

Wisconsin RN Survey 2024 Report



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In Appreciation,

*Kerri Kliminski, Ed.D., MSN, RN
President – Wisconsin Center for Nursing, Inc.*

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Executive Summary

Introduction

Registered nurses (RNs) comprise a large and essential part of the healthcare workforce in Wisconsin (Walsh & Casal, 2022; Zahner et al., 2023). To support professional and legal standards, the state regulates RN practice and necessitates professional licensure for nurses, with renewals required every 2 years. Since 2010, RNs seeking to renew their licenses must, by state statute (Wisconsin Nursing Workforce Survey and Grant, 2009 & rev. 2011), complete the *Wisconsin Registered Nurse Workforce Survey* at the time of renewal. To facilitate timely planning and action, this report addresses the results of the *2024 Registered Nurse Workforce Survey* and contains key findings, implications, and recommendations for this licensed employment group.

Methods

The Wisconsin Department of Safety and Professional Services (DPS) administered the *2024 Wisconsin Registered Nurse Workforce Survey* during February 2024, the open license renewal period for Wisconsin RNs. The survey consisted of 85 questions, and 106,143 RNs completed the survey electronically in 2024. Response analysis was completed by a team led by Roberta Pawlak, PhD, RN, NEA-BC at the University of Wisconsin-Madison, School of Nursing. The exclusion criteria used for data cleaning is listed in Table 1. The cleaned data used for analysis included 93,008 valid responses from RNs who live and/or work in the state of Wisconsin. The Introduction section (page 1) provides a more detailed description of the methods.

Limitations

This report only presents RNs who renewed licensure in 2024, and as a result, undercounts all RNs in the State of Wisconsin. Newly licensed nurses did not complete the survey. The survey questions change over time, which limits the ability to conduct trend analyses on certain items.

Key Findings – Wisconsin RN Workforce Demographics, Employment, Expertise, and Education

Demographics

- Most Wisconsin RNs reported being White (92.7%), with 2.9% identifying as Black or African American, 2.9% as Asian, 0.8% as American Indian or Native Alaskan, 0.2% as Native Hawaiian or other Pacific Islander, 1.2% as multi-racial, and 1.8% as other.
- There was a notable increase in the percentage of respondents who reported being Hispanic, Latino, or Latinx between 2022 (2.6%) and 2024 (7.1%).
- A majority of Wisconsin RNs reported being women (91.5%), with 8.2% identifying as men and 0.2% as other gender or non-binary.
- Unchanged from 2022 values, the average age of respondents was 46.1 years, with a median of 44.0 years. Ages ranged from 21 to 92 years, with nearly half (48.9%) of respondents between 25 and 44 and 36.7% between 45 and 64 years of age.

Employment & Expertise

- Most Wisconsin RNs reported being employed (87.2%). Of these, 82.8% worked in a nursing role, a slight decrease from 2022 (84.0%). There was a slight increase in the proportion of retired RNs (8.6% in 2024 compared to 8.2% in 2022).
- Over half of respondents worked in the hospital setting (52.3%) and 21.1% worked in ambulatory care.
- The majority reported working full-time for an hourly wage (48.6%), while another 26.3% indicated a full-time salaried role.

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- Staff RNs and advanced practice nurses (APNs) comprised 62.2% and 9.3% of the nursing workforce, respectively. Employment in travel nursing was reported by 3.0%, down from 3.7% in 2022.
- A total of 63,635 Wisconsin RNs indicated providing direct patient care (DPC), with 9.7% of these individuals planning to remain in DPC for less than 2 years, a 2.3% decrease from 2022 values. Nearly half of respondents (47.3%) who reported providing DPC noted an intention to leave their current position within the next 10 years, compared with 49.9% in 2022.
- There was a notable increase in the percentage of RNs who indicated working 76%–100% remotely with patients (16.6% in 2022 compared to 21.0% in 2024). Telephone remained the most common mode of remote communication at 75.4%.
- For specialized clinical knowledge, the most frequently reported areas were medical-surgical nursing (26.5%) and acute care/critical care/intensive care (25.2%), a slight decrease from the 2022 results (27.0% and 29.8%, respectively). A proportion of RNs reported no focused scope of clinical knowledge (6.8%).

Education

- More than one-third of Wisconsin RNs (36.6%) indicated having loans for nursing education, while 10.4% indicated loans to support other non-nursing education.
- Most respondents report no national board certification (75.9%), an increase of 5.4% from 2022 results (69.5%). Family health remains the most common type of certification across roles.
- For the highest earned nursing degree, 50.6% of Wisconsin RNs hold a Bachelor of Science in Nursing (BSN), 28.6% have an Associate Degree in Nursing (ADN), and 16.6% possess a graduate degree in nursing.
- Of those with graduate degrees in nursing, a majority hold a Master of Science in Nursing (MSN; 14.0%), with 2.1% a Doctor of Nursing Practice (DNP), 0.4% a PhD in Nursing, and 0.1% a Doctor of Nursing Science or Nursing Doctorate.
- The percentage of respondents who reported no plans to pursue further education increased by 4.5% between 2022 (73.8%) and 2024 (78.3%), while 15.3% anticipated pursuing additional education in the next 2 years.
- Wisconsin RNs enrolled in each level of nursing education decreased between 2022 and 2024. Cost of tuition and fees remained the most reported barrier to enrolling in additional education (51.8%), while the cost of lost work and benefits (33.2%) replaced family and personal reasons (29.2%) as the second most reported barrier.
- There was a 96.0% increase in nurses from historically marginalized groups that obtained their DNP from 2020 to 2024.

Implications for Practice, Education, and Policy – Wisconsin RN Workforce Demographics, Employment, Expertise, and Education

The RN workforce data illustrated a modest increase in BSN-prepared nurses in Wisconsin, from 66.0% in 2022 to 67.0% in 2024 (Zahner et al., 2023). This was primarily attributed to the increase in MSN-prepared nurses in which a baccalaureate degree is a prerequisite. The number of BSN-prepared nurses continues to remain below the national benchmark goal of 80% (National Academies of Sciences, Engineering, and Medicine, 2021).

Notable barriers to attaining the 80% benchmark include the lack of intent to pursue further education and the ability of qualified applicants to be accepted into BSN programs. Among nurses who are White, 77.7% reported no interest in returning to school, compared to 63.3% of nurses who identify as Black, Indigenous, and People of Color (BIPOC). The group with the highest reported percentage indicating plans to pursue higher education are Black nurses (39.5%), followed by those who chose not to disclose their race (32.3%). Lastly, there was a 96.0% increase in BIPOC nurses who obtained a DNP degree from

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2020 to 2024. Further study is needed on how to mobilize potential nursing applicants with more diverse recruitment strategies.

Overall, 15.0% of nurses plan to pursue further education in the next 2 years, which decreased from 17.0% in 2022. Common barriers participants noted included cost of tuition and fees (52.0%), family or personal reasons (36.0%), and cost of lost work and benefits (29.0%). Existing literature describes multiple approaches to lessen the financial burden of additional education for potential applicants. Virtual learning options, scholarships and grants, forgivable student loans, and nurse residency programs are all described as opportunities to address cost barriers for students (Abdallah et al., 2024; Buerhaus & Hayes, 2024).

An area that Wisconsin continues to grow is in the size and diversity of its workforce, with increased diversity numbers by 2,516 RNs from 2022 to 2024. BIPOC nurses increased from 9.0% in 2022 to 14.0% in 2024. Upon comparison to the 2020 U.S. Census Bureau, RNs from historically marginalized groups remain underrepresented within Wisconsin's workforce. Within the total state population, 6.6% identify as Black, while only 2.5% of RNs identify as Black on the survey. Similarly, 8.1% of the nursing population identify as Latinx, while representing 2.6% of the Wisconsin nursing workforce (U.S. Census Bureau, 2024). One strategy for addressing the critical nursing shortage in Wisconsin is to increase access to nursing education for diverse populations.

Another area that has buoyed Wisconsin's nursing workforce numbers are ongoing efforts to retain RNs currently in practice. Of those who indicated providing DPC, 10.0% noted the intention to leave within 2 years, a decrease from 12.0% in 2022. This finding potentially suggests that previous efforts and lessening impact of the COVID-19 pandemic have decreased the number of nurses who intend to leave the profession soon. Another promising trend includes higher percentages of respondents looking to remain in the profession for longer periods of time. Evidence supports that nursing shortages have been directly correlated with compromised care, decreased patient satisfaction, poor mental health, and increase cost to healthcare systems (Bae, 2022). Expanding the nursing workforce is imperative for a healthy Wisconsin population.

Key Findings – Geographic Distribution of Wisconsin RNs

Demographics

- The number of total respondents increased by 1.0% to 89,486 (85,584 in 2022), with all regions experiencing an increase in respondents.
- Rural Wisconsin RNs average 1.7 years older than their urban counterparts, a decrease from the previous 2022 age difference of 2.8 years older.
- The racial and ethnic breakdown of nurses varied across regions. The Southeastern region reported the highest percentage of RNs who reported being non-White and the highest percentage of respondents who spoke more than one language.
- Most Wisconsin RNs reported being women (91.7%), with values ranging from 90.9% in the Northern region to 92.5% in the Northeastern region. Conversely, the Northern region had the highest proportion of respondents who reported being men (8.9%). The percentage of Wisconsin RNs who reported identifying as non-binary or other gender was similar across the state.

Employment & Expertise

- Nursing remained the primary job category for employment across all regions, ranging from 84.8% in the Northern region to 87.2% in the Southern region.
- Retirement rates varied geographically, with the lowest participants in the Western region (8.5%) and highest in the Northern region (10.6%).

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- The number of Wisconsin RNs who reported providing DPC decreased statewide to 82.6%, from 85.3% in 2022. These values ranged from 81.6% in the Northern region to 83.4% in the Northeastern region.
- A greater percentage of respondents (74.2%) indicated remaining in the same position during the past year, compared with 71.5% in 2022. This result was similar across all regions.
- Over half of Wisconsin DPC RNs reported plans to leave in the next 10 years.
- The top three areas of specialized clinical knowledge reported were medical/surgical, acute/critical/intensive care, and adult health. Acute/critical/intensive care reported as a specialized clinical knowledge dropped this year from first to second place in all regions except the Southeastern region.

Education

- Across the state, over half of all nurses reported a BSN or higher. This value ranged from 50.9% in the Northeastern region to 72.7% in the Southeastern region. Doctorate-level degrees remained relatively stable across geographical areas.
- There was significant variation in the percentage of RNs reporting an ADN as the highest obtained nursing degree. Rates were lowest in the Southeastern region (23.1%) and highest in the Northeastern region (44.2%).
- The number of respondents indicating no plans to pursue further education increased from 73.9% in 2022 to 78.5% in 2024, a trend shown across all regions.
- Across the state, the three most reported barriers to additional education included the cost of tuition, fees, and materials; cost of lost work and benefits; and family or personal reasons.

Implications for Practice, Education, and Policy – Geographic Distribution of Wisconsin RNs

Regional variation continues to be a challenge for the Wisconsin workforce. Variation in healthcare leads to inequitable care, decreased access to services, and lower levels of education (American Hospital Association [AHA], 2024). In the State of Wisconsin, most RNs work within nursing roles (82.0%), identify as women (92%), describe themselves as White (93%), and are employed in urban regions (64.0%) within hospitals (51.0%) and ambulatory settings (21.0%). Nurses working in urban areas consistently have more advanced degrees (e.g., master's and doctorate degrees), whereas their rural counterparts reported more practical/vocational degrees, diplomas, and ADNs. However, BSN-prepared nurses remain the largest educational group in both categories. ADNs experienced the largest drop in prevalence, possibly indicating an increase in degree advancement. Diversity in all groups decreased within the rural setting. Last, rural nurses indicated being more likely to stay in their current positions longer than urban RNs. This may suggest lack of mobility, decreased RN employment opportunities within rural settings, or more satisfaction in their current nursing role.

While Wisconsin is geographically 97.0% rural, according to census definitions, only 30.0% of the population resides in rural areas. Since 1980, however, there has been an 18.2% increase in rural population size, the highest growth rate in the Midwest (Jones, 2017; Wisconsin Policy Forum, 2023). Variation in healthcare services for patients based on location can result in substandard care, forgone appointments, decreased preventative care, and increased mortality (AHA, 2024; Crouch et al., 2024). The most pronounced challenges within rural hospitals include staff wages, employee turnover, and reimbursement by Medicare and Medicaid. To boost the ability to offer comparable care for patients in an environment with decreased funding and limited access, healthcare organizations in rural settings have been increasing telehealth capabilities, converting to emergency or critical access hospitals, increasing wages, proactively recruiting providers, and expanding residency and educational offerings (AHA, 2024).

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Healthcare leaders, nursing educators, and policymakers should continue advocating for the expansion of the nursing workforce, attempts at retaining RNs already in practice, recruitment of inactive nurses back into the profession, and greater access to advanced nursing education throughout all of Wisconsin (Williams, 2024; Yamamoto et al., 2024). Funding opportunities to incentivize RNs pursuing more advanced degrees with commitments to practice and/or teaching could help address the shortage of practitioners and nurse educators (Harnois-Church et al., 2024; Lee et al., 2024). Additional measures to attract and retain RNs include improved working conditions, safe staffing levels, competitive wages with benefits, alignment of patient-centered nursing-based practice within healthcare to decrease moral injury, commitments to professional growth, diversified recruitment strategies, and increased wellness practices (Bäckström et al., 2024; Muir et al., 2024; Yamamoto et al., 2024; Ziegler et al., 2024).

Key Findings – Advanced Practice Nurses in Wisconsin

Demographics

- APNs in each specialty increased in number from 2022 to 2024, with the most significant jump in nurse practitioners (NPs; from 6,181 in 2022 to 7,161 in 2024).
- Of the Wisconsin APN respondents, 14.3% reported being BIPOC and/or Latinx. This was a significant increase compared to 9.1% in 2022.
- The overall ratio of employed APNs per 1,000 population was 1.23, a decrease from 1.37 in 2022. Southern, Southeastern, Northeastern, and Western regions were closely aligned in ratios compared to the previous survey results. Notably, the Northern region dramatically jumped from 0.41 employed APNs per 1,000 population in 2022 to 1.27 in 2024.

Employment & Expertise

- The overall percentage of the APNs providing DPC in the state decreased to 89.8%, compared to 92.9% in 2022. This trend was similar across all specialty types.
- For NPs, certifications increased from 2.7% in 2022 to 3.8% in 2024; for clinical nurse specialists, rates increased from 8.3% in 2022 to 10.2% in 2024. The top two certifications for NPs were family health (55.7%) and adult health (16.5%). In contrast, clinical nurse specialists' top two certifications were adult health (39.7%) and gerontology (22.6%).
- The number of Wisconsin APNs who reported providing mental health services was 31.3%, a rise from 29.0% in 2022. Similarly, a larger percentage of respondents (7.5%) indicated a population focus area of psychiatric-mental health, compared to 5.8% in 2022.
- While most Wisconsin APNs plan on continuing in their current type of employment, 60% of clinical nurse specialists intend to leave within the next 9 years.

Education

- There was an increase in the highest nursing degree achieved, with 18.2% of Wisconsin workforce APNs reporting a DNP degree.

Implications for Practice, Education, and Policy – Advanced Practice Nurses in Wisconsin

The number of APNs increased from 2022 to 2024, with the largest jump noted in the NP category. APNs have shown to provide equal or superior care in multiple healthcare categories when compared with their physician counterparts (Bauernfeind, 2024; Kilpatrick et al., 2024). Also of note, the Wisconsin Council on Medical Education and Workforce (WCMEW, 2024) projects a shortage of 25,000 healthcare professionals by 2035. It is estimated that 83 million people nationwide currently do not have access to primary care, and of those that do have access, there has been a 25.0% increase in wait times for a primary care appointment (AMA, 2023; Eilbert, 2024). Despite these findings, Wisconsin APNs continue to need physician oversight, with no specifications for this oversight defined within state law

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(Certification of Advanced Practice Nurse Prescribers, 2019; Phillips, 2025). Full practice authority has been shown to increase access to care, streamline services, promote APN entrepreneurship, and allow for patient choice (AANP, 2024; Slade et al., 2025). In contrast, practice restrictions for NPs have resulted in increased turnover, burnout, lack of administrative support, decreased employment opportunities, less competitive compensation, and at times poorer healthcare quality (Patel et al., 2024; Shakya et al., 2024). Overall, Wisconsinites could benefit greatly from APNs practicing to the fullest foundational scope, particularly increasing access to care in critically underserved rural areas.

APNs have been establishing a stronger presence in healthcare leadership, specialty care, and procedural care, resulting in improved patient access, decreased wait times, improved mortality, and bolstered patient satisfaction (Bauernfeind et al., 2024; McKenna, 2024). Although APNs have increased the depth and breadth of their competencies, their commitment to healthcare delivery, the acuity of patients they care for, and the availability for on-call and non-business hours, reimbursement remains grossly less than physicians performing similar work and in some instances with more favorable schedules. The average annual APN salary (calculated at the 50% median level) is \$126,260/year, compared to \$240,790/year for a family medicine primary care physician (U.S. Bureau of Labor Statistics, n.d.). In many areas, APNs make less than their non-APN RN colleagues (U.S. Bureau of Labor Statistics, n.d.). As responsibilities continue to increase for APNs, policy and advocacy efforts should continue to remove barriers to full practice, improve reimbursement policies, and support the positive impact APN providers contribute to Wisconsin healthcare delivery and care access.

Key Findings – Wisconsin Nurses in Leadership Roles

Demographics

- Among self-reported nurse leaders, 15.1% (4,426) reported being BIPOC and/or Latinx, a notable increase compared to 10.0% in 2022.
- Respondents who identified as men reported leadership roles at a slightly higher rate (9.3%) compared to their overall presence in the RN workforce (8.1% in 2024).
- In total, 58.3% of respondents reported not being involved in a leadership role. The Northern region had the lowest engagement in reported leadership (58.5%), while the Northeastern region had the highest (60.6%). The most frequently mentioned barrier was a lack of interest (48.5%), followed by personal priorities (21.3%) and lack of opportunity (10.5%).

Employment & Expertise

- Almost half (41.5%) of Wisconsin RNs worked in a self-reported leadership role, a 0.3% increase from 2022 results. Employment-based positions, including charge nurse/care team leader and unit manager, were most frequently listed at 83.0%.
- The number of respondents who held a leadership role in a professional organization increased from 2,426 (8.3%) in 2022 to 2,795 (9.5%) in 2024.

Education

- Over half (69.1%) of nurses with a leadership role reported holding a BSN or higher degree, a 1.3% increase from 2022.

Implications for Practice, Education, and Policy – Wisconsin Nurses in Leadership Roles

While leadership characteristics within the Wisconsin RN workforce remained comparable to 2022, three areas showed significant growth. First, nurses from historically marginalized groups (e.g., BIPOC) self-reported increased leadership roles, from 10.0% in 2022 to 15.1% in 2024; second, more respondents indicated being involved in professional organizations (1.2%); and third, there was a 1.3% increase in BSN-prepared RNs who reported a position in leadership. Overall, leadership in nursing promotes social

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responsibility through interdisciplinary knowledge, transforms communities and environments of health, and influences the choices of individuals and groups for lasting positive change. Nurse leaders promote patient and staff communication, collaboration, scholarship, evidence-based practice, work well-being, and service (American Nurses Association, 2023; Lavoie-Tremblay et al., 2024; Sigma, 2021).

