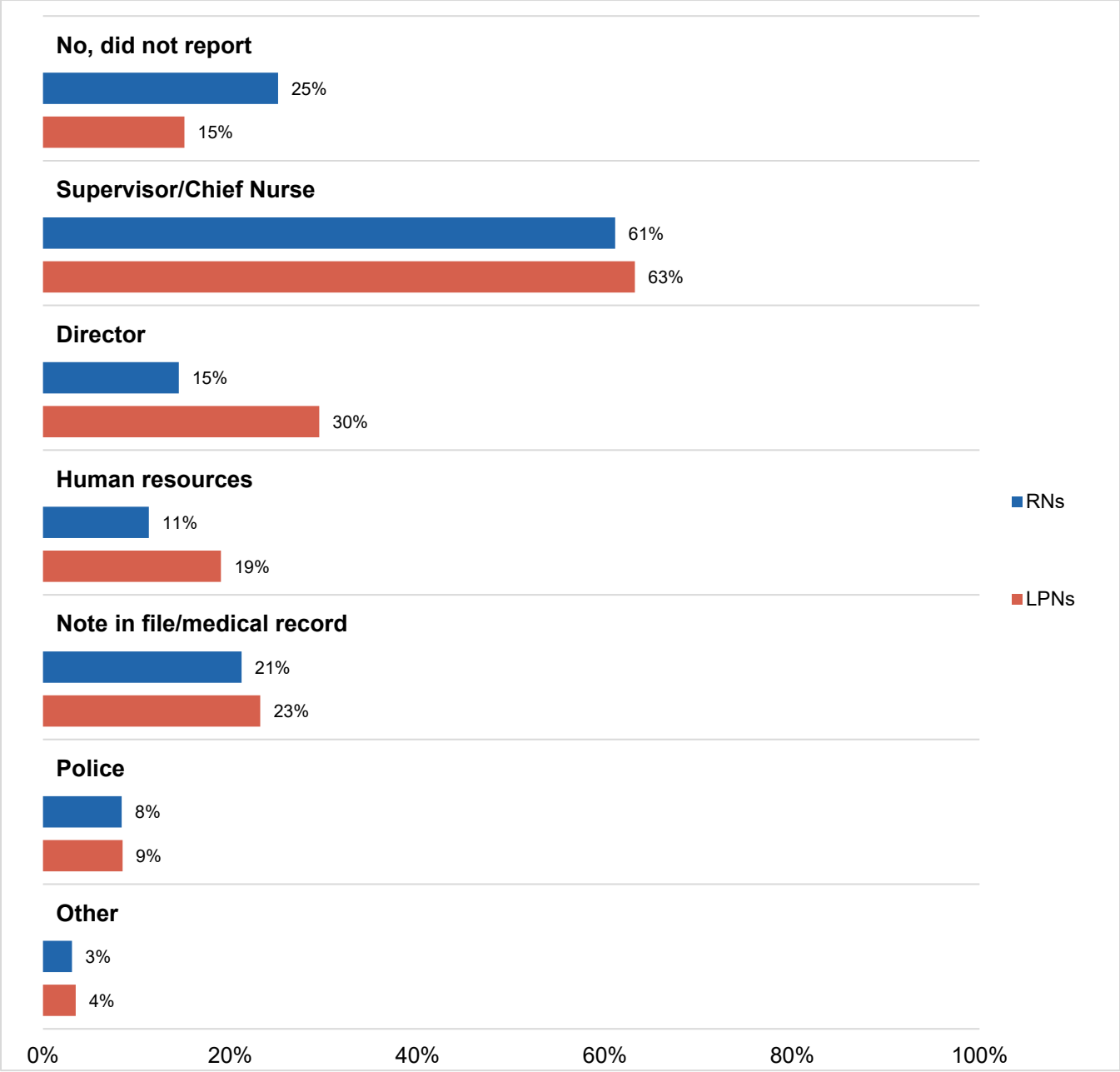
Figure 22. Knowledge of Organizational Reporting Process & Use of Workplace Violence Reporting by Age



* 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 23. For both RNs and LPNs, most nurses indicated that they did report workplace violence (74.9% and 84.9%, respectively; data not shown). RNs and LPNs reported workplace violence to their supervisor or chief nurse at the highest levels (61.1% and 63.2%, respectively). There were 25.1% of RNs and 15.1% 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 (29.5% vs. 14.5%) or to Human Resources (19.0% vs. 11.3%) compared to RNs.

Figure 23. Methods of Reporting Workplace Violence Incidence



Closing Remarks

The annual Michigan Nurse Survey provides critical insights into the state's nursing workforce, offering valuable data on supply, demand, education, and employment trends. These findings support informed decision-making at both state and local levels, helping to shape policies and initiatives that strengthen Michigan's nursing infrastructure. The Office of Nursing Programs encourages health care leaders, educators, and policymakers to utilize this data to guide workforce planning and support the ongoing development of Michigan's nursing profession.

To contribute to the continued improvement of this important tool, we invite interested partners to participate in the evaluation and development of the Nurse Licensure Survey. For more information, please contact Casey Klein, Manager, Office of Nursing Programs, MDHHS, at kleinc7@michigan.gov.

For additional information related to the 2025 Survey of Michigan Nurses results, such as the executive summary, infographics, and specialty briefs, please visit minurse.org. Past years' reports and data produced from Michigan's nurse licensure data can also be accessed at minurse.org. For questions or comments related to the content presented in this report, please contact Christopher Wojcik, Associate Program Director, Michigan Public Health Institute (cwojcik@mphi.org).

The rest of the report includes Appendix A-C: Appendix A provides a copy of the 2025 Survey of Michigan Nurses, Appendix B provides data from second degree nurses, and Appendix C provides data on internationally trained nurses.

APPENDICES

Appendix A: 2025 Survey of Michigan Nurses Data Collection Tool

2025 Survey of Michigan Nurses Data Collection Tool

DEMOGRAPHICS

1. Where is your primary place of residence (mark ONE)?
    a. Michigan
    b. Other state in the U.S.
    c. Canada [Skip to #3]
    d. Other nation [Skip to #3]
2. What is the ZIP Code of your primary place of residence? _____

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

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

5. Are you Hispanic or Latinx?
    a. Yes
    b. No
6. Are you Arabic, Chaldean, or of other Middle Eastern decent?
    a. Yes
    b. No
7. 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 (please specify)

License Type

8. 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 #11]
    b. RN

Advanced Practice Nurse (APN) State Certification

9. 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 (i.e., provides a full range of anesthesia and pain management services).
    c. Nurse-Midwife (i.e., provides primary, gynecological, and reproductive health care).
    d. Nurse Practitioner (i.e., provides primary, acute, and specialty health care across the lifespan through assessment, diagnosis, and treatment of illnesses and injuries).
    e. Clinical Nurse Specialist (i.e., provides diagnosis, treatment, and ongoing management of patients; provide expertise and support to nurses caring for patients; help drive practice changes throughout the organization; and ensure use of best practices and evidence-based care to achieve the best possible patient outcomes).

