

WISCONSIN

# 2020 RN SURVEY REPORT

# NURSES ARE THE HEART OF HEALTHCARE

The graphic features the text 'NURSES ARE THE HEART OF HEALTHCARE' in a bold, distressed, sans-serif font. The word 'HEART' is partially obscured by a stylized heart shape. To the left of the heart, there are two syringes. To the right, there is a female symbol (♀). The entire graphic is set against a white background with a subtle pattern of small plus signs.

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In Appreciation,  
Thomas Veese, MS, RN  
President – Wisconsin Center for Nursing, Inc.

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## Table of Contents

Acknowledgements.....	ii
List of Tables .....	vi
List of Figures.....	ix
Executive Summary .....	1
Key Findings – Overall.....	1
Key Findings – State Regions.....	3
Key Findings – Advanced Practice Nurses.....	4
Key Findings – Leadership Roles.....	5
Key Findings – Nurse Faculty .....	6
Key Findings – Income.....	6
Section I. Introduction .....	9
Data Management.....	11
Limitations.....	11
Section II. Wisconsin RN Workforce Demographics.....	12
Language Proficiency .....	14
Employment Patterns.....	15
Primary Position Characteristics.....	15
Telehealth and Remote Work .....	18
Future Intentions for Employment.....	19
Specialized Clinical Knowledge and Experience .....	20
Educational Patterns .....	21
Racial and Ethnic Diversity .....	24
Comparing 2018 and 2020.....	27
Discussion and Recommendations .....	28
Section III. Geographic Distribution of Wisconsin RNs .....	30
Wisconsin RN Workforce by DHS Region .....	30
Employment Status by DHS Region .....	32
Patterns of Employment in Nursing by DHS Region.....	35
Specialized Clinical Knowledge by DHS Region .....	37
Employment Status Change by DHS Region .....	39
Secondary Employment by DHS Region .....	41
Employment Intentions by DHS Region .....	42
Intentions to Work in Direct Patient Care by DHS Region.....	45

Educational Preparation by DHS Region .....	46
Future Educational Plans by DHS Region.....	47
Challenges to Further Education by DHS Region .....	48
Emergency Response Training by DHS Region.....	49
Employer Rural-Urban Location .....	51
Comparing 2018 and 2020.....	55
Discussion and Recommendations .....	56
Section IV. Advanced Practice Nurses .....	57
APN Workforce Demographics.....	58
Certification, Primary Place of Work, Position, and Specialties .....	59
Setting and Population .....	63
Wisconsin DHS Region of Employment.....	64
APN Workforce Certification by DHS Region .....	66
Future Work Intentions.....	68
Comparing 2018 and 2020.....	69
Discussion and Recommendations .....	70
Section V. Nurses in Leadership Roles.....	71
Characteristics of Nurses in Leadership Roles .....	71
Leadership Role by Functional Role and Primary Place of Employment .....	75
Employment Status of Nurse Leaders .....	76
Barriers to Leadership Roles.....	78
Future Work Intentions.....	79
Comparing 2018 and 2020.....	80
Discussion and Recommendations .....	80
Section VI. Nurse Faculty.....	82
Nurse Faculty Demographic Patterns .....	83
Nurse Faculty Employment Patterns by Setting and Region.....	84
Nurse Faculty Intentions Regarding Future Work and Education.....	85
Nurse Faculty Clinical Specialty Knowledge and Experience .....	88
Comparing 2018 and 2020.....	89
Discussion and Recommendations .....	90
Section VII. Income .....	92
Discussion and Recommendations .....	102
References.....	104

Appendix A: 2020 Wisconsin RN Survey .....	107
Appendix B: 2020 Wisconsin RN Survey At-A-Glance .....	129
Appendix C: 2018-2019 Wisconsin Education and Nurse Faculty Survey .....	131
Appendix D: State of Employment of RNs Licensed in Wisconsin in 2020 .....	133
Appendix E: Place of Work and Role by State of Employment in 2020.....	134
Appendix F: RNs Working in Telehealth or Call Centers in 2020.....	135
Appendix G: Certification Data for the Wisconsin Nursing Workforce in 2020 .....	136
Appendix H: Plans for Further Education by Race or Ethnicity .....	138
Appendix I: DHS Regions of the State .....	139
Appendix J: Wisconsin RNs by County in 2020 .....	140
Appendix K: Schools of Nursing by Wisconsin DHS Regions of the State.....	143
Appendix L: Annual Pre-Tax Earnings by Functional Role or Primary Job .....	144
Appendix M: Income by Age Category and Racial and Ethnic Diversity.....	146

## List of Tables

Table 1. Exclusion Criteria and Excluded Responses .....	10
Table 2. Wisconsin RN Workforce Demographics .....	13
Table 3. Linguistic Ability .....	14
Table 4. Employment Status .....	15
Table 5. Characteristics of Primary Position at Principal Place of Work .....	16
Table 6. Time Spent and Modes of Communication with Patients .....	18
Table 7. Intent to Continue Providing Direct Patient Care .....	19
Table 8. Intent to Continue in Current Employment .....	19
Table 9. Area of Specialized Clinical Knowledge .....	20
Table 10. Educational Preparation for Nursing Practice .....	22
Table 11. Mean Age at First Degree in Nursing and at Subsequent Degrees in Nursing .....	23
Table 12. Demographics, Primary Place of Work, Role or Position, Education, and Employment Sector Characteristics by Diversity Category .....	25
Table 13. 2018 – 2020 Comparison of Educational Attainment by Racial or Ethnic Diversity ...	27
Table 14. Demographic Information by DHS Region of Residence .....	31
Table 15. Employment Characteristics by DHS Region of Employment .....	33
Table 16. Employment Status by DHS Region of Residence .....	35
Table 17. Job Category at Primary Place of Work by DHS Region of Residence .....	36
Table 18. Areas of Specialized Clinical Knowledge and Experience by DHS Region of Residence .....	37
Table 19. Employment Status Changes by DHS Region of Residence .....	39
Table 20. Important Factors in Employment Change in the Past Year by DHS Region of Residence .....	40
Table 21. Description of Job Category at Secondary Place of Work by DHS Region of Residence .....	41
Table 22. Employment Intentions of Unemployed RNs by DHS Region of Residence .....	42
Table 23. Factors Influencing a Return to Nursing by DHS Region of Residence .....	44
Table 24. Intent to Continue Providing Direct Patient Care by DHS Region of Residence .....	45
Table 25. Highest Nursing Degree by DHS Region of Residence .....	46
Table 26. Plans for Further Education in Nursing by DHS Region of Residence .....	47
Table 27. Challenges to Pursuing Additional Education by DHS Region of Residence .....	48
Table 28. Formal Training in Emergency Preparedness and Response by DHS Region of Residence .....	49

Table 29. Applied Training in Emergency Preparedness and Response by DHS Region of Residence .....	50
Table 30. Demographics by Employer Rural-Urban Location.....	51
Table 31. Employment by Employer Rural-Urban Location.....	52
Table 32. Intent to Continue Providing Direct Patient Care by Employer Rural-Urban Location .....	52
Table 33. Intent to Continue in Current Employment by Employer Rural-Urban Location .....	53
Table 34. Educational Preparation by Employer Rural-Urban Location.....	54
Table 35. Residence and Primary Position by DHS Region and Employer Rural-Urban Location .....	55
Table 36. APN Demographics .....	58
Table 37. APN Age by Certification Type .....	59
Table 38. Primary Place of Employment and Position by APN Certification Type.....	60
Table 39. Specialty Certification as Nurse Practitioner and Clinical Nurse Specialist .....	62
Table 40. APNP by Certification Type.....	63
Table 41. Certified APNs Providing Primary Care or Outpatient Mental Health Services by Type of Care Provided.....	63
Table 42. APN Population Focus Area.....	64
Table 43. APN Workforce Demographics by DHS Region of Employer .....	64
Table 44. APN Certification Type by DHS Region of Employer .....	66
Table 45. NP Specialty Certification by DHS Region of Employer.....	67
Table 46. APN Intent to Continue to Provide Direct Patient Care .....	68
Table 47. APN Plan to Stay in Current Type of Employment .....	69
Table 48. Nurses in Leadership Roles by DHS Region of Employer and Role Type .....	72
Table 49. Age, Diversity, Gender, and Education Reported by Leadership Role .....	73
Table 50. Leadership Role by Primary Functional Role.....	75
Table 51. Leadership Role by Primary Place of Work.....	76
Table 52. Employment Status among Nurses with Leadership Roles.....	77
Table 53. Barriers to Leadership among RNs not Engaged in Leadership by DHS Region .....	78
Table 54. Nurse Leader Intent to Stay in Current Position.....	79
Table 55. Nurse Faculty Demographics.....	83
Table 56. Nurse Faculty Age by Highest Degree .....	84
Table 57. Nurse Faculty Principal Place of Work .....	84
Table 58. Nurse Faculty Education Work Setting .....	84

Table 59. Nurse Faculty in Education by DHS Region .....	85
Table 60. Nurse Faculty Intent to Stay in Current Type of Employment – All Degrees.....	85
Table 61. Nurse Faculty with PhD in Nursing or Other Fields Intent to Stay in Current Type of Employment.....	86
Table 62. Nurse Faculty in Education Intent to Stay in Current Type of Employment .....	86
Table 63. Nurse Faculty Plans for Further Education and Barriers to Pursue Education.....	87
Table 64. Clinical Areas of Specialized Knowledge and Experience .....	88
Table 65. Annual Pre-Tax Earnings All RNs Working in Wisconsin .....	92
Table 66. Median Income by Demographic Characteristics.....	93
Table 67. Annual Pre-Tax Earnings by Gender Identity .....	94
Table 68. Median Annual Income by Place of Work and Functional Role.....	96
Table 69. Median Income for RNs Employed as Educators and Faculty.....	99
Table 70. Median Income by DHS Region of Employer.....	100
Table 71. Median Income by Rural-Urban Residence.....	101



## **List of Figures**

Figure 1. Annual Pre-Tax Earnings by Gender Identity .....	95
Figure 2. Annual Pre-Tax Earnings by Functional Role or Primary Job .....	97
Figure 3. Median Income by Age Category and Racial and Ethnic Diversity .....	98

## Executive Summary

### Introduction

Registered nurses (RNs) comprise a large and essential portion of the health professions workforce. Working as an RN in Wisconsin requires a professional license issued by the State of Wisconsin, Department of Safety and Professional Services. The RN license must be renewed every two years. Since 2010, the RN license renewal process has required RNs to complete a survey (Wisconsin State Statute, Chapter 106.30) to gather information for the purpose of health professions workforce planning. This report presents the results of the *Wisconsin 2020 Registered Nurse Workforce Survey* administered by the State of Wisconsin Department of Workforce Development (DWD), with analysis by a team from the University of Wisconsin-Madison School of Nursing.

### Methods

The *Wisconsin 2020 RN Workforce Survey* was administered electronically and via mail-in paper format by the Wisconsin DWD as a part of the biennial RN license renewal process. By the end of February 2020, 94,615 RNs completed the survey either in paper format (700) or online (93,915). Of the online submissions, 3,173 were duplicates, leaving 90,742 unique online responses. Data from the surveys completed in paper format were not included in this analysis. Additional exclusion criteria (listed in Section I, Table 1) were applied to the online completions, resulting in 81,620 usable responses from RNs living and/or working in Wisconsin included in the final dataset. A more detailed description of the methods can be found in Section I.

### Limitations

This report does not include information from RNs newly licensed in the state, as they did not complete the survey. As noted, this report also does not include responses submitted in paper format. Two limitations should be considered when comparing the 2020 results to the 2018 results. First, the 2020 survey results were limited by more missing data than in previous surveys. Responses were retained in the dataset whenever possible to assure the most accurate results. However, this did result in variation in the total number of responses included in various analyses and reported in the tables within this report. Second, several questions were revised after the 2018 survey. These changes are noted in the appropriate sections of the narrative.

### Key Findings – Overall

#### Demographics

- 91,442 RNs renewed their license in Wisconsin in 2020, an increase of 1,299 (1.4%) over 2018 (90,143).
- A large majority of RNs identified as female (91.9%) and White (94.3%), with an average of 46.2 years (range 21 years to 90 years), all consistent with prior surveys.
- The number of RNs identifying as male (7.9%; 6,348) increased by 403 (7.5%) from 2018.
- The 2020 survey added an “Other, non-binary” gender category; 0.2% (155) RNs identified with this gender category.

- The number of RNs identifying as Black, Indigenous, and People of Color (BIPOC) and/or Hispanic or Latino (Latinx) increased to 6,390 (7.9%) from 5,642 (7.1%) in 2018.
- 7.9% overall identified as BIPOC/Latinx, well below a national benchmark for diversity in the RN workforce of 25% (National Advisory Council on Nurse Education and Practice [NACNEP], 2013).

## **Education**

- The proportion of RNs in Wisconsin with a bachelor's or higher degree in nursing increased from 59.9% in 2018 to 63.2% in 2020, well under the national goal of 80% by 2020 (Institute of Medicine [IOM], 2011).
- Most RNs have no plans to pursue further education (69.8%), consistent with the 2018 survey (68.5%), citing the cost of tuition and fees (47.5%), family/personal reasons (31.7%), and cost of lost work time and benefits (24.3%) as the most important barriers.
- The total number of RNs with doctoral degrees (any field) was 1,600 (2%), up from 1,179 in 2018, a 35.7% increase. The IOM goal of doubling the number of nurses with doctoral degrees, set in 2010 when Wisconsin reported 516 RNs with doctoral degrees, has been met.
- The number of RNs reporting having attained a Doctor of Nursing Practice (DNP) increased to 1,038 (1.3%) from 720 in 2018, an increase of 44%, while the number reporting a PhD in Nursing rose from 259 (0.3%) in 2018 to 290 (0.4%), a 12% increase.
- Average age at time of completion of the DNP declined from 39.1 years in 2018 to 33.5 years in 2020; a similar decline was seen for average age at which nurses completed the PhD, which declined from 42 years in 2018 to 40.8 years in 2020.

## **Employment**

- Consistent with 2018, 89.1% of respondents were employed and 85.3% reported being employed as a nurse.
- Just over half (51%) of respondents reported their primary place of employment was a hospital, and 83% indicated their primary function was to provide direct patient care.
- Approximately 15% of RNs spend more than 75% of their time in remote communication work (telehealth) in their primary jobs, with the most common modes of communication being telephone (89.3%), email (26.1%), and texting (24.3%).
- The number of RNs who reported intention to continue providing patient care for less than two years increased by 14.7%, from 4,516 (7.6%) in 2018 to 5,180 (8.7%) in 2020.
- Consistent with prior surveys, medical/surgical (31.8%), intensive care (29.9%), and adult health (20%) were the three most frequently reported areas of clinical knowledge and experience, while the most notable decrease from 2018 was seen for RNs with specialty knowledge or experience in public health, decreasing from 8.2% in 2018 to 3.9% in 2020.
- The proportion of nurses who have family health insurance decreased from 64.7% in 2018 to 56.8% in 2020; the proportion reporting personal health insurance declined from 70.4% in 2018 to 64.1% in 2020.

## **Implications for Practice, Education, and Policy**

The overall number of RNs renewing their license in Wisconsin continued to increase, but the upward trend seen in prior years appears to be slowing. While the workforce is increasingly diverse with regard to race and ethnicity, the proportion of Wisconsin RNs who identify as BIPOC/Latinx continues to lag substantially behind the U.S. nursing workforce and national benchmarks (Buerhaus et al., 2017; NACNEP, 2013; Smiley et al., 2018). Similarly, although the number of RNs identifying as male increased, the overall proportion remains low compared to national benchmarks. Increased efforts to recruit diverse applicants into nursing education programs and to retain them in the current workforce are needed to address the disparities identified in this report.

Notably, the data collection period for the *Wisconsin 2020 RN Workforce Survey* concluded at the beginning of the COVID-19 pandemic in Wisconsin. The findings from this survey can serve as a baseline for assessing the impact of the pandemic on the Wisconsin RN workforce in years to come. For example, the decline in public health nurses revealed in this survey prior to the pandemic potentially contributed to challenges observed in the state's pandemic public health response. Future policy implications could be the need for greater support and funding for the public health system, including public health nurses. The pandemic also generated many health care delivery system changes, including increasing the use of telehealth. The telehealth questions included in this survey will serve as a baseline for future comparisons and help discern the impact of the pandemic on the use of telehealth by RNs. Serious concerns about the overall shortage of RNs continue. Prior to the pandemic, the proportion of nurses reporting their intention to continue providing patient care for less than 2 years reveals the potential for ongoing RN shortages. Employers should take note of the concerning decrease in the proportion of nurses reporting health insurance coverage and consider ways to support keeping RNs in the workforce, particularly post-pandemic. The impact of the tremendous COVID-19 nursing care challenges on RNs' willingness to stay in the workforce will have important education, practice, and policy implications in the years ahead.

### **Key Findings – State Regions**

- The Southeastern region reported the greatest diversity in race, ethnicity, and language proficiency: 4.5% of RNs identified as Black or African American; 3.7% identified as Hispanic, Latino, or Latinx; and 7.6% reported proficiency in one language other than English.
- The Northern region reported the highest mean age (47.2 years).
- The Southeastern region reported the highest proportion holding a BSN or higher degree in nursing (68.4%), while the Northern region reported the lowest (45.8%).
- All regions still fall below the national goal of 80% of nurses earning a bachelor's or higher degree in nursing by 2020 (IOM, 2010).
- Overall, 57% of RNs reported having received emergency preparedness and response training within the past 2 years, with the highest proportion in the Western region (60.8%) and the lowest in the Northern region (54.5%).

- Across all regions, 23.4% of direct care nurses reported their intention to continue in direct care for less than 5 years, and 43.8% reported intention to continue in direct care for less than 10 years; these proportions are lowest in the Northeast region (21.7% less than 5 years and 41.4% less than 10 years) and highest in the Southeast region (24.9% less than 5 years and 46.3% less than 10 years).

### **Implications for Regional Practice, Education, and Policy**

Geographic variation in the distribution, education, and practice of RNs in Wisconsin reflects locations of major health care centers, educational institutions, economic centers, and population density across the state. While expected, this distribution pattern also leaves many areas of the state underserved by RNs. The disparity in education attainment between urban and more rural areas of the state continues to be striking. Changing this metric will require much more systematic planning and investment in BSN and AD-BSN completion programs to address barriers to higher education for nurses in Wisconsin.

### **Key Findings – Advanced Practice Nurses**

- There are 6,047 advanced practice nurses (APNs) licensed in Wisconsin, an increase of 24% since 2018; 6.7% of the overall RN workforce are APNs.
- Most APNs are nurse practitioners (4,905, 81.1%); 5,524 APNs (91.4%) reported having prescriptive authority as advanced practice nurse prescribers (APNPs).
- The majority of APNs work in ambulatory care (52.6%), followed by hospitals (28.8%).
- Family nurse practitioner (FNP) was the most common certification among nurse practitioners (54.5%); adult health was the most common certification among clinical nurse specialists (CNS; 38.2%).
- The number of APNs certified in adult psychiatric and mental health increased from 20 in 2018 to 102 in 2020; the number certified in family psychiatry and mental health increased from 48 to 118.
- The average age of APNs in Wisconsin is 45.5 years (range = 24 years to 82 years); 87.4% identified as female and 92.9% identified as White and not Latinx.
- The highest number and proportion of APNs are employed in the Southeastern region (2,100, 39.7%), while the lowest number and proportion are employed in the Northern region (453, 8.6%).
- Preparation as an APN through DNP programs continued to increase, with 748 (12.4%) reporting their highest degree was a DNP in 2020, compared to 490 (9.8%) in 2018.

### **Implications for APN Practice, Education, and Policy**

The overall growth in the APN workforce is encouraging given that demographic shifts and continued health care reforms, including increasing use of telehealth technologies, are likely to increase the demand for health care services that fall within the scope of practice of APNs (IOM, 2011). The demand for care is particularly great in rural and other underserved communities (Barnes et al., 2018), where there is a dire need for primary care, mental health services, and OB/GYN services. The need for psychiatric mental health services and substance use and abuse treatment will likely rise in the wake of COVID-19 (Panchal et al., 2020). It was heartening to note that recent investments by the State of Wisconsin in training psychiatric mental health NPs

appear to have had positive results, as evidenced by the large increase in APNs certified in this area. While the overall number of APNs in the state continues to grow, the diversity of the APN workforce continues to lag well behind population demographics for gender, race, and ethnicity, reflecting an ongoing need to address barriers to entry and success in baccalaureate and advanced nursing practice education programs and barriers to retention and job satisfaction by employers. Scholarship and loan forgiveness programs could help increase access to APN education programs, and addressing existing policy barriers to full scope of practice for APNs in Wisconsin could help address existing disincentives for APNs to practice in the state.

### **Key Findings – Leadership Roles**

- Overall, 49.3% of RNs reported being engaged in a leadership role; most (81.7%) reported leadership roles within their work area (e.g., charge nurse, team leader, unit manager).
- Organizational level leadership (e.g., deans, chief nursing officers, or directors) was reported by 3,016 (9.1%).
- Leadership through service on governance boards increased 70.8%, from 761 in 2018 to 1,300 in 2020.
- Nurses with higher levels of education made up a higher proportion of nurse leaders in organization level, governance boards, major committees, and professional association categories.
- Approximately 30% of organizational level nurse leaders intend to stay in their current positions for less than 5 years, pointing to a substantial need for organizations to address leadership succession and intention to continue working.
- A majority of nurses reported the primary barrier to engaging in leadership was lack of interest at present (63.6%) or other personal priorities (30.5%).

### **Implications for Leadership**

These survey findings provide support for investing in more leadership development for nurses and more leadership succession planning in organizations. Baccalaureate programs in Wisconsin must assure that students graduate with basic competencies for leadership at the work unit level; these can be further enhanced through nurse residency programs for new graduate nurses. Graduate programs at the masters, DNP, and PhD levels should include higher level leadership concepts and skills, as well as provide students opportunities to engage in leadership roles. Specialty programs in health systems leadership could develop a new cadre of nurses prepared and eager to move into leadership roles. Consideration could be given to developing a nursing leadership academy in the state that would provide additional opportunities for education and mentorship. Health system support for such an academy or other types of succession planning might incentivize nurses to consider leadership development as a viable and rewarding career path. Additional research is needed to identify barriers and strategies to overcome reluctance to engage in leadership careers.

## **Key Findings – Nurse Faculty**

- Overall, 1,234 (1.7%) of RNs identified as nurse faculty in a school or college of nursing (and not nursing education, which included professional development or continuing education roles).
- Most nurse faculty identified as female (94.2%) and White and not Latinx (92.5%); mean age reported by nurse faculty was 50.9 years.
- Most nurse faculty are prepared at the MSN level (57.9%), with 9.8% having DNP and 11.5% having PhD in Nursing degrees. Overall, 24.8% of nurse faculty have a PhD or equivalent as their highest degree earned.
- College or university was the reported employment setting for 58.3% of nurse faculty, while technical colleges employ 41.7%.
- Nearly a third (32.6%) of nurse faculty reported their intent to stay in their current employment for less than 5 years, and 54.4% reported an intent to stay in their current employment for less than 10 years. Among respondents with a PhD or equivalent, the intention to work in their current type of employment for less than 10 years was 60.5%.
- 69.0% of nurse faculty reported no plans for additional education.
- The number of nurse faculty holding a DNP increased from 85 (8.0%) in 2018 to 119 (9.8%) in 2020, while the number with a PhD in nursing increased from 80 (7.6%) in 2018 to 139 (11.5%) in 2020.

## **Implications for Faculty and Nursing Education**

Race, ethnic, and gender diversity among nurse faculty continues to lag behind that of the population and behind national benchmarks. While slightly more diverse than the overall RN population for race/ethnicity, only 5.7% of nurse faculty identify as male. The lack of diversity among faculty contributes to ongoing challenges associated with recruiting students with diverse backgrounds and to encouraging diversity in graduate education for advanced nursing practice, research, and teaching. Also concerning is the potential for increasingly severe faculty shortages, as evidenced by nearly a third of current faculty potentially leaving employment in less than 5 years, and 60% in less than 10 years. Significant increases in support for nurses to develop the knowledge and skills for teaching and conducting research should be a policy imperative. Investment in media campaigns to encourage faculty as a career choice, scholarships to support graduate education by nurses in Wisconsin, loan forgiveness programs for graduates who take faculty positions with Wisconsin schools and colleges, and improvements in faculty salaries are all needed to address this increasingly urgent challenge. A planful, long-term approach is needed to assure that Wisconsin has sufficient and well-qualified nurse faculty to support our increasing need for sufficient numbers of qualified RNs.

## **Key Findings – Income**

- The median annual pre-tax income from the primary place of work for RNs working full-time was \$70,000 (within the \$65,001-\$75,000 category).
- RNs reporting schools as their primary place of work reported the lowest median income category (\$50,000), while nurses in public health and community health reported income at \$70,000, comparable to other primary places of work.

- Median income reported for nurses with a BSN was \$70,000; median income reported for nurses with a masters or higher degree was \$100,000.
- RNs identifying as male reported higher income compared to RNs identifying as female or non-binary gender, particularly at the higher income levels, where males comprised 20.6% of all RNs earning \$95,000 or more, while only comprising 8.2% of the respondents in this subset analysis.
- Income disparity by race/ethnicity was observed only in the regional analysis, with lower income observed for BIPOC and/or Hispanic, Latino, or Latinx compared to White and not Hispanic, Latino, or Latinx in the Northeastern, Western, and Northern regions.
- Higher income was reported for some primary roles in urban areas compared to rural areas, including nurse executive, nurse manager, nurse faculty, nurse educator, and staff nurse.
- Other factors associated with higher income included higher age, being in a leadership role, holding national board certification, and reporting functional roles as nurse executives and APN.

### **Implications Associated with Income**

The persistence of income disparities by gender statewide and by race/ethnicity in some regions of the state is unacceptable. Additional research is needed to identify the underlying causes of these disparities and to find ways to eliminate them. The disparity in income observed for school nurses compared to all other nurses, including other community-based and public health nurses, was also very concerning given their importance to the health of children across the state. Addressing this gap will require additional public resources and policy changes. As expected, higher income was associated with leadership roles, advanced clinical expertise, and higher educational attainment. Nurses seeking to increase their incomes could pursue those goals through pursuing additional education and taking on more responsibility for functional roles that include supervision and management functions or advanced practice nursing. The survey results yielded income data consistent with state and federal sources. The addition of income to the *Wisconsin 2020 RN Workforce Survey* provides an additional way of understanding factors influencing the RN workforce in the state. However, the use of categorical response options in \$10,000 increments limited the analysis to median income by category. Greater precision in measurement, such as by requesting respondents enter their annual pre-tax income, would yield more accurate assessments of RN income in Wisconsin and allow for more robust analytic methods.

### **Recommendations for Future Surveys and Nurse Workforce Data**

The *Wisconsin RN Workforce Survey* has now been administered on a biennial basis for a decade (2010-2020). Although changes to survey questions over time limit some analyses, the data source is increasingly robust and valuable for research purposes. The data are routinely used across the state for workforce planning, grant-writing, and educational program planning. Making the survey datasets more readily available to researchers and planners could result in more in-depth and nuanced multivariate analyses that could yield useful information for use in workforce and education program planning.



We noted some apparent challenges in survey administration that resulted in participants attempting to complete the survey more than once. While we are confident that our analysis removed any duplicated responses, consideration should be given to making processes for survey access and completion as clear and efficient as possible. For unknown reasons, more respondents failed to report demographic data than in previous years. Careful assessment of the survey administration process should be undertaken in order to encourage completion of these important data elements.

Additional improvements could include revising the income question to allow for more precise numerical values for annual income, as is done for the *National Sample Survey of Registered Nurses* distributed by the U.S. Department of Health and Human Services and the U.S. Department of Commerce (2018) and the National Nursing Workforce Survey conducted by the National Council of State Boards of Nursing in collaboration with The National Forum of State Nursing Workforce Centers (Smiley et al., 2018). Similarly, the *Minimum Nurse Supply Dataset* published by the National Forum of State Nursing Workforce Centers could be tapped for key additional or revised questions that could allow for direct comparison of Wisconsin findings to national data.

## Section I. Introduction

Registered nurses (RNs), a large and essential component of the health professional workforce, are regulated and licensed to practice by the State of Wisconsin. License renewal is required every 2 years. Since 2010, RNs seeking re-licensure have been required by Wisconsin State Statute (WSS106.30) to complete a survey that gathers information important for workforce planning. This report presents the results of the *Wisconsin Department of Workforce Development 2020 Registered Nurse Workforce Survey*. The survey included 75 items. A copy of the survey instrument is included in Appendix A.

The survey analysis and report were completed by a research team at the University of Wisconsin-Madison (UW-Madison) under contract with the Wisconsin Center for Nursing (WCN) and in partnership with the Department of Workforce Development (DWD). The project received an initial review by the UW-Madison Minimal Risk IRB (2020-0652) and was certified as not requiring IRB review.

The *2020 Registered Nurse Workforce Survey* was administered in February 2020. By the end of that month, 94,615 responses to the survey were received, of which, 93,915 were submitted through the online survey portal and 700 were completed using a paper format. Data from the paper surveys are not included in this report due to insufficient resources for entering the survey responses into the electronic survey database.

Changes in how the *2020 Registered Nurse Survey* was administered had an impact on the data collected. The number of RNs who made more than one attempt to complete the electronic instrument was 3,173 (of the 93,915 submissions). It was possible to remove the duplicate responses as the system assigned a unique subject identification number to each RN who used the system to renew their license while keeping the survey responses anonymized. Thus, efforts were made to keep the most complete set of responses possible from the RNs who entered data twice.

The *2020 Registered Nurse Survey* results were limited by more missing data than in previous surveys. For example, almost 2,000 RNs failed to provide any demographic data. The removal of survey responses simply because an item was overlooked or skipped was deemed excessive. Keeping those responses in the data set resulted in the most accurate picture possible of the RN workforce in Wisconsin in 2020 as described in this survey. However, as a result, the number of responses reported is not consistent between tables included in this report. All data presented in the narrative and tables in this report, including the numbers of the survey questions from which the data were extracted, were independently verified by two members of the research team.

Several questions were revised between 2018 and 2020. Descriptions of the changes and potential implications will be discussed in the report narrative section when affected data are introduced. For example, questions related to race and ethnicity were revised on the 2020 survey and will be described in Section II.

As with prior surveys, exclusion criteria were used to identify and remove from the analysis RNs who do not live or work in Wisconsin. In addition, questionable responses, such as dates of licensure or degree or certification receipt that were impossible or highly unlikely given the date of birth or number of hours in a day or week, were excluded from the final analysis. Table 1

displays the exclusion criteria and effect on the sample after they were applied. After data cleaning was complete, the final sample for the analysis was responses from 81,620 RNs living and/or working in Wisconsin.

**Table 1. Exclusion Criteria and Excluded Responses**

<b>Electronic Responses Received (n = 93,915)</b>	
<b>Exclusion Criteria</b>	<b>Excluded</b>
Duplicates	3,173
Does not live or work in Wisconsin	7,584
Date U.S. or Wisconsin RN license obtained prior to or at date of birth	19
First U.S. or Wisconsin license prior to age 16	123
Provided direct care for 6 or more years prior to first degree	431
Received first degree prior to age 16	70
Provided direct care prior to age 16	190
Working excessive hours in primary job, secondary job, or both <sup>a</sup>	683
Received first degree after age 70	3
First U.S. or Wisconsin license after age 75	8
Belongs to five or more ethnic groups	1
Working after age 85	10
<b>Usable Responses</b>	<b>81,620</b>

*Note.* Respondents may have reported data that met exclusion criteria in more than one category.

<sup>a</sup>Respondents who selected they worked more than 84 hours weekly in a primary job, 72 hours weekly in a secondary job, and/or 92 hours weekly in both primary and secondary jobs were excluded.

This report presents the *2020 Registered Nurse Survey* results in the following sections:

- Section II: Wisconsin RN Workforce Demographics
- Section III: Geographic Distribution of Wisconsin RNs
- Section IV: Advanced Practice Nurses
- Section V: Nurses in Leadership Roles
- Section VI: Nurses in Faculty Roles
- Section VII: Income of Wisconsin RNs

Each section includes a short discussion of the results in light of state and national RN workforce issues and makes comparisons to the *Wisconsin 2018 RN Workforce Survey* (Zahner et al., 2019) to highlight notable changes.

A summary of key findings is presented in the *Wisconsin 2020 RN Workforce Survey At-a-Glance* (Appendix B). Data presented in the *At-a-Glance* summary report may not match the full report because different subsamples of respondents were used in the respective analyses. A summary of key findings related to nurse faculty taken from the *2018-2019 Wisconsin Education and Nurse Faculty Survey* is included in Appendix C to allow readers to compare results from these two separate surveys related to nurse faculty in Wisconsin.

## **Data Management**

Data are reported as the number of valid respondents, the percentage of valid responses, or the mean (average), as appropriate. When the number of valid responses was so small (five respondents or less) as to risk the identity of the respondent, results were not reported, and an asterisk is used in the data field.

## **Limitations**

Newly licensed RNs in Wisconsin are not included in this analysis because they did not complete the *2020 Registered Nurse Survey*, which is only completed by RNs seeking license renewal. As noted, the report excludes responses from RNs who completed the survey in paper form. Therefore, the total number of licensed RNs reported here undercounts all RNs living and/or working in the state. As with all surveys, errors made by respondents at time of completion of the survey may have led to missing, incorrect, or incomplete responses. Trend analysis was limited due to changes in survey questions over time and limited access to prior survey datasets.

## **Section II. Wisconsin RN Workforce Demographics**

Section II provides an overview of the demographics of RNs who are licensed and work in the State of Wisconsin. Questions related to race and ethnicity were revised on the 2020 survey. In 2018, respondents were asked to select one racial category. The 2020 survey was modified to allow respondents to select all racial categories that applied, removed the option of “two or more races,” and added “other” category. Additional modifications included adding “Latinx” as an ethnicity descriptor and “Other (non-binary)” as an additional gender option. Table 2 displays respondent demographics.

Consistent with prior years, a large majority of RNs licensed in Wisconsin also live in the state (95.3%). Most identified as female (92.5%) and White (94.3%). The mean age of respondents was 46.2 years, with 87.0% reporting their age to be between 25 and 64 years. Just under half of RNs were 44 or younger (47.6%). While the number of male RNs increased by 403 to 6,348 since 2018, the proportion who identified as male (7.9%) changed little since 2018 (7.5%). A new finding in 2020 was that 155 (0.2%) identified their gender as other, non-binary.

**Table 2. Wisconsin RN Workforce Demographics**

	<i>n</i>	%
<b>Residence (<i>n</i> = 81,918)</b>		
Wisconsin	78,071	95.3
Outside Wisconsin	3,847	4.7
<b>Gender (<i>n</i> = 80,677)</b>		
Female	74,174	91.9
Male	6,348	7.9
Other, non-binary	155	0.2
<b>Age (<i>n</i> = 80,379)</b>		
Mean age ( <i>SD</i> )	46.2 (13.6)	
Median age ( <i>SD</i> )	45.0 (13.6)	
Range	21 to 90 years	
<b>Age Distribution (<i>n</i> = 80,379)</b>		
< 25 years	1,494	1.9
25 – 34 years	18,427	22.9
35 – 44 years	19,553	24.3
45 – 54 years	15,222	18.9
55 – 64 years	16,824	20.9
65 – 74 years	8,120	10.1
≥ 75 years	739	0.9
<b>Primary Racial Identity (<i>n</i> = 81,414)</b>		
White or Caucasian	76,068	94.3
Black or African American	1,763	2.2
Asian	1,832	2.3
Native Hawaiian or Other Pacific Islander	134	0.2
American Indian or Native Alaskan	471	0.6
Other	1,146	1.4
<b>Ethnic and Multiracial Identity (<i>n</i> = 80,677)</b>		
Hispanic, Latino, or Latinx	1,771	2.2
Multiracial	688	0.9

Note. Table 2 includes responses to survey questions 69-72, 74, 75.

Note. *SD* = standard deviation

Note. Given the large amount of missing demographic data in this survey, the median age is reported as a more accurate measure of central tendency for this sample, and the mean age is reported for consistency with prior survey reports.