The increase in BIPOC nurses reporting a role in leadership could be implications from multiple initiatives. The American Nurses Association (ANA), American Association of Colleges of Nursing (AACN), American Organization of Nursing Leadership (AONL), National Black Nurses Association (NBNA), and National Association of Hispanic Nurses (NAHN), among others, have all endorsed and supported efforts to increase the prevalence of leadership positions for RNs from historically marginalized populations. Ongoing initiatives include elevating the visibility and voices of diverse groups; providing opportunities for mentorship, shadowing, and community support; and developing a professional network of resources for BIPOC nurses (Bundy et al., 2023; Canli & Aquino, 2024).

Despite key areas of growth within nursing leadership, much has yet to be accomplished. Positively, most leadership roles were filled within the unit in which the leader was initially employed (8.02%). However, only 9.1% of nurses were promoted to organizational-level leadership positions. Nationally, most executive level nurse leaders are chief nursing officers and chief nurse executives. There is a call for nurse leaders to pursue a broader array of executive positions, including chief executive officer (Hunter, 2023). The barriers for RNs to enter organizational leadership roles has been referred to as the nursing “glass ceiling” (Baduge et al., 2024, p. 9). To address this issue, the AONL (n.d.) has developed an initiative to increase nurse leadership within their strategic framework and related goals. Likewise, the ANA (2023) continues to support nurses advancing to leadership positions.

Wisconsin healthcare has much room to grow in this space. While the Wisconsin Hospital Association (WHA, n.d.) offers opportunities for fostering leadership in health professions, nursing is not included in these events. Local healthcare policy makers, advocates, and hospital systems could enhance statewide healthcare by considering nursing leadership in all levels of organizations and systems.

Key Findings – Wisconsin Nurses in Faculty Roles

Demographics

- The number of respondents who reported being nurse faculty slightly increased, from 1,169 in 2022 to 1,219 in 2024.
- Of self-reported Wisconsin nursing faculty, 93.7% of respondents reported being woman, with 6.1% as man and 0.2% as non-binary or other gender.
- The majority of RN faculty identified as White (84.9%), while those identifying as BIPOC and/or Latinx rose from 9.8% in 2022 to 15.1% in 2024.
- Ranging 24 years of age to 83 years of age, the average age of Wisconsin nurse faculty members has slightly decreased from 50.6 in 2022 to 49.8 years in 2024.

Employment & Expertise

- A little over one-half (54.5%) of faculty intend to stay less than 10 years in their current type of employment, while 33.2% intend to stay less than 5 years. This was a slight decrease from 2022 values, where 56.7% of faculty reported intent to stay less than 10 years and 34.5% less than 5 years. Results remain similar regardless of institution type (academic institutions and technical community colleges).
- The three highest reported categories of specialized experience for faculty were medical-surgical (36.2%), acute care/critical care/intensive care (29.0%), and adult health (22.1%), paralleling 2022.

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- For principal place of work, most respondents reported being employed at educational institutions (79.4%), a drop of 10.0% from 2022. Public or community health was the second most common place for Wisconsin RN faculty employment at 9.5%, an increase from 3.0% in 2022. Tribal health was measured for the first time (0.3%). The number of faculty members in extended care facilities nearly doubled (2.9% in 2024 compared to 1.5% in 2022).

Education

- The number of advanced degrees held by nursing faculty remained stable, with the majority of nursing faculty reporting a master's degree (49.4% MSN; 47.7% masters in another field), followed by DNP (11.7%) and PhD (11.3% in Nursing; 26.8% PhD or equivalent degree in another field).
- Most faculty members (74.7%) had no intention to pursue further studies, an increase from 71.8% in 2022. Costs of tuition and fees remain the highest reported barrier to further educational studies.

Implications for Practice, Education, and Policy – Wisconsin Nurses in Faculty Roles

A significant barrier to increasing the Wisconsin nursing workforce includes qualified nursing student candidates not being admitted to programs due to lack of access (Young et al., 2016). Despite the need for 200,000 nurses nationally, over 90,000 qualified pre-licensure nursing applicants have been turned away (AACN, n.d.; Mariani, 2022). Additionally, between 2021 and 2022, there was a decline in bachelor's degree enrollment nationally (AACN, 2024a). This shortage is projected to worsen, with additional losses in the RN workforce projected due to retirement, increasing numbers of patients, and higher care acuity (WHA, 2024).

The limited access to nursing education has been attributed to the lack of nurse educators (Anderson et al., 2024). The literature suggests various reasons for this deficit, including disproportionate wages compared to clinical practice, cost of additional education, retirement, toxic work environments, and burnout (AACN, 2022a, 2022b; Christianson, 2023; Jarosinski et al., 2022; Malin et al., 2024). Per the 2024 survey findings, cost of tuition was the most cited reason for nursing faculty not pursuing further education. Economic factors also contribute to the challenges of increasing the number of nurse educators; many require additional sources of income to meet the rising cost of living. Additional sources of income include reliance of a wage-earning partner, an additional job, and/or signing up for overload teaching (Malin et al., 2024).

For many potential nurse educators, these avenues of additional income may not be possible, thus pricing them out of the field. Additionally, the increased work hours contribute to burnout and decreased workplace morale (Jarosinski et al., 2022). Policy makers, universities, and leadership should consider increasing wages for nurse educators, as well as providing incentives and commensurate wages for APNs to pursue roles in teaching. Possible mechanisms could include forgivable loans, scholarships, grants, tuition remission, and dual employment allowances between healthcare systems and nursing schools.

Key Findings – Income of Wisconsin RNs

Demographics

- The overall median income of Wisconsin RNs working full-time at their primary place of work was \$80,000, unchanged from 2022. The largest percentage (17.1%) of respondents reported earnings in the \$75,001 to \$85,000 income range.
- Median income was higher in the Southern (\$90,000) and Southeastern (\$90,000) regions than in the remaining areas (\$80,000) of Wisconsin.
- Four age brackets (35–44, 45–54, 55–64, and 65–74) had median annual incomes of \$90,000.

Wisconsin 2024 RN Workforce Survey

- Since the 2022 survey, there was a 7.1% increase in respondents who reported making \$115,000 or more.
- When comparing pre-tax earnings by gender, Wisconsin RNs who reported being men made more money than women and non-binary individuals. Men had the most individuals (24.7%) making more than \$115,000, compared to all other income brackets. Men consistently out earned women and non-binary individuals across all leadership, non-leadership, and advanced practice roles.

Employment & Expertise

- Stratified by functional roles and places of work, median income showed steady increases across most areas in nursing; community and public health nursing and nursing education did not change.

Education

- Nurses with a bachelor's degree had a median income of \$80,000, nurses with a master's degree had a median income of \$110,000, and nurses with doctorate degrees had a median income of \$120,000.

Implications for Practice, Education, and Policy – Income of Wisconsin RNs

The average RN salary has remained stable over the past 2 years. However, four age brackets (35–44, 45–54, 55–64, and 65–74) had a median annual income of \$90,000, and median annual income based on functional RN role also showed steady increases across most position types. This is a positive trend of increased compensation for nurses could be related to increased cost of living on earnings, expansion of the nursing role, decreased supply leading to increasing demand, increased number of APNs, and creative compensation options, among other possibilities (Pappas et al., 2024; Van Wicklin, 2024). Additional evaluation and research in this area could be of benefit to continuing the success of current and/or new strategies.

One area that continues to be a concern is the disproportionate pay between RNs who identify as men, women, and non-binary. Upon comparison, nurses who are men make a median average of \$10,000 more yearly than those who are women or non-binary individuals. The category “greater than \$115,000 annual salary” had 24.7% men, compared to 14.3% women and 9.2% non-binary persons. When the categories are expanded to nurses making greater than \$95,000 annually, this disparity is particularly visible, as 45.8% of those respondents were men, 32.9% were women, and 26.2% were non-binary individuals. This is within a field that has overall gender demographics of 8.2% men, 91.5% women, 0.2% non-binary. Comparing the lowest income category of less than \$25,000 annually also revealed disparities: 4.6% of nurses who identify as non-binary were in this demographic, as compared to 1.3% of nurses who identify as men or women. The age reported by nurses was comparable between income demographic groups.

Nearly all categories of location, job role, specialization, and degree found higher pay for nurses who identify as men compared to nurses who identify as women or non-binary persons. In some categories, this disparity could be as significant as \$80,000. The literature suggests these disparities could be due to nursing being a woman-dominated profession, gender preferences for certain nursing roles (e.g., positions in leadership, acute care, pediatrics), and differences in educational attainment (Dill & Frogner, 2024).

The findings of this survey conflict with Wisconsin's Fair Employment Act that prohibits pay discrimination based on sex (Wisconsin DWD, n.d.). Further, these disparities work against major initiatives supported by the nursing professional organizations, including the ANA (n.d.), AACN (n.d.), AANP (n.d.), National League for Nursing (NLN; n.d.), and NAHN (n.d.). Advocates, policy makers, and healthcare leaders should investigate payment matrices to evaluate potential discriminatory payment practices and should monitor the outcomes of structural practices to ensure equitable wages for all nurses.

Key Findings – Artificial Intelligence Use by Wisconsin RNs

- Nearly all (95.9%) of respondents indicated they have not used artificial intelligence (AI) within their primary place of work. This was similar across all regions.
- Of the Wisconsin RNs who reported AI utilization, over half were within hospital systems (57.0%), with the second most common area being ambulatory care (19.6%).
- The highest reported use of AI occurred in assessment (2.6%).
- Of the nurses who indicated AI utilization, over half (50.9%) noted that productivity was the same and 43.8% noted that productivity was better or much better with use.

Implications for Practice, Education, and Policy – Artificial Intelligence Use by Wisconsin RNs

A minority (4.1%) of nurses reported AI use in practice. There is a dearth of information within the literature regarding statewide RN utilization of AI; however, O’Conner et al. (2024) noted expansive international use of AI in their systematic review of 20 articles assessing the use of AI in cancer care nursing. Wieben et al. (2023) found three areas of nursing that were noted to be targeted for healthcare AI use: mortality/deterioration, healthcare utilization/resource allocation, and hospital-acquired infections/COVID.

Low rates of reported AI use in practice unearths the questions to whether nurses have the necessary knowledge needed to identify active use of AI (Simms, 2025). Sommer et al. (2024) discovered that nurses are familiar with AI functioning within healthcare applications, such as patient monitoring (55.7%), route planning (47.7 %), and AI-aided nursing documentation (43.7 %). RNs knew the least about AI areas of care prediction (38.6 %), nursing diagnosis (31.8%), and wound management (21.6 %). An ethical concern arises as nurses may be using AI without their knowledge, while ultimately being responsible for its accuracy within patient care and charting systems.

Another finding was the perception of productivity and AI usage. Most participants found productivity to be the same or better compared to before AI implementation. This is consistent with literature, as Wieben et al. (2024) found that while nurses enjoyed the increased availability of information, there may be a cognitive burden related to silencing unneeded alerts and correcting AI-generated charting. Additionally, Wieben et al. found nurses appreciated the increased ability to analyze patient data with technology; however, concerns arose that this may lead to decreased critical thinking skills. Despite these mixed findings, it is estimated that the incorporation of AI could accrue a 5% to 10% savings nationwide, a national healthcare savings of \$200 billion to \$360 billion annually (Sahni et al., 2023). Additionally, Owens et al. (2024) found that ambient AI note generation allowed patients to feel that their provider spent more time with them and focused more on their care. Potential nonfinancial opportunities, such as improved healthcare quality, increased access, better patient experience, and greater clinician satisfaction, could all result from expanded AI use (Owens et al., 2024; Sahni et al., 2023).

These various benefits and concerns are beginning to be evaluated at the legislative level, with Oregon State Representative Nelson introducing Bill HB 2748, which prohibits a nonhuman entity from using the title *nurse* or other similar designation (Relating to the Use of Nursing Titles, 2025). At the federal level, AI legislation and guidance policies continue to be in flux, so ongoing monitoring and evaluation of federal policies is warranted (Shepardson, 2025).

At this time, it may be too early to make conjecture as to Wisconsin RN AI usage. Ongoing evaluation in future surveys is needed to see how AI unfolds in the years to come.

Wisconsin 2024 RN Workforce Survey

Key Findings – Impact of COVID-19 on Wisconsin RNs

Demographics

- Most Wisconsin RNs (23.7%) reported receiving information about COVID-19 through their Employer and the Centers for Disease Control and Prevention (CDC), with other common sources including government agencies, professional associations, and a variety of media (e.g., television, radio, newspapers, and social media).
- A little over one-third (34.0%) of all RNs in Wisconsin reported worse or much worse health than before the pandemic, an improvement from 2022 results.
- Wisconsin RNs who reported being non-binary or other gender had the highest proportion health rating of worse or much worse than before the COVID-19 pandemic (53.9%), an increase from 2022 survey findings (44.9%). A slightly higher percentage of respondents who reported being women (34.1%) rated health as worse or much worse than pre-pandemic, compared to men (33.2%).
- About one-third (32.9%) of respondents under 25 years reported health that was worse or much worse than before the COVID-19 pandemic, which was less than the 25–34 (41.6%), 35–44 (39.8%), and the 45–54 (35.7%) age groups.
- The number of Wisconsin RNs reporting worse or much worse health also varied by race and ethnicity. Higher proportions of nurses who reported being Native American/American Indian (41.9%), Native Hawaiian (37.3%), and Hispanic/Latinx (35.8%) reported worse or much worse health compared to those who reported being White (34.4%), Asian (26.3%), and African American/Black (28.0%).
- Ratings of worse or much worse health were highest for RNs in the Northern region (37.7%), followed by the Western region (37.2%), Southern region (35.8%), Southeastern region (34.6%), and the Northeastern region (34.1%)

Employment & Expertise

- Over half (69.5%) of nurses indicated providing DPC to patients with COVID-19, consistent with 2022 values. The most frequent area for this care was the inpatient hospital setting (25.8%).
- Nurses in tribal health indicated the highest percentage (12.9%) of health being better than before than pandemic, while respondents working in correctional care indicated the highest percentage (6.4%) of health being much worse. Hospital RNs reported the highest proportion of health being worse or much worse than pre-pandemic (38.6%).
- The highest proportion of RNs reporting worse or much worse health than before the pandemic were those who planned to work less than 2 years in DPC (44.9%). Nurses who reported the intention to work in DPC for 30+ years most commonly reported (11.5%) that health was better than before the pandemic.

Education

- More than one-third of RNs with a bachelor's or associate degree in nursing (34.3%, 35.2%, respectively) reported their overall health was worse or much worse in 2024 compared to before the pandemic. However, nurses with a practical or vocational diploma in nursing had the highest percentage of better health upon comparison to prior to the pandemic (12.7%).

Implications for Practice, Education, and Policy – Impact of COVID-19 on Wisconsin RNs

Regarding overall health, nurses showed improvement from the 2022 survey (Zahner et al., 2023). Despite this finding, there were groups that were found to have worsening health.

Within the 2024 survey, the categories with the highest proportion of RNs reporting health as “much worse than before the pandemic” were the age groups of 25–34 (5.5%) and 35–55 (5.9%), with those greater than 75 indicating the lowest proportion (1.1%). Of note, in the 2022 survey, Zahner et al. (2023) found the most respondents reporting worse or much worse health compared to pre-pandemic were younger nurses under 25 years (14.8%). This denotes a shift in the past 2 years, as RNs who are 25–55 are reporting worse health than their younger counterparts.

Another factor that deserves consideration is the impact of COVID-19 on RN intention to leave their current type of work and DPC. Of the respondents who indicated plans to remain in their position for less than 2 years, 42.1% reported health as worse or much worse prior to the pandemic (42.1%). Within this same subgroup of nurses, 44.9% indicated intending to continue providing DPC. Conversely, nurses who intend to work in the profession for 30+ years reported the highest proportion of health that was better than before the pandemic (11.5%).

These findings are consistent with what Christianson (2023) found in her survey of nurses, where younger RNs had a greater overall intention to stay within the profession. Christianson also found in assessing workplace burnout and compassion fatigue that the promotion of “altruistic execution” (p. 105) and the decrease of “workplace barriers to altruism” (p. 96) can help mitigate burnout and intention to leave. Further, Pavek et al. (2024) demonstrated that the Revised Nurses Stress Scale (RNSS) is a reliable and valid assessment of occupational stressors within hospitals, which was found to have the most predominant proportion of nurses who provide DPC to patients with COVID-19. This instrument may be a valuable tool to identify nurses who may benefit from additional resources.

The data found in the *2024 Wisconsin RN Workforce Survey* could lead to better alignment of resources to needed initiatives. Focusing health interventions on populations that may show continuing or worsening outcomes following the pandemic is recommended. As noted, one of these populations includes RNs who identify as non-binary individuals, as this group showed an ongoing perceived decline in health upon comparison to pre-pandemic. Within the literature, social support, family support, and connectedness have been found to be protective factors (Bird et al., 2024).

Another recommendation is to further research groups that generally report health being better than before the pandemic. Asian and Black/African American RNs had increased proportions of reporting improved health (18.8% and 17.7%, respectively). Abraham and Holman (2023) also noted this finding, in which White nurses reported increased anxiety and depression following the pandemic more so than their Black, Hispanic, and Asian counterparts. COVID-19 continues to have significant effect on Wisconsin’s RNs. While overall health seems to be reported as improved upon comparison to the *2022 Wisconsin Nurse Workforce Survey* (Zahner et al., 2023), there remains work to be done with approximately one-third of nurses continuing to report health as worse or much worse in comparison to before the pandemic. With ongoing effort, hopefully this trend will continue towards improvement with innovation, resources, and focus on individuals, families, communities, and systems throughout the state.

Recommendations for Future Surveys and Nurse Workforce Data

Registered nurses in Wisconsin have responded to the *Wisconsin RN Workforce Survey* each biennium since 2010. The data from these surveys have informed planning at the workplace and educational institutions and for grant writing around the state. With each iteration, the data are improved and of greater value for understanding workforce trends, making projections, deepening understanding of the current and longitudinal characteristics of nurses across the state, and for research. Making the data

Wisconsin 2024 RN Workforce Survey

publicly available through query databases could provide important trend data for healthcare leaders and education settings that are specific to geographic areas of the state.

While the survey instrument has improved over time, there are some important disparities by geographic location and gender that are difficult to interpret due to the limitations of the response options. For example, the 2022 and 2024 survey responses to questions on income indicate stark differences between responses from men and women. The questions asked respondents to estimate pre-tax annual earnings in \$10,000 increments, thereby limiting the analysis to median income by category. Having greater data accuracy by having respondents enter annual income as a numerical value would allow for a clearer comparison across genders and geographic locations, as well as with national data. Also, longitudinal analysis of the categories would be informative.