Education

10. 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

11. 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
    a. Master's degree in nursing
    b. Doctorate in Nursing Practice (DNP)
    c. Doctor of Nurse Anesthesia (DNAP)
    d. Doctor of Philosophy in Nursing (Ph.D.)
    e. Other doctoral degree in nursing
12. What is your highest level of non-nursing education (mark ONE)?
    a. Non-nursing associate degree
    b. Non-nursing bachelor's degree
    c. Non-nursing master's degree
    d. Non-nursing doctoral degree
    e. Do not have a non-nursing degree [Skip to #14]

13. You indicated that you received a non-nursing degree. Which degree did you receive first?
    a. I received my non-nursing education prior to my nursing education [**Will be asked if they would like to take optional questions at end of survey]**
    b. I received my nursing education prior to my non-nursing education

14. Do you have an International Board-Certified Lactation Consultant (IBCLC) Certificate?
    a. Yes
    b. No

15. Are you currently enrolled in a program to obtain any of the following degrees (mark ALL that apply)?
    a. No – not enrolled [Skip to #18]
    b. Associate Degree in Nursing (ADN) [Skip to #17]
    c. Bachelor of Science in Nursing (BSN) [Skip to #17]
    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 (Ph.D.) [Skip to #17]
16. 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 (please specify)
    f. I am not enrolled in specialty certification.
17. What kind of program are you currently enrolled in?
    a. In-person
    b. Online

c. Hybrid

18. Would a nurse loan repayment program help support you? (select all that apply)
    a. Yes, it would help pay previous loans
    b. Yes, it would help seek additional nursing education
    c. No
19. Did you receive your nursing education outside of the United States?
    a. Yes [**Will be asked to answer questions at end of survey**]
    b. No

EMPLOYMENT

20. 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 #24]
    b. Actively employed in nursing or a position that requires a nurse license part-time [Skip to #24]
    c. Actively employed in nursing or in a position that requires a nurse license on a per-diem basis [Skip to #24]
    d. On temporary medical leave from a position that requires a nurse license [Skip to #32]
    e. On temporary non-medical leave from a position that requires a nurse license [Skip to #32]
    f. Actively employed in a field other than nursing [Skip to #22]
    g. Volunteer nurse status only [Skip to #22]
    h. Unemployed, seeking clinical work [Skip to #22]
    i. Unemployed, seeking non-clinical work [Skip to #22]
    j. Unemployed, seeking work outside of the nursing field [Skip to #22]
    k. Unemployed, not seeking work [Skip to #22]
    l. Permanent disability leave [Skip to #86]
    m. Self-employed [Skip to #24]
    n. Retired [Go to #21]

RETIRED NURSES

21. What best describes your retirement status (mark one)?
    a. No longer wish to work
    b. Currently employed on a part-time basis in nursing [Skip to #24]
    c. Currently employed on a full-time basis in nursing [Skip to #24]
    d. Currently volunteering in nursing [Skip to #24]
    e. Currently employed outside of nursing [Skip to #22]
    f. Permanent disability leave [Skip to #86]
    g. Hiatus/temporarily not working in nursing [Skip to #22]
    h. Currently seeking part-time clinical work [Skip to #22]
    i. Currently seeking full-time clinical work [Skip to #22]
    j. Currently seeking part-time non-clinical work [Skip to #22]
    k. Currently seeking full-time non-clinical work [Skip to #22]
    l. Currently seeking work outside of the nursing field [Skip to #22]

NOT CURRENTLY WORKING AS A NURSE

22. What are the reasons you are not currently working as a nurse? (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. Temporary disability or long-term illness
j. Permanent disability leave
k. Wages
l. Work culture
m. Workload
n. Undesirable schedule
o. Benefits and employer supports
p. Other (please specify)

23. I would be willing to return to nursing if: (mark ALL that apply)
    a. Work was more readily available [Skip to #86]
    b. Shorter shifts were available [Skip to #86]
    c. More part-time jobs were available [Skip to #86]
    d. More full-time jobs were available [Skip to #86]
    e. There was a safer work environment [Skip to #86]
    f. There was a lower nurse/patient ratio [Skip to #86]
    g. There was higher compensation [Skip to #86]
    h. There were virtual options [Skip to #86]
    i. There were more readily available skills refresher courses [Skip to #86]
    j. There were external supports for family obligations (e.g. daycare/elder care) [Skip to #86]
    k. Not looking to return to nursing [Skip to #86]

EMPLOYED NURSES

24. How many positions are you currently employed in as a nurse (mark ONE)?
    a. One
    b. Two
    c. Three or more
25. On average, how many hours do you work during a typical week in all of your nursing positions?
    a. <30 hours
    b. 30 to 39 hours
    c. 40 to 49 hours
    d. 50+ hours
26. In general, how often do you work mandatory overtime (e.g., beyond your scheduled work hours)?
    a. Never
    b. Once a year or less
    c. A few times per year
    d. Once a month
    e. A few times a month
    f. Once a week
    g. A few times a week
    h. Every day
27. How prepared do you feel to assess patients' social determinants of health (SDOH) (e.g., medication administration, follow up)? *Note: Social Determinants of Health (SDOH) are the conditions in the*

environments where people are born, live, learn, work, play, worship, and age that affect a wider range of health, functioning, and quality-of-life outcomes and risks. [*Social Determinants of Health - Healthy People 2030 | odphp.health.gov*]

a. Not at all prepared
b. Somewhat prepared
c. Moderately prepared
d. Very prepared
e. Extremely prepared

28. How prepared do you feel connecting patients with community resources/supports to address their social determinants of health (SDOH) needs?
    a. Not at all prepared
    b. Somewhat prepared
    c. Moderately prepared
    d. Very prepared
    e. Extremely prepared
29. What have you observed related to the usage of travel nurses in your workplace?
    a. There are no travel nurses in my workplace
    b. The usage of travel nurses has increased
    c. The usage of travel nurses has decreased
    d. The usage of travel nurses is unchanged

SETTING

30. 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 #32]
    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 #32]
    c. Ambulatory Surgery Center [Skip to #32]
    d. Diagnostic/Testing Center (i.e. free-standing testing center) [Skip to #32]
    e. Emergent /Urgent Care Center i.e. free-standing urgent care [Skip to #32]
    f. Nursing Home/Extended Care (i.e. long-term care; rehabilitation) [Skip to #32]
    g. Assisted Living Facility [Skip to #32]
    h. Home Health (i.e. health care provided in patient's home) [Skip to #32]
    i. Hospice (i.e. in-home and facility based hospice care) [Skip to #32]
    j. Correctional Facility (i.e. jail or prisons) [Skip to #32]
    k. Mobile Care Unit [Skip to #32]
    l. School of Nursing (i.e. college or university) [Skip to #32]
    m. Public Health (i.e. state health dept; state mental health agency; city/county health dept) [Go to #31]
    n. Dialysis Center [Skip to #32]
    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 #32]

p. School Health Services K-12 (i.e. elementary or secondary schools; board of education) [Skip to #32]
q. Occupational Health (i.e. private industry, government) [Skip to #32]
r. Insurance Claims/Benefits (i.e. insurance company) [Skip to #32]
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 #32]
t. Other Community-based Health care Settings [Skip to #32]
u. Other Community-based Service Organizations [Skip to #32]
v. Other Community Settings not providing direct care or social services (i.e. utilization review organization, health care support agencies, quality improvement) [Skip to #32]
w. Other (please specify) [Skip to #32]