## Language Proficiency

The survey included questions about fluency in languages other than English. As displayed in Table 3, most RNs in Wisconsin speak only English (93.8%). Of those who speak a second language, the greatest proportion reported speaking Spanish (2.4%, 1,963), followed by Filipino/Tagalog (0.6%, 445), Hmong (0.5%, 434), and German (0.5%, 394). Of those who speak Spanish, 67.2% (1,320) reported being able to communicate with patients in Spanish. Only 3.1% (61) of respondents reported being certified medical interpreters.

**Table 3. Linguistic Ability**

	Able to Speak		Able to Communicate		Able to Communicate with Patients		Certified Medical Interpreter	
	<i>n</i> = 80,677		<i>n</i> = 4,970					
Proficiency	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
English language only	75,707	93.8	1,302	26.2	2,043	41.1	4,879	98.2
One other language	4,585	5.7	3,412	68.7	2,738	55.1	91	1.8
Two or more languages	348	0.4	233	4.7	179	3.6	0	0.0
Three other languages	29	0.0	16	0.3	10	0.2	0	0.0
Four or more other languages	8	0.0	7	0.0	0	0.0	0	0.0
Languages	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Spanish	1,963	2.4	1,265	64.4	1,320	67.2	61	3.1
Filipino, Tagalog	445	0.6	378	84.9	271	60.9	*	*
German	394	0.5	340	86.3	130	33.0	*	*
French	286	0.4	239	83.6	101	35.3	0	0.0
Russian	207	0.3	149	72.0	118	57.0	*	*
Hmong	434	0.5	276	63.6	329	75.8	8	1.8
Hindi	163	0.2	120	73.6	105	64.4	0	0.0
Polish	111	0.1	89	80.2	49	44.1	*	*
American Sign Language	218	0.3	170	78.0	106	48.6	*	*
Other	1,199	1.5	947	79.0	597	49.8	10	0.8

*Note.* Table 3 includes responses to survey question 73.

*Note.* Respondents could choose more than one response.

\*Too few to report.

## Employment Patterns

An overview of the employment status of Wisconsin RNs is provided in Table 4. Most (89.1%) RNs were employed at the time of the survey and 85.3% were working as a nurse. The number who were not employed at the time of the survey was 8,951 (10.9%), which was an increase of 553 from the 2018 survey. This change appears to be due to an increase of 12.4% in the number of RNs (6,106) who were not working due to retirement in 2020, compared to 2018 (5,431).

**Table 4. Employment Status**

	<i>n</i>	%
<b>Employed</b>	<b>72,967</b>	<b>89.1</b>
Employed as a nurse	69,838	85.3
Employed in health field, not as a nurse	2,006	2.4
Employed in another field	1,123	1.4
<b>Not Employed</b>	<b>8,951</b>	<b>10.9</b>
Retired	6,106	7.5
Unemployed, seeking work in nursing	866	1.1
Unemployed, seeking work in another field	123	0.2
Unemployed, not seeking employment	1,856	2.3

*Note.* Table 4 includes responses to survey question 11.

## Primary Position Characteristics

In 2020, several changes were made to the options respondents could choose to indicate their “functional role” or “employment position role” at their primary job. The options of “Nurse Faculty” defined as “teaching, research/scholarship, and service in an academic nursing education program” and “Nurse Educator” defined as “educator in a health or health care practice setting” were added to allow for separate counting of those two types of positions. The option “Administrator” was removed in the 2020 survey because of the similarity to “Nurse Executive,” which remained from the 2018 survey. The “Other” category options were simplified to “Other Health Care Related” and “Not Health Care Related.”

Table 5 displays characteristics of RNs by their primary place of work, defined as the place where they worked the most hours, even if this work was unpaid or voluntary. Consistent with 2018, most RNs work in a full-time (73.2%), permanent (98.3%) position in a hospital (51.0%) as a staff nurse (62.5%) and provide direct patient care (83.0%). Ambulatory care has seen the greatest growth in number of RNs; whereas, extended care has seen the greatest reduction in number of RNs. In 2020, 16,851 RNs reported their primary place of work was ambulatory care, compared to 12,737 in 2018, an increase of 32.3%. The number reporting extended care as their primary place of work decreased by 10.2%, from 5,816 in 2018 to 5,221 in 2020.

While most RNs work as staff nurses, 8.1% reported working in advanced practice nurse (APN) roles, 7.2% in nurse manager roles, and 6.5% in case manager roles. The largest changes noted in functional roles for Wisconsin RNs from 2018 to 2020 were in the number of nurse executives



and APNs. The number of nurse executives increased 44.9%, from 772 in 2018 to 1,119 in 2020, and the number of APNs increased 33%, from 4,443 in 2018 to 5,909 in 2020. The only decrease noted was for case managers, which declined 16.5%, from 5,739 in 2018 to 4,790 in 2020. A small proportion (1.7%) reported their primary position was temporary, external pool, or travel staffing.

Most nurses who work either part-time or full-time are paid hourly (60.0%), while 27.6% reported being paid salary. Smaller proportions are paid per diem (3.8%, 2,756) and 477 (0.7%) reported working on a voluntary basis. On average, nurses work 35.5 hours per week in their primary job and 9.1 hours in a secondary job. Including paid vacation, Wisconsin nurses work an average of 47.8 weeks per year.

The majority of respondents reported they received benefits as part of their compensation package (88.3%). The number of nurses who reported that employment compensation benefits included retirement plans, dental insurance, and personal or family health insurance increased from 2018 to 2020; however, the proportion decreased for all benefit categories. Most notably, the proportion of nurses who have family health insurance decreased from 64.7% in 2018 to 56.8% in 2020, and the proportion reporting personal health insurance declined from 70.4% in 2018 to 64.1% in 2020.

**Table 5. Characteristics of Primary Position at Principal Place of Work**

	<i>n</i>	%
<b>Principal Place of Work (<i>n</i> = 73,323)</b>		
Hospital	37,385	51.0
Ambulatory care	16,851	23.0
Extended care	5,221	7.1
Home health	4,043	5.5
Public health or community health	2,327	3.2
Education	2,057	2.8
Other	5,439	7.4
<b>Primary Functional Role or Position (<i>n</i> = 73,325)</b>		
Staff nurse	45,808	62.5
Nurse manager	5,311	7.2
Case manager	4,790	6.5
Advanced practice nurse	5,909	8.1
Nurse educator	1,696	2.3
Consultant	1,016	1.4
Nurse executive	1,119	1.5
Nurse faculty	1,234	1.7
Nurse researcher	302	0.4
Other health care related	4,962	6.8

	<i>n</i>	<i>%</i>
Other not health care related	1,178	1.6
<b>Primary Position is Temporary/External Pool/Travel/Staffing Placement</b>		
Yes	1,278	1.7
<b>Primary Position is Self-Employment</b>		
Yes	1,502	2.0
<b>Compensation in Primary Position</b>		
Full-time salaried	18,510	25.2
Full-time hourly	35,219	48.0
Part-time salaried	1,732	2.4
Part-time hourly	14,631	20.0
Per diem	2,756	3.8
Volunteer	477	0.7
<b>Compensation Benefits (could select more than one)</b>		
Retirement plan	61,358	83.7
Dental insurance	53,943	73.6
Personal health insurance	47,000	64.1
Family health insurance	41,648	56.8
None	8,553	11.7
<b>Primary Function is Providing Direct Patient Care</b>	<b>60,888</b>	<b>83.0</b>
<b>Time Worked</b>		
	<b>Mean</b>	<b><i>SD</i></b>
Hours worked per week in primary job	35.5	11.6
Hours worked per week in secondary job	9.1	9.7
Hours worked per week in primary and secondary jobs	36.7	12.4
Weeks worked in calendar year (including paid vacations)	47.8	9.9

*Note.* Table 5 includes responses to survey questions 25, 28-31, 33, 35, 36, 39, 47, 48.

The survey revealed that RNs licensed in Wisconsin are employed in all states, the District of Columbia, military bases, Puerto Rico, and Guam. The largest number of RNs working outside Wisconsin work in Minnesota (4.4%, 3,519) or Illinois (2.5%, 1,986). The proportion of nurses with a Wisconsin RN license who work outside of Wisconsin as consultants or contractors (2.5%) and nurse researchers (0.9%) is nearly twice that of the proportion of nurses with a Wisconsin RN license who work in these roles within the state. Additional information about the location of employment and functional roles for RNs with a Wisconsin license who are working outside the state, compared to those working in the state, can be found in Appendices D and E.

## Telehealth and Remote Work

The 2020 survey included new questions about remote communication by RNs. Table 6 displays information about modes of communication and time spent communicating with patients remotely. Approximately 15% of RNs spend more than 75% of their time in remote communication work in their primary jobs, and 66.4% of RNs spend at least some of their work time communicating remotely with patients in their primary jobs. Telephone (89.3%), email (26.1%), and electronic messaging (24.3%) are the most frequently used modes used for RNs to communicate remotely with patients.

**Table 6. Time Spent and Modes of Communication with Patients**

	<b>Primary Job (n = 73,325)</b>		<b>Secondary Job (n = 10,331)</b>	
<b>Percent of Time</b>	<i>n</i>	%	<i>n</i>	%
Never	24,624	33.6	3,769	36.5
1% - 25%	25,587	34.9	585	5.7
25% - 50%	6,682	9.1	419	4.1
51% - 75%	5,528	7.5	1,347	13.0
76% - 100%	10,904	14.9	4,211	5.1
<b>Modes of Remote Communication</b>	<b>Primary Job (n = 46,701)</b>		<b>Secondary Job (n = 6,120)</b>	
Electronic messaging	11,820	24.3	1,253	20.5
VoIP	2,507	5.1	231	3.8
Virtual ICU	882	1.8	99	1.5
Telephone	43,473	89.3	4,070	66.5
Email	12,695	26.1	1,297	21.2
Video call	1,699	3.5	152	2.5
Other	5,813	11.9	454	7.4

*Note.* Table 6 includes responses to survey questions 37, 38, 51, 52.

*Note:* Respondents could select more than one method of communication.

Additional analyses examined patterns among nurses licensed in Wisconsin working in telehealth or call centers. Nearly twice the number of RNs in these positions work outside of Wisconsin (947) than in Wisconsin (502), regardless of state of residence. Of those who work in Wisconsin, 93.8% (471) also live in Wisconsin. Of those nurses who work out of state, only 3.2% (30) reside in Wisconsin. Additional information about RNs working in call centers or telehealth can be found in Appendix F.

## Future Intentions for Employment

Table 7 displays the number of years RNs who reported providing direct patient care intend to continue to provide direct patient care. The table further describes the mean age, mean years of direct care experience, and number of total weekly hours worked by the number of years nurses plan to continue in direct patient care. Just over half (56.0%, 33,450) of respondents intend to remain in a direct care position for 10 years or longer. However, the number of RNs who intend to continue providing patient care for less than 2 years increased by 14.7%, from 4,516 (7.6%) in 2018 to 5,180 (8.7%) in 2020, despite the mean age staying the same in both survey years (52.1). This points to a continuing need to prepare nurses to replace those intending to leave direct patient care and to support nurses in continuing to remain in direct patient care positions as they age.

**Table 7. Intent to Continue Providing Direct Patient Care**

Years ( <i>n</i> = 59,550)	<i>n</i>	%	Mean Age	Mean Years as RN in Direct Patient Care	Hours Worked between Primary and Secondary Job
< 2	5,180	8.7	52.1	22.0	33.1
2 – 4	8,793	14.8	49.2	19.9	34.5
5 – 9	12,127	20.4	47.2	17.8	36.4
10 – 19	15,514	26.1	43.5	14.6	37.1
20 – 29	10,373	17.4	37.8	10.8	36.9
≥ 30 or more	7,563	12.4	31.7	6.6	36.9

*Note.* Table 7 includes responses to survey questions 20, 21, 29, 30, 47, 48, 69.

The number of years that RNs intend to continue in their present type of employment is displayed in Table 8. The proportions are similar to those found in 2018. The greatest proportion of nurses (23.4%, 16,894) intend to continue in their present employment for 2-4 years, with slightly lower proportions found for 5-9 years (20.6%, 14,894) and 10-19 years (20.7%, 14,967).

**Table 8. Intent to Continue in Current Employment**

Years ( <i>n</i> = 72,200)	<i>n</i>	%	Mean Age	Mean Years as RN in Direct Patient Care	Hours Worked between Primary and Secondary Job
< 2	9,832	13.6	45.7	16.0	34.4
2 – 4	16,894	23.4	44.6	14.9	35.6
5 – 9	14,894	20.6	48.2	17.3	37.4
10 – 19	14,967	20.7	46.6	15.9	38.3
20 – 29	9,607	13.3	39.5	11.6	38.1
≥ 30 or more	6,006	8.3	32.7	7.1	37.9

*Note.* Table 8 includes responses to survey questions 17, 20, 29, 30, 47, 48, 69.

## Specialized Clinical Knowledge and Experience

Table 9 displays the extent of clinical specialty knowledge and experience of 2 or more years, as reported by respondents. As in 2018, medical/surgical (31.3%, 21,768), acute care/critical care/intensive care (29.9%, 20,783), and adult health (20.0%, 13,909) were the three areas of expertise most frequently reported by RNs. Acute/critical care/intensive care also saw the most notable growth since 2018, increasing from 24.8% to 29.9% in 2020. The most notable decrease was seen among nurses with specialty knowledge or experience in public health, decreasing from 8.2% in 2018 to 3.9% in 2020. Information about certification in specialty areas can be found in Appendix G.

**Table 9. Area of Specialized Clinical Knowledge**

	<i>n</i>	%
<b>Current Practice in Primary Position (<i>n</i> = 69,559)</b>		
Acute care/critical care/intensive care	20,783	29.9
Adult health	13,909	20.0
Addiction/AODA/substance abuse	3,250	4.7
Anesthesia	2,206	3.2
Cardiac care	9,538	13.7
Community health	4,711	6.8
Correctional health	1,411	2.0
Dialysis/renal	2,460	3.5
Emergency care	8,684	12.5
Family health	5,633	8.1
Geriatrics/gerontology	11,552	16.6
Home health	5,848	8.4
Hospice care or palliative care	7,247	10.4
Labor and delivery	4,465	6.4
Maternal and child health	5,380	7.7
Medical-surgical	21,768	31.3
Neonatal care	4,063	5.8
Nephrology	1,963	2.8
Obstetrics-gynecology	5,379	7.7
Occupational or employee health	1,681	2.4
Oncology	5,127	7.4
Pediatrics	6,924	10.0
Parish or faith community	353	0.5
Public health	2,699	3.9
Psychiatric or mental health	5,245	7.5

	<i>n</i>	%
Rehabilitation	4,314	6.2
Respiratory care	2,560	3.7
School health	1,399	2.0
Surgery/pre-op/post-op/PACU	11,897	17.1
Women's health	4,246	6.1
Other	14,226	20.5
None of the above	2,880	4.1

*Note.* More than one response possible.

*Note.* Table 9 includes responses from survey question 14.

*Note.* Percentages do not total 100 since respondents could select more than one category.

## Educational Patterns

Table 10 displays the academic backgrounds of RNs licensed in Wisconsin. Most respondents (71.7%) completed their most recent degree from a university or college located in Wisconsin. This proportion is slightly lower than reported in 2018 (74.2%). This change reflects both a decrease in number (461) of RNs who achieved their most recent degree from a Wisconsin university or college and an increase in the number (2,629) who completed their most recent degree from an out of state university or college.

The Bachelor of Science in Nursing (BSN) was the highest degree in nursing attained by the largest proportion of respondents (49.7%, 40,475), followed by the associate degree in nursing (ADN) at 32.7% (26,648). The remaining proportion (13.5%) reported their highest degree in nursing as a master's degree (MSN; 11.8%, 9,603), a Doctor of Nursing Practice (DNP; 1.3%, 1,038), a Doctor of Nursing Science or Nursing Doctorate (0.0%, 40), or a Doctor of Philosophy (PhD) in nursing (0.4%, 290). Overall, 14.0% of RNs reported having a master's degree and 2.0% reported having a doctoral degree in any field. The proportion of Wisconsin RNs who have attained a bachelor's or higher degree in nursing increased from 59.9% in 2018 to 63.2% in 2020, still below the IOM (2011) goal of 80% by 2020.

The survey revealed that most RNs do not plan to pursue further education (69.8%, 57,206). However, 20.0% (16,348) reported plans to pursue education within the next two years and 10.2% (8,364) were enrolled in a certificate or degree program. Most currently enrolled students were pursuing a BSN (4.2%, 3,454) or an MSN (3.2%, 2,621). Over 1,000 reported being currently enrolled in a DNP program (1.3%, 1,033) and 109 (0.1%) reported enrollment in a PhD program.

Many respondents reported barriers to pursuing further education. Consistent with 2018, the most frequently selected barriers in 2020 were cost of tuition and fees (47.5%), family/personal reasons (31.7%), and cost of lost work time and benefits (24.3%). Commuting distance (1.8%) and limited access to online learning or other resources (0.8%) were reported by the fewest RNs as barriers to further education.

**Table 10. Educational Preparation for Nursing Practice**

	<i>n</i>	%
<b>Location of Most Recent Educational Degree (<i>n</i> = 81,918)</b>		
Wisconsin	58,718	71.7
Not Wisconsin	23,200	28.3
<b>Highest Nursing Degree (<i>n</i> = 81,641)</b>		
Practical or vocational nursing diploma	72	0.1
Diploma in nursing	3,295	4.0
ADN	26,648	32.7
BSN	40,475	49.7
MSN	9,603	11.8
DNP	1,038	1.3
Doctor of Nursing Science or Nursing Doctorate <sup>a</sup>	40	0.0
PhD in nursing	290	0.4
<b>Highest Degree Earned (<i>n</i> = 81,642)</b>		
Practical or vocational nursing diploma	66	0.1
Diploma in nursing	2,986	3.7
ADN	25,214	30.9
Bachelor's degree in another field	40,340	49.2
Master's degree in another field	11,436	14.0
Doctoral degree, any field	1,600	2.0
<b>Plans for Further Education (<i>n</i> = 81,918)</b>		
No plans	57,206	69.8
Enrolled in BSN	3,454	4.2
Enrolled in MSN	2,621	3.2
Enrolled in Master's program in related field	334	0.4
Enrolled in DNP	1,033	1.3
Enrolled in PhD in nursing	109	0.1
Enrolled in non-degree certificate program	813	1.0
Plan to pursue further education with next 2 years	16,348	20.0
<b>Barriers to Pursuing Additional Education* (<i>n</i> = 81,918)</b>		
Commuting distance	1,455	1.8
Cost of loss of work and benefits	19,874	24.3
Cost of tuition and fees	38,890	47.5
Family or personal reasons	25,993	31.7
Lack of flexibility in work schedule	7,866	9.6

	<i>n</i>	%
Limited access to online learning or other resources	630	0.8
Schedule of educational programs offered	1,701	2.1
None identified	22,674	27.7
Other	5,557	6.8

*Note.* Table 10 includes responses to questions 4-7.

*Note.* The option “Enrolled in PhD program in a related field” was inadvertently excluded from the electronic version of the survey in 2020.

<sup>a</sup>DNSc, DSN, ND, or DN

<sup>\*</sup>Respondents could check two challenges.

Table 11 displays the average age at the time of degree attainment for those RNs acquired subsequent higher nursing degrees. The greatest proportion of RNs who attained a subsequent higher degree earned a BSN (44.1%) as their first nursing degree, while the smallest proportion entered nursing by completing a direct entry MSN program (0.4%). Variation is seen in mean age by attainment of the first nursing degree type. Nurses who entered the profession through diploma (23.5 years) or BSN programs (25.4 years) were younger, on average, compared to those who entered through ADN (30.4 years) or master’s degrees (36.3 years). The time to terminal degree (DNP or PhD) attainment was shortest for those RNs who entered through direct entry master’s programs (DNP in 11.2 years, PhD in 8.3 years), followed by BSN (18.4 years to PhD and 13.1 years to DNP) and ADN programs (19.2 years to PhD and 15.0 years to DNP). There was no notable change in the time to terminal degree from 2018 to 2020. The mean age of nurses completing the DNP declined from 39.1 years in 2018 to 33.5 years in 2020. Similarly, the average age when completing the PhD declined from 42.0 years in 2018 to 40.8 years in 2020. These declines are promising when considering the value of more years in research and teaching careers.

**Table 11. Mean Age at First Degree in Nursing and at Subsequent Degrees in Nursing**

<i>n</i> = 81,918	<i>n</i>	%	Vocational Nursing Certificate	Diploma	ADN	BSN	MSN	DNP	PhD
Practical or vocational nursing diploma	6,461	7.9	27.6	31.5	32.5	36.5	41.2	41.7	49.6
Diploma in nursing	5,458	6.7	-	23.5	31.1	35.5	40.5	51.8	50.22
ADN	30,159	36.8	-	-	30.4	36.1	34.4	43.3	49.5
BSN	36,129	44.1	-	-	-	25.4	34.2	37.3	43.2
MSN	324	0.4	-	-	-	-	36.3	33.5	40.8

*Note:* Table 11 includes responses to survey questions 4, 69.



## Racial and Ethnic Diversity

Table 12 provides an overview of the racial and ethnic diversity of the RN workforce in Wisconsin by demographic, employment, and educational characteristics and compares characteristics of RNs who identify with these racial and ethnic categories to those who identify only as being White. The term “BIPOC” refers to Black, Indigenous, and People of Color, and in this table includes participants who selected all racial/ethnic groups (Black or African American, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Asian, and Other/Mixed) and did not identify only as White. The term “Latinx” refers to people who identify as Hispanic, Latino, or Latinx. Refer to Table 2 for overall race/ethnicity demographics.

Overall, 7.8% of RNs in Wisconsin identified as BIPOC and Latinx (6,390). Of these individuals, 1,771 (27.7%) identify as Latinx. Of the BIPOC/Latinx group, 1,763 (27.6%) identify as Black or African American, 1,832 (28.7%) identify as Asian, and 1,781 (27.9%) identify as White (27.9%, 1,781) for their racial identity. A greater proportion of RNs who identify as BIPOC/Latinx identify as male (11.5%) than RNs who are White/Not Latinx (7.6%), and are, on average, 4.5 years younger. In addition, a notably higher proportion of RNs who identify as BIPOC/Latinx speak at least one other language in addition to English (38.4%) than RNs who identify as White/Not Latinx (3.3%).

A few notable differences in primary place of work and functional role or position were found when comparing respondents who identified as BIPOC/Latinx compared to White/Not Latinx. Higher proportions of RNs who identify as BIPOC/Latinx reported working in extended care, community or public health, home health, and hospital settings, while higher proportions of White/Not Latinx reported working in ambulatory care, educational institutions, and other places of work. A higher proportion of BIPOC/Latinx reported working as staff nurses (67.8%), compared to RNs who identify as White/Not Latinx (62%), and the reverse was found for working as an APN (6.9% BIPOC/Latinx, compared to 8.2% White/Not Latinx).

Comparing the two groups by academic attainment reveals RNs who identify as BIPOC/Latinx reported a slightly higher proportion attained the BSN as their highest nursing degree earned (52.6%, compared to 49.1% for White/Not Latinx). Respondents in the BIPOC/Latinx category had higher proportions reporting plans for continuing their education, compared to the White/Not Latinx category, as well as to be currently enrolled in a BSN, MSN, DNP and PhD programs.

**Table 12. Demographics, Primary Place of Work, Role or Position, Education, and Employment Sector Characteristics by Diversity Category**

	BIPOC and Latinx		White and not Latinx	
	<i>n</i>	%	<i>n</i>	%
All respondents	6,390	7.8	74,287	92.2
<b>Hispanic, Latino, or Latinx</b>				
Yes	1,771	27.7		
<b>Primary Racial Identity</b>				
White	1,781	27.9	74,287	100.0
Black or African American	1,763	27.6		
Asian	1,832	28.7		
Native Hawaiian or Other Pacific Islander	134	2.1		
American Indian or Alaska Native	471	7.4		
Other	1,146	17.9		
<b>Age</b>	<b><i>n</i> = 6,342</b>		<b><i>n</i> = 74,037</b>	
Mean ( <i>SD</i> )	42.1 (11.8)		46.6 (13.7)	
<b>Gender</b>	<b><i>n</i> = 6,390</b>		<b><i>n</i> = 74,287</b>	
Female	5,561	87.0	68,613	92.4
Male	738	11.5	5,610	7.6
Non-binary	91	1.4	64	0.1
<b>Proficient in Another Language</b>	<b><i>n</i> = 6,390</b>		<b><i>n</i> = 74,287</b>	
English only	3,937	61.6	71,770	96.6
1 other language	2,245	35.1	2,340	3.1
2 or more other languages	208	3.3	177	0.2
<b>Primary Place of Work</b>	<b><i>n</i> = 6,029</b>		<b><i>n</i> = 67,294</b>	
Ambulatory care	1,008	16.7	15,843	23.5
Extended care	499	8.3	4,722	7.0
Educational institutions	144	2.4	1,913	2.8
Public health	309	5.1	2,018	3.0
Home health	412	6.8	3,631	5.4
Hospital	3,270	54.2	34,115	50.7
Other	387	6.4	5,052	7.5
<b>Primary Functional Role or Position</b>	<b><i>n</i> = 6,029</b>		<b><i>n</i> = 67,296</b>	
Advanced practice nurse	413	6.9	5,496	8.2
Nurse educator	107	1.8	1,589	2.4
Case manager	402	6.7	4,388	6.5
Consultant	69	1.1	947	1.4
Nurse executive	67	1.1	1,052	1.6

	BIPOC and Latinx		White and not Latinx	
	<i>n</i>	%	<i>n</i>	%
Nurse faculty	92	1.5	1,142	1.7
Nurse manager	363	6.0	4,948	7.4
Nurse researcher	33	0.5	269	0.4
Staff nurse	4,086	67.8	41,722	62.0
Other health care related	329	5.5	4,633	6.9
Other not health care related	68	1.1	1,110	1.6
<b>Total Mean Hours/Week Primary/ Secondary Position</b>	<b><i>n</i> = 6,029</b>		<b><i>n</i> = 67,296</b>	
Mean ( <i>SD</i> )	38.0 (13.1)		36.6 (12.3)	
<b>Highest Nursing Degree</b>	<b><i>n</i> = 6,356</b>		<b><i>n</i> = 75,015</b>	
Practical or vocational nursing diploma	*	*	69	0.1
Diploma in nursing	110	1.7	3,185	4.2
ADN	2,014	31.7	24,634	32.8
BSN	3,376	53.1	37,099	49.4
MSN	716	11.3	8,887	11.8
DNP	100	1.6	938	1.2
Doctor of Nursing Science or Nursing Doctorate	*	*	39	0.1
PhD in nursing	36	0.6	254	0.3
<b>Highest Degree Earned</b>	<b><i>n</i> = 6,369</b>		<b><i>n</i> = 75,723</b>	
Practical or vocational nursing diploma	*	*	63	0.1
Diploma in nursing	104	1.6	2,882	3.8
ADN	1,930	30.3	23,284	30.9
Bachelor's degree	3,349	52.6	36,991	49.1
Master's degree	824	12.9	10,612	14.1
Doctorate, any field	159	2.5	1,441	1.9
<b>Plans for Further Education</b>	<b><i>n</i> = 6,390</b>		<b><i>n</i> = 75,528</b>	
No plans	3,023	47.3	54,183	71.7
Enrolled in BSN	438	6.9	3,016	4.0
Enrolled in MSN	383	6.0	2,238	3.0
Enrolled in Master's program in related field	41	0.6	293	0.4
Enrolled in DNP	151	2.4	882	1.2
Enrolled in PhD in nursing	18	0.3	91	0.1
Enrolled in non-degree certificate program	63	1.0	750	1.0
Plan to pursue further education within next 2 years	2,273	35.6	14,075	18.6

Note. Table 12 includes responses to survey questions 4, 29, 30, 36, 39, 47, 48, 69-73.

Note. The option "Enrolled in PhD program in a related field" was inadvertently excluded from the electronic version of the survey in 2020.

\*Too few to report.

Table 13 displays the change in educational attainment reported in 2018 and 2020 for nurses who identify as BIPOC/Latinx and those who identify as White/Not Latinx. The proportion of RNs attaining a diploma as the highest degree declined for both groups, reflecting aging in the RN workforce. Attainment of all degrees increased for both groups, with the exception of the ADN, which declined for RNs who identify as White/Not Latinx. Among RNs who identify as BIPOC/Latinx, the change in proportion of RNs who achieved higher degrees was greater for those who earned a BSN and MSN, where the greatest change in proportion for the DNP and PhD was among RNs who identify as White/Not Latinx.

**Table 13. 2018 – 2020 Comparison of Educational Attainment by Racial or Ethnic Diversity**

	BIPOC and Latinx			White and Not Latinx		
	2018	2020	Change 2018-2020	2018	2020	Change 2018-2020
	<i>n</i>	<i>n</i>	%	<i>n</i>	<i>n</i>	%
<b>Highest Nursing Degree</b>						
Diploma	129	110	-14.7	3,992	3,185	-20.2
ADN	1,989	2,014	1.3	25,628	24,634	-3.9
BSN	2,810	3,376	20.1	35,074	37,099	5.8
MSN	575	716	24.5	8,236	8,887	7.9
DNP	77	100	29.9	643	938	45.9
PhD in Nursing	35	36	2.9	224	254	13.4

*Note.* Table 13 includes responses to survey questions 4, 65 in 2016 and 4, 71 in 2020.

*Note.* Results may be affected by missing data.

### Comparing 2018 and 2020

The trends seen in 2020 compared to 2018 are generally positive. Examples of continued positive trends included:

- The Wisconsin RN workforce grew by nearly 1,200, from 90,143 in 2018 to 91,422 in 2020.
- While the overall proportion of Wisconsin RNs who identified as BIPOC/Latinx rose only slightly, from 7.1% in 2018 to 7.8% in 2020, the number of RNs in all racial/ethnic categories increased from 2018 to 2020.
  - Black or African American nurses increased by 201.
  - Asian nurses increased by 415.
  - Native Hawaiian or Other Pacific Islander nurses increased by 49.
  - Native American or Native Alaskan nurses increased by 168.
  - Hispanic, Latino, or Latinx nurses increased by 184.
- The number of men in the Wisconsin nursing workforce increased by 403 since 2018, with a slight increase in proportion from 7.5% to 7.9%.

- The proportion of RNs in Wisconsin with a bachelor's or higher degree in nursing increased from 59.9% in 2018 to 63.2% in 2020.
- The number and proportion of RNs providing direct patient care as part of their primary functional role or position increased by 18% between 2018 (51,593, 78.4%) and 2020 (60,888, 83%).
- The number of DNP prepared nurses continued to increase in Wisconsin, from 720 in 2018 to 1,038 in 2020, an increase of 44%.
- The number of RNs reporting having obtained a PhD in any field increased from 1,179 in 2018 to 1,600 in 2020, a 36% increase.

Other changes noted are concerning signals of potential nursing shortages and challenges to RNs in the workforce:

- Retirement contributed the greatest change to employment among nurses, increasing from 6.8% (5,431) in 2018 to 7.5% (6,106) in 2020.
- The number of RNs who intend to continue providing direct patient care for less than 2 years increased from 4,516 in 2018 to 5,180 in 2020, a change of 14.7%.
- The proportion of RNs whose employer offered compensation benefits decreased between 2018 and 2020 for individual health insurance by 6.3%, for family health insurance by 7.9%, and for dental insurance by 4.0%.

## **Discussion and Recommendations**

The overall size and diversity of the Wisconsin RN workforce is increasing. However, the proportion of Wisconsin RNs who identify as male and racially or ethnically diverse continues to lag behind the U.S. nursing workforce and national benchmarks (Buerhaus et al., 2017; NACNEP, 2013; Smiley et al., 2018). For example, in Wisconsin, males comprise 7.9% of the RN workforce, compared to 9.1% of the U.S. RN workforce, and 2.2% of RNs in the state identify as Hispanic, Latino, or Latinx, compared to 10.2% of the national nursing workforce (U.S. Department of Health and Human Services, 2019).

Over half of Wisconsin RNs intend to continue in their current employment for less than 10 years and nearly 40% for less than 5 years. Based on average age and intent to stay in their current employment, the data suggest that a substantial portion of RNs may leave nursing positions or transitioning to other types of work before they reach retirement age. It is important to understand RN employment choices to plan for changes in the nursing workforce required by shifts in health care delivery and consumer demand.

The Wisconsin RN workforce has similar characteristics to the U.S. nursing workforce. Consistent with national nursing data, Wisconsin RNs are most often employed as a nurse (Wisconsin 85.3%, U.S. 84.5%), in a hospital setting (Wisconsin 51.0%, U.S. 55.7%), and in staff nurse positions (Wisconsin 62.5%, U.S. 58.1%; Smiley et al., 2018). Although Wisconsin experienced an increase in the proportion of nurses working in ambulatory care in 2020, declines in numbers of RNs in extended care and community or public health were reported once again.

These trends are concerning given the aging population and the current COVID-19 pandemic that is straining the workforce in 2020.

All states are making progress toward the 80% benchmark for RNs with a bachelor or higher degree; the national average reached 64.2% in 2018 (Smiley et al., 2018). While Wisconsin's progress toward this benchmark increased from 55.9% in 2018 to 63.2% in 2020, the state still lags behind the national average and the goal. Wisconsin continues to increase the number of RNs who attain graduate degrees and advanced training. The number of RNs who reported having a PhD in nursing increased by 31 since 2018 (from 259 in 2018 to 290 in 2020), and 109 RNs reported enrollment in a PhD program in 2020, four fewer than in 2018. In contrast, 318 additional RNs reported having a DNP in 2020 compared to 2018, and 1,033 reported they were enrolled in a DNP program, 148 more enrollments than in 2018. Wisconsin seems to be reflecting the nation, where attainment of a DNP is rising and the numbers of RNs earning a PhD in nursing is decreasing (Smiley et al., 2018). The Wisconsin RN workforce grew by nearly 1,200 since 2018, from 90,143 in 2018 to 91,422 in 2020; that number is approximately 1,700 fewer than the number graduates from Wisconsin nursing schools annually (Zahner et al., 2017). This is particularly concerning given predictions that Wisconsin will experience a gap in supply and demand of RNs that increases from 4.0% in 2020 to 15.0% in 2030 and increases again to 25.0% in 2040 (State of Wisconsin, DWD, 2020).

Schools of nursing should continue to implement innovative recruitment strategies that increase the racial, ethnic, and gender diversity of the workforce and that develop pathways for advancement in education. However, state and federal funding is critical for nursing programs to expand the capacity of their undergraduate programs and increase the number of bachelor-prepared nurses. In addition, state and federal funding and other financial incentives, like loan forgiveness or funding support, are needed to increase the number of RNs with doctoral preparation in nursing.

### **Section III. Geographic Distribution of Wisconsin RNs**

This section presents the characteristics of the 2020 Wisconsin RN workforce by Department of Health Services (DHS) region and by rural-urban status (see Appendix I for map and listing of DHS regions). County of residence or county of employment was necessary for these analyses; thus, this section includes data only from survey respondents who reported this information. These findings may be useful in identifying regional workforce needs and in developing targeted interventions.

#### **Wisconsin RN Workforce by DHS Region**

Table 14 displays demographic information for the state and by the DHS region in which nurses reside. While demographic characteristics across regions were similar across the state, some regional variation was observed. The overall mean age of nurses was 46.2 years. The lowest mean age was in the Northeastern region (45.8) and highest in the Northern region (47.2). Gender diversity varied from a low of 6.9% males in the Northeastern region to a high of 8.8% in the Northern region. The percent of RNs who identified as non-binary was 0.2% in all regions, except the Southern region where it was 0.3%. The greatest racial, ethnic, and linguistic diversity was reported in the Southeastern region, where 4.5% (2.2% state) of RNs identified as Black or African American; 3.7% (2.2% state) identified as Hispanic, Latino, or Latinx; and 7.6% (5.6% state) reported proficiency in one language other than English.