Another recommendation is to standardize the survey with additional states. Multiple states, although not all, have surveys like the Wisconsin RN survey. Having a more accurate comparison across the nation, or at least between states, would be beneficial. Further, expanding this survey to national re-accreditation services for APNs could build on the understanding of nurse data.

Last, the ongoing addition of questions regarding timely topics within nursing should continue, as well as removal of topics that are no longer pertinent. Additional topics that might be worth a deeper understanding within the next survey could include well-being practices within work sites, effects of planetary changes on health, effects of funding, and the corporatization of health services, among many.

Section I. Introduction

The Wisconsin health workforce consists largely of registered nurses (RNs). Nursing practice in Wisconsin is regulated by the Wisconsin Department of Safety and Professional Services (DSPS) and all practicing RNs are required to maintain an active licensure that is renewed every 2 years. In 2010, state statute (Wisconsin Nursing Workforce Survey and Grant, 2009/2011) required nurses to complete a workforce survey with their renewal. Completed online, the 2024 Wisconsin Registered Nurse Workforce Survey consisted of 85 questions (see Appendix A); 106,143 nurses completed the survey electronically. This report presents these data.

A team of faculty and graduate students from the University of Wisconsin-Madison completed data analysis under contracts with the Wisconsin Center for Nursing. Dr. Jeffrey Henriques performed the data cleaning and all statistical analyses. The remaining team members wrote the report, led by Roberta Pawlak, PhD, RN, NEA-BC. The UW-Madison Minimal Risk Research Institutional Review Board (IRB) determined the analysis did not constitute research involving human subjects, as defined by the Department of Health and Human Services and the Federal Drug Administration regulations (IRB Report ID 2024-1154; University of Wisconsin-Madison, 2024).

The inclusion criteria listed in Table 1 were used for data cleaning. The criteria were used in prior reports and agreed on by the analysis team. The focus for this report is RNs who live or work in the State of Wisconsin. Survey responses that did not indicate living or working in Wisconsin, or had questionable responses (e.g., RN licensure date before birthdate) were excluded. After applying the exclusion criteria, 93,008 valid responses remained.

Table 1. Exclusion Criteria and Excluded Responses

Electronic Responses Received (n = 106,143)	
Exclusion Criteria	Excluded
Duplicates	112
Does not live or work in Wisconsin	12,677
No submitted data	11
First U.S. or Wisconsin license prior to age 16	67
Received first degree prior to age 16	110
Provided direct care prior to age 16	175
Working excessive hours in primary job, secondary job, or both ^a	114
Received first degree after age 70	36
First U.S. or Wisconsin license after age 75	37
Belongs to five or more ethnic groups	6
Working after age 85	49
Usable Responses	93,008

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

^aRespondents 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

Wisconsin 2024 RN Workforce Survey

The 2024 survey had fewer missing data compared to 2022. The dataset included all valid responses for comparative analysis. As a result, there is variation in the number of responses reported in the tables within this report. The data reported in all tables and the narrative were confirmed by two or more team members. The dataset used for the analysis included all eligible responses to ensure comprehensiveness. As a result, there is some variation in the number of responses listed for each table. Each table lists the corresponding survey question numbers in the footnotes.

There were slight changes in some questions on the 2024 survey compared to the 2022 version. Some questions related to the COVID-19 pandemic were removed in this year's survey, while questions regarding the use of artificial intelligence (AI) in the workplace were added. Description of question changes and potential implications are discussed in the relevant report section.

This report presents the *2024 Wisconsin Registered Nurse Workforce Survey* results in the remaining sections:

- Section II: Wisconsin RN Workforce Demographics, Employment, Expertise, and Education
- Section III: Geographic Distribution of Wisconsin RNs
- Section IV: Advanced Practice Nurses in Wisconsin
- Section V: Wisconsin Nurses in Leadership Roles
- Section VI: Wisconsin Nurses in Faculty Roles
- Section VII: Wisconsin RN Income
- Section VIII: Workplace Use of Artificial Intelligence by Wisconsin RNs
- Section IX: Impact of COVID-19 on Wisconsin RNs

Each section includes tables and graphs representing the corresponding data. At the end of each section the highlights and comparisons of the current findings to the *2022 Wisconsin RN Workforce Survey* (Zahner et al., 2023) are listed. Recommendations for future education, practice, policy, and research are also discussed at the end of each section.

Data Management

Like past survey reports, the data are reported as the number or percentage of valid responses, or as the average (mean) or midpoint (median), as appropriate. Numbers of five or greater are reported. An asterisk is used in place of valid responses numbering less than five.

Limitations

This report only represents the RNs who are renewing their licenses and, as a result, under counts all RNs in Wisconsin. Newly licensed nurses did not complete the survey. The survey questions change over time, which limits the ability to conduct trend analyses.

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

Section II outlines the demographic characteristics of registered nurses (RNs) who are licensed and reside or work in Wisconsin. Most RNs employed in Wisconsin also live in Wisconsin (96.2%). A notable majority of Wisconsin RNs identify as White (92.7%) and woman (91.5%). Unchanged from 2022, the average reported age was 46.1 years, with a median age of 44.0 years. The basic demographics of Wisconsin RNs in this analysis are presented in Table 2.

There was a very notable increase in the number and percentage of RNs who reported identifying as Hispanic, Latino, or Latinx between 2022 and 2024. In 2022, 2,222 (2.6%) of RNs reported identifying as Hispanic, Latino, or Latinx, which increased to 6,615 (7.1%) in 2024.

Wisconsin 2024 RN Workforce Survey

Table 2. Wisconsin RN Demographics 2024

Residence (n = 93,008)	n	%
Wisconsin	89,486	96.2
Outside Wisconsin	3,522	3.8
Gender^a (n = 93,008)	n	%
Woman	85,139	91.5
Man	7,637	8.2
Other, non-binary	232	0.2
Age (n = 93,008)		
Mean age (SD)	46.1 (13.9)	
Median age (SD)	44.0 (13.9)	
Range	21 to 92 years	
Age distribution (n = 93,008)	n	%
< 25	1,880	2.0
25–34	20,806	22.4
35–44	24,623	26.5
45–54	18,150	19.5
55–64	16,042	17.2
65–74	10,059	10.8
≥ 75	1,448	1.6
Primary racial identity^b (n = 93,008)	n	%
White or Caucasian	86,230	92.7
Black or African American	2,722	2.9
Asian	2,698	2.9
American Indian or Native Alaskan	714	0.8
Native Hawaiian or Other Pacific Islander	201	0.2
Other	1,656	1.8
Multiracial	1,135	1.2
Ethnic and multiracial identity (n = 93,008)	n	%
Hispanic, Latino, or Latinx	6,615	7.1

Note. Table 2 includes responses to Questions 74-77, 84, and 85.

Note. SD = standard deviation

^aThe survey questions about gender used response options representing sex (man/woman/other/non-binary). In the report, responses were modified to align with gender (woman/man/other/non-binary). No values were changed; survey respondents who selected “man” were counted in the “man” category, those who selected “woman” 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 more than one racial category.

Wisconsin 2024 RN Workforce Survey

Wisconsin RN Workforce Employment Patterns

Table 3 presents the employment patterns of Wisconsin’s RNs. Most respondents indicated being employed (87.2%) and working as a nurse (82.8%), compared with 87.9% and 84%, respectively, in 2022. There was a slight decrease in the percentage of those who reported working as a nurse. A minority (8.6%) indicated being retired, similar to 2022 (8.2%).

Table 3. Wisconsin RN Employment Patterns 2024

	<i>n</i>	%
Employed	81,098	87.2
Employed as a nurse	77,012	82.8
Employed in health field, not as a nurse	2,571	2.8
Employed in another field	1,515	1.6
Not employed	11,910	12.8
Retired	8,015	8.6
Unemployed, not retired, not seeking employment	2,383	2.6
Unemployed, seeking work in nursing	1,267	1.4
Unemployed, seeking work in another field	245	0.3

Note. Table 3 includes responses to Question 17.

Primary Position Characteristics

In Wisconsin, most RNs reported working in either hospitals (52.3%) or ambulatory care settings (21.1%). Close to half of respondents indicated working full-time for an hourly wage (48.6%), while another 26.3% worked full-time in a salaried role. In 2022, 2,831 (3.7%) of RNs reported working as a travel nurse or through a travel agency, compared to 2,467 (3.0%) in 2024. Table 4 provides details of the primary positions held by Wisconsin RNs at their main place of employment.

Table 4. Characteristics of Primary Position at Primary Place of Work 2024

Primary place of work (<i>n</i> = 81,097)	<i>n</i>	%
Hospital	42,424	52.3
Ambulatory care	17,136	21.1
Extended care	5,702	7.0
Home health	4,206	5.2
Public health or community health	3,180	3.9
Educational institutions	1,695	2.1
Correctional care	453	0.6
Tribal health	227	0.3
Other	6,024	7.4
Primary functional role or position (<i>n</i> = 81,097)		
Staff nurse	50,476	62.2
Advanced practice nurse	7,573	9.3

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Nurse manager	5,832	7.2
Case manager	4,876	6.0
Nurse educator	1,725	2.1
Nurse faculty	1,189	1.5
Nurse executive	1,102	1.4
Consultant	1,088	1.3
Nurse researcher	315	0.4
Other healthcare related	5,439	6.7
Other not healthcare related	1,482	1.8
Type of employment (n = 81,096)		
Travel nurse or employed through a traveling nurse agency	2,467	3.0
Primary position is self-employment	1,994	2.5
Employed through a temporary employment service agency	378	0.5
Compensation in primary position (n = 81,097)		
Full-time hourly wage	39,449	48.6
Full-time salaried	21,289	26.3
Part-time hourly wage	14,794	18.2
Per diem	3,446	4.2
Part-time salaried	1,948	2.4
Volunteer	171	0.2
Benefits (could select more than one)		
Retirement plan	62,721	78.0
Dental insurance	54,710	68.0
Personal health insurance	45,479	56.6
Family health insurance	39,257	48.8
None of the above	12,336	15.3
Primary function is providing direct patient care	64,582	79.6
Time worked	Mean	SD[^]
Hours worked per week in primary job	35.6	10.5
Hours worked per week in secondary job	10.7	9.2
Hours worked per week in primary and secondary jobs	36.9	11.2
Weeks worked in calendar year (including paid vacations)	48.0	9.3

Note. Table 4 includes responses to Questions 36-38, 41-43, 45-48, 51, and 57.

[^] Standard deviation (SD)

Wisconsin 2024 RN Workforce Survey

Student Loans and Additional Positions

For the first time, respondents were asked about student loans taken to support nursing education and other education (see Table 5). More than one-third of Wisconsin RNs (36.6%) had loans taken to support nursing education, while 10.4% had loans taken to support other education types. Additionally, 12,767 respondents (13.7%) indicated holding an additional employment position. Of these RNs, 68.0% had this second position primarily for additional income and 21.1% for paying off student loans.

Table 5. Student Loans and Additional Positions 2024

Student loans (n = 93,008)	n	%
For <i>nursing</i> education	34,055	36.6
For <i>other</i> education	9,680	10.4
Additional position (n = 93,008)	n	%
Holds additional position	12,767	13.7
Reasons for additional position* (n = 12,767)	n	%
Additional income	8,680	68.0
To pay off student loans	2,700	21.1
Benefits (health insurance, retirement, etc.)	564	4.4
To gain work experience or develop skills	2,284	17.9
Area of interest separate from my primary position	4,155	32.5
Use area(s) of expertise	1,466	11.5
Maintain certification or licensure requirements	616	4.8
Job uncertainty	742	5.8
Other	1,259	9.9

Note. Table 5 includes responses to Questions 32-35.

*Respondents could select more than one option

Wisconsin 2024 RN Workforce Survey

Telehealth and Remote Work

Table 6 outlines the time spent and modality of remote communication for Wisconsin RNs. There was a notable increase in the percentage of nurses who reported working 76%–100% remotely with patients (16.6% in 2022 versus 21.0% in 2024). The telephone remained the most common method for communication (75.4%). New to the 2024 survey, RNs were asked about all remote activities, beyond direct patient efforts. Most respondents (68.1%) indicated they did not work remotely.

Table 6. Time Spent and Mode of Remote Communication with Patients 2024

Time spent in communication	Primary job (n = 77,011)	
	<i>n</i>	%
Never	26,327	34.2
1%–25%	21,394	27.8
26%–50%	6,603	8.6
51%–75%	6,513	8.5
76%–100%	16,174	21.0
Modes of remote communication	Primary job (n = 50,684)	
	<i>n</i>	%
Telephone	37,847	74.4
Electronic messaging	16,301	32.2
Email	12,108	23.9
Video call	10,436	20.6
VoIP	1,454	2.9
Virtual ICU	1,060	2.1
Other	2,546	5.0
Remote work in 2024 (n = 77,011)	<i>n</i>	%
No	52,477	68.1
< 25%	14,368	18.7
26%–50%	2,562	3.3
51%–75%	1,718	2.2
76%–100%	5,886	7.6

Note. Table 6 includes responses to Questions 49, 50, and 52.

Note. Respondents were not asked about remote work for their secondary job.

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

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Language Proficiency

Table 7 outlines the reported linguistic skills of Wisconsin RNs, covering languages spoken, communication abilities, and medical interpreter certification. A significant majority (93.6%) of respondents indicated speaking only English, with proficiency solely in English (97.1%). Few (5.9%) RNs reported the ability to speak one language other than English, with Spanish being the most common additional language (2.6%).

Table 7. Linguistic Ability 2024

	Able to speak		Able to communicate with patients			
	<i>n</i> = 93,008					
Proficiency	<i>n</i>	%	<i>n</i>	%		
English language only	87,029	93.6	90,270 ^a	97.1		
One other language	5,517	5.9	2,603	2.8		
Two or more languages	462	0.5	135	0.1		
Are you a Certified Medical Interpreter						
Yes, <i>n</i> (%)	106 (0.1)					
Languages (<i>n</i> = 5,979)	Able to speak		Able to communicate with patients		Certified Medical Interpreter	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Spanish	2,256	37.7	1,678	28.1	76	1.3
Filipino, Tagalog	616	10.3	150	2.5	*	*
Hmong	601	10.1	381	6.4	13	0.2
German	307	5.1	39	0.7	*	*
French	272	4.5	43	0.7	5	0.1
Hindi	229	3.8	70	1.2	*	*
Russian	217	3.6	91	1.5	*	*
Arabic	130	2.2	59	1.0	*	*
American Sign Language	123	2.1	66	1.1	*	*
Polish	118	2.0	41	0.7	*	*
Other	1,625	27.2	274	0.3	8	0.1

Note. Table 7 includes responses to Questions 78-83.

Note. Respondents could choose more than one response.

^aIncludes those whose first language is other than English.

* Too few to report.

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Intentions for Future Employment

A total of 63,635 nurses indicated providing direct patient care (DPC), an increase of 3,082 from 2022. Table 8 details the intentions of RNs regarding their future in DPC. In Wisconsin, 9.7% reported a plan to remain in DPC for less than 2 years, a decrease of 2.3% from 2022. Almost half (47.3%) of RNs providing DPC in 2024 indicated the intent to continue for less than 10 years, compared to 49.9% in 2022. The desire to stay in DPC correlated with age, with younger nurses anticipating a greater likelihood of longer tenure in DPC.

Table 8. Intent to Continue Providing DPC 2024

Years	<i>n</i>	%	Mean age	Mean years as RN in DPC	Hours worked between primary and secondary job
<i>n</i> = 63,635					
< 2	6,173	9.7	47.6	18.0	33.2
2–4	10,926	17.2	45.5	15.7	34.6
5–9	12,979	20.4	45.2	15.1	36.6
10–19	16,569	26.0	42.9	13.3	37.1
20–29	10,365	16.3	38.1	10.2	36.9
≥ 30 or more	6,623	10.4	33.0	6.9	36.6

Note. Table 8 includes responses to Questions 28-30, 42, 57, and 74.

Table 9 displays the intent of Wisconsin RNs to remain in their current position. More than half (55%) reported planning to continue in the same role for less than 10 years, with a decrease of 3.2% indicating intent to stay in their current position for less than 2 years (16.6% in 2022 compared to 13.4% in 2024).

Table 9. Intent to Continue in Current Employment 2024

Years	<i>n</i>	%	Mean age	Mean years as RN in DPC	Hours worked between primary and secondary job
<i>n</i> = 80,138					
< 2	10,757	13.4	45.9	15.2	34.0
2–4	17,485	21.8	45.0	14.1	35.5
5–9	15,904	19.8	47.2	15.4	37.6
10–19	18,182	22.7	45.2	14.0	38.6
20– 9	11,474	14.3	38.8	10.2	37.9
≥ 30 or more	6,336	7.9	32.3	5.9	37.6

Note. Table 9 includes responses to Questions 25, 42, 57, and 74.

Clinical Knowledge, Experience, and Certification

Table 10 outlines the reported clinical areas of specialized knowledge for Wisconsin RNs. The highest numbers of respondents indicated expertise in the hospital-based specialties of medical-surgical nursing (21,469, 26.5%) and acute care/critical care/intensive care (20,468, 25.2%). However, there was a decrease of 3.3% in RNs reporting specialized knowledge in medical-surgical nursing and a 1.8%

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decrease in acute care/critical care/intensive care. Additionally, several respondents indicated no specialized area of clinical knowledge (6.8%), down from 7.3% in 2022.

Table 10. Area of Specialized Clinical Knowledge 2024

Current practice area for primary position (n = 75,573)	n	%
Medical-surgical	21,469	26.5
Acute care/critical care/intensive care	20,468	25.2
Adult health	11,910	14.7
Geriatrics/gerontology	11,839	14.6
Other, not listed	11,691	14.4
Surgery/pre-op/post-op/PACU	11,288	13.9
Cardiac care	11,111	13.7
Emergency care/Trauma	10,343	12.8
Hospice care or palliative care	8,313	10.3
Pediatrics	7,078	8.7
Home health	6,888	8.5
Family health	6,326	7.8
Psychiatric or mental health	5,807	7.2
Oncology	5,601	6.9
None	5,525	6.8
Labor and delivery	5,005	6.2
Obstetrics-gynecology	4,617	5.7
Rehabilitation	4,174	5.1
Community health	4,067	5.0
Women's health	4,044	5.0
Maternal and child health	3,999	4.9
Neonatal care	3,602	4.4
Addiction/AODA/substance abuse	2,798	3.5
Dialysis/renal	2,671	3.3
Public health	2,372	2.9
Respiratory care	1,996	2.5
Anesthesia	1,907	2.4
School health	1,719	2.1
Correctional health	1,560	1.9
Occupational or employee health	1,513	1.9
Nephrology	976	1.2
Parish or faith community	288	0.4

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

Note. Table 10 includes responses from Question 8.

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Most RNs reported holding no national board certifications (63,674, 75.9%), an increase from 2022 (62,242, 69.5%), Family health remains the most reported national board certification (2,374, 2.8%).