Public Health Nurses Only

31. 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. Administrative
    e. Community Service programs
    f. Health Education
    g. Other clinical position

Direct Care

32. In any of your positions, do you provide direct care services?
    a. Yes
    b. No [Skip to #34]
33. How many hours are spent providing direct care services to patients/families during a typical week?
    a. <30 hours
    b. 30 to 39 hours
    c. 40 to 49 hours
    d. 50+ hours
34. Is your place of employment currently accepting new patients?
    a. Yes
    b. No
    c. Unsure
35. Does your place of employment currently accept new Medicaid patients?
    a. Yes
    b. No
    c. Unsure
36. How aware are you of patients' employment status?
    a. Not at all aware
    b. Somewhat aware
    c. Moderately aware
    d. Very aware
    e. Extremely aware
37. How aware are you of patients' occupations?

a. Not at all aware
b. Somewhat aware
c. Moderately aware
d. Very aware
e. Extremely aware

38. Does your place of employment provide services to any of the following populations? (Select all that apply)
    a. Medicaid patients
    b. American Indian/Alaska Native
    c. Homeless
    d. Migrant Farmworker
    e. Non-English speakers
    f. Unsure

39. What, if any, are the challenges related to retaining preceptors? (mark ALL that apply)
    a. I am not aware of any challenges to retaining preceptors.
    b. Lack of financial incentive for precepting students
    c. Lack of time
    d. Lack of interest
    e. Other (please specify)
40. What, if any, are the challenges, for obtaining clinical access for students? (mark ALL that apply)
    a. I am not aware of any challenges to obtaining clinical access for students.
    b. Greater number of students than clinical settings in my geographical region.
    c. Clinical settings are not willing to have nursing students
    d. My organization only accepts preceptor placement if paid
    e. Other (please specify)
41. Are you aware that CE credits may be received for precepting (120hrs=5 contact hours)?
    a. Yes
    b. No

POSITION/ROLE

42. 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 #51]
    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 #53]
    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 #53]
    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 #53]
    e. Nurse Secondary Educator (i.e. provide nursing education in faculty roles for early middle college and high school vocational tech programs) [Go to #43]

f. Nurse Post-Secondary Educator (i.e. provide education in faculty roles to undergraduate and graduate student nurses) [Go to #43]
g. Professional Nurse Training (i.e. nurse education of already licensed nurses in non-degree setting, non-degree courses) [Skip to #53]
h. Patient Educator (i.e. provide education to patients, members of the community) [Skip to #53]
i. School Health Nurse K-12 [Skip to #53]
j. Advanced Practice Registered Nurse or Nurse Anesthetist (i.e. obtained state of Michigan certification to practice as an APRN in one of the three APRN roles: certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP), or certified registered nurse anesthetist (CRNA).) [Skip to #53]
k. Faith-based Nurse [Go to #53]
l. Case Manager/Coordinator/Navigator (i.e. collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes) [Skip to #53]
m. Nurse Researcher (i.e. role and/or title is to conduct research in the field of nursing) [Skip to #53]
n. Reserve or Active Military [Go to #46]
o. Non-military, work in Military setting (i.e. veteran's hospital) [Go to #48]
p. Telehealth [Skip to #53]
q. Travel nurse [Skip to #50]
r. Other Health Related [Skip to #53]
s. Other Health Non-related [Skip to #53]
t. Other (please specify) [Skip to #53]

Faculty Nurses

43. 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)
44. How many hours per week do you spend working as faculty?_____
45. [FACULTY ONLY] Have you made any of the changes in employment in the past year (mark ALL that apply)?
    a. I have not made any changes in employment in the past year.
    b. From admin to faculty
    c. From direct care to faculty
    d. From part-time to full-time
    e. From full-time to part-time

Reserve & Active Military

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

NON -MILITARY NURSE

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

TRAVEL NURSE

50. You indicated you're a travel nurse, do you spend most of your time working as a nurse in Michigan?
    a. Yes
    b. No

STAFF NURSE

51. You indicated you're a staff nurse, do you serve as a preceptor in any of these roles? (mark ALL that apply)
    a. Precept new nurses within my organization
    b. Precept students
    c. I do not serve as a preceptor [Skip to #53]
    d. Other, please specify
52. Do you receive extra or separate payment for your precepting roles?
    a. Yes
    b. No

SPECIALTY

53. 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 health care needs of the individual and family
    e. Anesthesia (i.e. provide anesthesia and anesthesia-related care or management of pain)
    f. Cardiology (i.e. provide nursing care and treatment for individuals with diagnosed or suspected heart diseases and conditions)
    g. Case Management/Care Coordination
    h. Community Care (i.e. delivery of nursing care to improve the health of an entire community; use of the nursing process and other processes to promote health and prevent illness in population groups in employment settings other than a public health department.)
    i. Health Informatics (i.e., applies principles of computer and information science to the advancement of life sciences research, health professions education, public health, and patient care. This multidisciplinary and integrative field focuses on health information

technologies (HIT), and involves the computer, cognitive, and social sciences. Informatics is the science of how to use data, information and knowledge to improve human health and the delivery of health care services.)

j. Dialysis Nurse
k. Discharge Planning/Transitions of Care
l. Flight Nurse
m. Geriatric/Gerontology (i.e. nursing care of the elderly.)
n. Hematology/Oncology (i.e. provide nursing care and support for patients suspected of having or diagnosed with cancer.)
o. Maternal-child Health/Obstetrics (i.e. provide medical and surgical treatment to pregnant women and to mother and baby following delivery)
p. Medical-Surgical (i.e. provide diagnostic and therapeutic services to acutely ill patients for a variety of medical conditions, both surgical and non-surgical)
q. Nephrology/Renal (providing nursing care and treatment of individuals with diagnosed or suspected kidney disease)
r. Nursing Academic Services/Non-Faculty (i.e. simulation specialist, clinical placement coordinator, skills remediation, program coordinator/advisor, etc.)
s. Nursing Faculty (i.e. clinical and/or didactic faculty role at a college of nursing)
t. Occupational Health (i.e. provide on-the-job health care for the nation's workforce, striving to ensure workers' health, safety, and productivity)
u. Operating Room/Scrub Nurse
v. Palliative Care/Hospice
w. Pediatrics
x. Neonatal
y. Phlebotomy
z. Pre-op/Post-op Recovery Room (i.e. provision of nursing care to patients in the period immediately prior to performance or immediately following an interventional or surgical procedure)
aa. Public Health (i.e. promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing practice focuses on population health, with the goal of promoting health, and preventing disease and disability)
bb. Psychiatric/Mental Health/Substance Abuse (i.e. aid and support the mental health of patients with acute or chronic psychiatric needs; pain management nurses who help regulate medications and provide care for those addicted to drugs or alcohol, or who are suffering from other types of substance abuse.)
cc. Rehabilitation (i.e. provide physical and emotional support to patients and the families of patients with illnesses or disabilities that affect their ability to function normally and that may alter their lifestyle.)
dd. School Health K-12 (i.e. dedicated to promoting the health and well-being of children of all ages in an academic environment.)
ee. Telehealth
ff. Testing and Diagnostic Services Nurse
gg. Thoracic Care (i.e. patients receiving heart and pulmonary surgery)
hh. Women's Health (i.e. provided care for women across the life cycle with emphasis on conditions that are particular to women)
ii. Wound Care
jj. Other Medical (i.e. dermatology, diabetic, allergy/immunology, infectious disease/ infection nurse, etc.)