**Table 14. Demographic Information by DHS Region of Residence**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<b><i>n</i> = 77,783</b>		<b><i>n</i> = 15,805</b>		<b><i>n</i> = 29,803</b>		<b><i>n</i> = 15,695</b>		<b><i>n</i> = 9,667</b>		<b><i>n</i> = 6,813</b>	
Mean age (years)	46.2		46.3		46.1		45.8		46.5		47.2	
<b>Gender</b>	<b><i>n</i> = 78,071</b>		<b><i>n</i> = 15,851</b>		<b><i>n</i> = 29,912</b>		<b><i>n</i> = 15,776</b>		<b><i>n</i> = 9,708</b>		<b><i>n</i> = 6,834</b>	
Female	71,864	92.0	14,506	91.5	27,598	92.3	14,660	93.0	8,882	91.5	6,218	91.0
Male	6,057	7.8	1,305	8.2	2,260	7.6	1,081	6.9	809	8.3	602	8.8
Non-binary	150	0.2	40	0.3	54	0.2	25	0.2	17	0.2	14	0.2
<b>Racial and Ethnic Diversity</b>												
White	73,674	94.4	15,121	95.4	27,258	91.1	15,216	96.5	9,463	97.5	6,616	96.8
Black/ African American	1,701	2.2	218	1.4	1,345	4.5	76	0.5	34	0.4	28	0.4
American Indian/ Alaska Native	455	0.6	49	0.3	152	0.5	140	0.9	55	0.6	59	0.9
Asian	1,734	2.2	393	2.5	841	2.8	270	1.7	117	1.2	113	1.7
Native Hawaiian/ Other Pacific Islander	124	0.2	20	0.1	67	0.2	20	0.1	6	0.1	11	0.2
Other	1,090	1.4	179	1.1	620	2.1	159	1.0	85	0.9	47	0.7
Multiracial <sup>a</sup>	661	0.8	115	0.7	348	1.2	109	0.7	51	0.5	38	0.6
Hispanic, Latino, or Latinx	1,698	2.2	242	1.5	1,093	3.7	207	1.3	87	0.9	69	1.0
<b>Language Proficiency</b>												
English language only	73,308	93.9	14,857	93.7	27,477	91.9	15,062	95.5	9,384	96.7	6,528	95.5
One other language	4,391	5.6	889	5.6	2,260	7.6	662	4.2	300	3.1	280	4.1
Two or more other languages	372	0.5	105	0.7	175	0.6	42	0.3	24	0.2	26	0.4

<sup>a</sup>Multiracial includes individuals who selected more than one of the other racial categories.

Note. Table 14 includes survey questions 69-73, 75.



## **Employment Status by DHS Region**

Employment characteristics of RNs employed in each region are described in Table 15. The proportion of RNs providing direct care was higher in all regions in 2020 compared to 2018 and ranged from 84.5% in the Northern region to 86.8% in the Southern region. The mean number of years RNs provided direct care ranged from 14.5 to 14.7 in 2020, less than in 2018 when the mean number of years in direct care was greater than 15.0 years in all regions. The number of RNs working in each region per 1,000 residents has remained stable since 2018, with more nurses per 1,000 residents in the Northeastern region (11.6) and the Western region (11.8; State of Wisconsin, Department of Administration, 2019). Additional information on the number of working RNs per 1,000 population for each county can be found in Appendix J.

In all regions, the majority of RNs were employed in a hospital (range: 46.7% Northern to 56.5% Southeastern), as a staff nurse (range: 59.7% Northern to 65.2% Southern), and paid hourly (range: 45.4% Southeastern to 53.7% Northern). The Northeastern and Northern regions were the only regions with fewer than 50% of nurses employed in hospitals, and these two regions also had the highest proportion of nurses employed in ambulatory care (Northeastern 26.3%, Northern 26.5%) and the greatest proportion of APNs (Northeastern 8.6%, Northern 8.2%). There is notable variation in the proportion of RNs employed in extended care across regions, with 5.4% in the Southeastern region and 9.5% in the Western region.

Compared with other regions and the rest of the state, a greater proportion of RNs in the Western and Northern regions worked in full-time than in part-time positions (Western: FT 76.2%, PT 19.7%; Northern: FT 79.9%, PT 15.7%). In the Northern region, a greater proportion of RNs were employed through a temporary or travel agency (2.2%) or were self-employed (2.7%) compared to the state and other regions.

**Table 15. Employment Characteristics by DHS Region of Employment**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 78,071		<i>n</i> = 15,851		<i>n</i> = 29,912		<i>n</i> = 15,766		<i>n</i> = 9,708		<i>n</i> = 6,834	
Currently employed as a nurse	66,124	84.7	13,428	84.7	25,300	84.6	13,326	84.5	8,345	86.0	5,725	83.8
Currently employed as a nurse and providing direct patient care	56,820	85.9	11,659	86.8	21,645	85.6	11,522	86.5	7,156	85.8	4,838	84.5
Employed nurses per 1,000 population in primary employment	11.3		11.7		11.8		10.6		10.4		11.6	
Mean years ( <i>SD</i> ) providing direct patient care as a nurse	14.6 (11.0)		14.7 (11.0)		14.5 (11.1)		14.6 (10.9)		14.6 (11.0)		14.7 (10.8)	
<b>Principal Place of Work for Nurses Providing Direct Patient Care</b>												
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Ambulatory care	15,578	23.6	3,047	22.7	5,612	22.2	3,503	26.3	1,899	22.8	1,517	26.5
Extended care	4,824	7.3	1,052	7.8	1,366	5.4	1,151	8.6	792	9.5	463	8.1
Educational Institutions	1,634	2.5	348	2.6	666	2.6	297	2.2	211	2.5	112	2.0
Public health	2,019	3.1	380	2.8	747	3.0	436	3.3	243	2.9	213	3.7
Home health	3,548	5.4	712	5.3	1,289	5.1	831	6.2	403	4.8	313	5.5
Hospital	34,856	52.7	7,253	54.0	14,292	56.5	6,298	47.3	4,339	52.0	2,674	46.7
Other	3,665	5.5	636	4.7	1,328	5.2	810	6.1	458	5.5	433	7.6
<b>Functional Role or Position at Primary Job for all Employed Nurses</b>												
	State <i>n</i> = 69,147		Southern <i>n</i> = 13,977		Southeastern <i>n</i> = 26,498		Northeastern <i>n</i> = 13,977		Western <i>n</i> = 8,687		Northern <i>n</i> = 6,008	
Advanced practice nurse	5,460	7.9	994	7.1	2,108	8.0	1,198	8.6	665	7.7	495	8.2
Case manager	4,495	6.5	817	5.8	1,745	6.6	915	6.5	563	6.5	455	7.6
Consultant	913	1.3	198	1.4	353	1.3	168	1.2	108	1.2	86	1.4
Nurse educator	1,562	2.3	306	2.2	604	2.3	307	2.2	214	2.5	131	2.2

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Nurse executive	1,045	1.5	233	1.7	374	1.4	200	1.4	140	1.6	98	1.6
Nurse faculty	1,112	1.6	190	1.4	469	1.8	220	1.6	139	1.6	94	1.6
Nurse manager	5,006	7.2	1,029	7.4	1,666	6.3	1,103	7.9	763	8.8	445	7.4
Nurse researcher	284	0.4	73	0.5	135	0.5	31	0.2	24	0.3	21	0.3
Staff nurse	43,548	63.0	9,114	65.2	16,842	63.6	8,613	61.6	5,393	62.1	3,586	59.7
Other health care related	4,632	6.7	823	5.9	1,795	6.8	979	7.0	554	6.4	481	8.0
Other not health care related	1,090	1.6	200	1.4	407	1.5	243	1.7	124	1.4	116	1.9
<b>Payment Basis of Position at Principal Place of Work</b>												
Full-time salaried	17,465	25.3	3,241	23.2	7,158	27.0	3,336	23.9	2,157	24.8	1,573	26.2
Full-time hourly	33,608	48.6	7,053	50.5	12,042	45.4	6,816	48.8	4,468	51.4	3,229	53.7
Part-time salaried	1,605	2.3	335	2.4	750	2.8	269	1.9	161	1.9	90	1.5
Part-time hourly	13,879	20.1	2,830	20.2	5,643	21.3	3,002	21.5	1,549	17.8	855	14.2
Per diem	2,395	3.5	489	3.5	835	3.2	500	3.6	331	3.8	240	4.0
Volunteer	195	0.3	29	0.2	70	0.3	54	0.4	21	0.2	21	0.3
Total mean hours worked per week, primary and secondary jobs ( <i>SD</i> )	36.8 (12.1)		36.9 (11.7)		37.0 (12.2)		36.3 (12.3)		36.0 (11.7)		37.7 (12.2)	
Primary employment through temporary employment agency or travel agency	1,128	1.6	179	1.3	440	1.6	248	1.8	129	1.5	132	2.2
Primary employment is self-employed	1,338	1.9	294	2.1	462	1.7	273	2.0	147	1.7	162	2.7

Note. Table 15 includes responses to survey questions 11, 20, 25, 26, 28-30, 35, 36, 38, 46-48.

## Patterns of Employment in Nursing by DHS Region

The employment status of RNs in each DHS region is described in Table 16. A large majority of RNs across regions in Wisconsin reported being employed, which varied from 88.2% in the Southern region to 89.5% in the Western region. The greatest proportion of nurses who were not employed reported being retired. The proportion of retired RNs ranged from 7.4% in the Western region to 8.6% in the Southern region in 2020. These proportions were slightly higher than in 2018 (6.5% in the Western region and 7.9% in the Northern region). The number of RNs who were unemployed and seeking work at the time of licensure renewal was similar in 2018, except in the Southeastern region, where nearly 100 fewer nurses were unemployed and seeking work (438 in 2018 to 343 in 2020).

**Table 16. Employment Status by DHS Region of Residence**

	State <i>n</i> = 78,071		Southern <i>n</i> = 15,851		Southeastern <i>n</i> = 29,912		Northeastern <i>n</i> = 15,766		Western <i>n</i> = 9,708		Northern <i>n</i> = 6,834	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Employed</b>												
Employed as a nurse	66,124	84.7	13,428	84.7	25,300	84.6	13,326	84.5	8,345	86.0	5,725	83.8
Employed in health care, not as a nurse	1,923	2.5	343	2.2	785	2.6	410	2.6	221	2.3	164	2.4
Employed in another field	1,100	1.4	206	1.3	413	1.4	241	1.5	121	1.2	119	1.7
<b>Unemployed</b>												
Retired	6,106	7.8	1,365	8.6	2,275	7.6	1,178	7.5	720	7.4	568	8.3
Unemployed, seeking work in nursing	857	1.1	166	1.0	343	1.1	159	1.0	100	1.0	89	1.3
Unemployed, seeking work in another field	120	0.2	21	0.1	47	0.2	35	0.2	8	0.1	9	0.1
Unemployed, not seeking employment	1,841	2.4	322	2.0	749	2.5	417	2.6	193	2.0	160	2.3

*Note.* Table 16 includes responses to survey questions 11, 27.

*Note.* Percentages are based on the valid responses in the category and may vary between categories.

Table 17 displays responses to a question about the category that best described the respondent’s job at their primary place of work. Compared to 2018, both a greater number and proportion of RNs in all regions selected the category “nursing.”

**Table 17. Job Category at Primary Place of Work by DHS Region of Residence**

	State <i>n</i> = 69,147		Southern <i>n</i> = 13,977		Southeastern <i>n</i> = 26,498		Northeastern <i>n</i> = 13,977		Western <i>n</i> = 8,687		Northern <i>n</i> = 6,008	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Nursing	59,126	85.5	12,121	86.7	22,575	85.2	11,936	85.4	7,452	85.8	5,042	83.9
Retail sales and services	167	0.2	33	0.2	70	0.3	31	0.2	19	0.2	14	0.2
Nursing faculty	1,110	1.6	201	1.4	455	1.7	224	1.6	146	1.7	84	1.4
Nursing education	1,262	1.8	255	1.8	498	1.9	243	1.7	174	2.0	92	1.5
Health related services outside of nursing	2,038	2.9	347	2.5	805	3.0	430	3.1	247	2.8	209	3.5
Financial, accounting, or insurance processing	621	0.9	111	0.8	220	0.8	160	1.1	51	0.6	79	1.3
Consulting	686	1.0	135	1.0	284	1.1	128	0.9	80	0.9	59	1.0
Other	4,137	6.0	774	5.5	1,591	6.0	825	5.9	518	6.0	429	7.1

Note. Table 17 includes responses to survey questions 23, 75.

\*Too few to report.

## Specialized Clinical Knowledge by DHS Region

Respondents reported areas in which they had specialized clinical knowledge or two or more years of professional experience. Table 18 described the results overall and by region. Comparing the data to population density maps, locations of adult correctional centers, and both the location and density of hospitals in Wisconsin suggests that the variation in clinical expertise reflects local concentrations of health care facilities and specialty services available in each region (Jones & Bourbeau, 2019; State of Wisconsin, Department of Corrections, 2019; Wisconsin Department of Health Services, 2020).

**Table 18. Areas of Specialized Clinical Knowledge and Experience by DHS Region of Residence**

	State <i>n</i> = 69,147		Southern <i>n</i> = 13,977		Southeastern <i>n</i> = 26,498		Northeastern <i>n</i> = 13,977		Western <i>n</i> = 8,687		Northern <i>n</i> = 6,008	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Acute/ critical/ intensive care	20,403	29.5	3,971	28.4	8,807	33.2	3,586	25.7	2,216	25.5	1,823	30.3
Addiction/ AODA/ substance abuse	3,219	4.7	559	4.0	1,322	5.0	592	4.2	468	5.4	278	4.6
Adult health	13,586	19.6	2,860	20.5	5,291	20.0	2,654	19.0	1,641	18.9	1,140	19.0
Anesthesia	2,122	3.1	444	3.2	706	2.7	467	3.3	288	3.3	217	3.6
Cardiac	9,475	13.7	1,734	12.4	3,964	15.0	1,848	13.2	1,102	12.7	827	13.8
Community health	4,665	6.7	878	6.3	1,845	7.0	899	6.4	627	7.2	416	6.9
Correctional health	1,376	2.0	350	2.5	403	1.5	388	2.8	139	1.6	96	1.6
Dialysis	2,396	3.5	425	3.0	1,036	3.9	455	3.3	292	3.4	188	3.1
Emergency care	8,464	12.2	1,741	12.5	2,955	11.2	1,605	11.5	1,346	15.5	817	13.6
Family health	5,547	8.0	1,106	7.9	1,835	6.9	1,282	9.2	761	8.8	563	9.4
Geriatrics or gerontology	11,261	16.3	2,324	16.6	3,748	14.1	2,373	17.0	1,663	19.1	1,153	19.2
Home health	5,714	8.3	1,059	7.6	2,204	8.3	1,200	8.6	719	8.3	532	8.9
Hospice or palliative care	7,025	10.2	1,438	10.3	2,535	9.6	1,551	11.1	905	10.4	596	9.9
Labor and delivery	4,459	6.4	840	6.0	1,419	5.4	1,094	7.8	663	7.6	443	7.4
Maternal-child health	5,356	7.7	1,197	8.6	1,982	7.5	1,073	7.7	696	8.0	408	6.8

	State <i>n</i> = 69,147		Southern <i>n</i> = 13,977		Southeastern <i>n</i> = 26,498		Northeastern <i>n</i> = 13,977		Western <i>n</i> = 8,687		Northern <i>n</i> = 6,008	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Medical-surgical	21,367	30.9	4,359	31.2	8,002	30.2	4,208	30.1	2,913	33.5	1,885	31.4
Neonatal	3,976	5.8	771	5.5	1,639	6.2	780	5.6	470	5.4	316	5.3
Nephrology	1,909	2.8	340	2.4	896	3.4	343	2.5	202	2.3	128	2.1
Obstetrics-gynecology	5,337	7.7	1,126	8.1	1,829	6.9	1,149	8.2	761	8.8	472	7.9
Occupational or employee health	1,667	2.4	318	2.3	523	2.0	429	3.1	212	2.4	185	3.1
Oncology	5,069	7.3	957	6.8	2,240	8.5	972	7.0	523	6.0	377	6.3
Pediatrics	6,785	9.8	1,434	10.3	2,997	11.3	1,080	7.7	725	8.3	549	9.1
Parish or faith community	365	0.5	76	0.5	152	0.6	69	0.5	41	0.5	27	0.4
Public health	2,682	3.9	512	3.7	986	3.7	505	3.6	415	4.8	264	4.4
Psychiatric or mental health	5,167	7.5	1,030	7.4	1,911	7.2	1,094	7.8	756	8.7	376	6.3
Rehabilitation	4,194	6.1	725	5.2	1,700	6.4	884	6.3	511	5.9	374	6.2
Respiratory care	2,463	3.6	568	4.1	1,009	3.8	401	2.9	278	3.2	207	3.4
School health	1,381	2.0	308	2.2	497	1.9	256	1.8	194	2.2	126	2.1
Surgery/pre-op/post-op/PACU	11,724	17.0	2,427	17.4	4,347	16.4	2,420	17.3	1,455	16.7	1,075	17.9
Women's health	4,214	6.1	832	6.0	1,699	6.4	885	6.3	518	6.0	280	4.7
Other, not listed	14,059	20.3	2,856	20.4	5,540	20.9	2,786	19.8	1,661	19.1	1,234	20.5
No specialized knowledge or experience	3,127	4.6	698	5.0	1,168	4.4	641	4.6	409	4.7	256	4.3

Note. Table 18 includes responses to survey questions 14, 75.

Note. Respondents could select more than one category.

## Employment Status Change by DHS Region

The questions included in the “employment status change” section of the survey were modified in 2020 from the 2018 survey in order to better measure whether the number of hours nurses worked changed from the previous year and whether nurses who changed positions stayed with their current employer or chose a new employer. Table 19 displays these results. The proportion of nurses who worked the same number of hours, a greater number of hours, or fewer hours than the previous year was similar across all regions. For example, approximately 65% (range: 63.6% Southern and Northern regions to 67.0% Western region) of nurses reported working the same number of hours in 2020 as in the prior year. The proportion of nurses who obtained a new position with the same employer versus a different employer were comparable, with less than one percentage point difference between the groups within regions.

**Table 19. Employment Status Changes by DHS Region of Residence**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 68,214		<i>n</i> = 13,774		<i>n</i> = 26,133		<i>n</i> = 13,807		<i>n</i> = 8,566		<i>n</i> = 5,934	
About the same hours as last year	43,949	64.4	8,759	63.6	16,841	64.4	8,835	64.0	5,742	67.0	3,772	63.6
More hours than last year	17,109	25.1	3,515	25.5	6,574	25.2	3,527	25.5	1,951	22.8	1,542	26.0
Fewer hours than last year	7,156	10.5	1,500	10.9	2,718	10.4	1,445	10.5	873	10.2	620	10.4
	<i>n</i> = 68,150		<i>n</i> = 13,767		<i>n</i> = 26,101		<i>n</i> = 13,782		<i>n</i> = 8,577		<i>n</i> = 5,923	
Have not changed positions	48,635	71.4	9,833	71.4	18,597	71.3	9,841	71.4	6,132	71.5	4,232	71.5
New position with same employer	10,325	15.2	2,024	14.7	4,031	15.4	2,070	15.0	1,342	15.6	858	14.5
New position with different employer	9,190	13.5	1,910	13.9	3,473	13.3	1,871	13.6	1,103	12.9	833	14.1

*Note.* Table 19 includes responses to survey questions 12, 75.

Respondents were asked to identify the most important factor related to their change in employment during the past year (if applicable). Table 20 displays the results by DHS region. In general, the factors that contributed to employment change were consistent across all regions. The factors that showed the greatest variability across regions included relocation or moved to another area (range: 6.9% Southeastern region to 10.2% Northern region), promotion or career advancement (range: 20.0% Northern region to 24.8% Western region), and dissatisfaction with previous position (range: 17.4% Northern region to 20.6% Southeastern region). The number of RNs who cited retirement as the most important factor was notably smaller than in 2018 (140 in 2020 compared to 2,566 in 2018), a finding that was not consistent with the unemployment data



reported in Table 16. It is possible that previously discussed changes in how the survey was administered have impacted this subset of data, as we cannot say with certainty how missing data affected results.

**Table 20. Important Factors in Employment Change in the Past Year by DHS Region of Residence**

	State <i>n</i> = 18,093		Southern <i>n</i> = 3,660		Southeastern <i>n</i> = 6,943		Northeastern <i>n</i> = 3,656		Western <i>n</i> = 2,252		Northern <i>n</i> = 1,582	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Retirement	140	0.8	35	1.0	51	0.7	23	0.6	15	0.7	16	1.0
Childcare responsibilities	757	4.2	151	4.1	279	4.0	175	4.8	87	3.9	65	4.1
Other family responsibilities	583	3.2	112	3.1	216	3.1	120	3.3	76	3.4	59	3.7
Salary, medical, or retirement benefits	1,873	10.4	407	11.1	710	10.2	352	9.6	230	10.2	174	11.0
Laid off	262	1.4	24	0.7	131	1.9	60	1.6	26	1.2	21	1.3
Change in spouse or partner work situation	276	1.5	57	1.6	98	1.4	54	1.5	45	2.0	22	1.4
Change in financial status	286	1.6	44	1.2	134	1.9	51	1.4	31	1.4	26	1.6
Relocation or moved to another area	1,415	7.8	335	9.2	476	6.9	279	7.6	164	7.3	161	10.2
Promotion or career advancement	4,143	22.9	838	22.9	1,617	23.3	812	22.2	559	24.8	317	20.0
Change in health status of RN	241	1.3	43	1.2	103	1.5	47	1.3	25	1.1	23	1.5
Seeking more convenient hours	2,327	12.9	448	12.2	843	12.1	502	13.7	317	14.1	217	13.7
Dissatisfaction with previous position	3,525	19.5	708	19.3	1,430	20.6	718	19.6	393	17.5	276	17.4
Returned to school	392	2.2	73	2.0	169	2.4	81	2.2	39	1.7	30	1.9
Other	1,873	10.4	385	10.5	686	9.9	382	10.4	245	10.9	175	11.1

Note. Table 20 includes responses to survey questions 13, 75.

## Secondary Employment by DHS Region

Table 21 shows patterns of employment by DHS region for RNs who reported a secondary place of work. Of the RNs reporting a secondary position, 88.2% indicated that the secondary position required an RN license statewide and was lowest in the Southern region (86.4%) and highest in the Southeastern region (89.6%). The proportions reported were higher in 2020 compared to 2018 overall and in all regions. The most commonly reported secondary place of work was “Nursing faculty” (6.0%), which ranged from a high of 7.9% in the Southeastern Region to a low of 4.3% in the Northern region. This pattern reflects the higher concentration of nursing education programs located in the Southeastern region. Nurses in all regions are working, on average, more than 45 minutes more per week in their secondary positions than they reported in 2018.

**Table 21. Description of Job Category at Secondary Place of Work by DHS Region of Residence**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 8,489		<i>n</i> = 1,611		<i>n</i> = 3,315		<i>n</i> = 1,694		<i>n</i> = 1,154		<i>n</i> = 715	
Secondary job requires RN licensure	7,485	88.2	1,392	86.4	2,970	89.6	1,489	87.9	1,006	87.2	628	87.8
	<i>n</i> = 8,515		<i>n</i> = 1,616		<i>n</i> = 3,333		<i>n</i> = 1,695		<i>n</i> = 1,156		<i>n</i> = 715	
Nursing	6,411	75.3	1,236	76.5	2,461	73.8	1,302	76.8	875	75.7	537	75.1
Nursing educator	270	3.2	60	3.7	104	3.1	46	2.7	41	3.5	19	2.7
Nursing faculty	513	6.0	71	4.4	264	7.9	93	5.5	54	4.7	31	4.3
Retail sales and services	21	0.2	*	*	11	0.3	*	*	*	*	*	*
Health related services outside of nursing	315	3.7	67	4.1	103	3.1	66	3.9	52	4.5	27	3.8
Financial, accounting, or insurance processing	10	0.1	*	*	*	*	*	*	*	*	*	*
Consulting	196	2.3	30	1.9	82	2.5	37	2.2	31	2.7	16	2.2
Other	779	9.1	148	9.2	304	9.1	147	8.7	100	8.7	80	11.2

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 8,573		<i>n</i> = 1,629		<i>n</i> = 3,357		<i>n</i> = 1,708		<i>n</i> = 1,161		<i>n</i> = 718	
Mean number of hours worked per week ( <i>SD</i> )	9.0 (9.5)		8.8 (9.5)		9.4 (9.6)		8.6 (9.4)		8.3 (9.2)		9.6 (10.3)	

Note. Table 21 includes responses from survey questions 43, 44, 47, 48, 75.

### Employment Intentions by DHS Region

The 2020 Wisconsin RN Survey included two questions answered by RNs who reported being unemployed at the time of the survey. The future employment intentions of RNs who reported they were not working at the time of license renewal are displayed in Table 22 by region. The largest proportion reported being “Undecided” about their future employment at the time of the survey (range: 38.6% in the Southern region to 45.8% in the Northeastern region). Overall, 26.8% indicated they planned to return to nursing in the future (range: 24.6% in the Northeastern region to 29.3% in Southern region). A greater proportion of nurses in the Northern region (8.4%) are retired or unable to return to nursing, and the largest proportion who were not retired but do not intend to return to nursing were in the Southern region (7.3%). Given the difference in the number of nurses included in the subset for this analysis from 2018 (13,992) to 2020 (2,218) is pronounced, any comparisons should be made with care.

**Table 22. Employment Intentions of Unemployed RNs by DHS Region of Residence**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Currently seeking employment in nursing	418	18.8	76	19.2	165	18.4	82	16.7	49	22.6	46	21.4
Plan to return to nursing in the future	594	26.8	116	29.3	240	26.7	121	24.6	63	29.0	54	25.1
Retired or unable to return to nursing	138	6.2	22	5.6	56	6.2	34	6.9	8	3.7	18	8.4
Definitely will not return to nursing, but not retired	123	5.5	29	7.3	48	5.3	29	5.9	6	2.8	11	5.1
Undecided	945	42.6	153	38.6	390	43.4	225	45.8	91	41.9	86	40.0

Note. Table 22 includes responses to survey questions 67, 75.

Table 23 shows the factors that would influence currently unemployed RNs' return to nursing by state and DHS region. The highest proportion of nurses indicated that "more or flexible" hours would influence their return to nursing (41.3% overall). Similarities across regions were noted for most of the factors, like improved health benefits, improved pay, and work environment. In the Southern region, a greater proportion of nurses (12.5%) cited affordable childcare at or near work than the other regions (range: Northern region 6.9% to 8.4% Northeastern region). Opportunities for career advancement were the least cited factor for nurses in the Western region (5.2%), compared to the other regions (range: 8.0% Northeastern region to 10.9% Southern region). Conversely, a greater proportion of nurses in the Western region selected the worksite location (33.2%) as influencing their return to nursing, compared to other regions (range: 25.5% Northern region to 29.6% Southeastern region). As in Table 22, the difference in the number of nurses included in the subset for this analysis from 2018 (13,992) to 2020 (2,095) is notable and limits direct comparisons.

**Table 23. Factors Influencing a Return to Nursing by DHS Region of Residence**

	State <i>n</i> = 2,095		Southern <i>n</i> = 367		Southeastern <i>n</i> = 851		Northeastern <i>n</i> = 462		Western <i>n</i> = 211		Northern <i>n</i> = 204	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Would not consider returning to nursing	63	3.0	11	3.0	29	3.4	14	3.0	*	*	6	2.9
Modified physical job requirements	327	15.6	48	13.1	124	14.6	80	17.3	40	19.0	35	17.2
Affordable childcare at or near work	181	8.6	46	12.5	66	7.8	39	8.4	16	7.6	14	6.9
Improvement in health status	394	18.8	64	17.4	150	17.6	98	21.2	46	21.8	36	17.6
Improved health benefits	225	10.7	35	9.5	85	10.0	56	12.1	23	10.9	26	12.7
Retirement benefits	202	9.6	31	8.4	85	10.0	45	9.7	18	8.5	23	11.3
More or flexible hours	865	41.3	151	41.1	351	41.2	194	42.0	88	41.7	81	39.7
Opportunity for career advancement	186	8.9	40	10.9	80	9.4	37	8.0	11	5.2	18	8.8
Improved pay	471	22.5	75	20.4	198	23.3	103	22.3	46	21.8	49	24.0
Shift	536	25.6	104	28.3	217	25.5	119	25.8	50	23.7	46	22.5
Work environment	725	34.6	130	35.4	304	35.7	155	33.5	65	30.8	71	34.8
Worksite location	589	28.1	98	26.7	252	29.6	117	25.3	70	33.2	52	25.5
Other	522	24.9	92	25.1	212	24.9	115	24.9	61	28.9	42	20.6

Note. Table 23 includes responses from survey questions 68, 75.

Note. Respondents could choose “all that apply.”

## Intentions to Work in Direct Patient Care by DHS Region

The survey asked RNs who were in direct care positions how much longer they intended to continue providing direct care. These responses are shown overall and by DHS region in Table 24. The patterns of responses were consistent across regions, with the highest proportion indicating intentions to continue in direct patient care for 10 years to 19 more years. Similar patterns were seen in the 2018 survey findings.

**Table 24. Intent to Continue Providing Direct Patient Care by DHS Region of Residence**

Years	State <i>n</i> = 56,402		Southern <i>n</i> = 11,530		Southeastern <i>n</i> = 21,434		Northeastern <i>n</i> = 11,509		Western <i>n</i> = 7,109		Northern <i>n</i> = 4,820	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	4,913	8.7	1,025	8.9	1,906	8.9	960	8.3	613	8.6	409	8.5
2 – 4	8,298	14.7	1,660	14.4	3,440	16.0	1,546	13.4	934	13.1	718	14.9
5 – 9	11,479	20.4	2,415	20.9	4,587	21.4	2,188	19.0	1,403	19.7	886	18.4
10 – 19	14,674	26.0	3,081	26.7	5,486	25.6	2,923	25.4	1,863	26.2	1,321	27.4
20 – 29	9,834	17.4	2,002	17.4	3,419	16.0	2,224	19.3	1,336	18.8	853	17.7
≥ 30	7,204	12.8	1,347	11.7	2,596	12.1	1,668	14.5	960	13.5	633	13.1

*Note.* Table 24 includes responses to survey questions 21, 75.

## Educational Preparation by DHS Region

Table 25 displays the highest nursing degree RNs earned by DHS region. The Northern (51.3%) and Western (44.2%) regions were found to have higher proportions of RNs with the associate degree (ADN) and the lower proportions of RNs with a bachelor's (BSN) degree (Northern region 35.4%, Western region 43.3%). The Southeastern region was found to have the highest proportion of RNs with a BSN as their highest nursing degree (55.4%), followed by the Southern region (53.9%). Overall, 62.3% of RNs reported BSN or higher degree in nursing (range: 45.8% in the Northern region to 68.4% in the Southeastern region). All regions still fall below the national goal of 80% of nurses earning a bachelor or higher degree in nursing by 2020 (IOM, 2011). Except in the Northern region, the proportion of RNs with a BSN or higher in nursing was higher in 2020 compared to 2018 (2018 range was 46.6% in Northern region to 65.4% Southeastern region). However, compared to 2018, nearly 40,000 fewer nurses were included in this subset analysis than in 2018, a limitation when making comparisons between years.

**Table 25. Highest Nursing Degree by DHS Region of Residence**

	State <i>n</i> = 57,378		Southern <i>n</i> = 11,775		Southeastern <i>n</i> = 21,838		Northeastern <i>n</i> = 11,642		Western <i>n</i> = 7,218		Northern <i>n</i> = 4,905	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Practical or vocational nursing diploma	48	0.1	13	0.1	10	0.0	11	0.1	11	0.2	*	*
Diploma in nursing	1,454	2.5	275	2.3	645	3.0	251	2.2	146	2.0	137	2.8
ADN	20,095	35.0	3,828	32.5	6,232	28.5	4,329	37.2	3,191	44.2	2,515	51.3
BSN	29,014	50.6	6,346	53.9	12,103	55.4	5,698	48.9	3,131	43.4	1,736	35.4
MSN	5,978	10.4	1,127	9.6	2,555	11.7	1,217	10.5	617	8.5	462	9.4
DNP	716	1.2	171	1.5	261	1.2	125	1.1	111	1.5	48	1.0
Doctor of Nursing Science or Nursing Doctorate <sup>a</sup>	28	0.0	8	0.1	*	*	8	0.1	*	*	*	*
PhD in nursing	45	0.1	7	0.1	27	0.1	*	*	6	0.1	*	*
Total BSN or higher degree in nursing	35,781	62.3	7,644	65.0	14,946	68.4	7,040	60.5	3,859	53.4	2,246	45.8

Note. Table 25 includes responses from survey questions 4, 75.

<sup>a</sup>DNSc, DSN, ND, or DN

\*Too few to report.

## Future Educational Plans by DHS Region

Table 26 describes respondents' future educational plans overall and by DHS region. Overall, 65.2% of RNs reported having no plans for further education, a modest decline from 2018 when 68.6% reported the same. Overall, 23.2% reported planning to pursue further nursing education in the next 2 years, up from 21.1% in 2018. The regions with higher proportions of RNs with ADNs also reported greater proportions enrolled in BSN programs (6.7% in Northeastern region and 7.0% in Western region). A greater percentage of nurses in the Southeastern region reported being enrolled in an MSN program (4.6%) than the other regions, suggesting that this region will continue to lead the state in masters-prepared nurses. The proportion of nurses enrolled in PhD and DNP programs is under 2.0% in all regions.

**Table 26. Plans for Further Education in Nursing by DHS Region of Residence**

	State <i>n</i> = 57,674		Southern <i>n</i> = 11,826		Southeastern <i>n</i> = 21,960		Northeastern <i>n</i> = 11,700		Western <i>n</i> = 7,265		Northern <i>n</i> = 4,923	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No plans	37,622	65.2	7,985	67.5	13,920	63.4	7,795	66.6	4,659	64.1	3,263	66.3
Enrolled in BSN program	3,035	5.3	494	4.2	1,015	4.6	788	6.7	508	7.0	230	4.7
Enrolled in MSN program	2,079	3.6	338	2.9	1,003	4.6	414	3.5	180	2.5	144	2.9
Enrolled in MS degree program in a related field	172	0.3	36	0.3	68	0.3	29	0.2	24	0.3	15	0.3
Enrolled in DNP program	770	1.3	169	1.4	311	1.4	113	1.0	127	1.7	50	1.0
Enrolled in a nursing PhD program	47	0.1	11	0.1	28	0.1	6	0.1	*	*	*	*
Enrolled in a non-degree specialty certification program	582	1.0	108	0.9	243	1.1	105	0.9	70	1.0	56	1.1
Plan to pursue further nursing education in the next 2 years	13,367	23.2	2,685	22.7	5,372	24.5	2,450	20.9	1,696	23.3	1,164	23.6

*Note.* Table 26 includes responses to survey questions 6, 75.

*Note.* The option 'Enrolled in PhD program in a related field' was inadvertently excluded from the electronic version of the survey in 2020.

\*Too few to report.



## Challenges to Further Education by DHS Region

Table 27 displays the barriers to pursuing further education identified by RNs in each region. Approximately 20% of respondents across regions reported no barriers to pursuing further education. In all regions, over half cited the cost of tuition, fees, and materials as the most significant barrier (range: 51.3% Northeastern region to 54.4% Southeastern region). Family or personal reasons (range: 32.1% Northern region to 36.5% Northeastern region) and cost of lost work and benefits (range: 29.2% Northern region to 28.7% Southeastern region) were the next most frequently reported barriers. Pronounced regional variation was noted for nurses who indicated that commuting distance and limited access to online learning or other resources were barriers to further education. In the Northern (4.6%) and Western (2.4%) regions, where there are few options for in-person educational programs, commuting distance was noted more frequently than in the Southern (1.5%), Southeastern (1.0%), and Northeastern (1.7%) regions. Many areas of Wisconsin have limited access to broadband or reliable broadband services. The Northern region had the highest proportion (1.4%) of nurses who indicated that limited access to online learning or other resources was a barrier to further education.

