WISCONSIN

2022 RN SURVEY REPORT

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The *Wisconsin 2022 RN Workforce Survey Report* is the result of the dedicated work and support of key individuals and partners who share a commitment to the importance of nursing workforce data.

The Board of Directors for the Wisconsin Center for Nursing (WCN) recognizes the research team at the University of Wisconsin-Madison School of Nursing for data analysis and development of this report: Susan J. Zahner, DrPH, RN, Professor; Barbara Pinekenstein, DNP, RN, Clinical Professor; Kristin Merss, BSN, PhD Student; Jessica LeClair, MPH, RN, PhD Candidate; Nisreen Alnuaimi, PhD Candidate; and Kelly Krainak, DNP, PhD Student. We also extend our thanks to Jeffrey Henriques, PhD, University of Wisconsin-Madison, for the statistical analyses underlying this critical work. Thank you to Molly Gottfried for final formatting and editing of the report.

WCN is grateful to the Wisconsin Department of Workforce Development (DWD), without whose assistance our work would not be possible. This important survey yields detailed information on the status of the registered nurse workforce in Wisconsin and serves as a foundation to address predicted future nursing shortages. The data provide critical information to ensure an adequate, competent, and diverse nurse workforce to serve the people of Wisconsin. We are also grateful to the Wisconsin Department of Safety and Professional Services (DSPS) for making the survey accessible to the nurses in our state and to the nurses of Wisconsin for their cooperation in responding to the survey during the re-licensure process.

Multiple partner organizations provided services to develop and refine the survey. In particular, the assistance of the members of the Data Collaborative of the Wisconsin Council on Medical Education and Workforce (WCMEW) was instrumental in the initial creation of the survey design.

Finally, we would like to acknowledge and express our gratitude to the many schools, health systems, organizations, and policymakers who will utilize this information to advance nursing education and practice and to assure the stability of the nurse workforce in our state. WCN looks forward to continued collaborative relationships for a bright future for nursing in Wisconsin.

In Appreciation,
Erika Colón
President – Wisconsin Center for Nursing, Inc.

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Executive Summary

Introduction

Registered nurses (RNs) make up a large and essential part of the health workforce in Wisconsin. The State of Wisconsin regulates RN practice and requires professional licensure to enter and continue in nursing practice. License renewals are required every two years. Since 2010, RNs seeking to renew their licenses are required by state statute (WSS106.30) to complete a workforce survey at the time of renewal for the purpose of ongoing health professions workforce planning.

Methods

The *2022 Wisconsin Registered Nurse Workforce Survey* was administered by the State of Wisconsin Department of Safety and Professional Services (DSPS) during the open license renewal period coinciding with the month of February 2022. The survey included 82 items, with 97,100 RNs completing the survey by the end of February 2022. Of these, 129 were mailed-in paper surveys and 96,971 were responses to the online survey. Online survey responses were included in the analysis completed by a research team led by Dr. Susan Zahner at the University of Wisconsin-Madison. Data were cleaned using exclusion criteria described in Table 1. Valid responses from 87,100 RNs living and/or working in Wisconsin were used in the final analysis. A more detailed description of methods can be found in Section I.

Limitations

This report under counts all RNs in Wisconsin because only RNs renewing their licenses completed this survey and newly licensed nurses did not. This report excludes RNs who completed the survey in paper form since there were not resources available to complete data entry from the paper surveys into the electronic database. Trend analysis is limited due to changes in some questions over time and due to limited access to prior survey datasets.

Key Findings – Overall RN Workforce

Demographics

- The number of RNs who renewed their licenses in Wisconsin in 2022 (97,100) was an increase of 5,658 (6.2%) over 2020.
- Most RNs identified as women (91.6%), while men made up 8.1% and non-binary gender persons made up 0.3% of all RNs licensed and living or working in Wisconsin.
- Mean age was 46.1 years, median age was 44 years, and the age range was 21 years to 100 years. Nearly half of RNs are between the ages of 25 and 44 (48.3%), with 38.1% between the ages of 45 and 64 years.
- Most RNs identified as White (93.4%), with 2.5% Black, 2.6% Asian, 0.2% Native Hawaii/Other Pacific Islander, 0.7% American Indian/Native Alaskan, 1.7% other race/ethnicity, and 1.0% multiracial. Hispanic/Latino/Latinx ethnicity was identified by 2.6%.
- Grouped, the number of RNs who identified as Black, Indigenous, and People of Color (BIPOC) and/or Hispanic or Latinx was 9.2%, a small increase from 2020 (7.9%).

Education

- Approximately 71% of RNs licensed in Wisconsin were educated in Wisconsin.
- Just over half (50.9%) of RNs hold a bachelor's degree in nursing as their highest nursing degree, with 30.9% having an associate degree as their highest nursing degree. Most (65.9%) RNs in Wisconsin hold a bachelor's or higher degree in nursing.
- 1.7% (1,494) of RNs hold a Doctor of Nursing Practice (DNP) degree and 0.4% (313) hold a PhD in Nursing.
- Approximately 8.9% are currently enrolled in a formal degree or certificate program, and 17.1% reported plans to pursue further education within 2 years.
- The top three barriers to additional education were cost of tuition and fees (52.1%), family or personal reasons (35.8%), and cost of lost work and benefits (29.1%).

Employment

- Overall, 87.9% of respondents reported being employed, 84.0% were employed as a nurse, and 8.2% were retired.
- Approximately half (50.4%) of RNs were employed by hospitals followed by ambulatory care (24.4%) and extended care (7%). Staff RNs and advanced practice nurses (APN) made up 62.9% and 8.8% of the nursing workforce, respectively. Employment in travel nursing was reported by 3.7%.
- 69.5% (60,553) of RNs reported providing direct patient care. Of these, 12% intend to continue providing direct patient care for less than 2 years.
- Consistent with previous surveys, the most frequently reported areas of clinical knowledge were acute, critical, or intensive care (29.8%), medical-surgical care (27.0%), and adult health (18.5%).
- Likely a result of the Covid-19 pandemic, the number of RNs reporting spending 76% to 100% of their time in remote communication with patients increased from 10,904 (14.9%) to 12,174 (16.6%), and RN communication via video calls increased from 1,699 (3.5%) in 2020 to 7,924 (16.5%) in 2022.
- Decreases were observed in RNs reporting that compensation at their primary place of work included employment benefits (retirement plans, personal and family health insurance) in 2022 compared to 2020. RNs who reported having retirement plan benefits decreased from 83.7% in 2020 to 71.5% in 2022, personal health insurance decreased from 64.1% to 52.4%, and family health insurance decreased from 56.8% to 45.7%.

RN Workforce: Implications for Practice, Education, and Policy

While steady progress has been made in educational attainment in Wisconsin, the state still falls short (66%) of the 2030 national benchmark of 80% of RNs prepared at the bachelor's level (Wakefield et al., 2021). Efforts to increase access to bachelor's education for RNs will require addressing barriers to continued education for those with associate degrees, as well as barriers to increasing nursing faculty.

Wisconsin's RN workforce continues to grow in overall size and in gender and racial/ethnic diversity. However, Wisconsin continues to lag the nation in RN workforce gender and racial/ethnic diversity (Buerhaus et al., 2017; National Advisory Council on Nurse Education and Practice [NACNEP], 2013; Smiley et al., 2018). The RN workforce in 2022 is less diverse than Wisconsin's population, which is 86.6% White, 6.8% Black/African American, 3.2% Asian, 1.2% American Indian/Alaska Native, 0.1% Native Hawaiian/other Pacific Islander, 2.2% multi-racial, and 7.5% Hispanic or Latino (U.S. Census Bureau 2022). The expansion of workforce diversity is important for improving culturally competent care (American Association of Colleges of Nursing [AACN],

2022). Continued efforts will be required to improve access to nursing education for diverse populations.

Retaining RNs in the workforce is critical. RNs employed as a nurse (84.0%) dropped slightly compared to 2020 (85.3%), while those who retired (8.2%) increased compared to 2020 (7.5%). Also of concern is the nearly 30% of RNs who intend to continue providing direct patient care for less than 5 years. Increased policy efforts are needed to grow the supply of new RNs, while also supporting retention of the current workforce, including reversing the apparent declines in employer benefits identified in this survey.

Key Findings – State Regions

- The racial/ethnic diversity of RNs varied across regions, with the highest diversity observed in the Southeastern region, which also had the highest proportion of bilingual RNs.
- The proportion of the workforce who are men varies across regions, from 7.3% in the Northeastern region to 9.2% in the Northern region.
- RNs in the state reporting a bachelors or higher degree was 65.9% and ranged from 50.2% in the Northern region to 71.4% in the Southeastern region.
- Most RNs (83.6% in 2022 compared to 84.7% in 2020) report being employed as nurses with regional variation (range from 82.1% in the Northern region to 84.4% in the Western region), while 8.4% (up from 7.8% in 2020) reported being retired (range from 8.1% in Southeastern region to 9.6% in Northern region).
- Overall, 39% (compared to 25.1% in 2020) reported working more hours than the previous year, which varied across regions, from 36.8% in the Southern region to 40.6% in the Northeastern region. The total mean hours worked was 37.4 per week, which varied from 36.4 hours in the Western region to 38.1 hours in the Northern region.
- The proportion of RNs who reported primary employment through temporary or travel agencies was 4.1% overall, substantially higher than in 2020 (1.6%) and varied by region, from 3.1% in the Southern region to 5.2% in the Northern region.
- Statewide, 30.2% of RNs who provide direct patient care intend to continue doing so for less than 5 years, which varied by region, from 28.2% in the Western region to 32.2% in the Southeastern region.
- Across the state, 60.8% of RNs reported having training in emergency preparedness and response, with regional variation, from 58.1% in the Southeastern region to 66.8% in the Western region.

State Regions: Implications for Practice, Education, and Policy

Regional variation is expected due to variation in employment opportunities, location of major healthcare employers, population demographics, access to education programs, and distribution of RNs by age and residence. While not surprising, regional variation can reduce access to nursing services for some communities in the state. Comparison of the 2022 results to 2020 yields evidence for concern across all regions of the state, including greater work demands, increased retirements, increase in unemployed nurses who are undecided about returning to nursing, and higher proportions with intent to work shorter times in direct patient care. Mitigating future RN shortages in the state will require employers, educators, and policymakers to improve working conditions for RNs, improve compensation and benefits, bring unemployed RNs back to the workforce, and make nursing education more accessible in all regions. Compensatory pay, safe staffing ratios, access to resources to provide patient care that is safe for both nurses and patients, improved benefits, and access to mentorship and support for burnout and fatigue prevention should be available across regions.

Key Findings – Advanced Practice Nurses

- The number of advanced practice nurses (APN) increased to 6,655 in 2022 from 5,422 in 2020, a 22.7% increase.
- APN gender and racial/ethnic diversity mirrors that of the overall RN workforce.
- Mean age varies from 45.3 years for nurse practitioners (NP) to 53.2 years for clinical nurse specialists (CNS).
- Most APNs are NPs (81.4%) and advanced practice nurse prescribers (APNP, 91.4%). Other APN categories are certified registered nurse anesthetists (CRNA. 11.9%), CNS (5.0%), and certified nurse midwives (CNM, 3.1%).
- The statewide APN to population ratio is 1.37/1,000, with the Southeastern region having the highest ratio (2.37/1,000) and the Northern region the lowest (0.41/1,000).
- APNs with master's preparation make up nearly 80.0% of the APN workforce, while the number of APNs with a DNP increased from 748 (12.4%) in 2020 to 1,252 (15.7%) in 2022.
- The most common APN certifications are family (55.4%), adult (18.5%), gerontology (8.8%), and acute care (8.1%).
- The number of APNs with certification in family psychiatric/mental health (242, 3.7% of total APNs) more than doubled from that reported in 2020 (118), and the number certified in adult mental health (174, 2.7% of total APNs) increased by 70% compared to 2020 (102).

Advanced Practice Nursing: Implications for Practice, Education, and Policy

The APN workforce in Wisconsin continues to grow. Policy investments in the training of psychiatric/mental health areas have been successful in increasing the numbers of APNs with adult and family psychiatric/mental health certifications in the state; although, the need for mental health providers and services continues. Ongoing efforts to increase the racial/ethnic and gender diversity of the APN workforce are needed given the current lack of alignment with the state's population diversity. Continued support for more inclusive recruitment and financial supports to address cost barriers to additional education is needed. The geographic distribution of APNs overall and by type is uneven, resulting in disparities in access to APN care. Overall, healthcare planners and policymakers should include accessibility to APN services as a key strategy for improving access to healthcare and reducing health disparities in the state. Assuring full scope of practice will increase access to care and improve health equity (Wakefield et al., 2021). Policy and advocacy efforts to remove practice barriers, assure the full scope of practice, and improve reimbursement policies for APNs in the state must continue.

Key Findings – Leadership Roles

Leadership roles were reported by 41.2% of RNs (29,098), a decrease from 49.3% (32,991) in 2020.

- The largest proportion (83.4%) of leadership roles identified were in the RN's work area (charge nurses, team leaders, and unit managers), followed by organizational leadership (9.4%), professional organization leadership (8.3%), major committee leadership (4.0%), governance board member (1.9%), public official (0.4%), and other leadership roles (5.6%).
- The mean age of RN leaders overall was 44.2 years, and for organizational leaders, mean age was 48.2 years. Most (90.8%) RNs in leadership roles identified as women, 9.0% identified as men, and less than 1.0% identified as non-binary. Overall, 10.0% of RNs in leader roles identified as BIPOC and/or Latinx.
- Nurses in leadership roles are more highly educated compared to those who did not report a leadership role; 52.6% of RNs in leadership roles have a bachelor's degree in nursing and 15.3% held an advanced degree in nursing.

- Nearly 59% of RNs did not report a leadership role. The most frequent reason reported was a lack of interest (46.5%), followed by personal priorities (21.3%), work demands (11.9%), and lack of opportunity (10.7%).
- Approximately 33% of organizational level leaders noted their intention to remain in their current position for less than 5 years, revealing an ongoing need for organizations to plan for leadership succession.

Leadership: Implications for Practice, Education, and Policy

The survey showed that RNs engage in leadership roles across settings and functional roles, but the frequency of engagement in leadership roles appears to have declined, as evidenced by an overall decrease in the number of RNs reporting leadership engagement in 2022, compared to 2020 across types of leadership roles. The COVID-19 pandemic may have discouraged or prevented engagement in leadership roles due to altered work assignments, staff shortages, burnout, and other factors associated with the pandemic. Another concerning finding in the 2022 survey is the continued lack of interest in leadership roles expressed by the respondents. It is possible that RNs feel there is not sufficient time to invest in leadership development or they may not see the potential for career advancement at their place of work. Given the ongoing need for RNs to serve in leadership roles, nursing schools and colleges should increase leadership training in undergraduate and graduate nursing programs and invest in specialty education for healthcare leadership. Organizations that employ RNs should address barriers to leadership roles by providing leadership training, providing mentoring for leadership roles, formalizing succession plans, and evaluating innovative strategies to make leadership roles more attractive to RNs. A nursing leadership academy in the state supported by academic institutions and health systems could provide additional opportunities for RNs to prepare for leadership roles and legitimize leadership as a viable and rewarding career path. Additional research is needed to identify barriers and strategies to overcome the reluctance of many RNs to engage in leadership careers.

Key Findings – Nurse Faculty

- 1,201 nurse faculty work in a school or college of nursing, which is 1.7% of all RNs.
- Nurse faculty members predominantly identify as women (94.5%). The proportion who identified as BIPOC and/or Latinx was higher in 2022 (9.8%, 115) compared to 2020 (7.5%, 91). The mean age of nurse faculty members was 50.6 years.
- Most nurse faculty members hold a master's degree (55.5% MSN, 64.2% master's degree in any field), while 11.8% hold a DNP, 11.2% hold a PhD in nursing, and 15.8% hold a doctoral degree in any field.
- 58.1% of nurse faculty are employed by academic institutions (colleges or universities), while 41.9% are employed by technical colleges.
- 34.5% of nurse faculty members noted an intent to stay in their current employment for less than 5 years, and 56.7% reported an intent to stay in their current employment for less than 10 years. For those with a PhD or equivalent, 60.6% intend to work in their current type of employment for less than 10 years.
- Most (71.8%) nurse faculty have no plans for additional education in nursing.
- The number and percentage of nurse faculty holding a DNP increased from 119 (9.8%) in 2020 to 138 (11.8%) in 2022, while nurse faculty with a PhD in nursing decreased slightly from 11.5% in 2020 to 11.2% (131) in 2022.

Nurse Faculty: Implications for Practice, Education, and Policy

Nurse faculty refers to RNs who teach and do research or scholarship in academic institutions (schools and colleges of nursing). Wisconsin has a nurse faculty shortage, which contributes to

challenges in educating new nurses in sufficient numbers to meet the state's needs. Racial/ethnic and gender diversity among nurse faculty members, while increasing slowly, continues to underrepresent the population of Wisconsin and to lag national benchmarks for diversity in nursing faculty. This limited diversity contributes to challenges in the recruitment of students with diverse backgrounds for nursing programs at all levels. Key strategies to increase racial and ethnic diversity among the nurse faculty workforce include increasing the number of programs that support post-doctoral scholars moving into faculty positions, implementing substantial loan forgiveness programs, and building coalitions with diverse nursing associations (Thompson, 2021).

The high proportion of nurse faculty respondents with the intent to stay in their positions for only a few more years is highly concerning. When coupled with the high percentage of RNs overall (74.0%) and of nurse faculty (72.0%) with no plans to continue their education, these findings highlight the critical need in the near term for aggressive strategies to educate, recruit, and retain nurse faculty members. Schools and colleges of nursing, in partnership with healthcare organizations, policymakers at the state and national level, and accreditation and professional organizations, should invest in media campaigns to encourage faculty as a career choice, continue scholarships and loan forgiveness programs to support graduate education in nursing (PhD or DNP) for RNs who take faculty positions with Wisconsin schools and colleges, and improve faculty salaries to address this increasingly urgent challenge. A planful, long-term approach is needed to ensure that Wisconsin has sufficient and well-qualified nurse faculty members to support our increasing need for qualified RNs.

Key Findings – Income

- Overall median income from primary positions for RNs working full-time was $80,000. Median income was $80,000 in the Southern and Southeastern regions and $70,000 in all other regions. This appears to be an increase from 2020 when median income was $70,000 in every region.
- RNs aged 65-74 reported the highest median income ($90,000). RNs under 25 years reported the lowest median income ($50,000).
- A gender gap in income exists, with RNs identifying as men reporting higher overall median income ($80,000), compared to women ($70,000) and non-binary gender ($70,000). However, in urban areas, there was no difference in median income reported by men and women ($80,000), though non-binary gender was associated with lower income ($70,000) in urban and rural areas. The gender differences are particularly apparent among RNs with incomes greater than $95,000, which comprised 35.6% of men, 23.9% of women, and 18.6% of non-binary gender.
- A disparity in median income was observed by race/ethnicity, with lower median income reported by BIPOC/Latinx RNs ($70,000), compared to White/Not-Latinx RNs ($80,000).
- RNs in rural areas reported lower median income ($70,000) than those in urban areas ($80,000).
- Median income increases with more education; RNs with associate degrees in nursing (ADN) and bachelor's in nursing (BSN) reported median incomes of $70,000, compared to $100,000 for RNs with master's degrees and $110,000 for RNs with doctoral degrees.
- APNs ($110,000) and nurse executives ($130,000) reported higher median incomes, compared to nurse faculty ($80,000) and staff nurses ($70,000).

Income: Implications for Practice, Education, and Policy

The apparent increase in RN income overall in 2022 compared to 2020 is a positive trend that must continue if Wisconsin hopes to compete successfully with other states to recruit and retain RNs. Higher median income may be associated with residence in more urban regions of the state,

potentially driven by competition for RNs and the higher cost of living in those areas. Policymakers and employers should consider strategies to ensure that RNs choosing to work in rural areas are not disadvantaged with respect to income to assure continued access to health care services across the state.

Income disparities associated with RN gender continue; although, the 2022 survey provided some evidence that, at least in urban areas, this gap may be disappearing. Gender-based income discrepancies may be related to the accessibility of childcare, variation in employment and promotional opportunities, differences in hours worked, choices of types of roles sought differentially by gender, or a combination of these and other variables. Further research could shed light on state-specific factors driving income variation based on gender. Continued evidence of income disparities based on race/ethnicity from the 2022 survey is concerning. Further exploration of factors driving this disparity is needed.

Not surprisingly, higher median income is associated with leadership roles, advanced education, and advanced clinical expertise. Nurses who seek to increase their incomes should consider increasing their educational attainment and seeking leadership roles. Nurse faculty income also rises with more education, but remains substantially lower than nurse educators, APN, and nurse executives. Given societal needs for RNs, policymakers, academic institutions, and healthcare partners must support competitive salaries for nurse faculty members to address the bottleneck in nursing education resulting from faculty shortages. The 2022 survey requested pre-tax income to be reported in $10,000 increments, thus limiting the analysis to median income by category. While the survey yielded income data consistent with state and federal sources, greater precision in measurement, such as by requesting respondents enter their annual pre-tax income, would yield more accurate data and allow for more robust analytic methods.

Key Findings – COVID-19 Pandemic Impact

- Overall, 67.2% of RNs reported providing direct patient care to people with COVID-19.
- Nearly half (47.8%) of all RNs rated their health as worse or much worse in 2022 compared to before the pandemic.
- The proportion of nurses who reported their health was worse or much worse than before the pandemic was higher for RNs under 25 (64.2%) and in the 25 to 34 group (61.8%) compared with RNs in older age groups.
- Higher proportions of women (48.2%) reported worse or much worse health compared to men (43.6%) or non-binary/other gender (44.9%).
- Higher proportions of RNs identifying as Native American/American Indian (51.8%) or as Hispanic/Latinx (51.2%) reported worse or much worse health compared to White (48.3%), Asians (41.2%), and African American/Black (37.6%) RNs.
- Overall health ratings varied by primary place of work, with higher proportions of nurses employed in hospitals (55.8%), public/community health (51.5%), and ambulatory care settings (50.1%) reporting worse or much worse overall health compared to other employment settings.

Pandemic Impact: Implications for Practice, Education, and Policy

The administration of the *2020 Wisconsin RN Survey* coincided with the beginning of the COVID-19 pandemic in the United States. The *2022 Wisconsin RN Survey* results offer a unique opportunity to understand the impact of the pandemic on the health of Wisconsin's RNs over these 2 critical years. The 2022 survey included five questions about RNs' experiences during the pandemic and asked for their rating of their overall personal (physical or mental) health compared to before the pandemic.

Nurses deserve healthy work environments, during and between pandemics, and the public needs and deserves healthy nurses. The impact of the COVID-19 pandemic on the overall personal (physical or mental) health Wisconsin RNs was dramatic and deeply concerning. Administrators, educators, and policymakers must implement programs to support the mental and physical health of RNs who continue to provide care to COVID-19 patients and who are recovering from the trauma associated with the pandemic. The lessons of this pandemic must also be used to strengthen preparedness planning and training to assure that an adequate and well-prepared RN workforce is available and ready to care for the public during the next pandemic. The pandemic's effect on RN health may accelerate nurses leaving employment, particularly among those providing direct patient care, worsening the nursing shortage that existed prior to the pandemic. Investments in nursing education are needed to build the size of the RN workforce overall and for specialty areas, such as public health, school health, and critical care. Policymakers and employers should build in more organizational supports to lower stress, anxiety, and depression among nurses, such as altering work schedules to allow for more rest and recovery and providing more access to mental health and wellness resources. Investments in policies and programs by employers that increase job satisfaction and retention of RNs in the workforce are needed to counteract the stresses and losses associated with the pandemic.

Recommendations for Future Surveys and Nurse Workforce Data

The *Wisconsin RN Workforce Survey* has been administered biennially for more than a decade (2010-2022). Data drawn from these surveys are routinely used across the state for workforce planning, grant-writing, and educational program planning. Over time, data generated from these surveys are increasingly robust and valuable for research purposes. Making the survey datasets more readily available, such as through a web-based portal, and providing research funding could result in more in-depth and nuanced multivariate analyses that could yield valuable insights and more useful information for healthcare and education planning. Further support for flexible data visualization through an online dashboard would also enhance the usability and accessibility of this important workforce data for RNs across the state and the nation.

The survey instrument and administration processes have improved over time. A few additional changes to the survey instrument could enhance future data collection. For example, large numbers of respondents reported *other* and *none of the above* for areas of specialized knowledge (Section II, Table 9) and for certifications (Section II, Table 10). Future surveys could include a text box to gather more information on specialty knowledge and certifications not listed in the current survey and be used in subsequent surveys to expand or refine the response options. As noted above and in Section VII, the 2020 and 2022 survey question on income asked RNs to estimate their pre-tax annual earnings to be reported in $10,000 increments. Collecting data in categories limits analysis to median income (earnings) by category. Greater precision in measurement, such as by requesting respondents enter their estimated annual pre-tax earnings as a numerical value rather than checking a category, would yield more accurate data, allow for more robust analytic methods, and allow for more direct comparisons with sources of national data on RN income, such as that from the *National Sample Survey of Registered Nurses* conducted by the U.S. Department of Health and Human Services (2018).

Section I. Introduction

Registered nurses (RNs) make up a large and essential part of the health workforce in Wisconsin. The State of Wisconsin regulates RN practice and requires professional licensure to enter and to continue in practice. License renewals are required every 2 years. Since 2010, RNs seeking to renew their licenses have been required by state statute (WSS106.30) to complete a workforce survey at the time of renewal. The *2022 Wisconsin Registered Nurse Workforce Survey* was administered online or via mail-back paper survey by the State of Wisconsin Department of Safety and Professional Services (DSPS) during the open license renewal period coinciding with the month of February 2022. The survey included 82 items (see Appendix A). A total of 97,100 RNs completed the survey by the end of February 2022. Of these, 129 were paper surveys and 96,971 were responses to the online survey. Only online survey responses were included in the analysis.

The survey analysis was completed by a team of researchers and graduate students at the University of Wisconsin-Madison under contracts with the Wisconsin Center for Nursing. Data cleaning and statistical analysis and support was completed by Dr. Jeffrey Henriques. The report was written by team members, with the overall project overseen by Dr. Susan Zahner. The Minimal Risk Research IRB at the UW-Madison determined on May 23, 2022, that the analysis activities were not research involving human subjects, as defined by the Department of Health and Human Services and the Federal Drug Administration regulations (ID 2022-0709).

Data were cleaned using exclusion criteria included in Table 1. Exclusion criteria were determined by the analysis team and were informed by previous reports. This report focuses on RNs who live or work in Wisconsin. Respondents who did not report living or working in the state were excluded from the analysis. Questionable responses, such as RN license received before date of birth, were also excluded to reduce errors in the data. After the exclusion criteria were applied, 87,100 valid responses from RNs living or working in Wisconsin remained.

Table 1. Exclusion Criteria and Excluded Responses

Electronic Responses Received (*n* = 96,971)	
Exclusion Criteria	**Excluded**
Duplicates	852
Does not live or work in Wisconsin	8,322
Date U.S. or Wisconsin RN license obtained prior to or at date of birth	43
First U.S. or Wisconsin license prior to age 16	106
Received first degree prior to age 16	115
Provided direct care prior to age 16	104
Working excessive hours in primary job, secondary job, or both[a]	759
Received first degree after age 70	6
First U.S. or Wisconsin license after age 75	6
Belongs to five or more ethnic groups	5
Working after age 85	17
Usable Responses	**87,100**

Note. Respondents may have reported data that met exclusion criteria in more than one category.
[a]Respondents who selected that 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.

There were fewer missing data in 2022 than in 2020. All valid responses were retained in the dataset to allow for the most comprehensive analysis. This resulted in variation in the number of responses reported between the tables presented in this report. All data reported in the narrative and tables were independently verified by two members of the research team. The survey question numbers that were the source of all data in the tables are included in table footnotes.

There were slight changes in some questions on the 2022 survey compared to the 2020 version. New questions related to the COVID-19 pandemic were added. Description of question changes and potential implications are discussed in the relevant report section.

This report presents the *2022 Wisconsin Registered Nurse Workforce Survey* results in the remaining 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
- Section VIII: Impact of Covid-19 Pandemic on Wisconsin RNs

Each section presents relevant data in table or graphic form. Comparisons of findings from the *2020 Wisconsin RN Workforce Survey* (Zahner et al., 2021) are highlighted at the end of each section. A short narrative discussion of the results considering state and national RN workforce issues and prior survey results follows the presentation of the data with key recommendations for research, policy, education, and practice.

Data Management

As in prior survey reports, data are reported as the number of valid respondents, the percentage of valid responses, or the mean (average) or median, as appropriate. When the number of valid responses was five or fewer respondents, an asterisk is used in place of the actual result the table cell.

Limitations

This report under counts all RNs in Wisconsin because only RNs renewing their licenses completed this survey; newly licensed nurses did not complete the survey. This report also excluded RNs who completed the survey in paper form, since there were not resources available to complete data entry from the paper surveys into the electronic database. Trend analysis is limited due to changes in some questions over time and due to limited access to prior survey datasets.

Section II. Wisconsin RN Workforce Demographics, Employment, Expertise, and Education

Section II describes the demographics of the RNs who are licensed and live or work in the state of Wisconsin. Most RNs who work in Wisconsin also live in the state (97.2%). A large majority of Wisconsin RNs identify as White (93.4%) and women (91.6%). The mean age was 46.1 years, and the median age was 44.0 years. Table 2 displays basic demographics of RNs included in this analysis.

Table 2. Wisconsin RN Demographics

Residence (*n* = 87,100)	***n***	**%**
Wisconsin	84,685	97.2
Outside Wisconsin	2,415	2.8
Gender[a] (*n* = 87,100)		
Woman	79,822	91.6
Man	7,049	8.1
Other, non-binary	229	0.3
Age (*n* = 87,100)		
Mean age (*SD*)	46.1 (13.7)	
Median age (*SD*)	44.0 (13.7)	
Range	21 to 100 years	
Age Distribution (*n* = 86,996)	***n***	**%**
< 25	1,678	1.9
25 – 34	19,783	22.7
35 – 44	22,271	25.6
45 – 54	16,747	19.3
55 – 64	16,372	18.8
65 – 74	9,120	10.5
≥ 75	1,025	1.2
Primary Racial Identity[b] (*n* = 87,100)		
White or Caucasian	81,378	93.4
Black or African American	2,194	2.5
Asian	2,228	2.6
Native Hawaiian or Other Pacific Islander	141	0.2
American Indian or Native Alaskan	587	0.7
Other	1,523	1.7
Multiracial	890	1.0
Ethnic and Multiracial Identity (*n* = 87,100)		
Hispanic, Latino, or Latinx	2,222	2.6

Note. Table 2 includes responses to Questions 76-79, 81, 82.
Note. SD = standard deviation
[a]The survey questions about gender used response options representing sex (male/female/other/non-binary). In the report, we modified the responses to align with gender (woman/man/other/non-binary). No values were changed; survey respondents who selected "Male" were counted in the "Man" category, those who selected "Female" were included in the "Woman" category, and those who selected "Other-non-binary" were included in the "Other, non-binary" category.
[b] Respondents were able to select all racial categories that applied to them and were not limited to one category.