Table 11. Certifications 2024

Certification (n = 84,993)	n	%
I am not certified	63,674	74.9
Other, not listed	4,202	4.9
Family health	2,374	2.8
Acute care/critical care	2,201	2.6
Oncology nursing (OCN, CPON, CBCN, AOCNP, AOCNS)	1,258	1.5
Emergency nursing (CEN, CFRN)	974	1.1
Anesthesia (CRNA)	946	1.1
Wound/ostomy nursing (CWOCN, CWCN, COCN, CCCN, CWON)	927	1.1
Medical-surgical nursing	921	1.1
OB/GYN/women's healthcare	836	1.0
Pediatric nursing	861	1.0
Adult health	783	0.9
Peri-operative (CNOR)	696	0.8
Gerontological nursing	586	0.7
Nursing case management	564	0.7
Medical-surgical nursing (CMSRN)	542	0.6
Neonatal	454	0.5
Psychiatric & mental health nursing-advanced (APMHN)	441	0.5
Psychiatric & mental health nursing	421	0.5
Hospice and palliative nursing (CHPN, ACHPN)	395	0.5
General nursing practice	385	0.5
Cardiac-vascular nursing	384	0.5
Perianesthesia (CPAN, CAPA)	266	0.3
Nurse educator (CNE)	216	0.3
Ambulatory care nursing	189	0.2
Community health	183	0.2
Orthopedic nursing (ONC)	164	0.2
Home health nursing	162	0.2
Diabetes management-advanced	157	0.2

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Respiratory/Pulmonary care	153	0.2
Public/community health	152	0.2
Nursing professional development	136	0.2
Rehabilitation (CRRN)	129	0.2
Perinatal nursing	124	0.1
Nurse executive (CENP)	121	0.1
Transplant	118	0.1
School nursing	104	0.1
Nurse manager and leader (CNML)	98	0.1
Neurology (CNRN)	94	0.1
Pain management	89	0.1
Occupational health (COHN)	84	0.1
Gastroenterology (CGRN)	83	0.1
Nurse executive-advanced	80	0.1
Parish nurse	75	0.1
Nephrology (CNN, CDN)	72	0.1
Addiction/AODA	71	0.1
Informatics nursing	71	0.1
Infusion nursing (CRNI)	59	0.1
High-risk perinatal nursing	49	0.1
School nursing (NCSN)	74	0.1
Cardiac rehabilitation nursing	41	0.0
Radiology/Invasive procedures lab	40	0.0
Legal nurse consultant (LNCC)	30	0.0
Domestic violence/Abuse response	25	0.0
Family planning	20	0.0
Public health nursing-advanced (APHN)	12	0.0
College health nursing	8	0.0

Note. Table 11 includes responses from Question 9.

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Education Patterns of Wisconsin RNs

Table 12 illustrates the educational backgrounds of Wisconsin’s RNs. A notable majority (69.2%) received their most recent degree from a Wisconsin institution. For the highest nursing degree obtained, 50.6% reported a Bachelor of Science in Nursing (BSN) and 28.6% an Associate Degree in Nursing (ADN). Additionally, 16.6% of respondents indicated a graduate degree in nursing, with most (14%) holding a Master of Science in Nursing (MSN), a 1.1% increase from 2022.

No plans to pursue future education increased by 5% between 2022 (73.8%) and 2024 (78.3%). Additionally, the number of Wisconsin RNs enrolled in each level of nursing education decreased between 2022 and 2024. Cost of tuition and fees remained the most reported barrier to enrolling in additional education (51.8%), while cost of lost work and benefits (33.2%) replaced family and personal reasons (29.2%) in 2024 as the second most reported barrier.

Table 12. Education Preparation for Nursing Practice 2024

	<i>n</i>	%
Location of most recent educational degree (<i>n</i> = 93,008)		
Wisconsin	64,402	69.2
Not Wisconsin	28,606	30.8
Highest nursing degree (<i>n</i> = 91,315)		
Practical or vocational nursing diploma	402	0.4
Diploma in nursing	3,391	3.7
ADN	26,136	28.6
BSN	46,230	50.6
MSN	12,762	14.0
DNP ^a	1,958	2.1
Doctor of Nursing Science or Nursing Doctorate ^b	99	0.1
PhD ^c in nursing	337	0.4
Highest degree earned (<i>n</i> = 92,134)		
Practical or vocational nursing diploma	350	0.4
Diploma in nursing	3,011	3.3
ADN	23,940	26.0
Bachelor’s degree	47,227	51.3
Master’s degree	14,951	16.2
Doctoral degree, any field	2,655	2.9
Plans for further education (<i>n</i> = 93,008)		
No plans	72,788	78.3
Enrolled in BSN	1,980	2.1
Enrolled in MSN	2,098	2.3
Enrolled in master’s program in related field	309	0.3

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Enrolled in DNP	966	1.0
Enrolled in PhD in nursing	87	0.1
Enrolled in a PhD program in a related field	44	<0.1
Enrolled in non-degree certificate program	476	0.5
Plan to pursue further education in the next 2 years	14,260	15.3
Barriers to pursuing additional education* (n = 63,883)		
Cost of tuition, materials, books, etc.	33,104	51.8
Cost of lost work, benefits, and income	21,230	33.2
Family or personal reasons	18,626	29.2
Lack of flexibility in work schedule	7,213	11.3
Other	2,456	3.8
Schedule of educational programs offered	1,344	2.1
Commuting distance	931	1.5
Limited access to online learning or other resources	423	0.7
None identified	13,625	21.3

Note. Table 12 includes responses to Questions 4-7.

^aDoctor of Nursing Practice (DNP)

^bDoctor of Nursing Science (DNSc), Doctor of Science in Nursing (DSN), Nursing Doctorate (ND), or Doctor of Nursing (DN)

^cDoctor of Philosophy (PhD)

*Respondents could check two challenges.

Table 13 presents the average age at which Wisconsin RNs reached reported educational milestones. The average age for respondents who first earned an ADN was higher across all educational levels compared to those who first earned a BSN. Wisconsin RNs who first earned an MSN had a notably younger average age of obtaining a PhD (38.6 years), compared to those who first earned ADN and BSN degrees (50.4 and 43.2 years, respectively).

Table 13. Mean Age at First Degree in Nursing and at Subsequent Degrees in Nursing 2024

	<i>n</i>	%	Vocational nursing certificate	Diploma	ADN	BSN	MSN	DNP	DN/ ND	PhD
<i>n</i> = 93,008										
Practical or vocational nursing diploma	11,048	11.9	28.0	30.7	32.0	35.6	40.1	40.8	44.2	46.1
Diploma in nursing	9,065	9.7	-	25.3	30.8	32.7	39.2	43.8	46.6	45.6
ADN	41,744	44.9	-	-	30.2	36.1	40.6	43.2	44.1	50.4
BSN	59,235	63.7	-	-	-	25.2	34.7	35.7	36.7	43.2
MSN	3,059	13.8	-	-	-	-	30.1	35.9	32.0	38.6

Note. Table 13 includes responses to Questions 4 and 74.

Racial and Ethnic Diversity of RNs in Wisconsin

Table 14 presents demographic, educational, and workplace information for Wisconsin RNs who identified as BIPOC (Black, Indigenous, People of Color) and Latinx compared to White/not Latinx RNs. The percentage of the nursing workforce who identified as BIPOC and Latinx increased from 9.2% in 2022 to 14.2% in 2024. Of these RNs, there was an increase in those who identified as Latinx, from 27.7% in 2022 to 50.2% in 2024.

BIPOC and Latinx respondents were on average younger than White/not Latinx RNs (42.3 years compared to 46.5 years, respectively), with a higher proportion identifying as men (12.1% compared to 7.7%, respectively) and a higher proportion of proficiency in another language (30.3% compared to 2.3%, respectively). BIPOC and Latinx RNs also reported working slightly more hours on average (38.9 hours per week) compared to 37.3 hours per week for White/not Latinx nurses. A higher percentage (52.3%) of BIPOC and Latinx respondents reported holding BSN degrees based on their respective population, compared to 50.4% for White/not Latinx individuals. The percentage of BIPOC and Latinx RNs who reported plans to pursue further education in next 2 years was slightly higher by respective population than that of White/not Latinx nurses.

Table 14. Demographics, Primary Place of Work, Role or Position, Education, and Employment Sector Characteristics by Diversity Category 2024

	BIPOC and Latinx		White and not Latinx	
	<i>n</i>	%	<i>n</i>	%
All respondents (<i>n</i> = 93,008)	13,187	14.2	79,821	85.8
Hispanic, Latino, or Latinx ethnicity				
Yes	6,615	50.2	-	-
Primary racial identity (<i>n</i> = 93,008)				
White	6,409	44.5	79,821	100.0
Black or African American	2,722	18.9	-	-
Asian	2,698	18.7	-	-
American Indian or Alaska Native	714	5.0	-	-
Native Hawaiian or other Pacific Islander	201	1.4	-	-
Other	1,656	11.5	-	-
Age				
Valid responses	13,187		79,821	
Mean (<i>SD</i>)	43 (12.5)		46.7 (14)	
Gender				
Valid responses	13,187		79,821	
Woman	11,538	87.5	73,601	92.2
Man	1,544	11.7	6,093	7.7
Other or non-binary	105	0.8	127	0.2

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	BIPOC and Latinx		White and not Latinx	
	<i>n</i>	%	<i>n</i>	%
Proficient in another language				
Valid responses	13,187		79,821	
English only	9,312	70.6	77,717	97.4
1 other language	3,567	27.0	1,950	2.4
2 or more other languages	308	2.3	154	0.2
Primary place of work				
Valid responses	12,197		68,937	
Hospital	6,778	55.6	35,651	51.7
Ambulatory care	2,098	17.2	15,043	21.8
Extended care	1003	8.2	4,703	6.8
Home health	632	5.2	3,578	5.2
Public/community health	492	4.0	2,689	3.9
Educational institutions	257	2.1	1,440	2.1
Correctional care	92	0.8	361	0.5
Tribal health	83	0.7	195	0.3
Other	762	6.2	5,277	7.7
Primary functional role or position				
Valid responses	12,197		68,937	
Advanced practice nurse	1,065	8.7	6,509	9.4
Nurse educator	196	1.6	1,530	2.2
Case manager	653	5.4	4,224	6.1
Consultant	130	1.1	960	1.4
Nurse executive	132	1.1	973	1.4
Nurse faculty	163	1.3	1,026	1.55
Nurse manager	737	6.0	5,096	7.4
Nurse researcher	53	0.4	262	0.4
Staff nurse	8,184	67.1	42,301	61.4
Other healthcare related	705	5.8	4,743	6.9
Other not healthcare related	179	1.5	1,313	1.9
Total mean hours/week for primary/secondary position				
Valid responses	12,197		68,938	
Mean (<i>SD</i>)	37.9 (11.4)		36.7 (11.2)	

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	BIPOC and Latinx		White and not Latinx	
	<i>n</i>	%	<i>n</i>	%
Highest nursing degree				
Valid responses	12,884		78,431	
Practical or vocational nursing diploma	65	0.5	337	0.4
Diploma in nursing	341	2.6	3,050	3.9
ADN	3,543	27.5	22,593	28.8
BSN	6,733	52.3	39,497	50.4
MSN	1,805	14.0	10,957	14.0
DNP	325	2.5	1,633	2.1
Doctor of Nursing Science or Nursing Doctorate	15	0.1	84	0.1
PhD in nursing	57	0.4	280	0.4
Highest degree earned				
Valid responses	13,013		79,121	
Practical or vocational nursing diploma	53	0.4	297	0.4
Diploma in nursing	300	2.3	2,711	3.4
ADN	3,293	25.3	20,647	26.1
Bachelor's degree	6,885	52.9	40,342	51.0
Master's degree	2,050	15.8	12,901	16.3
Doctorate, any field	432	3.3	2,223	2.8
Plans for further education				
Valid responses	13,187		79,821	
No plans	8,289	62.9	64,499	80.8
Enrolled in BSN	437	3.3	1,543	1.9
Enrolled in MSN	495	3.8	1,603	2.0
Enrolled in Master's program in related health field	66	0.5	243	0.3
Enrolled in DNP	227	1.7	739	0.9
Enrolled in PhD in nursing	24	0.2	63	0.1
Enrolled in non-degree certificate program	13	0.1	31	0.0
Plan to pursue further education in the next 2 years	84	0.6	392	0.5

Note. Table 14 includes responses to Questions 4, 6, 48, 51, 57, and 74-78.

*Too few to report.

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Table 15 describes the enrollment in further education and plans for potentially enrolling in further education by racial identity. Among nurses who identified as White, 77.7% reported they had no interest in returning to school, compared to 63.3% of historically marginalized populations. Further, the highest reported percentage of groups looking to pursue higher education are nurses who identified themselves as Black (39.5%) followed by those who chose not to disclose their race (32.3%). The group with the least interest in pursuing higher education within 2 years were nurses who identified themselves as White (15.6%).

Table 15. Plans for Further Education by Race or Ethnicity 2024

	Hispanic, Latino, Latinx (n = 6,087)		White or Caucasian (n = 74,796)		Black or African America (n = 2,541)		American Indian or Alaskan Native (n = 652)		Asian (n = 2,559)		Native Hawaiian or Other Pacific Islander (n = 188)		Other Race Not Listed (n = 1,497)	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No plans	4,036	66.3	58,136	77.7	1,152	45.3	389	59.7	1,562	61.0	120	63.0	871	58.2
Enrolled in BSN	203	3.3	1,710	2.3	136	5.4	32	4.9	70	2.7	8	4.3	51	3.4
Enrolled in MSN	196	3.2	1,757	2.3	157	6.2	33	5.1	100	3.9	*	*	38	5.9
Enrolled in master's program in related health field	31	0.5	261	0.3	16	0.6	*	*	10	0.4	*	*	8	0.5
Enrolled in DNP	94	1.5	752	1.0	53	2.1	11	1.7	64	2.5	5	2.7	12	0.8
Enrolled in PhD in nursing	11	0.2	71	0.1	*	*	*	*	*	*	*	*	*	*
Enrolled in a PhD in a related field	*	*	30	0.0	*	*	*	*	*	*	*	*	*	*
Enrolled in non-degree certificate program	46	0.8	428	0.6	16	0.6	5	0.8	13	0.5	*	*	8	0.5
Plan to pursue further education in the next 2 years	1,466	24.1	11,651	15.6	1,003	39.5	178	27.3	733	28.6	47	25.0	484	32.3

Note. Table 15 includes responses to Questions 6, 76, and 77.

*Too few to report.

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Comparing 2022 and 2024

There was an increase of 4,801 RNs who reported working in Wisconsin between 2022 and 2024.

Demographics

- Most Wisconsin RNs identified as White (92.7%), with 2.9% identifying as Black or African American, 2.9% as Asian, 0.8% as American Indian or Native Alaskan, 0.2% as Native Hawaiian or other Pacific Islander, 1.2% as multi-racial, and 1.8% as other.
- There was a notable increase in the percentage of respondents who identified as Hispanic, Latino, or Latinx between 2022 (2.6%) and 2024 (7.1%).
- A majority of Wisconsin RNs identified as women (91.5%), with 8.2% identifying as men and 0.2% as other gender or non-binary.
- Unchanged from 2022 values, the average age of respondents was 46.1 years, with a median of 44.0 years. Ages ranged from 21 years to 92 years, with nearly half (48.9%) of respondents between 25 years and 44 years and 36.7% between 45 years and 64 years.

Employment & Expertise

- Nearly half of Wisconsin RNs providing DPC intend to leave their current position within the next 10 years.
- There was a slight increase in the RNs who reported not currently working (12.1% in 2022, 12.6% in 2024). Of these, there was a slight increase in retired RNs (8.6% in 2024 compared to 8.2% in 2022).
- There was a 3.2% decrease in the percentage of RNs who reported intending to leave their current position, from 16.6% in 2022 to 13.4% in 2024.
- There was an increase of 5.4% of RNs who reported holding no certifications between 2022 and 2024 (69.5% in 2022 to 74.9% in 2024).
- Oncology nursing certifications (OCN, CPON, CBCN, AOCNP, AOCNS) decreased from 1,283 RNs in 2022 to 974 in 2024, a decrease of 309.
- Medical-surgical nursing certifications decreased from 1,588 in 2022 to 1,258 in 2024, a decrease of 330.

Education

- A greater number of Wisconsin RNs reported no plans to pursue future education, a 5% increase between 2022 (73.8%) and 2024 (78.3%).
- The percentage of respondents enrolled in nursing educational programs decreased across all levels, except for PhD in Nursing and PhD in another field, which remained the same as 2022.
- There was a decrease of 1.8% in those who reported plans to pursue future education in the next 2 years.

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Table 16 presents 2022–2024 changes in educational attainment for RNs who identify as BIPOC and Latinx compared to White/not Latinx. While there were fewer White/not Latinx respondents who reported obtaining both ADN and BSN degrees, there were notable increases for BIPOC and Latinx RNs earning these degree types. Across all educational categories, BIPOC and Latinx nurses reported notably higher increases compared to White/not Latinx RNs between 2022 and 2024.

Table 16. Comparison of Educational Attainment by Racial or Ethnic Diversity, 2022-2024

	BIPOC and Latinx				White and Not Latinx			
	2022	2024	Difference 2022–2024	Change 2022–2024	2022	2024	Difference 2022–2024	Change 2022–2024
	<i>n</i>	<i>n</i>	<i>n</i>	%	<i>n</i>	<i>n</i>	<i>n</i>	%
Highest nursing degree								
Diploma	112	341	229	204.5	2,679	3,050	371	13.9
ADN	2,383	3,543	1,160	48.7	24,414	22,593	-1,821	-7.5
BSN	4,270	6,733	2,463	57.7	39,936	39,497	-439	-1.1
MSN	1,011	1,805	794	78.5	10,193	10,957	764	7.5
DNP	166	325	159	95.8	1,328	1,633	305	23.0
PhD in nursing	41	57	16	39.0	272	280	8	2.9

Note. Table 16 includes responses to Questions 4, 76, and 77.

Discussion and Recommendations

The Wisconsin RN workforce continues to grow in number and diversity. While there was an overall decrease in the percentage of respondents who reported intending to stay in their current position for less than 2 years, 9.7% of RNs indicated their plan to continue providing DPC for less than 2 years. Similarly, while decreased from 2022 results, nearly half (47.3%) of Wisconsin nurses providing DPC plan to continue for 10 years, and more than half (55.0%) of all RNs reported intending to stay in their current position for less than 10 years.

This high degree of turnover holds negative implications for the healthcare system and interested parties, including increased time needed to manage employees, decreased experience in the work setting, increased cost of training, and decreased patient satisfaction (AONL, n.d.; Hayes et al., 2012). Attention should be paid across all settings of nursing practice to support Wisconsin’s RNs and to address retention rates.

Across nearly all levels of nursing education, there was a notable decrease in respondents who intended to pursue future education. For Wisconsin RNs enrolled in a BSN program alone, there was a decrease of 1.2%. A higher proportion of BSN-prepared nurses has been shown to correspond with improved patient outcomes in hospital settings, including reduced risk of mortality, 7- and 30-day readmission rates, and shorter lengths of stay (Lasater et al., 2021). Additionally, 67.2% of the RN workforce indicated holding a BSN or higher, which is notably below the recommended value of 80% (National Academies of Sciences, 2021). Healthcare employers and schools of nursing should collaboratively develop innovative strategies that support and encourage the pursuit of higher educational levels.