**Table 27. Challenges to Pursuing Additional Education by DHS Region of Residence**

	State <i>n</i> = 57,674		Southern <i>n</i> = 11,826		Southeastern <i>n</i> = 21,960		Northeastern <i>n</i> = 11,700		Western <i>n</i> = 7,265		Northern <i>n</i> = 4,923	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
None	12,511	21.7	2,530	21.4	4,555	20.7	2,653	22.7	1,658	22.8	1,115	22.6
Commuting distance	1,032	1.8	214	1.8	220	1.0	203	1.7	171	2.4	224	4.6
Cost of lost work and benefits	16,432	28.5	3,532	29.9	6,292	28.7	3,143	26.9	2,020	27.8	1,436	29.2
Cost of tuition, fees, materials	30,411	52.7	6,189	52.3	11,936	54.4	6,006	51.3	3,744	51.5	2,536	51.5
Family or personal reasons	19,813	34.4	4,021	34.0	7,511	34.2	4,271	36.5	2,431	33.5	1,579	32.1
Lack of flexibility in work schedule	6,290	10.9	1,313	11.1	2,478	11.3	1,292	11.0	726	10.0	481	9.8
Limited access to online learning or other resources	469	0.8	86	0.7	134	0.8	105	0.9	73	1.0	71	1.4
Schedule of education programs offered	1,287	2.2	265	2.2	533	2.4	234	2.0	161	2.2	94	1.9
Other	3,318	5.8	700	5.9	1,288	5.9	623	5.3	418	5.8	289	5.9

Note. Table 27 includes responses to survey questions 7, 75.

## Emergency Response Training by DHS Region

Table 28 displays information about the types of formal emergency preparedness training RNs have received overall and by DHS region. Questions were added to the RN survey in 2020 about whether nurses have completed specific Incident Command System (ICS) training or hazardous materials training. Nearly 50% of nurses in all regions have completed training related to hazardous materials (range: 46.1% Northern region to 52.2% Western region). A greater proportion of nurses in the Western and Northern regions completed ICS 100 (16.7% Western, 14.3% Northern), ICS 200 (6.1% Northern and Western), and ICS 700 (4.9% Northern, 5.2% Western) than in other regions of the state. This may reflect an increased need for nurses to obtain these trainings in more sparsely populated areas. For nurses who received emergency preparedness training within the last 2 years, the greatest proportion was in the Western region (60.8%) and the smallest was in the Northern region (54.5%), with most training provided by their employer (range: 93.5% Northern to 95.3% Western region).

**Table 28. Formal Training in Emergency Preparedness and Response by DHS Region of Residence**

	State <i>n</i> = 78,071		Southern <i>n</i> = 15,851		Southeastern <i>n</i> = 29,912		Northeastern <i>n</i> = 15,766		Western <i>n</i> = 9,708		Northern <i>n</i> = 6,834	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
ICS 100	9,305	11.9	2,023	12.8	2,724	9.1	1,964	12.5	1,618	16.7	976	14.3
ICS 200	3,579	4.6	781	4.9	1,044	3.5	748	4.7	591	6.1	415	6.1
ICS 700	2,852	3.7	609	3.8	833	2.8	579	3.7	479	4.9	352	5.2
Hazardous materials	38,690	49.6	7,800	49.2	15,018	50.2	7,653	48.5	5,070	52.2	3,149	46.1
Other	8,315	10.7	1,701	10.7	3,060	10.2	1,710	10.8	1,122	11.6	722	10.6
<b>Timing of training and organization that provided emergency preparedness and response training*</b>												
Received training in the past 2 years	44,516	57.0	9,032	57.0	16,948	56.7	8,904	56.5	5,905	60.8	3,727	54.5
Employer	41,990	94.9	8,461	94.3	16,041	95.2	8,430	95.1	5,587	95.3	3,471	93.5
Voluntary organization	1,410	3.2	322	3.6	472	2.8	276	3.1	190	3.2	150	4.0
Other source	1,671	3.8	378	4.2	593	3.5	318	3.6	196	3.3	186	5.0

Note. Table 28 includes responses to survey questions 8, 75.

\*Respondents could select more than one response.

Table 29 displays information about RNs who have applied their emergency preparedness and response training overall and by DHS region of residence. Consistent with 2018, approximately one-third of RNs in all regions have applied their training either in a simulated emergency preparedness exercise or to an actual emergency incident or disaster in the past 2 years (range: 35.5% Southeastern region to 42.4% Western region). Of these, most have participated in an emergency preparedness exercise, with the numbers of RNs having done so increasing in all

regions, with the greatest increase in the Southeastern region (9,210 in 2018 to 10,066 in 2020, a 9.3% increase). More notable increases were seen in the number of nurses who responded to an actual emergency, incident, or disaster in the past 2 years. For example, the Western region saw an increase of 45.9% (344 in 2018 to 502 in 2020) and the Northeastern region saw an increase of 28.9% (481 in 2018 to 619 in 2020). As the largest segment of the health care workforce, it remains important for nurses to obtain essential training in emergency and disaster preparedness so they can respond swiftly and efficiently in the face of a public health emergency (American Nurses Association, 2017; Veenema et al., 2016)

**Table 29. Applied Training in Emergency Preparedness and Response by DHS Region of Residence**

	State <i>n</i> = 78,071		Southern <i>n</i> = 15,851		Southeastern <i>n</i> = 29,912		Northeastern <i>n</i> = 15,766		Western <i>n</i> = 9,708		Northern <i>n</i> = 6,834	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Have not applied training	48,662	62.3	9,619	60.7	19,365	64.7	9,836	62.4	5,596	57.6	4,246	62.1
Have applied training	29,409	37.7	6,232	39.3	10,547	35.3	5,930	37.6	4,112	42.4	2,588	37.9
<b>Applied emergency preparedness and response training*</b>												
Participated in an emergency preparedness exercise in the past 2 years	27,923	35.8	5,901	37.2	10,066	33.7	5,624	35.7	3,890	40.1	2,442	35.7
Responded to an actual emergency, incident or disaster in the past 2 years	3,037	3.9	693	4.4	934	3.1	619	3.9	502	5.2	289	4.2
	<i>n</i> = 29,409		<i>n</i> = 6,232		<i>n</i> = 10,547		<i>n</i> = 5,930		<i>n</i> = 4,112		<i>n</i> = 2,588	
Member of WEAVR	724	2.5	127	2.0	248	2.4	135	2.3	142	3.5	72	2.8
Member of Medical Reserve Corps	80	0.3	10	0.2	22	0.2	7	0.1	32	0.8	9	0.3

Note. Table 29 includes responses to survey questions 9, 10, 75.

## Employer Rural-Urban Location

Table 30 displays comparisons of demographic characteristics of RNs by rural or urban location based on the zip codes of their primary employer and classified using AHEC Wisconsin Health Service Areas rural-urban designations (Sugden, 2015). Nurses working in rural communities were on average 2.6 years older than nurses working in urban communities. A higher proportion (28.6%) of the RN work force in rural areas is between 55 and 74 years of age compared to urban areas (23.1%), a pattern that is reversed for nurses in the younger age group (21.9% were 34 or under in rural areas compared to 30.5% in urban areas). Rural communities continue to have less racial, ethnic, and gender diversity in the RN workforce than urban areas.

**Table 30. Demographics by Employer Rural-Urban Location**

	Rural <i>n</i> = 14,628		Urban <i>n</i> = 49,023	
	<i>n</i>	%	<i>n</i>	%
<b>Mean Age (<i>SD</i>)</b>	45.7 (12.2)		43.1 (12.4)	
<b>Gender</b>	<i>n</i> = 14,675		<i>n</i> = 49,169	
Female	13,622	92.8	45,041	91.6
Male	1,029	7.0	4,029	8.2
Non-binary	24	0.2	99	0.2
<b>Age Distribution (years)</b>				
< 25	169	1.2	1,230	2.5
25 – 34	3,031	20.7	13,699	28.0
35 – 44	3,941	26.9	13,210	26.9
45 – 54	3,298	22.5	9,550	19.5
55 – 64	3,340	22.9	9,175	18.7
65 – 74	798	5.4	2,075	4.2
≥ 75	51	0.3	84	0.2
<b>Primary Racial Identity</b>	<i>n</i> = 14,675		<i>n</i> = 49,169	
White	14,278	97.3	45,769	93.1
Black or African American	68	0.5	1,393	2.8
American Indian or Alaska Native	128	0.9	260	0.5
Asian	150	1.0	1,379	2.8
Native Hawaiian or Other Pacific Islander	15	0.1	100	0.2
Other	128	0.9	808	1.6
<b>Hispanic, Latino, or Latinx</b>				
Yes	199	1.4	1,332	2.7
No	14,476	98.6	47,837	97.3
<b>Language Proficiency</b>				
Mean number of languages spoken ( <i>SD</i> )	1.0 (0.2)		1.1 (0.3)	

Note. Table 30 includes responses to survey questions 15, 27, 69-73.

Table 31 displays information pertaining to the employment of Wisconsin RNs by rural-urban classification of their primary employer. RNs employed in rural communities have approximately one additional year of direct patient care experience than RNs working in urban communities. There are no notable differences in the number of hours worked or number of jobs between nurses in rural and urban practice settings.

**Table 31. Employment by Employer Rural-Urban Location**

	Rural <i>n</i> = 14,950		Urban <i>n</i> = 49,934	
	Mean	<i>SD</i>	Mean	<i>SD</i>
Years providing direct patient care	15.5	11.1	14.3	10.9
Hours worked per week in primary job	35.7	11.3	35.6	11.0
Number of nursing jobs	1.2	0.6	1.2	0.5
Total hours worked in primary and secondary jobs	37.1	12.1	36.8	11.8

*Note.* Table 31 includes responses to survey questions 20, 27, 29, 30, 47, 48.

Table 32 displays information about the intention of nurses to continue providing direct patient care based on rural or urban location of their primary employer. Findings were similar for rural and urban areas, with the largest proportion of respondents indicating their intention to continue in direct care for 10 to 19 years. The proportion who indicated an intention to continue providing direct patient care for under 2 years more than doubled between 2018 and 2020 in both rural and urban areas (7.5% in 2018 to 16.1% in 2020 in rural areas and 7.3% in 2018 to 17.5% in 2020 in urban areas). Other results were similar in 2020 to those seen in 2018 in rural and urban communities.

**Table 32. Intent to Continue Providing Direct Patient Care by Employer Rural-Urban Location**

Years	Rural <i>n</i> = 14,700		Urban <i>n</i> = 48,745	
	<i>n</i>	%	<i>n</i>	%
< 2	2,365	16.1	8,541	17.5
2 – 4	1,947	13.2	6,734	13.8
5 – 9	2,673	18.2	9,094	18.7
10 – 19	3,605	24.5	11,314	23.2
20 – 29	2,425	16.5	7,529	15.4
≥ 30	1,685	11.5	5,533	11.4

*Note.* Table 32 includes responses to survey questions 21, 27.

Table 33 displays information about nurses' intent to continue in their current type of employment by the rural-urban status of their employer. The proportions of rural nurses and urban nurses across categories were similar, and the pattern of responses was also similar in 2018.

**Table 33. Intent to Continue in Current Employment by Employer Rural-Urban Location**

<b>Years</b>	<b>Rural</b> <i>n</i> = 14,821		<b>Urban</b> <i>n</i> = 49,548	
	<i>n</i>	%	<i>n</i>	%
< 2	1,807	12.2	6,904	13.9
2 – 4	3,127	21.1	11,886	24.0
5 – 9	2,999	20.2	10,108	20.4
10 – 19	3,336	22.5	9,934	20.0
20 – 29	2,181	14.7	6,550	13.2
≥ 30	1,371	9.3	4,166	8.4

*Note.* Table 33 includes responses to survey questions 17, 27.

Table 34 displays information about the educational preparation of nurses by the rural or urban classification of their employer. The proportion of nurses practicing in rural settings who have an ADN as either their highest degree (44.7%) or their highest nursing degree earned (46.8%) is much higher than in urban practice settings, where 27.9% report an ADN as their highest degree earned and 29.4% report it the ADN as their highest nursing degree earned. The reverse was seen for the BSN, which was the highest nursing degree reported by 38.8% of nurses in rural settings, compared to 54.1% for urban counterparts. The same pattern was seen in the 2018. Comparing 2020 to 2018, urban settings are seeing a much greater percentage change in the number of nurses who have earned a bachelor’s, master’s, or doctorate degree than nurses in rural practice settings. This lends a sense of urgency to the need for policy and practice changes that support rural practicing nurses in furthering their education and promoting rural practice for newly licensed RNs.

**Table 34. Educational Preparation by Employer Rural-Urban Location**

Highest Degree Earned	Rural <i>n</i> = 14,903		Urban <i>n</i> = 49,774	
	<i>n</i>	%	<i>n</i>	%
Practical or Vocational Degree	19	0.1	32	0.1
Diploma	385	2.6	1,142	2.3
ADN	6,659	44.7	13,871	27.9
Bachelor’s Degree	5,882	39.5	26,863	54.0
Master’s Degree	1,768	11.9	6,843	13.7
Doctorate	190	1.3	1,023	2.1
Highest Nursing Degree Earned	Rural <i>n</i> = 14,872		Urban <i>n</i> = 49,686	
	<i>n</i>	%	<i>n</i>	%
Practical or Vocational Degree	21	0.1	34	0.1
Diploma	418	2.8	1,235	2.5
ADN	6,964	46.8	14,625	29.4
BSN	5,776	38.8	26,858	54.1
MSN	1,519	10.2	6,014	12.1
DNP	165	1.1	689	1.4
Doctor of Nursing Science or Nursing Doctorate <sup>a</sup>	*	*	27	0.1
PhD in nursing	*	*	204	0.4

*Note.* Table 34 includes responses to survey questions 4, 27.

<sup>a</sup>DNSc, DSN, ND, or DN

\*Too few to report.

Table 35 describes both the DHS region where RNs work and live by the rural-urban status of their employer. These data suggest that RNs tend to live and work in the same type of community, whether that be rural or urban.

**Table 35. Residence and Primary Position by DHS Region and Employer Rural-Urban Location**

	<b>Rural</b> <i>n</i> = 14,950		<b>Urban</b> <i>n</i> = 49,934	
<b>Region of Primary Position</b>	<i>n</i>	%	<i>n</i>	%
Southern	3,538	23.7	9,641	19.3
Southeastern	1,727	11.6	23,351	46.8
Northeastern	2,826	18.9	9,777	19.6
Western	2,985	20.0	5,251	10.5
Northern	3,874	25.9	1,914	3.8
	<b>Rural</b> <i>n</i> = 14,182		<b>Urban</b> <i>n</i> = 47,921	
<b>Region of Residence</b>	<i>n</i>	%	<i>n</i>	%
Southern	3,235	22.8	9,408	19.6
Southeastern	1,651	11.6	22,275	46.5
Northeastern	2,840	20.0	9,904	20.7
Western	2,873	20.3	4,483	9.4
Northern	3,583	25.3	1,851	3.9

*Note.* Table 35 includes responses to survey questions 27, 75.

### Comparing 2018 and 2020

- Small increases in the number and proportion of male RNs and in the racial/ethnic diversity of RNs were seen in all regions.
- The mean age of RNs decreased in both rural and urban locations from 2018 to 2020, with the mean age decreasing from 46.3 to 45.7 years in rural locations and 43.9 to 43.1 years in urban locations.
- Unemployment of RNs due to retirement increased in all regions between 2018 and 2020. The greatest change occurred in the Southern region where 7.3% reported being retired in 2018 and 8.6% in 2020.
- The proportion of RNs providing direct care has increased by over 10.0% in all regions, with the greatest increase in the Southeastern region (15.9%), which changed from 78.1% in 2018 to 85.6% in 2020.
- The number of APNs working across all regions increased by more than 13.0% from 2018 to 2020, with the largest growth in the Northern and Southeastern regions, where the numbers increased from 399 to 495 (19.4% increase) and 1,771 to 2,108 (19.0% increase).
- The proportion of RNs with a BSN or higher nursing degree increased in all regions except the Northern region, where it decreased from 46.6% (3,155) in 2018 to 45.8% (2,246) in 2020.



- From 2018 to 2020, the proportion of RNs who earned an MSN or a DNP as their highest nursing degree increased for nurses in urban locations, while no change was reported by RNs in rural locations.
- From 2018 to 2020, there was no change in the proportion of nurses across regions who indicated they are currently or are planning to pursue further education.
- The proportion of RNs who responded to an emergency, incident, or disaster in the last 2 years increased across all regions since 2020. The greatest increase occurred in the Western region, where the number increased from 344 (3.6%) in 2018 to 502 (5.2%), a change of 45.9%.

## **Discussion and Recommendations**

Geographic variation in the distribution, education, and practice of nurses was both expected and observed. Patterns of responses align with the geographic locations of major health care centers, educational institutions, economic centers, and population density across the state. Wisconsin continues to lag the nation in meeting goals for the proportion of nurses with BSN or higher degrees. This is true in all regions of the state, particularly apparent in rural communities. Access to education continues to be a significant barrier for nurses across the state, with the cost of tuition and fees remaining the most frequently cited challenge. However, regional analyses indicate that nurses who reside in rural communities face the additional challenge of limited access to online learning or other educational resources. Overall, these findings emphasize the need to systematically address barriers to higher education for nurses in Wisconsin.

As seen in 2018, regional differences in training and practice for emergency preparedness indicate that RNs in less densely populated regions may play a more active role in emergency or disaster response. Recent and ongoing experiences with COVID-19 provide an opportunity to evaluate the effectiveness of emergency preparedness across our state, including assessments by region and rural-urban classification. These experiences have the potential to inform our state how the nursing workforce can be mobilized in the future for disaster situations or public health emergencies.

The following recommendations could help address regional RN workforce challenges:

- Health care leaders, schools of nursing, and policymakers should continue to strive to increase the overall RN workforce size and address specialty gaps through expanded programming and innovation to increase access in every DHS region.
- All major health care organizations within each DHS region should implement a plan to increase the number of nurses with a bachelor's degree to 80% by 2030.
- Efforts to increase the number of RNs advancing their education should address major challenges through scholarship and loan forgiveness programs that assist with tuition and fees.
- Greater emphasis should be placed on strategies to recruit bachelors-prepared nurses, engage rural clinical partners with schools of nursing, and support continuing education for nurses in rural communities.
- Interdisciplinary emergency preparedness training should be coordinated and should include simulation to enhance the responsiveness of the RN workforce to disasters and public health emergencies.

#### **Section IV. Advanced Practice Nurses**

Section IV describes survey results pertaining to the advanced practice nurse (APN) workforce. In Wisconsin, APNs are registered nurses who hold certification from a national organization approved by the Wisconsin State Board of Nursing as a nurse practitioner (NP), certified nurse–midwife (CNM), certified registered nurse anesthetist (CRNA) or clinical nurse specialist (CNS). APNs who receive national certification as an NP, CNM, CRNA, or CNS after July 1, 1998, must hold a master’s degree in nursing or a related health field or a Doctor of Nursing Practice (DNP). An advanced practice nurse prescriber (APNP) is an APN who has completed additional training and earned a certificate to issue prescription orders.

Unlike prior years, the 2020 survey questions specific to APNs were only asked of those participants who were also credentialed as APNPs. Specifically, questions 55-66 were not asked of all APNs, affecting data represented in Tables 39, 41, 42, and 43. As a result, the subsets of data analyzed in this section may not include responses from all APNs, and any comparisons to prior reports should be made with this limitation in mind.

## APN Workforce Demographics

Table 36 describes the demographics of APNs in Wisconsin. Most APNs identify as female (87.4%), report an age range of 24 to 82 years (mean = 45.5; SD = 11), and identify as White/not Latinx (92.6%). A master's or higher nursing degree is held by 91.9% of APNs who live or work in Wisconsin. Compared to 2018, the APN workforce has increased in diversity, with the proportion who identify as male increasing from 10.8% in 2018 to 12.3% in 2020, and those identifying as BIPOC and/or Latinx (reported as "diverse" in 2018) from 6.1% in 2018 to 7.4% in 2020. The continued growth in DNP programs is evident, with 490 (9.8%) reporting a DNP in 2018, compared to 748 (12.4%) reporting a DNP in 2020.

**Table 36. APN Demographics**

	<i>n</i>	%
<b>Work Location (<i>n</i> = 5,603)</b>		
Works in Wisconsin	5,422	96.8
Works out of Wisconsin	181	3.2
<b>Gender and Ethnicity (<i>n</i> = 6,047)</b>		
Female	5,286	87.4
Male	744	12.3
Non-binary	17	0.3
BIPOC and/or Latinx	447	7.4
White and Not Latinx	5,600	92.6
<b>Mean and age (<i>n</i> = 6,032)</b>		
Mean age ( <i>SD</i> )	45.5 (11.0)	
Range (years)	24 - 82	
<b>Highest Nursing Degree (<i>n</i> = 6,013)</b>		
Diploma in Nursing	36	0.6
ADN	69	1.1
BSN	377	6.3
MSN	4,689	78.0
DNP	748	12.4
DNS or nursing doctorate	27	0.4
PhD in nursing	67	1.1
<b>Highest Degree Earned (<i>n</i> = 6,041)</b>		
Diploma in Nursing	27	0.4
ADN	49	0.8
Bachelor's Degree	171	2.8
Master's Degree	4,928	81.6
Doctorate, any field	866	14.3

*Note.* Table 36 includes responses to survey questions 4, 26, 27, 54, 69-72.

Table 37 describes the age of APNs by their certification type and prescriptive authority status. Most APNs in Wisconsin (91.4%) have prescriptive authority. Most APNs are certified as NPs (81.1%, 4,905), while the fewest are certified as CNMs (0.7%, 43). APNs range in age from 42.8 years for CNMs to 51.4 years for CNSs.

**Table 37. APN Age by Certification Type**

<b>Current National Certification</b>	<b><i>n</i></b> <b>(<i>n</i> = 6,047)</b>	<b>%</b>	<b>Mean Age</b> <b>(<i>n</i> = 6,032)</b>
NP	4,905	81.1	44.9
CNS	353	5.8	51.4
CNM	42	0.7	42.8
CRNA	818	13.5	46.7
APNP	5,524	91.4	45.2

*Note.* Table 37 includes responses to survey questions 53, 69.

*Note.* Respondents could choose more than one response.

### **Certification, Primary Place of Work, Position, and Specialties**

Table 38 describes the APN workforce by their primary place of work, functional role, and certification. The majority of APNs work in ambulatory care or hospital settings. Just over half (2,579, 52.6%) of NPs work in ambulatory care, followed by hospitals (1,413, 28.8%). Higher proportions of CNMs (45.2%), CRNAs (88.6%), and CNSs (56.1%) work in hospitals compared to NPs.

High proportions of NPs (89.8%) and CRNAs (95.2%) reported working as an APN in their primary place of employment, and a high proportion of those working as APNs are APNPs (92.0%). However, 10.1% of NPs, 50.0% of CNMs, and 44.5% of CNSs reported working in other types of positions and not as APNs.

**Table 38. Primary Place of Employment and Position by APN Certification Type**

	NP		CNM		CRNA		CNS		APNP	
	n = 4,905		n = 42		n = 818		n = 353		n = 5,572	
	n	%	n	%	n	%	n	%	n	%
<b>Primary Place of Employment</b>										
Ambulatory care	2,579	52.6	14	33.3	75	9.2	78	22.1	2,663	47.8
Nursing home or extended care	226	4.6	*	*	*	*	11	3.1	218	3.9
Educational Institutions	164	3.3	*	*	*	*	28	7.9	152	2.7
Public or community health	162	3.3	*	*	*	*	13	3.7	164	2.9
Home health	171	3.5	*	*	*	*	7	2.0	169	3.0
Hospital	1,413	28.8	19	45.2	725	88.6	198	56.1	2,015	36.2
Other	190	3.9	*	*	*	*	18	5.1	191	3.4
<b>Position or Functional Role at Primary Place of Employment</b>										
Advanced practice nurse	4,403	89.8	21	50.0	779	95.2	196	55.5	5,127	92.0
Case manager	15	0.3	*	*	*	*	*	*	13	0.2
Consultant or contract	30	0.6	*	*	*	*	9	2.5	30	0.5
Nurse executive	22	0.4	*	*	*	*	10	2.8	16	0.3
Nurse faculty	115	2.3	*	*	8	1.0	26	7.4	111	2.0
Nurse manager	40	0.8	*	*	*	*	27	7.6	40	0.7
Nurse researcher	12	0.2	*	*	*	*	6	1.7	9	0.2
Staff nurse	205	4.2	13	31.0	14	1.7	39	11.0	164	2.9
Nurse educator	27	0.6	*	*	*	*	20	5.7	24	0.4
Other health care related	35	0.7	*	*	6	0.7	11	3.1	36	0.6
Other not health care related	*	*	*	*	*	*	*	*	*	*

Note. Table 38 includes responses to survey questions 36, 39, 53, 54.

\*Too few to report.

Table 39 describes Wisconsin NPs and CNSs by specialty certification. The largest proportion of NPs are certified in either family practice (54.5%) or adult health (19.8%). Among CNSs, the most common certifications were in adult health (38.2%) or gerontology (15.9%). The number of NPs who reported certification increased from 2,394 in 2018 to 4,905 in 2020, a 105% increase, and the number of CNSs with certification increased from 243 in 2018 to 353 in 2020, a 45% increase.

The most notable changes in the number of certified NPs in 2020 compared to 2018 was among those with certification in psychiatric and mental health (adult or family). The number certified in adult psychiatric and mental health increased from 20 in 2018 to 102 in 2020 (264% change), and the number certified in family psychiatry and mental health increased from 48 to 118 (145% change). Smaller changes in the numbers of the CNS workforce since 2018 were noted, with the greatest increase among those certified in adult acute/critical care (increased from 24 in 2018 to 40 in 2020) and those certified in gerontology (increased from 31 in 2018 to 56 in 2020).

**Table 39. Specialty Certification as Nurse Practitioner and Clinical Nurse Specialist**

<b>Certification as NP (current) (n = 4,905)</b>	<b>n</b>	<b>%</b>
Acute care	364	7.4
Adult	972	19.8
Adult psychiatric and mental health	102	2.1
Clinical nurse leader	*	*
College health	*	*
Diabetes management	19	0.4
Emergency nursing	32	0.7
Family	2,674	54.5
Family planning	7	0.1
Family psychiatric and mental health	118	2.4
Gerontology	429	8.7
Neonatal	102	2.1
OB-Gyn/Women's health	167	3.4
Pediatric	351	7.2
School	*	*
No specialty designation	37	0.8
Other	219	4.5
<b>Certification as CNS (current) (n = 353)</b>		
Acute/critical care – Adult	40	11.3
Acute/critical care – Pediatric	*	*
Acute/critical care – Neonatal	*	*
Adult health	135	38.2
Adult psychiatric and mental health	33	9.3
Child/adolescent psychiatric and mental health	7	2.0
Diabetes management – Advanced	*	*
Home health	*	*
Gerontology	56	15.9
Medical-Surgical	15	4.2
OB-Gyn/Women's health	*	*
Palliative care – Advanced	*	*
Pediatric	15	4.2
Community/public health	7	2.0
No specialty designation	32	9.1
Other	46	13.0

Note. Table 39 includes responses to survey questions 53-56.

\*Too few to report.

Table 40 provides a summary of the number and proportion of APNs who reported having prescriptive authority (certified as APNPs) by APN certification type (NPs, CNS, CNMs, and CRNAs). In 2020, most NPs (99.9%) and CRNAs (99.3%) reported being APNPs, while slightly lower proportions of CNMs (87.9%) and CNSs (97%) reported being APNPs. Overall, NPs comprise the greatest proportion of APNs with prescriptive authority (85.9%).

**Table 40. APNP by Certification Type**

	NP <i>n</i> = 4,725		CNS <i>n</i> = 132		CNM <i>n</i> = 33		CRNA <i>n</i> = 712	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	APNP within APN certification type	4,718	99.9	128	97.0	29	87.9	707
APNP within APN certification types		85.4		2.3		0.5		12.8

*Note.* Table 40 includes responses to survey questions 53, 54.

### Setting and Population

Table 41 shows data from certified APNs who reported providing primary care or outpatient mental health services. About half (50.8%) reported providing care to families and 51.1% provided care to adults.

**Table 41. Certified APNs Providing Primary Care or Outpatient Mental Health Services by Type of Care Provided**

<i>n</i> = 1,549	<i>n</i>	%
Family	787	50.8
Women's health	493	31.8
Certified nurse midwife services	17	1.1
Pediatric	423	27.3
Adult	792	51.1
Geriatric	576	37.2
Mental health services	662	42.7
Other	83	5.4

*Note.* Table 41 includes responses to survey questions 53, 57, 59, 60.

*Note.* Respondents could select multiple options.



Table 42 provides a summary of the reported population focus areas for APNs. Family health (46.4%) and adult-gerontology (37.8%) were the most frequently reported population focus areas, with neonatal (1.8%) as the least frequently reported population focus area.

**Table 42. APN Population Focus Area**

<i>n</i> = 5,531	<i>n</i>	%
Family/individual across the lifespan	2,564	46.4
Adult-gerontology	2,089	37.8
Neonatal	98	1.8
Pediatric	307	5.6
Women's health/gender-related	229	4.1
Psychiatric-mental health	244	4.4

*Note.* Table 42 includes responses to survey questions 57, 58.

### Wisconsin DHS Region of Employment

Table 43 describes demographic characteristics for APNs by DHS region of employment. The highest number and proportion of APNs are employed in the Southeastern region (2,100, 39.7%), while the lowest number and proportion are employed in the Northern region (453, 8.6%). More APNs in the Southeastern region identified as Black, Indigenous, other people of color, or Latinx (11.0%) than any other region. The number of working APNs per 1,000 population ranges from 0.83 in the Southern and Western regions, to a high of 0.98 in the Southeastern region. Across all regions, higher proportions of APNs hold a masters as their highest nursing degree (72.7%) or highest degree overall (81.8%) than have a doctoral degree in nursing (DNP, DNS, ND, or PhD) as their highest nursing degree (14.0%).

**Table 43. APN Workforce Demographics by DHS Region of Employer**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 5,294		<i>n</i> = 952		<i>n</i> = 2,100		<i>n</i> = 1,125		<i>n</i> = 664		<i>n</i> = 453	
Employed APNs/ 1,000 population	0.91		0.83		0.98		0.89		0.83		0.92	
Employed in region as APN	5,084	96.0	916	96.2	1,986	94.6	1,102	98.0	638	96.1	442	97.6
Not employed as APN	210	4.0	36	3.8	114	5.4	23	2.0	26	3.9	11	2.4
	<i>n</i> = 5,771		<i>n</i> = 1,056		<i>n</i> = 2,318		<i>n</i> = 1,183		<i>n</i> = 734		<i>n</i> = 480	
Female	5,044	87.4	913	86.5	2,132	92.0	1,013	85.6	597	81.3	389	81.0
Male	711	12.3	142	13.4	181	7.8	165	13.9	133	18.1	90	18.8

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Non-binary	16	0.3	*	*	*	*	*	*	*	*	*	*
BIPOC and/or Latinx	427	7.4	62	5.9	256	11.0	60	5.1	25	3.4	24	5.0
White and Not Latinx	5,344	92.6	994	94.1	2,062	89.0	1,123	94.9	709	96.6	456	95.0
	<i>n</i> = 5,756		<i>n</i> = 1,053		<i>n</i> = 2,312		<i>n</i> = 1,179		<i>n</i> = 732		<i>n</i> = 480	
Mean age (SD)	45.4 (11.0)		45.7 (10.9)		44.1 (10.9)		45.5 (11.1)		47.2 (10.9)		47.7 (10.3)	
<b>Highest Nursing Degree</b>												
	<i>n</i> = 5,740		<i>n</i> = 1,051		<i>n</i> = 2,313		<i>n</i> = 1,173		<i>n</i> = 727		<i>n</i> = 476	
Diploma in nursing	32	0.5	6	0.6	7	0.3	12	1.0	*	*	*	*
ADN	63	1.1	14	1.3	18	0.8	8	0.7	15	2.1	8	1.7
BSN	356	6.2	74	7.0	93	4.0	75	6.4	80	11.0	34	7.1
MSN	4,487	78.2	762	72.5	1,899	82.1	940	80.1	504	69.3	382	80.3
DNP	711	12.4	174	16.6	253	10.9	128	10.9	112	15.4	44	9.2
DNS or ND	27	0.5	6	0.6	*	*	9	0.8	*	*	*	*
PhD in nursing	64	1.1	15	1.4	38	1.6	*	*	9	1.2	*	*
<b>Highest Degree Earned</b>												
	<i>n</i> = 5,766		<i>n</i> = 1,056		<i>n</i> = 2,317		<i>n</i> = 1,181		<i>n</i> = 733		<i>n</i> = 479	
Diploma in nursing	23	0.4	*	*	*	*	10	0.8	*	*	*	*
ADN	44	0.8	9	0.9	16	0.7	8	0.7	7	1.0	*	*
Bachelor's degree	160	2.8	27	2.6	54	2.3	30	2.5	32	4.4	17	3.5
Master's degree	4,715	81.8	816	77.3	1,940	83.7	990	83.8	563	76.8	406	84.8
Doctorate, any field	824	14.3	200	18.9	303	13.1	143	12.1	130	17.7	48	10.0

Note. Table 43 includes responses to survey questions 4, 27, 57, 69-72.

\*Too few to report.

## APN Workforce Certification by DHS Region

Table 44 shows the distribution of APNs across the DHS region of employment by certification type. The Southeastern and the Northeastern regions have the largest number of APNs. The number of CNMs varies from 0 to 16 across regions, with the greatest number in the Southeastern region and none reported in the Northern region.

**Table 44. APN Certification Type by DHS Region of Employer**

Certification	State <i>n</i> = 5,771		Southern <i>n</i> = 1,056		Southeastern <i>n</i> = 2,318		Northeastern <i>n</i> = 1,183		Western <i>n</i> = 734		Northern <i>n</i> = 480	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
NP	4,695	81.4	830	78.6	1,972	85.1	975	82.4	548	74.7	370	77.1
CNS	332	5.8	62	5.9	188	8.1	37	3.1	28	3.8	17	3.5
CNM	40	0.7	8	0.8	16	0.7	8	0.7	8	1.1	0	0.0
CRNA	770	13.3	167	15.8	165	7.1	175	14.8	163	22.2	100	20.8
APNP	5,294	91.7	952	90.2	2,100	90.6	1,125	95.1	664	90.5	453	94.4

*Note.* Table 44 includes responses to survey questions 27, 53.

*Note.* Could select more than one.

Table 45 displays the distribution of specialty certifications reported for NPs by DHS region of employment. The proportion of NPs certified in adult health ranged from 14.6% in the Northeastern region to 29.3% in the Southern region. Certification in family health ranged from 36.4% in the Southern region to 66.6% in the Northeastern region. The proportion of NPs certified in pediatrics ranged from 2.6% in the Northeastern region to 10.4% in the Southeastern region. Proportion of NPs by specialty across regions was similar to those observed in the 2018 survey.

**Table 45. NP Specialty Certification by DHS Region of Employer**

	State <i>n</i> = 4,695		Southern <i>n</i> = 830		Southeastern <i>n</i> = 1,972		Northeastern <i>n</i> = 975		Western <i>n</i> = 548		Northern <i>n</i> = 370	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Certified	4,671	99.5	827	99.6	1,960	99.4	970	99.5	545	99.5	369	99.7
<b>Specialty Certification</b>												
Acute care	346	7.4	76	9.2	200	10.1	32	3.3	20	3.6	18	4.9
Adult	932	19.9	243	29.3	352	17.8	142	14.6	127	23.2	68	18.4
Clinical nurse leader	*	*	0	0.0	*	*	0	0.0	0	0.0	0	0.0
College health	*	*	0	0.0	0	0.0	0	0.0	*	*	0	0.0
Diabetes management	19	0.4	*	*	*	*	6	0.6	*	*	*	*
Emergency nursing	29	0.6	*	*	*	*	6	0.6	12	2.2	*	*
Family	2,560	54.5	302	36.4	1,057	53.6	649	66.6	315	57.5	237	64.1
Family planning	7	0.1	*	*	*	*	*	*	*	*	0	0.0
Adult psychiatric and mental health	96	2.0	23	2.8	41	2.1	18	2.8	9	1.6	*	*
Family psychiatric and mental health	111	2.4	30	3.6	38	1.9	20	2.1	13	2.4	10	2.7
Gerontology	409	8.7	108	13.0	155	7.9	61	6.3	55	10.0	30	8.1
Neonatal	97	2.1	20	2.4	46	2.3	19	1.9	10	1.8	*	*
OB-Gyn/ Women's health	159	3.4	42	5.1	56	2.8	34	3.5	16	2.9	11	3.0
Pediatric	343	7.3	85	10.2	206	10.4	25	2.6	22	4.0	*	*
School	*	*	*	*	*	*	0	0.0	0	0.0	0	0.0
Other	213	4.5	30	3.6	72	3.7	60	6.2	31	5.7	20	5.4

Note. Table 45 includes responses to survey questions 27, 55.