Wisconsin RN Workforce Employment Patterns

Table 3 displays the employment status of Wisconsin's RNs. Most (87.9%) RNs are employed and working as a nurse (84.0%), with 8.2% retired.

Table 3. Wisconsin RN Employment Patterns (*n* = 87,100)

	n	%
Employed	**76,566**	**87.9**
Employed as a nurse	73,150	84.0
Employed in health field, not as a nurse	2,075	2.4
Employed in another field	1,341	1.5
Not Employed	**10,534**	**12.1**
Retired	7,141	8.2
Unemployed, seeking work in nursing	1,015	1.2
Unemployed, seeking work in another field	263	0.3
Unemployed, not seeking employment	2,115	2.4

Note. Table 4 includes responses to Question 16.

Primary Position Characteristics

Almost three-quarters of RNs report working either in hospitals (50.4%) or in ambulatory care (24.4%). Just under 50% of RNs reported working full-time for an hourly wage, while an additional 25.6% reported working full-time in a salaried position. Table 4 describes the RN responses for primary position at primary place of work.

Table 4. Characteristics of Primary Position at Primary Place of Work

	n	%
Primary Place of Work (*n* = 76,566)		
Hospital	38,563	50.4
Ambulatory care	18,714	24.4
Extended care	5,395	7.0
Home health	3,450	4.5
Public health or community health	2,750	3.6
Educational institutions	1,834	2.4
Other	5,855	7.6
Primary functional role or position (*n* = 76,539)		
Staff nurse	48,126	62.9
Nurse manager	5,535	7.2
Case manager	4,735	6.2
Advanced practice nurse	6,743	8.8
Nurse educator	1,557	2.0

	n	%
Consultant	982	1.3
Nurse executive	1,068	1.4
Nurse faculty	1,201	1.6
Nurse researcher	301	0.4
Other healthcare related	5,050	6.6
Other not healthcare related	1,241	1.6
Employed through a temporary employment service agency	491	0.6
Travel nurse or employed through a traveling nurse agency	2,834	3.7
Primary position is self-employment	1,599	2.1
Compensation in primary position		
Full-time salaried	19,611	25.6
Full-time hourly wage	37,893	49.5
Part-time salaried	1,691	2.2
Part-time hourly wage	14,135	18.5
Per diem	3,031	4.0
Volunteer	205	0.3
Benefits (could select more than one)		
Retirement plan	62,250	71.5
Dental insurance	53,938	61.9
Personal health insurance	45,666	52.4
Family health insurance	39,773	45.7
None of the above	10,620	12.2
Primary function is providing direct patient care	**63,190**	**82.5**
Time Worked	**Mean**	***SD***
Hours worked per week in primary job	36.2	11.6
Hours worked per week in secondary job	10.1	10.7
Hours worked per week in primary and secondary jobs	37.5	12.3
Weeks worked in calendar year (including paid vacations)	49.2	62.3

Note. Table 5 includes responses to Questions 34, 37-40, 42, 45, 48

Telehealth and Remote Work

Table 5 describes Wisconsin RNs' time spent in remote communication by communication modality while in working at their primary and secondary jobs.

Table 5. Time Spent and Mode of Remote Communication with Patients

	Primary Job (*n* =73,150)		**Secondary Job** (*n* = 9,623)	
Time spent in communication	***n***	**%**	***n***	**%**
Never	24,992	34.2	5,904	61.4
1% - 25%	23,680	32.4	1,808	18.8
26% - 50%	6,663	9.1	420	4.4
51% - 75%	5,641	7.7	352	3.7
76% - 100%	12,174	16.6	1,139	11.8
Modes of remote communication	**Primary Job** (*n* =48,158)		**Secondary Job** (*n* = 3,719)	
Electronic messaging	11,455	23.8	769	20.7
VoIP	4,247	8.8	208	5.6
Virtual ICU	875	1.8	52	1.4
Telephone	36,335	75.4	2,370	63.7
Email	10,087	20.9	769	20.7
Video call	7,924	16.5	593	15.9
Other	2,479	5.1	196	5.3

Note. Table 6 includes responses to Questions 46, 47, 60, 61.
Note: Respondents could select more than one method of communication.

Language Proficiency

The survey asked RNs about linguistic ability, including language(s) spoken, communication ability, and certification as a medical interpreter. The vast majority of RNs in Wisconsin speak only English (94.3%). Most RNs can only communicate in English (97.6%) and communicate exclusively in English with patients (96.5%). Spanish is the most frequently spoken language by RNs other than English (2.6%). Table 6 displays the findings related to linguistic ability.

Table 6. Linguistic Ability

	Able to Speak		Able to Communicate		Able to Communicate with Patients		Certified Medical Interpreter	
	n = 87,100		*n* = 4,946					
Proficiency	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
English language only	82,154	94.3	85,037	97.6	84,094	96.5	86,984	99.9
One other language	4,248	4.9	1,806	2.1	2,758	3.2	110	0.1
Two or more languages	698	0.8	223	0.3	226	0.3	5	0.0
Three other languages	99	0.1	34	0.0	20	0.0	1	0.0
Four or more other languages	12	>0.1	2	0.0	2	0.0	0	0.0

	Able to Speak		Able to Communicate		Able to Communicate with Patients		Certified Medical Interpreter	
Languages (*n* = 87,100)	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Spanish	2,268	2.6	696	12.2	1,497	26.3	75	1.3
Hmong	520	0.6	154	2.7	356	6.3	10	0.2
Filipino, Tagalog	464	0.6	234	4.1	224	3.9	6	0.1
German	339	0.4	184	3.2	152	2.7	3	0.1
French	293	0.3	173	3.0	118	2.1	2	0.0
Russian	229	0.3	88	1.5	137	2.4	4	0.1
Hindi	205	0.2	92	1.6	111	2.0	2	0.0
Polish	130	0.2	58	1.0	71	1.2	1	0.0
American Sign Language	184	0.2	89	1.6	95	1.7	0	0.0
Other	1,131	1.3	519	9.1	592	10.4	20	0.4

Note. Table 3 includes responses to Question 80.
Note. Respondents could choose more than one response.

Future Intention for Employment

Overall, 60,553 (69.5%) nurses reported that they currently provide direct patient care (DPC). The intent of RNs to continue providing DPC is presented in Table 7. The proportion of RNs in Wisconsin who intend to stay in DPC for less than 2 years was 12.0%. Nearly 50% of RNs working in DPC in 2022 intend to stay in DPC for less than 10 years. Intent to continue providing DPC is related to age, with intent to stay longer in DPC associated with younger age.

Table 7. Intent to Continue Providing DPC (*n* = 60,553)

Years	*n*	%	Mean Age	Mean Years as RN in DPC	Hours Worked between Primary and Secondary Job
< 2	7,294	12.0	47.4	18.0	34.6
2 – 4	10,554	17.4	46.0	16.3	36.0
5 – 9	12,402	20.5	45.8	15.7	37.3
10 – 19	14,681	24.2	43.1	13.5	37.9
20 – 29	9,472	15.6	37.9	10.1	37.5
≥ 30 or more	6,150	10.2	31.9	5.8	37.7

Note. Table 7 includes responses to Questions 29, 30, 38, 39, 56, 57, 76.

Table 8 displays the intent of Wisconsin RNs to remain in their current position. More than half (57.8%) reported their intent to continue in their current positions for less than 10 years.

Table 8. Intent to Continue in Current Employment (*n* = 75,236)

Years	*n*	%	Mean Age	Mean Years as RN in DPC	Hours Worked between Primary and Secondary Job
< 2	12,519	16.6	44.9	14.6	35.1
2 – 4	16,614	22.1	45.0	14.3	36.6
5 – 9	14,400	19.1	47.9	16.0	38.2
10 – 19	15,610	20.7	45.7	14.3	38.9
20 – 29	10,194	13.5	39.1	10.3	38.6
≥ 30 or more	5,899	7.8	32.6	6.0	38.7

Note. Table 8 includes responses to Questions 26, 29, 38, 39, 56, 57, 76.

Clinical Knowledge, Experience, and Certification

The survey asked RNs to report the clinical areas in which they have specialized knowledge and/or experience of 2 years or more. The results are displayed in Table 9. The largest numbers of RNs reported specialized knowledge and experience in acute care/critical care/intensive care (29.8%, 22,782) and medical/surgical nursing (27.0%, 20,707). Large numbers reported "Other" (9,511) and "None of the above" (5,622), indicating other specialties that were not included as survey options.

Table 9. Area of Specialized Clinical Knowledge (*n* = 76,566)

Current Practice in Primary Position	*n*	%
Acute care/critical care/intensive care	22,782	29.8
Medical-surgical	20,707	27.0
Adult health	14,128	18.5
Geriatrics/gerontology	11,980	15.6
Surgery/pre-op/post-op/PACU	11,524	15.1
Cardiac care	11,044	14.4
Other, not listed	9,511	12.4
Emergency care/Trauma	9,801	12.8
Hospice care or palliative care	8,135	10.6
Pediatrics	6,905	9.0
Home health	6,683	8.7
Family health	6,060	7.9
None	5,622	7.3
Obstetrics-gynecology	5,490	6.0
Psychiatric or mental health	5,410	7.1
Oncology	5,283	6.9
Labor and delivery	4,848	6.3
Community health	4,387	5.7
Women's health	4,314	5.6
Maternal and child health	4,295	5.6
Rehabilitation	4,141	5.4
Neonatal care	3,463	4.5
Addiction/AODA/substance abuse	3,207	4.2
Dialysis/renal	2,835	3.7
Public health	2,635	3.4
Respiratory care	2,619	3.4
Anesthesia	1,912	2.5
Occupational or employee health	1,708	2.2
School health	1,557	2.0
Correctional health	1,520	2.0
Nephrology	1,268	1.7
Parish or faith community	312	0.4

Note. More than one response possible.
Note. Table 9 includes responses from Question 23.
Note. Percentages do not total 100 since respondents could select more than one category.

Most RNs (69.5%) do not hold specialty certification. Table 10 displays the current certifications reported by RNs in Wisconsin in 2022. The largest number of RNs with certifications indicated that they were certified in an area not listed on the survey.

Table 10. Certifications (*n* = 89,648)

Certification	*n*	%
I am not certified	62,242	69.5
Other, not listed	4,526	5.0
Family health	2,430	2.7
Acute care/Critical care	2,314	2.6
Medical-surgical nursing	1,588	1.8
Oncology nursing (OCN, CPON, CBCN, AOCNP, AOCNS)	1,283	1.4
Emergency nursing (CEN, CFRN)	1,012	1.2
Adult health	949	1.1
Anesthesia (CRNA)	932	1.0
OB/GYN/Women's health care	928	1.0
Pediatric nursing	925	1.0
Wound/Ostomy nursing (CWOCN, CWCN, COCN, CCCN, CWON)	924	1.0
Peri-operative (CNOR)	719	0.8
Gerontological nursing	689	0.8
Psychiatric & mental health nursing	660	0.7
General nursing practice	632	0.7
Medical-surgical nursing (CMSRN)	543	0.6
Nursing case management	511	0.6
Neonatal	509	0.6
Cardiac-vascular nursing	436	0.5
Hospice and palliative nursing (CHPN, ACHPN)	431	0.5
Psychiatric & mental health nursing-advanced (APMHN)	298	0.3
Nurse educator (CNE)	236	0.3
Community health	228	0.3
Ambulatory care nursing	221	0.2
Perianesthesia (CPAN, CAPA)	206	0.2
Respiratory/Pulmonary care	202	0.2
Diabetes management-advanced	187	0.2

Home health nursing	185	0.2
Public/Community health	180	0.2
Orthopedic nursing (ONC)	174	0.2
Rehabilitation (CRRN)	170	0.2
Perinatal nursing	159	0.2
School nursing	154	0.2
Transplant	144	0.2
Parish nurse	136	0.2
Occupational health (COHN)	128	0.1
Pain management	126	0.1
Neurology (CNRN)	124	0.1
Nursing professional development	122	0.1
Nurse executive (CENP)	117	0.1
Nurse executive-advanced	112	0.1
Addiction/AODA	90	0.1
Nurse manager and leader (CNML)	90	0.1
Gastroenterology (CGRN)	89	0.1
Nephrology (CNN, CDN)	76	0.1
Informatics nursing	73	0.1
High-risk perinatal nursing	71	0.1
Infusion nursing (CRNI)	62	0.1
School nursing (NCSN)	58	0.1
Legal nurse consultant (LNCC)	55	0.1
Cardiac rehabilitation nursing	47	0.1
Radiology/Invasive procedures lab	46	0.1
Family planning	33	0.0
Domestic violence/Abuse response	31	0.0
College health nursing	20	0.0
Public health nursing-advanced (APHN)	12	0.0

Note. More than one response possible.
Note. Table 9 includes responses from Question 23.
Note. Percentages do not total 100 since respondents could select more than one category.

Education Patterns of Wisconsin RNs

Table 11 displays educational preparation reported by Wisconsin's RNs. Most Wisconsin RNs earned their most recent degree in Wisconsin (70.9%). The proportion of RNs who hold a Bachelor of Science in Nursing (BSN) as their highest nursing degree was 50.9%, and the proportion with an Associate Degree in Nursing (ADN) as the highest nursing degree was 30.9%. Approximately 15.0% of all RNs hold a graduate degree in nursing, most of which are at the Master of Science in Nursing (MSN) level (12.9%).

Most RNs report no plans for further education (73.8%). The most common barrier to furthering their education was cost of tuition and fees (52.1%). Of interest was the 18.1% who reported no barriers to furthering their education, revealing a potential group willing to pursue further education to help ease the nursing faculty shortage.

Table 11. Education Preparation for Nursing Practice

	n	%
Location of Most Recent Educational Degree (*n* = 87,100)		
Wisconsin	61,797	70.9
Not Wisconsin	25,303	29.1
Highest Nursing Degree (*n* = 86,858)		
Practical or vocational nursing diploma	73	0.1
Diploma in nursing	2,718	3.1
ADN	26,797	30.9
BSN	44,206	50.9
MSN	11,204	12.9
DNP[a]	1,494	1.7
Doctor of Nursing Science or Nursing Doctorate[b]	53	0.1
PhD[c] in nursing	313	0.4
Highest Degree Earned (*n* = 87.009)		
Practical or vocational nursing diploma	63	0.1
Diploma in nursing	2,449	2.8
ADN	25,375	29.2
Bachelor's degree in another field	43,924	50.5
Master's degree in another field	13,086	15.0
Doctoral degree, any field	2,112	2.4
Plans for Further Education (*n* = 87,100)		
No plans	64,265	73.8
Enrolled in BSN	2,911	3.3
Enrolled in MSN	2,642	3.0
Enrolled in Master's program in related field	348	0.4

	n	%
Enrolled in DNP	1,134	1.3
Enrolled in PhD in nursing	90	0.1
Enrolled in a PhD program in a related field	40	<0.1
Enrolled in non-degree certificate program	737	0.8
Plan to pursue further education with next 2 years	14,933	17.1
Barriers to Pursuing Additional Education[*] (*n* = 63,432)		
Cost of tuition and fees	33,024	52.1
Family or personal reasons	22,734	35.8
Cost of lost of work and benefits	18,451	29.1
Lack of flexibility in work schedule	8,117	12.8
Other	3,283	5.2
Schedule of educational programs offered	1,591	2.5
Commuting distance	1,022	1.6
Limited access to online learning or other resources	563	0.9
None identified	11,460	18.1

Note. Table 10 includes responses to Questions 4-7.
[a]Doctor of Nursing Practice (DNP)
[b]Doctor of Nursing Science (DNSc), Doctor of Science in Nursing (DSN), Nursing Doctorate (ND), or Doctor of Nursing (DN)
[c]Doctor of Philosophy (PhD)
[*]Respondents could check two challenges.

Attaining higher levels of education in nursing is beneficial to individual careers, as well as to society overall. Table 12 displays the mean age when the first nursing degree and subsequent nursing education degrees were attained by Wisconsin RNs. The mean age of attainment of the first nursing degree varied by degree type. RNs who entered nursing through a diploma (24.1 years) or BSN (25.2 years) were younger on average than those who entered through ADN (30.4 years) or MSN (33.0 years). The time to terminal degree completion was shortest for RNs who entered nursing through MSN programs (2.4 years to DNP; 4.3 years to PhD), followed by BSN entry (10.4 years to DNP; 17.9 years to PhD) and ADN entry (12.5 years to DNP; 17.7 years to PhD). The time between entry into nursing and completion of terminal degrees has declined since this was first examined in 2018, when the time to terminal degree completion was considerably higher at MSN entry (DNP 8.3 years; PhD 11.2 years), BSN entry (DNP 13.1 years; PhD 18.4 years), and ADN entry (DNP 15.0 years; PhD 19.2 years; Zahner et al., 2019). This trend is encouraging given that attaining terminal degrees at younger ages allows for longer careers in nursing, advanced practice, research, and teaching.

Table 12. Mean Age at First Degree in Nursing and at Subsequent Degrees in Nursing (*n* = 87,100)

	n	%	Vocational Nursing Certificate	Diploma	ADN	BSN	MSN	DNP	DN/ND	PhD
Practical or vocational nursing diploma	7,394	8.5	27.7	30.8	32.4	36.2	40.8	41.7	43.0	45.6
Diploma in nursing	5,498	6.3	-	23.7	31.1	35.3	41.8	51.2	43.5	48.6
ADN	39,710	45.6	-	-	30.4	36.1	40.4	42.9	41.8	48.1
BSN	54,579	62.7	-	-	-	25.6	34.4	36.0	36.5	43.5
MSN	12,047	13.8	-	-	-	-	33.0	35.4	38.0	37.3

Note: Table 11 includes responses to Questions 4, 76.

Racial and Ethnic Diversity of RNs in Wisconsin

Table 13 compares primary racial identity, ethnicity, age, gender, language proficiency, employment, and education for RNs categorized as BIPOC (Black, Indigenous, and other persons of color) and Latinx ethnicity, with RNs categorized as White and not Latinx. The proportion of Wisconsin's RN workforce identified as BIPOC/Latinx was 9.2%.

Survey results show BIPOC/Latinx RNs compared to White/not-Latinx RNs were on average younger (42.3 years compared to 46.5 years), with a higher proportion identifying as men (12.1% compared to 7.7%) and had a higher proportion of proficiency in another language (30.3% compared to 2.3%). BIPOC and/or Latinx RNs also reported working slightly more hours on average (38.9 hours per week) compared to White/not Latinx nurses (37.3 hours). A higher percentage of BIPOC/Latinx RNs compared to White/not Latinx reported having BSN degrees (53.4% compared to 50.6%). The percentage of BIPOC/Latinx nurses who reported plans to pursue further education in 2 years was double that of White/not Latinx nurses (31.8% compared to 15.7%).

Table 13. Demographics, Primary Place of Work, Role or Position, Education, and Employment Sector Characteristics by Diversity Category (*n* =87,100)

	BIPOC and Latinx		White and not Latinx	
	n	%	*n*	%
All respondents	8,018	9.2	79,082	90.8
Hispanic, Latino, or Latinx Ethnicity				
Yes	2,222	27.7		
Primary Racial Identity			***(n* = 87,100)**	
White	2,296	25.6	79,082	100.0
Black or African American	2,194	24.5		
Asian	2,228	24.8		
Native Hawaiian or Other Pacific Islander	141	1.6		

	BIPOC and Latinx		White and not Latinx	
	n	%	*n*	%
American Indian or Alaska Native	587	6.5		
Other	1,523	17.0		
Age				
Valid responses	8,000		79,996	
Mean (*SD*)	42.3 (12.0)		46.5 (13.9)	
Gender				
Valid responses	8,018		79,082	
Woman	6,909	86.2	72,913	92.2
Man	969	12.1	6,080	7.7
Other or Non-binary	140	1.7	89	0.1
Proficient in Another Language				
Valid responses	8,018		69,106	
English only	5,245	65.4	76,909	97.3
1 other language	2,427	30.3	1,821	2.3
2 or more other languages	346	4.3	352	0.4
Primary Place of Work				
Valid responses	7,460		69,106	
Ambulatory care	1,313	17.6	17,406	25.2
Extended care	598	8.0	4,797	6.9
Educational institutions	158	2.1	1,676	2.4
Public/Community health	352	4.7	2,398	3.5
Home health	441	5.9	3,009	4.4
Hospital	4,113	55.1	34,450	49.9
Other	485	6.5	5,370	7.8
Primary Functional Role or Position				
Valid responses	7,455		69,048	
Advanced practice nurse	594	8.0	6,149	8.9
Nurse educator	104	1.4	1,453	2.1
Case manager	455	6.1	4,280	6.2
Consultant	72	1.0	910	1.3
Nurse executive	77	1.0	991	1.4
Nurse faculty	111	1.5	1,090	1.6
Nurse manager	439	5.9	5,096	7.4

	BIPOC and Latinx		White and not Latinx	
	n	**%**	***n***	**%**
Nurse researcher	44	0.6	257	0.4
Staff nurse	5,088	68.2	43,038	62.3
Other healthcare related	386	5.2	4,664	6.8
Other not healthcare related	85	1.1	1,156	1.7
Total Mean Hours/Week Primary/Secondary Position				
Valid responses	7,385		68,719	
Mean (*SD*)	38.9 (12.9)		37.3 (12.3)	
Highest Nursing Degree				
Valid responses	7,990		78,868	
Practical or vocational nursing diploma	8	0.1	65	0.1
Diploma in nursing	104	1.3	2,614	3.3
ADN	2,383	29.7	24,414	31.0
BSN	4,270	53.4	39,936	50.6
MSN	1,011	12.7	10,193	12.9
DNP	166	2.1	1,328	1.7
Doctor of Nursing Science or Nursing Doctorate	7	0.1	46	0.1
PhD in nursing	41	0.5	272	0.3
Highest Degree Earned				
Valid responses	8,018		78,999	
Practical or vocational nursing diploma	7	0.1	56	0.1
Diploma in nursing	94	1.2	2,355	3.0
ADN	2,265	28.3	23,110	29.3
Bachelor's degree	4,252	53.1	39,672	50.3
Master's degree	1,147	14.3	11,939	15.1
Doctorate, any field	245	3.1	1,867	2.4
Plans for Further Education				
Valid responses	8,018		79,082	
No plans	4,264	53.2	60,001	75.9
Enrolled in BSN	402	5.0	2,509	3.2
Enrolled in MSN	467	5.8	2,175	2.8
Enrolled in Master's program in related health field	57	0.7	291	0.4
Enrolled in DNP	184	2.3	950	1.2

	BIPOC and Latinx		White and not Latinx	
	n	%	*n*	%
Enrolled in PhD in nursing	14	0.2	76	0.1
Enrolled in non-degree certificate program	69	0.9	668	0.8
Plan to pursue further education with next 2 years	2,553	31.8	12,380	15.7

Note. Table 12 includes responses to Questions 4, 6, 38, 39, 45, 48, 56, 57, 76-80.
*Too few to report

Comparing 2020 and 2022

The licensed RN workforce in Wisconsin, as counted by license renewal surveys, grew from 94,615 in 2020 to 97,100 in 2022, a 2.6% increase (2,485 RNs). While positive, this increase is less than the increase seen between 2018 and 2020 (5.0%; 4,472; Zahner et al., 2019, 2021).

Demographic Changes

Subtle changes in the overall demographics of the RN workforce were seen when comparing 2020 survey results with those in 2022:

- The median age of the RN workforce declined from 45 years to 44 years.
- The percentage of men increased slightly from 7.9% to 8.1%.
- The percentage reporting race/ethnicity as BIPOC/Latinx increased from 7.8% to 9.2%.
- The numbers of RNs increased in each race/ethnicity category from 2020 to 2022:
    - Black/African American nurses increased from 1,763 to 2,194.
    - Asian nurses increased from 1,832 to 2,228.
    - Native Hawaiian/Pacific Islander nurses increased from 134 to 141.
    - American Indian/Native American nurses increased from 471 to 587.
    - Latinx nurses increased from 1,771 to 2,222.

Overall, these changes reflect ongoing demographic changes in Wisconsin, increasing diversity in nursing education admissions, and increasing retirements among older nurses.

Changes in Employment

Comparing 2022 to 2020 employment patterns reveals some changes that may reflect the impact of the Covid-19 pandemic and the reduced increase in workforce gains noted above:

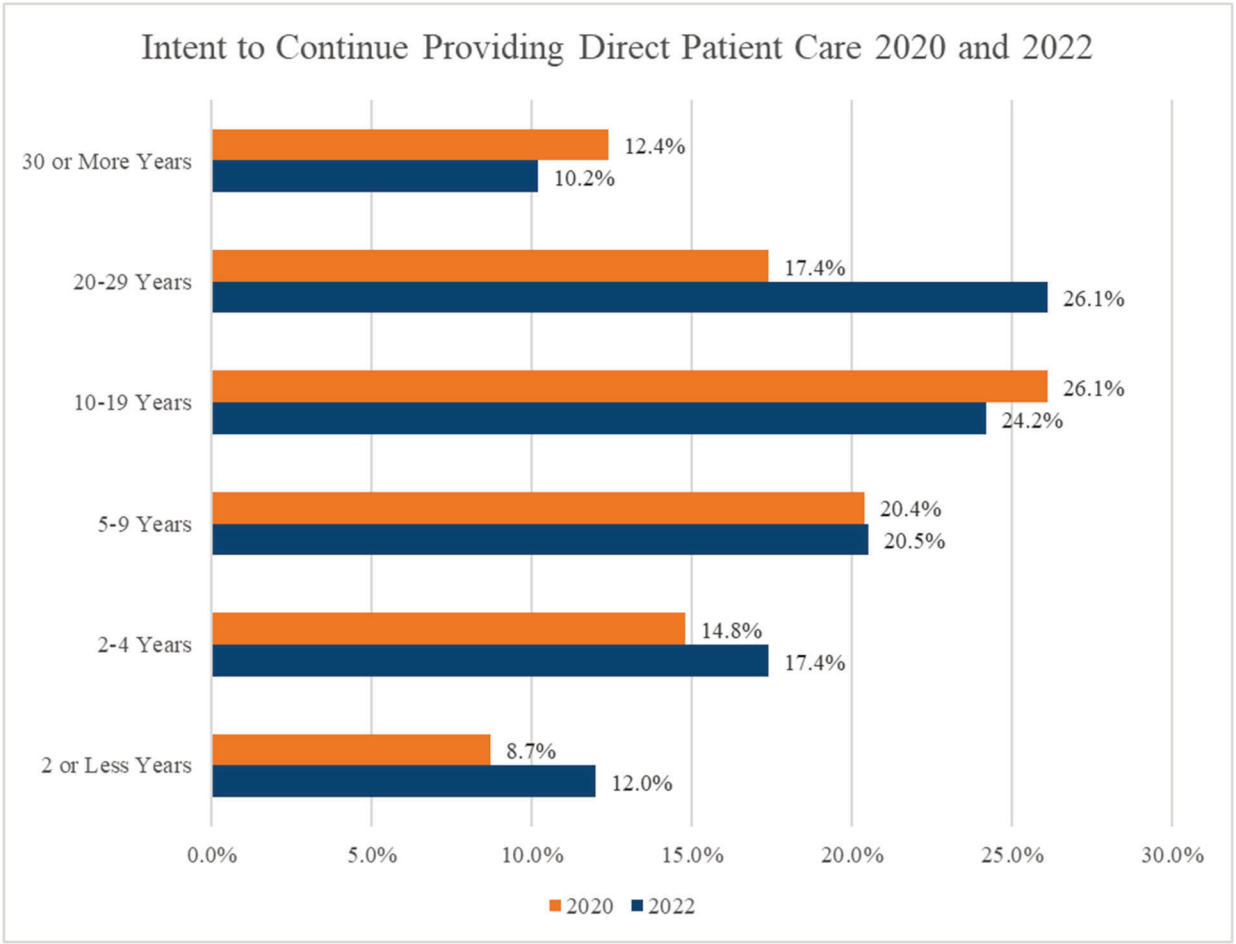
- In 2020, 89.1% of respondents to the survey were employed, 85.3% were employed as a nurse, and 7.5% were retired. In 2022, the percentage employed declined to 87.9%, with 84.0% employed as a nurse, and 8.2% retired.
- In 2020, 1,278 (1.7%) reported their primary position was with a temporary/pool/travel staffing agency. In 2022, this number increased to 3,325 (4.3%) overall. This likely reflects employment pattern changes associated with the COVID-19 pandemic.
- The combined mean hours worked in primary and secondary jobs increased from 36.7 hours per week in 2020 to 37.5 in 2022, possibly reflecting heavier workloads demanded during the pandemic.
- The number of RNs reporting spending 76% to 100% of their time in remote communication with patients increased from 10,904 (14.9%) to 12,174 (16.6%). Changes in modality of communication were apparent, with the increase in number of nurses communicating via video calls from 1,699 (3.5%) in 2020 to 7,924 (16.5%) in 2022.

- Changes in compensation benefits were reported by RNs in 2022 compared to 2020. For example, 83.7% reported receiving retirement plan benefits from their employers in 2020 compared to 71.5% in 2022; 64.1% reported having personal health plans, and 56.8% reported having family insurance plans in 2020 compared to 52.4% with personal health plans and 45.7% with family health insurance in 2022. The reasons for these changes during a pandemic crisis are unclear and warrant further study.

Comparing responses from the 2 years about intentions to continue employment reinforces ongoing concerns about future RN shortages and reflects the challenges related to working as a nurse over the pandemic years.

- In 2020, 13.6% of RNs reported intention to stay in their current position for less than 2 years; in 2022, 16.6% of RNs reported intention to stay in their current position for less than 2 years. The percentage who reported their intentions to stay in their current positions for less than 10 years remained stable (57.6% in 2020 and 57.8% in 2022).
- The percentage of RNs in Wisconsin who intend to stay in DPC for less than 2 years increased from 8.7% in 2020 to 12.0% in 2022, while the percentage who reported their intentions to stay working in DCP for less than 10 years grew from 43.9% in 2020 to 49.9% in 2022. Figure 1 compares intent to continue providing DPC in 2020 to 2022.

Figure 1. Intent to Continue Providing DPC (2020-2022)



Note. Figure 1 includes responses to Questions 29, 30, 38, 39, 56, 57, 76.

Changes in Expertise

RN specialty certifications revealed a few notable differences between 2020 and 2022.

- Community health certification rose from 87 in 2020 to 228 in 2022.
- Psychiatric nursing certification increased from 268 in 2020 to 660 in 2022.
- High-risk perinatal certification decreased from 282 in 2020 to 71 in 2022.
- Respiratory certification increased from 78 in 2020 to 202 in 2022.

Changes in Education/Degree Attainment

Positive trends in more advanced degree attainment continued.

- Wisconsin RNs with a BSN or higher degree in nursing increased from 63.2% in 2020 to 66% in 2022.
- DNP-prepared RNs grew from 1,038 in 2020 to 1,494 in 2022.
- RNs who reported having obtained a PhD in any field increased from 1,600 in 2020 to 1,803 in 2022.

Table 14 shows the comparison of education attainment reported in 2020 and 2022 by Wisconsin RNs who identified as BIPOC/Latinx compared to those who identify as White/Not Latinx. The number of BIPOC/Latinx nurses who earned an MSN or DNP increased by a larger percentage compared to other degrees. The change of BIPOC/Latinx nurses who earned a PhD (13.9%) was nearly double the change of White and not Latinx nurses (7.1%).