Section III. Geographic Distribution of Wisconsin RNs

Section III outlines the demographic, educational, and regional characteristics of Wisconsin RNs. This analysis relies on data provided by participants regarding the areas where the RNs live and work. The findings from this section can help identify specific workforce needs for Wisconsin as a whole and by specific regions, informing the development of targeted interventions to support and grow the RN workforce.

Wisconsin RN Workforce by DHS Region

Table 17 presents the demographic data of RNs on a state and regional level. The number of respondents increased by 1.0% to 89,486 from the previous 85,584. All regions demonstrated an increase in respondents. The average age of RNs remained steady at 46.3 years, compared to 46.1 years in 2022. The distribution between genders remains similar. Ethnic diversity increased, as evidenced by Hispanic respondents increasing to 7.1% from 2.5% in 2022. The number of respondents who speak at least one other language also increased to 5.9% in 2024 from 4.8% in 2022.

Wisconsin 2024 RN Workforce Survey

Table 17. Overall Demographics by DHS Region of Residence 2024

	State of WI		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i> = 89,486		<i>n</i> = 18,110		<i>n</i> = 34,205		<i>n</i> = 18,128		<i>n</i> = 11,344		<i>n</i> = 7,699	
Mean age, in years (<i>SD</i>)	46.3 (13.9)		46.2 (14.0)		46.0 (14.2)		46.0 (13.6)		46.5 (13.6)		47.9 (13.6)	
Gender	<i>n</i> = 89,486		<i>n</i> = 18,110		<i>n</i> = 34,205		<i>n</i> = 18,128		<i>n</i> = 11,344		<i>n</i> = 7,699	
	<i>n</i>	%	<i>n</i>	%								
Women	82,017	91.7	16,492	91.1	31,371	91.7	16,768	92.5	10,388	91.6	6,998	90.9
Men	7,246	8.1	1,548	8.5	2,752	8.0	1,326	7.3	935	8.2	685	8.9
Non-binary	223	0.2	70	0.4	82	0.2	34	0.2	21	0.2	16	0.2
Racial and ethnic diversity												
White	83,019	92.8	16,993	93.8	30,378	88.8	17,275	95.3	10,950	96.5	7,423	96.4
Hispanic, Latino, or Latinx	6,313	7.1	1,126	6.2	2,998	8.8	1,141	6.3	653	5.8	395	5.1
Black/African American	2,617	2.9	374	2.1	1,972	5.8	164	0.9	74	0.7	33	0.4
Asian	2,558	2.9	560	3.1	1,228	3.6	429	2.4	202	1.8	139	1.8
Other	1,572	1.8	255	1.4	917	2.7	219	1.2	110	1.0	71	0.9
Multiracial	1,074	1.2	170	0.9	568	1.7	167	0.9	106	0.9	63	0.8
American Indian/Alaska Native	680	0.8	79	0.4	242	0.7	178	1.0	99	0.9	82	1.1
Native Hawaiian/Other Pacific Islander	188	0.2	30	0.2	86	0.3	37	0.2	21	0.2	14	0.2
Language proficiency												
English language only	83,800	93.6	16,907	93.4	31,227	91.3	17,280	95.3	10,959	96.6	7,427	96.5
One other language	5,244	5.9	1,070	5.9	2,766	8.1	791	4.4	359	3.2	258	3.4
Two or more other languages	442	0.5	133	0.7	212	0.6	57	0.3	26	0.2	14	0.2

^a Multiracial includes individuals who selected more than one of the other racial categories.

Note. Table 17 includes Questions 74-81 and 85.

**Refer to Table 7 in Demographics for further information on spoken languages.

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Employment Patterns of Wisconsin RNs by Region

Table 18 breaks down Wisconsin RN demographics on employment status by state and regional levels. The percentage of respondents who indicated being employed as a nurse decreased to 82.3% from the previous 83.6%, while those respondents providing direct patient care (DPC) showed a decrease to 82.6% from 85.3% in 2022. This could be influenced by the increase in the number of retirees, which rose to 9.0% from 8.4%. All regions showed similar increases. The number of nurses who identified as unemployed remained stable across the state. Regions experienced variable rises in number of nurses employed, ranging from a minimal increase of four4 RNs in the Northern region to the largest increase of 1,137 RNs in the Southeastern region.

Table 18. Employment Status in Nursing by DHS Region of Residence 2024

	State of WI <i>n</i> = 89,486		Southern <i>n</i> = 18,110		Southeastern <i>n</i> = 34,205		Northeastern <i>n</i> = 18,128		Western <i>n</i> = 11,344		Northern <i>n</i> = 7,699	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Employed as a nurse	73,630	82.3	15,046	83.1	28,101	82.2	14,863	82.0	9,491	83.7	6,129	79.6
Employed as a nurse and providing DPC	60,841	82.6	12,536	83.3	23,040	82.0	12,390	83.4	7,872	82.9	5,003	81.6
Mean years (<i>SD</i>) providing DPC as a nurse	13.3	10.5	13.5	10.6	13.1	10.6	13.4	10.3	13.4	10.3	13.8	10.3
Employed in healthcare, not as a nurse	2,473	2.8	428	2.4	1,069	3.1	474	2.6	280	2.5	222	2.9
Employed in another field	1,474	1.6	296	1.6	520	1.5	334	1.8	161	1.4	163	2.1
Employed nurses per 1,000 population in primary employment	12.5		12.8		13.3		11.3		11.5		12.8	
Retired	8,015	9.0	1,659	9.2	2,965	8.7	1,609	8.9	963	8.5	819	10.6
Unemployed, seeking work in nursing	1,266	1.4	214	1.2	510	1.5	241	1.3	178	1.6	123	1.6
Unemployed, seeking work in another field	245	0.3	49	0.3	90	0.3	55	0.3	29	0.3	22	0.3
Unemployed, not seeking employment	2,383	2.7	418	2.3	950	2.8	552	3.0	242	2.1	221	2.9

Note. Table 18 includes responses to Questions 17-19, 29-30, and 85. *Note.* Percentages based on valid responses.

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Employment Characteristics of RNs

Table 19 shows a breakdown of Wisconsin RNs’ principal place of work by state and regional levels. Respondents identified the hospital setting as the most popular employment location for DPC across all regions (52.1%) and staff nurse as the most frequently indicated primary role (62.3%). From 2022 to 2024, there was a 4.0% decrease in Wisconsin RNs who identified ambulatory care as the principal place of work for DPC (21.1% in 2022 to 25.1% in 2024). Public health increased statewide to 4.0% (2,525) from 3.6% (3,071), and travel nursing decreased from 4.1% in 2022 to 2.4% in 2024, with both trends potentially linked to the COVID-19 pandemic. Tribal health (0.3%) and correctional care (0.6%) were measured for the first time. In reviewing roles, APRNs increased to 9.2% from 8.6% reported in 2022, while all other position types remained at similar levels.

Table 19. Employment Characteristics of RNs by DHS Region of Employment 2024

	State of WI <i>n</i> = 77,576		Southern <i>n</i> = 15,770		Southeastern <i>n</i> = 29,690		Northeastern <i>n</i> = 15,671		Western <i>n</i> = 9,932		Northern <i>n</i> = 6,513	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Principal place of work for nurses providing DPC												
Hospital	40,389	52.1	8,394	53.2	16,666	56.1	7,315	46.7	5,045	50.8	2,969	45.6
Ambulatory care	16,398	21.1	3,254	20.6	5,754	19.4	3,866	24.7	2,041	20.5	1,483	22.8
Other	5,857	7.6	1,109	7.0	2,173	7.3	1,213	7.7	716	7.2	646	9.9
Extended care	5,486	7.1	1,139	7.2	1,661	5.6	1,192	7.6	956	9.6	538	8.3
Home health	4,058	5.2	802	5.1	1,432	4.8	912	5.8	534	5.4	378	5.8
Public/ Community health	3,071	4.0	631	4.0	1,135	3.8	648	4.1	364	3.7	293	4.5
Educational institutions	1,603	2.1	330	2.1	660	2.2	296	1.9	201	2.0	116	1.8
Correctional Care	445	0.6	71	0.5	142	0.5	150	1.0	48	0.5	34	0.5
Tribal Health	269	0.3	40	0.3	67	0.2	79	0.5	27	0.3	56	0.9
Functional role or position at primary job for all employed nurses												
Staff nurse	48,345	62.3	10,186	64.6	18,544	62.5	9,556	61.0	6,161	62.0	3,898	59.8
Advanced practice nurse	7,109	9.2	1,262	8.0	2,790	9.4	1,578	10.1	878	8.8	601	9.2
Nurse manager	5,593	7.2	1,130	7.2	1,919	6.5	1,251	8.0	826	8.3	467	7.2
Other healthcare related	5,218	6.7	967	6.1	2,077	7.0	1,020	6.5	658	6.6	496	7.6
Case manager	4,706	6.1	886	5.6	1,775	6.0	930	5.9	621	6.3	494	7.6
Nurse educator	1,650	2.1	350	2.2	682	2.3	331	2.1	187	1.9	100	1.5
Other not healthcare related	1,444	1.9	269	1.7	493	1.7	348	2.2	169	1.7	165	2.5

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Nurse faculty	1,122	1.4	202	1.3	477	1.6	208	1.3	158	1.6	77	1.2
Consultant	1,046	1.3	217	1.4	422	1.4	197	1.3	125	1.3	85	1.3
Nurse executive	1,047	1.3	225	1.4	371	1.2	216	1.4	132	1.3	103	1.6
Nurse researcher	296	0.4	76	0.5	140	0.5	36	0.2	17	0.2	27	0.4
Payment basis of position at principal place of work												
Full-time salaried	20,287	26.2	3,796	24.1	8,208	27.6	4,071	26.0	2,525	25.4	1,687	25.9
Full-time hourly wage	37,768	48.7	7,903	50.1	13,601	45.8	7,692	49.1	5,109	51.4	3,463	53.2
Part-time salaried	1,866	2.4	429	2.7	847	2.9	308	2.0	169	1.7	113	1.7
Part-time hourly wage	14,214	18.3	2,902	18.4	5,763	19.4	2,971	19.0	1,655	16.7	923	14.2
Per diem	3,280	4.2	711	4.5	1,212	4.1	599	3.8	451	4.5	307	4.7
Volunteer	161	0.2	29	0.2	59	0.2	30	0.2	23	0.2	20	0.3
Total mean hour worked per week, primary job (SD)	35.6 (10.5)		35.5 (10.1)		35.7 (10.6)		35.2 (10.5)		35.1 (10.5)		36.3 (10.7)	
Total mean hours worked per week, primary and secondary jobs (SD)	36.8 (11.2)		36.8 (10.7)		37.0 (11.4)		36.4 (11.2)		36.5 (11.3)		37.6 (11.4)	
Primary employment through temporary employment agency	360	0.5	50	0.3	174	0.6	85	0.5	31	0.3	20	0.3
Primary employment through traveling nurse agency	2,232	2.9	348	2.2	869	2.9	471	3.0	264	2.7	280	4.3
Primary employment is self-employed	1,900	2.4	370	2.3	681	2.3	394	2.5	242	2.4	213	3.3

Note. Table 19 includes responses to Questions 36, 38-42, 48, 51, and 85.

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Job Category at Primary Place of Work

Table 20 displays the primary place of work categories provided by respondents across the state. Nursing remains the primary job category regardless of region, ranging from the lowest Northern region at 84.8% to the highest Southern region at 87.2%. The number of Wisconsin RNs who identified as nursing faculty (1.6%) and nurse educators (1.8%) remained comparable to 2022 results.

Table 20. Job Category at Primary Place of Work by DHS Region of Residence 2024

	State of WI <i>n</i> = 77,575		Southern <i>n</i> = 15,770		Southeastern <i>n</i> = 29,690		Northeastern <i>n</i> = 15,670		Western <i>n</i> = 9,932		Northern <i>n</i> = 6,513	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Nursing	66,875	86.2	13,757	87.2	25,499	85.9	13,454	85.9	8,643	87.0	5,522	84.8
Other	4,012	5.2	723	4.6	1,513	5.1	879	5.6	474	4.8	423	6.5
Health related services outside of nursing	2,720	3.5	527	3.3	1,076	3.6	536	3.4	324	3.3	257	3.9
Nursing education	1,372	1.8	281	1.8	578	1.9	263	1.7	169	1.7	81	1.2
Nursing faculty	1,253	1.6	236	1.5	530	1.8	234	1.5	170	1.7	83	1.3
Financial, accounting, or insurance processing	563	0.7	105	0.7	194	0.7	142	0.9	51	0.5	71	1.1
Consulting	552	0.7	103	0.7	223	0.8	102	0.7	73	0.7	51	0.8
Retail sales and services	228	0.3	38	0.2	77	0.3	60	0.4	28	0.3	25	0.4

Note. Table 20 includes responses to Questions 36 and 85.

Wisconsin 2024 RN Workforce Survey

Employment Status Change for RNs

Table 21 shows employment status changes within by state and regional levels. Most respondents indicated staying within the same position (74.2%), an increase from 2022 (71.5%), and most nurses reported remaining with the same employer during the last year. This result was similar throughout the State of Wisconsin. There was a decrease in the number of RNs, across all regions, who reported working more hours than the previous year of employment.

Table 21. Employment Status Change for RNs by DHS Region of Residence 2024

	State of WI <i>n</i> = 77,577		Southern <i>n</i> = 15,770		Southeastern <i>n</i> = 29,690		Northeastern <i>n</i> = 15,671		Western <i>n</i> = 9,932		Northern <i>n</i> = 6,514	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Number of hours work compared to last year												
About the same hours as last year	49,847	64.3	9,971	63.2	19,176	64.6	10,130	64.6	6,470	65.1	4,100	62.9
More hours than last year	18,197	23.5	3,775	23.9	6,965	23.5	3,598	23.0	2,277	22.9	1,582	24.3
Fewer hours than last year	9,533	12.3	2,024	12.8	3,549	12.0	1,943	12.4	1,185	11.9	832	12.8
Change in employment												
Have not changed positions	57,563	74.2	11,675	74.0	21,999	74.1	11,628	74.2	7,377	74.3	4,884	75.0
New position with same employer	8,683	11.2	1,823	11.6	3,418	11.5	1,687	10.8	1,095	11.0	660	10.1
New position with different employer	8,946	11.5	1,825	11.6	3,322	11.2	1,874	12.0	1,162	11.7	763	11.7
Same position with different employer	2,385	3.1	447	2.8	951	3.2	482	3.1	298	3.0	207	3.2

Note. Table 21 includes responses to Questions 20-21 and 85.

Wisconsin 2024 RN Workforce Survey

Factors in Employment Change in the Past Year

Table 22 details reported reasons for employment changes during the past year. Dissatisfaction with the previous position (15.4%), retirement (14.0%), and other (12.5%) ranked the top three reasons, with retirement rising to the second most reported indication (from 9.3% in 2022 to 14.0% in 2024). A total of 29,829 Wisconsin RNs reported a position change, down from the previous survey result of 33,341.

Table 22. Most Important Factor in Employment Change in the Past Year by DHS Region of Residence 2024

Factor	State of WI n = 29,829		Southern n = 5,935		Southeastern n = 11,570		Northeastern n = 6,035		Western n = 3,692		Northern n = 2,597	
	n	%	n	%	n	%	n	%	n	%	n	%
Dissatisfaction with previous position	4,595	15.4	1,000	16.8	1,774	15.3	878	14.5	566	15.3	377	14.5
Retirement	4,176	14.0	849	14.3	1,512	13.1	891	14.8	508	13.8	416	16.0
Other	3,724	12.5	700	11.8	1,486	12.8	738	12.2	479	13.0	321	12.4
Promotion or career advancement	3,622	12.1	684	11.5	1,512	13.1	732	12.1	424	11.5	270	10.4
Salary, medical, or retirement benefits	2,767	9.3	540	9.1	1,132	9.8	523	8.7	315	8.5	257	9.9
Seeking more convenient hours	2,508	8.4	485	8.2	914	7.9	575	9.5	336	9.1	198	7.6
Childcare responsibilities	2,125	7.1	426	7.2	864	7.5	418	6.9	236	6.4	181	7.0
Relocation or moved to another area	1,475	4.9	364	6.1	475	4.1	326	5.4	184	5.0	126	4.9
Other family responsibilities	1,339	4.5	213	3.6	543	4.7	277	4.6	167	4.5	139	5.4
Change in health status of RN	1,088	3.6	246	4.1	401	3.5	197	3.3	143	3.9	101	3.9
Returned to school	832	2.8	151	2.5	322	2.8	188	3.1	103	2.8	68	2.6
Change in financial status	651	2.2	119	2.0	297	2.6	111	1.8	82	2.2	42	1.6
Laid off	469	1.6	59	1.0	167	1.4	86	1.4	90	2.4	67	2.6
Change in spouse or partner work situation	458	1.5	99	1.7	171	1.5	95	1.6	59	1.6	34	1.3

Note. Table 22 includes responses to Questions 23 and 85.

Wisconsin 2024 RN Workforce Survey

Job Category Description at Secondary Place of Work

Table 23 displays Wisconsin RNs who reported a second job and job categories of these respondents. An increased number of nurses indicated holding an additional position (12.0%) and working an increased number of hours (average 10.6 hours per week). Most Wisconsin RNs who maintained a second job (69.0%) reported that those positions required RN licensure. However, an increased number of nurses reported that these roles were outside the field of nursing. Nursing employment categories that decreased for additional positions included faculty (5.1%) and educator (1.8%).

Table 23. Job Category Description at Secondary Place of Work by DHS Region of Residence 2024

	State of WI <i>n</i> = 9,342		Southern <i>n</i> = 1,883		Southeastern <i>n</i> = 3,524		Northeastern <i>n</i> = 1,784		Western <i>n</i> = 1,343		Northern <i>n</i> = 808	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Secondary job requires RN licensure	6,447	69.0	1,287	68.3	2,572	73.0	1,188	66.6	903	67.2	497	61.5
Category of work												
Nursing	5,606	60.0	1,159	61.6	2,196	62.3	1,029	57.7	799	59.5	423	52.4
Other	1,841	19.7	365	19.4	592	16.8	401	22.5	284	21.1	199	24.6
Health related services outside of nursing	731	7.8	136	7.2	262	7.4	143	8.0	103	7.7	87	10.8
Nursing Faculty	476	5.1	75	4.0	231	6.6	81	4.5	53	3.9	36	4.5
Retail sales and services	295	3.2	63	3.3	88	2.5	64	3.6	48	3.6	32	4.0
Nursing educator	171	1.8	41	2.2	69	2.0	24	1.3	26	1.9	11	1.4
Consulting	169	1.8	33	1.8	65	1.8	31	1.7	23	1.7	17	2.1
Financial, accounting, or insurance processing	53	0.6	11	0.6	21	0.6	11	0.6	7	0.5	*	*
Hours worked per week												
Mean number of hours worked per week (<i>SD</i>)	10.6 (9.0)		10.4 (8.9)		11.0 (9.0)		9.8 (8.5)		10.4 (9.3)		11.0 (10.0)	

Note. Table 23 includes responses to Questions 53-57 and 85.