\*Too few to report.

## Future Work Intentions

APNs play an important role in providing primary health care. Understanding the future work intentions of APNs is critical to health care workforce planning. Table 46 summarizes future work intentions of APNs by certification type who currently provide direct patient care. Across the state, 91.2% of APNs reported providing direct care. The proportion providing directed patient care was lowest for CNSs (61.5%) and highest for CRNAs (97.7%). Statewide, 20.5% (1,235) of APNs intend to continue providing direct care for 4 or fewer years and 35.9% (2,161) for 9 or fewer years. Approximately 20% of NPs (10.2%, 940) and CRNAs (16.0%, 131) intend to continue providing direct patient care for 4 or fewer years. The picture is quite different for CNSs. Reflecting a higher average age, 52.8% (185) of CNSs intend to continue to provide direct patient care for 4 or fewer years, with an additional 19.4% (68) for 5-9 years, accounting for 72.2% of the CNS workforce intending to continue providing direct care for 9 or fewer years.

**Table 46. APN Intent to Continue to Provide Direct Patient Care**

	State <i>n</i> = 6,032		NP <i>n</i> = 4,891		CNS <i>n</i> = 351		CNM <i>n</i> = 42		CRNA <i>n</i> = 818		APNP <i>n</i> = 5,555	
Mean age (range)	45.5 (24 – 82)		44.9 (25 – 82)		51.4 (24 – 78)		42.8 (24 – 67)		46.7 (26 – 77)		45.2 (24 – 82)	
	<i>n</i> = 6,047		<i>n</i> = 4,905		<i>n</i> = 353		<i>n</i> = 42		<i>n</i> = 818		<i>n</i> = 5,572	
% in direct care	91.2		92.3		61.5		90.5		97.7		93.4	
	<i>n</i> = 6,023		<i>n</i> = 4,889		<i>n</i> = 350		<i>n</i> = 42		<i>n</i> = 815		<i>n</i> = 5,553	
<b>Years</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>
< 2	641	10.6	478	9.8	118	33.7	*	*	54	6.6	496	8.9
2 – 4	594	9.9	462	9.4	67	19.1	*	*	77	9.4	536	9.7
5 – 9	926	15.4	739	15.1	68	19.4	8	20.5	122	15.0	853	15.4
10 – 19	1,671	27.7	1,365	27.9	55	15.7	9	23.1	259	31.8	1,574	28.3
20 – 29	1,505	25.0	1,243	25.4	30	8.6	13	33.3	229	28.1	1,439	25.9
≥ 30 or more	686	11.4	602	12.3	12	3.4	*	*	74	9.1	655	11.8

Note. Table 46 includes responses to survey questions 21, 35, 53, 54, 69.

Note. Could check more than one category.

Table 47 displays information about how much longer APNs plan to work in their current type of employment. The greatest proportion of APNs intending to stay in their current type of employment for less than 10 years is among CNSs (62.2%), and the greatest proportion intending to stay more than 10 years is among CRNAs (66.0%).

**Table 47. APN Plan to Stay in Current Type of Employment**

Years	State <i>n</i> = 6,015		NP <i>n</i> = 4,877		CNS <i>n</i> = 352		CNM <i>n</i> = 42		CRNA <i>n</i> = 815		APNP <i>n</i> = 5,541	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	561	9.3	472	9.7	45	12.8	8	19.0	55	6.7	460	8.3
2 – 4	880	14.6	716	14.7	84	23.9	*	*	91	11.2	789	14.2
5 – 9	1,093	18.2	876	18.0	91	25.9	8	19.0	131	16.1	1,001	18.1
10 – 19	1,539	25.6	1,230	25.2	75	21.3	9	21.4	237	29.1	1,437	25.9
20 – 29	1,330	22.1	1,063	21.8	40	11.4	11	26.2	226	27.7	1,268	22.9
≥ 30 or more	612	10.2	520	10.7	17	4.8	*	*	75	9.2	586	10.6

Note. Table 47 includes responses to survey questions 17, 53, 54.

Note. Respondents could check more than one category.

\*Too few to report.

### Comparing 2018 and 2020

- The number of APNs in Wisconsin increased from 4,896 in 2018 to 6,047 in 2020, an increase of 23.5% (1,151).
- The proportion of APNs who identified as male increased from 10.8% (541) in 2018 to 12.3% (744) in 2020, and the proportion of APNs who identify as BIPOC and/or Latinx (reported as “diverse” in 2018) increased from 6.1% (306) in 2018 to 7.4% (447) in 2020.
- The proportion of APNs with a DNP increased from 9.8% (490) in 2018 to 12.4% (748) in 2020, and the proportion who held a doctorate in any field increased from 11.5% (574) in 2018 to 14.3% (866) in 2020.
- The number of APNs in each certification type increased between 2018 and 2020, except for CNMs, which continued to decline, as it has since 2016. Wisconsin currently reports 42 CNMs, a decrease of 113 from 2018 and 142 since 2016.
- The proportion of APNs employed in APN roles decreased for CNMs from 88.4% (137) in 2018 to 50.0% (21) in 2020, and for CNSs from 83.1% (202) in 2018 to 55.5% (196) in 2020.
- The number of APNs with prescriptive authority (APNP) increased 55.3%, from 3,557 in 2018 to 5,524 in 2020.
- The proportion of APNs providing mental health services increased noticeably, from 21.2% in 2018 to 42.7% in 2020.

## Discussion and Recommendations

The number of APNs, the largest proportion of which are NPs, in the Wisconsin nursing workforce continues to grow. While the overall number of APNs has increased, the proportion who identify as male or as Black, Indigenous, other people of color, or Latinx has increased only a small amount, reflecting an ongoing need to increase diversity, equity, and inclusivity among the APN workforce. As in 2018, the number of APNs in each certification type increased between 2018 and 2020, except for CNMs, which declined precipitously. The Southeastern region has the highest overall proportion of NPs and CNSs and the lowest proportion of CRNAs, while the Southern and Western regions have the highest proportion of CRNAs and the lowest proportions of NPs and CNS. The proportion of APNs who deliver primary care or outpatient mental health services has increased since 2018, as has the number of NPs earning specialty certification in adult or family psychiatric and mental health. Concerning, however, was the intent of APNs, particularly NPs and CNSs, to continue to provide direct care for under 10 years, pointing to a need to continue to build the APN workforce through education programs and incentives to stay in practice.

Demographic shifts and health care reforms are among many factors likely to increase the demand for health care services that fall within the scope of practice of APNs (IOM, 2011). The demand for care is particularly great in rural and other underserved communities (Barnes et al., 2018), where there is a dire need for primary care, mental health services, and OB/GYN services. Coordinated and strategic approaches to building the APN workforce that target state, regional, and local needs are recommended (Auerbach et al., 2020; Maneval et al., 2019). For example, there remains a high need in areas like psychiatric mental health services and substance use and abuse, and this need is only expected to rise in the wake of COVID-19 (Panchal et al., 2020). To expand workforce diversity and prevent misalignment of the distribution of the APN workforce and areas of need, community-academic partnerships are recommended that promote high-need practice areas and geographic locations and create pipelines to practice to improve workforce diversity and advancement from within local communities (Maneval et al., 2019).

Additional strategies to improve the efficiency and effectiveness of APNs in meeting the needs of Wisconsin citizens include continuing to promote (1) legislation for full-practice authority for all certified APNs and (2) reimbursement practices that allow APNs to work to the full scope of their training and licensure (Barnes et al., 2018; Patel et al., 2018). While emergency actions to Medicare and Medicaid billing due to COVID-19 have led to permanent changes that improve access to telehealth for many rural and underserved areas, including access to APN care, limitations that restrict APNs from practicing to the full extent of their license and training remain.

## **Section V. Nurses in Leadership Roles**

Nurses serve in leadership roles across health care delivery settings and community sectors. In 2011, the Institute of Medicine recognized nurses for their unique skills, knowledge, perspectives, and potential as leaders and champions for the future of health care. The IOM further strongly endorsed the expansion of leadership engagement by nurses. Beginning in 2014, questions pertaining to leadership were added to the RN workforce survey to evaluate nurse leadership progress in Wisconsin. In 2014, the Nurses on Boards Coalition (NOBC, 2020) formed and announced its goal to fill 10,000 leadership positions on boards with nurses by 2020. Section V presents information about Wisconsin RNs engaged in leadership roles. These data are only presented for respondents who are currently employed and who reported county of their employer to allow analysis of responses by geographic region.

### **Characteristics of Nurses in Leadership Roles**

Table 48 summarizes results from respondents who work as a nurse by DHS region of primary employer and type of leadership role. Overall, 49.3% (32,991) of RNs reported being engaged in a leadership role. Most of these RNs (81.7%, 26,947) reported leadership roles within their work area (e.g., charge nurse, team leader, unit manager), followed by leadership roles in professional organizations (11.5%, 3,809), such as a task force or a committee chair, and at organizational levels (9.1%, 3,016), such as dean, chief nursing officer, or director. Overall, the proportion of nurses reporting leadership roles rose slightly since 2018 (47.2%).

Generally, there is little variation in leadership role across regions, ranging from 46.9% (6,032) in the Northern region to 51.7% (4,456) in the Western region. The greatest variation across region is among nurses who chair a major committee in an organization. The proportion of nurses in these leadership roles ranges from 3.9% (115) in the Northern region to 6.1% (399) in the Southern region. This variation may reflect geographical distributions of leadership opportunities, with a greater number of opportunities found in more urban communities.



**Table 48. Nurses in Leadership Roles by DHS Region of Employer and Role Type**

	State		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Engaged in leadership role	32,991	49.3	6,588	48.7	12,883	50.1	6,032	46.9	4,556	51.7	2,932	49.4
Not engaged in leadership role	33,879	50.7	6,942	51.3	12,840	49.9	6,826	53.1	4,262	48.3	3,009	50.6
Total	66,870		13,530		25,723		12,858		8,818		5,941	
<b>Leadership Role (<i>n</i> = 32,991)</b>												
Work area <sup>a</sup>	26,947	81.7	5,334	81.0	10,528	81.7	4,907	81.3	3,775	82.9	2,403	82.0
Organization level <sup>b</sup>	3,016	9.1	612	9.3	1,045	8.1	595	9.9	472	10.4	292	10.0
Governance board <sup>c</sup>	862	2.6	157	2.4	350	2.7	170	2.8	101	2.2	84	2.9
Public official <sup>d</sup>	137	0.4	32	0.5	23	0.2	30	0.5	22	0.5	30	1.0
Chair of major committee in organization	1,800	5.5	399	6.1	774	6.0	316	5.2	196	4.3	115	3.9
Leadership role in professional organization	3,809	11.5	796	12.1	1,551	12.0	676	11.2	495	10.9	291	9.9
Other	2,870	8.7	574	8.7	1,133	8.8	527	8.7	372	8.2	264	9.0

Note. Table 48 includes responses to survey questions 18, 27.

Note. Respondents could select more than one leadership role.

Note. Subset sample size *N* = 66,870 RNs working as nurses in Wisconsin.

<sup>a</sup>Examples include charge nurse, team leader, unit manager. <sup>b</sup>Examples include dean, CNO, director. <sup>c</sup>Examples include board of director or trustee. <sup>d</sup>Examples include county board of supervisors, state legislator.

Table 49 displays demographic characteristics of Wisconsin RNs who reported engaging in leadership roles, overall and by type of leadership role. The mean age of nurse leaders was 44.5 years (range: 22-85 years). Nurses serving as public officials had the highest mean age of 51.6 years (range: 23-81 years), and nurses in leadership positions in professional organizations had the lowest mean age of 41.9 years (range: 22-82 years). Nurse leaders who identified as BIPOC and/or Latinx comprised 8.7% (2,854) of nurse leaders in all types of leadership roles. The proportion of BIPOC and/or Latinx respondents in leadership roles was lowest for public official (5.1%) and highest for “other” (10.4%). The gender distribution across leadership roles mirrors that of the state, with 91.3% (29,555) nurse leaders who identify as female, 8.5% (2,764) who identify as male, and 0.2% (57) who identify as non-binary. The type of leadership role with the highest proportion of males was public officials (19.2%). While nurses with all types of education levels reported being in leader roles, nurses with higher levels of education made up a higher proportion of nurse leaders in organization level, governance boards, major committees, and professional associations.

**Table 49. Age, Diversity, Gender, and Education Reported by Leadership Role**

	State		Work Area		Organization Level		Governance Board		Chair of Major Committee in Organization	
	<i>n</i> = 32,278		<i>n</i> = 26,405		<i>n</i> = 2,933		<i>n</i> = 823		<i>n</i> = 1,746	
	Range	Mean	Range	Mean	Range	Mean	Range	Mean	Range	Mean
Age	22-85	44.5	22-83	44.0	22-82	48.4	23-77	48.6	23-75	45.0
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 32,991		<i>n</i> = 26,947		<i>n</i> = 3,016		<i>n</i> = 862		<i>n</i> = 1,800	
BIPOC and/or Latinx	2,854	8.7	2,313	8.6	232	7.7	70	8.1	101	5.6
	<i>n</i> = 32,376		<i>n</i> = 26,484		<i>n</i> = 2,942		<i>n</i> = 823		<i>n</i> = 1,751	
Female	29,555	91.3	24,156	91.2	2,677	91.0	735	89.3	1,615	92.2
Male	2,764	8.5	2,285	8.6	256	8.7	83	10.1	132	7.5
Non-binary	57	0.2	43	0.2	9	0.3	*	*	*	*
<b>Highest Nursing Degree Earned</b>	<i>n</i> = 32,814		<i>n</i> = 26,809		<i>n</i> = 2,996		<i>n</i> = 858		<i>n</i> = 1,788	
Practical or vocational nursing diploma	32	0.1	29	0.1	*	*	0	0.0	0	0.0
Diploma in nursing	781	2.4	617	2.3	53	1.8	20	2.3	33	1.8
ADN	10,910	33.2	9,461	35.3	813	27.1	141	16.4	260	14.5
BSN	16,650	50.7	13,879	51.8	1,228	41.0	382	44.5	928	51.9
MSN	3,795	11.6	2,504	9.3	697	23.3	225	26.2	439	24.6
DNP	471	1.4	270	1.0	122	4.1	46	5.4	69	3.9
Doctorate of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)	16	0.0	7	0.0	*	*	*	*	*	*
PhD in Nursing	159	0.5	42	0.2	76	2.5	41	4.8	55	3.1
<b>Highest Degree Earned</b>	<i>n</i> = 32,888		<i>n</i> = 26,857		<i>n</i> = 3,014		<i>n</i> = 860		<i>n</i> = 1,796	
Practical or vocational diploma	30	0.1	27	0.1	*	*	0	0.0	0	0.0
Diploma in Nursing	713	2.2	571	2.1	40	1.3	16	1.9	28	1.6
ADN	10,407	31.6	9,054	33.7	765	25.4	125	14.5	237	13.2
Bachelor's Degree	16,557	50.3	13,960	52.0	1,035	34.3	328	38.1	881	49.1
Master's Degree	4,449	13.5	2,893	10.8	926	30.7	279	32.4	502	28.0
Doctorate, any field	732	2.2	352	1.3	245	8.1	112	13.0	148	8.2

	State		Professional Association		Public Official		Other	
	<i>n</i> = 32,278		<i>n</i> = 3,701		<i>n</i> = 130		<i>n</i> = 2,775	
	Range	Mean	Range	Mean	Range	Mean	Range	Mean
Age	22-85	44.5	22-82	41.9	23-81	51.6	22-85	47.6
	<i>n</i> = 32,991		<i>n</i> = 3,809		<i>n</i> = 137		<i>n</i> = 2,870	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
BIPOC and/or Latinx	2,854	8.7	315	8.3	7	5.1	298	10.4
	<i>n</i> = 32,991		<i>n</i> = 3,709		<i>n</i> = 130		<i>n</i> = 2,787	
Female	29,555	91.3	3,392	91.5	105	80.8	2,498	89.6
Male	2,764	8.5	309	8.3	25	19.2	282	10.1
Non-binary	57	0.2	8	0.2	0	0.0	7	0.3
	<i>n</i> = 32,991		<i>n</i> = 3,788		<i>n</i> = 134		<i>n</i> = 2,855	
Practical or vocational nursing diploma	32	0.1	*	*	0	0.0	*	*
Diploma in nursing	781	2.4	44	1.2	6	4.5	102	3.6
ADN	10,910	33.2	820	21.6	39	29.1	885	31.0
BSN	16,650	50.7	2,067	54.6	59	44.0	1,300	45.5
MSN	3,795	11.6	679	17.9	24	17.9	483	16.9
DNP	471	1.4	109	2.9	6	4.5	64	2.2
Doctorate of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)	16	0.0	*	*	0	0.0	*	*
PhD in Nursing	159	0.5	64	1.7	0	0.0	16	0.6
	<i>n</i> = 32,991		<i>n</i> = 3,799		<i>n</i> = 135		<i>n</i> = 2,864	
Practical or vocational diploma	30	0.1	*	*	0	0.0	*	*
Diploma in Nursing	713	2.2	38	1.0	*	*	87	3.0
ADN	10,407	31.6	768	20.2	35	25.9	835	29.2
Bachelor's Degree	16,557	50.3	2,016	53.1	54	40.0	1,291	45.1
Master's Degree	4,449	13.5	772	20.3	32	23.7	558	19.5
Doctorate, any field	732	2.2	204	5.4	9	6.7	91	3.2

Note. Table 49 includes responses to survey questions 4, 18, 69-72.

Note. Respondents could select more than one role.

Note. Subset sample size varied due to missing demographic variables.

\*Too few to report.

## Leadership Role by Functional Role and Primary Place of Employment

Table 50 displays nurse leadership roles by their primary functional role. Functional roles most associated with leadership roles were nurse manager (95.5%), nurse executive (98.7%), nurse educator (63.4%), and nurse faculty (59.9%). Conversely, the smallest proportion in leadership roles was reported by nurses in APN functional roles (35.5%, 1,884). As with staff nurse roles, greater clinical demands may systematically limit the capacity and opportunity for engaging in leadership roles.

**Table 50. Leadership Role by Primary Functional Role**

	State Total <i>n</i> = 66,870	Report Leadership Role <i>n</i> = 32,991		Did Not Report Leadership Role <i>n</i> = 33,879	
	<i>n</i>	<i>n</i>	%	<i>n</i>	%
Staff nurse	43,761	19,805	45.3	23,956	54.7
Nurse manager	4,988	4,762	95.5	226	4.5
Case manager	4,529	1,791	39.5	2,738	60.5
Advanced practice nurse	5,343	1,884	35.3	3,459	64.7
Nurse executive	957	945	98.7	12	1.3
Nurse faculty	1,139	682	59.9	457	40.1
Consultant or contractor	739	409	55.3	330	44.7
Nurse researcher	242	111	45.9	131	54.1
Nurse educator	1,542	977	63.4	565	36.6
Other – Health care related	3,474	1,571	45.2	1,903	54.8
Other – Not health care related	156	54	34.6	102	65.4

*Note.* Table 50 includes responses to survey questions 18, 36.

Table 51 displays information about nurses engaged in a leadership role by their primary place of work. The largest proportion of nurses reporting a leadership role reported working in a hospital (55.0%, 18,159), and the lowest proportion of nurse leaders (2.9%) reported educational institutions as their primary work setting. These findings align with the overall distribution of nurses by primary place of work.

**Table 51. Leadership Role by Primary Place of Work**

<i>n</i> = 66,870	Report Leadership Role <i>n</i> = 32,991		Did Not Report Leadership Role <i>n</i> = 33,879	
	<i>n</i>	%	<i>n</i>	%
Hospital	18,159	55.0	16,866	49.8
Extended care	3,475	10.5	1,426	4.2
Ambulatory care	6,153	18.7	9,586	28.3
Other <sup>a</sup>	1,536	4.7	2,168	6.4
Home health <sup>b</sup>	1,663	5.0	2,047	6.0
Public health <sup>c</sup>	1,036	3.1	1,039	3.1
Educational Institutions	969	2.9	747	2.2

*Note.* Table 51 includes responses to survey questions 18, 39.

<sup>a</sup>Includes telehealth, call center, insurance. <sup>b</sup>Includes hospice. <sup>c</sup>Includes community, occupational, and school health.

### Employment Status of Nurse Leaders

Table 52 displays the employment status of nurses with a Wisconsin RN license who reported engaging in leadership roles. The sample includes RNs both working and not working as nurses, as well as those RNs who live in Wisconsin and work either in state or out of state. Across all work areas, the majority worked as a nurse, ranging from 69.2% (899) at the governance level to 91.4% (28,092) in work areas. There is notable variation in the proportion of nurses in leadership roles by their employment status. For example, among RNs working in health care, but not as a nurse, the proportion in leadership roles ranged from 1.6% (507) of nurse leaders in work areas to 10.2% (413) among organizational level leaders. A notable number of RNs who are not currently employed engage in leadership. The greatest number are among retired nurses, with 14.5% (189) serving on governance boards and 12.4% (25) serving as public officials.

**Table 52. Employment Status among Nurses with Leadership Roles**

	Work Area <i>n</i> = 30,748		Organizational Level <i>n</i> = 4,062		Governance Board <i>n</i> = 1,300		Chair of Major Committee in Organization <i>n</i> = 2,218	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Employed</b>								
Working as a nurse	28,092	91.4	3,166	77.9	899	69.2	1,863	84.0
Working in health care, not nursing	507	1.6	413	10.2	112	8.6	95	4.3
Working in another field	184	0.6	90	2.2	47	3.6	41	1.8
<b>Not Employed</b>								
Retired	1,286	4.2	290	7.1	189	14.5	156	7.0
Unemployed, seeking work in nursing	307	1.0	46	1.1	17	1.3	24	1.1
Unemployed, seeking work in another field	33	0.1	6	0.1	*	*	6	0.3
Unemployed, not seeking work	339	1.1	51	1.3	33	2.5	33	1.5
	Professional Association <i>n</i> = 4,602		Public Official <i>n</i> = 202		Other <i>n</i> = 3,999			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
<b>Employed</b>								
Working as a nurse	3,977	86.4	141	69.8	3,017	75.5		
Working in health care, not nursing	163	3.5	16	7.9	220	5.5		
Working in another field	73	1.6	10	5.0	164	4.1		
<b>Not Employed</b>								
Retired	258	5.6	25	12.4	376	9.4		
Unemployed, seeking work in nursing	45	1.0	*	*	82	21		
Unemployed, seeking work in another field	11	0.2	0	0.0	13	0.3		
Unemployed, not seeking work	75	1.6	6	3.0	127	3.2		

Note. Table 52 includes response to survey questions 11, 18.

Note. Subset sample size *N* = 81,918.

\*Too few to report.

## Barriers to Leadership Roles

Table 53 displays the barriers reported by RNs who are currently not in leadership roles, reported by DHS region of their employer. The primary barrier to engagement in leadership is lack of interest (63.6%, 21,029), ranging from 60.4% (4,098) in the Southern region to 67.2% (2,787) in the Western region. Approximately one-third of nurses across regions reported personal priorities as barriers to leadership, ranging from 27.7% (810) in the Northern region to 32.3% (2,193) in the Southern region. Only 7.6% (2,517) selected lack of leadership preparation as a barrier to engaging in leadership roles. Work demands was a new response choice added to the 2020 Wisconsin RN workforce survey, with 16.6% (5,492) of nurses indicating this as a barrier to leadership engagement (range: 14.8% Western region to 18.2% in Southern region).

**Table 53. Barriers to Leadership among RNs not Engaged in Leadership by DHS Region**

	State <i>n</i> = 66,870		Southern <i>n</i> = 13,530		Southeastern <i>n</i> = 25,723		Northeastern <i>n</i> = 12,858		Western <i>n</i> = 8,818		Northern <i>n</i> = 5,941	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Not engaged in leadership role	33,879	50.7	6,942	51.3	12,883	49.9	6,826	53.1	4,262	48.3	3,009	50.6
<b>Barriers to Engagement in Leadership Roles</b>												
	<i>n</i> = 33,051		<i>n</i> = 6,786		<i>n</i> = 12,533		<i>n</i> = 6,659		<i>n</i> = 4,150		<i>n</i> = 2,923	
Lack of leadership development or preparation	2,517	7.6	532	7.8	1,025	8.2	472	7.1	272	6.6	216	7.4
Lack of opportunity	6,067	18.4	1,322	19.5	2,225	17.8	1,242	18.7	665	16.0	613	21.0
Other personal priorities	10,097	30.5	2,193	32.3	3,915	31.2	1,923	28.9	1,256	30.3	810	27.7
Work demands	5,492	16.6	1,233	18.2	2,196	17.5	994	14.9	613	14.8	456	15.6
Presently not interested in a leadership role	21,029	63.6	4,098	60.4	7,824	62.4	4,433	66.6	2,787	67.2	1,887	64.6

Note. Table 53 includes responses to survey questions 18, 19, 27.

Note. Could select two options.

## Future Work Intentions

Table 54 shows the intent of nurses engaged in leadership to stay in their current position. Approximately 13% of nurses across leadership roles intend to continue in their current positions for under 2 years, and 56.2% intend to continue for under 10 years. Approximately 30% of organizational level leaders intend to stay in their current positions for less than 5 years, pointing to a substantial need for organizations to address leadership succession.

**Table 54. Nurse Leader Intent to Stay in Current Position**

Years	Total Nurse Leaders <i>n</i> = 32,772		Work Area <i>n</i> = 26,785		Organizational Level <i>n</i> = 3,007		Governance Board <i>n</i> = 858		Chair of Major Committee in Organization <i>n</i> = 1,790	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	4,207	12.8	3,471	13.0	353	11.7	128	14.9	247	13.8
2 – 4	7,345	22.4	5,999	22.4	546	18.2	190	22.1	374	20.9
5 – 9	6,876	21.0	5,514	20.6	738	24.5	206	24.0	408	22.8
10 – 19	7,190	21.9	5,801	21.7	784	26.1	186	21.7	408	22.8
20 – 29	4,569	13.9	3,800	14.2	428	14.2	110	12.8	235	13.1
≥ 30	2,585	7.9	2,200	8.2	158	5.3	38	4.4	118	6.6
Years	Total Nurse Leaders <i>n</i> = 32,772		Professional Association <i>n</i> = 3,791		Public Official <i>n</i> = 136		Did Not Report Leadership Role <i>n</i> = 2,822		Other <i>n</i> = 66,339	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	4,207	12.8	498	13.1	26	19.1	370	13.1	8,930	13.5
2 – 4	7,345	22.4	840	22.2	29	21.3	689	24.4	15,480	23.3
5 – 9	6,876	21.0	777	20.5	25	18.4	641	22.7	13,565	20.4
10 – 19	7,190	21.9	741	19.5	29	21.3	628	22.3	13,711	20.7
20 – 29	4,569	13.9	576	15.2	19	14.0	330	11.7	8,968	13.5
≥ 30	2,585	7.9	359	9.5	8	5.9	164	5.7	5,685	8.5

Note. Table 54 includes responses to survey questions 17, 18.

Note. Not all nurse leaders responded to this question.



## Comparing 2018 and 2020

- The number of RNs engaged in leadership increased by nearly 4,000, from 29,023 in 2018 to 32,991 in 2020, an increase of 13.7%.
- Nurse leaders who identified as BIPOC and/or Latinx increased by 725 (from 2,129 in 2018 to 2,854 in 2020), while the number who identify as male increased by 535 (from 2,229 in 2018 to 2,764 in 2020).
- Leadership in professional organizations was added as a response option to the 2020 RN survey; 4,602 nurses reported engagement in this type of leadership.
- The number of nurses who served on governance boards increased from 761 in 2018 to 1,300 in 2020, a change of 70.8%.
- The number of RNs who earned a BSN as their highest nursing degree and were engaged in leadership roles increased from 14,005 in 2018 to 16,605 in 2020, a change of 18.6%.
- The number of RNs who earned an MSN as their highest nursing degree and were engaged in leadership roles increased by 27.7%, from 2,971 in 2018 to 3,795 in 2020.

## Discussion and Recommendations

Many opportunities to engage in leadership exist for nurses across educational levels and work settings. Just under half of all nurses responding to this survey reported engaging in some type of leadership role. The number of RNs engaged in leadership increased by 13.7%, from 29,023 in 2018 to 32,991 in 2020.

Results showed variation in leadership engagement by demographics, functional role, primary place of work, and educational attainment. Lower proportions of nurses working in direct care roles, such as staff nurses, case managers, and APNs, reported leadership roles. This could reflect organizational policies or practices that systematically limit exposure to or opportunity for direct care nurses to develop or engage in leadership. Nurses who reported professional association leadership were younger on average than for other types of leadership roles, indicating that this type of leadership may be more attractive for nurses earlier in their careers. Higher levels of education may be related to more engagement in leadership, which could be related to the expectation of graduate education in many organizational leadership positions.

It is especially notable that the 2020 survey indicated that nurses have increased their engagement on governance boards, possibly in response to national efforts to increase the participation of nurses on boards. The number of nurses who served on governance boards increased from 761 in 2018 to 1,300 in 2020, a change of 70.8%. This large change may also have reflected a change in the response descriptor in the 2020 survey that included “Board of Directors” as an example of a governance board. Retired nurses increased their service through governance boards, with 7.1% of nurses reporting service on governance boards while retired in 2018 (54) and 14.5% (189) in 2020. Retired nurses also continued to serve as public officials. This type of leadership appears to be increasing, with 15 retired nurses serving as public officials in 2018, compared to 25 in 2020.

Turnover among organizational level nurse leaders remains an area of concern given the profound impact organizations and systems incur in the wake of these losses. Approximately 30% of organizational level nurse leaders intend to stay in their current positions for less than 5 years, pointing to a substantial need for organizations to address leadership succession. There is an urgent need to address the key barriers to engaging nurses in leadership roles, elevate the perception and functional roles of nurse leaders, and arm nurses with the skills, knowledge, and supports to successfully perform in leadership roles. Given the notable increase in number of Wisconsin nurses serving on governance boards, continued state and national initiatives that actively encourage and incentivize leadership participation may be beneficial.

While the number of nurses in leadership roles demonstrated growth since 2018, half of the Wisconsin RN workforce still indicated they have no interest in engaging in leadership. This suggests opportunities for both nursing education programs and employers to change the optics associated with nurse leadership roles. Nursing education programs can integrate leadership development at all levels, including experiential learning opportunities, that prepare students for advancing into leadership roles after degree completion. Organizations can also reframe the perception of leadership roles by revising role expectations to make these positions more attractive and by offering strong leadership mentor support. Through community-academic partnerships, organizations and schools of nursing could reduce barriers and support nurses in achieving higher levels of educational attainment and leadership skill development. Coordinated support for nurses to prepare them for leadership positions may increase the number who seek and serve as leaders. Such partnerships could also support important research to evaluate innovative leadership structures and coverage models that improve role satisfaction.

## **Section VI. Nurse Faculty**

A well-prepared and sufficiently sized nurse faculty workforce is essential for educating future nurses, maintaining a competent RN workforce, and conducting research to improve nursing, health, and health care. The *Wisconsin 2020 RN Workforce Survey*, unlike prior years, provided two categories related to nursing education for response options for the question about primary place of work: nurse faculty (in a school or college of nursing) and nursing education (professional development or continuing education). “Nurse faculty” was selected by 1.7% (1,234) of the survey respondents (see Table 5). Responses from nurse faculty are highlighted in Section VI.

## Nurse Faculty Demographic Patterns

Table 55 describes the demographics for nurse faculty members both living and working in Wisconsin. Nurse faculty members are predominantly female (94.2%) and identify as White (92.5%). The mean age of all nurse faculty was 50.9 years. The majority of nursing faculty hold a master's degree (57.9% MSN, 57.2% MS), while 9.8% hold a DNP and 11.5% a PhD in Nursing. Approximately one-quarter (24.8%) of nurse faculty members hold a PhD or equivalent degree in any field.

**Table 55. Nurse Faculty Demographics**

<b>Gender (<i>n</i> = 1,150)</b>	<b><i>n</i></b>	<b>%</b>
Female	1,083	94.2
Male	66	5.7
Non-binary	*	*
<b>Age (<i>n</i> = 1,148)</b>		
Mean age ( <i>SD</i> )	50.9 (11.5)	
<b>Race/Ethnicity (<i>n</i> = 1,216)</b>		
BIPOC and/or Latinx	91	7.5
White and not Latinx	1,125	92.5
<b>Highest Nursing Degree (<i>n</i> = 1,210)</b>		
Diploma in nursing	6	0.5
ADN	68	5.6
BSN	175	14.5
MSN	700	57.9
DNP	119	9.8
DNS, DSN, DN, or ND	*	*
PhD in Nursing	139	11.5
<b>Highest Degree Earned (<i>n</i> = 1,216)</b>		
Diploma in Nursing	*	*
ADN	56	4.6
Bachelor's degree in another field	159	13.1
Master's degree in another field	695	57.2
PhD or equivalent in another field	301	24.8

*Note.* Table 55 includes responses to survey questions 4, 26, 36, 69-72.

Table 56 displays the age of nurse faculty respondents by degree types. The ages reported by all nurse faculty members ranged from 25 years to 83 years. Nurse faculty members who have attained a PhD or equivalent degree report a mean age of 53.4 years.

**Table 56. Nurse Faculty Age by Highest Degree**

Highest Degree Earned ( <i>n</i> = 1,148)	<i>n</i>	Mean	<i>SD</i>	Age Range
Diploma in Nursing	*	*	*	*
ADN	51	52.0	12.3	25 – 77
BSN & Bachelor’s in another field	153	48.2	12.7	26 – 75
MSN & Master’s in another field	659	50.4	11.2	27 – 83
Doctoral degree or equivalent in another field	280	53.4	10.5	30 – 79

*Note.* Table 56 includes responses to survey questions 4, 36, 69.

### Nurse Faculty Employment Patterns by Setting and Region

Table 57 describes the principal place of work reported by nurse faculty members. The majority (88.7%, 1,079) reported working in an educational institution as their primary work setting. The remaining nurse faculty reported their principal place of work in a variety of practice settings.

**Table 57. Nurse Faculty Principal Place of Work**

Principal Place of Work ( <i>n</i> = 1,216)	<i>n</i>	%
Hospital	66	5.4
Ambulatory care	8	0.7
Nursing home or extended care	19	1.6
Home health	7	0.6
Public health or community health	25	2.1
Education	1,079	88.7
Other*	12	1.0

*Note.* Table 57 includes responses to survey questions 36, 39.

\*Other includes “Call center/tele-nursing center; government agency other than public/community health or corrections; non-governmental health policy, planning or professional organization; insurance company claims/benefits; sales (pharmaceutical, medical devices, software); self-employed/consultant; and other.

Table 58 provides data on nurse faculty working at academic institutions, colleges, or universities, compared to technical colleges. Over half of nursing faculty (58.3%) of faculty work at academic institutions.

**Table 58. Nurse Faculty Education Work Setting**

Education Setting ( <i>n</i> = 1,079)	<i>n</i>	%
Academic institution (college or university)	629	58.3
Technical college	450	41.7

*Note.* Table 58 includes responses to survey questions 36, 39

Table 59 displays the distribution of nurse faculty by DHS region of employment and by type of nursing education program. The number of nursing faculty is similar in both settings in the Western region (74 colleges and universities, 79 technical colleges). In the South, Southeastern, and Northeastern regions, a greater proportion of faculty are employed at colleges or universities than at technical colleges. The Northern region, however, has a greater proportion of technical college nursing faculty (12.9%) than nursing faculty at colleges and universities (3.2%). The distribution of nurse faculty reflects the geographic locations of colleges, universities, and technical colleges in the state.

**Table 59. Nurse Faculty in Education by DHS Region**

DHS Region ( <i>n</i> = 1,098)	Total Nursing <i>n</i> = 1,068		College or University <i>n</i> = 619		Technical College <i>n</i> = 449	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Southern	176	16.5	97	15.7	79	17.6
Southeastern	454	42.5	319	51.5	135	30.1
Northeastern	207	19.4	109	17.6	98	21.8
Western	153	14.3	74	12.0	79	17.6
Northern	78	7.3	20	3.2	58	12.9

*Note.* Table 59 includes responses to survey questions 27, 36, 39.