Table 14. 2020-2022 Comparison of Educational Attainment by Racial or Ethnic Diversity

	BIPOC and Latinx				**White and Not Latinx**			
	2020	**2022**	**Difference 2020-2022**	**Change 2020-2022**	**2020**	**2022**	**Difference 2020-2020**	**Change 2020-2022**
	n	***n***	***n***	**%**	***n***	***n***	***n***	**%**
Highest Nursing Degree								
Diploma	110	112	2	1.8	3,185	2,679	-506	-15.9
ADN	2,014	2,383	369	18.3	24,634	24,414	-220	-0.9
BSN	3,376	4,270	894	26.5	37,099	39,936	2,840	7.7
MSN	716	1,011	295	41.2	8,887	10,193	1306	14.7
DNP	100	166	66	66.0	938	1,328	390	41.6
PhD in nursing	36	41	5	13.9	254	272	18	7.1

Note. Table 13 includes responses to Questions 4, 71 in 2020 and 4, 78, 79 in 2022.

However, comparison of the 2022 results on plans for further education compared to 2020 data revealed concerns about RNs' plans for advancing their education in the future.

- In 2020, 69.8% of RNs had no plans for further education, which increased in 2022 to 73.8% of RNs with no plans for further education.
- In 2020, 20.0% of RNs had plans to pursue further education within the next 2 years, which decreased in 2022 to 17.1% of RNs with plans to purse further education within the next 2 years.

Discussion and Recommendations

Wisconsin's RN workforce continues to grow in overall size and diversity; though, the rate of overall growth in size of the workforce may be slowing. While the growth in the state has been constant for the past few iterations of this survey, the state continues to lag the national nursing workforce and benchmarks for diversity (Buerhaus et al., 2017; NACNEP, 2013; Smiley et al., 2018). Continued efforts are required in the state to support access to nursing education for diverse populations.

The landscape of employer benefits supporting the RN workforce in Wisconsin appears to have changed notably since 2020. There was a sizable reduction in the proportion of RNs who reported having employer provided retirement and health insurance benefits. Possibly related in part to employer incentives was the finding of an increase in the percentage of nurses who reported no plans to return for further education, with the two most common barriers to pursuing further education being cost of tuition and fees and cost of lost benefits and work time. Employers, schools of nursing, and policymakers should continue to develop, fund, and implement strategies and supports for retaining RNs and incentivizing pursuing additional education.

There was also a sizeable increase in the proportion of RNs working in DPC who reported intentions to stay in their current DPC position for less than 2 years, with 50% of DPC nurses who reported their plan to work in DPC for less than10 years. This level of potential turnover in a climate of overall nursing shortage should raise red flags even higher. Fewer experienced nurses in the workforce poses challenges to mentorship and development of new nurses. Coordinated and intensive efforts will be needed to address the increasing shortage and to support nurses across the practice continuum.

Section III. Geographic Distribution of Wisconsin RNs

Section III provides a description of the demographic, educational, and regional characteristics of Wisconsin RNs, as described by Wisconsin Department of Health Services (DHS) region, as well as by urban/rural status. To do these analyses required knowledge of the county in which the RNs worked and lived, and as such, these data only include those RNs who responded to the survey with that information. The findings from this section may be used to identify unique workforce needs by region and to support the development of targeted interventions to support the RN workforce.

Wisconsin RN Workforce by DHS Region

Table 15 presents the demographic breakdown for RNs in the state and by the DHS region of their residence. Mean age varied slightly across regions, with the lowest mean age seen in the Northeastern region (45.8 years) and the highest in the Northern region (47.3%). The Southeastern region demonstrated higher numbers and percentages of Black/African American, Asian, and Latino/Hispanic RNs compared to other regions. The percentage of white RNs in the Southeastern region was lower than all other regions and the state average (Southeastern: 89.8%; State: 93.5%). A higher percentage of RNs from the Southeastern region (6.6%) reported language proficiency in a language other than English compared to other regions (State: 4.8%).

Table 15. Overall Demographics by DHS Region of Residence

	State		Southern		Southeastern		Northeastern		Western		Northern	
	Mean (*SD*)		**Mean (*SD*)**		**Mean (*SD*)**		**Mean (*SD*)**		**Mean (*SD*)**		**Mean (*SD*)**	
	***n* = 84,584**		***n* = 17,077**		***n* = 32,291**		***n* = 17,163**		***n* = 10,599**		***n* = 7,454**	
Mean age (years)	46.1 (13.8)		46.1 (13.8)		46.0 (14.0)		45.8 (13.5)		46.4 (13.5)		47.3 (13.5)	
Gender	***n* = 84.685**		***n* = 17,077**		***n* = 32,334**		***n* = 17,183**		***n* = 10,614**		***n* = 7,459**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Women	77,695	91.7	15,601	91.3	29,728	91.9	158,84	92.4	9,725	91.6	6,757	90.6
Men	6,765	8.0	1,443	8.4	2,508	7.8	1,258	7.3	872	8.2	684	9.2
Non-binary	225	0.3	51	0.3	98	0.3	41	0.2	17	0.2	18	0.2
Racial and Ethnic Diversity												
White	79,197	93.5	16,176	94.6	29,044	89.8	16,498	96.0	10,291	97.0	7,188	96.4
Black/ African American	2,124	2.5	282	1.6	1,671	5.2	103	0.6	46	0.4	22	0.3
American Indian/ Alaska Native	561	0.7	63	0.4	204	0.6	152	0.9	69	0.7	73	1.0
Asian	2,119	2.5	476	2.8	1,023	3.2	327	1.9	167	1.6	126	1.7
Native Hawaiian/ Other Pacific Islander	128	0.2	19	.01	64	0.2	23	0.1	14	0.1	8	0.1
Other	1,467	1.7	228	1.3	819	2.5	214	1.2	111	1.0	95	1.3
Multiracial[a]	859	1.0	141	0.8	459	1.4	125	0.7	82	0.8	52	0.7
Hispanic, Latino, or Latinx	2,143	2.5	335	2.0	1,377	4.3	249	1.4	107	1.0	75	1.0
Language Proficiency												
English language only	79,944	94.4	16,083	94.1	29,904	92.5	16,489	96.0	10,266	96.7	7,202	96.6
One other language	4,075	4.8	817	4.8	2,140	6.6	602	3.5	301	2.8	215	2.9
Two or more other languages	666	0.8	195	1.1	290	0.9	92	0.5	47	0.4	42	0.6

[a] Multiracial includes individuals who selected more than one of the other racial categories.
Note. Table 15 includes Questions 35, 76-81.

Employment Patterns of Wisconsin RNs by Region

Table 16 displays the employment status of Wisconsin RNs by DHS region of residence. Small regional variation occurs in most measures. The overall number of RNs per 1,000 population is lowest in the Northeastern region (11.2) and highest in the Southeastern region (13.2). Across all regions, most RNs were employed in direct patient care (DPC), ranging from a low of 84.0% in the Northern region to a high of 86.2% in the Northeastern region. The Northern region reported the highest percentage of retired RNs (9.6%), followed by the Southern region (8.8%).

Table 16. Employment Status in Nursing by DHS Region of Residence

	State *n* = 84,685		**Southern** *n* = 17,095		**Southeastern** *n* = 32,334		**Northeastern** *n* = 17,183		**Western** *n* = 10,614		**Northern** *n* = 7,459	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Employed as a nurse	70,792	83.6	14,407	84.3	26,973	83.4	14,331	83.4	8,956	84.4	6,125	82.1
Employed as a nurse and providing DPC	60,418	85.3	12,400	86.1	22,811	84.6	12,354	86.2	7,708	86.1	5,145	84.0
Mean years (*SD*) providing DPC as a nurse	13.4	(10.7)	13.6	(10.7)	13.3	(10.8)	13.4	(10.6)	13.5	(10.5)	13.6	(10.5)
Employed in healthcare, not as a nurse	2,034	2.4	366	2.1	856	2.6	394	2.3	233	2.2	185	2.5
Employed in another field	1,325	1.6	229	1.3	501	1.5	310	1.8	156	1.5	129	1.7
Employed nurses per 1,000 population in primary employment	12.4		12.5		13.2		11.2		11.7		13.2	
Retired	7,141	8.4	1,506	8.8	2,622	8.1	1430	8.3	869	8.2	714	9.6
Unemployed, seeking work in nursing	1,015	1.2	175	1.0	420	1.3	177	1.0	147	1.4	96	1.3
Unemployed, seeking work in another field	263	0.3	48	0.3	99	0.3	56	0.3	32	0.3	28	0.4
Unemployed, not seeking employment	2,115	2.5	364	2.1	863	2.7	485	2.8	221	2.1	182	2.4

Note. Table 16 includes responses to Questions 35, 81. *Note.* Percentages based on the valid responses.

Table 17 displays employment information related to the principal place of work of RNs by region.

Across all regions, the largest number and percentage of RNs who reported providing DPC reported their principal place of work to be a hospital and ranged from 45.7% in the Northeastern region to 55.4% in the Southeastern region. Variation in percentages working in hospitals can be explained in part by the density and size of hospital facilities. Notable regional variation was seen for RNs working in extended care (5.5% in the Southeastern region to 9.3% in the Western region). This may reflect the age distribution in the state, as well as the number of long-term care facilities by region. Employment by temporary or travel nurse agencies was 4.1% overall and ranged from 3.1% in the Southern region to 5.2% in the Northern region. This may reflect the relative difficulty in staffing facilities in some areas of the state during the COVID-19 pandemic.

Table 17 also includes information about functional roles at the primary place of work for RNs. Across all regions, the highest number and percentage of RNs reported their position as staff nurse followed by advanced practice nurse and nurse manager. Around half (49.6%) of RNs across regions reported working full-time in hourly wage positions, with the highest percentage being in the Northern region (54.7%) and the lowest in the Southeastern region (46.9%).

Table 17. Employment Characteristics of RNs by DHS Region of Employment

Principal Place of Work for Nurses Providing DPC												
	State *n* = 70,792		**Southern** *n* = 14,407		**Southeastern** *n* = 26,973		**Northeastern** *n* = 14,331		**Western** *n* = 8,956		**Northern** *n* = 6,125	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Ambulatory care	17,746	25.1	3,408	23.7	6,333	23.5	4,096	28.6	2,252	25.1	1,657	27.1
Extended care	5,086	7.2	1,090	7.6	1,484	5.5	1,218	8.5	830	9.3	464	7.6
Educational institutions	1,507	2.1	316	2.2	623	2.3	278	1.9	189	2.1	101	1.6
Public/ Community health	2,525	3.6	503	3.5	898	3.3	561	3.9	296	3.3	267	4.4
Home health	3,193	4.5	615	4.3	1,194	4.4	740	5.2	345	3.9	299	4.9
Hospital	36,627	51.7	7,721	53.6	14,935	55.4	6,556	45.7	4,541	50.7	2,874	46.9
Other	4,108	5.8	754	5.2	1,506	5.6	882	6.2	503	5.6	463	7.6
Functional Role or Position at Primary Job for all Employed Nurses												
	State *n* = 74,126		**Southern** *n* = 14,996		**Southeastern** *n* = 28,319		**Northeastern** *n* = 15,033		**Western** *n* = 9.341		**Northern** *n* = 6,437	
Advanced practice nurse	6,396	8.6	1,112	7.4	2,500	8.8	1,443	9.6	775	8.3	566	8.8
Case manager	4,590	6.2	887	5.9	1,752	6.2	893	5.9	582	6.2	476	7.4
Consultant	951	1.3	213	1.4	389	1.4	166	1.1	103	1.1	80	1.2
Nurse educator	1,507	2.0	291	1.9	616	2.2	294	2.0	194	2.1	112	1.7
Nurse executive	1,025	1.4	214	1.4	386	1.4	192	1.3	128	1.4	105	1.6

Nurse faculty	1,148	1.5	205	1.4	495	1.7	223	1.5	140	1.5	85	1.3
Nurse manager	5,357	7.2	1,115	7.4	1,821	6.4	1,192	7.9	775	8.3	454	7.1
Nurse researcher	296	0.4	77	0.5	130	0.5	38	0.3	31	0.3	20	0.3
Staff nurse	46,697	63.0	9,750	65.0	17,833	63.0	9,313	62.0	5,888	63.0	3,913	60.8
Other healthcare related	4,935	6.7	923	6.2	1,953	6.9	985	6.6	566	6.1	508	7.9
Other not healthcare related	1,224	1.7	209	1.4	444	1.6	294	2.0	159	1.7	118	1.8
Payment Basis of Position at Principal Place of Work												
	State *n* = 74,151		**Southern** *n* = 15,002		**Southeastern** *n* = 28,330		**Northeastern** *n* = 15,035		**Western** *n* = 9,345		**Northern** *n* = 6,439	
Full-time salaried	18,966	25.6	3,560	23.7	7,620	26.9	3,740	24.9	2,349	25.1	1,697	26.4
Full-time hourly wage	36,808	49.6	7,627	50.8	13,296	46.9	7,461	49.6	4,903	52.5	3,521	54.7
Part-time salaried	1,621	2.2	332	2.2	752	2.7	287	1.9	154	1.6	96	1.5
Part-time hourly wage	13,703	18.5	2,859	19.1	5,581	19.7	2,914	19.4	1,507	16.1	842	13.1
Per diem	2,860	3.9	595	4.0	1,014	3.6	589	3.9	400	4.3	262	4.1
Volunteer	193	0.3	29	0.2	67	0.2	44	0.3	32	0.3	21	0.3
Total mean hours worked per week, primary and secondary jobs (*SD*)	37.4 (12.3)		37.4 (12.0)		37.8 (12.5)		37.0 (12.4)		36.4 (12.2)		38.1 (12.1)	
Primary employment through temporary employment agency or travel agency	3,099	4.1	456	3.1	1,289	4.5	671	4.4	350	3.7	333	5.2
Primary employment is self-employed	1,541	2.1	321	2.1	545	1.9	341	2.3	186	2.0	148	2.3

Note. Table 17 includes responses to Questions 16, 34, 35, 37-39, 45, 56, 57.

Table 18 shows the job categories reported by RNs by DHS region of residence. Most RNs work in nursing positions across all regions (from 86.4% in Northern region to 88.3% in the Southern region).

Table 18. Job Category at Primary Place of Work by DHS Region of Residence

	State *n* = 74,151		**Southern** *n* = 15,002		**Southeastern** *n* = 28,330		**Northeastern** *n* = 15,035		**Western** *n* = 9,345		**Northern** *n* = 6,439	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Nursing	64,729	87.3	13,249	88.3	24,613	86.9	13,090	87.1	8,216	87.9	5,561	86.4
Retail sales and services	174	0.2	22	0.1	56	0.2	53	0.4	25	0.3	18	0.3
Nursing faculty	1,150	1.6	209	1.4	483	1.7	228	1.5	151	1.6	79	1.2
Nursing education	1,202	1.6	243	1.6	502	1.8	222	1.5	147	1.6	88	1.4
Health related services outside of nursing	2,345	3.2	416	2.8	932	3.3	486	3.2	271	2.9	240	3.7
Financial, accounting, or insurance processing	480	0.6	98	0.7	163	0.6	110	0.7	49	0.5	60	0.9
Consulting	606	0.8	130	0.9	245	0.9	101	0.7	67	0.7	63	1.0
Other	3,465	4.7	635	4.2	1336	4.7	745	5.0	419	4.5	330	5.1

Note. Table 18 includes responses to Questions 32, 81.
*Too few to report.

Table 19 represents employment status change in 2022. Across all regions, approximately 40% of RNs report working more hours compared to the previous year. This may be associated with demand for nursing care due to the pandemic or be associated with the nursing shortage. Across all regions, most nurses have stayed with the same employer since the prior year.

Table 19. Employment Status Change or RNs by DHS Region of Residence

	State		Southern		Southeastern		Northeastern		Western		Northern	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***N***	**%**
	n = 73,629		*n* = 14,885		*n* = 28,099		*n* = 14,929		*n* = 9,300		*n* = 6,416	
About the same hours as last year	37,795	51.3	7,929	53.3	14,333	51.0	7,394	49.5	4,883	52.5	3,256	50.7
More hours than last year	28,752	39.0	5,479	36.8	11,105	39.5	6,054	40.6	3,543	38.1	2,571	40.1
Fewer hours than last year	7,082	9.6	1,477	9.9	2,661	9.5	1,481	9.9	874	9.4	589	9.2
	n = 73,456		*n* = 14,842		*n* = 28,036		*n* = 14,911		*n* = 9,270		*n* = 6,406	
Have not changed positions	52,544	71.5	10,785	72.7	20,087	71.6	10,612	71.2	6,569	70.9	4,491	70.1
New position with same employer	9,025	12.3	1,863	12.6	3,478	12.4	1,740	11.7	1,225	13.2	719	11.2
New position with different employer	8,999	12.2	1,730	11.7	3,362	12.0	1,961	13.2	1,136	12.3	810	12.6
Same position with different employer	2,897	3.9	464	3.1	1,109	4.0	598	4.0	340	3.7	386	6.0

Note. Table 19 includes responses to Questions 18, 20, 81.

Table 20 displays the most important factor related to a change in employment in the past year (if any). The top three factors overall and across all regions were "dissatisfaction with previous position" (17.9%), "other" (13.6%), and "promotion or career advancement" (13.1%). Retirement was reported as the most important factor in their job change by 9.3% overall, with a range by region of 10.6% in the Northern region to 8.7% in the Southeast region, possibly reflecting the general age distribution of RNs in Wisconsin.

Table 20. Most Important Factor in Employment Change in the Past Year by DHS Region of Residence

	State *n* = 33,341		**Southern** *n* = 6,490		**Southeastern** *n* = 12,819		**Northeastern** *n* = 6,843		**Western** *n* = 4,219		**Northern** *n* = 2,970	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Dissatisfaction with previous position	5,963	17.9	1,203	18.5	2,366	18.5	1,206	17.6	715	16.9	473	15.9
Other	4,541	13.6	824	12.7	1,640	12.8	951	13.9	623	14.8	503	16.9
Promotion or career advancement	4,381	13.1	838	12.9	1,761	13.7	899	13.1	533	12.6	353	11.9
Retirement	3,106	9.3	634	9.8	1,117	8.7	647	9.5	394	9.3	314	10.6
Seeking more convenient hours	3,024	9.1	589	9.1	1,127	8.8	662	9.7	415	9.8	231	7.8
Salary, medical, or retirement benefits	3,017	9.0	555	8.6	1,252	9.8	618	9.0	323	7.7	269	9.1
Childcare responsibilities	2,324	7.0	506	7.8	888	6.9	492	7.2	253	6.0	185	6.2
Other family responsibilities	1,489	4.5	306	4.7	574	4.5	274	4.0	191	4.5	144	4.8
Relocation or moved to another area	1,477	4.4	298	4.6	484	3.8	319	4.7	221	5.2	155	5.2
Change in health status of RN	1,340	4.0	261	4.0	532	4.2	279	4.1	166	3.9	102	3.4
Returned to school	1,041	3.1	196	3.0	405	3.2	216	3.2	139	3.3	85	2.9
Change in financial status	662	2.0	116	1.8	301	2.3	94	1.4	85	2.0	66	2.2
Change in spouse or partner work situation	574	1.7	111	1.7	227	1.8	104	1.5	85	2.0	47	1.6
Laid off	399	1.2	53	0.8	145	1.1	82	1.2	76	1.8	43	1.4

Note. Table 20 includes responses to Questions 22, 81.

The survey asked RNs to report whether they had a secondary position and, if so, the characteristics of their employment in that secondary position. Overall, 10.9% of RNs reported having a secondary position, working on average 10 additional hours per week. Table 21 describes the characteristics of secondary positions held by RNs in Wisconsin. Most secondary positions also require an RN license (70.5%), though the percentage varies across regions, from a low of 64.9% in the Northern region to a high of 75.2% in the Southeastern region, perhaps reflecting differences in availability of part-time RN positions.

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

	State		Southern		Southeastern		Northeastern		Western		Northern	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
	n = 9,473		*n* = 1,881		*n* = 3,658		*n* = 1,869		*n* = 1,275		*n* = 790	
Secondary job requires RN licensure	6,676	70.5	1,269	67.5	2,751	75.2	1,283	68.6	860	67.5	513	64.9
	n = 9,532		*n* = 1,891		*n* = 3,682		*n* = 1,881		*n* = 1,284		*n* = 794	
Nursing	5,636	59.1	1127	59.6	2,245	61.0	1,069	56.8	763	59.4	432	54.4
Nursing educator	208	2.2	34	1.8	92	2.5	36	1.9	31	2.4	15	1.9
Nursing Faculty	570	6.0	83	4.4	296	8.0	111	5.9	48	3.7	32	4.0
Retail sales and services	272	2.9	64	3.4	80	2.2	60	3.2	41	3.2	27	3.4
Health related services outside of nursing	798	8.4	175	9.3	282	7.7	141	7.5	110	8.6	90	11.3
Financial, accounting, or insurance processing	37	0.4	5	0.3	14	0.4	9	0.5	7	0.5	2	0.3
Consulting	151	1.6	32	1.7	62	1.7	26	1.4	19	1.5	12	1.5
Other	1,860	19.5	371	19.6	611	16.6	429	22.8	265	20.6	184	23.2
	n = 9,344		*n* = 1,854		*n* = 6,317		*n* = 1,843		*n* = 1,248		*n* = 782	
Mean number of hours worked per week (*SD*)	10.0 (10.6)		9.9 (10.2)		10.3 (10.5)		9.4 (10.3)		9.9 (11.3)		10.0 (11.2)	

Note. Table 21 includes responses from Questions 52, 53, 56, 57, 81.

Table 22 displays the employment intentions of RNs in Wisconsin who were unemployed at the time of the survey. Overall, 12.1% of RNs reported not being currently employed (see Table 3). Across all regions, the largest group within the unemployed category overall and for every region reported being "undecided" about returning to nursing (48.3%). This group of over 5,000 nurses represents the pool for potentially adding to the workforce. The second largest group, "retired or unable" (32.4% overall), is a group unlikely to return to the workforce at any time.

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

	State *n* = 10,518		**Southern** *n* = 2,091		**Southeastern** *n* = 3,996		**Northeastern** *n* = 2,144		**Western** *n* = 1,268		**Northern** *n* = 1,019	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Currently seeking employment in nursing	633	6.0	119	5.7	263	6.6	101	4.7	93	7.3	57	5.6
Plan to return to nursing in the future	1,170	11.1	215	10.3	464	11.6	243	11.3	143	11.3	105	10.3
Retired or unable to return to nursing	3,403	32.4	743	35.5	1,286	32.2	666	31.1	378	29.8	330	32.4
Definitely will not return to nursing, but not retired	233	2.2	49	2.3	90	2.3	47	2.2	21	1.7	26	2.6
Undecided	5,079	48.3	965	46.2	1,893	47.4	1,087	50.7	633	49.9	501	49.2

Note. Table 22 includes responses to Questions 17, 75.

Table 23 reports the factors that would influence a respondent to return to nursing, if they indicated that they were not currently working in nursing. Respondents could select multiple answers. Data are displayed for the state and by DHS region of residence. Across the state, the most frequently reported factors that would influence an RN's decision to return to work in nursing were the work environment (15.3%), improved pay (15.3%), and more or more flexible hours (14.2%). Many of the factors listed can be addressed by employers or policy makers to encourage a return to employment in nursing for at least some of the RNs currently not employed in nursing.

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

	State *n* = 10,421		**Southern** *n* = 1,933		**Southeastern** *n* = 4,043		**Northeastern** *n* = 2,174		**Western** *n* = 1,270		**Northern** *n* =1,001	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Work environment	1,591	15.3	301	15.6	629	15.6	316	14.5	194	15.3	151	15.1
Improved pay	1,593	15.3	291	15.1	630	15.6	331	15.2	162	8.0	179	17.9
More or flexible hours	1,479	14.2	281	14.5	577	14.3	309	14.2	167	13.1	145	14.5
Worksite location	1,006	9.7	187	9.7	392	9.7	201	9.2	135	10.6	91	9.1
Other	1,000	9.6	160	8.3	383	9.5	219	10.1	130	10.1	108	10.8
Shift	886	8.5	171	8.8	334	8.3	187	8.6	114	9.0	80	8.0
Would not consider returning to nursing	675	6.5	116	6.0	307	7.6	143	6.6	58	4.6	51	5.1
Opportunity for career advancement	567	5.4	111	5.7	245	6.1	98	4.5	65	5.1	48	4.8
Improved health benefits	515	4.9	87	4.5	199	44.9	110	5.1	63	15.0	56	5.6
Modified physical job requirements	445	4.3	90	4.7	161	4.0	105	4.8	50	3.9	39	3.9
Retirement benefits	452	4.3	91	4.7	173	4.3	91	4.2	52	4.1	45	4.5
Improvement in health status	339	3.3	78	4.0	124	3.1	68	3.1	43	3.4	26	2.6
Affordable childcare at or near work	203	1.9	39	2.0	89	2.2	42	1.9	19	1.5	14	1.4

Note. Table 23 includes responses from Questions 18, 81.
Note. Respondents could choose "all that apply."

Table 24 reports RNs' intentions to continue providing DPC in the future, by number of years and by region. Across the state, 50.7% of RNs currently providing DPC intend to continue to do so for under 10 years. The percentage is highest in the Southeastern region (53.4%) and lowest in the Northeastern region (47.8%). The intention of half of all direct care RNs leaving those roles in the next 10 years is very concerning.

Table 24. Intent to Continue Providing DPC by DHS Region of Residence

Years	State *n* = 60,861		Southern *n* = 12,475		Southeastern *n* = 22,934		Northeastern *n* = 12,448		Western *n* = 7,778		Northern *n* = 5,226	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
< 2	7,694	12.6	1,533	12.3	2,974	13.0	1,526	12.3	974	12.5	687	13.1
2 – 4	10,737	17.6	2,222	17.8	4,394	19.2	2,006	16.1	1,224	15.7	891	17.0
5 – 9	12,452	20.5	2,608	20.9	4,861	21.2	2,419	19.4	1,538	19.8	1,026	19.6
10 – 19	14,597	20.5	3,123	25.0	5,353	23.3	2,906	23.3	1,957	25.2	1,258	20.5
20 – 29	9,335	15.3	1,843	14.8	3,196	13.9	2,214	17.8	1,272	16.4	810	15.5
≥ 30	6,046	9.9	1,146	9.2	2,156	9.4	1,377	11.1	813	10.5	554	10.6

Note. Table 24 and Figure 1 includes responses to Questions 30, 81.

Specialized Clinical Knowledge and/or Experience

Table 25 displays the range of areas of specialized clinical knowledge and experience reported by Wisconsin RNs overall and by region. Variations between regions may be related to the location of specialty services and facilities.

	State *n* = 74,151		Southern *n* = 15,002		Southeastern *n* = 28,330		Northeastern *n* = 15,035		Western *n* = 9,345		Northern *n* = 6,439	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Acute/ critical/ intensive care	22,062	29.8	4,336	28.9	9122	32.2	3,946	26.2	2,555	27.3	2,103	32.7
Medical-surgical	20,035	27.0	3,993	26.6	7,441	26.3	3,982	26.5	2,816	30.1	1,803	28.0
Adult health	13,684	18.5	2,863	19.1	5,331	18.8	2,684	17.9	1,616	17.3	1,190	18.5
Geriatrics or gerontology	11,582	15.6	2,472	16.5	3,745	13.2	2,426	16.1	1,717	18.4	1,222	19.0
Surgery/pre-op/post-op/ PACU	11,186	15.1	2,264	15.1	4,106	14.5	2,376	15.8	1,387	14.8	1,053	16.4
Cardiac	10,675	14.4	1,966	13.1	4,463	15.8	2,061	13.7	1,245	13.3	940	14.6
Emergency care	9,424	12.7	1,956	13.0	3,215	11.3	1,791	11.9	1,509	16.1	953	14.8
Other, not listed	9,264	12.5	1,876	12.5	3,521	12.4	1,922	12.8	1,163	12.4	782	12.1
Hospice or palliative care	7,863	10.6	1,592	10.6	2,810	9.9	1,707	11.4	1,062	11.4	692	10.7
Pediatrics	6,689	9.0	1,453	9.7	2,874	10.2	1,089	7.2	698	7.5	555	8.6
Home health	6,429	8.7	1,223	8.2	2,474	8.7	1,349	9.0	801	8.6	582	9.0
Family health	5,838	7.9	1,168	7.8	1,918	6.8	1,311	8.7	831	8.9	610	9.5
None	5,460	7.4	1,117	7.8	1,985	7.0	1,104	7.3	753	8.1	447	6.9
Psychiatric or mental health	5,256	7.1	1,063	7.1	1,936	6.8	1,100	7.3	756	8.1	401	6.2

	State *n* = 74,151		Southern *n* = 15,002		Southeastern *n* = 28,330		Northeastern *n* = 15,035		Western *n* = 9,345		Northern *n* = 6,439	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Oncology	5,146	6.7	958	6.4	2,216	7.8	992	6.6	543	5.8	437	6.8
Labor and delivery	4,673	6.3	895	6.0	1,456	5.1	1,114	7.4	753	8.1	455	7.1
Obstetrics-gynecology	4.439	6.0	963	6.4	1.555	5.5	937	6.2	607	6.5	377	5.9
Community health	4,229	5.7	851	5.7	1678	5.9	799	5.3	512	5.5	389	6.0
Women's health	4,203	5.7	876	5.8	1,676	5.9	847	5.6	498	5.3	306	4.8
Maternal-child health	4,147	5.6	935	6.2	1,447	5.1	868	5.8	582	6.2	315	4.9
Rehabilitation	4.010	5.4	719	4.8	1.514	5.3	892	5.9	518	5.5	37	5.7
Neonatal	3,331	4.5	629	4.2	1,405	5.0	653	4.3	359	3.8	285	4.4
Addiction/ AODA/ substance abuse	3,121	4.2	536	3.6	1,258	4.4	584	3.9	434	4.6	309	4.8
Dialysis/renal	2,729	3.7	463	3.1	1,173	4.1	525	3.5	345	3.7	223	3.5
Public health	2,548	3.4	553	3.7	933	3.3	472	3.1	340	3.6	250	3.9
Respiratory care	2,532	3.4	606	4.0	995	3.5	452	3.0	274	2.9	205	3.2
Anesthesia	1,790	2.4	372	2.5	587	2.1	375	2.5	257	2.8	199	3.1
Occupational or employee health	1,644	2.2	297	2.0	531	1.9	420	2.8	214	2.3	182	2.8
School health	1,509	2.0	347	2.3	543	1.9	288	1.9	208	2.2	123	1.9
Correctional health	1,489	2.0	340	2.3	455	1.6	404	2.7	173	1.9	117	1.8
Nephrology	1,212	1.6	201	1.3	571	2.0	225	1.5	129	1.4	86	1.3
Parish or faith community	303	0.4	52	0.3	127	0.4	67	0.4	34	0.4	23	0.4

Note. Table 25 includes responses to Questions 23, 81.
Note. Respondents could select more than one category.