kk. Other Clinical Specialties
ll. Other Non-clinical Specialties
mm. Other (please specify)

EMPLOYER SUPPORTS

54. Does your employer offer any of the following (mark ALL that apply)?
    a. Tuition reimbursement
    b. Paid time off for advancing nursing education
    c. Paid time off for continuing education courses
    d. Reimbursement for continuing education
    e. Reimbursement for costs associated with obtaining advanced certification
    f. Student loan repayment benefits
    g. Nurse residency/Transitions to practice programs
    h. Mentorship
    i. Personal/mental health days separate from sick leave
    j. Health and wellness stipends
    k. Meditation/wellness app access (e.g., Calm App)
    l. Access to counselling/mental health services/Employee Assistance Program (EAP)
    m. Housing supports
    n. Self-care services (e.g., massages, gym memberships/facilities, respite rooms, etc.)
    o. None of the above

CHANGE IN EMPLOYMENT SETTING

55. 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 #57]
    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
56. You indicated you made a change in your employment setting, please specify the reason (mark ALL that apply)?
    a. Preparing to Retire
    b. Care for home or family
    c. Completed educational program
    d. Changing to preferred nursing position
    e. Seeking a less stressful position or setting
    f. Difficulties with EMR/new technology
    g. Violence/safety issues

h. Relocating/Moving to another area
i. Temporary disability or long-term illness
j. Permanent disability leave
k. Wages
l. Work culture
m. Workload
n. Better schedule
o. Benefits and employer supports
p. Other (please specify)

BURNOUT

57. Please mark the response that best describes how frequently you have each feeling in relation to your role at your job.	Never	Once a year or less	A few times a year	Once a month	A few times a month	Once a week	A few times a week	Every day
I feel emotionally drained from my role as a nurse								
I feel like I make a positive difference in my role as a nurse								
I feel used up at the end of the workday								
I feel joy in my role as a nurse								
I feel fatigued when I get up and have to face another day on the job								
I feel good about my workday								
I feel burned out from my role as a nurse								
I feel satisfied in my role as a nurse								
I feel like I'm at the end of my rope								
I feel supported in my role as a nurse								

TIME PRACTICING AS A NURSE

58. 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 #71]
    c. 6 to less than 10 years [Skip to #71]

d. 10 years to less than 20 years [Skip to #71]
e. 20 years or more [Skip to #71]

New Nurses Only [< 3 Years]

59. 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)
60. How difficult was it to find a nursing position?
    a. Very difficult
    b. Difficult
    c. Neutral
    d. Easy
    e. Very easy
61. 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
62. Did you complete a nursing residency as new hire at your workplace?
    a. Yes
    b. No [Skip to #64]
63. What was the length of the residency? _____
64. How supported did you feel during your nurse residency?
    a. Not at all supported
    b. Somewhat supported
    c. Moderately supported
    d. Very supported
    e. Extremely supported
65. How satisfied were you with the orientation at your place of employment?
    a. Very dissatisfied
    b. Dissatisfied
    c. Neutral
    d. Satisfied
    e. Very satisfied
66. Did you complete a transition semester/intensive as a part of your nursing program?
    a. Yes
    b. No
67. 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)

68. 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
69. 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)
70. What were the challenges/barriers you faced while pursuing your nursing education that you did not anticipate? (Mark all that apply)
    a. English as a second language
    b. Racial/ethnic disparities
    c. Learning difficulties and/or disabilities (i.e., as covered in the American Disabilities Act)
    d. Lack of flexibility in work schedules
    e. Childcare issues
    f. Pregnancy (i.e., as covered under Title IX)
    g. Other family issues
    h. Cost of lost work time and benefits
    i. Cost of tuition
    j. Cost of materials, books, etc.
    k. Student loans were not available/could not take enough loans
    l. Financial aid
    m. Commuting distance to educational program
    n. Limited access to online learning or other online resources
    o. Scheduling or educational programs offered
    p. Variability for clinical placements and experience
    q. Younger/older than classmates
    r. Feel "too young”/“too old" for the profession
    s. Other (please specify)
    t. None of the above

PLANS TO CONTINUE WORKING AS A NURSE

71. 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 #73]
    d. More than 10 years [Skip to #73]
    e. Don't know [Skip to #73]
72. 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. Temporary disability or long-term illness
    j. Permanent disability leave
    k. Wages
    l. Work culture
    m. Workload
    n. Undesirable schedule
    o. Benefits and employer supports
    p. Other (please specify)

PLACE OF EMPLOYMENT

73. Where is your primary place location of employment (mark ONE)?
    a. Michigan
    b. Other state in the U.S.
    c. Canada [Skip to #75]
    d. Other nation [Skip to #75]
74. What is the ZIP Code of your primary place of employment? _____ [Skip to #76]
75. Why is your primary place location of employment not in Michigan (mark ALL that apply)?
    a. Living out of state
    b. Semi-retired
    c. Taking care of home and family
    d. Better pay/wages/benefits
    e. Better staffing/patient care ratios
    f. School
    g. Difficulty finding a nursing position
    h. Scope of practice regulation is more favorable outside of Michigan
    i. Travel nurse
    j. Remote work such as online teaching, telehealth, or call centers
    k. Military
    l. Other (please specify)

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 #80]
    c. Prefer not to answer [Skip to #80]

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

	Never	Once a year or less	A few times a year	Once a month	A few times a month	Once a week	A few times a week	Every day
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 formal process for you to report workplace violence incidents through your organization (i.e., beyond reporting workplace violence to supervisors)?
    a. Yes
    b. No [Skip to #82 or #83]
    c. Don't know [Skip to #82 or 83]
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? (mark ALL that apply)
    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

84. 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: Additional Questions Regarding Second Degree Nurses

In 2025, questions regarding nurses who had their first degree in a non-nursing field and had their second degree in nursing (Tables 64 to 75). The goal was to gain a better understanding of what second degree nurses experienced and why they made the decision to enter the nursing workforce.