### Nurse Faculty Intentions Regarding Future Work and Education

Table 60 displays the intentions of nurse faculty members to stay in their current type of employment. Nearly a third (32.6%) of nurse faculty members reported an intent to stay in their current employment for less than five years, and 54.4% reported an intent to stay in their current employment for less than 10 years.

**Table 60. Nurse Faculty Intent to Stay in Current Type of Employment – All Degrees**

Years ( <i>n</i> = 1,205)	<i>n</i>	%
< 2	157	13.0
2 – 4	236	19.6
5 – 9	263	21.8
10 – 19	314	26.1
20 – 29	173	14.4
≥ 30	62	5.1

*Note.* Table 60 includes responses to survey questions 17, 36.

This concerning finding is even more apparent in Table 61, which displays the intent to work in current type of employment for nurse faculty members who hold a PhD in nursing or other fields. Of nurse faculty members with a PhD, 32.2% report they intend to work in their current type of employment for less than 5 years, while the proportion increases to 60.5% of PhD prepared faculty in less than 10 years.

**Table 61. Nurse Faculty with PhD in Nursing or Other Fields Intent to Stay in Current Type of Employment**

<b>Years (<i>n</i> = 180)</b>	<b><i>n</i></b>	<b>%</b>
< 2	22	12.2
2 – 4	36	20.0
5 – 9	51	28.3
10 – 19	38	21.1
20 – 29	24	13.3
≥ 30	9	5.0

*Note.* Table 61 includes responses to survey questions 4, 17, 36.

\*Too few to report.

Table 62 displays the intention of nurse faculty members to continue working in their current type of employment by work setting. Data are similar for faculty working at both colleges or universities and technical colleges.

**Table 62. Nurse Faculty in Education Intent to Stay in Current Type of Employment**

<b>Years</b>	<b>Total (<i>n</i> = 1,073)</b>		<b>College or University (<i>n</i> = 625)</b>		<b>Technical College (<i>n</i> = 448)</b>	
	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>	<b>%</b>
< 2	134	12.5	80	12.8	54	12.1
2 – 4	205	19.1	120	19.2	85	19.0
5 – 9	236	22.0	135	21.6	101	22.5
10 – 19	288	26.8	161	25.8	127	28.3
20 – 29	156	14.5	94	15.0	62	13.8
≥ 30	54	5.0	35	5.6	19	4.2

*Note.* Table 62 includes responses to survey questions 17, 36, 39.

\*Too few to report.

Table 63 displays nurse faculty members' plans to pursue further education and their reported associated barriers. Of the 1,216 faculty members who responded, 41 were enrolled in PhD in Nursing programs and 55 were enrolled in DNP programs at the time of the survey. An additional 202 nurse faculty members intend to pursue further education within the next 2 years. As for RNs overall, the cost of tuition and fees (49.8%) was reported as the most frequent barrier to pursuing further education, followed by family or personal reasons (27.5%). Of note, 31.4% did not identify barriers to pursuing further education. When these data were explored by race and ethnicity, respondents in the BIPOC/Latinx category had a higher proportion reporting plans for continuing their education compared to the White/Not Latinx category. Yet, respondents in the BIPOC/Latinx category had a greater proportion reporting barrier. These data indicate that despite facing greater challenges to obtaining higher levels of education, nurses who identify as BIPOC/Latinx are more likely to plan for further education than those who identify as White/not Latinx.

**Table 63. Nurse Faculty Plans for Further Education and Barriers to Pursue Education**

<b>Plans for Further Education (<i>n</i> = 1,216)</b>	<b><i>n</i></b>	<b>%</b>		
No plans	839	69.0		
Enrolled in BSN	*	*		
Enrolled in MSN	48	3.9		
Enrolled in Master's in related field	*	*		
Enrolled in DNP	55	4.5		
Enrolled in PhD in nursing	41	3.4		
Enrolled in non-degree certification program	24	2.0		
Plan to pursue further education within next 2 years	202	16.6		
<b>Barriers to Pursuing Additional Education<sup>a</sup> (<i>n</i> = 1,216)</b>				
Commuting distance to education program	26	2.1		
Cost of loss of work time and benefits	210	17.3		
Cost of tuition and fees	606	49.8		
Family or personal reasons	334	27.5		
Lack of flexibility in work schedule	87	7.2		
Limited access to online learning or other resources	13	1.1		
Schedule of educational programs offered	45	3.7		
None identified	382	31.4		
Other	87	7.2		
<b>Educational Plans by Diversity Category</b>	<b>BIPOC and Latinx</b>		<b>White and not Latinx</b>	
No plans	50	54.9	789	70.1
Plan to pursue further education within next 2 years	22	24.2	180	16.0
<b>Main Barriers to Education by Diversity Category</b>	<b>BIPOC and Latinx</b>		<b>White and not Latinx</b>	
Cost of loss of work time and benefits	19	20.9	191	17.0
Cost of tuition and fees	56	61.5	550	48.9



<b>Plans for Further Education (<i>n</i> = 1,216)</b>	<b><i>n</i></b>		<b>%</b>	
Family or personal reasons	33	36.3	301	26.8
Lack of flexibility in work schedule	10	11.0	77	6.8
None identified	16	17.6	366	32.5

Note. Table 63 includes responses to survey questions 6, 7, 36.

Note. The option “Enrolled in PhD program in a related field” was inadvertently excluded from the 2020 electronic version of the survey.

<sup>a</sup>Respondents could check two challenges.

\*Too few to report.

### **Nurse Faculty Clinical Specialty Knowledge and Experience**

Table 64 displays the clinical areas of specialized knowledge and experience reported by nurse faculty members. Medical-surgical nursing (38.9%), adult health (27.8%), and acute/critical/intensive care (34.5%) were the most frequently reported areas of specialty knowledge and experience for nurse faculty.

**Table 64. Clinical Areas of Specialized Knowledge and Experience**

<b>Clinical areas of specialized knowledge and/or experience of 2 or more years (<i>n</i> = 1,213)</b>	<b><i>n</i></b>		<b>%</b>	
Acute care/critical care/intensive care	418		34.5	
Addiction/AODA/substance abuse	64		5.3	
Adult health	338		27.8	
Anesthesia	22		1.8	
Cardiac care	196		16.2	
Community health	218		18.0	
Correctional health	29		2.4	
Dialysis	35		2.9	
Emergency care	134		11.0	
Family health	125		10.3	
Geriatrics/gerontology	285		23.5	
Home health	130		10.7	
Hospice or palliative care	122		10.1	
Labor and delivery	102		8.4	
Maternal-child health	177		14.6	
Medical-surgical	472		38.9	
Neonatal care	71		5.9	
Nephrology	20		1.6	
Obstetrics-gynecology	114		9.4	
Occupational or employee health	46		3.8	
Oncology	75		6.2	
Pediatrics	150		12.4	
Parish or faith community	36		3.0	

<b>Clinical areas of specialized knowledge and/or experience of 2 or more years (<i>n</i> = 1,213)</b>	<b><i>n</i></b>	<b>%</b>
Psychiatric or mental health	129	10.6
Public health	141	11.6
Rehabilitation	64	5.3
Respiratory care	30	2.5
School health (K-12 or post-secondary)	101	8.3
Surgery/pre-op/post-op/PACU	138	11.4
Women's health	106	8.7
Other	273	22.5
None of the above	32	2.6

*Note.* Table 64 includes responses to survey questions 14, 36.

### **Comparing 2018 and 2020**

- In 2018, 1,057 respondents indicated their position at their principal place of work was nurse faculty. In 2020, the number who indicated nurse faculty was 1,234, a 16.7% increase. However, unlike 2020, there was no separate option on the 2018 survey for nurse educators working in professional development at their place of work. Thus, comparisons between the two surveys should be made with some caution.
- The proportion of faculty members who identify as BIPOC and/or Latinx or as male was unchanged from 2018, with only 13 nurses who identify as BIPOC and/or Latinx and 13 nurses who identify as male added to the nurse faculty workforce.
- The mean age of faculty members was unchanged from 2018, except that the mean age among doctorally prepared faculty decreased by 1.2 years, from 54.6 in 2018 to 53.4 in 2020.
- The number of nursing faculty holding a DNP increased from 85 (8.0%) in 2018 to 119 (9.8%) in 2020, while the number with a PhD in Nursing increased from 80 (7.6%) in 2018 to 139 (11.5%) in 2020.
- The proportion of nurse faculty members who work in a university or college setting increased across the state, from 51.9% in 2018 to 58.3% in 2020.
- There was little change between 2018 and 2020 in the proportion of nurse faculty who indicated their intention to continue in their current employment for less than 5 years (32.7% in 2018 and 32.6% in 2020).
- Nearly one-third (32.3%, 58) of nursing faculty holding a doctoral degree intend to continue in their current position in less than 5 years, and an additional 28.3% (51) within 10 years, also consistent with 2018 findings.
- Compared to 2018, nine additional nursing faculty are enrolled in DNP programs, and an additional five in nursing PhD programs; however, the proportion of nurse faculty enrolled in DNP (4.5%) and PhD (3.4%) nursing programs remains stable.
- Nurse faculty members who reported no plans for furthering their education increased from 64.9% (686) in 2018 to 69.0% (839) in 2020.

- The most notable changes from 2018 to 2020 in barriers to further education among nursing faculty was an increase in the proportion citing the cost of tuition and related fees (19.3% in 2018 to 27.5% in 2020); however, the proportion of nursing faculty who reported no barriers to pursuing further education rose slightly (29.1% in 2018 to 31.4%, 382 in 2020).

## **Discussion and Recommendations**

Academic nursing in Wisconsin continues to perform poorly with regard to increasing gender/racial/ethnic diversity among faculty. Although nurse faculty are slightly more diverse than the overall RN workforce (94.3% White overall compared to 92.5% White for faculty), the proportion of nurse faculty members who identify as BIPOC and/or Latinx did not increase between 2018 and 2020 and continues to lag demographic distributions existing in the national RN workforce and population. Similarly, the proportion of nurse faculty members who reported male gender (5.7%) was lower than the overall proportion of the state nursing workforce who identified as male (7.9%). Diversity, equity, and inclusion among nurse faculty members in Wisconsin remains a priority for the RN workforce, but will require more concentrated efforts to prepare, recruit, and retain RNs who identify as male or other genders, as well as BIPOC and/or Latinx, into nurse faculty positions. Several strategies have proven successful for increasing diversity among nursing faculty, including pipeline programs, faculty governance structures that foster diversity and inclusivity, and certificate programs or tracks that prepare diverse faculty leaders (National League for Nursing [NLN], 2016). Nursing schools that adopt a social justice perspective to health care workforce development have successfully created organizational cultures that value diversity and inclusion, which has been demonstrated to improve recruitment of diverse nursing faculty (NLN, 2016; Wilbur et al., 2020).

The overall increase in the number of nurse faculty in Wisconsin, as well as the increase in the number of faculty prepared at the doctoral level (DNP or PhD) since 2018, is a positive finding given the important contributions of nurse educators in preparing the future nursing workforce and nurse researchers to the state of the science. Since 2018, 159 nursing faculty were added to the Wisconsin RN workforce, 34 of which hold a DNP and 59 who hold a PhD in Nursing. However, Wisconsin still faces considerable challenges in meeting the demand for nurse faculty given the number of nurse faculty members nearing retirement or otherwise intending to leave their current employment. For example, within 2 years, 157 nurse faculty members intend to leave their current positions, and an additional 236 nursing faculty plan to leave their current positions in less than 5 years. This is particularly acute for faculty members with PhDs (32.2% intend to work for less than 5 years and 60.5% for less than 10 years).

Faculty shortages and budget constraints are the most significant factors limiting nursing school capacity, and faculty retirements are increasing across the United States (American Association of Colleges of Nursing, 2020). In 2019, a national survey on vacant nursing faculty positions reported a vacancy rate of 8.0% in public nursing schools overall and 6.8% in the Midwest region (Li et al., 2019). For over half (56.1%) of these vacancies, an earned doctorate in nursing or allied field is required (Li et al., 2019). The number of nurses enrolled in DNP programs remains high (1,033); however, Wisconsin RNs currently enrolled in nursing PhD programs (109) may not be sufficient to meet the demand for PhD prepared faculty and researchers given that programs take, on average, 3 to 5 years of full-time study to complete. The cost of tuition and fees remains a barrier for pursuing further education. Mechanisms that provide financial support for both nurses and nursing programs are essential for growing the nursing faculty workforce, especially for increasing diversity of faculty (Harris, 2019).

Schools of nursing face barriers to attracting nurses for faculty positions and retaining them once hired. High workloads that disrupt work-life balance; stress from managing competing priorities like teaching, service, and research obligations; lack of sufficient preparation; and low compensation are among these barriers. Strategies that have proven successful include development and integration of courses or certificate programs that prepare nurses for faculty roles during doctoral training. Nurse faculty who have completed these directed programs are better able to meet the demands of faculty positions and improved retention (McNelis et al., 2019). Schools of nursing that provide structured orientation and onboarding programs for new nursing faculty (Clochesy et al., 2019), mentorship from more experienced faculty, opportunities for role socialization, and ongoing professional development like facilitated interdisciplinary collaboration in teaching and research have improved job satisfaction and faculty retention (Harris, 2019). In addition, efforts to mitigate the stress associated with faculty roles and improve work culture, including flexibility of work schedules and improved work-life balance, as well as improved compensation, have been shown to improve faculty recruitment and retention rates (Bagley et al., 2018; Harris, 2019)

Wisconsin schools and colleges of nursing, in partnership with health care organizations and policy makers, should develop strategic plans to recruit and retain nurse faculty based on state, regional, and local needs. This includes developing innovative models that better accommodate educational advancement and attainment of doctoral training, as well as preparation in teaching and learning (Bagley et al., 2018).

## Section VII. Income

Section VII is new to the *Wisconsin 2020 RN Workforce Survey* report because for the first time, the 2020 survey included questions about RNs' income. Two questions were included in the survey asking respondents to estimate their 2019 pre-tax annual earnings in ranges of \$10,000 increments for their primary place and secondary place of work. Respondents were directed to include overtime and bonuses, but to exclude sign-on bonuses. Section VII provides a summary of these findings for RNs who are licensed and working in the State of Wisconsin.

Table 65 displays the annual pre-tax earnings for all RNs working in Wisconsin who completed the survey in 2020. The largest proportion of RNs reported earning between \$55,001 and \$65,000 (18.7%) at their primary place of employment, and 60.2% reported earning between \$45,001 and \$85,000. Of those who reported income from a secondary place of work (10,331), the majority (77.1%) earned <\$25,000 annually in pre-tax earnings.

**Table 65. Annual Pre-Tax Earnings All RNs Working in Wisconsin**

<b>Primary Place of Work (n = 73,325)</b>	<b>n</b>	<b>%</b>
<\$25,000	4,515	6.2
\$25,001 – \$35,000	3,154	4.3
\$35,001 – \$45,000	5,264	7.2
\$45,001 – \$55,000	9,594	13.1
\$55,001 – \$65,000	13,683	18.7
\$65,001 – \$75,000	11,930	16.3
\$75,001 – \$85,000	8,859	12.1
\$85,001 – \$95,000	5,405	7.4
\$95,001 – \$105,000	4,237	5.8
\$105,001 – \$115,000	2,519	3.4
>\$115,000	4,165	5.7
<b>Secondary Place of Work (n = 10,331)</b>	<b>n</b>	<b>%</b>
<\$25,000	7,966	77.1
\$25,001 – \$35,000	1,022	9.9
\$35,001 – \$45,000	427	4.1
\$45,001 – \$55,000	293	2.8
\$55,001 – \$65,000	234	2.3
\$65,001 – \$75,000	140	1.4
\$75,001 – \$85,000	91	0.9
\$85,001 – \$95,000	54	0.5
\$95,001 – \$115,000	39	0.4
>\$115,000	65	0.6

Note. Table 65 includes responses to survey questions 32, 50.

The following data tables (Tables 66-71) and figures (Figures 1-3) include data only from RNs working in Wisconsin who are employed full-time.

Table 66 provides an overview of median income category by age, racial/ethnic diversity, and geographic location of residence. Income appears to increase with age, from \$50,000 in the under 25 age group to \$80,000 in the 45 to 54 age group. Income then appears to plateau for the 55 to 74 age groups, after which it declines. Comparing median income categories for nurses under age 55 (\$70,000) and those 55 years and older (\$80,000) suggests that older nurses, with possibly greater longevity in practice, seem to have a modest financial advantage. Our analysis did not show a difference in median income category by race/ethnicity alone or by rural or urban residence alone.

**Table 66. Median Income by Demographic Characteristics**

<b>Age Group</b>	<b>Yearly Income</b>
< 25	\$50,000
25 – 34	\$60,000
35 – 44	\$70,000
45 – 54	\$80,000
55 – 64	\$80,000
65 – 74	\$80,000
≥ 75	\$70,000
<b>Under and Over Age 55</b>	
Under age 55	\$70,000
55 years and older	\$80,000
<b>Racial and Ethnic Diversity</b>	
BIPOC and/or Hispanic, Latino, or Latinx	\$70,000
White and not Hispanic, Latino, or Latinx	\$70,000
<b>Rural or Urban Residence</b>	
Rural	\$70,000
Urban	\$70,000

*Note.* Table 66 includes responses to survey questions 27, 28, 32, 69, 70-72.

Table 67 displays the results by gender. Respondents who identified as male reported higher annual median income compared to female and non-binary genders. Although males comprised only 8.2% (5,884) of the respondents in this subset, they comprise 20.6% (1,506) of all RNs (72,084) earning \$95,000 or more in pre-tax earnings. Conversely, nurses who identified as female comprised 91.6% (66,059) of this subset, yet only 12.8% (9,211) earned \$95,000 or more in pre-tax earnings. Nurses who identified as non-binary made up the largest proportion of each income group below \$55,000.

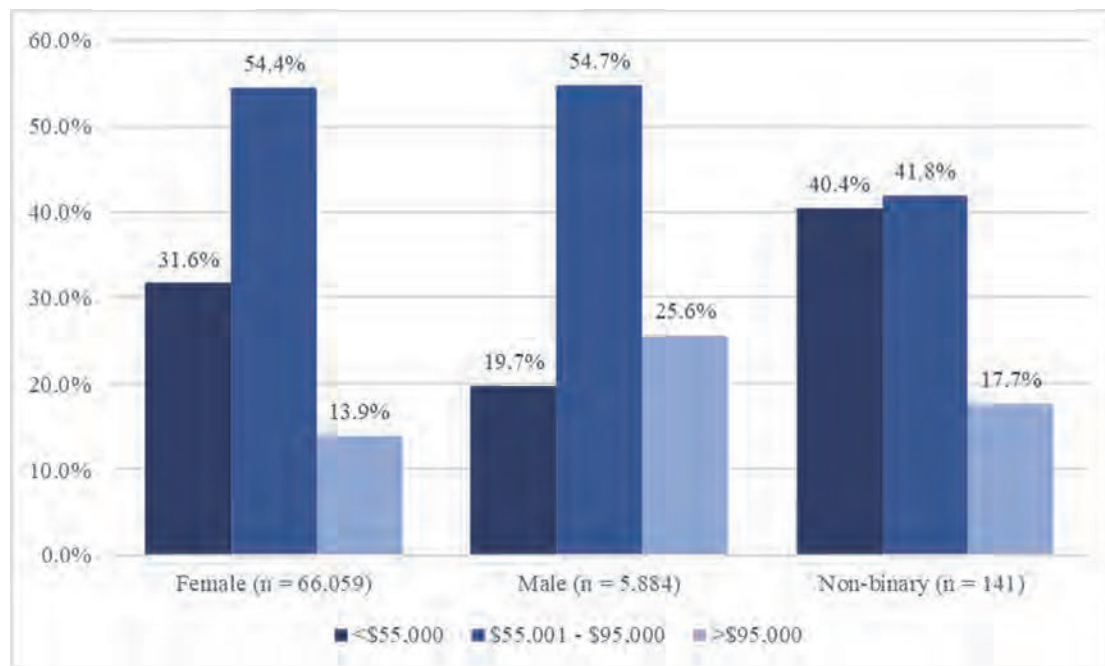
**Table 67. Annual Pre-Tax Earnings by Gender Identity**

Annual Median Pre-Tax Income	Female (n = 66,059)		Male (n = 5,884)		Non-binary (n = 141)	
	\$70,000		\$80,000		\$70,000	
	n	%	n	%	n	%
<\$25,000	4,135	6.3	251	4.3	18	12.8
\$25,001 - \$35,000	2,913	4.4	167	2.8	7	5.0
\$35,001 - \$45,000	4,905	7.4	237	4.0	12	8.5
\$45,001 - \$55,000	8,947	13.5	506	8.6	20	14.2
\$55,001 - \$65,000	12,496	18.9	959	16.3	20	14.2
\$65,001 - \$75,000	10,763	16.3	969	16.5	15	10.6
\$75,001 - \$85,000	7,911	12.0	767	13.0	14	9.9
\$85,001 - \$95,000	4,778	7.2	522	8.9	10	7.1
\$95,001 - \$105,000	3,740	5.7	424	7.2	7	5.0
\$105,001 - \$115,000	2,195	3.3	272	4.6	6	4.3
>\$115,000	3,276	5.0	810	13.8	12	8.5

Note. Table 67 includes responses to survey questions 27, 28, 32, 69, 70.

Figure 1 displays the data from Table 67 as the proportion of respondents reporting earnings in three categories by respondent gender identity. The proportion of RNs who reported lower income (<\$55,000) was higher among female and non-binary gender groups compared to nurses who identified as male. No difference is seen between females and males in the middle-income category. However, 41.8% of RNs who identify as non-binary reported income in the \$55,001 to \$95,000 income category, over 12 percentage points lower than reported by their male (54.7%) and female (54.4%) peers.

**Figure 1. Annual Pre-Tax Earnings by Gender Identity**



*Note.* Figure 1 includes responses to survey questions 27, 28, 32, 69, 70.

The median income category for Wisconsin nurses working full-time by primary place of work and functional role is displayed in Table 68. Across most primary work settings, median income reported was \$70,000, while income was lower for nurses whose primary place of work was community and public health nursing (\$60,000). However, when considering the four categories that comprise “community and public health” from the survey, the lower median income for school nurses (\$50,000) explains this difference. Median income for nurses at the work places that make up the remaining categories (public health, \$70,000; community health, \$70,000; and parish nursing, \$75,000) are comparable to the other primary places of work reported.

Median income for nurses by functional role or position ranged from \$60,000 reported by staff nurses to more than \$115,000 reported by APNs and nurse executives. RNs working as staff nurses or in positions not related to health care were the lowest income groups; whereas, the median income for the majority of functional roles was \$80,000. Nurse executives and APNs reported the highest median income of >\$115,000 annually. These data also suggest a financial advantage for nurses who take on leadership roles and who obtain board certification. Median income for nurses in leadership positions was \$10,000 more per year than those who were not in leadership position. For nurses who obtained board certification (often associated with APN and leadership roles), median income was \$20,000 more per year than nurses without certification. Exploring median annual income by highest degree earned shows that nurses realize a financial benefit with graduate education at the level of a master’s degree or higher. In this sample, the higher income for diploma prepared nurses versus associate or bachelor’s prepared nurses likely reflects longevity in practice, rather than a true wage difference by degree type. Median income for nurses with up to a bachelor’s degree was \$70,000 in 2019, which increased to \$100,000 for those with a master’s degree or higher.



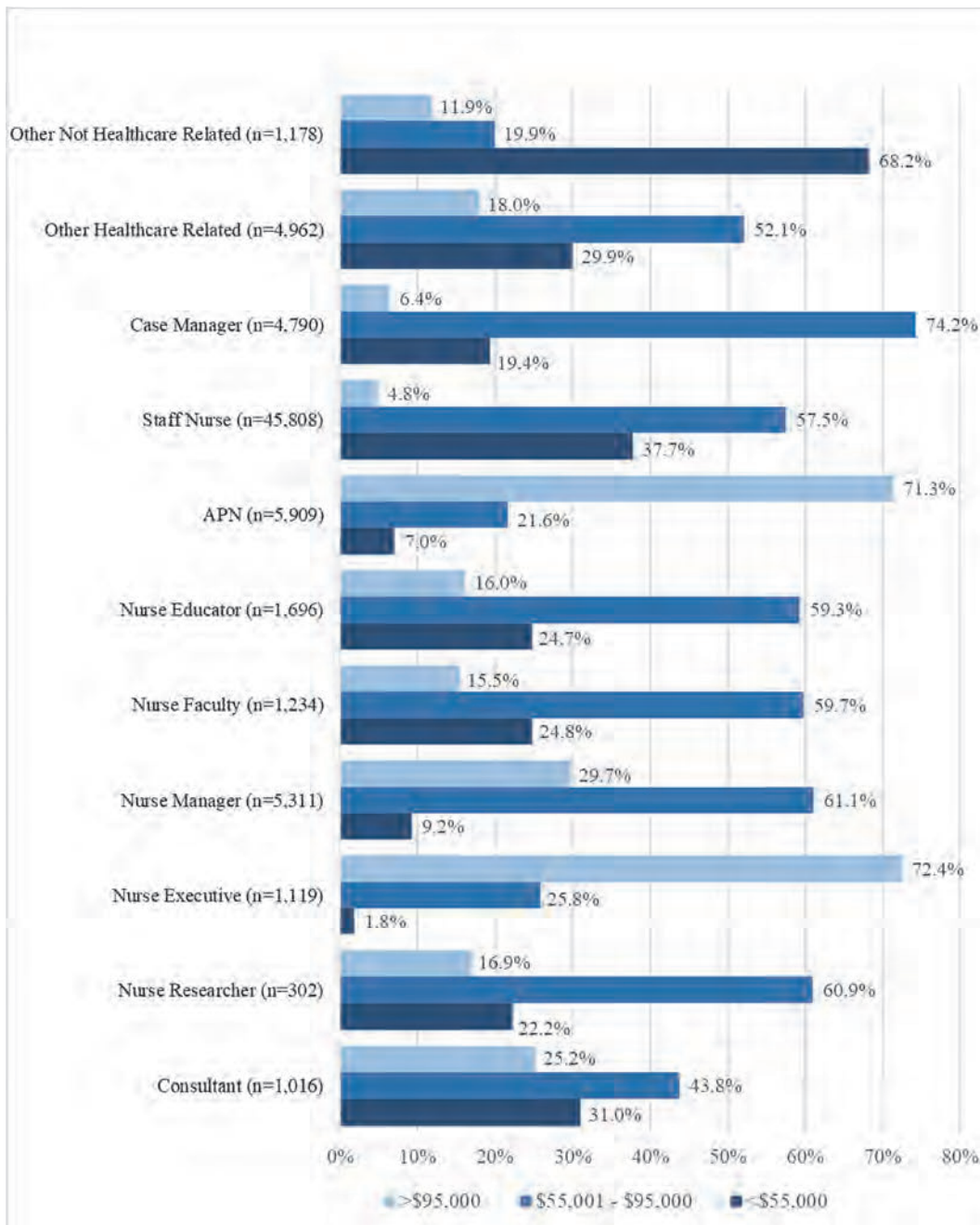
**Table 68. Median Annual Income by Place of Work and Functional Role**

<b>Primary Place of Work</b>	
Hospital	\$70,000
Extended care	\$70,000
Ambulatory care	\$70,000
Home health	\$70,000
Community and public health	\$60,000
Educational institutions	\$70,000
Other	\$70,000
<b>Primary Functional Role or Position</b>	
Consultant	\$80,000
Nurse researcher	\$80,000
Nurse executive	>\$115,000
Nurse manager	\$80,000
Nurse faculty	\$80,000
Nurse educator	\$80,000
APN	>\$115,000
Staff nurse	\$60,000
Case manager	\$70,000
Other health care related	\$80,000
Other not health care related	\$60,000
<b>Leadership Role</b>	
No leadership role	\$70,000
Nurse leadership role	\$80,000
<b>National Board Certification</b>	
Yes	\$90,000
No	\$70,000
<b>Highest Degree Earned</b>	
Practical or vocational nursing diploma	\$70,000
Diploma in nursing	\$80,000
ADN	\$70,000
Bachelor's degree in another field	\$70,000
Master's degree in another field	\$100,000
Doctoral degree, any field	\$100,000

*Note.* Table 68 includes responses to survey questions 4, 15, 18, 27, 28, 32, 36, 39.

Figure 2 expands on some of the data presented in Table 68 and displays the range in pre-tax earnings by functional role or primary job using three income groups. For functional roles other than APNs, nurse executives, and nurses employed outside of health care, the annual earnings for the greatest proportion of nurses fell in the middle-income group (\$55,001-\$95,000). Only 21.6% of APNs and 25.8% of nurse executives were in the middle-income group, and the majority of nurses in these roles earned more than \$95,000 annually (APNs = 71.3%, nurse executives = 72.4%). Only among nurses who did not work a health-related job did the largest proportion earn less than \$55,000 annually (31.0%). For more detailed information on income by functional role, see Appendix L.

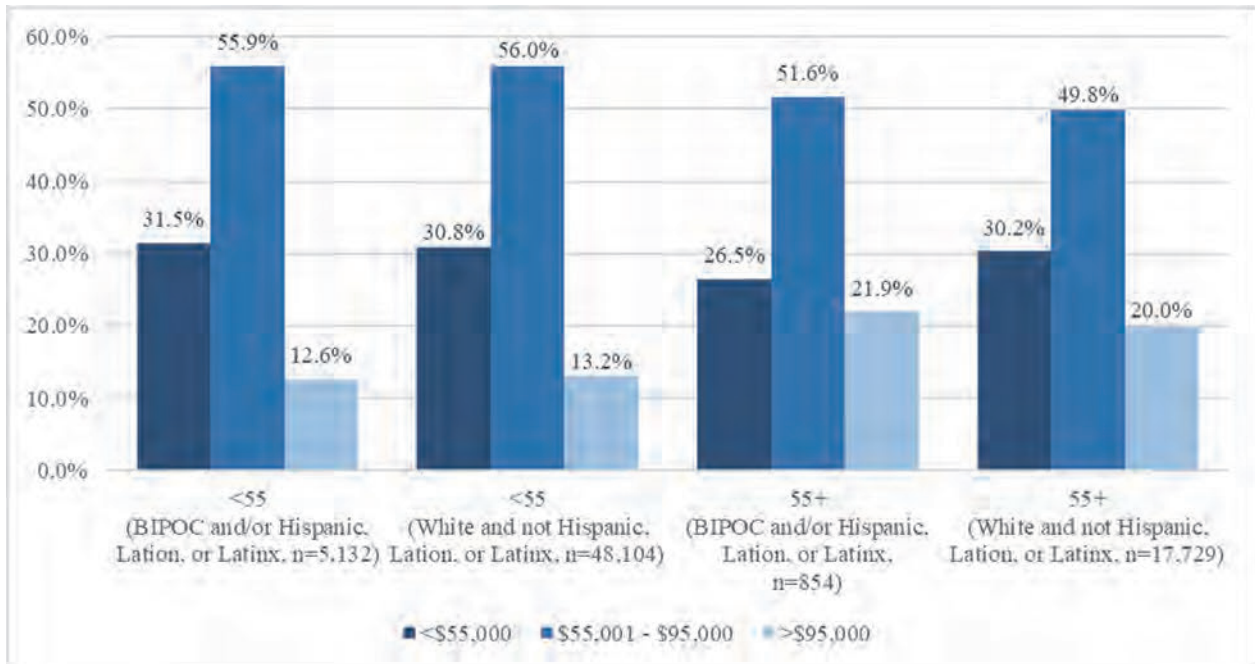
**Figure 2. Annual Pre-Tax Earnings by Functional Role or Primary Job**



Note. Figure 2 includes responses to survey questions 27, 28, 32, 36.

Figure 3 displays data on median income by age category, as well as racial and ethnic diversity, for Wisconsin nurses working full-time. When age is explored dichotomously (under/over 55), there is no wage disparity by racial and ethnic diversity among Wisconsin nurses. A more detailed examination shows little evidence of systematic differences in median income for nurses by race and ethnicity across age groups (see Appendix M). Some of the patterns for income and age were expected, such as a greater proportion of nurses aged 55 years and older earning more than \$95,000 annually. However, based on the assumptions of longevity and cumulative experience across the course of a nurse’s career, the difference between the proportion of nurses earning less than \$55,000 and those earning \$55,001-\$95,000 was surprisingly small between groups.

**Figure 3. Median Income by Age Category and Racial and Ethnic Diversity**



Note. Figure 3 includes responses to survey questions 27, 28, 32, 69, 71, 72.

Table 69 compares median income for nurses who work as educators, those who are employed in professional development or continuing education, and nurse faculty, those who work in a school or college of nursing preparing new nurses for entry to practice by degree type. In general, income for both groups of educators increases with advanced education. Educators with an associate or bachelor’s degree in nursing earn \$10,000 and \$20,000 more per year, respectively, than nurses who work in faculty positions who have earned the same degree. Looking at degree attainment only, this income difference is no longer present at the master’s or doctorate level of training. This may be a reflection of accreditation standards or administrative codes, which often specify the level of educational attainment required for nurse faculty.

**Table 69. Median Income for RNs Employed as Educators and Faculty**

<b>Highest Degree Earned</b>	<b>Educators <i>n</i> = 1,252</b>	<b>Faculty <i>n</i> = 957</b>
ADN	\$70,000	\$60,000
Bachelor’s degree in nursing	\$80,000	\$60,000
Master’s degree in nursing	\$80,000	\$80,000
Doctorate, any field	\$90,000	\$90,000

*Note.* Table 69 includes responses to survey questions 4, 27, 28, 32, 36.

Table 70 displays median income by DHS region of employer. Across regions, the overall median income category is consistent (\$70,000). Differences in income by gender are seen across regions. In the Southern, Western, and Northern regions, the median income category for females is lower than for males. Nurses who identified as non-binary gender reported lower incomes compared to males in the Southern and Western regions, but higher in the Northern region. These data also suggest income differences by race and ethnicity in the Northeastern, Western, and Northern regions, with individuals who identify as BIPOC and/or Hispanic, Latino, or Latinx earning less than individuals who identify as White and not Hispanic, Latino, or Latinx.

Exploring median income by functional role or primary job, leadership role, and degree attainment for each DHS region shows some consistent patterns and some interesting outliers. The higher median income in the Southern and Southeastern regions by functional role could be due to differences in wages stemming from higher cost of living, (U.S. Bureau of Labor and Statistics, 2020). The reasons for other findings, such as the variability in median income across regions for nurse researchers or the higher median income for APNs in the Western region (>\$115,000), are less clear and do not appear to be explained by the distribution of health centers and research programs across the state.

**Table 70. Median Income by DHS Region of Employer**

	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Western</b>	<b>Northern</b>
<b>Median Income</b>	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
<b>Gender</b>					
Female	\$70,000	\$70,000	\$70,000	\$70,000	\$60,000
Male	\$80,000	\$70,000	\$70,000	\$80,000	\$70,000
Non-binary	\$70,000	\$70,000	\$70,000	\$60,000	\$80,000
<b>Racial and Ethnic Diversity</b>					
BIPOC and/or Hispanic, Latino, or Latinx	\$70,000	\$70,000	\$60,000	\$60,000	\$60,000
White and not Hispanic, Latino, or Latinx	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
<b>Functional Role or Primary Job</b>					
Consultant	\$80,000	\$90,000	\$80,000	\$80,000	\$80,000
Nurse researcher	\$70,000	\$80,000	\$70,000	\$60,000	\$70,000
Nurse executive	>\$115,000	>\$115,000	\$110,000	\$110,000	\$110,000
Nurse manager	\$90,000	\$90,000	\$80,000	\$80,000	\$80,000
Nurse faculty	\$80,000	\$80,000	\$70,000	\$70,000	\$70,000
Nurse educator	\$80,000	\$80,000	\$70,000	\$80,000	\$70,000
APN	\$110,000	\$110,000	\$110,000	>\$115,000	\$110,000
Staff nurse	\$70,000	\$70,000	\$60,000	\$60,000	\$60,000
Case manager	\$70,000	\$70,000	\$70,000	\$70,000	\$60,000
Other health care related	\$80,000	\$80,000	\$70,000	\$80,000	\$70,000
Other not health care related	\$65,000	\$70,000	\$50,000	\$50,000	\$50,000
<b>Leadership Role</b>					
No leadership role	\$70,000	\$70,000	\$60,000	\$60,000	\$60,000
Nurse leadership role	\$80,000	\$80,000	\$70,000	\$70,000	\$70,000
<b>Highest Degree Earned</b>					
Practical or vocational nursing diploma	\$70,000	\$70,000	\$70,000	\$70,000	\$60,000
Diploma in nursing	\$80,000	\$80,000	\$70,000	\$80,000	\$75,000
ADN	\$70,000	\$70,000	\$60,000	\$60,000	\$60,000
Bachelor's degree	\$70,000	\$70,000	\$60,000	\$70,000	\$70,000
Master's degree	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Doctorate, any field	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000

*Note.* Table 70 includes responses to survey questions 4, 18, 27, 28, 32, 36, 70-72.