*Too few to report

Wisconsin 2024 RN Workforce Survey

Employment Intentions of Unemployed RNs

Table 24 displays the results of Wisconsin RNs who reported as unemployed and their employment intentions. The total number of respondents in this category decreased from 10,518 nurses in 2022 to 6,808 RNs in 2024. An increased percentage (11.9%) of these individuals indicated currently seeking employment, compared to 6.0% in 2022. However, the number of those respondents who retired or are unable to return to nursing rose to over half (63.6%), almost double 2022 (32.4%).

Table 24. Employment Intentions of Unemployed RNs by DHS Region of Residence 2024

	State of WI <i>n</i> = 6,808		Southern <i>n</i> = 1,358		Southeastern <i>n</i> = 2,640		Northeastern <i>n</i> = 1,360		Western <i>n</i> = 789		Northern <i>n</i> = 661	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Currently seeking employment in nursing	813	11.9	122	9.0	348	13.2	153	11.3	112	14.2	78	11.8
Plan to return to nursing in the future	1,394	20.5	250	18.4	552	20.9	284	20.9	173	21.9	135	20.4
Retired or unable to return to nursing	4,327	63.6	917	67.5	1,635	61.9	859	63.2	480	60.8	436	66.0
Definitely will not return to nursing, but not retired	274	4.0	69	5.1	105	4.0	64	4.7	24	3.0	12	1.8

Note. Table 24 includes responses to Questions 18 and 85.

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Factors Influencing Return to Nursing

For Wisconsin RNs who indicated not currently working in nursing, Table 25 describes the reported reasons that would potentially influence a return to the profession. Respondents were able to select multiple answers. The factors that would be most influential in the decision to return to nursing were more or flexible work hours (14.2%) and work environment (11.9%). A significantly higher number of RNs (15.5%) reported not considering a return to nursing, making this the highest-ranking category in 2024. This was an increase of 6.5% over the previous survey.

Table 25. Factors Influencing a Return to Nursing by DHS Region of Residence 2024

	State of WI <i>n</i> = 15,856		Southern <i>n</i> = 3,064		Southeastern <i>n</i> = 6,104		Northeastern <i>n</i> = 3,265		Western <i>n</i> = 1,853		Northern <i>n</i> = 1,570	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Would not consider returning to nursing	4,735	15.5	961	16.3	1,863	15.7	974	15.3	491	14.2	446	14.6
More or flexible hours	4,338	14.2	885	15.0	1,657	14.0	913	14.4	476	13.8	407	13.3
Work environment	3,655	11.9	700	11.8	1,444	12.2	742	11.7	410	11.9	359	11.8
Improved pay	3,076	10.0	549	9.3	1,236	10.4	653	10.3	318	9.2	320	10.5
Worksite location	2,728	8.9	538	9.1	1,057	8.9	544	8.6	326	9.4	263	8.6
Shift	1,992	6.5	366	6.2	769	6.5	411	6.5	255	7.4	191	6.3
Modified physical job requirements	1,981	6.5	393	6.6	748	6.3	409	6.4	233	6.7	198	6.5
Improvement in health status	1,281	4.2	249	4.2	485	4.1	266	4.2	148	4.3	133	4.4
Affordable childcare at or near work	589	3.7	141	2.4	204	1.7	130	2.0	51	1.5	63	2.1
Improved health benefits	1,036	3.4	192	3.2	400	3.4	228	3.6	98	2.8	118	3.9
Retirement benefits	1,028	3.4	174	2.9	405	3.4	214	3.4	113	3.3	122	4.0
Opportunity for career advancement	744	2.4	148	2.5	320	2.7	139	2.2	74	2.1	63	2.1
Other	3,460	11.3	616	10.4	1,280	10.8	737	11.6	460	13.3	367	12.0

Note. Table 25 includes responses from Questions 19 and 85.

Note. Respondents could select more than one response.

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Intent to Continue Providing Direct Patient Care

Table 26 describes the plan of Wisconsin RNs to continue to provide DPC by state and regional levels. Across Wisconsin, 82.4% of nurse respondents indicated the intent to continue to provide DPC for some length of time. However, over half reported plans to leave in the next 10 years.

Table 26. Intent to Continue Providing DPC by DHS Region of Residence 2024

Years	State of WI <i>n</i> = 63,913		Southeastern <i>n</i> = 13,144		Southeastern <i>n</i> = 24,227		Northeastern <i>n</i> = 12,977		Western <i>n</i> = 8,274		Northern <i>n</i> = 5,291	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	6,533	10.2	1,329	10.1	2,602	10.7	1,247	9.6	803	9.7	552	10.4
2–4	11,025	17.3	2,279	17.3	4,483	18.5	2,012	15.5	1,333	16.1	918	17.4
5–9	13,086	20.5	2,752	20.9	5,206	21.5	2,490	19.2	1,609	19.4	1,029	19.4
10–19	16,535	25.9	3,433	26.1	6,117	25.2	3,407	26.3	2,198	26.6	1,380	26.1
20–29	10,216	16.0	2,064	15.7	3,468	14.3	2,329	17.9	1,475	17.8	880	16.6
≥ 30	6,518	10.2	1,287	9.8	2,351	9.7	1,492	11.5	856	10.3	532	10.1

Note. Table 26 includes responses to Questions 30 and 85.

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Areas of Specialized Clinical Knowledge

Table 27 reports the self-reported specialized knowledge and experience of Wisconsin RNs. The top three areas of specialty were medical/surgical (26.7%), acute/critical/intensive care (25.1%), and adult health (15.0%). This reported year, acute/critical/intensive care dropped from first to second place.

Table 27. Areas of Specialized Clinical Knowledge by DHS Region of Residence 2024

	State of WI <i>n</i> = 89,486		Southern <i>n</i> = 18,110		Southeastern <i>n</i> = 34,205		Northeastern <i>n</i> = 18,128		Western <i>n</i> = 11,344		Northern <i>n</i> = 7,699	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Medical-surgical	23,935	26.7	4,744	26.2	9,019	26.4	4,684	25.8	3,402	30.0	2,086	27.1
Acute/critical/intensive care	22,425	25.1	4,471	24.7	9,320	27.2	3,997	22.0	2,594	22.9	2,043	26.5
Adult health	13,454	15.0	2,808	15.5	5,414	15.8	2,544	14.0	1,598	14.1	1,090	14.2
Geriatrics or gerontology	13,376	14.9	2,688	14.8	4,338	12.7	2,906	16.0	2,077	18.3	1,367	17.8
Surgery/pre-op/post-op/PACU	12,689	14.2	2,551	14.1	4,604	13.5	2,720	15.0	1,628	14.4	1,186	15.4
Cardiac	12,421	13.9	2,300	12.7	5,160	15.1	2,407	13.3	1,447	12.8	1,107	14.4
Emergency care/Trauma	11,080	12.4	2,221	12.3	3,821	11.2	2,208	12.2	1,756	15.5	1,074	13.9
Hospice or palliative care	9,243	10.3	1,914	10.6	3,169	9.3	2,014	11.1	1,319	11.6	827	10.7
Home health	8,146	9.1	1,555	8.6	3,066	9.0	1,708	9.4	1,045	9.2	772	10.0
Pediatrics	7,893	8.8	1,730	9.6	3,517	10.3	1,246	6.9	802	7.1	598	7.8
Family health	6,853	7.7	1,376	7.6	2,204	6.4	1,628	9.0	952	8.4	693	9.0
Psychiatric or mental health	6,576	7.3	1,291	7.1	2,495	7.3	1,354	7.5	937	8.3	499	6.5
Oncology	6,240	7.0	1,185	6.5	2,700	7.9	1,203	6.6	653	5.8	499	6.5
None	6,222	7.0	1,415	7.8	2,339	6.8	1,180	6.5	803	7.1	485	6.3
Labor and delivery	5,702	6.4	1,111	6.1	1,808	5.3	1,326	7.3	907	8.0	550	7.1
Obstetrics-gynecology	5,249	5.9	1,132	6.3	1,865	5.5	1,153	6.4	699	6.2	400	5.2
Community health	4,792	5.4	895	4.9	1,926	5.6	901	5.0	614	5.4	456	5.9
Rehabilitation	4,725	5.3	828	4.6	1,888	5.5	1,001	5.5	591	5.2	417	5.4
Maternal-child health	4,683	5.2	1,031	5.7	1,671	4.9	981	5.4	643	5.7	357	4.6
Women's health	4,513	5.0	885	4.9	1,869	5.5	930	5.1	530	4.7	299	3.9
Neonatal	4,091	4.6	736	4.1	1,759	5.1	824	4.5	448	3.9	324	4.2
Addiction/AODA/substance abuse	3,134	3.5	556	3.1	1,289	3.8	566	3.1	434	3.8	289	3.8
Public health	2,947	3.3	612	3.4	1,028	3.0	558	3.1	440	3.9	309	4.0

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Dialysis/renal	2,937	3.3	538	3.0	1,189	3.5	576	3.2	390	3.4	244	3.2
Respiratory care	2,244	2.5	546	3.0	877	2.6	398	2.2	260	2.3	163	2.1
School health	2,123	2.4	504	2.8	754	2.2	400	2.2	273	2.4	192	2.5
Anesthesia	1,940	2.2	416	2.3	627	1.8	405	2.2	301	2.7	191	2.5
Occupational or employee health	1,910	2.1	343	1.9	594	1.7	507	2.8	243	2.1	223	2.9
Correctional health	1,798	2.0	401	2.2	554	1.6	487	2.7	212	1.9	144	1.9
Nephrology	1,075	1.2	201	1.1	493	1.4	203	1.1	121	1.1	57	0.7
Parish or faith community	463	0.5	89	0.5	194	0.6	96	0.5	42	0.4	42	0.5
Other, not listed	13,119	14.7	2,737	15.1	5,016	14.7	2,704	14.9	1,565	13.8	1,097	14.2

Note. Table 27 includes responses to Questions 8 and 85.

Note. Respondents could select more than one category.

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Educational Patterns and Challenges for RNs in Wisconsin by Region

Table 28 details the educational levels of Wisconsin RNs. In all regions, over half of all nurses indicated a BSN degree or higher. The Southeastern region reported the highest proportion of BSN or higher education (72.7%) and the Northeastern region reported the lowest proportion of BSN or higher (50.9%). DNP-prepared nurses increased to 2.1%, MSN-prepared nurses increased to 13.9%, and PhD-prepared nurses remained stable at 0.4%. All other levels of degree preparation remained stable when compared to the 2022 survey report, except for ADN, which decreased from 30.9% to 28.7% as highest degree earned.

Table 28. Highest Nursing Degree by DHS Region of Residence 2024

	State of WI <i>n</i> = 87,881		Southern <i>n</i> = 17,777		Southeastern <i>n</i> = 33,549		Northeastern <i>n</i> = 17,781		Western <i>n</i> = 11,184		Northern <i>n</i> = 7,590	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Practical/ vocational nursing diploma	384	0.4	78	0.4	121	0.4	82	0.5	61	0.5	42	0.6
Diploma in nursing	3,300	3.8	647	3.6	1,282	3.8	681	3.8	366	3.3	324	4.3
ADN	25,264	28.7	4,802	27.0	7,757	23.1	5,373	30.2	3,975	35.5	3,357	44.2
BSN	44,545	50.7	9,406	52.9	18,255	54.4	8,938	50.3	5,107	45.7	2,839	37.4
MSN	12,173	13.9	2,325	13.1	5,302	15.8	2,326	13.1	1,330	11.9	890	11.7
DNP	1,804	2.1	422	2.4	636	1.9	318	1.8	300	2.7	128	1.7
Doctor of Nursing Science or Nursing Doctorate	88	0.1	22	0.1	32	0.1	16	0.1	13	0.1	5	0.1
PhD in nursing	323	0.4	75	0.4	164	0.5	47	0.3	32	0.3	5	0.1
Total BSN or higher degree in nursing	58,933	67.1	12,250	68.9	24,389	72.7	11,645	65.5	6,782	60.6	3,867	50.9

Note. Table 28 includes responses to Questions 4 and 85.

^aDNSc, DSN, ND, or DN

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Plans to Pursue Further Education

Table 29 displays the intentions of Wisconsin RNs to pursue additional education. Across all regions, the number of nurses who indicated no plan to pursue further education increased from 73.9% in 2022 to 78.5% in 2024. Reported state-wide BSN enrollment rates decreased to 2.1%, and DNP rates likewise dropped to 1.0%. PhD enrollment remained stable at 0.4%.

Table 29. Plans to Pursue Further Education by DHS Region of Residence 2024

	State of WI <i>n</i> = 89,486		Southern <i>n</i> = 18,110		Southeastern <i>n</i> = 34,205		Northeastern <i>n</i> = 18,128		Western <i>n</i> = 11,344		Northern <i>n</i> = 7,699	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No plans	70,236	78.5	14,327	79.1	26,196	76.6	14,465	79.8	8,880	78.3	6,368	82.7
Enrolled in BSN program	1,877	2.1	315	1.7	612	1.8	513	2.8	303	2.7	134	1.7
Enrolled in MSN program	2,000	2.2	349	1.9	941	2.8	406	2.2	184	1.6	120	1.6
Enrolled in MS degree program in a related field	292	0.3	59	0.3	109	0.3	54	0.3	45	0.4	25	0.3
Enrolled in DNP program	910	1.0	208	1.1	352	1.0	169	0.9	138	1.2	43	0.6
Enrolled in a nursing PhD program	82	0.1	22	0.1	45	0.1	10	0.1	5	>0.1	*	*
Enrolled in a PhD program in a related field	42	>0.1	10	0.1	23	0.1	5	>0.1	*	*	*	*
Enrolled in a non-degree specialty certification program	448	0.5	97	0.5	190	0.6	78	0.4	44	0.4	39	0.5
Plan to pursue further nursing education in the next 2 years	13,599	15.2	2,723	15.0	5,737	16.8	2,428	13.4	1,742	15.4	969	12.6

Note. Table 29 includes responses to Questions 6 and 85.

*Too few to report.

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Challenges to Pursuing Additional Education

Table 30 describes the barriers Wisconsin RNs face in pursuing further education. The largest group of respondents (14.7%) report no challenges. Of those selected, the three most common barriers reported by nurses include the cost of tuition, fees, and materials (35.3%); cost of lost work and benefits (22.7%); and family or personal reasons (20.0%). These results were similar to 2022.

Table 30. Challenges to Pursuing Additional Education by DHS Region of Residence 2024

	State of WI <i>n</i> = 89,486		Southern <i>n</i> = 18,110		Southeastern <i>n</i> = 34,205		Northeastern <i>n</i> = 18,128		Western <i>n</i> = 11,344		Northern <i>n</i> = 7,699	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
None	13,125	14.7	2,497	13.8	5,096	14.9	2,639	14.6	1,741	15.3	1,152	15.0
Cost of tuition fees, materials	31,570	35.3	6,301	34.8	12,673	37.1	6,154	33.9	3,918	34.5	2,524	32.8
Cost of lost work and benefits	20,296	22.7	4,294	23.7	7,776	22.7	3,858	21.3	2,614	23.0	1,754	22.8
Family or personal reasons	17,930	20.0	3,595	19.9	6,823	19.9	3,896	21.5	2,264	20.0	1,352	17.6
Lack of flexibility in work schedule	6,896	7.7	1,394	7.7	2,779	8.1	1,361	7.5	891	7.9	471	6.1
Other	2,368	2.6	485	2.7	977	2.9	457	2.5	275	2.4	174	2.3
Schedule of education programs offered	1,288	1.4	259	1.4	544	1.6	237	1.3	171	1.5	77	1.0
Commuting distance	880	1.0	181	1.0	207	0.6	178	1.0	139	1.2	175	2.3
Limited access to online learning or other resources	407	0.5	74	0.4	150	0.4	74	0.4	66	0.6	43	0.6

Note. Table 30 includes responses to Questions 7 and 85.

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Wisconsin RN Workforce by Rural-Urban Designation

Table 31 displays demographic data of Wisconsin RNs by rural or urban location of employer. Nurses with a rural place of work averaged 1.7 years older than those in the urban setting, a 2.8 year decrease from 2022 values. When compared with urban respondents, Wisconsin RNs with rural employers were more commonly women, greater than 35 years of age, and identified as White. Distinctions of rural and urban locations follow designations from the Wisconsin Area Health Education Centers’(AHEC) Health Service Areas for consistency with the 2022 report (Wisconsin AHEC, 2017).

Table 31. Demographics by Rural-Urban Location of Employer 2024

	Rural <i>n</i> = 32,825		Urban <i>n</i> = 57,328	
	<i>n</i>	%	<i>n</i>	%
Mean age (<i>SD</i>)	47.2 (13.5)		45.5 (14.0)	
Gender	<i>n</i> = 32,825		<i>n</i> = 57,328	
Women	30,577	93.2	52,044	90.8
Men	2,200	6.7	5,106	8.9
Non-binary	48	0.1	178	0.3
Age Distribution (years)				
< 25	480	1.5	1,319	2.3
25–34	6,247	19.0	13,911	24.3
35–44	8,730	26.6	15,146	26.4
45–54	6,860	20.9	10,721	18.7
55–64	6,309	19.2	9,259	16.2
65–74	3,694	11.3	6,091	10.6
≥ 75	505	1.5	881	1.5
Primary racial identity	<i>n</i> = 32,825		<i>n</i> = 57,328	
White	31,912	97.2	51,766	90.3
Black or African American	161	0.5	2,460	4.3
American Indian or Alaska Native	414	0.7	275	0.8
Asian	348	1.1	2,221	3.9
Native Hawaiian or Other Pacific Islander	43	0.1	142	0.2
Other	352	1.1	1,224	2.1
Hispanic, Latino, or Latinx				
Yes	1,823	5.6	4,547	7.9
No	31,002	94.4	52,781	92.1
Mean number of languages spoken (<i>SD</i>)	1.0 (0.2)		1.1 (0.3)	

Note. Table 31 includes responses to Questions 74-78 and 85.

Note. Refer to Table 7 in Demographics for further information on spoken languages.

Employment by Rural-Urban Status of Employer

Table 32 presents employment types reported by Wisconsin RNs, stratified by rural or urban location of employer. Nurses with a rural place of work indicate a higher average number of years in DPC compared to those employed in an urban setting. Hours worked per week and number of nursing jobs are similar when comparing location types.

Table 32. Employment by Rural-Urban Status of Employer 2024

	Rural <i>n</i> = 32,822		Urban <i>n</i> = 57,327	
	Mean	<i>SD</i>	Mean	<i>SD</i>
Years providing direct patient care (DPC)	15.4	11.5	14.3	11.6
Hours worked per week in primary job	35.6	10.5	35.5	10.5
Number of nursing jobs	1.2	0.5	1.2	0.5
Total hours worked in primary and secondary jobs	40.0	11.3	36.8	11.2

Note. Table 32 includes responses to Questions 28, 31, 42, 57, and 85.

Intent to Continue to Provide DPC by Rural-Urban Location

Table 33 compares the intent of Wisconsin RNs to continue providing DPC by rural or urban location of employer. A slightly higher percentage of respondents working in urban areas (48.6%) expressed the intention to continue providing DPC for less than 10 years, compared to 46.4% of rural RNs.