Most nurses indicated that the type of nursing degree obtained was an associate's degree (RNs = 49.0%; LPNs = 81.9%; Table 64). Both RNs and LPNs indicated that this was due to the school location (47.7% and 29.5%, respectively), time commitment (40.6% and 34.2%, respectively), and the ability to work while attending nursing school (35.5% and 36.4%, respectively; Table 65). Most nurses also indicated that they felt prepared to enter the workforce; however, there was a percentage of those who did not feel prepared (RNs = 19.3%; LPNs = 22.5%; Table 66). Nurses who did not feel prepared stated that they would have liked longer clinical hours or preceptorships (RNs = 47.8%; LPNs = 32.7%) and more in-person training (RNs = 55.9%; LPNs = 47.6%). Table 67 shows that RNs received more admission benefits compared to LPNs (57.3% and 42.8%, respectively). The reasons for pursuing a nursing degree were due to their passion for the profession and for stable career opportunities (RNs = 49.8%; LPNs = 51.2%; Table 68).

Most nurses noted that they had challenges during their transition into nursing (Table 69). The challenges that most nurses experienced were imposter syndrome, or the persistent feeling that one's achievements are undeserved or that praise and success are not truly earned (RNs = 40.4%; LPNs = 30.2%), different work hours (34.8% and 37.9%), and bullying from colleagues and instructors (RNs = 30.6%; LPNs = 33.9%). However, nurses also stated that there were benefits that could be transferred from their previous employment to their nursing position (Table 72). These benefits included: transfer of common skills (RNs = 76.8%; LPNs = 68.0%) and service/patient facing skills (RNs = 53.2%; LPNs = 46.9%). Nurses were also asked about the management of financial aspects of obtaining a nursing degree (Table 73). Most nurses used student loans to obtain their degree (RNs = 63.0%; LPNs = 68.2%), while some worked in their previous position while attending nursing school and used their earnings to pay for nursing school (RNs = 35.2%; LPNs = 33.2%), and others used their personal savings to pay for nursing school (RNs = 39.3%; LPNs = 25.1%).

Table 64. Type of Nursing Program

Program Type	RN = 3,359		LPN = 208	
	Estimate	95% CI	Estimate	95% CI
Associate	49.0%	(47.3%, 50.7%)	81.9%	(76.1%, 86.5%)
BSN	22.8%	(21.4%, 24.2%)	4.6%	(2.5%, 8.4%)
Accelerated BSN (ABSN)	22.4%	(21.0%, 23.8%)	*	*
Entry Master's program	2.9%	(2.4%, 3.5%)	0.0%	(0.0%, 0.3%)
Joint BSN-MSN entry program	0.7%	(0.5%, 1.0%)	*	*
Other	2.2%	(1.8%, 2.8%)	12.1%	(8.3%, 17.2%)

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

Table 65. Reason for Program Decision[a]

Reasons	RN = 3,277		LPN = 203	
	Estimate	95% CI	Estimate	95% CI
Cost of tuition	34.1%	(32.5%, 35.7%)	33.5%	(27.4%, 40.2%)
Ability to qualify for federal student loans	8.9%	(8.0%, 9.9%)	11.1%	(7.5%, 16.2%)
Time commitment	40.6%	(38.9%, 42.3%)	34.2%	(28.0%, 41.0%)
Ability to work while attending the nursing program	35.5%	(33.9%, 37.2%)	36.4%	(30.1%, 43.2%)
Support the program offered to second-degree nursing students	13.9%	(12.8%, 15.1%)	4.6%	(2.5%, 8.4%)
Options to take courses online	5.9%	(5.1%, 6.8%)	*	*
NCLEX pass rate	14.6%	(13.4%, 15.9%)	9.4%	(6.1%, 14.2%)
School location	47.7%	(46.0%, 49.4%)	29.5%	(23.7%, 36.1%)
Location of clinicals	20.7%	(19.3%, 22.1%)	12.0%	(8.2%, 17.2%)
Accepted credits or prerequisites	1.3%	(1.0%, 1.7%)	*	*
Changing or following career path to be a nurse	1.4%	(1.1%, 1.9%)	*	*
More opportunities and security	0.5%	(0.3%, 0.8%)	*	*
Other reasons	6.4%	(5.6%, 7.3%)	7.2%	(4.4%, 11.6%)

[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.

Table 66. Adequately Preparedness for First Nursing Job[a]

Preparedness	RNs = 3,349		LPNs = 214	
	Estimate	95% CI	Estimate	95% CI
Yes	80.7%	(79.3%, 82.0%)	77.5%	(71.4%, 82.6%)
No	19.3%	(18.0%, 20.7%)	22.5%	(17.4%, 28.6%)
Among those who said they were not adequately prepared, what would have helped includes:				
Longer clinicals or preceptorships	47.8%	(45.1%, 50.5%)	32.7%	(24.6%, 42.0%)
Online resources	5.3%	(4.2%, 6.6%)	*	*
More in-person training	55.9%	(53.2%, 58.6%)	47.6%	(38.5%, 56.9%)
Skills check off	17.1%	(15.2%, 19.2%)	23.6%	(16.6%, 32.4%)
Longer orientation	31.8%	(29.3%, 34.4%)	31.8%	(23.8%, 41.0%)
Nursing residency	39.2%	(36.6%, 41.9%)	22.3%	(15.5%, 31.0%)
Mentorship	38.1%	(35.5%, 40.8%)	38.1%	(29.5%, 47.5%)
Other	7.4%	(6.1%, 8.9%)	8.2%	(4.4%, 14.9%)

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

Table 67. Received Admissions Benefits for Entry into the Program

Received Admissions Benefits	RNs = 3,304		LPNs = 213	
	Estimate	95% CI	Estimate	95% CI
Yes	57.3%	(55.6%, 59.0%)	42.8%	(36.3%, 49.5%)
No	42.7%	(41.0%, 44.4%)	57.2%	(50.5%, 63.7%)

Table 68. Reason for Pursuing Nursing as a Second-Degree[a]

Reasons	RNs = 3,307		LPNs = 213	
	Estimate	95% CI	Estimate	95% CI
Passion for the profession	49.8%	(48.1%, 51.5%)	51.2%	(44.5%, 57.8%)
Stable career opportunities	60.3%	(58.6%, 62.0%)	45.0%	(38.5%, 51.7%)
Time available	6.1%	(5.3%, 7.0%)	6.5%	(3.9%, 10.6%)
Seeking a higher paying profession	41.5%	(39.8%, 43.2%)	39.6%	(33.3%, 46.3%)
The ability to move around in the profession	40.5%	(38.8%, 42.2%)	25.7%	(20.3%, 32.0%)
Work schedule	25.7%	(24.2%, 27.2%)	12.6%	(8.8%, 17.7%)
Other reason	5.1%	(4.4%, 5.9%)	5.3%	(3.0%, 9.2%)

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

Table 69. Challenges during Transition to Nursing[a]

Challenges	RNs = 2,802		LPNs = 183	
	Estimate	95% CI	Estimate	95% CI
No challenges	5.2%	(4.4%, 6.1%)	5.7%	(3.2%, 10.1%)
Among those who did experience challenges:				
Competency struggles	12.9%	(11.7%, 14.2%)	11.2%	(7.4%, 16.6%)
Imposter syndrome	40.4%	(38.6%, 42.2%)	30.2%	(24.0%, 37.2%)
Different work hours	34.8%	(33.1%, 36.6%)	37.9%	(31.2%, 45.1%)
COVID-19 pandemic	21.0%	(19.5%, 22.5%)	18.0%	(13.1%, 24.2%)
Knowing what to specialize in	21.1%	(19.6%, 22.6%)	13.7%	(9.5%, 19.4%)
Communication with colleagues	21.6%	(20.1%, 23.2%)	21.4%	(16.1%, 27.9%)
Bullying from nurse colleagues and/or instructors	30.6%	(28.9%, 32.3%)	33.9%	(27.4%, 41.0%)
Preceptor challenges	16.1%	(14.8%, 17.5%)	*	*
Other	2.5%	(2.0%, 3.1%)	*	*

[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.