Educational Patterns and Challenges for RNs in Wisconsin by Region

The survey queried RNs for information about their educational preparation in nursing and in other fields. Table 26 shows the highest nursing degree held by Wisconsin RNs by region of residence. The percentage of RNs who hold the BSN or higher degree in nursing was 65.9%. This varied across regions, from a high of 71.4% in the Southeastern region to a low of 50.2% in the Northern region. This variation can be attributed in part to access to baccalaureate nursing programs and employer policies.

Table 26. Highest Nursing Degree by DHS Region of Residence

	State *n* = 84,451		**Southern** *n* = 17,050		**Southeastern** *n* = 32,227		**Northeastern** *n* = 17,145		**Western** *n* = 10,587		**Northern** *n* = 7,442	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Practical or vocational nursing diploma	73	0.1	12	0.1	19	0.1	17	0.1	18	0.2	7	0.1
Diploma in nursing	2,668	3.2	507	3.0	1,123	3.5	529	3.1	253	2.4	256	3.4
ADN	26,106	30.9	4,955	29.1	8,015	24.9	5,604	32.7	4,079	38.5	3,453	46.4
BSN	43,092	51.0	9,042	53.0	17,843	55.4	8,621	50.3	4,784	45.2	2,802	37.7
MSN	10,749	12.7	2,100	12.3	4,565	14.2	2,082	12.1	1,194	11.3	808	10.9
DNP	1,409	1.7	342	2.0	497	1.5	242	1.4	224	2.1	104	1.4
Doctor of Nursing Science or Nursing Doctorate[a]	48	0.1	17	0.1	13	>0.1	7	>0.1	6	0.1	5	0.1
PhD in nursing	306	0.4	75	0.4	152	0.5	43	0.3	29	0.3	7	0.1
Total BSN or higher degree in nursing	55,604	65.9	11,576	67.8	23,070	71.4	10,995	64.1	6,237	59.0	3,726	50.2

Note. Table 26 includes responses from Questions 4, 81.
[a]DNSc, DSN, ND, or DN
*Too few to report.

Table 27 shows plans to pursue further education in nursing reported by RN respondents by region. Overall, 73.9% of RNs report no plans to continue their education in nursing, with the lowest percentage reported in the Southeastern region (72.6%) and the highest in the Northern region (76.1%). This is likely influenced by age distribution and access to advanced education programs in nursing. The low number of RNs engaged in graduate education is concerning given the current nursing faculty shortage.

	State *n* = 84,685		**Southern** *n* = 17,095		**Southeastern** *n* = 32,334		**Northeastern** *n* = 17,183		**Western** *n* = 10,614		**Northern** *n* = 7,459	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
No plans	62,619	73.9	12,852	75.2	23,465	72.6	12,842	74.7	7,787	73.4	5,673	76.1
Enrolled in BSN program	2,816	3.3	512	3.0	873	2.7	755	4.4	439	4.1	237	3.2
Enrolled in MSN program	2,558	3.0	417	2.4	1,219	3.8	511	3.0	243	2.3	168	2.3
Enrolled in MS degree program in a related field	338	0.4	55	0.3	157	0.5	64	0.4	38	0.4	24	0.3
Enrolled in DNP program	1,077	1.3	215	1.3	431	1.3	196	1.1	175	1.6	60	0.8
Enrolled in a nursing PhD program	88	0.1	28	0.2	42	0.1	12	0.1	5	>0.1	*	>0.1
Enrolled in a PhD program in a related field	37	>0.1	10	0.1	17	0.1	*	>0.1	3	>0.1	3	>0.1
Enrolled in a non-degree specialty certification program	712	0.8	150	0.9	271	0.8	124	0.7	101	1.0	66	0.9
Plan to pursue further nursing education in the next 2 years	14,440	17.1	2,856	16.7	5,859	18.1	2675	15.6	1,823	17.2	1,227	16.4

Note. Table 27 includes responses to Questions 6, 81.
*Too few to report.

Table 28 shows the challenges of pursuing additional education, as reported by Wisconsin RNs. The cost of tuition, fees, and materials were the most cited barriers (37.8%), followed by family or personal reasons (26.1%) and cost of lost work and benefits (21.2%).

Table 28. Challenges to Pursuing Additional Education by DHS Region of Residence

	State *n* = 84,685		**Southern** *n* = 17,095		**Southeastern** *n* = 32,334		**Northeastern** *n* = 17,183		**Western** *n* = 10,614		**Northern** *n* = 7,459	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
None	11,111	13.1	2,088	12.8	4,349	13.5	2,229	13.0	1,438	13.5	1,007	13.5
Cost of tuition, fees, materials	32,026	37.8	6,511	38.1	12,660	39.2	6,221	36.2	3,963	37.3	2,671	35.8
Family or personal reasons	22,090	26.1	4,465	26.1	8,363	25.9	4,665	27.1	2,833	26.7	1,764	23.6
Cost of lost work and benefits	17,937	21.2	3,733	21.8	6,913	21.4	3,497	20.4	2,158	20.3	1,636	21.9
Lack of flexibility in work schedule	7853	9.3	1634	9.6	3069	9.5	1530	8.9	987	9.3	633	8.5
Other	3,180	3.8	652	3.8	1,295	4.3	590	3.4	386	3.6	257	3.4
Schedule of education programs offered	1,537	1.8	313	1.8	634	2.0	288	1.7	190	1.8	112	1.5
Commuting distance	988	1.2	201	1.2	225	0.7	200	1.2	153	1.4	209	2.8
Limited access to online learning or other resources	551	0.7	97	0.6	165	0.5	123	0.7	94	0.9	72	1.0

Note. Table 28 includes responses to Questions 7, 81.

Emergency Response Training

Table 29 shows that 60.8% of RNs in the state have received emergency preparedness training, and 56.3% of RNs received emergency preparedness training from their employers.

Table 29. Formal Training in Emergency Preparedness/Response by DHS Region of Residence

	State *n* = 84,685		**Southern** *n* = 17,095		**Southeastern** *n* = 32,334		**Northeastern** *n* = 17,183		**Western** *n* = 10,614		**Northern** *n* = 7,459	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Organization that provided emergency preparedness and response training*												
Received training	51,473	60.8	10,591	62.0	18,764	58.1	10,547	61.4	7,080	66.8	4,491	60.2
Employer	47,646	56.3	9,728	56.9	17,465	54.0	9,775	56.9	6,608	62.3	4,070	54.6
Voluntary organization	2,152	2.5	518	3.0	699	2.2	431	2.5	286	2.7	218	2.9
Other source	2,788	3.3	623	3.6	947	2.9	573	3.3	344	3.2	301	4.0

Note. Table 29 includes responses to Questions 8, 81.
*Respondents could select more than one response.

Table 30 reports RNs' application of training in emergency preparedness and response. Overall, most RNs have not applied their training (77.8%). WEAVR membership was reported by 4.5% of RNs, with the highest participation in the Western region (5.1%) and lowest in the Northeastern region (3.5%).

Table 30. Applied Training in Emergency Preparedness/Response by DHS Region of Residence

	State *n* = 84,617		**Southern** *n* = 17,083		**Southeastern** *n* = 32,305		**Northeastern** *n* = 17,172		**Western** *n* = 10,608		**Northern** *n* = 7,449	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Have not applied training	65,846	77.8	13,231	77.5	25,656	79.4	13,497	78.6	7,730	72.9	5,732	76.9
Have applied training	18,771	22.2	3,852	22.5	6,649	20.6	3,675	21.4	2,878	27.1	1,717	23.1
Applied emergency preparedness and response training												
Participated in an emergency preparedness exercise in the past 2 years	13,821	13.6	2,896	16.9	4,823	14.9	2,732	15.9	2,162	20.4	1,208	16.2
Responded to an actual emergency, incident, or disaster in the past 2 years	5,461	6.4	1,112	6.5	2,022	6.3	1,003	5.8	808	7.6	516	6.9
	State *n* = 84,685		**Southern** *n* = 17,095		**Southeastern** *n* = 32,334		**Northeastern** *n* = 17,183		**Western** *n* = 10,614		**Northern** *n* = 7,459	
Member of WEAVR	3,853	4.5	837	4.9	1,554	4.8	600	3.5	543	5.1	319	4.3
Member of Medical Reserve Corps	137	0.2	20	0.1	38	0.1	17	0.1	43	0.4	19	0.3

Note. Table 30 includes responses to Questions 9, 10, 81.

Wisconsin RN Workforce by Rural-Urban Designation

Table 31 describes the demographics of RNs in rural vs urban regions by place of employment. Rural and urban designations were established by using the zip code of the RN's primary employer. The rural and urban distinctions follow designations from AHEC Wisconsin Health Service Areas (Sugden, 2015). Nurses working in rural areas were, on average, 2.8 years older than RNs working in urban regions. RNs in rural compared to urban regions reported slightly higher percentages of women, White, and non-Hispanic identities.

Table 31. Demographics by Rural-Urban Location of Employer

	Rural *n* = 16,559		**Urban** *n* = 54,789	
	n	**%**	***n***	**%**
Mean Age (*SD*)	46.0 (*12.3*)		43.2 (*12.4*)	
Gender	*n* = 16,573		*n* = 54,851	
Women	15,293	92.3	50,008	91.2
Men	1,240	7.5	4,694	8.6
Non-binary	40	0.2	149	0.3
Age Distribution (years)				
< 25	206	1.2	1,372	2.5
25 – 34	3,234	19.5	14,770	27.0
35 – 44	4,536	27.4	15,419	28.1
45 – 54	3,901	23.6	11,094	20.2
55 – 64	3,570	21.6	9,497	17.3
65 – 74	1,034	6.2	2,504	4.6
≥ 75	78	0.5	133	0.2
Primary Racial Identity	*n* = 16,573		*n* = 54,851	
White	16,049	96.8	50,597	92.2
Black or African American	82	0.5	1,717	3.1
American Indian or Alaska Native	152	0.9	332	0.6
Asian	201	1.2	1,730	3.2
Native Hawaiian or Other Pacific Islander	16	0.1	104	0.2
Other	196	1.2	1,038	1.9
Hispanic, Latino or Latinx				
Yes	236	1.4	1,683	3.1
No	16,337	98.6	53,168	96.9
Language Proficiency				
Mean number of languages spoken (*SD*)	1.0 (0.2)		1.1 (0.3)	

Note. Table 31 includes responses to Questions 76-81.

Table 32 presents the employment type for rural and urban RNs in Wisconsin. Rural nurses have a higher mean number of years providing DPC, compared to urban RNs. Other characteristics of employment, including number of nursing jobs, hours worked in primary job, and total hours worked in primary and secondary jobs, were similar for nurses employed in rural and urban areas.

Table 32. Employment by Rural-Urban Status of Employer

	Rural *n* = 16,572		**Urban** *n* = 54,851	
	Mean	***SD***	**Mean**	***SD***
Years providing DPC	14.6	11.0	13.1	10.6
Hours worked per week in primary job	36.4	12.0	36.1	11.3
Number of nursing jobs	0.9	0.7	0.9	0.7
Total hours worked in primary and secondary jobs	37.8	12.8	37.3	12.1

Note. Table 32 includes responses to Questions 28, 29, 31, 35, 39, 56, 57.

Table 33 compares intent to continue providing DPC by nurses in rural and urban areas. A slightly higher percentage of nurses in urban areas (50.9%) expressed their intention to continue providing DPC for less than 10 years, compared to nurses in rural areas (48.5%).

Table 33. Intent to Continue to Provide DPC by Rural-Urban Location of Employer

Years	**Rural** *n* = 13,672		**Urban** *n* = 44,562	
	n	**%**	***n***	**%**
< 2	1,682	12.3	5,557	12.5
2 – 4	2,219	16.2	7,889	17.7
5 – 9	2,729	20.0	9,203	20.7
10 – 19	3,473	25.4	10,573	23.7
20 – 29	2,177	15.9	6,875	15.4
≥ 30	1,392	10.2	4,465	10.0

Note. Table 33 includes responses to Questions 30, 35.

Table 34 shows the intent to continue with current employment for rural and urban RNs. A higher percentage of urban RNs (58.7%) intend to stay in their current positions for less than 10 years than RNs in rural areas (54.6%), possibly indicating more opportunities and types of positions for nurses in urban areas.

Table 34. Intent to Continue in Current Employment by Rural-Urban Status of Employer

	Rural *n* = 16,232		**Urban** *n* = 53,957	
Years	***n***	**%**	***n***	**%**
< 2	2,505	15.4	9,135	16.9
2 – 4	3,240	20.0	12,219	22.6
5 – 9	3,110	19.2	10,348	19.2
10 – 19	3,654	22.5	10,904	20.2
20 – 29	2,333	14.4	7,194	13.3
≥ 30	1,390	8.6	4,157	7.7

Note. Table 34 includes responses to Questions 26, 35.

Table 35 shows the educational preparation for rural and urban RNs. Rural RNs report the ADN as their highest nursing degree earned (44.0%) more often than do urban nurses (25.5%), while urban nurses report the BSN as their highest nursing degree (55.1%) more frequently than in rural areas (40.6%). These variations are likely due to differences in access to baccalaureate and technical college programs and organizational hiring policies.

Table 35. Educational Preparation by Rural-Urban Status of Employer

Highest Degree Earned	**Rural** *n* = 16,557		**Urban** *n* = 54,783	
	n	**%**	***n***	**%**
Practical or Vocational Degree	25	0.2	25	0.0
Diploma	324	2.0	896	1.6
ADN	6,944	41.9	13,951	25.5
Bachelor's Degree	6,723	40.6	29,957	54.7
Master's Degree	2,222	13.4	8,551	15.6
Doctorate	319	1.9	1,422	2.6
Highest Nursing Degree Earned	**Rural** *n* = 16,532		**Urban** *n* = 54,708	
Practical or Vocational Degree	29	0.2	29	0.1
Diploma	360	2.2	991	1.8
ADN	7,266	44.0	14,776	27.0
BSN	6,711	40.6	30,132	55.1
MSN	1,879	11.4	7,489	13.7
DNP	270	1.6	1,046	1.9
Doctor of Nursing Science or Nursing Doctorate[a]	7	0.0	33	0.1
PhD in nursing	20	0.1	212	0.4

Note. Table 35 includes responses to questions 4, 35.
[a]DNSc, DSN, ND, or DN
*Too few to report.

Table 36 shows the primary position of Wisconsin RNs and the region where they live categorized by urban or rural. These data suggest that RNs tend to live and work in either an urban or rural community.

Table 36. Residence and Primary Position by DHS Region and Rural-Urban Employer Status

	Rural *n* = 16,566		**Urban** *n* = 54,868	
Region of Primary Position	***n***	**%**	***n***	**%**
Southern	3,914	23.6	10,675	19.5
Southeastern	1,875	11.3	25,512	46.5
Northeastern	3,187	19.2	10,822	19.7
Western	3,340	20.2	5,676	10.3
Northern	4,250	25.7	2,163	3.9
Region of Residence	**Rural** *n* = 16,059		**Urban** *n* = 53,634	
Southern	3,669	22.8	10,503	19.6
Southeastern	1,888	11.8	24,865	46.4
Northeastern	3,275	20.4	11,115	20.7
Western	3,281	20.4	4,975	9.3
Northern	3,946	24.6	2,176	4.1

Note. Table 36 includes responses to Question 35.

Comparing 2020 and 2022 – Regional Differences

Changes in Demographics

- The subtle increase in gender diversity of the RN workforce in the state was seen in four of five regions (0.2% to 0.4% increase).
- The small increase in racial/ethnic diversity overall in the state workforce was also seen in each region, with the largest change in the Southeastern region (White RNs decreased from 91.1% in 2020 to 89.8% in 2022).

Changes in Employment

Comparisons between results reported in 2020 and 2022 appear to support the lived experience of RNs in responding to challenges associated with the COVID-19 pandemic, as shown in the examples that follow.

- The percentage of nurses reporting employment as a nurse declined from 84.7% in 2020 to 83.6% in 2022. This decline was seen in every region, with the largest decline seen in the Northern region (1.7% decline).
- The percentage of unemployed nurses who gave the reason as retirement increased in all regions, with the largest change in the Northern region (8.3% in 2020 to 9.6% in 2020). In 2022, 9.1% of RNs who changed jobs in the past year reported retirement as an important factor, up from 0.8% in 2020. The pattern was seen across all regions, the highest in the Northern region, where 10.6% of RNs noted retirement as an important factor in job change

in 2022 compared to 1.0% in 2020. Change in health status as a reason for change was also higher in 2022 (4.0%) compared to 2020 (1.3%), a pattern that held across all regions.

- The number of RNs who were unemployed and undecided about returning to nursing was much higher in 2022 (5,079) compared to 2020 (945), a change that was also seen in every region of the state.
- The percentage of RNs who reported working more hours in 2022 compared to the prior year (39%) increased by 13.9% over that reported in 2020 (25.1%). This was seen across all regions, with the largest differences seen in the Western (15.3%) and the Northeastern (15.1%) regions. This increase in work also shows in reports of the total hours worked per week, which was higher in 2022 (37.4 hours) compared to 2020 (36.8 hours). The increase was apparent in all regions, with the largest difference in the Southeastern (.8 hours) and Northeastern (.7 hours) regions.
- The percentage of RNs who reported primary employment through temporary or travel agencies increased by 2.5% between 2020 and 2022 across the state, with the largest increases seen in the Northern (3.0%) and Southeastern (2.9%) regions. These increases are likely to have been related to the COVID-19 pandemic.
- The percentage of RNs who reported being members of WEAVR increased from 2.5% in 2020 to 4.5% in 2022.
- In 2020, 88.2% of RNs who reported a secondary job indicated that secondary job required RN licensure, while in 2022, that percentage was 70.5%, indicating less interest in a secondary job in nursing. This pattern was seen across all regions, with the largest difference seen in the Northern region (87.8% in 2020 compared to 64.9% in 2022).
- The percentage of RNs who intend to stay in DPC for under 5 more years was higher in 2022 (30.2% overall) compared to 2020 (23.4%). This pattern was seen across all regions, with the largest difference seen in the Southern region (30.1% in 2022 compared to 15.3% in 2020).

Changes in Education/Degree Attainment

Comparisons between results reported in 2020 and 2022 appear to support the lived experience of RNs in responding to challenges associated with the COVID-19 pandemic, as shown in the examples that follow.

- The percentage of RNs with an ADN as the highest degree declined overall, from 35.0% in 2020 to 30.9% in 2022. This pattern held in every DHS region, with the greatest decrease noted in the Western region (a decline from 51.3% in 2020 to 46.4% in 2022.
- The percentage of RNs with a BSN or higher degree in nursing increased in every region, ranging from 2.8% in the Southern region to 5.6% in the Western region. For the first time, over 50% of RNs in all regions of the state reported having a BSN or higher degree in nursing.
- RN interest in pursuing additional education showed substantial declines in 2022 compared to 2020. Overall, 73.9% of RNs expressed no plans for further education in 2022 compared to 65.2% in 2020. The percentage was highest in the Northern region (76.1% in 2022; 66.3% in 2020) and percent change ranged from the smallest increase in the Southern region (7.7% change from 2020 to 2022) to the largest increase in the Northern region (9.8% change from 2020 to 2022).
- Plans to pursue further education in the next 2 years showed reductions in 2022 compared to 2020 overall (from 23.2% in 2020 to 17.1% in 2022) and in every region, ranging from the smallest reduction in the Northeast region (5.3%) to the greatest in the Northern region (7.2%).

Discussion and Recommendations

Regional variation in survey findings is expected due to geographic variation in opportunities for employment, population demographics, access to education programs, and distribution of nurses. Comparison between results of the 2022 and 2020 surveys yielded concerning findings, likely related to the increased challenges of the COVID-19 pandemic, which seems to have affected RNs across regions. The survey showed that across regions, RNs were working more hours in 2022 compared to 2020. The number with secondary positions in nursing declined, indicating that RNs may be increasingly seeking work outside of nursing. The great increase in the number of RNs who were unemployed and undecided about returning to nursing between 2020 and 2022 is concerning, as was the increase in retirements among RNs across regions. The stress on RNs who provide DPC seems to have increased considerably, with higher proportions indicating their intent to leave DPC in fewer than 5 years in 2022 compared to 2020. Future surveys will provide information to determine if the negative impact on RNs due to the COVID-19 pandemic will be temporary or more long-lasting.

To mitigate future RN shortages in the state, employers, educators, and policy makers should consider ways to improve working conditions for RNs, improve compensation and benefits, bring unemployed RNs back to the workforce, and make nursing education more accessible in all regions. Nurses must be supported to avoid burnout, resignations, and early retirements across the healthcare delivery settings, including hospitals, long-term care, corrections, and public or community health in all regions of the state. Compensatory pay, safe staffing ratios, access to resources to provide patient care that is safe for both nurses and patients, improved benefits, and access to mentorship and support for burnout and fatigue prevention should be available across regions.

Leaders in healthcare, nursing education, and policy should continue to advocate for the growth of the nursing workforce and continued access to higher levels of nursing education. Actionable steps, such as the recent funding made available to nurses pursuing advanced degrees who agree to teach, can help to address the shortage of nurse educators. Employers and schools of nursing should also continue to implement strategies to support nurses' access to continuing professional development, including resources for remote learning. Major healthcare organizations with schools and colleges of nursing should recommit to achieve the national goal to increase the percentage of RNs with a bachelor's degree to 80% by 2030 and find creative ways to assist RNs in all regions to advance their education (Wakefield et al., 2021).

Section IV. Advanced Practice Nurses

Section IV reports *Wisconsin 2022 RN Survey* responses from RNs who identified as advanced practice nurses (APN). By law, an APN must hold a current license as a registered nurse (RN) and hold an approved certification as a nurse practitioner (NP), certified nurse-midwife (CNM), certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS). For all APNs certified after July 1, 1998, an additional educational requirement of holding a master's or doctoral degree from an accredited college or university is required. Additionally, advanced practice nurse prescribers (APNP) must fulfill the requirement of completing a total of 45 hours in pharmacology training to be certified to issue a prescription order in Wisconsin (Wisconsin State Legislature, 2019).

As reported in Section II, Table 4, 8.8% of RNs in Wisconsin reported working as an APN in their primary role or position. Overall, 7,996 RN respondents reported being certified as an APN. Table 37 describes APN by certification type. Most APN licensed in the state have prescriptive authority (91.2%) and most are NPs (81.4%).

Table 37. APN by Certification Type

Current National Certification (*n* = 7,996)	*n*	%
NP	6,506	81.4
CNS	397	5.0
CNM	247	3.1
CRNA	949	11.9
APNP	7,298	91.4

Note. Table 37 includes responses to Questions 62, 63
Note. Respondents could choose more than one response.

Characteristics of the APN Workforce

Table 38 displays demographics, work location, and degree attainment of APNs in Wisconsin. Nearly all APNs (97.6%) who are licensed in Wisconsin work in the state. Most APNs identified as women (88%). The APN workforce who identified as men (11.7%) was higher than the overall RN population who identified as men (8.1%). Mean age and racial/ethnic diversity of APNs mirrored the overall RN workforce. Most APNs have their highest nursing degree at the master's level (75.5%), while 17.3% hold doctoral degrees.

Table 38. APN Work Location, Demographics, and Education Attainment

Work Location (*n* = 6,818)	***n***	***%***
Works in Wisconsin	6,655	97.6
Works out of Wisconsin	163	2.4
Gender (*n* = 7,996)	***n***	**%**
Women	7,034	88.0
Men	936	11.7
Non-binary	26	0.3
Race/Ethnicity (*n*=7,996)	***n***	***%***
BIPOC and/or Latinx	727	9.1
White and not Latinx	7,269	90.9
Age (*n* = 7,986)	**Mean age (*SD*)**	
All APN (Age range = 24 to 89 years)	45.9 (11.2)	
NP	45.3 (11.1)	
CNS	53.2 (11.8)	
CNM	47.3 (11.5)	
CRNA	47.0 (10.6)	
APNP	45.5 (10.9)	
Highest Nursing Degree (*n* = 7,964)	***n***	***%***
Diploma in nursing	28	.3
ADN	63	.8
BSN	479	6
MSN	6,015	75.5
DNP	1,252	15.7
DNS or nursing doctorate	37	.5
PhD in nursing	90	1.1
Highest Degree Earned (*n* = 7,990)	***n***	***%***
Diploma in Nursing	21	.3
ADN	39	.5
Bachelor's degree	230	2.9
Master's degree	6,284	78.6
Doctorate, any field	1,416	17.7

Note. Table 38 includes responses to Questions 4, 35, 36, 62, 63, 66-79.
Note. Table 38 includes APN respondents who are and are not working as APNs.

Certification, Primary Place of Work, Position, and Specialties

Table 39 displays APNs' primary place of work and position/functional role by APN certification type. Most APNs work in ambulatory care settings (52.2%) or in hospitals (29.9%). Place of work varies by APN type, with higher proportions of CRNAs (88.8%) and CNSs (52.9%) working in hospitals compared to NPs (29.9%) and CNMs (36.8%). While APNs work in a variety of functional roles, the majority across certification types indicated their function role at their primary place of work is as an APN.

Table 39. Primary Place of Employment and Position by APN Certification Type

	NP *n* = 6,181		CNM *n* = 228		CRNA *n* = 928		CNS *n* = 344		APNP *n* = 7,084	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Primary Place of Employment										
Ambulatory care	3,224	52.2	105	46.1	86	9.3	87	25.3	3,380	47.7
Hospital	1,851	29.9	84	36.8	824	88.8	182	52.9	2,604	36.8
Nursing home or extended care	305	4.9	*	*	*	*	6	1.7	307	4.3
Other	246	4.0	8	3.5	*	*	23	6.7	247	3.5
Educational institutions	195	3.2	13	5.7	9	1.0	32	9.3	178	2.5
Public or community health	190	3.1	14	6.1	*	*	9	2.6	197	2.8
Home health	170	2.8	*	*	*	*	5	1.5	171	2.4
Position or Functional Role at Primary Place of Employment										
Advanced practice nurse	5,440	88.1	181	79.4	877	94.6	186	54.1	6,396	90.3
Staff nurse	342	5.5	19	8.3	17	1.8	33	9.6	297	4.2
Nurse faculty	143	2.3	9	3.9	7	0.8	31	9.0	136	1.9
Other healthcare related	62	1.0	5	2.2	18	1.9	17	4.9	77	1.1
Nurse manager	51	0.8	*	*	*	*	25	7.3	46	0.6
Nurse educator	38	0.6	*	*	*	*	18	5.2	35	0.5
Nurse executive	24	0.4	5	2.2	*	*	12	3.5	23	0.3
Case manager	23	0.4	*	*	*	*	7	2.0	21	0.3
Nurse researcher	22	0.4	*	*	*	*	*	*	18	0.3
Other not healthcare related	20	0.3	*	*	*	*	*	*	18	0.3
Consultant or contract	13	0.2	*	*	*	*	9	2.6	14	0.2

Note. Table 39 includes responses to Questions 45, 48, 62, 63.
*Too few to report.

Table 40 displays the specialty certifications held by NPs and CNSs. The most frequent NP certifications were in family health (55.4%) and adult health (18.5%). CNS certifications were highest for adult health (40.3%) and gerontology (16.6%). The relatively low numbers and percentage of specialty NP certifications in family psych/mental health (3.7%) and adult psych/mental health (2.7%) are concerning given the rising needs for mental health services in the state.

Table 40. Specialty Certification of Nurse Practitioners and Clinical Nurse Specialists

Current Certification as NP (*n* = 6,506)	***n***	**%**
Family health	3,602	55.4
Adult health	1,205	18.5
Gerontology	573	8.8
Acute care	529	8.1
Pediatric	411	6.3
Other	304	4.7
Family psychiatric and mental health	242	3.7
OB-Gyn/Women's health	190	2.9
Adult psychiatric and mental health	174	2.7
Neonatal	141	2.2
No specialty designation	104	1.6
Emergency nursing	40	0.6
Diabetes management	31	0.5
Family planning	14	0.2
Clinical nurse leader	7	0.1
College health	7	0.1
School	*	*
Current Certification as CNS (*n* = 397)		
Adult health	160	40.3
Gerontology	66	16.6
Acute/critical care – Adult	40	10.1
Other	40	10.1
No specialty designation	38	9.6
Adult psychiatric and mental health	33	8.3
Pediatric	20	5.0
Child/adolescent psychiatric and mental health	10	2.5
OB-Gyn/Women's health	10	2.5
Medical-Surgical	9	2.3
Diabetes management – Advanced	8	2.0

Current Certification as NP (*n* = 6,506)	*n*	%
Community/public health	7	1.8
Home health	*	*
Palliative care – Advanced	*	*
Acute/critical care – Pediatric	*	*
Acute/critical care – Neonatal	*	*

Note. Table 40 includes responses to Questions 62-65.
*Too few to report.

Table 41 displays the number and proportion of APNs with prescriptive authority (APNP) by APN certification type. Most APNs are also APNPs. However, APNs who are also APNP certified varies by APN type, with the highest percentage among NPs (95%) and the lowest percentage among CNSs (40.8%). Overall, 83.5% of APNPs are NPs.

Table 41. APNPs by Certification Type

	NP *n* = 6,500		CNS *n* = 397		CNM *n* = 247		CRNA *n* = 948	
	n	%	*n*	%	*n*	%	*n*	%
APNP within APN type	6,178	95.0	162	40.8	210	85.0	844	89.0
APNP across certification types (*n* = 7,395)		83.5		2.2		2.8		11.4

Note. Table 41 includes responses to Question 62.

Table 42 displays information from all APNs who reported providing primary care or outpatient mental health services by type of care provided. Nearly half (48.5%) provided services to adults, and 44.7% provided services to families.

Table 42. Certified APNs Providing Primary Care or Outpatient Mental Health Services by Type of Care Provided (*n* = 3,019)

	n	%
Adult	1,464	48.5
Family	1,351	44.7
Geriatric	966	32.0
Mental health services	877	29.0
Women's health	822	27.2
Pediatric	706	23.4
Other	262	8.7
Certified nurse midwife services	122	4.0

Note. Table 42 includes responses to Questions 62, 66, 68-69.
Note. Respondents could select multiple options.

Table 43 summarizes the number and proportion of APNs by population served. Family health (46.9%) and adult/gerontology (36.4%) were reported most frequently, with the lowest percentage reported in the neonatal population (2.1%).

Table 43. APN Population Focus Area (*n* = 6,754)

	n	%
Family/individual across the lifespan	3,165	46.9
Adult-gerontology	2,456	36.4
Psychiatric-mental health	394	5.8
Women's health/gender-related	385	5.7
Pediatric	209	3.1
Neonatal	145	2.1

Note. Table 43 includes responses to Questions 66, 67.

APN Types and Specialties by Wisconsin DHS Region of Employment

Table 44 provides a detailed description of APN demographics and education degree attainment by the DHS region of employment. The number of APNs employed per 1,000 population in Wisconsin overall is 1.37. Regions vary, with the highest APN to population ratio seen in the Southeastern region (2.37) and the lowest in the Northern region (0.41). The largest number of APNs are employed in the Southeastern region (*n* = 2,646) and the lowest number in the Northern region (*n* = 634). The proportion of APNs working in APN roles is high across all regions, but is lowest in the Southern region (85.5%) and highest in the Northeastern region (94.1%).