Table 33. Intent to Continue to Provide DPC by Rural-Urban Location of Employer 2024

Years	Rural <i>n</i> = 23,551		Urban <i>n</i> = 41,046	
	<i>n</i>	%	<i>n</i>	%
< 2	2,366	10.0	4,244	10.3
2–4	3,872	16.4	7,217	17.6
5–9	4,711	20.0	8,491	20.7
10–19	6,166	26.2	10,566	25.7
20–29	4,038	17.1	6,322	15.4
≥ 30	2,398	10.2	4,206	10.2

Note. Table 33 includes responses to Questions 30 and 85.

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Intent to Continue in Current Employment by Rural-Urban Location

Table 34 shows the intention of Wisconsin RNs to remain in their current employment DPC by rural or urban location of employer. A higher percentage (56.8%) of nurses working in an urban setting indicated the intent to stay for less than 10 years (compared to 53.2% for rural areas).

Table 34. Intent to Continue in Current Employment by Rural-Urban Status of Employer 2024

Number of years intending to continue	Rural <i>n</i> = 28,743		Urban <i>n</i> = 50,398	
	<i>n</i>	%	<i>n</i>	%
< 2	3,668	12.8	7,084	14.1
2–4	5,850	20.4	11,487	22.8
5–9	5,737	20.0	10,026	19.9
10–19	6,760	23.5	11,127	22.1
20–29	4,450	15.5	6,745	13.4
≥ 30	2,278	7.9	3,929	7.8

Note. Table 34 includes responses to Questions 25 and 85.

Educational Preparation by Rural-Urban Status of Employer

Table 35 presents the educational preparation of Wisconsin RNs by rural or urban location of employer. In both areas, BSN was most indicated as the highest degree earned. Nurses with an urban place of work had greater percentages (54.5%) of bachelor’s degrees as their highest degree earned, compared to 45.8% in rural areas. The number of respondents reporting an ADN as the highest degree earned decreased in both rural (33.6%) and urban (21.7%) settings, potentially indicating that more nurses are pursuing higher degrees.

Table 35. Educational Preparation by Rural-Urban Status of Employer 2024

	Rural		Urban	
	<i>n</i>	%	<i>n</i>	%
Highest degree earned	<i>n</i> = 32,561		<i>n</i> = 56,751	
Practical or vocational degree	148	0.5	189	0.3
Diploma	1,222	3.8	1,699	3.0
ADN	10,928	33.6	12,327	21.7
Bachelor’s degree	14,926	45.8	30,944	54.5
Master’s degree	4,605	14.1	9,823	17.3
Doctorate	732	2.2	1,769	3.1
Highest nursing degree earned	<i>n</i> = 32,288		<i>n</i> = 56,239	
Practical or vocational degree	172	0.5	213	0.4
Diploma	1,336	4.1	1,951	3.5
ADN	11,773	36.5	13,609	24.2
BSN	14,465	44.8	30,447	54.1
MSN	3,880	12.0	8,429	15.0
DNP	573	1.8	1,262	2.2
Doctor of Nursing Science or Nursing Doctorate ^a	25	0.1	68	0.1
PhD in nursing	64	0.2	260	0.5

Note. Table 35 includes responses to Questions 4 and 85.

^aDNSc, DSN, ND, or DN

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Region of Residence and Primary Position

Table 36 displays where Wisconsin RNs live and primarily work, stratified by DHS region and urban or rural location of employer. Overall, work locations tended to be in the same regions as place of residence.

Table 36. Residence and Primary Position by DHS Region and Rural-Urban Employer Status 2024

	Rural		Urban	
	<i>n</i>	%	<i>n</i>	%
Region of primary position	<i>n</i> = 25,579		<i>n</i> = 46,209	
Southern	6,772	26.5	8,130	17.6
Southeastern	3,821	14.9	23,875	51.7
Northeastern	5,574	21.8	8,719	18.9
Western	4,756	18.6	3,907	8.5
Northern	4,656	18.2	1,578	3.4
Region of residence	<i>n</i> = 32,375		<i>n</i> = 56,473	
Southern	8,263	25.5	9,696	17.2
Southeastern	4,628	14.3	29,357	52.0
Northeastern	7,321	22.6	10,692	18.9
Western	6,374	19.7	4,874	8.6
Northern	5,789	17.9	1,854	3.3

Note. Table 36 includes responses to Question 39, 40, and 85.

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Comparing 2022 and 2024

Demographics

- The number of respondents in the 2024 survey increased by 1.0% to 89,486 RNs. All regions experienced an increase in respondents.
- Rural Wisconsin RNs average 1.7 years older than their urban counterparts, a decrease from the previous 2022 age difference of 2.8 years older.
- The racial and ethnic breakdown of nurses varied across regions. The Southeastern region reported the highest percentage of RNs who identified as non-White and the highest percentage of respondents who spoke more than one language.
- Most Wisconsin RNs identified as women (91.7%), with values ranging from 90.9% in the Northern region to 92.5% in the Northeastern region. Conversely, the Northern region had the highest proportion of respondents who identified as men (8.9%). The percentage of Wisconsin RNs who reported identifying as non-binary or other gender was similar across the state.

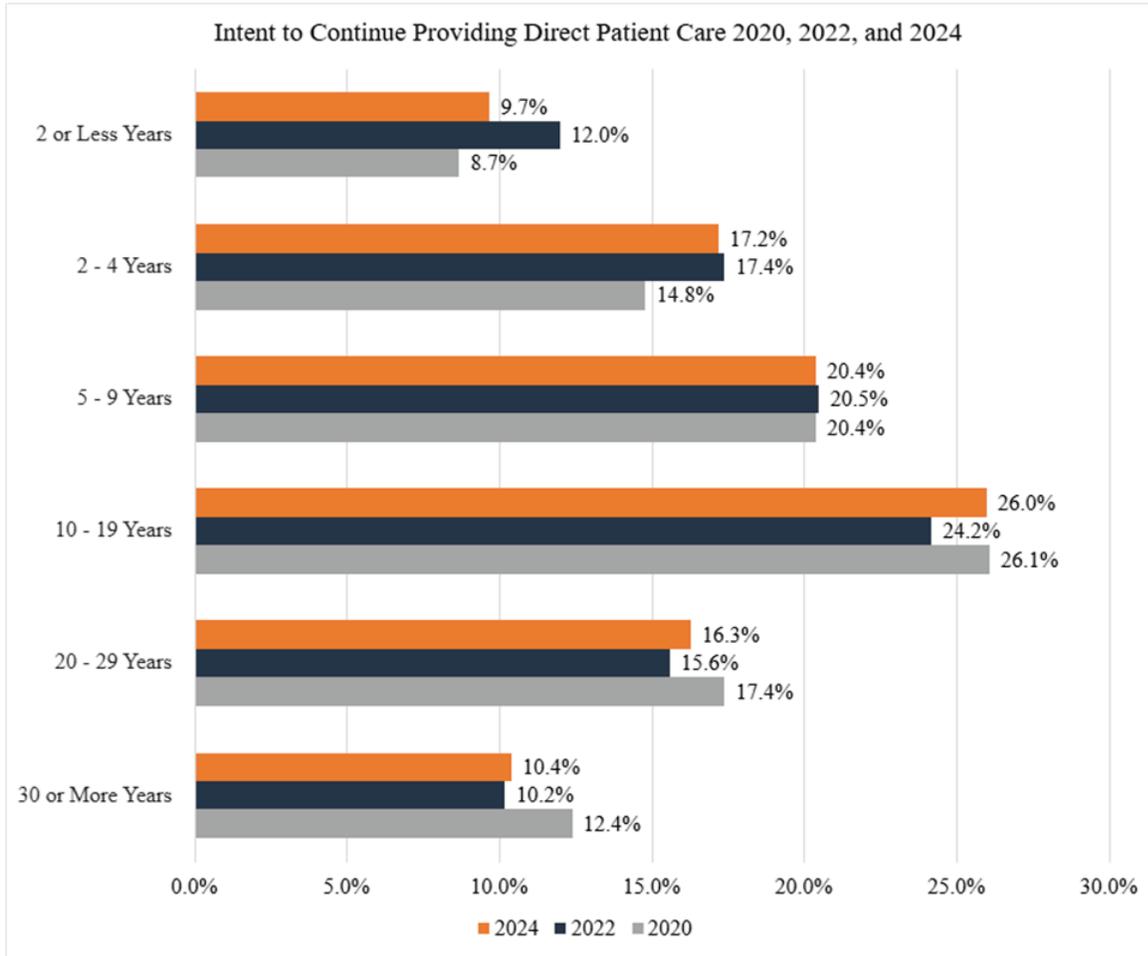
Employment & Expertise

- Nursing remained the primary job category for employment across all regions, ranging from 84.8% in the Northern region to 87.2% in the Southern region.
- Retirement rates varied geographically, lowest in the Western region (8.5%) and highest in the Northern region (10.6%).
- The number of Wisconsin RNs who reported providing DPC decreased statewide to 82.6% from 85.3% in 2022. These values ranged from 81.6% in the Northern region to 83.4% in the Northeastern region.
- A greater percentage of respondents (74.2%) indicated remaining in the same position during the past year, compared with 71.5% in 2022. This result was similar across all regions.
- Across the state, over half of DPC RNs reported plans to leave in the next 10 years, with 47.9% in urban settings and 46.4% of nurses in rural areas.
- The top three areas of specialized clinical knowledge were medical/surgical, acute/critical/intensive care, and adult health. Acute/critical/intensive care dropped this year from first to second place in all regions except Southeastern.

Education

- Across the state, over half of all nurses reported a BSN or higher. This value ranged from 50.9% in the Northeastern region to 72.7% in the Southeastern region. Likewise, BSN was the most reported highest degree earned in both rural (45.8%) and urban (54.5%) areas.
- Doctorate-level degrees remained relatively stable across geographical areas.
- There was significant variation in the percentage of RNs reporting an ADN as the highest obtained nursing degree. Rates were lowest in the Southeastern region at 23.1% and highest in the Northeastern region at 44.2%.
- Wisconsin RNs who reported an ADN as the highest nursing degree earned decreased in both rural (44.0% in 2022 to 36.0% in 2024) and urban settings (27.0% in 2022 to 24.2% in 2024).
- The number of respondents indicating no plans to pursue further education increased from 73.9% in 2022 to 78.5% in 2024, a trend shown across all regions.
- Across the state, the three most reported barriers to additional education included the cost of tuition, fees, and materials; cost of lost work and benefits; and family or personal reasons.

Figure 1. Intent to Continue Providing DPC (2020–2024)



Note. Figure 1 includes responses to Questions 13, 14 and 30.

Discussion and Recommendations

Regional variation is expected given the statewide differences in available employment opportunities, educational programs, demographics, and distribution of nurses. Comparison demonstrates, however, that urban and rural areas share many similarities.

All regions experienced an increase in the numbers of RN respondents. Reported age was similar across regions, and the workforce remained predominantly White and woman across the state. Both urban and rural areas reported a BSN as the most reported highest earned degree. The state made diversity gains in 2024, with an increased number of respondents identifying as Hispanic/Latino/Latinx, while other races remained similar to 2022. A concerning trend is the decrease in the number of Wisconsin RNs being employed as a nurse and in the number of those DPC. The state also saw an increase in the proportion of RN retirees.

Across regions, respondents who indicated a role in public health increased, while the number of Wisconsin RNs working in travel nursing decreased, perhaps demonstrating the effect of the COVID-19 pandemic on the workforce. Similar between regions, fewer nurses reported working more hours and changing jobs. The number of nurses who indicated not actively practicing and not considering a return to nursing grew from 2022 to 2024. The stress experienced by RNs working in DPC appears to have

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significantly increased, with over half of respondents expressing intentions to leave DPC within the next 10 years.

To address potential future nurse shortages in the state, employers, educators, and policymakers should explore strategies to enhance working conditions for employees, improve compensation and benefits, reintegrate unemployed RNs into the workforce, and make nursing education more accessible across all regions. By the end of 2022, 45.0% of nurses indicated feeling burned out, increasing retention difficulties (Chen et al., 2024). Nurses need support to prevent burnout, resignation, and early retirement in various healthcare settings, including hospitals, long-term care, corrections, and public or community health. This support should include compensatory pay, safe staffing ratios, access to resources that ensure safe patient care for both nurses and patients, improved benefits, and access to mentorship programs focused on burnout and fatigue prevention across all regions.

Healthcare leaders, nursing educators, and policymakers should continue advocating for the expansion of the Wisconsin RN workforce and greater access to advanced nursing education. Steps, such as funding incentives for nurses pursuing advanced degrees who commit to teaching, can help address the shortage of educators (Lee et al., 2024). Employers and schools of nursing should also focus on strategies that facilitate nurses' access to ongoing professional development, including resources for remote learning. Major healthcare organizations should more strongly commit to meeting the national benchmark of 80% BSN-prepared RNs by 2023, supporting and investing in innovative ways to help nurses across the state attain further education (National Academies of Sciences, Engineering, and Medicine, 2021).

Section IV. Advanced Practice Nurses in Wisconsin

Section IV examines the role of registered nurses (RNs) who have obtained advanced practice nursing (APN) licensure in the following categories: nurse practitioner (NP), certified nurse specialist (CNS), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and advanced practice nurse practitioner (APNP).

All APNs must be certified by a Wisconsin Board of Nursing-approved national certifying body (Wisconsin Department of Safety and Professional Services [DSPS], 2024). After July 1, 1998, applicants must hold a master or doctoral degree in nursing or related health field, granted by an accredited college or university (Wisconsin DSPS, 2024).

In Table 37, the certification of Wisconsin APNs by percentage shows that most individuals currently are NPs (82.6%), a slight increase from 2022.

Table 37. APN by Certification Type 2024

Current National Certification (n = 9,127)	n	%
NP	7,545	82.6
CNS	378	4.1
CNM	285	3.1
CRNA	1,007	11.0
APNP	8,476	92.9

Note. Table 37 includes responses to Questions 59 and 61

Note. Respondents could select more than one response.

Table 38 showcases the general characteristics of the APN workforce. Most (92.0%) report being licensed and working in the State of Wisconsin. The mean average age of all APNs was 45.8 years, a slight decline compared to 45.9 in 2022. Most (88.0%) respondents identified as women, with 11.1% men and 0.3% non-binary or other gender. BIPOC and/or Latinx APN percentages increased to 14.3% in 2024 compared to 9.1% in 2022. There was also an increase in the highest nursing degree achieved, with DNP degrees increasing to 18.2% of the APN workforce.

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Table 38. APN Work Location, Demographics, and Education Attainment 2024

Work location (n = 9,127)	n	%
Works in Wisconsin	6,913	92.0
Works out of Wisconsin	602	8.0
Gender (n = 9,130)	n	%
Women	8,088	88.0
Men	1,017	11.1
Non-binary, gender non-conforming, or transgender	25	0.3
Race/ethnicity (n = 9,130)	n	%
BIPOC and/or Latinx	1,306	14.3
White and not Latinx	7,824	85.7
Age (n = 9130)	Mean age (SD)	
All APN (age range = 24 to 89 years)	45.78 (11.07)	
NP	45.24 (10.88)	
CNS	53.14 (11.96)	
CNM	45.96 (11.61)	
CRNA	47.39 (10.92)	
APNP	45.77 (10.78)	
Highest nursing degree (n = 9,034)	n	%
Diploma in nursing	34	0.4
ADN	79	0.9
BSN	398	4.4
MSN	6,714	74.3
DNP	1,645	18.2
DNS or nursing doctorate	70	0.8
PhD in nursing	88	1.0
Highest degree earned (n = 9,055)	n	%
Diploma in Nursing	29	0.3
ADN	49	0.5
Bachelor's degree	133	1.5
Master's degree	7,002	77.3
Doctorate, any field	1,836	20.3

Note. Table 38 includes responses to Questions 4, 61, 62, 63, 64, and 71-77.

Note. Table 38 includes APN respondents who are and are not working as APNs.

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Table 39 sheds light on the primary place of work and positional roles for respondents who indicated APN certification, including NP, CNM, CRNA, and CNS. The number of NPs increased to 7,161 in 2024, compared to 6,181 in 2022, an increase of 980 APNs. Most NPs reported practicing in the ambulatory care setting; whereas, the number one area for CNM, CRNA, and CNS was the hospital setting. Most disciplines remained similar to previous survey results, with the noted growth of consultants increasing from 0.2% in 2022 to 0.6% in 2024.

Table 39. Primary Place of Employment and Position by APN Certification Type 2024

	NP <i>n</i> = 7,161		CNM <i>n</i> = 262		CRNA <i>n</i> = 976		CNS <i>n</i> = 326		APNP <i>n</i> = 8,192	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Primary place of employment										
Ambulatory care	3,530	49.3	109	41.6	107	11.0	56	17.2	3,690	45.0
Hospital	2,239	31.3	111	42.4	853	87.4	197	60.4	3,118	38.1
Nursing home or extended care	344	4.8	*	*	*	*	8	2.5	343	4.2
Other	303	4.2	15	5.7	*	*	21	6.4	298	3.6
Educational institutions	200	2.8	9	3.4	9	0.9	26	8.0	197	2.4
Public or community health	230	3.2	11	4.2	*	*	8	2.5	231	2.8
Correctional care	53	0.7	*	*	*	*	*	*	53	0.6
Home health	221	3.1	*	*	*	*	8	2.5	220	2.7
Tribal health	41	0.6	*	*	*	*	*	*	42	0.5
Position or functional role at primary place of employment										
Advanced practice nurse	6,269	87.5	211	80.5	901	92.3	168	51.5	7,300	89.1
Staff nurse	354	4.9	24	9.2	36	3.7	31	9.5	345	4.2
Nurse faculty	145	2.0	6	2.3	7	0.7	21	6.4	138	1.7
Other healthcare related	151	2.1	5	1.9	23	2.4	16	4.9	171	2.1
Nurse manager	65	0.9	*	*	*	*	36	10.7	70	0.9
Nurse educator	31	0.4	*	*	*	*	16	4.9	34	0.4
Nurse executive	37	0.5	5	1.9	*	*	11	3.4	39	0.5
Case manager	19	0.3	*	*	*	*	9	2.8	14	0.2
Nurse researcher	24	0.3	*	*	*	*	*	*	18	0.2
Other not healthcare related	25	0.3	*	*	*	*	*	*	26	0.3
Consultant or contract	41	0.6	*	*	*	*	11	3.4	37	0.5

Note. Table 39 includes responses to Questions 48, 51, 64, and 66.

*Too few to report.

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Table 40 displays the number and percentages of specialty certifications held by Wisconsin NPs and CNSs. There was an overall increase in the certifications of the NPs, with 1,130 individuals in 2024. The top two certifications for NPs were family health (55.7%) and adult health (16.5%). In contrast, CNSs top two certifications were adult health (39.7%), a slight decrease compared to 2022, and gerontology (22.6%), which was an increase of 6% from 2022. Adult psychiatric and mental health certifications have increased in both specialties since the previous survey. For NPs, certifications increased from 2.7% in 2022 to 2.9% in 2024; whereas, for CNSs, certifications increased from 8.3% in 2022 to 9.4% in 2024.