Table 70. Worked in an Acute Care Setting after Nursing School

Acute Care Setting after Nursing School	RNs = 3,325		LPNs = 214	
	Estimate	95% CI	Estimate	95% CI
Yes	82.5%	(81.2%, 83.8%)	39.8%	(33.5%, 46.5%)
No	17.5%	(16.2%, 18.8%)	60.2%	(53.5%, 66.5%)

Table 71. Non-Traditional Position Options after Nursing School

Non-Traditional Position Options after Nursing School	RNs = 3,299		LPNs = 208	
	Estimate	95% CI	Estimate	95% CI
Yes	32.0%	(30.4%, 33.6%)	31.9%	(26.0%, 38.4%)
No	68.0%	(66.4%, 69.6%)	68.1%	(61.6%, 74.0%)

Table 72. Benefits of Previous Employment on Nursing Career[a]

Benefits	RNs = 3,188		LPNs = 209	
	Estimate	95% CI	Estimate	95% CI
Transfer of common skills	76.8%	(75.3%, 78.2%)	68.0%	(61.4%, 74.0%)
Service/patient facing	53.2%	(51.5%, 54.9%)	46.9%	(40.3%, 53.7%)
Previous leadership and/or management experience	27.7%	(26.2%, 29.3%)	32.0%	(26.0%, 38.6%)
Prior clinical experience (e.g., CNA, Medical Assistant, Phlebotomy)	42.2%	(40.5%, 43.9%)	42.2%	(35.7%, 49.0%)
Other	1.4%	(1.0%, 1.9%)	*	*

[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.

Table 73. Management of Financial Aspects of Returning to School[a]

Aspects	RNs = 3,275		LPNs = 207	
	Estimate	95% CI	Estimate	95% CI
Student loans	63.0%	(61.3%, 64.6%)	68.2%	(61.6%, 74.2%)
Worked in my previous career while attending nursing school, using my earnings to pay for school	35.2%	(33.6%, 36.9%)	33.2%	(27.1%, 39.9%)
Used personal savings to pay for school	39.3%	(37.6%, 41.0%)	25.1%	(19.7%, 31.4%)
Help from friends and family	31.8%	(30.2%, 33.4%)	20.9%	(15.9%, 26.9%)
Worked in a health-related capacity while attending nursing school	28.6%	(27.1%, 30.2%)	26.5%	(21.0%, 32.9%)
Tuition benefit from employer	14.5%	(13.3%, 15.7%)	5.9%	(3.4%, 10.0%)

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

Table 74. Support Systems[a]

Support Systems	RNs = 3,270		LPNs = 210	
	Estimate	95% CI	Estimate	95% CI
Additional meetings with an advisor or counselor	9.4%	(8.4%, 10.4%)	11.3%	(7.7%, 16.3%)
Friends/family	74.1%	(72.6%, 75.6%)	71.1%	(64.6%, 76.8%)
Meeting with professors and/or clinician instructors	31.0%	(29.4%, 32.6%)	27.4%	(21.8%, 33.8%)
None of these	15.6%	(14.4%, 16.9%)	18.0%	(13.4%, 23.8%)
Other	2.6%	(2.1%, 3.2%)	*	*

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

Table 75. Recommending Nursing as a Second Degree

Recommending Nursing as a Second Degree	RNs = 3,278		LPNs = 210	
	Estimate	95% CI	Estimate	95% CI
Yes	70.1%	(68.5%, 71.6%)	68.7%	(62.1%, 74.6%)
No	29.9%	(28.4%, 31.5%)	31.3%	(25.4%, 37.9%)

Those who indicated they had received their first degree in a non-nursing field and had their second degree in nursing were also asked a series of open field questions. When asked about if nurses would recommend nursing as a second career, nurses commented on nursing offering a wide range of career opportunities, including diverse specialties, flexible schedules, and the ability to work in various settings. Many second-degree nurses highlighted the job security and versatility of the profession, making it appealing for those seeking stable and adaptable career paths. Nurses also commented on funding nursing to be a fulfilling and rewarding career. When asked why they may not recommend nursing as a second career, a significant number of responses emphasized the high levels of stress, burnout, and emotional toll associated with nursing. Issues such as long hours, unsafe nurse-to-patient ratios, and lack of support from management were frequently mentioned as deterrents. Many second-degree nurses also felt that the compensation does not adequately reflect the workload, responsibilities, and emotional strain. Comparisons to other professions with better pay and less stress were common. Second degree nurses frequently cited a lack of support from management, workplace violence, and toxic work environments as major concerns. These issues contribute to dissatisfaction and make the profession less appealing as a second career.

Nurses were also asked about what the key differences were between their previous career and nursing. Some second-degree nurses noted that nursing offers better pay and job stability compared to previous careers. They highlighted the financial benefits and the abundance of employment opportunities in the field. Many second-degree nurses reported that nursing provides flexibility in scheduling, diverse career paths, and opportunities for advancement. There were comments about how the ability to switch roles or specialties within the profession was appreciated. On the other hand, many second-degree nurses noted that nursing involves heightened responsibility, including life-and-death decisions, patient care, and accountability for outcomes. There were also responses indicating that nursing is significantly more stressful, with emotional and physical demands, workplace challenges, and exposure to difficult situations. Burnout and lack of support are recurring themes. One other major trend was that while nursing is seen as a respected profession, many second-degree nurses noted a lack of respect from management, patients, and peers.

Lastly, second degree nurses were asked about how their career aspirations changed since becoming a nurse. A significant number of second-degree nurses highlight burnout, dissatisfaction with the profession, and frustration with workplace conditions, including understaffing, lack of support, and toxic environments. Many nurses express a desire to leave the profession, avoid bedside care, retire early, or transition to a less stressful role. There were many second-degree nurses who shifted their aspirations, exploring non-traditional roles, administrative positions, or entirely new career paths. Some have transitioned to teaching, research, or roles outside of direct patient care. Others had indicated aspirations for further education, such as obtaining advanced degrees, remain common. However, financial constraints, time limitations, and perceived lack of return on investment deter some from pursuing higher education. Despite challenges, second degree nurses remain passionate about patient care and find fulfillment in their roles. Others express a desire to improve patient outcomes or focus on specific areas of care, such as hospice or mental health.