As noted earlier in this report, the proportion of APNs who identify as men is higher than in the overall RN population. The proportion of APNs who identify as men varies across regions, with the highest seen in the Northern region (17.9%) and lowest in the Southeastern region (8.4%). The presence of racial/ethnic diversity among APNs also varies by region, with 13.7% identifying in the BIPOC/Latinx category in the Southeastern region and 5.4% who did so in the Western region. Across the state, more than three-quarters of APNs have a master's degree in nursing (75.7%), while 15.9% hold a DNP. Regional variation was seen in the percentage of APNs with DNPs: 20.3% in the Southern region, 20.1% in the Western region, 13.6% in the Northern region, 13.9% in the Northeastern region, and 14.1% in the Southeastern region.

Table 44. Demographics of the APN Workforce by DHS Region of Employer

	State		Southern		Southeastern		Northeastern		Western		Northern	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
	n = 7,323		*n* = 1,286		*n* = 2,956		*n* = 1,512		*n* = 935		*n* = 634	
Employed APNs/ 1,000 population	1.37		1.52		2.37		2.02		1.01		0.41	
Employed in region as APN	6,597	90.1	1,100	85.5	2,646	89.5	1,423	94.1	850	90.9	578	91.2

	State		Southern		Southeastern		Northeastern		Western		Northern	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
	n = 7,323		*n* = 1,286		*n* = 2,956		*n* = 1,512		*n* = 935		*n* = 634	
Not employed as APN	726	9.9	186	14.5	310	10.5	89	5.9	85	9.1	56	8.8
	n = 7,348		*n* = 1,288		*n* = 2,965		*n* = 1,519		*n* = 939		*n* = 637	
Woman	6,452	87.8	1,140	88.5	2,705	91.2	1,299	85.5	787	83.8	521	81.8
Man	870	11.8	145	11.3	249	8.4	211	13.9	151	16.1	114	17.9
Non-binary	26	0.4	*	*	11	0.4	9	0.6	*	*	*	*
BIPOC and/or Latinx	683	9.3	91	7.1	407	13.7	94	6.2	51	5.4	40	6.3
White and not Latinx	6,665	90.7	1,197	92.9	2,558	86.3	1,425	93.8	888	94.6	597	93.7
	n = 7,340		*n* = 1,288		*n* = 2,961		*n* = 1,515		*n* = 939		*n* = 637	
Mean age (*SD*)	45 (10.6)		45.6 (10.5)		44.0 (10.5)		45.1 (10.8)		46.5 (10.5)		46.8 (10.0)	
Highest nursing degree												
	n = 7,318		*n* = 1,278		*n* = 2,956		*n* = 1,512		*n* = 938		*n* = 634	
Diploma in nursing	21	0.3	*	*	7	0.2	7	0.5	*	*	5	0.8
ADN	59	0.8	9	0.7	18	0.6	5	0.3	20	2.1	7	1.1
BSN	431	5.9	90	7.0	110	3.7	102	6.7	78	8.3	51	8.0
MSN	5,537	75.7	895	70.0	2,345	79.3	1,181	78.1	634	67.6	482	76.0
DNP	1,160	15.9	259	20.3	416	14.1	210	13.9	189	20.1	86	13.6
DNS or ND	34	0.5	8	0.6	11	0.4	*	*	9	1.0	*	*
PhD in nursing	76	1.0	17	1.3	49	1.7	*	*	6	0.6	*	*
Highest degree earned												
	n = 7,343		*n* = 1,286		*n* = 2,964		*n* = 1,517		*n* = 939		*n* = 637	
Diploma in nursing	18	0.2	*	*	6	0.2	7	0.5	*	*	5	0.8
ADN	36	0.5	7	0.5	15	0.5	5	0.3	8	0.9	*	*
Bachelor's degree	199	2.7	36	2.8	68	2.3	47	3.1	29	3.1	19	3.0
Master's degree	5,789	78.8	954	74.2	2,387	80.5	1,236	81.5	692	73.7	520	81.6
Doctorate, any field	1,301	17.7	289	22.5	488	16.5	222	14.6	210	22.4	92	14.4

Note. Table 44 includes responses to Questions 4, 36, 66, 76-79.
*Too few to report.

Table 45 describes the numbers and proportions of APN by certification type in each DHS region of employment. The Southeastern region has the highest number of APNPs and APNs of all certification types, followed by the Northeastern and Southern regions. Across all regions, the highest proportion of APNs are NPs, ranging from 73.6% (*n* = 691) in the Western region to 85.8% (*n* = 2,545) in the Southeastern region. The number of CNMs varies, from a high of 75 in the Southeastern region to just 8 in the Northern region.

Table 45. APN Certification Type by DHS Region of Employer

Certification	State *n* = 7,348		Southern *n* = 1,288		Southeastern *n* = 2,965		Northeastern *n* = 1,519		Western *n* = 939		Northern *n* = 637	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
NP	6,007	81.8	1,024	79.5	2,545	85.8	1,264	83.2	691	73.6	483	75.8
CNS	331	4.5	64	5.0	194	6.5	33	2.2	28	3.0	12	1.9
CNM	216	2.9	53	4.1	75	2.5	30	2.0	50	5.3	8	1.3
CRNA	881	12.0	173	13.4	179	6.0	204	13.4	182	19.4	143	122.4
APNP	6,830	93.0	1,170	90.8	2,727	92.0	1,458	96.0	859	91.5	616	96.7

Note. Table 45 includes responses to Questions 36, 62.
Note. Could select more than one.

Table 46 displays the variation in NP specialty certifications by region of employment. Family nurse practitioner specialization is most common representing 45.7% of NP across the state and ranging from 33.9% in the Southern region to 55.3% in the Northeastern region.

Table 46. Nurse Practitioner Specialty Certification by DHS Region of Employer

	State *n* = 7,348		**Southern** *n* = 1,288		**Southeastern** *n* = 2,965		**Northeastern** *n* = 1,519		**Western** *n* = 939		**Northern** *n* = 637	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Certified	7,256	98.7	1,274	98.9	2,933	98.9	1,494	98.4	925	98.5	630	98.9
Specialty certification												
Family	3,356	45.7	437	33.9	1,340	45.2	840	55.3	416	44.3	323	50.7
Adult	1,102	15.0	257	20.0	452	15.2	177	11.7	130	13.8	86	13.5
Gerontology	532	7.2	122	9.5	225	7.6	81	5.3	75	8.0	29	4.6
Acute care	504	6.9	99	7.7	298	10.1	43	2.8	37	3.9	27	4.2
Pediatric	367	5.0	89	6.9	224	7.6	30	2.0	17	1.8	7	1.1
Other	285	3.9	36	2.8	98	3.3	88	5.8	37	3.9	26	4.1
Family psychiatric and mental health	217	3.0	36	2.8	92	3.1	47	3.1	26	2.8	16	2.5
OB-Gyn/ Women's health	162	2.2	50	3.9	60	2.0	25	1.6	14	1.5	13	2.0
Adult psychiatric and mental health	161	2.2	36	2.8	65	2.2	32	2.1	21	2.2	7	1.1
Neonatal	133	1.8	17	1.3	79	2.7	25	1.6	9	1.0	*	*
Emergency nursing	37	0.5	*	*	15	0.5	6	0.4	8	0.9	7	1.1
Diabetes management	28	0.4	5	.4	8	0.3	7	0.5	*	*	*	*
Family planning	11	0.1	*	*	6	0.2	*	*	*	*	*	*
Clinical nurse leader	7	0.1	*	*	6	0.2	*	*	*	*	*	*
College health	*	*	*	*	*	*	*	*	*	*	*	*
School	*	*	*	*	*	*	*	*	*	*	*	*

Note. Table 46 includes responses to Questions 36, 64.
*Too few to report.

APN Future Work Intentions

Table 47 describes APN intentions to continue their role providing direct patient care (DPC). Overall, the proportion of APNs who provide DPC is 92.9%, but this varies by APN type from CRNAs (99%) to CNSs (59.7%). The proportion of APNs who intend to continue in DPC for less than 2 years was 7.4% and less than 10 years was 34.1%. Both figures are considerably lower than for RNs overall providing DPC (12% for less than 2 years and 50% for less than 10 years), as described in Section 2, Table 7. Intentions to continue in DPC for less than 5 years vary by APN type, with 45.0% of CNSs reporting that intention compared to 17.2% of NPs, 21.1% of CNMs, and 16.5% of CRNAs, likely reflecting the difference in age report by certification type.

Table 47. APN Intent to Continue Providing DPC

	State *n* = 7,178		**NP** *n* = 5,848		**CNS** *n* = 328		**CNM** *n* = 212		**CRNA** *n* = 877		**APNP** *n* = 6,712	
Mean age (range)	45.2 (24-81)		44.7 (26-81)		51.4 (31-80)		45.7 (28-72)		46.7 (24-76)		45.0 (25-81)	
	n = 7,186		*n* = 5,854		*n* =330		*n* = 212		*n* = 877		*n* = 6,719	
% providing DPC	92.9		93.8		59.7		94.3		99.0		94.6	
	n = 6,558		*n* = 5,370		*n* = 209		*n* = 199		*n* = 862		*n* = 6,225	
Years	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
< 2	488	7.4	388	7.2	41	19.6	13	6.5	53	6.1	439	7.1
2 – 4	696	10.6	538	10.0	53	25.4	29	14.6	90	10.4	649	10.4
5 – 9	1,056	16.1	895	16.7	37	17.7	25	12.6	123	14.3	1,007	16.2
10 – 19	1,971	30.1	1,586	29.5	48	23.0	59	29.6	300	34.8	1,892	30.4
20 – 29	1,668	25.4	1,382	25.7	25	12.0	53	26.6	220	25.5	1,595	25.6
≥ 30 or more	679	10.4	581	10.8	5	2.4	20	10.1	76	8.8	643	10.3

Note. Table 47 includes responses to Questions 30, 44, 62, 63, 76.
Note. Could check more than one category.

Table 48. APN Plans to Continue in Current Type of Employment

	State *n* = 7,106		**NP** *n* = 5,785		**CNS** *n* = 327		**CNM** *n* = 209		**CRNA** *n* = 871		**APNP** *n* = 6,646	
Years	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
< 2	835	11.8	713	12.3	57	17.4	20	9.6	55	6.3	737	11.1
2 – 4	978	13.8	792	13.7	75	22.9	33	15.8	96	11.0	900	13.5
5 – 9	1,146	16.1	954	16.5	60	18.3	24	11.5	127	14.6	1,078	16.2
10 – 19	1,898	26.7	1,483	25.6	85	26.0	56	26.8	298	34.2	1,788	26.9
20 – 29	1,610	22.7	1,309	22.6	40	12.2	52	24.9	220	25.3	1,528	23.0
≥ 30 or more	639	9.0	534	9.2	10	3.1	24	11.5	75	8.6	615	9.3

Note. Table 48 includes responses to Questions 26, 62, 63.
Note. Respondents could check more than one category.

Comparing 2020 and 2022

The 2020 survey made questions specific to APN available only to APNPs and not to the full scope of APNs. In 2022, the survey questions specific to APNs were asked for all APNs and were not limited to APNPs. Thus, comparing survey results between 2020 and 2022 is done with caution.

The number of APNs and APNPs working in Wisconsin continues to grow. In 2020, the number of APNPs reported to be living and working in the state was 5,524, and in 2022, the number of APNPs had grown to 7,298, an increase of 32%.

Demographic Changes

- The proportion of BIPOC and/or Latinx among APNs increased from 7.4% in 2020 to 9.1% in 2022, but the proportion of men in APN roles declined slightly, from 12.3% in 2020 to 11.7% in 2022.
- The mean age was higher in 2022 compared to 2020 in all APN certification types and ranged from NPs at 45.3 years to CNSs at 53.2 years.

Changes in Education/Degree Attainment

- The proportion of APNs with the DNP degree continues to increase in the state. In 2020, 12.4% of APNs reported the DNP as their highest nursing degree; in 2022, the proportion had increased to 15.9%.

Changes in Employment and Specialty Practice

- The numbers of APNs increased in all population focus areas except pediatrics, where a decline in numbers and percentage of all APNs was seen, from 307 (5.6%) in 2020 to 209 (3.1%) in 2022. Family and adult/gerontology remain the two more frequent population focus areas for Wisconsin APNs.
- The number of APNs reporting certification in psych/mental health (adult and family) increased 83.0%, from 207 in 2020 to 378 in 2022. This may be a result of increased policy and financial support for APN mental health education programs.
- The number of APNs reporting certification in acute care also increased 53%, from 346 in 2020 to 529 in 2022. This may be the result of care team changes with the use of NPs with hospitalist and specialty teams in the acute care setting.
- Employment of APNs demonstrated increases in all regions of the state between 2020 and 2022, and the employed APN/1,000 population ratio increased in all regions except for the Northern region, where the overall employment of APNs remains the lowest of all regions. Access to APN services in the Northern region is particularly concerning, with just eight CNMs indicating they worked in the Northern region.
- Most APNs provide DPC. As in 2020, intent to continue in DPC varied across APN types, but demonstrated improvement in 2022 in most areas. For example, overall APN intent to continue in DPC for under 2 years was 10.6% in 2020 and 7.4% in 2022 (35.9% in less than 10 years in 2020 compared to 34.1% in 2020). The CNS group continued to show the most worrisome intent to continue (19.6% intend to continue less than 2 years), but this was improved over 2020 (33.7% intended to continue less than 2 years). The CNS group has the highest mean age of all APN groups.

Discussion and Recommendations

The overall APN workforce in Wisconsin continues to grow. Diversity based on race/ethnicity and gender mirrors that of the overall RN workforce. Efforts to add diversity in the APN workforce so that it more closely mirrors the state's population must continue. One approach would be to adopt more inclusive strategies to support RNs from underrepresented groups in gaining access to DNP and master's level APN programs. The geographic distribution of APNs overall and by type and specialty care is uneven across the state, with the lowest numbers of APNs employed in the Western and Northern regions. Rural and underserved communities need enhanced healthcare services (Barnes et al., 2018), and APNs are well equipped to provide care to underserved populations. Practice autonomy is a key factor for APNs to expand their practice in rural areas (Kaplan et al., 2012; Kueakomoldej et al., 2022).

Current APN workforce representation in primary care, mental health services, and OB/GYN services (Auerbach et al., 2019) mirrors the increased demands for healthcare services (IOM, 2011). There is a continuing demand to adopt policies aiming to match the APN workforce with the populations needs (Auerbach et al., 2019; Maneval et al., 2019). Wisconsin's recent efforts to improve support for training additional APN/mental health providers seems to be having an effect, as evidenced by the increasing number of adult and family psych/mental health APNs since the last survey. Of great ongoing concern is the limited access to CNM care, particularly in the Northern region, where many counties have limited or no access to pregnancy and obstetrical care. Also concerning is the mean age of the CNS group and their intentions to stay in their position less than 2 years. Hospital leaders should evaluate strategies to recruit and retain CNSs because they are qualified to contribute in unique ways to the care of people with complex healthcare needs (Tracy et al., 2020).

Overall, healthcare planners and policy makers should include accessibility to APN services as a key strategy for improving access to healthcare and for reducing health disparities in the state. Assuring full scope of practice will increase access to care and improve health equity (Wakefield et al., 2021). Policy and advocacy efforts to remove practice barriers, assure full scope of practice, and improve reimbursement policies for APNs in the state must continue.

Section V. Nurses in Leadership Roles

Section V summarizes the demographic and educational characteristics of nurses engaged in leadership roles across a variety of settings. These data include respondents who are currently employed and who reported county of their employer to allow for regional analysis. The Institute of Medicine (2011) recommended that nurses, given their unique skills and knowledge base, should be at leadership tables, including governance boards, working in partnership with other key leaders to lead and redesign healthcare. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* highlights the critical role of nurse leaders to promote community health, advocate for system change, and work with interdisciplinary and multi-sector teams to advance health equity and redesign care (National Academies of Science, Engineering, and Medicine, 2021). Increasing the capacity and engagement of nurse leaders within and across complex systems to assure sufficient nursing leadership is critical for Wisconsin.

Characteristics of Nurses in Leadership Roles

Table 49 describes results from respondents by DHS region of the primary employer and by leadership role. In 2022, 41.2% (29,098) RNs reported being engaged in a leadership role. Of those who reported a leadership role, work area leadership roles, defined as roles as a charge nurse, team leader and unit manager, were most frequently selected (83.2%, 24,265), followed by organizational level, which included deans, chief nursing officers, and directors (9.4%, 2,742). Only 1.9% (544) of respondents reported governance board engagement, and public official was the lowest reported role (0.4%, 110).

The regional analysis reflected minor variation, with the lowest proportion of leadership engagement in the Northeastern region at 37.9% (5,208) to the highest in the Western region at 44% (4,047). The largest number of respondents engaged in leadership was in the Southeastern region (41.9%, 11,334).

Table 49. Nurses in Leadership Roles by DHS Region of Employer and Role Type

	State		Southern		Southeastern		Northeastern		Western		Northern	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Engaged in leadership role	29,098	41.2	5,937	41.1	11,334	41.9	5,208	37.9	4,047	44.0	2,572	41.0
Not engaged in leadership role	41,576	58.8	8,514	58.9	15,690	58.1	8,529	62.1	5,147	56.0	3,696	59.0
Total	70,674		14,451		27,024		13,737		9,194		6,268	
Leadership Role (*n* =29,098)												
Work area[a]	24,265	83.4	4,902	82.6	9,461	83.5	4,339	83.3	3,401	84.0	2,162	84.1
Organization level[b]	2,742	9.4	596	10.0	970	8.6	503	9.7	408	10.1	265	10.3
Governance board[c]	544	1.9	95	1.6	239	2.1	95	1.8	60	1.5	55	2.1
Public official[d]	110	0.4	26	0.4	29	0.3	27	0.5	19	0.5	9	0.3
Chair of major committee in organization	1,155	4.0	248	4.2	494	4.4	190	3.6	146	3.6	77	3.0
Leadership role in professional organization	2,426	8.3	486	8.2	1,058	9.3	414	7.9	295	7.3	173	6.7
Other	1,642	5.6	317	5.3	660	5.8	307	5.9	218	5.4	140	5.4

Note. Table 49 includes responses to Questions 27, 35.
Note. Respondents could select more than one leadership role.
[a]Examples include charge nurse, team leader, unit manager. [b]Examples include dean, CNO, director. [c]Examples include board of director or trustees. [d]Examples include county board of supervisors, state legislator.

Table 50 highlights the age, gender, and education level of RNs reporting leadership roles by type. The mean age for nurses engaged in leadership is 44.2 years (range 21-84), with organizational and governance board leaders having a higher mean age at 48 years compared to other leader roles. BIPOC and/or Latinx identities were noted by 10.0% (2,905) of nurse leaders across all roles, with a range by role of 8% to 12.3%. Reporting a leader role was slightly higher for men (9.0%, 2,612) compared to their overall representation in the RN workforce. Nurses in leader roles tend to have higher education levels than those not in leader roles. A BSN or higher nursing degree was reported by 67.9% of nurse leaders.

Table 50. Age, Diversity, Gender, and Education by Leadership Role

	State		Work Area		Organization Level		Governance Board		Chair of Major Committee in Organization	
	n = 29,071		*n* = 24,246		*n* = 2,739		*n* = 543		*n* = 1,152	
	Range	**Mean**	**Range**	**Mean**	**Range**	**Mean**	**Range**	**Mean**	**Range**	**Mean**
Age	21-84	44.2	21-82	43.5	23-84	48.2	23-84	48.03	22-81	45.7
	n = 29,098		*n* = 24,265		*n* = 2,742		*n* = 544		*n* = 1,155	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
BIPOC and/or Latinx	2,905	10.0	2,391	9.9	240	8.8	67	12.3	92	8.0
	n = 29,098		*n* = 24,265		*n* =2,742		*n* = 544		*n* = 1,155	
Women	26,423	90.8	22,007	90.7	2,486	90.7	478	87.9	1,049	90.8
Men	2,612	9.0	2,213	9.1	248	9.0	65	11.9	102	8.8
Non-binary	63	0.2	45	0.2	8	0.3	*	*	*	*
Highest Nursing Degree Earned	*n* = 29,014		*n* = 24,205		*n* = 2,723		*n* = 544		*n* = 1,155	
Practical or vocational nursing diploma	20	0.1	18	0.1	*	*	*	*	*	*
Diploma in nursing	447	1.5	365	1.5	30	1.1	*	*	6	0.5
ADN	8,870	30.6	7,767	32.1	667	24.5	86	15.8	160	13.9
BSN	15,274	52.6	13,180	54.5	1,093	40.1	249	45.9	558	48.3
MSN	3,735	12.9	2,568	10.6	725	26.6	142	26.2	317	27.4
DNP	493	1.7	257	1.1	134	4.9	31	5.7	62	5.4
Doctorate of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)	15	0.1	10	0.0	*	*	*	*	*	*
PhD in nursing	160	0.6	40	0.2	68	2.5	29	5.3	50	4.3

Highest Degree Earned	*n* = 29,068		*n* = 24,240		*n* =2,742		*n* = 544		*n* = 1,155	
Practical or vocational diploma	18	0.1	17	0.1	*	*	*	*	*	*
Diploma in nursing	407	1.4	333	1.4	24	0.9	*	*	*	*
ADN	8,422	29.0	7,399	30.5	625	22.9	69	12.7	147	12.7
Bachelor's degree	15,133	52.1	13,198	54.4	923	33.7	213	39.2	508	44.0
Master's degree	4,356	15.0	2,959	12.2	927	33.9	187	34.4	367	31.8
Doctorate, any field	732	2.5	334	1.4	237	8.7	71	13.1	127	11.0
	State		**Professional Association**		**Public Official**		**Other**			
	n = 29,071		*n* = 2,423		*n* = 109		*n* = 1,636			
	Range	**Mean**	**Range**	**Mean**	**Range**	**Mean**	**Range**	**Mean**		
Age	21-84	44.14	22-84	42.5	26-79	48.9	22-82	48.3		
	n = 29,098		*n* = 2,426		*n* = 110		*n* = 1,642			
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**		
BIPOC and/or Latinx	2,905	10.0	246	10.1	7	6.4	242	14.7		
	n = 29098		*n* = 2426		*n* = 110		*n* = 1542			
Female	26,423	90.8	2,220	91.5	93	84.5	1,466	89.3		
Male	2,612	9.0	194	8.0	15	13.6	164	10.0		
Non-binary	63	0.2	12	0.5	*	*	12	0.7		
	n = 29,014		*n* = 2,418		*n* = 110		*n* = 1,635			
Practical or vocational nursing diploma	20	0.1	*	*	*	*	*	*		
Diploma in nursing	447	1.5	25	1.0	*	*	45	2.8		
ADN	8,870	30.6	429	17.7	32	29.1	482	29.5		
BSN	15,274	52.6	1,241	51.3	45	40.9	778	47.6		
MSN	3,735	12.9	537	22.2	28	25.5	264	16.1		
DNP	493	1.7	117	4.8	*	3.6	51	3.1		
Doctorate of nursing Science or Nursing	15	0.1	5	0.2	*	*	*	*		

Doctorate (DNSc, DSN, ND or DN)								
PhD in nursing	160	0.6	63	2.6	*	*	13	0.8
	n = 29,068		*n* = 2,424		*n* = 110		*n* = 1,642	
Practical or vocational diploma	18	0.1	*	*	*	*	*	*
Diploma in nursing	407	1.4	22	0.9	*	*	42	2.6
ADN	8,422	29.0	394	16.3	30	27.3	449	27.4
Bachelor's degree	15,133	52.1	1,206	49.8	45	40.9	765	46.7
Master's degree	4,356	15.0	596	24.6	30	27.3	312	19.0
Doctorate, any field	732	2.5	205	8.5	*	*	70	4.3

Note. Table 50 includes responses to Questions 4, 27, 76-79.
Note. Respondents could select more than one role.
*Too few to report.

Table 51 displays data on the primary functional role reported by RNs and whether they reported or did not report a leadership role. Overall, 29,090 respondents reported a leadership role. Leadership roles were reported at higher proportions by nurse executives (97.6%), nurse mangers (93.1%), nurse faculty (49.4%), and nurse educators (48.3%). Staff nurses (37.5%) and APNs (27.3%) reported leadership roles less frequently.

Table 51. Leadership Roles by Primary Functional Role

	State *n* = 70,657	**Report Leadership Role** *n* = 29,090		**Did Not Report Leadership Role** *n* = 41,567	
	n	***n***	**%**	***n***	**%**
Staff nurse	46,430	17,414	37.5	29,016	62.5
Nurse manager	5,257	4,894	93.1	363	6.9
Case manager	4,551	1,198	26.3	3,353	73.7
Advanced practice nurse	6,256	1,709	27.3	4,547	72.7
Nurse executive	907	885	97.6	22	2.4
Nurse faculty	1,070	529	49.4	541	50.6
Consultant or contractor	722	301	41.7	421	58.3
Nurse researcher	236	105	44.5	131	55.5
Nurse educator	1,454	702	48.3	752	51.7
Other – health care related	3,626	1,299	35.8	2,327	64.2
Other – not health care related	148	54	36.5	94	63.5

Note. Table 51 includes responses to Questions 27, 45.

Table 52 provides data for leadership roles by primary place of work. Nurse leaders reported hospitals as a primary place of work (55.7%, 16,219), followed by ambulatory care (19.3%, 5,606). Nurse leaders working in educational institutions reported the lowest leadership roles (2.5%, 719).

Table 52. Leadership Roles by Primary Place of Work (*n* = 70,674)

	Report Leadership Role *n* = 29,098		**Did Not Report Leadership Role** *n* = 41,576	
	n	**%**	***n***	**%**
Hospital	16,219	55.7	20,168	48.5
Ambulatory care	5,606	19.3	12,260	29.5
Extended care	3,073	10.6	2,065	5.0
Other[a]	1,330	4.6	2,689	6.5
Home health[b]	1,126	3.9	2,119	5.1
Public health[c]	1,025	3.5	1,489	3.6
Educational Institutions	719	2.5	786	1.9

Note. Table 52 includes responses to Questions 36, 48.
[a]Includes telehealth, call center, insurance. [b]Includes hospice. [c]Includes community, occupational, and school health.

Employment Status of Nurse Leaders

Table 53 describes the employment status of nurses with leadership roles. Most RNs with any type of leadership role are employed in positions that require them to be an RN, though the proportion varies by type of leadership, with the highest noted for leadership in the work area (93.5%). Retired nurses also reported leadership roles across all types, with higher percentage noted for governance board leadership (15.8%) and public officials (16.6%).

Table 53. Employment Status for Nurses with Leadership Roles

	Work Area *n* = 26,774		**Organizational Level** *n* = 3,525		**Governance Board** *n* = 854		**Chair of Major Committee in Organization** *n* = 1,372	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Employed								
Working as a nurse	25,041	93.5	2,887	81.9	568	66.5	1,189	86.7
Working in healthcare, not nursing	453	1.7	349	9.9	82	9.6	65	4.7
Working in another field	184	0.7	84	2.4	34	4.0	25	1.8
Not Employed								
Retired	557	2.1	136	3.9	135	15.8	71	5.2
Unemployed, seeking work in nursing	243	0.9	25	0.7	12	1.4	12	0.9
Unemployed, seeking work in another field	49	0.2	11	0.3	6	0.7	*	*
Unemployed, not seeking work	247	0.9	33	0.9	17	2.0	9	0.7

	Professional Association *n* = 2902		**Public Official *n* = 169**		**Other *n* = 2673**	
	n	**%**	***n***	**%**	***n***	**%**
Employed						
Working as a nurse	2,506	86.4	112	66.3	1,696	63.4
Working in healthcare, not nursing	109	3.8	12	7.1	180	6.7
Working in another field	72	2.5	9	5.3	237	8.9

	Professional Association *n* = 2902		Public Official *n* = 169		Other *n* = 2673	
	n	**%**	***n***	**%**	***n***	**%**
Not Employed						
Retired	142	4.9	28	16.6	342	12.8
Unemployed, seeking work in nursing	32	1.1	*	*	72	2.7
Unemployed, seeking work in another field	5	0.2	*	*	22	0.8
Unemployed, not seeking work	36	1.2	*	*	124	4.6

Note. Table 53 includes response to Questions 16, 27.
*Too few to report.

Barriers to Leadership Roles

Table 54 provides data on barriers to leadership among nurses not engaged in leadership by DHS regions. The survey allowed respondents to report up to two barriers. Overall, 58.7% (43,383) reported no engagement in leadership roles. No engagement in leadership responses varied across regions, from a low of 55.8% (5,344) in the Western region to a high of 58.8% (8,850) in the Southern region. The most frequent barrier to participation in leadership roles was a lack of interest (46.6%, 26,017), followed by other personal issues (21.3%, 11,930) and work demands (11.9%, 6,682). Conversely, lack of leadership development (5.2%, 2,922) and lack of opportunity (10.7%, 5,972) were the least frequent barriers reported.

Table 54. Barriers to Leadership Among RNs not Engaged in Leadership by DHS Region

	State *n* = 73,917		**Southern** *n* = 15,051		**Southeastern** *n* = 28,314		**Northeastern** *n* = 14,402		**Western** *n* = 9,571		**Northern** *n* = 6,579	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Not engaged in leadership role	43,383	58.7	8,850	58.8	16,418	58.0	8,905	61.8	5,344	55.8	3,866	58.8
Barriers to Engagement in Leadership Roles												
	n = 41,576		*n* = 8514		*n* = 15690		*n* = 8529		*n* = 5147		*n* = 3696	
Lack of leadership development or preparation	2,933	5.2	583	6.8	1175	7.5	575	6.7	352	6.8	248	6.7
Lack of opportunity	5,972	10.7	1,188	14.0	2,214	14.1	1,327	15.6	690	13.4	553	15.0
Other personal priorities	11,930	21.3	2,558	30.0	4,560	29.1	2,394	28.1	1,449	28.2	969	26.2
Work Demands	6,682	11.9	1,437	16.9	2,647	16.9	1,250	14.7	792	15.4	556	15.0
Presently not interested in a leadership role	26,017	46.5	5,205	61.1	9,665	61.6	5,447	63.9	3,334	64.8	2,366	64.0

Note. Table 54 includes responses to Questions 27, 28, 36.
Note. Could select two options.

Future Work Intentions

Table 55 describes the intent of nurse leaders to stay in their current position. Overall, 16.1% expect to stay in their current position less than 2 years and 56.8% less than 10 years. Intent to stay in current position less than 2 years ranges from 13.8% for the organizational level to 17.4% for leaders of major committees in organizations.