Table 71 displays median income category by rural or urban residence. The income disparity by gender persists; however, no difference in income by racial and ethnic diversity was found by rural-urban residence. Differences in median income based on residence in rural or urban settings were noted only for nurse consultants, nurse researchers, APNs, and case managers. For all other functional roles, nurses living in urban settings earned more than nurses living in rural settings. This may reflect cost of living wage differentials, which are higher in urban areas (U.S. Bureau of Labor and Statistics, 2020).

**Table 71. Median Income by Rural-Urban Residence**

	Rural	Urban
<b>Gender</b>		
Female	\$70,000	\$70,000
Male	\$80,000	\$80,000
Non-binary	\$60,000	\$70,000
<b>Racial and Ethnic Diversity</b>		
BIPOC and/or Hispanic, Latino, or Latinx	\$70,000	\$70,000
White and not Hispanic, Latino, or Latinx	\$70,000	\$70,000
<b>Primary Functional Role or Position</b>		
Consultant	\$80,000	\$80,000
Nurse researcher	\$70,000	\$70,000
Nurse executive	\$100,000	>\$115,000
Nurse manager	\$80,000	\$90,000
Nurse faculty	\$70,000	\$80,000
Nurse educator	\$70,000	\$80,000
APN	\$110,000	\$110,000
Staff nurse	\$60,000	\$70,000
Case manager	\$70,000	\$70,000
Other health care related	\$70,000	\$80,000
Other not health care related	\$50,000	\$70,000
<b>Leadership Role</b>		
No leadership role	\$60,000	\$70,000
Nurse leadership role	\$70,000	\$80,000
<b>Highest Degree Earned</b>		
Practical or vocational nursing diploma	\$75,000	\$70,000
Diploma in nursing	\$70,000	\$80,000
ADN	\$60,000	\$70,000
Bachelor's degree in another field	\$70,000	\$70,000
Master's degree in another field	\$100,000	\$100,000
Doctoral degree, any field	\$100,000	\$100,000

*Note.* Table 71 includes responses to survey questions 4, 18, 28, 32, 36, 70-72, 74.

## Discussion and Recommendations

This new source for income data for RNs licensed in Wisconsin indicated that the median annual pre-tax income from the primary place of work for nurses working full-time in 2019 was approximately \$70,000 (within the \$65,001-\$75,000 category). This is consistent with 2019 data for Wisconsin from the U.S. Bureau of Labor Statistics (2020) and 2018 data from U.S. Department of Health and Human Services/Health Resources and Services Administration (U.S. Department of Health and Human Services, 2019), which reported median income for nurses of \$73,300 and \$73,929, respectively. These results, however, vary from the 2017 survey by the National Council of State Boards of Nursing (Smiley et al., 2018), which reported a median income of \$63,000 for nurses. Consistent across these sources and analyses is the income gap by gender. Individuals who identify as female consistently report earning less than males across all practice settings, regions, functional roles, and income levels. The greatest discrepancy for females is at the highest income levels. In this analysis, individuals who identified as female comprised the largest proportion of respondents by gender (91.6%) and the smallest proportion reporting the highest income (12.8%). For individuals who identify as non-binary, there is greater income disparity at the middle-income level, with the greatest proportion of nurses reporting lower incomes levels (non-binary = 40.4%, females = 31.6%, males = 19.7%). However, given the much smaller size of the non-binary group, the results for this group are more vulnerable to outlier effects and should be considered with that limitation in mind.

Leadership, clinical expertise, and educational attainment are associated with higher median income for nurses in Wisconsin. Nurses who engage in leadership roles earn more than nurses who do not, as do nurses who earn board certification. The data suggest that nurses who earn a master's degree or higher have greater income earning potential, as median income increases with advanced degrees. The greatest variability in income was seen when analyzing the data by functional role. There are data to support that longevity and educational attainment are associated with increased income; however, there is evidence to suggest that functional role has a stronger influence. For example, the data suggest that the direct supervision or accountability for other employees is associated with higher median income, as nurse executives and APNs reported the highest income of all functional roles. Location of an RN's primary job also influences income earned, with nurses working in school settings (\$50,000) earning markedly less than their colleagues in other community and public health settings (\$70,000-\$75,000). Addressing these types of disparities in income by setting, particularly for school nurses, will require additional public resources and policy changes.

Income disparity by race or ethnicity was only noted in the regional analyses, occurring in three of the five DHS regions (Northern, Northeastern, Western). The rural-urban analysis revealed some variation in income between settings by functional role and degree attainment; though, this was not consistent nor persistent for all categories or across all analyses. At the bachelor's degree or higher level, median income category reported was consistent for rural and urban nurses. However, nurses who take on leadership roles in rural settings reported their median income category as being in the next lower \$10,000 median income category, compared to nurses in leadership roles in urban settings.

There is an opportunity to further explore the income data from the *Wisconsin RN Workforce Survey*, guided by the literature, to better understand the forces that influence compensation for our state's nursing workforce. The 2020 survey asked nurses to indicate their pre-tax earnings by selecting ranges in \$10,000 increments. To improve analytic precision, we recommend that this question be revised to ask respondents to enter the numerical value for their annual pre-tax

income, as is done for the National Sample Survey of Registered Nurses, distributed by the U.S. Department of Health and Human Services and the U.S. Department of Commerce, and the National Nursing Workforce Survey, conducted by the National Council of State Boards of Nursing in collaboration with The National Forum of State Nursing Workforce Centers (Smiley et al., 2018). Employers, regulators, accrediting bodies, and policymakers should explore the factors that contribute to gender inequity in pay and then take action to eliminate this disparity. The same action should be taken to identify and eliminate the sources of racial and ethnic disparities in pay that occur regionally in our state.



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## Appendix A: 2020 Wisconsin RN Survey



### 2020 Registered Nurse Workforce Survey

#### *Information to Grow Wisconsin's Workforce!*

The Registered Nurse Workforce Survey was created to collect critical information on the nursing profession in Wisconsin. Your careful survey responses will be used to help plan future nursing care for the people of Wisconsin.

The Survey is designed to be as **simple and quick** as possible while gathering **critical information** about the RN Workforce. Your responses are important for an accurate representation of nursing in Wisconsin.

#### **Thank you for taking the time to participate in this important survey**

The survey may take between 10 to 20 minutes. **You will not be asked every question in the survey.** The information you provide will determine the questions asked.

**No personal information or information from your license is attached to your survey responses.**

Please have the following information available before you begin:

1. The year you received your **first RN license**. To find this date, go to <https://app.wi.gov/LicenseSearch/>
2. The year(s) you received your **diploma(s)**
3. Country or county and zip code of your current place(s) of work.

#### **Complete, and return the survey and signed affidavit to DSPS:**

Fax: 608-251-3036  
Email: [DSPSRenewal@wisconsin.gov](mailto:DSPSRenewal@wisconsin.gov)  
Mail: DSPS – Renewal Unit  
PO Box 8935  
Madison, WI 53708-8935

If you have questions concerning your license renewal, payment or you are experiencing technical difficulties while taking the survey, please contact the Department of Safety and Professional Services (DSPS) at [DSPSRenewal@wisconsin.gov](mailto:DSPSRenewal@wisconsin.gov) or by calling 608-266-2112. Please allow 2-3 business days for assistance. **Please note that making multiple requests for assistance slows down agency response time.**

Use the email address [NursingSurvey@dwd.wisconsin.gov](mailto:NursingSurvey@dwd.wisconsin.gov) if you need help answering the survey questions, or have additional comments or suggestions.  
**This email address is active only during the open renewal period.**

## **LICENSING, EDUCATION, AND TRAINING INFORMATION**

### **Licensing**

1. In what **country** were you initially licensed as a nurse?

**U.S.**  
 **Another Country**

2. In what year did you obtain your **initial** U.S. licensure as a registered nurse (RN)?

\_\_\_\_\_ **Enter a 4-digit year**

3. In what year did you obtain your first **Wisconsin** license as an RN?

\_\_\_\_\_ **Enter a 4-digit year**  
(To look up first year of licensure go to <https://app.wi.gov/LicenseSearch/>)

### **Education**

4. For each of the following **nursing diplomas or degrees** you have received, please enter the year you received the diploma or degree.

Enter a 4-digit year between 1930 and 2020 for all that apply:

\_\_\_\_\_ **Practical Nursing or Vocational Nursing Diploma**  
\_\_\_\_\_ **Diploma in Nursing**  
\_\_\_\_\_ **Associate Degree in Nursing**  
\_\_\_\_\_ **Bachelor's Degree in Nursing**  
\_\_\_\_\_ **Bachelor's Degree in another field**  
\_\_\_\_\_ **Master's Degree in Nursing**  
\_\_\_\_\_ **Master's Degree in another field**  
\_\_\_\_\_ **Doctor of Nursing Practice**  
\_\_\_\_\_ **Doctor of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)**  
\_\_\_\_\_ **PhD in Nursing**  
\_\_\_\_\_ **PhD or equivalent degree in another field**

5. For your most recent degree, did you receive the degree from a Wisconsin-based college or university?

**Yes**  
 **No**

6. Please indicate your plans for further education:  
(Select only one response)

- I have no plans for additional nursing studies
- Currently enrolled in a BSN program
- Currently enrolled in a Master's degree program in Nursing
- Currently enrolled in a Master's degree program in a related health field
- Currently enrolled in a Doctor of Nursing Practice program
- Currently enrolled in a Nursing PhD program
- Currently enrolled in a PhD program in a related field
- Currently enrolled in a non-degree specialty certification program
- Plan to pursue further education in nursing in the next two years

7. What are the two greatest challenges you face or anticipate in pursuing higher nursing education?  
(Select at most two responses)

- None
- Commuting distance to educational program
- Cost of lost work time and benefits
- Cost of tuition, materials, books etc.
- Family/personal reasons
- Lack of flexibility in work schedule
- Limited access to online learning or other online resources
- Scheduling of educational programs offered
- Other, not listed

## Training

8. Have you received training in emergency preparedness and response (such as Incident Command System (ICS) 100, 200, 700; Hazardous Materials, etc.)?  
(Check all that apply)

- No
- Yes, I have received this training from my employer.
- Yes, I have received this training from a voluntary organization (e.g. Red Cross)
- Yes, other.

9. Have you applied training in emergency preparedness and response?  
(Check all that apply)

- No
- Yes, I have participated in an emergency preparedness and response exercise in the last two years
- Yes, I have responded to an actual emergency, incident, or major disaster within the last two years

10. Are you a member of the following:  
(Check all that apply)

- Wisconsin Emergency Assistance Volunteer registry (WEAVR)
- Medical Reserve Corps (MRC) unit
- No, I am not a member

### **CURRENT EMPLOYMENT STATUS**

11. Please indicate your current employment status:  
(Select only one response)

- Actively working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
- Actively working in health care, not nursing
- Actively working in another field
- Unemployed, seeking work in nursing
- Unemployed, seeking work in another field
- Unemployed, not seeking work
- Retired

12. Please check all the following statements that are true for you.

- I work more hours in a typical week than I did in a typical week last year.
- I work fewer hours in a typical week than I did in a typical week last year
  
- I have a new position with the same employer as I had last year.
- I have a new position with a different employer than the one I had last year.
  
- I am working as an RN now, but last year I was not working as an RN.
- I am not working as an RN now, but last year I was working as an RN.
  
- Not applicable

13. Which of the following factors was the most important in your change in employment during the past year?

(Select only one response)

- Not applicable
- I retired
- Childcare responsibilities
- Other family responsibilities
- Salary/medical or retirement benefits
- Laid off
- Change in spouse/partner work situation
- Change in financial status
- Relocation/moved to a different area
- Promotion/career advancement
- Change in my health status
- Seeking more convenient hours
- Dissatisfaction with previous position
- Returned to school
- Other

#### **NURSING SPECIALIZATION INFORMATION**

14. Please indicate any of the clinical areas listed below in which you have specialized knowledge and/or experience of two or more years:

(Check all that apply)

- None
- Acute Care /Critical Care/Intensive Care
- Addiction/ AODA/Substance Abuse
- Adult Health
- Anesthesia
- Cardiac Care
- Community Health
- Corrections
- Dialysis/Renal
- Emergency/Trauma
- Family Health
- Geriatrics/Gerontology
- Home Health
- Hospice Care/ Palliative Care
- Labor and Delivery
- Maternal-Child Health
- Medical-Surgical
- Neonatal Care
- Nephrology



- Obstetrics/Gynecology
- Occupational Health/Employee Health
- Oncology
- Pediatrics
- Parish/Faith Community
- Public Health
- Psychiatric/Mental Health
- Rehabilitation
- Respiratory Care
- School Health (K-12 or post-secondary)
- Surgery/Pre-op/Post-op/ PACU
- Women's Health
- Other, not listed

15. Please indicate the specialties in which you hold **current** national board certification:  
(Check all that apply)

- I am not certified
- Acute Care/Critical Care
- Addiction/AODA
- Adult Health
- Ambulatory Care Nursing
- Anesthesia (CRNA)
- Cardiac Rehabilitation Nursing
- Cardiac-Vascular Nursing
- Case Management Nursing
- College Health Nursing
- Community Health
- Diabetes Management - Advanced
- Domestic Violence/Abuse Response
- Emergency Nursing (CEN®, CFRN®)
- Family Health
- Family Planning
- Gastroenterology (CGRN)
- General Nursing Practice
- Gerontological Nursing
- High-Risk Perinatal Nursing
- Home Health Nursing
- Hospice and Palliative Nursing (CHPN®, ACHPN®)
- Informatics Nursing
- Infusion Nursing (CRNI)
- Legal Nurse Consultant (LNCC®)
- Medical-Surgical Nursing
- Medical-Surgical Nursing (CMSRN®)
- Neonatal

- Nephrology (CNN, CDN)
- Neurology (CNRN)
- Nurse Educator (CNE)
- Nurse Executive (CENP)
- Nurse Executive - Advanced
- Nurse Manager and Leader (CNML)
- Nursing Case Management
- Nursing Professional Development
- OB/GYN/Women's Health Care
- Occupational Health (COHN)
- Orthopedic Nursing (ONC®)
- Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)
- Parish Nurse
- Perianesthesia (CPAN®, CAPA®)
- Peri-Operative (CNOR®)
- Pain Management
- Pediatric Nursing
- Perinatal Nursing
- Public/Community Health
- Public Health Nursing-Advanced (APHN)
- Psychiatric & Mental Health Nursing
- Psychiatric & Mental Health Nursing-Advanced (APMHN)
- Radiology/Invasive Procedures Lab
- Rehabilitation (CRRN®)
- Respiratory/Pulmonary Care
- School Nursing
- School Nursing (NCSN®)
- Transplant
- Wound/Ostomy Nursing (CWOCN, CWCN, COCN, CCCN, CWON)
- Other, not listed

16. Which of the following factors best captures the **single most important factor** in your career decisions today?

- I am retired/not working
- Level of personal satisfaction/ collegial relationships
- Family/personal issues
- Pay
- Medical Benefits
- Retirement benefits
- Hours/shift availability
- Potential for advancement
- Employer supported education options
- Worksite location
- Physical work requirements

- Physical disability
- Other

17. How much longer do you plan to work in your present type of employment?  
(Select only one response)

- Not applicable
- Less than 2 years
- 2-4 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30 or more years

18. In which setting(s) do you have a formal leadership role include volunteer work?  
(Check all that apply)

- Work Area (e.g. Charge Nurse, Team Leader, Unit Manager)
- Organizational Level (e.g. Dean, Chief Nursing Officer, Director)
- Governance Board (e.g. Board of Trustees/Board of Directors)
- Public Official (e.g. County Board of Supervisors, state legislator)
- Chair of major committee in the organization of your primary position
- Leadership role in a professional association (e.g. taskforce, committee chair)
- Other
- None

19. If you are **not engaged** in a leadership role, what are the **two most** significant barriers to your engagement?  
(Select at most two responses)

- Does not apply, I am in a leadership role now
- Lack of leadership development/preparation
- Lack of opportunity
- Other personal priorities
- Work demands
- Presently, I am not interested in a leadership role

20. In your career, how many years have you worked as a Registered Nurse providing **direct patient care**?

**Direct patient care (DPC)** is defined as, *“To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.”* Examples include providing treatments, counseling, patient education or administration of medication.

\_\_\_\_\_ Number of years

21. If you presently provide direct patient care, how much longer do you plan to work providing direct patient care?

- Does not apply
- Less than 2 years
- 2-4 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30 or more years

22. How many separate nursing jobs do you currently have? (Including unpaid volunteer nursing work)

Number of jobs

If you answered 0 jobs to this question, please skip to the UNEMPLOYED SECTION, Question 67.

### **PRIMARY PLACE OF WORK**

Please respond to the following questions by referring to your primary place of work (the place where you work the most hours), **even if this work is unpaid or voluntary.**

23. Which of the following categories best describes your job at your primary place of work? (Select only one response)

- Nursing
- Health related services outside of nursing
- Retail sales and services
- Nursing faculty (in a school or college of nursing)
- Nursing education (professional development or continuing education at your place of work)
- Financial, accounting, and insurance processing staff
- Consulting
- Other

24. Does this primary job require licensure as a Registered Nurse?

- Yes
- No

25. Which of the following categories best describes your employment at this primary job? (Select only one response)

- A regular employee
- Self-employed
- Employed through a temporary employment service agency
- Travel nurse or employed through a traveling nurse agency
- Volunteer

26. What is the zip code of your **primary place of work**?  
(If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

**U.S. Zip code** \_\_\_\_\_  
 **Outside of U.S.**

27. If you work in Wisconsin, in what county is your primary place of work located?

**Does not apply**  
 **Specify name of Wisconsin county:** \_\_\_\_\_

28. What is your current employment basis for this primary position?  
(Select only one response)

**Full time, salaried**  
 **Full time, hourly wage**  
 **Part time, salaried**  
 **Part time, hourly wage**  
 **Per diem (called as needed)**  
 **Volunteer**

29. In this job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

\_\_\_\_\_ **Number of hours**

30. In this job, on average how many days do you work in a **two-week time period**?  
(Do not include time spent on-call.)

\_\_\_\_\_ **Number of days**

31. How many weeks did you work (including paid vacations) in calendar year 2019?

\_\_\_\_\_ **Number of weeks**

32. Please estimate your 2019 pre-tax **annual** earnings for your **primary** place of work. Include overtime and bonuses but exclude sign-on bonuses.

**less than \$25,000**  
 **\$25,001 - \$35,000**  
 **\$35,001 - \$45,000**  
 **\$45,001 - \$55,000**  
 **\$55,001 - \$65,000**  
 **\$65,001 - \$75,000**  
 **\$75,001 - \$85,000**  
 **\$85,001 - \$95,000**  
 **\$95,001 - \$105,000**  
 **\$105,001 - \$115,000**  
 **more than \$115,000**

33. Does your compensation from your primary job include: (Check all that apply)

- Retirement plan
- Dental insurance
- Personal health insurance
- Family health insurance
- None

34. How long have you worked in your primary job?

\_\_\_\_\_ Number of years (please round up to the nearest year)

35. In your primary job do you provide **direct patient care**?

**Direct patient care (DPC)** is defined as, "To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting." Examples include providing treatments, counseling, patient education or administration of medication.  
(Select only one response)

- Yes
- No

36. Which one of the following **best** describes your functional or employment position role at your primary job?

(Select only one response)

- Consultant
- Nurse Researcher
- Nurse Executive
- Nurse Manager
- Nurse Faculty (Teaching, research/scholarship, and service in an academic nursing education program)
- Nurse Educator (Educator in a health or health care practice setting)
- Advanced Practice Nurse
- Staff Nurse
- Case Manager
- Other Health Care Related
- Other Not Health Care Related

37. What percentage of your work time do you estimate you provide nursing services or communicate with a patient or client located somewhere different from where you are located, via phone or electronically?

- Never
- 1 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

38. Please select the mode(s) of communication you use to provide nursing services or communicate with a remote patient or client.  
(Select all that apply)

- Not applicable; I do not provide nursing services or communicate with remote patients or clients
- Electronic messaging (ex: text message, instant message)
- Voice over internet protocol (VoIP) (Skype, FaceTime)
- Virtual ICU (also known as: tele-ICU, remote ICU, eICU)
- Telephone
- Email
- Video Call
- Other

39. Please select only one in the categories below as best describing your primary place of work.  
(The headings are intended as guides only)

**Hospital (Medical/Surgical, AODA/Psychiatric, Long-Term Acute Care)**

- Hospital, emergency/urgent care
- Hospital, 24-hour inpatient unit (other than intensive care or obstetrics)
- Hospital, outpatient/ambulatory care
- Hospital, obstetrics
- Hospital, intensive care
- Hospital, inpatient mental health/substance abuse
- Hospital, long-term acute care
- Hospital, perioperative services (OR, PACU, and others)
- Hospital, other departments
- Hospital, I work in several/all hospital units
- Hospital, education department

**Extended Care (Nursing, Hospice, CBRF, RCAC, and AFH Facilities)**

- Nursing Facility
- Skilled Nursing Facility (nursing care to residents that require some medical attention and continuous skilled nursing observation)
- Hospice facility
- Intermediate Care Facility of the Intellectually Disabled (ICF-ID)
- Assisted Living Facility (CBRF, Community Based Residential Facility)
- Assisted Living Facility (RCAC, Residential Care Apartment Complexes)
- Adult Family Homes (AFH/Group Home)

**Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)**

- Medical practice, clinic, physician office,
- Surgery center, dialysis center
- Urgent care, not hospital-based
- Outpatient mental health/substance abuse
- Correctional facility, prison or jail (federal, state or local)
- Occupational health or employee health service

**Home Health (Private Home)**

- Home health agency
- Home health service
- Hospice

**Public/Community Health**

- Public health (governmental: federal, state, or local)
- Community health centers, agencies and departments
- Parish nurse services
- School health services (K-12, college and universities)

**Educational Institutions**

- Academic Institution (College or University)
- Technical or Community College

**Other (Insurance, call center etc.)**

- Call center/tele-nursing center
- Government agency other than public/community health or corrections
- Non-governmental health policy, planning or professional organization
- Insurance Company Claims/Benefits
- Sales (pharmaceutical, medical devices, software, etc.)
- Self-employed/consultant
- Other

40. Is this a federally owned facility?

- Yes
- No

41. Is this a tribal facility?

- Yes
- No

**SECONDARY PLACE OF WORK**

Please respond to the following questions by referring to your secondary place of work **even if this is unpaid voluntary work.**

42. Do you have a secondary place of work, even if this work is unpaid or voluntary?

- Yes
- No

**If No, please skip this section and go to the ADVANCED PRACTICE NURSING section and start with Question 53.**



43. Which of the following categories best describes your job at your **secondary place of work**?

- Nursing**
- Health related services outside of nursing**
- Retail sales and services**
- Nursing faculty (in a school or college of nursing)**
- Nursing education (professional development or continuing education at your place of work)**
- Financial, accounting, and insurance processing staff**
- Consulting**
- Other**

44. Does this job require licensure as a Registered Nurse?

- Yes**
- No**

45. What is the zip code of your **secondary place of work**? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

- U.S. Zip code** \_\_\_\_\_
- Outside of U.S.**

46. If your secondary place of work is in Wisconsin, what county is your secondary place of work located?

- Does not apply**
- Specify name of Wisconsin county:** \_\_\_\_\_

47. In your **secondary** job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

\_\_\_\_\_ **Number of hours**

48. In your **secondary** job, on average how many days do you work in a **two-week time period**? (Do not include time spent on-call.)

\_\_\_\_\_ **Number of days**

49. In this job, how many weeks did you work (including paid vacations) in calendar year 2019?

\_\_\_\_\_ **Number of weeks**

50. Please estimate your 2019 pre-tax **annual** earning for your **secondary** place of work. Include overtime and bonuses but exclude sign-on bonuses.

- less than \$25,000
- \$25,001 - \$35,000
- \$35,001 - \$45,000
- \$45,001 - \$55,000
- \$55,001 - \$65,000
- \$65,001 - \$75,000
- \$75,001 - \$85,000
- \$85,001 - \$95,000
- \$95,001 - \$105,000
- \$105,001 - \$115,000
- more than \$115,000

51. What percentage of your work time do you estimate you provide nursing services or communicate with a patient or client located somewhere different from where you are located, via phone or electronically?

- Never
- 1 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

52. Please select the mode(s) of communication you use to provide nursing services or communicate with a remote patient or client.

(Select all that apply)

- Not applicable; I do not provide nursing services or communicate with remote patients or clients
- Electronic messaging (ex: text message, instant message)
- Voice over internet protocol (VoIP) (Skype, FaceTime)
- Virtual ICU (also known as: tele-ICU, remote ICU, eICU)
- Telephone
- Email
- Video Call
- Other

## ADVANCED PRACTICE NURSING

In Wisconsin, Advanced Practice Nurses (APNs) are legally defined:

(1) "Advanced practice nurse" means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a **nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical**

**nurse specialist; and,**

(c) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master’s degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located. <sup>1</sup>

<sup>1</sup>Doctor of Nursing Practice is acceptable alternative to the master’s degree (DSPS position statement)

(2) **“Advanced practice nurse prescriber”** means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. [441.16 \(2\)](#), Stats.

For more information refer to the Wisconsin Legislative Documents for Nursing N 8.02 Definitions: [https://docs.legis.wisconsin.gov/code/admin\\_code/n/8/02/1](https://docs.legis.wisconsin.gov/code/admin_code/n/8/02/1)

53. Indicate if you currently have national certification as an APN.  
(Check all that apply)

- Nurse Practitioner (NP)**
- Certified Nurse Midwife (CNM)**
- Certified Registered Nurse Anesthetist (CRNA)**
- Clinical Nurse Specialist (CNS)**
- None of the above**

54. Indicate if you are credentialed as an Advanced Practice Nurse Prescriber (APNP) in Wisconsin:

- Yes**
- No**

**If both answers to 53 and 54 are 'No', please go to the DEMOGRAPHIC INFORMATION section, and start with Question 69.**

55. If you are a **currently certified Nurse Practitioner (NP)**, please indicate your specialty(s):  
(Check all that apply)

- Does not Apply**
- No specialty designation**
- Not currently certified**
- Acute Care NP**
- Adult NP**
- Adult Psychiatric & Mental Health NP**
- College Health NP**
- Diabetes Management NP – Advanced**
- Emergency Nursing NP**
- Family NP**
- Family Planning NP**
- Family Psych & Mental Health NP**

- Gerontological NP
- Neonatal NP
- OB-GYN / Women's Health Care NP
- Pediatric NP
- School NP
- Clinical Nurse Leader (CNL)
- Other Specialty NP

56. If you are a **currently certified Clinical Nurse Specialist (CNS)**, please indicate your specialty(s): (Check all that apply)

- Does not Apply
- No specialty designation
- Not currently certified
- Acute and Critical Care CNS-Adult
- Acute and Critical Care CNS-Pediatric
- Acute and Critical Care CNS-Neonatal
- Adult Health CNS
- Adult Psychiatric & Mental Health CNS
- Child & Adolescent Psych & Mental Health CNS
- Diabetes Management CNS – Advanced
- Home Health CNS
- Gerontological CNS
- Medical-Surgical CNS
- OB-Gyn / Women's Health Care
- Palliative Care - Advanced
- Pediatric CNS
- Community /Public Health CNS
- Other Specialty CNS

57. Are you currently working as an Advanced Practice Nurse (APN)?

- Yes
- No

**If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 69.**

58. Please indicate your population focus as an Advanced Practice Nurse:  
(Select only one response)

- Family/Individual Across Lifespan
- Adult-Gerontology
- Neonatal
- Pediatric
- Women's Health/Gender-related
- Psychiatric-Mental Health

59. Do you provide **outpatient primary care\*** or **outpatient mental health services** at your **principal place of work?** (Where you spend the most time providing primary care or outpatient mental health services)

*\*Primary Care is defined as providing first contact and continuing care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, preventive health services, and appropriate referral(s)*

- Yes**  
 **No** If No, please go to **Question 63.**

60. What type of care do you provide at this location?  
(Check all that apply)

- Family**  
 **Women's health**  
 **Certified Nurse Midwife services**  
 **Pediatric**  
 **Adult**  
 **Geriatric**  
 **Mental health services**  
 **Other**

61. If you provide **primary care on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this practice location? (Do not include on-call time, administrative, teaching or research time):

\_\_\_\_\_ **Number of hours**

62. If you provide **mental health services on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this practice location? (Do not include on-call time, administrative, teaching or research time):

\_\_\_\_\_ **Number of hours**

63. Do you have a secondary place of work at which you provide **primary care or outpatient mental health services?**

- Yes**  
 **No**  
If No, please go to the **DEMOGRAPHIC INFORMATION** section, and start with **Question 69.**

64. What type of care do you provide at this second location?  
(Check all that apply)

- Family**  
 **Women's health**  
 **Certified Nurse Midwife services**  
 **Pediatric**  
 **Adult**

- Geriatric
- Mental health services
- Other

65. If you provide **primary care on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this second practice location? (Do not include on-call time, administrative, teaching or research time)

\_\_\_\_\_ **Number of hours**

66. If you provide **mental health services on an outpatient basis**, what is the *average number of hours per week* you provide **direct patient care** at this second practice location? (Do not include on-call time, administrative, teaching or research time):

\_\_\_\_\_ **Number of hours**

**Please go to the DEMOGRAPHIC INFORMATION section and start with Question 69.**

### **UNEMPLOYED SECTION**

67. Which of the following best describes your current intentions regarding work in nursing?  
(Select only one response)

- Currently seeking employment in nursing
- Plan to return to nursing in the future
- I am retired/unable to return to nursing
- Definitely will not return to nursing, but not retired
- Undecided at this time

68. What factors would influence you to return to nursing?  
(Check all that apply)

- I would not consider returning
- Modified physical requirements of job
- Affordable childcare at or near work
- Improvement in my health status
- Improved health care benefits
- Retirement benefits
- More or flexible hours
- Opportunity for career advancement
- Improved pay
- Shift
- Work environment
- Worksite location
- Other

**DEMOGRAPHIC INFORMATION**

69. What is your year of birth?

\_\_\_\_\_ **Enter a 4-digit year**

70. What is your gender?

- Female**
- Male**
- Other (non-binary)**

71. Are you of Hispanic, Latino or Latinx ethnicity?

- Yes**
- No**

72. Which of the following would you use to describe your **primary** racial identity?  
(Select all that apply)

- White or Caucasian**
- Black or African American**
- American Indian or Alaska Native**
- Asian**
- Native Hawaiian or Other Pacific Islander**
- Other**

73. Please indicate your fluency in the following languages other than English. Check column A if you can communicate in another language, Check column B if you communicate with patients and pose questions about their condition, and check column C if you are certified as a medical interpreter in another language.

- No languages other than English**
- If Yes, check all that apply below:**

	Column A	Column B	Column C
<b>Language</b>	<b>Yes, I can communicate</b>	<b>Yes, I communicate with patients</b>	<b>Yes, I am a Certified Medical Interpreter</b>
Spanish			
Filipino, Tagalog			
German			
French			
Russian			
Hmong			
Hindi			
Polish			
American Sign Language			
Other			

74. Please enter the zip code of your **primary residence**:

**U.S. Zip code** \_\_\_\_\_ (5 digits only)

**\_\_\_ Outside of U.S.**

75. If you reside in Wisconsin, please indicate the county of your **primary residence**:

**\_\_\_ Does not apply**

**Specify name of Wisconsin county:** \_\_\_\_\_

***You have successfully completed the survey.  
Thank you!***



**Wisconsin Department of Safety and Professional Services**

**REGISTERED NURSE WORKFORCE SURVEY**

**ATTESTATION FORM**

(Must Return with Paper Copy of Survey)

Name: \_\_\_\_\_ Credential #: \_\_\_\_\_  
Last First MI

I attest that I have completed the enclosed workforce survey to the best of my ability as required by law. I understand that failure to provide the requested information may result in the delay of my renewal and could lead to enforcement action against my license.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Note:** This form will be retained by the Department of Safety and Professional Services as documentation that the completed survey was submitted for renewal requirement purposes. If this attestation is not completed and returned with the survey, the renewal requirement cannot be met and renewal of the license will be delayed until the attestation and complete survey are returned together.

## Appendix B: 2020 Wisconsin RN Survey At-A-Glance

### TECHNICAL NOTES:

The data reported in this publication reflect the results of a survey mandated under Chapter 106.30 of the Wisconsin Statutes for all registered nurses (RNs) in Wisconsin. The survey was conducted as an element in the biennial license renewal requirement for the year 2020. The mandate was communicated to nurses through numerous venues and organizations, as well as to employers.

Two forms of the *Wisconsin 2020 RN Workforce Survey* were utilized, an online and paper version. The responses from both formats totaled 90,143. Data summarized in this overview include only responses from the online survey (n=89,932). It does not include responses from the paper survey (n=1,211) or responses of RNs who neither lived nor worked in the state of Wisconsin (n=8,293). **The results summarized in this overview (n=81,918) are based only on data from the online responses after exclusionary criteria were applied to remove any questionable or misleading data. This was done in order to strengthen the validity of the data and to focus on RNs who live and/or work in Wisconsin.**

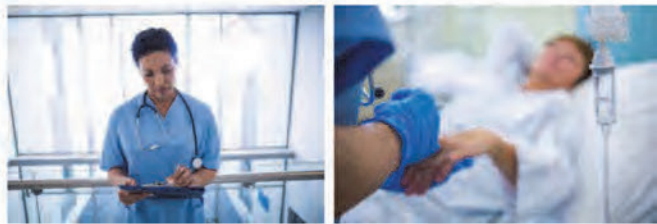
The 2020 survey instrument was constructed and processed by the Wisconsin Department of Workforce Development. Members of the Data Collaborative of the Wisconsin Council on Medical Education and Workforce (WCMEW) and experts from nursing organizations contributed to the survey design and questions. The survey was administered by the Wisconsin Department of Safety and Professional Services.

The survey encompasses multiple characteristics of the RN workforce and contains data elements of the National Nursing Workforce Minimum Dataset: Supply, as developed by The National Forum of State Nursing Workforce Centers, [www.nursingworkforcecenters.org](http://www.nursingworkforcecenters.org).

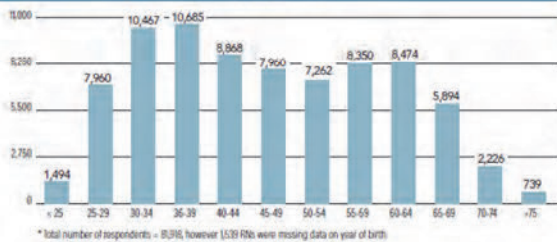
Detailed analysis of the *Wisconsin 2020 RN Workforce Survey* was carried out by nurse researchers from the University of Wisconsin-Madison, School of Nursing: Principal Investigator Susan Zahner, DrPH, MPH, RN, FAAN; PhD Candidate and Project Assistant Jennifer Kowalkowski, MS, MPH, RN; Statistician Jeffrey B. Hennique, PhD; PhD Students Kristin Brunzell Mears, BSN, RN; Jessica LeClair, MPH, RN; and Hyeonmi Cho, MSN, RN. For complete reports and more information on the nursing workforce and nursing education in Wisconsin go to [www.wicenterfornursing.org](http://www.wicenterfornursing.org).