Appendix C: Additional Questions for Internationally Trained Nurses

In 2025, questions regarding internationally trained nurses were added (Tables 76 to 89). The goal was to gain a better understanding of what internationally trained nurses experienced and why they made the decision to enter the nursing workforce in another country.

Most internationally trained nurses indicated that they were trained in Canada (48.9%), followed by Asia (24.8%; Table 76). Internationally trained nurses have most often been working as a nurse for 20 or more years (46.0%; Table 77); however, most internationally trained nurses have been working as a nurse in Michigan for less than three years (34.5%), followed by 20 or more years (31.5%; Table 78).

Regarding education, internationally trained nurses most commonly indicated that they passed the National Council Licensure Examination (NCLEX) 10 or more years ago (54.0%; Table 79). Over half of internationally trained nurses indicated that they did not experience any barriers or challenges while obtaining a nursing license in Michigan (52.3%; Table 80). Among those who did experience barriers or challenges while obtaining a nursing license in Michigan indicated that the financial cost was the biggest challenge (24.3%), followed by administrative barriers arising from documentation or regulations in their country of origin (20.5%).

Internationally trained nurses were asked about how they were able to find jobs in Michigan and whether their training was adequate or not (Tables 82 to 84). Most internationally trained nurses self-applied to jobs in Michigan (55.0%), followed by a US recruiter (27.3%; Table 82). They were also asked where their career was outside of Michigan, which most indicated that it was in another state in the United States (61.1%; Table 83). Most internationally trained nurses indicated that they had training for health care practices in Michigan (71.2%), and indicated the training was very or extremely adequate (60.1%; Table 84). For internationally trained nurses who did not receive training in Michigan (28.8%), they indicated that longer training (43.4%) or in-person options (29.7%; Table 84) would have been beneficial.

Internationally trained nurses were asked about cultural differences, the strategies for adapting to the work environment, and how often there were misunderstandings about their culture (Tables 85 to 88). Most internationally trained nurses indicated that they experienced cultural differences (72.7%; Table 85) and that cultural misunderstandings occurred at least a few times per year (27.5%; Table 87). Nurses also reported that the effect of the misunderstanding had an indifferent effect (51.8%; Table 88). Strategies that internationally trained nurses used to adapt to their work environment were having hospital onboarding (52.1%) and having a mentor within the facility (52.7%; Table 86).

The last section asked internationally trained nurses if the resources provided by their employer during their transition period were adequate and if there were additional supports that would have been beneficial (Tables 89 to 90). About half of internationally trained nurses indicated that they were very or extremely satisfied with the support during their transition provided by colleagues, and about a quarter were moderately satisfied with the support received by their employer (Table 89). Other supports that internationally trained nurses indicated would have been beneficial were having mentorship (37.1%) and long-term preceptorship (37.1%; Table 90).

DEMOGRAPHICS

Table 76. Area of Origin for Internationally Trained Nurses in Michigan

Area of Origin	N= 403	
	n	Estimate
Canada	197	48.9%
Asia	100	24.8%
Europe	23	5.7%
Africa	16	4.0%
India	15	3.7%
Middle East	14	3.5%
United States	13	3.2%
Central/South America	*	*
Other	19	4.7%

Table 77. Length of Time Working as a Nurse

Years	N = 403	
	Estimate	95% CI
Less than three years	9.5%	(7.0%, 12.8%)
Three to less than six years	7.6%	(5.4%, 10.6%)
Six to less than 10 years	18.5%	(15.0%, 22.6%)
10 to less than 20 years	18.3%	(14.8%, 22.4%)
20 or more years	46.0%	(41.2%, 50.9%)

Table 78. Length of Time Working as a Nurse in Michigan

Years	N = 383	
	Estimate	95% CI
Less than three years	34.5%	(29.9%, 39.4%)
Three to less than six years	11.3%	(8.5%, 14.9%)
Six to less than 10 years	9.7%	(7.1%, 13.1%)
10 to less than 20 years	13.0%	(10.0%, 16.7%)
20 or more years	31.5%	(27.1%, 36.3%)

EDUCATION/LICENSURE

Table 79. Duration Since Passing NCLEX

Years	N = 399	
	Estimate	95% CI
Less than a year ago	*	*
One to five years ago	24.6%	(20.6%, 29.1%)
Five to 10 years ago	17.9%	(14.5%, 22.0%)
10+ years ago	54.0%	(49.1%, 58.8%)

Table 80. Barriers When Obtaining Michigan Nurse Licensure

Barriers	N = 398	
	Estimate	95% CI
No barriers experienced	52.3%	(47.4%, 57.2%)
Among those who did experience unanticipated barriers		
Financial Cost	24.3%	(20.3%, 28.7%)
Time Commitment	11.5%	(8.7%, 15.0%)
Language Barriers	3.5%	(2.1%, 5.8%)
U.S. Employer Benefits	15.0%	(11.8%, 18.8%)
Country of Origin Barriers	20.5%	(16.8%, 24.7%)
Other	2.9%	(1.6%, 5.1%)

Table 81. Supports while Obtaining Michigan Nurse Licensure

Supports	N = 397	
	Estimate	95% CI
Not at all supported	15.1%	(11.9%, 19.0%)
Somewhat supported	26.7%	(22.6%, 31.3%)
Moderately supported	14.2%	(11.1%, 18.0%)
Very supported	27.8%	(23.6%, 32.4%)
Extremely supported	16.2%	(12.9%, 20.1%)

WORKFORCE

Table 82. Finding Nursing Jobs in Michigan

Finding Nursing Jobs	N = 395	
	Estimate	95% CI
U.S Recruiter	27.3%	(23.1%, 31.9%)
Country of origin recruiter	3.5%	(2.1%, 5.8%)
Self-applied	55.0%	(50.1%, 59.8%)
Referral	7.8%	(5.5%, 10.9%)
Other	3.1%	(1.8%, 5.3%)

Table 83. Nursing Career Outside of Michigan

Nursing Career Locations	N = 263	
	Estimate	95% CI
Another U.S. state	61.1%	(55.1%, 66.8%)
Country of origin	29.2%	(24.0%, 35.0%)
Another country	9.7%	(6.7%, 13.9%)

Table 84. Training in Health Care Practices in Michigan

Had Trainings	N = 391	
	Estimate	95% CI
Yes	**71.2%**	**(66.5%, 75.5%)**
Among those that had training on health care practices in Michigan, was the training:		
Not at all adequate	*	*
Somewhat adequate	15.7%	(11.9%, 20.4%)
Moderately adequate	23.3%	(18.8%, 28.6%)
Very adequate	40.0%	(34.5%, 45.8%)
Extremely adequate	20.1%	(15.8%, 25.2%)
No	**28.8%**	**(24.5%, 33.5%)**
Among those that did not have training on health care practices in Michigan, what would have helped:		
Shorter training	*	*
Longer training	43.4%	(35.2%, 52.0%)
Online training	23.0%	(16.6%, 30.9%)
In-person option	29.7%	(22.5%, 38.0%)
Skills check off	29.0%	(21.9%, 37.3%)
Other	7.9%	(4.4%, 13.8%)