Table 55. Nurse Leaders' Intent to Stay in Current Position

	Total Nurse Leaders *n* = 31,514		**Work Area** *n* = 25,630		**Organizational Level** *n* = 3,324		**Governance Board** *n* = 683		**Chair of Major Committee in Organization** *n* = 1,280	
Years	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
< 2	5,079	16.1	4,180	16.3	460	13.8	140	20.5	223	17.4
2 – 4	6,593	20.9	5,356	20.9	625	18.8	141	20.6	263	20.5
5 – 9	6,250	19.8	4,974	19.4	770	23.2	144	21.1	275	21.5
10 – 19	7,050	22.4	5,647	22.0	887	26.7	140	20.5	281	22.0
20 – 29	4,331	13.7	3,579	14.0	427	12.8	82	12.0	153	12.0
≥ 30	2,211	7.0	1,894	7.4	155	4.7	36	5.3	85	6.6
	Total Nurse Leaders *n* = 31,514		**Professional Association** *n* = 2,687		**Public Official** *n* = 136		**Did Not Report Leadership Role** *n* = 44,730		**Other** *n* = 2,119	
Years	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
< 2	5,079	16.1	457	17.0	22	16.2	7,651	17.1	341	16.1
2 – 4	6,593	20.9	591	22.0	21	15.4	10,270	23.0	479	22.6
5 – 9	6,259	19.8	473	17.6	30	22.1	8,338	18.6	464	21.9
10 – 19	7,050	22.4	598	22.3	40	29.4	8,746	19.6	469	22.1
20 – 29	4,331	13.7	355	13.2	19	14.0	5,973	13.4	244	11.5
≥ 30	2,211	7.0	213	7.9	*	*	3,752	8.4	122	5.8

Note. Table 55 includes responses to Questions 26, 27.
Note. Not all nurse leaders responded to this question.

Comparing 2020 to 2022

The number and percentage of RNs who reported being engaged in a leadership role decreased 8.1% overall, from 49.3% (32,991) in 2020 to 41.2% (29,098) in 2022. Engagement in work area leadership increased slightly to 83.4% in 2022 from 81.7% in 2020, and organizational level leadership stayed steady at approximately 9%. All other leadership engagement declined, in every region and for every other leadership role.

Demographic Changes

- Nurse leaders who identified as BIPOC and/or Latinx increased from 2,854 (8.7%) in 2020 to 2,905 (10%) in 2022.
- In 2022, 9.0% of leaders identified as a man, slightly higher than in 2020 (8.5%) and slightly above the proportion of the RN workforce identifying as men in 2022 (8.1%).

Changes in Education/Degree Attainment

- The percentage of respondents with leadership roles who reported having a BSN or higher degree increased from 64.2% in 2020 to 67.9% in 2022.
- The percentage of APNs reporting leadership engagement decreased from 35.3% in 2020 to 27.3% in 2022.

Changes in Type of Leadership

- The number of RNs who served on governance boards decreased from 862 (2.6%) in 2020 to 544 (1.9%) in 2022.
- The number of respondents reporting a leadership role in a professional organization decreased from 3,809 (11.5%) in 2020 to 2,426 (8.3%) in 2022.

Changes in Employment Intention

- The future work intentions of nurse leaders to stay in current position less than 2 years increased from 13.0% in 2020 to 16.0% in 2022.

Discussion and Recommendations

Nurse leaders address innovative care delivery models, promote healthy practice environments, and address the critical issues facing healthcare today, including promoting an adequate workforce. Supporting the recruitment, retention, and well-being of staff, while balancing cost and quality outcomes, are essential focus areas for nurse leaders.

There are many opportunities and needs for nurse leaders to engage in leadership across a variety of functional roles and settings. The results indicate variation in leadership engagement across demographics, role, place of work, employment status, and education. Most nurse leaders reported working as a nurse in their work area. Direct care nurses, such as staff nurses, advanced practice, and case managers, reported lower levels of engagement in leadership, which may reflect the functional role design and expectations, especially in the hospital and ambulatory care settings.

A concerning finding in this survey is an overall decrease in the number of nurses reporting leadership engagement in 2022 compared to 2020. Engagement in leadership on governance boards and professional organizations also appears to have declined. The COVID-19 pandemic may have discouraged or prevented engagement in leadership due to altered work assignments, staffing shortages, burnout, or other factors associated with the pandemic.

Another concerning finding is a potential shortage of nurse leaders due to turnover of nurse leaders, coupled with the lack of interest in leadership roles. Just under half of respondents were not interested in leadership roles (46.5%). Intentions of nurse leaders to stay in their current positions for less time increased between the 2 years. The mean age of nurse leaders is well over 40, with organizational leaders mean age nearing 50. These factors may have a serious impact on leadership capacity, which ultimately may impact patient and organizational outcomes.

To address these leadership threats, organizations should address recruitment, retention, and succession planning strategies for nurse leaders. An urgent need exists to address the barriers impacting leadership engagement, especially the lack of interest in leadership roles. Organizations and nursing education programs should integrate leadership opportunities at all levels, encourage mentoring opportunities, and evaluate innovative strategies to make leadership roles more attractive, including role design, span of control, flexibility, coverage models, and support strategies. In 2022, the American Organization of Nurse Leaders (AONL) updated the recommended core competencies for nurse leaders, given the contemporary expectations of the role and the current complexities in

healthcare, and recommended support strategies to recruit and retain nurse leaders (Hughes et al., 2022). Tactics to recruit a more diversified nursing leadership workforce needs to be enhanced. Community-academic partnerships between healthcare organizations and schools should be encouraged to promote higher levels of educational attainment and leadership development opportunities. Retention and recruitment of nurse leaders, including support strategies such as peer support groups, mentoring and coaching, should be a primary focus.

Section VI. Nursing in Faculty Roles

Section VI highlights responses pertaining to the nurse faculty workforce. A robust and well-qualified nurse faculty workforce is essential to educate and maintain a competent nursing workforce and to conduct research to improve nursing, public health, and healthcare. Beginning in 2020, the RN survey provided two options for primary place of work related to nursing education: nurse faculty (in a school or college of nursing) and nursing education (professional development or continuing education). Section VI only includes information on nurse faculty working in a nursing school or college of nursing. See Section II Table 4 for information on nursing education (professional development or continuing education) primary place of work. The primary place of work *nurse faculty* was selected by 1.6% (1,201) of the total 2022 survey respondents (see Table 4).

Demographic Patterns for Nurse Faculty Members

Table 56 describes the demographics for nurse faculty members who live and work in Wisconsin. Nurse faculty members predominantly identify as women (94.5%) and as White (90.2%). The mean age of nurse faculty members was 50.6 years. Most nursing faculty members hold a master's degree (55.5% MSN, 64.2% Master's degree in any field), while 11.8% hold a DNP, 11.2% a PhD in nursing, and 15.8% a PhD or equivalent degree in any field.

Table 56. Nurse Faculty Demographics

Gender (*n* = 1,169)	***n***	**%**
Woman	1,105	94.5
Man	60	5.1
Non-binary	*	*
Age (*n* = 1,169)		
Mean age (*SD*)	50.6 (11.7)	
Race/Ethnicity (*n* = 1,169)		
BIPOC and/or Latinx	115	9.8
White and not Latinx	1,054	90.2
Highest Nursing Degree Earned (*n* = 1,165)		
Diploma in nursing	*	*
ADN	57	4.9
BSN	186	16.0
MSN	646	55.5
DNP	138	11.8
DNS, DSN, DN, or ND	5	0.4
PhD in Nursing	131	11.2
Highest Degree Earned (*n* = 1,169)		
ADN	52	4.4
Bachelor's degree in any field	170	14.5
Master's degree in any field	634	54.2
Doctorate in any field	313	26.8

Note. Table 56 includes responses to Questions 4, 32, 36, 76-79, 82.

Table 57 describes the ages of nurse faculty respondents by their highest degree earned. Across degrees, ages ranged from 23 to 80 years. Nurse faculty members with a doctoral degree or equivalent in any field reported a mean age of 53.4 years.

Table 57. Nurse Faculty Age by Highest Degree (*n* = 1,169)

Highest Degree Earned	*n*	Mean	*SD*	Range
Associate Degree in Nursing	52	53.2	12.4	28 - 75
Bachelor's degree in any field	170	48.0	13.6	23 - 80
Master's degree in any field	634	50.4	11.2	25 - 75
Doctoral degree or equivalent, any field	313	53.4	10.7	31 - 76
Total	1,169	50.6	11.7	23 - 80

Note. Table 57 includes responses to Questions 4, 32, 36, 76, 82.

Employment Patterns for Nurse Faculty Members by Setting and Region

Table 58 displays the principal place of work for nurse faculty members. The majority (89.8%, 1,050) identified educational institutions as their principal place of work.

Table 58. Nurse Faculty Principal Place of Work (*n* =1,169)

Principal Place of Work	*n*	%
Hospital (medical/surgical, AODA/psychiatric, long-term acute care)	50	4.3
Ambulatory care (employee health, outpatient care, clinics, surgery center)	10	0.9
Extended care (nursing, hospice, CBRF, RCAC, AFH facilities)	18	1.5
Home health (private home)	*	*
Public health or community health	35	3.0
Educational institutions	1,050	89.8
Other (insurance, call center, etc.)	5	0.4

Note. Table 58 includes responses to Questions 36, 48, 82.

Table 59 describes the educational work settings of nurse faculty members. Over half (58.1%, 608) of faculty members work for colleges and universities, and 41.9% (439) work at technical or community colleges.

Table 59. Education Work Setting of Nursing Faculty (*n* = 1,047)

Education Setting	*n*	%
Academic institution (college or university)	608	58.1
Technical or community college	439	41.9

Note. Table 59 includes responses to Questions 32, 36, 48, 82.

Table 60 provides data on the distribution of nurse faculty member employment by DHS region and by type of educational institution. In the Northern and Western regions, a greater number of faculty members are employed in technical or community colleges than at academic institutions. In the South, Southeastern, and Northeastern regions, more faculty members are employed at academic institutions than at technical or community colleges. The distribution of nurse faculty members reflects the geographic location of colleges, universities, and technical or community colleges in the state.

Table 60. Nurse Faculty in Education by DHS Region (*n* = 1,034)

DHS Region	Total Nursing *n* = 1,034		Academic Institution (College or University) *n* = 598		Technical or Community College *n* = 436	
	n	**%**	***n***	**%**	***n***	**%**
Southern	185	17.9	98	16.4	87	20.0
Southeastern	445	43.0	316	52.8	129	29.6
Northeastern	193	18.7	109	18.2	84	19.3
Western	142	13.7	61	10.2	81	18.6
Northern	69	6.7	14	2.3	55	12.6

Note. Table 60 includes responses to Questions 36, 36, 48, 82.

Faculty Intentions Regarding Future Work and Education

Table 61 displays the intent of nurse faculty members to stay in their current type of employment. A little over one-third (34.5%) of nurse faculty members noted an intent to stay in their current employment for less than 5 years. Slightly over half (56.7%) of respondents reported an intent to stay in their current employment for less than 10 years.

Table 61. Nurse Faculty Intent to Stay in Current Type of Employment – All Degrees (*n* = 1,150)

Years	***n***	**%**
< 2	165	14.3
2 – 4	232	20.2
5 – 9	255	22.2
10 – 19	277	24.1
20 – 29	155	13.5
≥ 30	66	5.7

Note. Table 61 includes responses to Questions 17, 26, 32, 36, 82.

Table 62 displays the intent to stay in current type of employment for nurse faculty members who hold a PhD in Nursing. Over one-third (35.9%) of faculty members with a PhD in Nursing report they intend to work in their current type of employment for less than 5 years, which increases to 61.2% for less than 10 years.

Table 62. Nurse Faculty with PhD Intent to Stay in Current Type of Employment (*n* = 170)

Years	*n*	%
< 2	20	11.8
2 – 4	41	24.1
5 – 9	43	25.3
10 – 19	33	19.4
20 – 29	27	15.9
≥ 30	6	3.5

Note. Table 62 includes response to Questions 4, 17, 26, 32, 36, 82.

Table 63 describes the intention of nurse faculty members to stay in their current type of employment by educational institution. The proportions are similar for faculty members working at both academic institutions and technical or community colleges.

Table 63. Nurse Faculty in Education to Stay in Current Type of Employment (*n* = 1,032)

	Total (*n* = 1,032)		Academic Institution (College or University) (*n* = 595)		Technical or Community College (*n* = 437)	
Years	*n*	%	*n*	%	*n*	%
< 2	139	13.5	82	13.8	57	13.0
2 – 4	211	20.4	118	19.8	93	21.3
5 – 9	239	23.2	144	24.2	95	21.7
10 – 19	249	24.1	140	23.5	109	24.9
20 – 29	139	13.5	77	12.9	62	14.2
≥ 30	55	5.3	34	5.7	21	4.8

Note. Table 63 includes responses to Questions 17, 26, 32, 36, 48, 82.
*Too few to report.

Table 64 provides data on nurse faculty members' plans for pursuing further education. Of the 1,169 respondents, 35 were enrolled in PhD in programs and 46 were enrolled in DNP programs. An additional 190 (16.3%) nurse faculty members intend to pursue further education within the next 2 years. The largest proportion (71.8%) indicated no plans for additional nursing studies. The cost of tuition and fees was reported as the most frequent barrier (40.2%) to pursuing further education, followed by family or personal reasons (20.4%). Only 16.3% of respondents did not identify any barriers to pursuing further education.

Table 64. Nurse Faculty Member Plans for Further Education and Barriers to Pursue Education

Plans for Further Education (*n* = 1,169)	***n***	**%**
No plans for additional nursing studies	839	71.8
Enrolled in BSN	*	*
Enrolled in MSN	35	3.0
Enrolled in Master's in related field	*	*
Enrolled in DNP	46	3.9
Enrolled in PhD in nursing	28	2.4
Enrolled in PhD in a related field	7	0.6
Enrolled in non-degree certification program	17	1.5
Plan to pursue further education within next 2 years	190	16.3
Barriers to Pursuing Additional Education[a] (*n* = 1,169)		
Cost of tuition and fees	470	40.2
Family or personal reasons	238	20.4
None identified	190	16.3
Cost of loss of work time and benefits	189	16.2
Lack of flexibility in work schedule	80	6.8
Other, not listed	50	4.3
Schedule of educational programs offered	32	2.7
Commuting distance to education program	9	0.8
Limited access to online learning or other resources	8	0.7

Note. Table 64 includes responses to Questions 6, 7, 36, 82.
[a]Respondents could check two challenges.
*Too few to report.

Clinical Specialty Knowledge and Experience of Nurse Faculty Members

Table 65 describes the areas of specialized knowledge and/or experience reported by nurse faculty members. Acute/critical/intensive care (34%), medical-surgical nursing (33.8%), and adult health (25.7%) were the most frequently reported areas of specialty knowledge and experience for nurse faculty.

Table 65. Clinical Areas of Specialized Knowledge and Experience (*n* = 1,169)

Clinical areas of specialized knowledge and/or experience of 2 or more years	*n*	%
Acute care/critical care/intensive care	397	34.0
Medical-surgical	395	33.8
Adult health	300	25.7
Geriatrics/gerontology	268	22.9
Cardiac care	209	17.9
Community health	201	17.2
Maternal-child health	137	11.7
Hospice or palliative care	130	11.1
Emergency care/trauma	129	11.0
Family health	129	11.0
Home health	122	10.4
Pediatrics	121	10.4
Public health	120	10.3
Other, not listed	120	10.3
Surgery/pre-op/post-op/PACU	113	9.7
Psychiatric or mental health	107	9.2
Labor and delivery	98	8.4
School health (K-12 or post-secondary)	97	8.3
Women’s health	94	8.0
Obstetrics-gynecology	93	8.0
Oncology	81	6.9
Neonatal care	69	5.9
Rehabilitation	62	5.3
Addiction/AODA/substance abuse	54	4.6
None	44	3.8
Occupational or employee health	41	3.5
Respiratory care	32	2.7
Dialysis/renal	31	2.7

Clinical areas of specialized knowledge and/or experience of 2 or more years	*n*	%
Parish or faith community	26	2.2
Correctional health	26	2.2
Nephrology	21	1.8
Anesthesia	18	1.5

Note. Table 65 includes responses to Questions 23, 32, 36, 82.

Comparing 2020 and 2022

The number of respondents who indicated *nurse faculty* as their primary position was lower in 2022 (1,201) than in 2020 (1,234), a decline of 33 faculty members in the state.

Demographic Changes

- Nurse faculty members who identified on the survey as women was nearly the same in 2022 (94.5%) as in 2020 (94.2%).
- Nurse faculty members who identified as BIPOC and/or Latinx was higher in 2022 (9.8%, 115) compared to 2020 (7.5%, 91).
- The mean age of nurse faculty members decreased from 53.4 years in 2020 to 50.6 years in 2022. The mean age of faculty members with doctoral degrees remained unchanged between the two survey years (53.4 years).

Changes in Education/Degree Attainment

- While most nurse faculty members are prepared at the master's level, nurse faculty members who reported the MSN as their highest degree decreased from 57.9% (700) in 2020 to 55.5% (646) in 2022.
- The number and percentage of nurse faculty members with a DNP increased from 9.8% (119) in 2020 to 11.8% (138) in 2022, while the number with a PhD in Nursing decreased slightly from 11.5% (139) in 2020 to 11.2% (131) in 2022.
- Nurse faculty respondents who reported no plans for furthering their education increased slightly from 69.0% in 2020 to 71.8% in 2022.
- Smaller numbers and percents reported current enrollment in DNP programs (46, 3.9% in 2022 compared to 55, 4.5% in 2020) and PhD programs (28, 2.4% in 2022 compared to 41, 3.4% in 2020).
- The number of nurse faculty respondents reporting plans to pursue further education in the next 2 years declined from 202 in 2020 to 190 in 2022.

Changes in Employment

- There was a small increase between 2020 and 2022 in the proportion of nurse faculty members who indicated their intention to continue in their current employment for less than 2 years (13.0%, 157 in 2020 and 14.3%, 165 in 2022). An increase was also noted in faculty who indicated their intent to continue in their current employment less than 5 years (32.8%, 393 in 2020 and 34.6%, 397 in 2022).

Discussion and Recommendations

The number of nurse faculty members decreased slightly since 2020, which is a concerning finding given the recent supply and demand forecast by Walsh and Casal (2022) that identified a significant need to increase the size of the nursing workforce to meet future nursing and healthcare demand in Wisconsin. Nurse faculty members are critical to Wisconsin's ability to increase the size of the RN workforce through educating future nurses. Without sufficient faculty, a bottleneck occurs in the ability to admit, educate, and graduate the nursing students who become the future nursing workforce. The shortage of nurse faculty is a state and national issue (AACN, 2022).

The gender and racial diversity among nurse faculty members is less than in the RN workforce overall. Faculty respondents who identify as men make up only 5.1% of nurse faculty, compared to 8.1% in Wisconsin and 9.4% in the United States (Smiley et al., 2021). Increasing the size and diversity of the nurse faculty workforce is important to address the diversity gap in the nursing workforce, improve access to care, decrease disparities in healthcare outcomes, and focus on healthcare for all. Thompson (2021) outlines key strategies to increase racial and ethnic diversity among the nurse faculty workforce, including increasing the number of programs that support post-doctoral scholars moving into faculty positions, implementing substantial loan forgiveness programs, and strengthening coalition building with diverse nursing associations.

A positive finding in the 2022 survey was the small drop in mean age of nurse faculty respondents (50.6 years), possibly related to increasing retirements among older faculty and increasing numbers of younger RNs taking up the nurse faculty role. A concerning finding is that over one-third of nurse faculty members intend to stay in their current position less than 5 years and almost two-thirds (61.2%) of PhD faculty intend to stay in their positions less than 10 years. When coupled with the large percentage of RNs (73.9%, Table 27) and nurse faculty respondents (71.8%, Table 64) with no plans to pursue additional education, these findings highlight the critical need in the near term for aggressive strategies to educate, recruit, and retain nurse faculty members. These findings align with national reports on future faculty retirements and succession planning, in which one-third of faculty are expected to retire from undergraduate and graduate nursing programs by 2025 (Fang & Kesten, 2017). In Wisconsin, the number of master's educated faculty increased; however, AACN (2022) noted a leading indicator of concern as the national decline in current enrollment in MSN programs. Enrollment in graduate nursing programs should be monitored for trends to evaluate pipeline concerns for both master's and doctoral programs. Given the small number of PhD prepared faculty (11.2%, 131) and the higher doctoral mean age, emphasis should be given to pathway development strategies, including early entry PhD programs and transition to faculty from postdoctoral position programs.

In summary, schools and colleges of nursing, in partnership with healthcare organizations, policy makers at the state and national level, and accreditation and professional organizations, should implement comprehensive recruitment and retention strategies to increase the number and diversity of nurse faculty members to increase the capacity of nursing schools to meet the forecasted demand for nurses. Innovative strategies are needed now to mitigate the impending retirements and forecasted needs for both nurses and faculty. Given that the cost of tuition and fees was the most frequently identified barrier to further education, strategies should also include continued investment in scholarships and loan forgiveness programs, along with early identification and mentoring of future faculty members.

Section VII. Income of Wisconsin RNs

Section VII summarizes information from the *Wisconsin 2022 RN Workforce Survey* on income reported by licensed RNs. Respondents were asked to estimate their 2021 pre-tax annual earnings, including overtime pay and bonuses for the primary and secondary place of work (if applicable), and not to include income from sign-on bonuses. Response category options were in $10,000 increments, starting with less than $25,000 to over $155,000. In this section, median income is reported as the mid-point of the $10,000 increment category. Note that for ease of reading and comparison, this chapter refers to the responses to the 2022 survey, which asked for 2021 pre-tax income as 2022 income. When making comparisons with the responses from the 2020 survey, which refers to pre-tax income in 2019, we refer to 2020 income. Information on employee benefits, including retirement plans, dental insurance, employee health insurance, and health insurance for employees' families is detailed in Section II.

Table 66 shows the annual pre-tax earnings from primary and secondary places of work for all RNs working in Wisconsin who completed the survey in 2022. The largest proportions of RNs reported income in the $55,001 to $65,000 (16.3%) or the $65,001 to $75,000 (16.4%) income brackets. The proportion earning more than $115,000 was 8.2%. Of those who reported earnings from a secondary place of work, 75.3% earned less than $25,000 annually.

Table 66. Annual Pre-Tax Earnings All RNs Working in Wisconsin

Primary Place of Work (*n* = 74,247)	***n***	**%**
<$25,000	4,100	5.5
$25,001 - $35,000	2,707	3.6
$35,001 - $45,000	4,209	5.7
$45,001 – $55,000	7,659	10.3
$55,001 – $65,000	12,136	16.3
$65,001 – $75,000	12,210	16.4
$75,001 – $85,000	10,081	13.6
$85,001 – $95,000	6,561	8.8
$95,001 – $105,000	5,286	7.1
$105,001 – $115,000	3,214	4.3
>$115,000	6,084	8.2
Secondary Place of Work (*n* = 9,900)	***n***	**%**
<$25,000	7,451	75.3
$25,001 - $35,000	1,001	10.1
$35,001 - $45,000	469	4.7
$45,001 – $55,000	293	3.0
$55,001 – $65,000	241	2.4
$65,001 – $75,000	142	1.4
$75,001 – $85,000	94	0.9
$85,001 – $95,000	70	0.7
$95,001 – $115,000	65	0.7
>$115,000	74	0.8

Note. Table 66 includes responses to Questions 35, 41, 51, and 59.
Note. Table 66 includes all RNs (full-time and part-time).

The following tables and figures include data only from RNs who reported full-time employment at their primary place of work in Wisconsin. Overall, median income from primary positions for RNs working full-time was $80,000. Table 67 displays the estimated median income by age, racial/ethnic identity, and rural/urban geographic location of residence. Median income appears to increase with age and peaks at $90,000 for RNs between 65 and 74 years. Median income was higher ($80,000) in urban areas compared to rural areas.

Table 67. Median Income by Demographic Characteristics

Age Group	
< 25	$50,000
25 – 34	$60,000
35 – 44	$80,000
45 – 54	$80,000
55 – 64	$80,000
65 – 74	$90,000
≥ 75	$70,000
Under and Over Age 55	
Under age 55	$70,000
55 years and older	$80,000
Racial and Ethnic Diversity	
BIPOC and/or Hispanic, Latino, or Latinx	$70,000
White and not Hispanic, Latino, or Latinx	$80,000
Rural or Urban Residence*	
Rural	$70,000
Urban	$80,000

Note. Table 67 includes responses to Questions 35, 36, 37, 41, 76, 78, and 79.
Note. Table 67 includes responses from RNs working full-time.
*Rural and urban designations were based on zip code of primary employer, according to Sugden (2015).

Table 68 displays annual pre-tax earnings for RNs who reported working full-time by gender. Respondents who identified as men reported a higher annual median income than those who identified as women or non-binary gender. A higher proportion of men (35.0%) compared to women (23.5%) or non-binary persons (18.7%) had median incomes greater than $95,000.

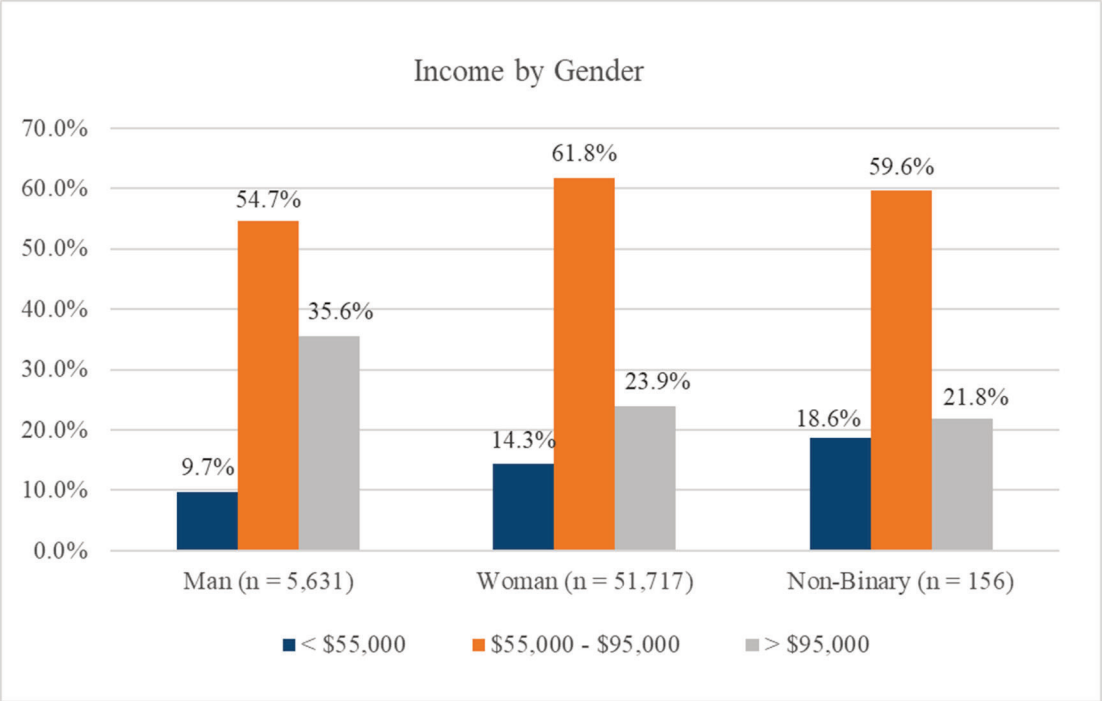
Table 68. Annual Pre-Tax Earnings by Gender

	Woman (*n* = 49,982)		**Man** (*n* = 5,403)		**Non-binary** (*n* = 150)	
Annual Median Income Pre-Tax Earnings	$70,000		$80,000		$70,000	
	n	**%**	***n***	**%**	***n***	**%**
<$25,000	837	1.7	81	1.5	11	7.3
$25,001 - $35,000	821	1.6	67	1.2	*	*
$35,001 - $45,000	1,450	2.9	98	1.8	5	3.5
$45,001 – $55,000	4,058	8.1	283	6.3	12	8.0
$55,001 – $65,000	8,490	17.0	649	12.5	23	15.3
$65,001 – $75,000	9,325	18.7	854	15.6	27	18.0
$75,001 – $85,000	7,969	15.9	830	15.4	23	15.3
$85,001 – $95,000	5,271	10.5	648	12.0	16	10.7
$95,001 – $105,000	4,366	8.7	534	9.9	9	6.0
$105,001 – $115,000	2,718	5.4	321	5.9	*	*
>$115,001	4,677	9.4	1,038	19.2	19	12.7

Note. Table 68 includes responses to Questions 41, 59, and 77.
Note. Table 68 includes responses from RNs working full-time.
*Too few to report

Figure 2 displays income data for full-time RNs in three categories by percentage of the sample in that category by gender. Only 9.7% of men reported median incomes in the lower income category (<$55,000) compared to 14.3% for women and 18.6% for non-binary gender. Conversely, 35.6% of men were represented in the higher income category (>$95,000) compared to women (23.9%) and non-binary gender (21.8%).

Figure 2. Annual Pre-Tax Earnings by Gender



Note. Figure 2 includes responses to Questions 41, 59, and 77.

Table 69 displays the median income for nurses working full-time in Wisconsin by primary place of work, functional role, and education. Across most primary work settings, the median income reported was $70,000. Median income for nurses by functional role or position ranged from $70,000 for staff nurses to $130,000 for nurse executives. APNs reported an annual median income of $110,000. Nurses also realized a financial benefit with graduate education at the level of a master's degree or higher. Median income for RNs with up to a bachelor's degree was $70,000, increasing to $100,000 for those with a master's degree or higher. Overall, these data suggest financial advantages for nurses who advance in education and board certification and to leadership roles.