On behalf of the Wisconsin Center for Nursing and the many partners involved with the design, implementation, and analysis of the *Wisconsin 2020 RN Workforce Survey*, we wish to thank all who assisted with the survey and the nurses of Wisconsin for completing the survey. The cooperation and dedication of all involved will aid policy makers and others in assuring a sufficient, competent, and diverse nursing workforce for the people of Wisconsin.

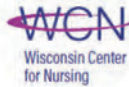
To receive additional copies of this publication, send your request to [info@wicenterfornursing.org](mailto:info@wicenterfornursing.org).



2020 Wisconsin registered nurses by age\* (n=81,379)



\* total number of respondents = 81,918; however 539 RNs were missing data on year of birth



Data Source: Labor Market Information, Wisconsin Department of Workforce Development, 2020.



## At a Glance Information

	Total valid online survey respondents	% of applicable respondents
<b>Total survey response</b> n=94,615*	<b>81,918</b>	<b>100</b>
<b>Gender</b> (n=80,677)**		
Female	74,174	91.9
Male	6,348	7.9
Nonbinary	155	0.2
<b>Age distribution</b> (n=80,379)**		
Less than 25	1,494	1.9
25-34	18,427	22.9
35-44	19,553	24.3
45-54	15,222	18.9
55-64	16,824	20.9
65 and older	8,859	11.0
<b>Race/Ethnicity</b> (n=81,414)**		
White	76,068	93.4
Black/African American	1,763	2.2
Hispanic	1,771	2.2
Asian	1,832	2.3
Other	1,751	2.2
<b>Highest degree held in nursing</b> (n=81,461)		
Diploma in Nursing	3,295	4.0
Associate degree in Nursing	26,648	32.7
Bachelor degree in Nursing	40,475	49.7
Master degree in Nursing	9,603	11.8
Doctorate of Nursing Practice	1,038	1.3
Doctorate of Nursing Science/Nursing Doctorate	40	0.0
PhD in Nursing	290	0.4
<b>Most recent nursing degree earned in Wisconsin</b>		
<b>58,718 / 71.7%</b>	(n=81,918)	
<b>Holds at least one current national board certification</b>		
<b>20,042 / 24.5%</b>	(n=81,918)	
<b>Employment status</b> (n=81,918)		
Actively working as a nurse	69,838	85.3
Actively working in health care, not nursing	2,006	2.4
Actively working in another field	1,123	1.4
Unemployed, seeking work in nursing	866	1.1
Unemployed, seeking work in another field	123	0.2
Unemployed, not seeking work	1,856	2.3
Retired	6,106	7.5
<b>Serves in a leadership position</b> (n=81,918)		
Serves on a governance board	1,300	1.6
Serves as a public official	202	0.2
Serves as chair of a major committee	2,218	2.7
Serves in a leadership role in a professional association	4,602	5.6

Data Source: Labor Market Information, Wisconsin Department of Workforce Development, 2020

## Wisconsin Labor Market

	Total valid online survey respondents	% of applicable respondents	
<b>Age 55 &amp; over by work setting</b> (25.9%)	<b>55 &amp; over (%)</b>	<b>Average age - all respondents</b>	
Academic education	840	42.7	51
Ambulatory care	4,470	27.0	45
Home health	1,287	32.9	48
Hospital	7,144	19.5	41
Nursing home/extended care	1,871	36.5	48
Public/community health	700	31.0	47
Other	2,271	42.6	51
<b>Registered nurse workforce</b> (n=81,918)			
Working in healthcare	71,844	87.7	
Working in healthcare in Wisconsin	68,762	83.9	
<b>Primary place of work in current Wisconsin labor market</b> (n=70,132)			
Academic education	1,967	2.8	
Ambulatory care	16,163	23.0	
Home health	3,880	5.5	
Hospital	35,740	51.0	
Nursing home/extended care	5,039	7.2	
Public/community health	2,250	3.2	
Other	5,091	7.3	
<b>Nursing positions at primary place of work in Wisconsin</b> (n=70,132)			
Staff Nurse	43,909	62.6	
Case Manager	4,574	6.5	
Nurse Manager	5,113	7.3	
Advanced Practice Nurse	5,653	8.1	
Nurse Executive	1,058	1.5	
Nursing Faculty	1,194	1.7	
Nursing Educator	1,621	2.3	
Other	7,010	10.0	
<b>Current direct patient care providers in Wisconsin</b>			
<b>58,359 / 83.2%</b>	(n=70,132)		
<b>Plans to leave direct patient care in Wisconsin</b> (n=57,064)**			
Less than 2 years	4,937	8.7	
2-4 years	8,387	14.7	
5-9 years	11,570	20.3	
10 or more years	32,170	56.4	
<b>Advanced Practice Nurse (APN) Workforce</b> (n=81,918)			
Certified to practice as APN	6,508	7.9	
Certified to practice as APN and working in Wisconsin	6,137	7.5	
<b>Certified as APN prescriber in Wisconsin</b>			
<b>5,628 / 91.7%</b>	(n=6,137)		
<b>Advanced Practice Nurses in Wisconsin with master's or higher</b> (n=5,595)			
Nurse Practitioner	4,814	86.0	
Clinical Nurse Specialist	304	5.4	
Certified Nurse Midwife	38	0.7	
Certified Registered Nurse Anesthetist	485	8.7	
Advanced Practice Nurse Prescriber	5,191	92.8	

\* Online responses = 93,915 Paper responses = 700 Duplicate responses = 1173

\*\* Missing or incomplete data

## Appendix C: 2018-2019 Wisconsin Education and Nurse Faculty Survey

### TECHNICAL NOTES:

The 2018-2019 Wisconsin Nursing Education and Nurse Faculty Survey results are the outcome of the seventh survey by Wisconsin Center for Nursing (WCN) to collect and analyze data on the current status of Wisconsin nursing education programs, as well as faculty and students. There is a 3-year gap between completion of the prior survey and the 2018 survey.

Since 2010, WCN has published registered nurse (RN) and licensed practical nurse (LPN) workforce reports. The data for these workforce reports are collected through an online and print survey administered by the Wisconsin Department of Workforce Development to each nurse as part of their biennial state licensing process. The RN and LPN surveys are conducted through Wisconsin State Statute (WSS 106.30).

As part of this legislative mandate and to fulfill the organization's mission to assure an adequate, well-prepared and diverse nurse workforce for the people of Wisconsin, WCN sponsored the 2018-2019 Nursing Education and Nurse Faculty Survey. The survey was revised by the

2018 Administrators of Nursing Education of Wisconsin (ANEW) survey review team and administered to nursing education program administrators. Survey results provide insight into nursing education in Wisconsin, including program types, trends, capacity, factors limiting admission, enrollment, and student demographics. Faculty demographics, positions filled, and number of vacant positions are also included, as well as several other variables.

Prior nurse education and nurse faculty surveys (2011, 2012, 2013, 2014, 2015) were funded under a series of Robert Wood Johnson Foundation grants. The 2018-2019 survey report was supported solely by WCN. The research team from UW Eau Claire included Linda Young, PhD, RN, CNE, CFLE, CNE; Diane Marcyjanik, PhD, RN; Ann Aschenbrenner, PhD, RN, CNE; Mohammad Alasagheir, PhD, RN; Gail Hanson Brenner, MSN, RN; Karen Sohn, MSN, RN; and Jan Adams, MLIS.

### NURSE FACULTY

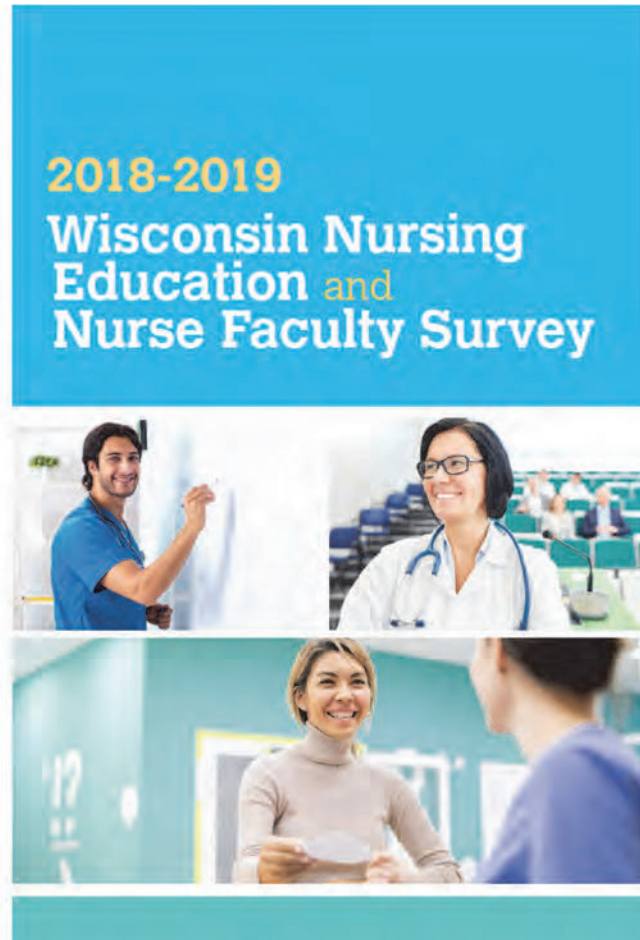
Highest degree earned	n	Mean age (SD)	Age range
Diploma	**	61.5 (11.5)	48 - 76
Associate degree	90	43.0 (13.3)	23 - 71
Bachelor's degree	146	45.3 (12.4)	23 - 73
Master's degree	611	51.6 (10.7)	25 - 80
Doctorate, any field	206	54.6 (11.9)	30 - 81

From: Wisconsin Center for Nursing (2019). 2018 RN Survey Report. [www.wiscenterfornursing.org/data](http://www.wiscenterfornursing.org/data)



#### Information from

Young, L. K., Alasagheir, M., Aschenbrenner, A., Marcyjanik, D., Hanson Brenner, G., Sohn, K., & Adams, J. L. (2020). Wisconsin nursing education and nurse faculty: 2018-2019 survey report. Milwaukee, WI: Wisconsin Center for Nursing, Inc.



# Program Data

37 Wisconsin nursing programs reporting

Program Trends	# of programs		# of students enrolled		# of new graduates	
	2014-15	2017-18	2014-15	2017-18	2014-15	2017-18
LPN	2	4	185	298	58	136
ADN	15	15	3,238	2,968	1,456	1,134
Pre-Licensure BSN	23	22	5,052	5,924	1,621	1,834
Pre-Licensure MSN	3	3	209	325	60	93
RN-BSN	15	15	1,460	1,109	490	476
Clinical Track MSN	8	8	1,178	495	256	249
Non-Clinical Track MSN	8	10	165	159	52	20
DNP	8	9	528	541	123	148
PHD	3	3	142	123	24	26

Program trends for nurse educator programs	2014-15	2017-18
Number of programs	7	4
Students admitted	45	37
Student enrolled	124	89
New graduates	41	20

Filled nurse educators positions	2014-15	2017-18
Full-Time	644	808
Full-Time Adjunct	155	-
Part-Time or Adjunct	610	448
<b>Total</b>	<b>1,409</b>	<b>1,256</b>

% of clinical hours replaced with simulation experiences:	# of programs
0%	14
10%	17
15-25%	5
40%	1

3,061 graduates from pre-licensure programs

BSN graduates have increased.

Nurse educator programs and graduates have decreased.

LPN programs and graduates have increased.

DNP graduates have increased.

Filled faculty positions have decreased.

ADN graduates have decreased.

PHD student enrollment has decreased.

Lack of qualified applicants and low salaries limit the ability to hire faculty.

Greater student diversity was reported in the LPN, ADN, and DNP programs.

Of the 1,057 faculty: 95% were female, 7.2% were categorized as racial/ethnically diverse.

The mean age of faculty was 50.6 years with a range from 23 to 81 years.

	Total valid online survey respondents	% of applicable respondents
<b>Gender of nurse faculty working in education</b> (n=900)		
Female	857	95.2%
Male	43	4.8%
<b>Age distribution of nurse faculty working in education</b> (n=900)		
25-34	65	7.2%
35-44	178	19.8%
45-54	234	26.0%
55-64	317	35.2%
65 and older	106	11.8%
<b>Race/Ethnicity</b> (n=900)		
White	849	94.3%
Black/African American	29	3.2%
Hispanic	16	1.8%
Asian	10	1.1%
Other	12	1.3%
<b>Highest degree held</b> (n=900)		
Diploma in nursing	--	--
Associate degree in nursing	26	2.9%
Bachelor degree	98	10.9%
Master degree	571	63.4%
Doctorate	203	22.6%
<b>Highest degree held in nursing</b> (n=900)		
Diploma in nursing	--	--
Associate degree in nursing	30	3.3%
Bachelor degree in nursing	101	11.2%
Master degree in nursing	595	66.1%
Doctorate of nursing practice	84	9.3%
Doctorate of nursing science/nursing doctorate	6	0.7%
PhD in nursing	78	8.7%
<b>Anticipated faculty retirements within the next five years</b>		
Full-Time	168	
Part-Time Adjunct	62	
<b>Total</b>	<b>230</b>	
<b>How long do you plan to work in your present type of employment?</b> (n=900)		
Less than 2 years	106	11.8%
2-4 years	185	20.6%
5-9 years	221	24.6%
10 or more years	385	42.8%

32.4% of faculty working in education intend to stay in their current type of employment for less than five years and 57% reported the intent to stay for less than ten years.

Faculty with doctoral degrees increased from 2016 to 2018: Overall: 171 to 206, DNP: 57 to 85, PhD: 81 to 80.

## Appendix D: State of Employment of RNs Licensed in Wisconsin in 2020

Overview of the states in which RNs who are licensed in the State of Wisconsin are practicing. These numbers include all licensed RNs, regardless of their state of residence ( $n = 79,113$ ).

State	<i>n</i>	%
Alabama	22	0.0
Alaska	37	0.0
Arizona	132	0.2
Arkansas	*	*
California	373	0.5
Colorado	89	0.1
Connecticut	60	0.1
Delaware	*	*
District of Columbia	19	0.0
Florida	215	0.3
Georgia	78	0.1
Hawaii	35	0.0
Idaho	14	0.0
Illinois	1,986	2.5
Indiana	151	0.2
Iowa	259	0.3
Kansas	27	0.0
Kentucky	32	0.0
Louisiana	20	0.0
Maine	8	0.0
Maryland	45	0.1
Massachusetts	47	0.1
Michigan	409	0.5
Minnesota	3,519	4.4
Mississippi	6	0.0
Missouri	100	0.1
Montana	19	0.0

\*Too few to report

State	<i>n</i>	%
Nebraska	38	0.0
Nevada	55	0.1
New Hampshire	10	0.0
New Jersey	31	0.0
New Mexico	17	0.0
New York	358	0.5
North Carolina	51	0.1
North Dakota	12	0.0
Ohio	346	0.4
Oklahoma	19	0.0
Oregon	48	0.1
Pennsylvania	166	0.2
Rhode Island	4	0.0
South Carolina	23	0.0
South Dakota	30	0.0
Tennessee	71	0.1
Texas	123	0.2
Utah	13	0.0
Vermont	*	*
Virginia	60	0.1
Washington	136	0.2
West Virginia	9	0.0
Wisconsin	69,742	88.2
Wyoming	11	0.0
Military Base	14	0.0
Puerto Rico	11	0.0
Guam	*	*

### Appendix E: Place of Work and Role by State of Employment in 2020

Primary Place of Work	Works Outside of Wisconsin ( <i>n</i> = 2,736)		Works in Wisconsin ( <i>n</i> = 70,589)	
	<i>n</i>	%	<i>n</i>	%
Nursing	2,248	82.2	60,230	85.3
Health related services outside of nursing	97	3.5	2,077	2.9
Retail sales and services	*	*	168	0.2
Nurse faculty	29	1.1	1,216	1.7
Nurse educator	43	1.6	1,323	1.9
Financial, accounting and insurance processing	30	1.1	619	0.9
Consulting	63	2.3	716	1.0
Other	221	8.1	4,240	6.0
Position or Functional Role	<i>n</i>	%	<i>n</i>	%
Staff nurse	1,631	59.6	44,177	62.6
Case manager/Care coordinator	188	6.9	4,602	6.5
Nurse manager	175	6.4	5,136	7.3
Advanced Practice Nurse	204	7.5	5,705	8.1
Consultant/Contractor	69	2.5	947	1.3
Nurse executive	54	2.0	1,065	1.5
Nurse faculty	29	1.1	1,205	1.7
Nurse educator	59	2.2	1,637	2.3
Nurse researcher	25	0.9	277	0.4
Other health care related	239	8.7	4,723	6.7
Other not health care related	63	2.3	1,115	1.6

**Appendix F: RNs Working in Telehealth or Call Centers in 2020**

<b>State of Employment</b>	<b>Works Outside of Wisconsin</b> <i>(n = 947)</i>		<b>Works in Wisconsin</b> <i>(n = 502)</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Resides in Wisconsin	30	3.2	471	93.8
Does not reside in Wisconsin	917	96.8	31	6.2



## Appendix G: Certification Data for the Wisconsin Nursing Workforce in 2020

<b>Certification (N = 81,918)</b>	<b><i>n</i></b>	<b>%</b>
I am not certified	61,876	75.5
Acute care/Critical Care	2,145	2.6
Addiction/AODA	79	0.1
Adult health	1,082	1.3
Ambulatory care nursing	257	0.3
Anesthesia (CRNA)	870	1.1
Cardiac rehabilitation nursing	34	0.0
Cardiac-vascular nursing	429	0.5
Case management nursing	587	0.7
College health nursing	23	0.0
Community health	87	0.1
Diabetes management - Advanced	199	0.2
Domestic violence/Abuse response	27	0.0
Emergency nursing (CEN®, CFRN®)	900	1.1
Family health	2,063	2.5
Family planning	50	0.1
Gastroenterology (CGRN)	98	0.1
General nursing practice	538	0.7
Gerontological nursing	669	0.8
High-risk perinatal nursing	282	0.3
Home health nursing	149	0.2
Hospice and palliative nursing (CHPN®, ACHPN®)	390	0.5
Informatics nursing	60	0.1
Infusion nursing (CRNI)	59	0.1
Legal nurse consultant (LNCC®)	37	0.0
Medical-surgical nursing	873	1.1
Medical-surgical nursing (CMSRN®)	462	0.6
Neonatal	386	0.5
Nephrology (CNN, CDN)	64	0.1
Neurology (CNRN)	102	0.1
Nurse educator (CNE)	216	0.3
Nurse executive (CENP)	127	0.2
Nurse executive - Advanced	124	0.2

Nurse manager and leader (CNML)	92	0.1
Nursing case management	389	0.5
Nursing professional development	125	0.2
OB/GYN/Women's health care	743	0.9
Occupational health (COHN)	136	0.2
Orthopedic nursing (ONC®)	176	0.2
Oncology nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)	1,024	1.3
Parish nurse	49	0.1
Perianesthesia (CPAN®, CAPA®)	204	0.2
Peri-operative (CNOR®)	580	0.7
Pain management	118	0.1
Pediatric nursing	744	0.9
Perinatal nursing	149	0.2
Public/Community health	84	0.1
Public Health Nursing-Advanced (APHN)	7	0.0
Psychiatric & mental health nursing	268	0.3
Psychiatric & mental health nursing-Advanced (APMHN)	186	0.2
Radiology/Invasive procedures lab	38	0.0
Rehabilitation (CRRN®)	107	0.2
Respiratory/Pulmonary care	78	0.1
School nursing	47	0.1
School nursing (NCSN®)	45	0.1
Transplant	120	0.1
Wound/Ostomy nursing (CWOCN, CWCN, COCN, CCCN, CWON)	606	0.7
Other, not listed	4,027	4.9

### Appendix H: Plans for Further Education by Race or Ethnicity

	Hispanic, Latino, Latinx		White or Caucasian		Black or African American		American Indian or Alaskan Native	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Valid responses	1,771		76,068		1,763		471	
No plans	837	47.3	54,358	71.7	669	37.9	249	52.9
Enrolled in BSN	119	6.7	3,075	4.0	162	9.2	28	5.9
Enrolled in MSN	111	6.3	2,293	3.0	146	8.3	15	3.2
Enrolled in Master's program in related field	7	0.4	293	0.4	21	1.2	*	*
Enrolled in DNP	28	1.6	871	1.1	51	2.9	*	*
Enrolled in PhD in nursing	*	*	93	0.1	*	*	*	*
Enrolled in non-degree certificate program	17	1.0	741	1.0	23	1.3	*	*
Plan to pursue further education with next 2 years	647	36.5	14,344	18.9	688	39.0	160	34.0

	Asian		Native Hawaiian or Other Pacific Islander		Other Race Not Listed	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Valid responses	1,832		134		1,146	
No plans	921	50.3	68	50.7	581	50.7
Enrolled in BSN	101	5.5	6	4.5	69	6.0
Enrolled in MSN	94	5.1	6	4.5	57	5.0
Enrolled in Master's program in related field	7	0.4	*	*	*	*
Enrolled in DNP	56	3.1	*	*	19	1.7
Enrolled in PhD in nursing	*	*	*	*	*	*
Enrolled in non-degree certificate program	10	0.5	*	*	14	1.2
Plan to pursue further education with next 2 years	640	34.9	45	33.6	397	34.6

## Appendix I: DHS Regions of the State



<u>Southern</u>	<u>Southeastern</u>	<u>Northeastern</u>	<u>Western</u>	<u>Northern</u>
Adams	Jefferson	Brown	Barron	Ashland
Columbia	Kenosha	Calumet Door	Buffalo	Bayfield
Crawford	Milwaukee	Fond du Lac	Burnett	Florence
Dane	Ozauxee Racine	Green Lake	Chippewa	Forest Iron
Dodge	Walworth	Kewaunee	Clark	Langlade
Grant	Washington	Manitowoc	Douglas	Lincoln
Green	Waukesha	Marinette	Dunn	Marathon
Iowa		Marquette	Eau Claire	Oneida
Juneau		Menominee	Jackson La	Portage
Lafayette		Oconto	Crosse	Price
Richland		Outagamie	Monroe	Sawyer
Rock Sauk		Shawano	Pepin	Taylor
Vernon		Sheboygan	Pierce Polk	Vilas
		Waupaca	Rusk	Wood
		Waushara	St. Croix	
		Winnebago	Trempealeau	
			Washburn	

### Appendix J: Wisconsin RNs by County in 2020

	Number of RNs working in county	Number of RNs per 1,000 population in county	Mean age of RNs working in each county
Adams	61	3.0	50.9
Ashland	239	14.9	48.8
Barron	472	10.2	47.3
Bayfield	46	3.0	52.4
Brown	3,771	14.5	43.3
Buffalo	24	1.8	47.8
Burnett	90	5.8	47.3
Calumet	174	3.3	44.8
Chippewa	442	6.9	46.5
Clark	139	4.0	47.3
Columbia	386	6.8	44.7
Crawford	88	5.3	45.5
Dane	8,318	15.9	43.5
Dodge	651	7.2	46.3
Door	227	8.0	48.3
Douglas	294	6.6	49.7
Dunn	228	5.1	46.8
Eau Claire	2,108	20.6	43.5
Florence	16	3.6	53.4
Fond du Lac	1,021	9.8	44.9
Forest	53	5.7	48.3
Grant	355	6.7	45.9
Green	329	8.9	46.2
Green Lake	153	8.0	46.0
Iowa	193	8.1	47.2
Iron	34	5.7	43.4
Jackson	151	7.3	46.2
Jefferson	385	4.6	47.7
Juneau	172	6.4	48.5
Kenosha	1,368	8.1	45.1
Kewaunee	53	2.6	45.5

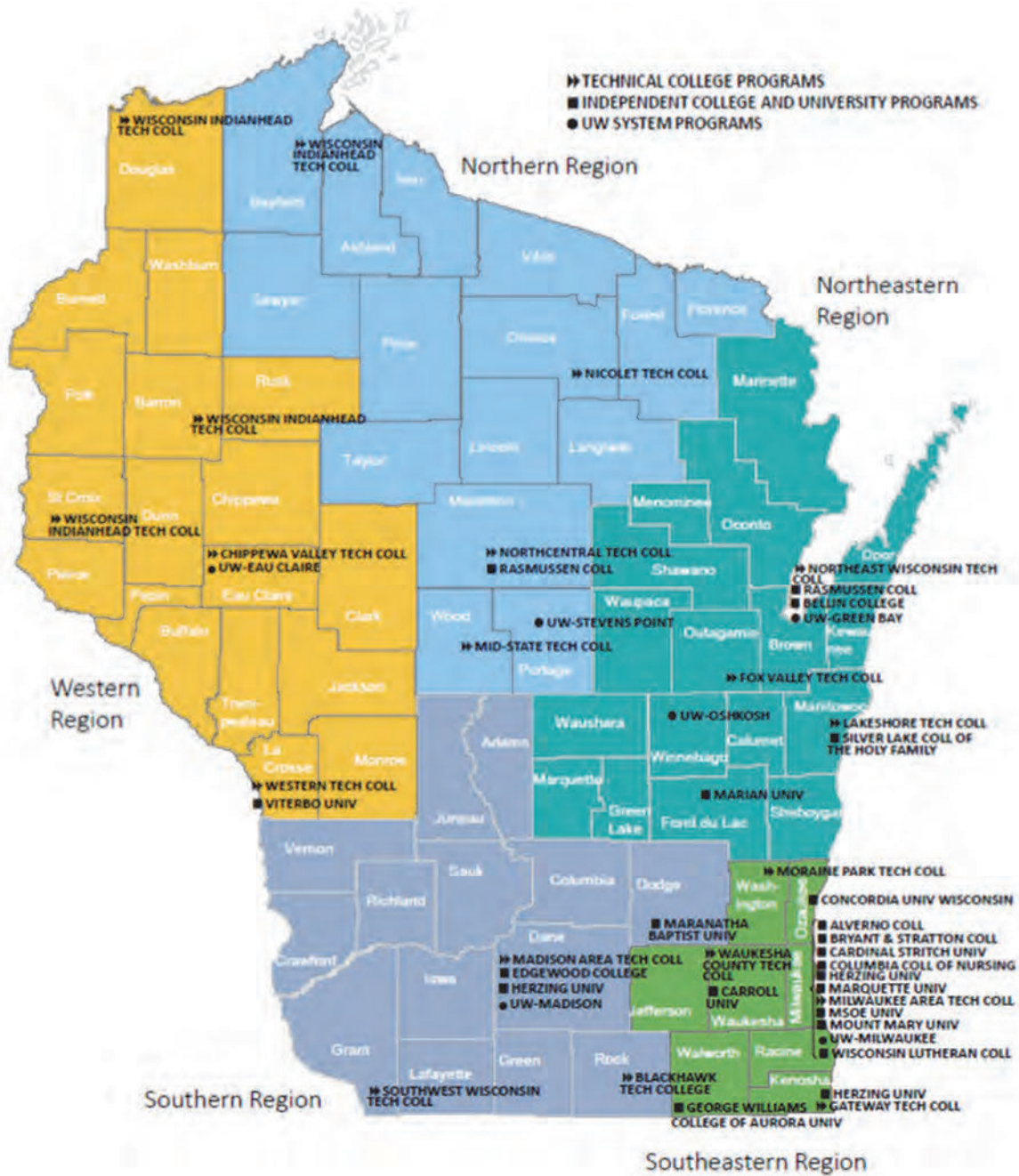
La Crosse	2,511	21.2	44.4
Lafayette	49	2.9	41.9
Langlade	165	8.2	47.1
Lincoln	180	6.2	48.3
Manitowoc	646	8.0	46.9
Marathon	1,936	14.3	44.2
Marinette	404	9.8	45.7
Marquette	21	1.4	50.0
Menominee	35	8.2	48.5
Milwaukee	14,322	15.1	44.0
Monroe	460	10.0	46.2
Oconto	146	3.8	47.5
Oneida	547	15.1	49.0
Outagamie	2,146	11.7	43.7
Ozaukee	1,052	11.9	44.3
Pepin	42	5.7	50.1
Pierce	106	2.6	49.5
Polk	373	8.4	46.3
Portage	475	6.7	45.1
Price	119	8.5	47.5
Racine	1,557	8.0	46.6
Richland	120	6.7	48.5
Rock	1,503	9.4	46.2
Rusk	93	6.3	49.4
St. Croix	633	7.2	46.1
Sauk	629	10.1	46.6
Sawyer	132	7.9	50.1
Shawano	229	5.5	47.9
Sheboygan	900	7.8	45.5
Taylor	147	7.1	45.8
Trempealeau	177	6.0	43.6
Vernon	228	7.6	46.2
Vilas	111	5.1	50.0
Walworth	610	5.9	47.5
Washburn	114	7.2	50.7
Washington	867	6.4	45.4

Waukesha	4,014	10.1	46.8
Waupaca	372	7.1	47.3
Waushara	89	3.7	49.3
Winnebago	1,920	11.4	44.1
Wood	1,459	19.6	45.2
State of WI	63,680	11.0	44.9

*Note.* Wisconsin county population information can be found at U.S. Census Bureau. (2017). *Annual estimates of the resident population: April 1, 2017 to July 1, 2017.*

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

## Appendix K: Schools of Nursing by Wisconsin DHS Regions of the State





### Appendix L: Annual Pre-Tax Earnings by Functional Role or Primary Job

	Consultant ( <i>n</i> = 1,016)		Nurse Researcher ( <i>n</i> = 302)		Nurse Executive ( <i>n</i> = 1,119)		Nurse Manager ( <i>n</i> = 5,311)		Nurse Faculty ( <i>n</i> = 1,234)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<\$25,000	164	16.1	19	6.3	6	0.5	77	1.4	131	10.6
\$25,001 - \$35,000	44	4.3	8	2.6	*	*	56	1.1	51	4.1
\$35,001 - \$45,000	41	4.0	13	4.3	*	*	118	2.2	38	3.1
\$45,001 - \$55,000	66	6.5	27	8.9	7	0.6	237	4.5	86	7.0
\$55,001 - \$65,000	103	10.1	46	15.2	17	1.5	593	11.2	191	15.5
\$65,001 - \$75,000	130	12.8	60	19.9	51	4.6	853	16.1	208	16.9
\$75,001 - \$85,000	120	11.8	37	12.3	101	9.0	972	18.3	212	17.2
\$85,001 - \$95,000	92	9.1	41	13.6	120	10.7	827	15.6	126	10.2
\$95,001 - \$105,000	85	8.4	14	4.6	151	13.5	710	13.4	90	7.3
\$105,001 - \$115,000	50	4.9	17	5.6	124	11.1	445	8.4	47	3.8
>\$115,000	121	11.9	20	6.6	535	47.8	423	8.0	54	4.4
	Nurse Educator ( <i>n</i> = 1,696)		APN ( <i>n</i> = 5,909)		Staff Nurse ( <i>n</i> = 45,808)		Case Manager ( <i>n</i> = 4,790)			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
<\$25,000	134	7.9	126	2.1	2,544	5.6	126	2.6		
\$25,001 - \$35,000	65	3.8	58	1.0	2,441	5.3	123	2.6		
\$35,001 - \$45,000	94	5.5	96	1.6	4,323	9.4	200	4.2		
\$45,001 - \$55,000	126	7.4	134	2.3	7,975	17.4	478	10.0		
\$55,001 - \$65,000	245	14.4	203	3.4	10,673	23.3	964	20.1		
\$65,001 - \$75,000	266	15.7	225	3.8	8,056	17.6	1,261	26.3		
\$75,001 - \$85,000	296	17.5	339	5.7	5,059	11.0	910	19.0		
\$85,001 - \$95,000	198	11.7	512	8.7	2,529	5.5	421	8.8		
\$95,001 - \$105,000	157	9.3	1,097	18.6	1,344	2.9	205	4.3		
\$105,001 - \$115,000	68	4.0	1,009	17.1	502	1.1	61	1.3		
>\$115,000	47	2.8	2,110	35.7	362	0.8	41	0.9		
	Other Health Care Related ( <i>n</i> = 4,962)				Other Not Health Care Related ( <i>n</i> = 1,178)					
	<i>n</i>		%		<i>n</i>		%			
<\$25,000	660		13.3		528		44.8			
\$25,001 - \$35,000	207		4.2		99		8.4			
\$35,001 - \$45,000	245		4.9		91		7.7			
\$45,001 - \$55,000	373		7.5		85		7.2			

\$55,001 – \$65,000	577	11.6	71	6.0
\$65,001 – \$75,000	751	15.1	69	5.9
\$75,001 – \$85,000	758	15.3	55	4.7
\$85,001 – \$95,000	499	10.1	40	3.4
\$95,001 – \$105,000	350	7.1	34	2.9
\$105,001 – \$115,000	177	3.6	19	1.6
>\$115,000	365	7.4	87	7.4

*Note.* Table L includes responses to survey questions 27, 28, 32, 36.

\*Too few to report.

### Appendix M: Income by Age Category and Racial and Ethnic Diversity

BIPOC and/or Hispanic, Latino, or Latinx	<25 n = 143		25-34 n = 1,803		35-44 n = 1,851		45-54 n = 1,335		55-64 n = 696		65-74 n = 149		75+ n = 9	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<\$25,000	32	22.4	122	6.8	96	5.2	48	3.6	50	7.2	35	23.5	*	*
\$25,001 – \$35,000	17	11.9	126	7.0	70	3.8	44	3.3	21	3.0	9	6.0	0	0.0
\$35,001 – \$45,000	13	9.1	165	9.2	110	5.9	69	5.2	33	4.7	12	8.1	0	0.0
\$45,001 – \$55,000	32	22.4	335	18.6	218	11.8	118	8.8	49	7.0	12	8.1	0	0.0
\$55,001 – \$65,000	35	24.5	458	25.4	348	18.8	168	12.6	86	12.4	10	6.7	*	*
\$65,001 – \$75,000	11	7.7	311	17.2	358	19.3	224	16.8	109	15.7	18	12.1	*	*
\$75,001 – \$85,000	*	*	144	8.0	245	13.2	229	17.2	113	16.2	17	11.4	*	*
\$85,001 – \$95,000	*	*	52	2.9	130	7.0	154	11.5	71	10.2	13	8.7	0	0.0
\$95,001 – \$105,000	0	0.0	41	2.3	113	6.1	114	8.5	67	9.6	9	6.0	0	0.0
\$105,001 – \$115,000	0	0.0	22	1.2	67	3.6	68	5.1	36	5.2	*	*	0	0.0
>\$115,000	0	0.0	27	1.5	96	5.2	99	7.4	61	8.8	13	8.7	0	0.0

White and not Hispanic, Latino, or Latinx	<25 n = 1,339		25-34 n = 16,287		35-44 n = 17,110		45-54 n = 13,368		55-64 n = 14,045		65-74 n = 3,498		75+ n = 186	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<\$25,000	210	15.7	713	4.4	726	4.2	536	4.0	825	5.9	867	24.8	120	64.5
\$25,001 – \$35,000	221	16.5	757	4.6	645	3.8	386	2.9	515	3.7	249	7.1	16	8.6
\$35,001 – \$45,000	160	11.9	1,505	9.2	1,243	7.3	712	5.3	849	6.0	258	7.4	6	3.2
\$45,001 – \$55,000	337	25.2	3,194	19.6	2,179	12.7	1,309	9.8	1,354	9.6	291	8.3	12	6.5
\$55,001 – \$65,000	311	23.2	4,495	27.6	3,167	18.5	1,980	14.8	2,007	14.3	356	10.2	8	4.3
\$65,001 – \$75,000	81	6.0	2,810	17.3	2,982	17.4	2,285	17.1	2,128	15.2	377	10.8	8	4.3
\$75,001 – \$85,000	14	1.0	1,328	8.2	2,216	13.0	2,019	15.1	1,998	14.2	322	9.2	6	3.2
\$85,001 – \$95,000	*	*	621	3.8	1,297	7.6	1,326	9.9	1,385	9.9	229	6.5	*	*
\$95,001 – \$105,000	*	*	442	2.7	1,035	6.0	1,053	7.9	1,092	7.8	184	5.3	*	*
\$105,001 – \$115,000	0	0.0	195	1.2	635	3.7	665	5.0	660	4.7	119	3.4	*	*
>\$115,000	*	*	227	1.4	985	5.8	1,097	8.2	1,232	8.8	246	7.0	*	*

Note. Table M includes responses to survey questions 27, 28, 32, 69, 71, 72.

\*Too few to report.