CULTURAL

Table 85. Encountering Cultural Differences in Patient Care

Cultural Differences	N = 392	
	Estimate	95% CI
Yes	72.7%	(68.1%, 76.9%)
No	27.3%	(23.1%, 31.9%)

Table 86. Strategies for Adapting to Work Environments

Strategies	N = 354	
	Estimate	95% CI
Hospital onboarding program	52.1%	(46.9%, 57.3%)
Connection with cultural community groups	18.3%	(14.6%, 22.7%)
Connection with religious/spiritual community groups	9.8%	(7.1%, 13.3%)
Mentor within facility	52.7%	(47.5%, 57.8%)
Mentor in the community	7.2%	(4.9%, 10.4%)
Other	9.8%	(7.1%, 13.3%)

Table 87. Frequency of Cultural Misunderstandings or Conflicts

Cultural Misunderstandings	N = 379	
	Estimate	95% CI
No	35.4%	(30.8%, 40.3%)
Among those that had have experienced misunderstandings or conflicts:		
Once a year or less	24.8%	(20.7%, 29.4%)
A few times a year	27.5%	(23.2%, 32.2%)
Monthly	6.0%	(4.0%, 8.9%)
Weekly	5.0%	(3.2%, 7.7%)
Daily	*	*

Table 88. Effect of Misunderstandings or Conflicts on Nursing Care

Effects	N = 316	
	Estimate	95% CI
Positively impacted my nursing care	33.8%	(28.8%, 39.2%)
Negatively impacted my nursing care	14.4%	(11.0%, 18.7%)
The impact on my nursing care was indifferent	51.8%	(46.3%, 57.3%)

RESOURCES

Table 89. Satisfaction with Support during Nursing Transitions

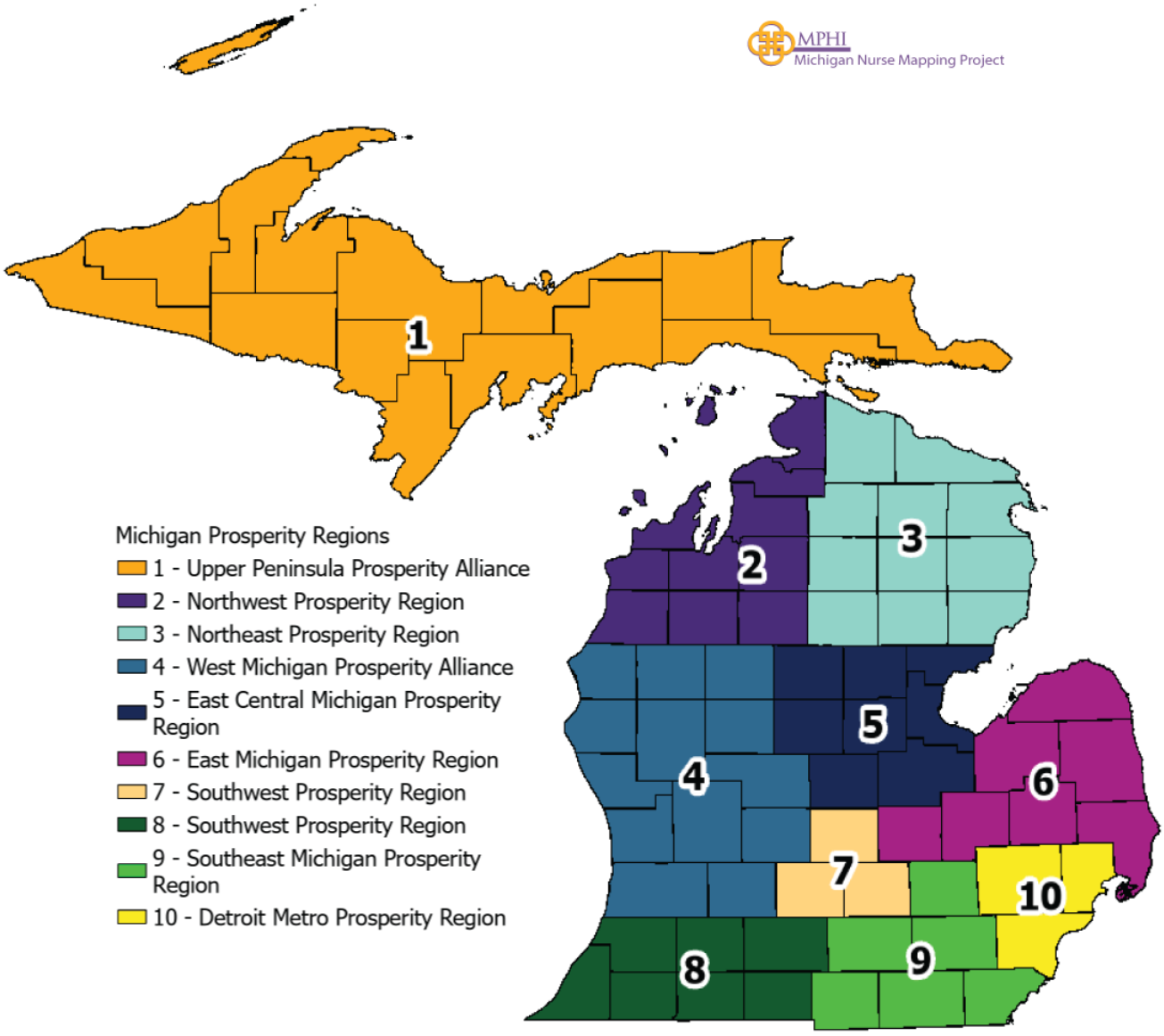
Supports	N = 376	
	Estimate	95% CI
Provided by Colleagues, Mentors, and other staff		
Not at all satisfied	4.2%	(2.6%, 6.7%)
Somewhat satisfied	18.3%	(14.7%, 22.5%)
Moderately satisfied	28.2%	(23.9%, 33.0%)
Very satisfied	35.2%	(30.5%, 40.2%)
Extremely satisfied	14.1%	(10.9%, 18.0%)
Provided by Employer		
Not at all satisfied	10.9%	(8.1%, 14.5%)
Somewhat satisfied	22.9%	(18.9%, 27.4%)
Moderately satisfied	27.9%	(23.6%, 32.7%)
Very satisfied	26.5%	(22.3%, 31.2%)
Extremely satisfied	11.8%	(8.9%, 15.5%)

Table 90. Beneficial Additional Supports

Supports	N = 245	
	Estimate	95% CI
Dedicated help for NCLEX	22.2%	(17.4%, 27.8%)
Mentor	37.1%	(31.3%, 43.3%)

Supports	N = 245	
	Estimate	95% CI
Long-term preceptorship	37.1%	(31.3%, 43.3%)
Familial support	15.3%	(11.3%, 20.3%)
Housing support	26.0%	(20.9%, 31.8%)
Food support	12.6%	(9.0%, 17.3%)
Communication Support	28.4%	(23.1%, 34.3%)
Other	8.2%	(5.4%, 12.3%)

Appendix D: Map of Prosperity Regions



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