Table 69. Median Annual Income by Place of Work and Functional Role

Primary Place of Work	
Hospital (medical/surgical, AODA/psychiatric, long-term acute care)	$80,000
Extended care (nursing, hospice, CBRF, RCAC, AFH facilities)	$70,000
Ambulatory care (employee health, outpatient care, clinics, surgery enter)	$70,000
Home health (private home)	$70,000
Community and public health (Public health, community health, parish nursing, and school health)	$70,000
Public health (governmental: federal, state, or local)	$70,000
Community health (centers, agencies, and departments)	$70,000
Parish nurse services	$90,000
School health (K-12, college, and universities)	$60,000
Educational institutions	$80,000
Other (insurance, call center, etc.)	$80,000
Primary Functional Role or Position	
Consultant	$80,000
Nurse researcher	$80,000
Nurse executive	$130,000
Nurse manager	$90,000
Nurse faculty (teaching, research/scholarship, and service in an academic nursing education program)	$80,000
Nurse educator (educator in a health or health care practice setting)	$80,000
Advanced practice nurse	$110,000
Staff nurse	$70,000
Case manager	$70,000
Other healthcare related	$80,000
Other not healthcare related	$70,000

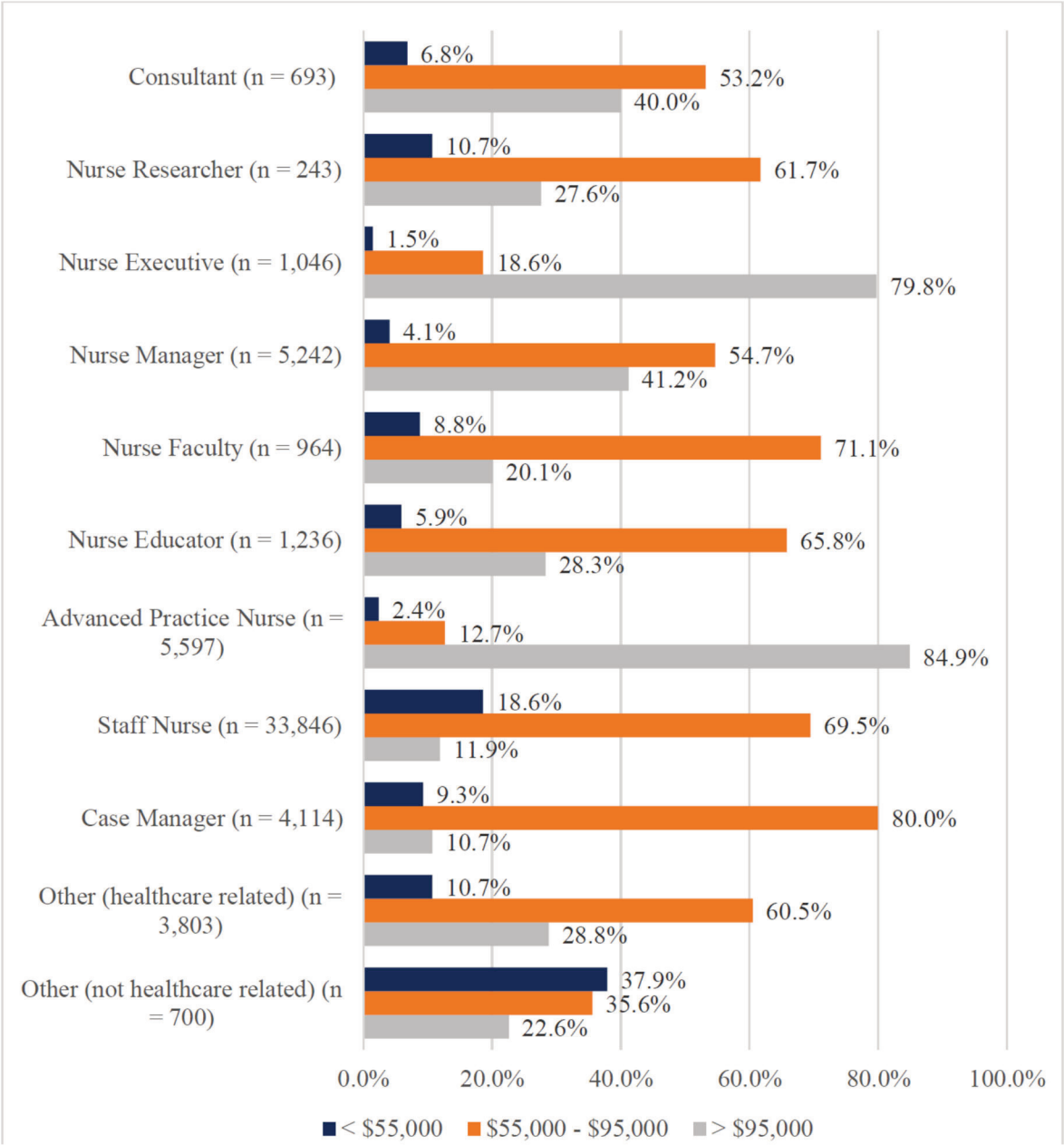
Leadership Role	
No leadership role	$70,000
Nurse leadership role	$80,000
National Board Certification	
Yes	$90,000
No	$70,000
Highest Degree Earned	
Practical or vocational nursing diploma	$70,000
Diploma in nursing	$80,000
Associate degree in nursing	$70,000
Bachelor's degree, any field	$70,000
Master's degree, any field	$100,000
Doctoral degree, any field	$110,000

Note. Table 69 includes responses to Questions 4, 24, 27, 41, 45, and 48.
Note. Table 69 includes responses from RNs working full-time.

Income by primary functional role or position is further detailed in Figure 3, which displays income in three categories (less than $55,000, $55,000 to $95,000, and over $95,000). Additional information is presented in Appendix G. The variation in income among nurses selecting the same role on the survey might be explained by variations in pay scales between organizations and regions of the state or other factors.

Nurse executives (79.8%) and APNs (84.9%) had the highest proportion reporting the highest income category. For most other roles, the highest proportion of respondents reported their incomes in the $55,000 to $95,000 range, including nurse researchers (61.7%), nurse faculty (71.1%), nurse educators (65.8%), staff nurses (69.5%), and case managers (80%).

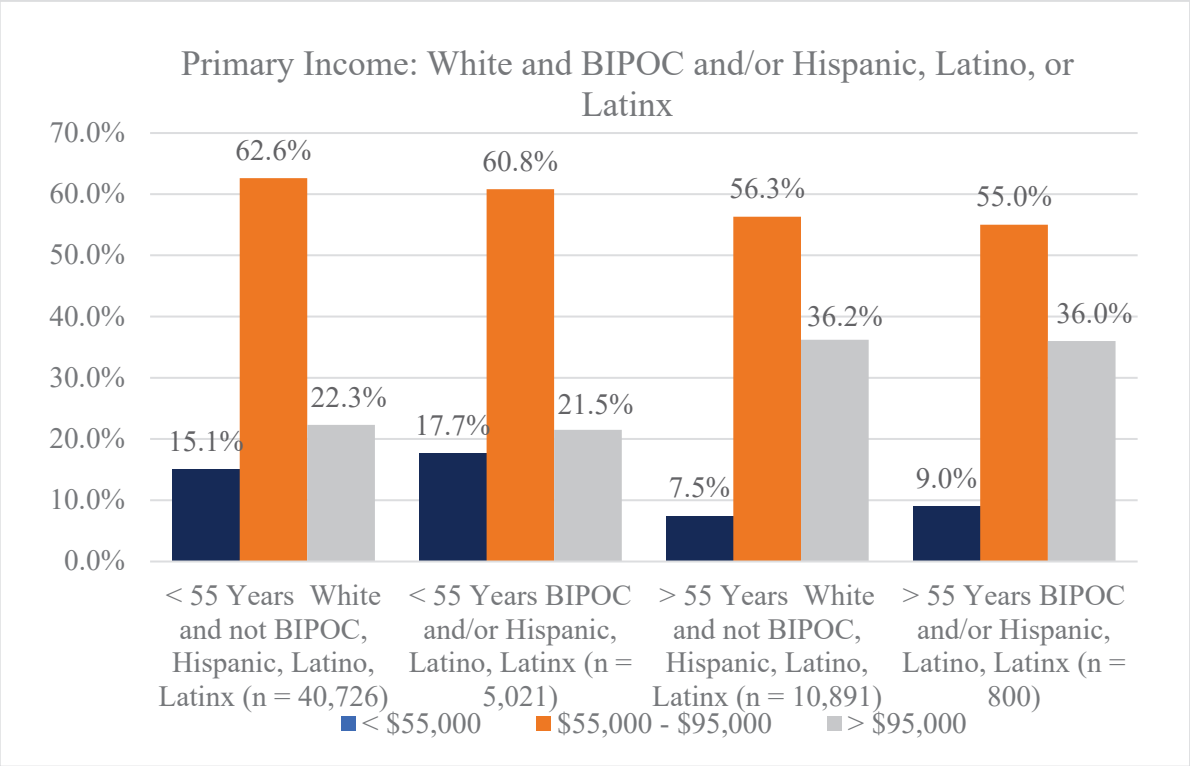
Figure 3. Annual Pre-Tax Income Based on Primary Functional Role or Position



Note. Figure 3 contains data from Questions 41 and 45.

Figure 4 compares reported income from primary position for RNs working full-time by BIPOC/Hispanic, Latino, or Latinx compared to White/Not-Latinx racial/ethnic category stratified by age (<55 and 55+). Income increases with age in both categories. While the patterns of income are similar across the two race/ethnic categories for both age groups, a slightly lower percent of BIPOC/Latinx RNs report income in the higher income categories compared to White RNs. Additional information is available in Appendix H.

Figure 4. Income from Primary Position by Age and Racial/Ethnic Diversity



Note. Figure 4 includes data from Questions 41, 76, 78, and 79.

Table 70 compares the median income for nurses who work full-time as nurse educators (professional development or continuing education) and nurse faculty members (school or college of nursing) by their level of education. Overall, income for both groups increased with advanced education. Median income for nurse educators was higher than nurse faculty members' income at all levels of education. The difference in income between these two groups might be partially explained by employment practices through which many nurse faculty members are employed on 9-month academic year contracts; whereas, nurse educators are employed on a 12-month basis.

Table 70. Median Income for RNs Employed as Educators and Faculty

Highest Degree Earned	Educators	Faculty
	***n* = 991**	***n* = 935**
Diploma in nursing	$90,000	NA
Associate degree in nursing	$80,000	$65,000
Bachelor's degree, any field	$80,000	$70,000
Master's degree, any field	$90,000	$80,000
Doctorate, any field	$100,000	$90,000

Note. Table 70 includes responses to Questions 4, 41, 45, 52, and 59.
Note. Table 70 includes responses from RNs working full-time.

Exploring median income by functional role or primary job, leadership role, and degree attainment for each DHS region shows consistency across regions. Table 71 outlines median income by DHS region of employers. Median income was higher in the Southern ($80,000) and Southeastern ($80,000) regions than in the remaining regions ($70,000) of the state. No differences were seen in median income between women and men in the Southern and Southeastern regions. However, in all other regions, the median income for men ($80,000) was higher than for women. Median income for non-binary gender RNs was lower than for men in some regions, but in the Southeastern region, median income was the same across all three gender categories. No regional differences were seen when comparing BIPOC/Latinx and White/not-Latinx categories, though median incomes in both categories were higher in the Southern and Southeastern regions.

The overall median income for full-time RNs was $80,000. Median income appears to be generally higher in the Southern and Southeastern regions for most functional roles. A notable exception was higher median incomes for APNs in the Western and Northern regions compared to other regions. Reporting a leadership role was associated with higher median incomes compared to no leadership role in all regions.

Table 71. Median Income by DHS Region of Employer

	Southern	Southeastern	Northeastern	Western	Northern
Median Income	**$80,000**	**$80,000**	**$70,000**	**$70,000**	**$70,000**
Gender					
Woman	$80,000	$80,000	$70,000	$70,000	$70,000
Man	$80,000	$80,000	$80,000	$80,000	$80,000
Non-binary	$70,000	$80,000	$70,000	$80,000	$70,000

Racial and Ethnic Diversity					
BIPOC and/or Hispanic, Latino, or Latinx	$80,000	$80,000	$70,000	$70,000	$70,000
White and not Hispanic, Latino, or Latinx	$80,000	$80,000	$70,000	$70,000	$70,000
Functional Role or Primary Job					
Consultant	$80,000	$90,000	$80,000	$80,000	$80,000
Nurse researcher	$80,000	$80,000	$80,000	$80,000	$70,000
Nurse executive	$130,000	$130,000	$120,000	$130,000	$110,000
Nurse manager	$90,000	$90,000	$80,000	$90,000	$80,000
Nurse faculty (Teaching, research/scholarship, and service in an academic nursing education program)	$80,000	$80,000	$80,000	$70,000	$70,000
Nurse educator (educator in a health or healthcare practice setting)	$90,000	$90,000	$80,000	$80,000	$70,000
Advanced practice nurse	$110,000	$110,000	$110,000	$120,000	$120,000
Staff nurse	$70,000	$70,000	$60,000	$70,000	$70,000
Case manager	$80,000	$80,000	$70,000	$70,000	$70,000
Other healthcare related	$80,000	$90,000	$80,000	$80,000	$80,000
Other not healt care related	$60,000	$80,000	$60,000	$60,000	$60,000
Leadership Role					
No leadership role	$70,000	$70,000	$70,000	$70,000	$70,000
Nurse leadership role	$80,000	$80,000	$80,000	$80,000	$80,000
Highest Degree Earned					
Practical or vocational nursing diploma	$70,000	$75,000	$60,000	$60,000	$50,000
Diploma in nursing	$80,000	$80,000	$70,000	$80,000	$80,000
Associate degree in nursing	$70,000	$70,000	$70,000	$70,000	$70,000
Bachelor’s degree, any field	$70,000	$80,000	$70,000	$70,000	$70,000
Master’s degree, any field	$100,000	$100,000	$100,000	$110,000	$110,000
Doctorate, any field	$110,000	$110,000	$100,000	$110,000	$110,000

Note. Table 71 includes responses to Questions 4, 27, 35, 36, 41, 45, 77, 78, and 79.
Note. Table 71 includes responses from RNs working full-time.

Table 72 shows median income by rural or urban place of residence. Lower median income was reported by women in rural areas compared to urban areas. There were no differences in income by race/ethnicity categories in rural areas, but the BIPOC/Latinx group had a lower median income in urban areas. Higher median income for urban compared to rural residence was noted in some functional role categories, leadership roles, and degree categories, with APNs reporting higher median income in rural areas. These data may reflect cost of living wage differentials, which are higher in urban areas (U.S. Bureau of Labor and Statistics, 2021).

Table 72. Median Income by Rural-Urban Residence

Gender	Rural	Urban
Woman	$70,000	$80,000
Man	$80,000	$80,000
Non-binary	$70,000	$70,000
Racial and Ethnic Diversity		
BIPOC and/or Hispanic, Latino, or Latinx	$70,000	$70,000
White and not Hispanic, Latino, or Latinx	$70,000	$80,000
Primary Functional Role or Position		
Consultant	$80,000	$80,000
Nurse researcher	$80,000	$80,000
Nurse executive	$110,000	$130,000
Nurse manager	$80,000	$90,000
Nurse faculty	$70,000	$80,000
Nurse educator	$80,000	$80,000
Advanced practice nurse	$120,000	$110,000
Staff nurse	$70,000	$70,000
Case manager	$70,000	$80,000
Other healthcare-related	$70,000	$80,000
Other not healthcare-related	$50,000	$70,000
Leadership Role		
No leadership role	$70,000	$70,000
Nurse leadership role	$80,000	$80,000

Highest Degree Earned	Rural	Urban
Practical or vocational nursing diploma	$60,000	$70,000
Diploma in nursing	$80,000	$80,000
Associates degree in nursing	$70,000	$70,000
Bachelor's degree, any field	$70,000	$70,000
Master's degree, any field	$110,000	$100,000
Doctoral degree, any field	$110,000	$110,000

Note. Table 72 includes responses to Questions 4, 27, 41, 45, 77, 78, 79, 81, and 82.
Note. Table 72 includes responses from RNs working full-time.

Comparing 2020 to 2022

Overall, median income from the primary place of work for RNs working full-time increased in 2022 ($80,000) compared to 2020 ($70,000).

Demographic Comparison

- Median income increased with age, with the lowest income in the under 25 age group ($50,000) in both years, and the highest in the 65-year to 74-year age group ($90,000 in 2022 and $80,000 in 2020).
- Gender differences in income continued in 2022, with higher proportions of men compared to women reporting median income in the highest income categories. In 2020, 14.0% of women earned more than $95,000; in 2022, 23.9% of women earned more than $95,000 (9.9 percentage point difference). For men, these percentages were 25.6% in 2020 and 35.6% in 2022 (10 percentage point difference).
- In 2020, no difference in median income was seen for BIPOC/Latinx groups compared to White/Not-Latinx groups ($70,000); in 2022, a disparity appeared with lower median income reported by RNs identifying in the BIPOC/Latinx group ($70,000) compared to White/Not-Latinx ($80,000).

Comparison by Place of Work and Role

- Median annual income reported by place of work and functional role showed no change from the 2020 survey income levels for most position types. Increases in median income compared to 2020 were found for staff nurses (from $60,000 in 2020 to $70,000 in 2022) and nurse managers (from $80,000 in 2020 to $90,000 in 2022), along with an increase in median income for *hospital* as the primary place of work ($70,000 in 2020 to $80,000 in 2022). Notably, median income reported by school nurses increased from $50,000 in 2020 to $60,000 in 2022. A decrease in median income was reported by APNs, from >$115,000 in 2020 to $110,000 in 2022.
- Median income for nurse faculty members with master's ($80,000) or doctoral ($90,000) degree preparation remained stable from 2020 to 2022, while median income for nurse educators with the same preparation increased ($80,000 in 2020 to $90,000 in 2022 for those with master's preparation and from $90,000 in 2020 to $100,000 in 2022 for those with doctoral preparation).

Regional and Rural/Urban Comparisons

- Median income overall increased in the Southern and Southeastern regions (from $70,000 in 2020 to $80,000 in 2022), while staying stable in the Northeastern, Western, and Northern regions ($70,000).
- Disparities in median income were seen for BIPOC/Latinx RNs ($60,000) compared to White/Not-Latinx ($70,000) in 2020 in three regions (Northeastern, Western, and Northern). These disparities disappeared in 2022 ($70,000 for both groups) in all three regions.
- Comparison of median income by rural and urban residence showed an increase in income for women in urban areas (from $70,000 in 2020 to $80,000 in 2022), reaching parity with men. However, a gender gap remains in rural areas, where women reported a median income of $70,000 compared to $80,000 for men. The gender gap is also present for RNs identifying as non-binary gender, who reported increased median income from $60,000 in 2020 to $70,000 in 2022 in rural areas and remained stable at $70,000 in urban areas.

Discussion and Recommendations

Income data have been collected from Wisconsin RNs for two consecutive surveys (2020 and 2022). Pre-tax estimated median income (earnings) for RNs working full time in 2021 at their primary place of employment was approximately $80,000 (within the $75,001 to $85,000 category on the survey) overall. Lower median income was reported by RNs in more rural regions of the state compared to the Southern and Southeastern regions. The U.S. Bureau of Labor Statistics (2022) reported mean compensation for Wisconsin RNs was $76,850 in 2021. The national average for RNs working in the United States was $82,750 in 2021, with a median income of $77,600 (U.S. Bureau of Labor Statistics, 2022). The Wisconsin RN workforce survey measures self-reported income in $10,000 increments, a method that limits the precision of the results. Despite this limitation, the findings are aligned with national statistics on RN income. However, it seems clear that the income of RNs in more rural regions of the state are lagging. The 2022 survey showed an increase in median income for staff nurses, the largest category of RNs, from $60,000 to $70,000. Given the current and growing shortage of nurses in the state, this upward trend is positive and should continue if Wisconsin hopes to compete successfully with other states to recruit and retain RNs.

The 2022 survey results reflect a continuing gender-based income gap favoring men over women and non-binary gender first identified in the 2020 survey. It is positive that this gap may be shrinking, at least in more urban regions of the state. A gender pay gap is not unique to the State of Wisconsin. According to the U.S. Bureau of Labor Statistics (2021), RNs who identify as women earned 83.5% of men's wages in 2020 across the country. Gender-based income discrepancies may be related to variations in employment and promotional opportunities, differences in hours worked, choices of types of roles sought differentially by gender, or a combination of those or other variables.

Educational attainment, leadership positions, and board certification may offer opportunities for RNs to increase their income. Higher pay was associated with the type of position, with nurse executives, APNs, nurse managers, consultants, nurse researchers, nurse faculty members, and nurse educators reporting higher median income than staff and case manager RNs. These positions require advanced degrees, diversified skills, and experience. Financial barriers, including tuition, fees, and loss of work and benefits, have consistently deterred RNs from advancing their education (Zahner et al., 2021). This may have long-term implications for the personal income of RNs. Employers and administrators must continue to look at compensation and reimbursement for formal education, skill development, and board certification as a recruitment strategy and to contribute to a robust RN workforce. Universities, colleges, and community programs across Wisconsin should find

opportunities for programmatic development, for strengthening partnerships with local healthcare facilities, and for investing in community healthcare and RN needs.

As described in Section VIII, COVID-19 appears to have affected RN health to a greater extent for RNs earning between $45,001 and $75,000, while having the least impact on RNs reporting the lowest income. This may reflect the heavy burden of COVID-19 care on staff nurses and a protective effect for part-time work or retirement (see Section VIII).

More analysis could be done to further explore the income data drawn from this survey to better understand the factors associated with RN income. Changing the way income data are collected on the *Wisconsin RN Workforce Survey* from the current $10,000 increment categories to the ability to enter a numerical value for their actual or estimated annual pre-tax income, as is done in other national RN surveys, would improve the accuracy of income data in Wisconsin (Smiley, 2018; U.S. Department of Health and Human Services, 2018).

Section VIII. COVID-19 Pandemic

Section VIII focuses on the impact of the COVID-19 pandemic on the Wisconsin RN workforce. The *2022 Wisconsin RN Workforce Survey* included five questions (Q11-15) about RNs' employment and health experience during the COVID-19 pandemic. Because the beginning of the pandemic coincided with the 2020 survey, the 2022 survey results offer a unique opportunity to understand the impact of the pandemic on Wisconsin's RNs over these 2 critical years. This section describes responses to the COVID-19 survey questions and compares the results by relevant respondent characteristics, including age, gender, race/ethnicity, education, geography, primary position, and intent to continue working in direct patient care (DPC) and in their current position.

Training and Information Sources

The survey asked respondents to report on training and keeping informed about COVID-19. Most RNs reported receiving training and ongoing information about COVID-19 through their employer. Other sources of information included government websites, professional associations, and a variety of media, including television, radio, newspapers, and social media sites. The proportion of RNs reporting receiving no training on COVID-19 was 11.8% (see Table 73).

Table 73. Training on COVID-19 (*n* = 87,100)

Training Source	*n*	%
Received training on COVID transmission from employer	72,211	82.9
Received no training on COVID transmission	10,319	11.8
Received training on COVID from another source	4,722	5.4
Received training on COVID from a governmental entity	2,980	3.4
Information Source		
Employer	60,941	25.6
CDC website	59,781	25.1
Other governmental agency websites	30,293	12.7
Television	23,768	10.0
Professional associations	22,108	9.3
Social media	12,464	5.2
Newspapers	11,147	4.7
Radio	9,238	3.9
Other	8,100	3.4

Note. Table 73 includes responses to Questions 11 and 14.
Note. Respondents could choose more than one response.

Settings for DPC

A third survey question asked nurses to identify the primary setting in which they provided DPC to people infected with COVID-19. Overall, 67.2% (58,535) of all Wisconsin RNs reported providing DPC to people with COVID-19. The most frequent setting for COVID-19 care was hospitals (66.6%). Table 74 displays the number and proportion of RNs who provided COVID-19 care by type of care setting.

Table 74. Setting for DPC for COVID-19 (*n* = 58,535)

Care Setting	*n*	%
Hospital		
Inpatient unit	14,180	24.2
Emergency/urgent care	8,294	14.2
Intensive care	6,460	11.0
Obstetrics	2,980	5.1
Several units	7,111	12.1
Physician office/clinic	5,848	10.0
Skilled nursing facility	4,676	8.0
Home health agency	2,222	3.8
Surgery or dialysis center	1,777	3.0
Urgent care (not in hospital)	921	1.6
Assisted living (CBRF)	803	1.4
Hospice facility	689	1.2
Correctional facility	638	1.1
School health (K12, college, & university*)	624	1.1
Outpatient mental health	397	0.7
Assisted living facility (RCAC)	273	0.5
Adult family home	284	0.5
Intermediate care facility of the intellectually disabled (ICFIC)	110	0.2
Academic educational institution (college or university*)	142	0.2
Parish nurse service	36	0.1
Technical or community college	70	0.1

Note. Table 74 includes responses to Questions 12 and 13.
*Survey included college and university in two response options.

Overall Personal Health

The fourth survey question asked RNs to rate their overall personal (physical or mental) health compared to before the COVID-19 pandemic. The COVID-19 pandemic had a dramatic impact on self-reported ratings of overall personal health among RNs in Wisconsin. Nearly half (47.8%) of all RNs in Wisconsin (87,100) reported their health was worse in 2022 than before the pandemic. Table 75 displays the overall responses to this question.

Table 75. Overall Rating of Personal Health 2020 to 2022 (*n* = 87,100)

Response	*n*	%
Better than before the pandemic	6,962	8.0
About the same as before the pandemic	38,541	44.2
Worse than before the pandemic	33,527	38.5
Much worse than before the pandemic	8,070	9.3

Note. Table75 includes responses to Question 15.

Self-ratings of overall personal health varied by primary place of work. Over half of hospital nurses (55.8%), public/community health nurses (51.5%), and ambulatory care nurses (50.1%) reported their health was worse or much worse than before the pandemic. Table 76 displays the health ratings by primary place of work.

Table 76. Health Rating Compared to Pre-Pandemic by Primary Place of Work (*n* = 76,566)

Primary Place of Work	Total	Better		About the Same		Worse		Much Worse	
	n	*n*	%	*n*	%	*n*	%	*n*	%
Hospital*	38,563	3,031	7.9	14,015	36.3	16,781	43.5	4,736	12.3
Extended care	5,395	474	8.8	2,361	43.8	2,072	38.4	488	9.0
Ambulatory care	18,719	1,342	7.2	7,996	42.7	7,843	41.9	1,538	8.2
Home health	3,450	292	8.5	1,670	48.4	1,252	36.3	236	6.8
Public/community health	2,750	225	8.2	1,107	40.3	1,148	41.7	270	9.8
Educational institutions	1,834	133	7.3	910	49.6	657	35.8	134	7.3
Other	5,855	534	9.1	3,259	55.7	1,746	29.8	316	5.4
Overall totals	76,566	6,031	7.9	31,318	40.9	31,499	41.1	7,718	10.1

Note: Table 76 includes responses from Questions 15 and 48.
*Hospital (medical/surgical, AODA/psychiatric, long-term acute care).

Self-perceived health ratings varied by age, gender, and racial/ethnic identity (see Table 77). Higher proportions of respondents identifying as women reported worse or much worse health ratings (48.2%) compared to those identifying as men (43.6%) or non-binary or other gender (44.9%). On average, respondents reporting worse or much worse health were younger than nurses reporting their health was better or about the same compared to before the pandemic. The proportion of nurses in the under 25 category who reported their health was worse or much worse was 64.2%, which was nearly as high for the 25 to 34 group at 61.8%. The proportion of RNs reporting worse or much worse health varied by race and ethnicity. Higher proportions of RNs identifying as Native American/American Indian (51.8%) or as Hispanic/Latinx (51.2%) reported worse or much worse health compared to White (48.3%), Asians (41.2%), and African American/Black (37.6%).

Table 77. Health Rating by Gender, Age, and Race/Ethnicity

	Totals		Better		About the Same		Worse		Much Worse	
Gender (*n* = 87,100)	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Woman	79,822	91.6	6,238	7.8	35,158	44.0	31,108	39.0	7,318	9.2
Man	7,049	8.1	689	9.8	3,292	46.7	2,366	33.6	702	10.0
Other, non-binary	229	0.3	35	15.3	91	39.7	53	23.1	50	21.8
Age (*n* = 87,100)										
Mean age (*SD*)	46.1 (13.7)		46.1		50.3		42.9		39.6	
Median age (*SD*)	44.0 (13.7)		44.0		51.0		41.0		38.0	
Age Distribution (*n* = 86,996)										
< 25	1,678	1.9	122	7.3	478	28.5	829	49.4	249	14.8
25 – 34	19,783	22.7	1,619	8.2	5,933	30.0	9,364	47.3	2,867	14.5
35 – 44	22,271	25.6	1,749	7.9	8,288	37.2	9,689	43.5	2,545	11.4
45 – 54	16,747	19.3	1,320	7.9	7,363	44.0	6,600	39.4	1,464	8.7
55 – 64	16,372	18.8	1,347	8.2	8,957	54.7	5,260	32.1	808	4.9
65 – 74	9,120	10.5	708	7.8	6,645	72.9	1,639	18.0	128	1.4
≥ 75	1,025	1.2	86	8.4	820	80.0	115	11.2	4*	0.4
Primary Racial Identity (*n* = 87,100)										
White or Caucasian	81,378	93.4	6,133	7.5	35,957	44.2	31,736	39.0	7,552	9.3
Black or African American	2,194	2.5	347	15.8	1,020	46.5	657	29.9	170	7.7
Asian	2,228	2.6	300	13.5	1,011	45.4	732	32.9	185	8.3
Native Hawaiian or Other Pacific Islander	141	0.2	23	16.3	58	41.1	48	34.0	12	8.5
American Indian or Native Alaskan	587	0.7	65	11.1	218	37.1	219	37.3	85	14.5
Other	1,523	1.7	191	12.5	632	41.5	498	32.7	202	13.3
Ethnic and Multiracial Identity (*n* = 87,100)										
Hispanic, Latino, or Latinx	2,222	2.6	250	11.3	833	37.5	872	39.2	267	12.0

Note. Table 77 includes responses to Questions 15, 76, 77, 78, 79.

When grouped into two categories (diverse = race & ethnicity other than White and White), as shown in Table 78, the results show RN respondents from the diverse categories fared slightly better, with 43.6% reporting worse or much worse health compared to 48.2% in the White category.

Table 78. Overall Rating of Personal Health 2020 to 2022 by Diverse and White (*n* = 87,100)

	Diverse (*n* = 8,018)		White (*n* = 79,082)	
Response	***n***	**%**	***n***	**%**
Better than before the pandemic	1,065	13.3	5,897	7.5
About the same as before the pandemic	3,451	43.0	35,090	44.4
Worse than before the pandemic	2,705	33.7	30,822	39.0
Much worse than before the pandemic	797	9.9	7,273	9.2

Note. Table 78 includes responses to Questions 15, 78, and 79.
Note. Diverse category includes Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, Other, and Hispanic/Latinx ethnicity.

Education

Table 79 displays the change in health ratings by highest nursing degree earned. Half of RNs with the bachelor's as their highest degree (50.4%) reported their overall health was worse or much worse in 2022 compared to before the pandemic.

Table 79. Health Rating by Highest Nursing Degree Earned (*n* = 86,858)

Highest Nursing Degree	Total	Better		About the Same		Worse		Much Worse	
	n	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Practical or vocational diploma	73	9	12.3	31	42.5	28	38.4	5	6.8
Diploma in nursing	2,718	216	7.9	1,886	69.4	550	20.2	66	2.4
Associate degree in nursing	26,797	2,178	8.1	12,139	45.3	9,928	37.0	2,552	9.5
Bachelor in nursing	44,206	3,504	7.9	18,411	41.6	17,865	40.4	4,426	10.0
Master in nursing	11,204	875	7.8	5,101	45.5	4,369	39.0	859	7.7
Doctorate in nursing	1,860	154	8.3	859	46.2	706	38.0	141	7.6
Overall totals	86,858	6,936	8.0	38,427	44.2	33,446	38.5	8,049	9.3

Note: Table 79 includes responses from Questions 4 and 12.

Advanced Practice Nurses

As shown in Table 80, the proportion of APNs who rated their overall health as worse or much worse in 2022 compared to before the pandemic (47.1%) was only slightly lower than that reported by RNs not certified in advanced practice (47.8%). This indicates that the impact of COVID-19 on the health for APNs was not substantially different from other RNs because of their status as an APN. Other factors, such as location and type of primary work and age, are more likely than APN status to have influenced health ratings. However, with almost half of APNs reporting worse health ratings than prior to the pandemic, the impact of COVID-19 on APN health is concerning.

Table 80. Overall Rating of Personal Health by APNs (*n* = 87,100)

Response	APN (*n* = 7,996)		Not APN (*n* = 79,104)	
	n	%	*n*	%
Better than before the pandemic	613	7.7	6,349	8.0
About the same as before the pandemic	3,614	45.2	34,927	44.2
Worse than before the pandemic	3,174	39.7	30,353	38.4
Much worse than before the pandemic	595	7.4	7,475	9.4

Note. Table 80 includes responses to Questions 15 and 62.

Intent to Continue Providing DPC and in Current Type of Work

Among RNs who provide DPC (62,875), ratings of worse or much worse overall health were higher at both ends of the spectrum of intention to continue providing DPC (see Table 81). The highest proportion of RNs reporting worse or much worse health was among those who intend to work less than 2 years in DPC (57.8%), indicating that ill-health may be driving these RNs away from DPC and/or that these are older nurses intending to retire or change positions to a role that does not involve DPC. The proportion reporting worse or much worse health goes down as intentions to continue to work in DPC go up until the two highest intention categories of 20 to 29 years (52.7%) and 30 plus years (55.8%). This pattern may be a function of younger age of the RNs reporting in those categories, which, as seen in Table 77, is also associated with higher reports of worse or much worse health.

Table 81. Intent to Continue Providing DPC by Overall Health Rating (*n* = 62,875)

Intent to Continue Providing DPC (years)	Total	Better		About the Same		Worse		Much Worse	
	n	*n*	%	*n*	%	*n*	%	*n*	%
< 2	7,924	633	8.0	2,710	34.2	3,118	39.3	1,463	18.5
2-4	11,060	864	7.8	4,311	39.0	4,668	42.2	1,217	11.0
5-9	12,859	977	7.6	5,246	40.8	5,417	42.1	1,219	9.5
10-19	15,106	1,221	8.1	6,133	40.6	6,419	42.5	1,333	8.8
20-29	9,671	738	7.6	3,833	39.6	4,200	43.4	900	9.3
30 or more	6,255	494	7.9	2,303	36.8	2,783	44.5	675	10.8
Overall totals	62,875	4,927	7.8	24,536	39.0	26,605	42.3	6,807	10.8

Note: Table 81 includes responses from Questions 12 and 30.

Overall health ratings for RNs by years they intend to continue in their present type of work show a similar pattern (see Table 82). Over 56% of RNs intending to stay in their present type of work for under 2 years reported their health was worse or much worse in 2022 than prior to the pandemic. The proportions of RNs reporting worse or much worse health were 51.4% for 2-4 years, 47.2% for 5-9 years, 48.2% for 10-19 years, 52.2% for 20-29 years, and 54.3% for 30 plus years. This pattern again shows the relationship between younger age and higher ratings of worse health than before the pandemic.

Table 82. Intent to Continue in Present Type of Work by Overall Health Ratings (*n* = 76,244)

Intent to Continue Providing DPC (years)	Total	Better		About the Same		Worse		Much Worse	
	n	*n*	%	*n*	%	*n*	%	*n*	%
< 2	12,730	1,012	7.9	4,557	35.8	5,178	40.7	1,983	15.6
2-4	16,863	1,326	7.9	6,796	40.3	7,087	42.0	1,654	9.8
5-9	14,588	1,135	7.8	6,579	45.1	5,743	39.4	1,131	7.8
10-19	15,796	1,256	8.0	6,927	43.9	6,368	40.3	1,245	7.9
20-29	10,304	814	7.9	4,110	39.9	4,422	42.9	958	9.3
30 or more	5,963	456	7.6	2,270	38.1	2,566	43.0	671	11.3
Overall totals	76,244	5,999	7.9	31,239	41.0	31,364	41.1	7,642	10.0

Note: Table 82 includes responses from Questions 12 and 26.

Regional Variation

Table 83 displays results related to overall health rating by the DHS Region of the RN's primary place of work. Ratings of worse or much worse health were highest for RNs in the Southern region (54.5%), followed by the Western region (52.3%), Northern region (52%), Northeastern region (50.9%), and the Southeastern region (49.4%).

Table 83. Region of Primary Place of Work by Overall Health (*n* = 73,917)

Region of Primary Place of Work	Total	Better		About the Same		Worse		Much Worse	
	n	*n*	%	*n*	%	*n*	%	*n*	%
Southern	15,051	1,109	7.4	5,751	38.2	6,586	43.8	1,605	10.7
Southeastern	28,314	2,415	8.5	11,899	42.0	11,222	39.6	2,778	9.8
Northeastern	14,402	1,030	7.2	6,031	41.9	5,982	41.5	1,359	9.4
Western	9,571	710	7.4	3,853	40.3	4,002	41.8	1,001	10.5
Northern	6,579	515	7.8	2,646	40.2	2,714	41.3	704	10.7
Overall totals	73,917	5,779	7.8	30,185	40.8	30,506	41.3	7,447	10.1

Note: Table 83 includes responses from Questions 12 and 81.

Income

Reported overall health varies by income category (see Table 84). Overall, 51.2% of RNs who reported their income rated their health as worse or much worse than before the pandemic. The proportion reporting worse or much worse health was lowest for RNs reporting the least income (35.8%), perhaps demonstrating a protective effect of part-time work. The proportions were highest among RNs in the $45,001-$55,000 (55%), the $55,001-$65,000 (56%), and the $65,001-$75,000 (54.5%) categories, likely representing earlier career staff nurses working in acute care settings.

Table 84. Income Category by Overall Health Rating (*n* = 76,566)

Income Category	Total	Better		About the Same		Worse		Much Worse	
	n	*n*	%	*n*	%	*n*	%	*n*	%
<25,000	4,191	376	9.0	2,318	55.3	1,272	30.4	225	5.4
$25,001 - $35,000	2,760	229	8.3	1,269	46.0	1,047	37.9	215	7.8
$35,001 - $45,000	4,314	331	7.7	1,833	42.5	1,739	40.3	411	9.5
$45,001 - $55,000	7,820	589	7.5	2,926	37.4	3,428	43.8	877	11.2
$55,001 - $65,000	12,388	958	7.7	4,497	36.3	5,465	44.1	1,468	11.9
$65,001 - $75,000	12,536	969	7.7	4,731	37.7	5,441	43.4	1,395	11.1
$75,001 - $85,000	10,405	821	7.9	4,270	41.0	4,240	40.7	1,074	10.3
$85,001 - $95,000	6,828	526	7.7	2,819	41.3	2,790	40.9	693	10.1
$95,001 - $105,000	5,519	442	8.0	2,326	42.1	2,250	40.8	501	9.1
$105,001 - $115,000	3,344	258	7.7	1,383	41.4	1,377	41.2	326	9.7
$115,001 - $125,000	2,084	169	8.1	882	42.3	842	40.4	191	9.2
$125,001 - $135,000	1,253	99	7.9	554	44.2	504	40.2	96	7.7
$135,001 - $145,000	682	55	8.1	306	44.9	258	37.8	63	9.2
$145,001 - $155,000	437	41	9.4	195	44.6	158	36.2	43	9.8
>$155,000	2,005	168	8.4	1,009	50.3	688	34.3	140	7.0
Overall totals	76,566	6,031	7.9	31,318	40.9	31,499	41.1	7,718	10.1

Note: Table 84 includes responses to Questions 12 and 59.

Discussion and Recommendations

The survey results confirm the importance of the RN workforce during the COVID-19 pandemic. More than two-thirds of all RNs in the state have cared for people with COVID-19, and most of that care was provided in hospitals.

The impact of the COVID-19 pandemic on the overall personal (physical or mental) health of RNs in Wisconsin was dramatic and deeply concerning. In this survey, nearly half (47.8%) of RNs in Wisconsin reported their overall (physical and mental) health was worse or much worse in 2022 compared to 2020. The impact on younger nurses who provide care in hospital settings was particularly devastating, with 64.2% of nurses 25 and under and 61.8% of nurses between 25 and 34 reporting worse or much worse health compared to before the pandemic. Other studies have had similar findings. For example, Yurtseven and Arslan (2020) reported that 85.6% of hospital nurses demonstrated high anxiety levels during the early months of the pandemic.

Disparities in ratings of health were also observed in the Wisconsin survey results between racial/ethnic groups. Higher proportions of Native American/American Indian (51.8%) and Latinx (51.2%) reported worse or much worse health compared to other groups. However, it also appears that there may be protective factors supporting health for African American/Black nurses given the lower reported proportion of worse/much worse health (37.6%) compared to all other groups, and for

diverse nurses overall, which demonstrated a lower proportion of worse and much worse health (43.6%) when compared to White nurses (48.2%).

The pandemic effect on health may accelerate nurses leaving employment, as evidenced by the proportions of RNs reporting intentions to remain in their positions for less than 2 years, which increased from 8.7% in 2020 to 12.0% in 2022 for direct care positions and from 13.6% in 2020 to 16.6% in 2022 for current employment (see Section 2 Tables 7 and 8; Zahner et al., 2021). Given the growing nursing shortage in Wisconsin and elsewhere, it is important to strengthen commitment to the workplace through building effective organizational supports that lower stress, anxiety, and depression among nurses and other healthcare providers (Celano et al., 2022). For example, Yurtseven & Arslan (2020) recommended that organizations support working schedules that allow for rest and recovery as one way to reduce stress and anxiety. Celano and colleagues (2022) recommended whole person care (mind, body, and spirit) to lower levels of stress, anxiety, and depression among nurses. Availability of mental and wellness resources, allowing nurses to practice at their highest levels, and education/preparedness were also noted as ways to reduce stress and fear among the nursing staff during COVID-19 (Dohrn et al., 2022).

Further analysis of the Wisconsin RN survey data could lead to identifying factors that contributed to these health effects, as well as factors that may have been protective for nurses working through the pandemic. Factors noted in the literature to be associated with higher wellbeing among nurses during COVID-19 were lower depression, less burnout, more perception of professional fulfillment, and higher educational status (Kameg et al., 2021). Research to identify modifiable conditions is needed to support healthcare and public health organizations in making structural changes and process improvements to promote and protect health of RNs and other healthcare providers overall and particularly during pandemics or other times of extreme stress on health and societal systems.

The effects of the COVID-19 pandemic on individuals, families, communities, and systems throughout the state will continue to unfold for years to come. This survey provides evidence for the importance of ongoing pandemic preparedness efforts and system improvements necessary to protect the RN workforce as a core component of the critical infrastructure for health and healthcare delivery in the state. Nurses deserve healthy work environments, during and between pandemics, and the public needs and deserves healthy nurses.

Finally, the pandemic provides additional evidence for the value of the regular Wisconsin RN workforce surveys conducted biennially in the state. The next survey scheduled for administration in 2024 will provide an opportunity to continue to observe the ongoing impact of the pandemic on RNs in Wisconsin.

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Appendix A. 2022 Wisconsin RN Survey

2022 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 20 to 30 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
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 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 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 2022 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
___ No plans to pursue higher education

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)

___ Not applicable
___ 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

IMPACT OF COVID-19

11. During the **Covid pandemic** did you receive training on how to prevent transmission of the virus that caused **Covid-19**?

___ No
___ Yes, I received this training from my employer.
___ Yes, I received the training from a governmental entity.
___ Yes, other.

12. Did you provide direct patient care to people with **Covid-19** during the pandemic?
___ Yes
___ No

If you answered "Yes" to this question, please answer question 13. Otherwise, skip Question 13.

13.What was the primary (most frequent) setting in which you provided care to people infected with **Covid-19**?

____Hospital, Emergency/Urgent Care
____Hospital, 24-hour Inpatient Unit
____Hospital, Intensive Care
___Hospital, Obstetrics
___Hospital, in several hospital units
___Skilled Nursing facility
___Hospice facility
___Intermediate Care Facility of the Intellectually Disabled (ICFID)
___Assisted Living Facility (CBRF)
___Assisted Living Facility (RCAC)
___Adult Family Home
___Medical Practice clinic, Physician Office
___Surgery Center, Dialysis Center
___Urgent Care, not Hospital based
___Outpatient Mental Health
___Correctional Facility
___Home Health Agency
___Parish Nurse Services
___School Health Services (K12, college, and university)

___Academic Educational Institution (college or university)
___Technical or Community College

14. Which of the following sources of information do you use to stay informed about **Covid-19** (Check all that apply)

___Newspaper
___Radio
___Employer
___Government Agency websites
___CDC website
___TV
___Social Media (Facebook, Twitter, TikTok, other)
___Professional Associations
___Other

15. Compared to before the **Covid pandemic**, how would you rate your overall personal (physical or mental) health?

___Better than before the pandemic
___About the same as before the pandemic
___Worse than before the pandemic
___Much worse than before the pandemic

CURRENT EMPLOYMENT STATUS

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

___ Working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
___Working in health care, not nursing
___ Working in another field
___ Not working, seeking work in nursing
___ Not working, seeking work in another field
___ Not working, not seeking work and not retired
___ Retired

If you answered "Working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)" to Question 16, please skip Questions 17 & 18.

17. Which of the following best describes your current intentions regarding your 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**

18. What factors would influence your 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**

19. Please check the statement that is true for you in your **primary job** (the place where you work the most hours).

_____ **Not applicable**
_____ **I work more hours in a typical week than I did in a typical week last year.**
_____ **I work the same number of 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**

20. Please check the statement that is true for you in your **primary job (the place where you work the most hours)**.

_____ **Not applicable**
_____ **I have the same position with the same employer as I had last year.**
_____ **I have a different position with the same employer as I had last year.**
_____ **I have a different position with a different employer than the one I had last year.**
_____ **I have the same position with a different employer than the one I had last year.**

21. Please check the statement that is true for you in your **primary job**.

_____ **I am working as an RN now, but last year I was not working as an RN.**
_____**Last year, my primary job was:**
_ Not applicable
_ Management
_ Business and Financial Operations
_ Computer and Mathematical
_ Architecture and Engineering
_ Life, Physical, and Social Science
_ Community and Social Service

_ Legal
_ Education, Training, and Library
_ Arts, Design, Entertainment, Sports, and Media
_ Healthcare Practitioners and Technical
_ Healthcare Support
_ Protective Service
_ Food Preparation and Serving Related
_ Building and Grounds Cleaning and Maintenance
_ Personal Care and Service
_ Sales and Related
_ Office and Administrative Support
_ Farming, Fishing, and Forestry
_ Construction and Extraction
_ Installation, Maintenance, and Repair
_ Production
_ Transportation and Material Moving

_____ I am working as an RN now, and last year I was working as an RN.

_____ I am not working as an RN now, but last year I was working as an RN.

_____This year, my primary job is:

_ Not applicable
_ Management
_ Business and Financial Operations
_ Computer and Mathematical
_ Architecture and Engineering
_ Life, Physical, and Social Science
_ Community and Social Service
_ Legal
_ Education, Training, and Library
_ Arts, Design, Entertainment, Sports, and Media
_ Healthcare Practitioners and Technical
_ Healthcare Support
_ Protective Service
_ Food Preparation and Serving Related
_ Building and Grounds Cleaning and Maintenance
_ Personal Care and Service
_ Sales and Related
_ Office and Administrative Support
_ Farming, Fishing, and Forestry
_ Construction and Extraction
_ Installation, Maintenance, and Repair
_ Production
_ Transportation and Material Moving

_____ I am not working as an RN now, and last year I was not working as an RN.

22. 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

23. 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**

24. 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**

25. 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**

26. 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

27. In which setting(s) do you have a formal leadership role, **even if this work is unpaid or voluntary?** (Check all that apply)

___ None
___ 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

28. If you do not currently have a formal leadership role, what are the two most important barriers that prevent you from taking on a leadership role?
(Select at most two responses)

___ Not applicable (I have a current leadership role)
___ Lack of leadership development/preparation
___ Lack of opportunity
___ Other personal priorities
___Work demands
___ Presently, I am not interested in a leadership role

29. 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

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

___ Not applicable
___ Less than 2 years
___ 2-4 years

___ 5-9 years
___ 10-19 years
___ 20-29 years
___ 30 or more years

31. 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 DEMOGRAPHIC INFORMATION SECTION, Question 76.

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.**

32. 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

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

___ Yes
___ No

34. 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

35. 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.

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

___ Not applicable
Specify name of Wisconsin county: _____

37. 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

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

_____ Number of hours

39. 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

40. How many weeks did you work (including paid vacations) in calendar year 2021?

_____ Number of weeks

41. Please estimate your 2021 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
____ $115,001 - $125,000
____ $125,001 - $135,000
____ $135,001 - $145,000
____ $145,001 - $155,000
____ more than $155,000

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

___ Retirement plan
___ Dental insurance
___ Personal health insurance
___ Family health insurance
___ None of the above

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

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

44. 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

45. 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

46. 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%

47. 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)
___ Virtual ICU (also known as: tele-ICU, remote ICU, eICU)
___ Telephone
___ Email
___ Video Call (Zoom, Webex, Skype, Teams, FaceTime, etc.)
___ Other

48. 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

49. Is this a federally owned facility?

___ Yes
___ No

50. 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.**

51. 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 62.

52. 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

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

___ Yes
___ No

54. 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.

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

___ Not applicable
Specify name of Wisconsin county: _____

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

_____ Number of hours

57. 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

58. In this job, how many weeks did you work (including paid vacations) in calendar year 2021?

_____ Number of weeks

59. Please estimate your 2021 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
____ $115,001 - $125,000
____ $125,001 - $135,000
____ $135,001 - $145,000
____ $145,001 - $155,000
____ more than $155,000

60. 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%

61. 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)
___ Virtual ICU (also known as: tele-ICU, remote ICU, eICU)
___ Telephone
___ Email
___ Video Call (Zoom, Webex, Skype, Teams, FaceTime, etc.)
___ 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. [1]

[1]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

62. 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

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

___ Yes
___ No

If answers to 62 is 'none of the above' and 63 is 'No', please go to the DEMOGRAPHIC INFORMATION section, and start with Question 76.

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

___ Not applicable
___ 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

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

___ Not applicable
___ 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

66. 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 76.

67. 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

68. 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 72.

69. 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

70. 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

71. 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

72. 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 76.

73. 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

74. 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

75. 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

DEMOGRAPHIC INFORMATION

76. What is your year of birth?

_____ Enter 4-digit year

77. What is your gender?

___ Female
___ Male
___ Other (non-binary)

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

___ Yes
___ No

79. 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

80. 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
Language	**Yes, I can communicate**	**Yes, I communicate with patients**	**Yes, I am a Certified Medical Interpreter**
Spanish			
Filipino, Tagalog			
German			
French			
Russian			
Hmong			
Hindi			
Polish			
American Sign Language			
Other			

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

U.S. Zip code _____(5 digits only)
___ Outside of U.S.

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

___ Not applicable
Specify name of Wisconsin county: _____

You have successfully completed the survey.
Thank you!

Appendix B. State of Employment of RNs Licensed in Wisconsin

State	*n*	%
Alabama	16	0.0
Alaska	51	0.1
Arizona	168	0.2
Arkansas	21	0.0
California	526	0.5
Colorado	122	0.1
Connecticut	65	0.1
Delaware	*	0.0
District of Columbia	17	0.0
Florida	258	0.3
Georgia	86	0.1
Hawaii	30	0.0
Idaho	23	0.0
Illinois	2,209	2.3
Indiana	86	0.1
Iowa	287	0.3
Kansas	25	0.0
Kentucky	34	0.0
Louisiana	19	0.0
Maine	16	0.0
Maryland	61	0.1
Massachusetts	54	0.1
Michigan	440	0.5
Minnesota	3,976	4.1
Mississippi	8	0.0
Missouri	96	0.1
Montana	38	0.0

State	*n*	%
Nebraska	73	0.1
Nevada	58	0.1
New Hampshire	12	0.0
New Jersey	41	0.0
New Mexico	29	0.0
New York	318	0.3
North Carolina	95	0.1
North Dakota	28	0.0
Ohio	398	0.4
Oklahoma	26	0.0
Oregon	62	0.1
Pennsylvania	164	0.2
Rhode Island	8	0.0
South Carolina	36	0.0
South Dakota	32	0.0
Tennessee	118	0.1
Texas	219	0.2
Utah	22	0.0
Vermont	11	0.0
Virginia	73	0.1
Washington	185	0.2
West Virginia	9	0.0
Wisconsin	72,307	75.2
Wyoming	14	0.0
Military Base	18	0.0
Puerto Rico	8	0.0
Guam	4	0.0

*Too few to report

Appendix C. Place of Work and Role by State of Employment

The following table describes whether RNs who hold a license in Wisconsin are working in Wisconsin or another state, by their place of work and their functional role, as well as RNs employed in telehealth or call centers.

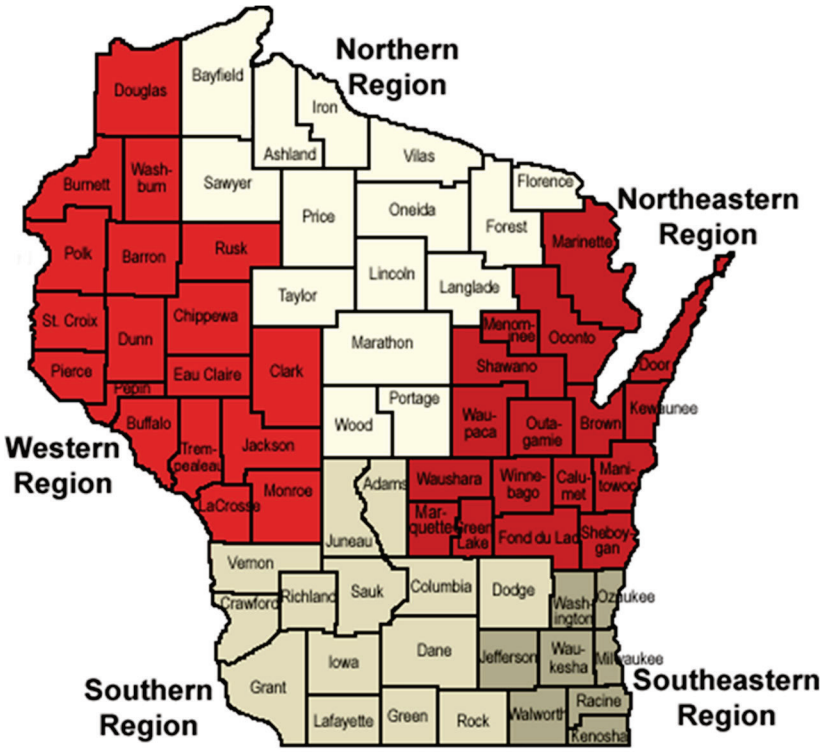
	Works Outside of Wisconsin (n = 2,319)		**Works in Wisconsin** (n = 74,247)	
Primary Place of Work	***n***	**%**	***n***	**%**
Nursing	1,963	84.6	64,864	87.4
Health related services outside of nursing	116	5.0	2,288	3.1
Retail sales and services	5	0.2	170	0.2
Nurse faculty	30	1.3	1,169	1.6
Nurse educator	16	0.7	1,216	1.6
Financial, accounting and insurance processing	16	0.7	479	0.6
Consulting	41	1.8	582	0.8
Other	118	5.1	3,479	4.7
Position or Functional Role	***n***	**%**	***n***	**%**
	n = 2,314		n = 74,225	
Staff nurse	1,440	62.2	46,606	8.9
Case manager/Care coordinator	135	5.8	4,600	6.2
Nurse manager	141	6.1	5,394	7.3
Advanced practice nurse	137	5.9	6,606	8.9
Consultant/Contractor	57	2.5	925	1.2
Nurse executive	50	2.2	1,018	1.4
Nurse faculty	33	1.4	1,168	1.6
Nurse educator	30	1.3	1,527	2.1
Nurse researcher	30	1.3	271	0.4
Other healthcare related	218	9.4	4,832	6.5
Other not healthcare related	43	1.9	1,198	1.6

*Too few to report

Appendix D. Plans for Further Education by Race or Ethnicity

N = 80,677	Hispanic, Latino, Latinx (*n* = 2,222)		White or Caucasian (*n* = 81,378)		Black or African American (*n* = 2,194)		American Indian or Alaskan Native (*n* = 587)		Asian (*n* = 2,228)		Native Hawaiian or Other Pacific Islander (*n* = 141)		Other Race Not Listed (*n* = 1,523)	
	n	%	*n*	%	*n*	*n*	*n*	%	*n*	%	*n*	%	*n*	%
No plans	1164	52.4	61,246	75.3	975	44.4	332	56.6	1,229	55.2	85	60.3	893	58.6
Enrolled in BSN	125	5.6	2,635	3.2	134	6.1	31	5.3	80	3.6	5	3.5	80	5.3
Enrolled in MSN	131	5.9	2,310	2.8	173	7.9	32	5.5	109	4.9	*	*	74	4.9
Enrolled in Master's program in related health field	11	0.5	306	0.4	20	0.9	3	0.5	14	0.6	0	0	12	0.8
Enrolled in DNP	40	1.8	998	1.2	65	3.0	15	2.6	56	2.5	*	*	25	1.6
Enrolled in PhD in nursing	7	0.3	77	0.1	*	*	*	*	5	0.2	0	0	6	0.4
Enrolled in a PhD in a related field	*	*	33	0.0	5	0.2	0	0	*	*	0	0	*	*
Enrolled in non-degree certificate program	19	0.9	696	0.9	21	1.0	10	1.7	16	0.7	0	0	12	0.8
Plan to pursue further education with next 2 years	724	32.6	13,077	16.1	800	36.5	163	27.8	718	32.2	45	31.9	419	27.5

Appendix E. DHS Regions of the State



Southern	**Southeastern**	**Northeastern**	**Western**	**Northern**
Adams	Jefferson	Brown	Barron	Ashland
Columbia	Kenosha	Calumet Door	Buffalo	Bayfield
Crawford	Milwaukee	Fond du Lac	Burnett	Florence
Dane	Ozaukee 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		Shawano	Pepin	Taylor
Sauk		Sheboygan	Pierce Polk	Vilas
Vernon		Waupaca	Rusk	Wood
		Waushara	St. Croix	
		Winnebago	Trempealeau	
			Washburn	

Appendix F. Wisconsin RNs by County

	Number of RNs working in county	Number of RNs per 1,000 population in county	Mean age of RNs working in each county
Adams	72	3.5	48.5
Ashland	280	17.6	47.4
Barron	497	10.6	46.2
Bayfield	37	2.3	53.4
Brown	4,575	16.7	42.5
Buffalo	30	2.3	44.6
Burnett	99	6.0	46.8
Calumet	252	4.5	44.3
Chippewa	426	6.3	46.2
Clark	167	4.8	47.3
Columbia	392	6.7	45.5
Crawford	94	5.8	44.4
Dane	9,730	16.7	42.8
Dodge	762	8.6	46.0
Door	272	9.0	47.2
Douglas	368	8.3	48.8
Dunn	233	5.1	45.8
Eau Claire	2,612	24.2	42.3
Florence	26	5.7	51.7
Fond du Lac	1,090	10.5	44.4
Forest	59	6.4	46.0
Grant	402	7.9	44.4
Green	373	10.0	45.4
Green Lake	171	9.0	47.0
Iowa	217	9.1	45.2
Iron	42	6.9	47.1
Jackson	157	7.4	47.5
Jefferson	472	5.5	47.4
Juneau	209	7.8	48.0

Kenosha	1,750	10.3	44.2
Kewaunee	47	2.3	47.6
La Crosse	2,970	22.8	43.3
Lafayette	65	3.9	42.0
Langlade	177	9.1	46.5
Lincoln	190	6.7	47.4
Manitowoc	700	8.6	45.7
Marathon	2,315	16.6	43.2
Marinette	474	11.3	45.3
Marquette	36	2.3	51.6
Menominee	40	9.4	48.6
Milwaukee	16,494	17.6	42.7
Monroe	515	11.0	45.2
Oconto	166	4.2	45.9
Oneida	655	17.2	47.0
Outagamie	2,511	13.0	42.6
Ozaukee	1,232	13.3	43.5
Pepin	37	5.0	47.0
Pierce	124	2.9	48.3
Polk	406	9.0	46.9
Portage	551	7.7	44.3
Price	123	8.8	49.3
Racine	1,702	8.6	45.9
Richland	143	8.2	45.2
Rock	1,631	9.9	45.6
Rusk	81	5.7	47.6
St. Croix	717	7.4	44.8
Sauk	726	10.9	46.5
Sawyer	164	9.1	46.9
Shawano	255	6.2	45.6
Sheboygan	1,058	8.9	44.5
Taylor	196	9.8	44.1
Trempealeau	182	5.9	44.4

Vernon	235	7.6	47.0
Vilas	127	5.5	49.2
Walworth	675	6.3	46.1
Washburn	130	7.8	50.0
Washington	1,091	7.9	45.3
Waukesha	4,898	11.9	45.3
Waupaca	380	7.3	46.5
Waushara	95	3.9	47.6
Winnebago	2,280	13.2	43.4
Wood	1,637	22.1	44.7
State of WI	73,917	12.4	46.1

Note. Wisconsin county population information can be found at
State of Wisconsin, Department of Administration. (2022). *Population and housing unit estimates*
https://doa.wi.gov/Pages/LocalGovtsGrants/Population_Estimates.aspx

Appendix G. Annual Pre-Tax Earnings by Functional Role or Primary Job

	Consultant (*n* = 693)		Nurse Researcher (*n* = 243)		Nurse Executive (*n* = 1,046)		Nurse Manager (*n* = 5,242)		Nurse Faculty (*n* = 964)	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Less than $55,000	47	6.8	26	10.7	16	1.5	216	4.1	85	8.8
$55,000 - $95,000	369	53.2	150	61.7	195	18.6	2,865	54.7	685	71.1
More than $95,000	277	40.0	67	27.6	835	79.8	2,161	41.2	194	20.1

	Nurse Educator (*n* = 1,236)		APN (*n* = 5,597)		Staff Nurse (*n* = 33,846)		Case Manager (*n* = 4,114)	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Less than $55,000	73	5.9	137	2.4	6,295	18.6	382	9.3
$55,000 - $95,000	813	65.8	710	12.7	23,516	69.5	3,293	80.0
More than $95,000	350	28.3	4750	84.9	4,035	11.9	439	10.7

	Other Healthcare Related (*n* = 3,803)		Other Not Healthcare Related (*n* = 700)	
	n	**%**	***n***	**%**
Less than $55,000	406	10.7	265	37.9
$55,000 - $95,000	2,300	60.5	249	35.6
More than $95,000	1,097	28.8	186	26.6

Note. Includes responses to Questions 41, 45.

Appendix H. Income by Age Category and Racial/Ethnic Diversity

BIPOC and/or Hispanic, Latino, or Latinx	**<25**		**25-34**		**35-44**		**45-54**		**55-64**		**65-74**		**75+**	
	***n* = 143**		***n* = 1,803**		***n* = 1,851**		***n* = 1,335**		***n* = 696**		***n* = 149**		***n* = 9**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Less than $55,000	32	22.4	122	6.8	96	5.2	48	3.6	50	7.2	35	23.5	*	*
$55,000 - $95,000	17	11.9	126	7.0	70	3.8	44	3.3	21	3.0	9	6.0	0	0.0
More than $95,000	13	9.1	165	9.2	110	5.9	69	5.2	33	4.7	12	8.1	0	0.0
White and not Hispanic, Latino, or Latinx	**<25**		**25-34**		**35-44**		**45-54**		**55-64**		**65-74**		**75+**	
	***n* = 1,339**		***n* = 16,287**		***n* = 17,110**		***n* = 13,368**		***n* = 14,045**		***n* = 3,498**		***n* = 186**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Less than $55,000	210	15.7	713	4.4	726	4.2	536	4.0	825	5.9	867	24.8	120	64.5
$55,000 - $95,000	221	16.5	757	4.6	645	3.8	386	2.9	515	3.7	249	7.1	16	8.6
More than $95,000	160	11.9	1,505	9.2	1,243	7.3	712	5.3	849	6.0	258	7.4	6	3.2


FOR THE DIFFERENCE YOU MAKE EVERY SINGLE DAY •
THANK
YOU
NURSES