Table 40. Specialty Certification of Nurse Practitioners and Clinical Nurse Specialists 2024

Current certification as NP (<i>n</i> = 7,545)	<i>n</i>	%
Family health	4135	55.7
Adult health	1223	16.5
Gerontology	641	8.6
Acute care	617	8.3
Pediatric	442	6.0
Other	408	5.5
Family psychiatric and mental health	358	4.8
OB-Gyn/women’s health	282	3.8
Adult psychiatric and mental health	214	2.9
Neonatal	154	2.1
No specialty designation	59	0.8
Emergency nursing	51	0.7
Diabetes management	28	0.4
Family planning	15	0.2
Clinical nurse leader	6	0.1
School	6	0.1
College health	*	*
Current certification as CNS (<i>n</i> = 378)		
Adult health	135	39.7
Gerontology	77	22.6
Acute/critical care – adult	43	12.6
Other	43	12.6
Adult psychiatric and mental health	32	9.4
Pediatric	16	4.7
No specialty designation	13	3.8
Medical-Surgical	10	2.9
Child/adolescent psychiatric and mental health	9	2.6
OB-Gyn/Women’s health	9	2.6

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Community/public health	7	2.1
Diabetes management – advanced	6	1.8
Acute/critical care – pediatric	*	*
Home health	*	*
Palliative care – advanced	*	*
Acute/critical care – neonatal	*	*

Note. Table 40 includes responses to Questions 62-66.

*Too few to report.

APNPs are APNs with prescriptive authority. Table 41 displays Wisconsin APNP metrics by certification type. Across the board of NP, CNS, CNM, and CRNA, the percentage of those who indicated being APNPs increased. The most significant growth was seen in the CNS profession, which went from 40.8% in 2022 to 44.4% in 2024. Similar to previous surveys, the NP profession continues to be the highest percentage of APNPs, with 95.9% of individuals holding prescriptive authority.

Table 41. APNPs by Certification Type 2024

	NP		CNS		CNM		CRNA	
	<i>n</i> = 7,545		<i>n</i> = 378		<i>n</i> = 285		<i>n</i> = 1,007	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
APNP within APN type	7,234	95.9	168	44.4	246	86.3	908	90.2
Percentage APNP across certification types (<i>n</i> = 8,562)		84.5		2.0		2.9		10.6

Note. Table 41 includes responses to Question 61.

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Table 42 depicts the numbers and percentage of all Wisconsin APNs who indicated providing care in the context of outpatient mental health services or primary care. For type of work, APNs cared for families most frequently at 46.3%, followed by adults at 45.4%. The most significant increase in services provided was for mental health services, which increased to 31.3% in 2024 compared to 29.0% in 2022.

Table 42. Certified APNs Providing Primary Care or Outpatient Mental Health Services by Type of Care Provided 2024

	<i>n</i>	%
<i>n</i> = 3,188		
Adult	1,446	45.4
Family	1,475	46.3
Geriatric	1,024	32.1
Mental health services	999	31.3
Women’s health	888	27.9
Pediatric	743	23.3
Perinatal or reproductive health	267	8.4
Other	232	7.3

Note. Table 42 includes responses to Questions 59, 64, 66, and 67.

Note. Respondents could select more than one option.

*Too few to report.

Table 43 displays the number and percentages of Wisconsin APNs by specific population specialty of focus. Family/individuals across the lifespan was the highest reported area at 46.1%, followed closely by adult-gerontology at 34.0%. There was a corresponding increase in psychiatric-mental health services provided by APNs, rising from 5.8% in 2022 to 7.5% in 2024.

Table 43. APN Population Focus Area 2024

	<i>n</i>	%
<i>n</i> = 7,515		
Family/individual across the lifespan	3,468	46.1
Adult-gerontology	2,557	34.0
Psychiatric-mental health	562	7.5
Women’s health/gender-related	401	5.3
Pediatric	387	5.1
Neonatal	140	1.9

Note. Table 43 includes responses to Questions 64 and 65.

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Table 44 highlights the similarities and differences between the Wisconsin APN workforce by DHS Region of employer and demographics. The overall employed APNs per 1,000 population is 1.23, which decreased from 1.37 in 2022. Southern, Southeastern, Northeastern, Western, and Northern regions were more closely aligned in this ratio compared to the previous survey. The Northern region has made positive strides, with now 1.27 employed APNs per 1,000 population, compared to 0.41 in 2022. The percentage of respondents employed in their region as an APN decreased slightly to 86.9%.

Table 44. Demographics of the APN Workforce by DHS Region of Employer 2024

	State of WI		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 7,823		<i>n</i> = 1,433		<i>n</i> = 3,134		<i>n</i> = 1,634		<i>n</i> = 972		<i>n</i> = 650	
Employed APNs/ 1,000 population	1.23		1.06		1.38		1.17		1.13		1.27	
Employed in region as APN	6,797	86.9	1,186	82.8	2,728	87.0	1,473	90.1	839	86.3	571	87.8
Not employed as APN	1,026	13.1	247	17.2	406	13.0	161	9.9	133	13.7	79	12.2
Demographics												
Woman	6,919	88.4	1,264	88.2	2,874	91.7	1,418	86.8	820	84.4	543	83.5
Man	884	11.3	166	11.6	252	8.0	211	12.9	151	15.5	104	16.0
Non-binary	20	0.3	*	*	8	0.3	5	0.3	*	*	*	*
BIPOC and/or Latinx	1130	14.4	172	12.0	602	19.2	178	10.9	98	10.1	80	12.3
White and not Latinx	6,693	85.6	1,261	88.0	2,532	80.8	1,456	89.1	874	89.9	570	87.7
Mean age (SD)	44.8 (10.38)		44.9 (10.1)		44.2 (10.3)		44.7 (10.5)		45.9 (10.4)		46.4 (9.9)	
Highest nursing degree												
	<i>n</i> = 7,748		<i>n</i> = 1,423		<i>n</i> = 3,109		<i>n</i> = 1,606		<i>n</i> = 962		<i>n</i> = 648	
Diploma in nursing	26	0.3	*	*	9	0.3	7	0.4	*	*	5	0.8
ADN	57	0.7	6	0.4	17	0.5	13	0.8	16	1.7	5	0.8
BSN	327	4.2	70	4.9	81	2.6	64	4.0	70	7.3	42	6.5
MSN	5,778	74.6	987	69.4	2,443	78.6	1,238	77.1	610	63.4	500	77.2
DNP	1,430	18.5	330	23.2	495	15.9	269	16.7	245	25.5	91	14.0
DNS or ND	56	0.7	13	0.9	15	0.5	11	0.7	12	1.2	5	0.8
PhD in nursing	68	0.9	15	1.1	43	1.4	*	*	6	0.6	*	*

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Highest degree earned												
	n = 7,766		n = 1,428		n = 3,112		n = 1,614		n = 963		n = 649	
Diploma in nursing	21	0.3	*	*	8	0.3	6	0.4	*	*	*	*
ADN	31	0.4	*	*	11	0.4	11	0.7	*	*	*	*
Bachelor's degree	100	1.3	18	1.3	34	1.1	20	1.2	16	1.7	12	1.8
Master's degree	6,029	77.6	1,041	72.9	2,489	80.0	1,287	79.7	677	70.3	535	82.4
Doctorate, any field	1,579	20.3	364	25.5	564	18.1	290	18.0	264	27.4	97	14.9

Note. Table 44 includes responses to Questions 4, 40, 64, 74, 75, 76, and 77.

*Too few to report.

Table 45 illustrates the breakdown of the APN certification types by regional and state levels. Most (93.0%) respondents indicated being APNPs, with 83.1% as NPs. The Southeastern region has the most APNPs (2,963) and NPs (2,733), while the Northern region has the fewest APNPs (631) and NPs (518). The overall number of APN certifications increased to 7,823 in 2024, compared to 7,348 in 2022.

Table 45. APN Certification Type by DHS Region of Employer 2024

	State of WI n = 7,823		Southern n = 1,433		Southeastern n = 3,134		Northeastern n = 1,634		Western n = 972		Northern n = 650	
	n	%	n	%	n	%	n	%	n	%	n	%
NP	6,503	83.1	1,130	17.4	2,733	42.0	1,388	21.3	734	11.3	518	8.0
CNS	295	3.7	68	23.1	162	54.9	31	10.5	24	8.1	10	3.4
CNM	234	2.9	55	23.5	81	34.6	34	14.5	58	24.8	6	2.6
CRNA	863	11.0	199	23.1	177	20.5	192	22.5	172	19.9	123	14.3
APNP	7,411	94.7	1,325	17.9	2,963	40.0	1,578	21.3	914	12.3	631	8.5

Note. Table 45 includes responses to Questions 40 and 59.

Note. Respondents could select more than one option.

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Table 46 displays a breakdown of NP specialty certifications within each DHS region. While most respondents (46.1%) indicated family certifications, Ob-Gyn/women's health increased from 162 in 2022 to 233 in 2024, and adult psychiatric and mental health certifications increased from 161 in 2022 to 245 in 2024.

Table 46. Nurse Practitioner Specialty Certification by DHS Region of Employer 2024

	State of WI <i>n</i> = 7,823		Southern <i>n</i> = 1,433		Southeastern <i>n</i> = 3,134		Northeastern <i>n</i> = 1,634		Western <i>n</i> = 972		Northern <i>n</i> = 650	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Certified	7,763	99.2	1,427	99.6	3,122	99.6	1,617	99.0	960	98.8	637	98.0
Specialty certification												
Family	3,610	46.1	510	35.6	1,406	44.9	927	56.7	433	44.5	334	51.4
Adult	1,048	13.4	234	16.3	433	13.8	170	10.4	135	13.9	76	11.7
Gerontology	540	6.9	109	7.6	229	7.3	84	5.1	79	8.1	39	6.0
Acute care	569	7.3	117	8.2	327	10.4	58	3.5	41	4.2	26	4.0
Pediatric	376	4.8	94	6.6	232	7.4	29	1.8	15	1.5	6	0.9
Other	430	5.5	66	4.6	143	4.6	126	7.7	43	4.4	52	8.0
Family psychiatric and mental health	306	3.9	58	4.0	127	4.1	67	4.1	35	3.6	19	2.9
OB-Gyn/women's health	233	3.0	56	3.9	91	2.9	38	2.3	30	3.1	18	2.8
Adult psychiatric and mental health	245	3.1	44	3.1	114	3.6	39	2.4	28	2.9	20	3.1
Neonatal	127	1.6	22	1.5	66	2.1	25	1.5	11	1.1	*	*
Emergency nursing	50	0.6	5	0.3	14	0.4	12	0.7	13	1.3	6	0.9
Diabetes management	27	0.3	5	0.3	11	0.4	8	0.5	*	*	*	*
Family planning	12	0.2	*	*	6	0.2	*	*	*	*	*	*
Clinical nurse leader	6	0.1	*	*	*	*	*	*	*	*	*	*
College health	*	*	*	*	*	*	*	*	*	*	*	*
School	7	0.1	*	*	*	*	*	*	*	*	*	*

Note. Table 46 includes responses to Questions 40 and 62.

*Too few to report.

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Table 47 articulates the Wisconsin APNs’ intentions to continue providing DPC. The overall percentage of APNs providing DPC across the state was 89.8%, with each profession’s percentage slightly decreased compared to 2022. The CNS group had the highest percentage (13.6%) of those who indicated planning to leave DPC in the next 2 years, with only 51.4% of this workforce currently providing DPC.

Table 47. APN Intent to Continue Providing DPC 2024

	State of WI <i>n</i> = 8036		NP <i>n</i> = 6627		CNS <i>n</i> = 315		CNM <i>n</i> = 231		CRNA <i>n</i> = 942		APNP <i>n</i> = 7,615	
Mean age (range)	45.0 (22–82)		44.5 (24–79)		51.1 (22–82)		45.1 (26–74)		46.7 (27–79)		44.8 (24–82)	
	<i>n</i> = 7,219		<i>n</i> = 6,627		<i>n</i> = 315		<i>n</i> = 231		<i>n</i> = 942		<i>n</i> = 7,615	
% providing DPC	89.8		90.2		51.4		93.5		98.9		91.3	
	<i>n</i> = 7,146		<i>n</i> = 5,913		<i>n</i> = 169		<i>n</i> = 213		<i>n</i> = 919		<i>n</i> = 6,870	
Years	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	460	6.4	368	6.2	23	13.6	14	6.6	62	6.7	426	6.2
2–4	660	9.2	536	9.1	39	23.1	21	9.9	72	7.8	620	9.0
5–9	1,145	16.0	944	16.0	42	24.9	31	14.6	143	15.6	1,099	16.0
10–19	2,287	32.0	1,882	31.8	33	19.5	74	34.7	320	34.8	2,212	32.2
20–29	1,859	26.0	1,546	26.1	23	13.6	55	25.8	249	27.1	1,810	26.3
≥ 30 or more	735	10.3	637	10.8	9	5.3	18	8.5	73	7.9	703	10.2

Note. Table 47 includes responses to Questions 29, 30, 59, 61, and 74.

Note. Respondents could select more than one option.

Table 48 displays the intentions of Wisconsin APNs to continue their current type of employment. Most respondents indicate plans to remain in the current role for 0-19 and 20–29 years, across groups. While many plan on staying, more than 50% of CNSs intend to leave within the next 5–9 years.

Table 48. APN Plans to Continue in Current Type of Employment 2024

	State <i>n</i> = 7,970		NP <i>n</i> = 6,566		CNS <i>n</i> = 315		CNM <i>n</i> = 229		CRNA <i>n</i> = 938		APNP <i>n</i> = 7,551	
Years	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	816	10.2	670	10.2	47	14.9	33	14.4	76	8.1	730	9.7
2–4	943	11.8	781	11.9	64	20.3	25	10.9	81	8.6	880	11.7
5–9	1,298	16.3	1,060	16.1	78	24.8	31	13.5	146	15.6	1,222	16.2
10–19	2,326	29.2	1,887	28.7	75	23.8	72	31.4	322	34.3	2,214	29.3
20–29	1,875	23.5	1,539	23.4	45	14.3	51	22.3	252	26.9	1,816	24.0
≥ 30 or more	712	8.9	629	9.6	6	1.9	17	7.4	61	6.5	689	9.1

Note. Table 48 includes responses to Questions 25, 59, and 61.

Note. Respondents could select more than one option.

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Comparing 2022 and 2024

The State of Wisconsin continues to grow in its APN specialties and overall APNPs. Each specialty (NP, CNM, CRNA, CNA, and APNP) increased in number, with the most significant change found in NPs (6,181 in 2022 to 7,161 in 2024).

Demographics

- The overall ratio of employed APNs per 1,000 population was 1.23, a decrease from 1.37 in 2022. Southern, Southeastern, Northeastern, and Western regions were closely aligned in ratios compared to the previous survey results. Notably, the Northern region dramatically jumped from 0.41 employed APNs per 1,000 population in 2022 to 1.27 in 2024.
- There was a significant increase in APNs identifying as BIPOC and/or Latinx in 2024, from 9.1% in 2022 to 14.3% in 2024.

Employment & Expertise

- The overall percentage of the APNs providing DPC in the state decreased to 89.8%, compared to 92.9% in 2022. This trend was similar across all specialty types.
- The top two certifications for NPs were family health (55.7%) and adult health (16.5%). In contrast, CNS's top two certifications were adult health (39.7%) and gerontology (22.6%).
- The number of Wisconsin APNs who reported providing mental health services was 31.3%, a rise from 29.0% in 2022. Similarly, a larger percentage of respondents (7.5%) indicated a population focus area of psychiatric-mental health, compared to 5.8% in 2022.
- While most Wisconsin APNs plan on continuing in their current type of employment, 60.0% of CNSs intended to leave within the next 9 years.
- For NPs, Ob-gyn/women's health certifications increased from 162 in 2022 to 233 in 2024.
- The consultant role has increased from 13 individuals in 2022 to 41 individuals in 2024, a notable increase.

Education

- There was an increase in the highest nursing degree achieved, with 18.2% of Wisconsin workforce APNs reporting a DNP degree.

Discussion and Recommendations

Overall, the outlook for Wisconsin's APN profession continues to look bright, with growth in number of individuals and in diversity. This trend must continue, as a diverse workforce enriches the field with varied perspectives and fosters equitable healthcare delivery for all. The decline in those providing DPC warrants further exploration to determine what opportunities or factors are preventing this type of work. Compared with 2022, the more even regional distribution of APNs indicates a positive shift towards addressing workforce imbalances across the state. Further analysis should take place to determine what opportunities exist for the consultant role in the APN space given its growth since 2022. With the ever-changing landscape of healthcare, the consultant position should be further explored as it offers unique potential and applicability.

Section V. Wisconsin Nurses in Leadership Roles

Section V outlines the characteristics of Wisconsin nurses in leadership roles across multiple settings and regions. RNs who hold a position of leadership may lead to higher job satisfaction, the provision of high-quality care, better patient outcomes, and increased nurse engagement (Rollins, 2025). This can support innovation in care delivery and population health. Per *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, nurse leaders play a critical role in advocating for changes in healthcare systems and promoting community health (National Academies of Science, Engineering, and Medicine, 2021). While the evidence shows the positive implications of nurses in leadership positions, survey results indicate that a lack of interest is the largest barrier to increasing this level of professional engagement.

Table 49 displays the prevalence of leadership positions by state and regional levels. In 2024, 41.5% of nurses worked in a self-reported leadership role. Employment-based leadership roles (e.g., unit manager, charge nurse/care team leader) were most frequently listed (83%). Organizational-level positions (e.g., dean, chief nursing officer, director) were the second most common (9.7%), followed by governance board (1.9%) and public official (0.4%). Between regions, there was minor variation, with the Northeastern region reporting the lowest percentage of leadership (39.0%, 5,389), the Western region reporting the largest by percentage (44.1%, 3,997), and the Southeastern region reporting the largest by numbers (41.8%, 11,250). These results do not reflect any major changes from 2022 other than an overall increase of RNs in the Wisconsin workforce.

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Table 49. Nurses in Leadership Roles by DHS Region of Employer and Role Type 2024

	State of WI		Southern		Southeastern		Northeastern		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<i>n</i> = 70,621												
Engaged in leadership role	29,292	41.5	6,196	41.8	11,250	41.8	5,389	39.0	3,997	44.1	2,460	41.0
Not engaged in leadership role	41,329	58.5	8,612	58.2	15,684	58.2	8,428	61.0	5,059	55.9	3,546	59.0
Leadership role (<i>n</i> = 29,292)												
Work area ^a	24,305	83.0	5,092	82.2	9,407	83.6	4,413	81.9	3,320	83.1	2,073	84.3
Organization level ^b	2,837	9.7	627	10.1	1,000	8.9	551	10.2	405	10.1	254	10.3
Governance board ^c	545	1.9	109	1.8	210	1.9	97	1.8	82	2.1	47	1.9
Public official ^d	115	0.4	33	0.5	24	0.2	22	0.4	20	0.5	16	0.7
Chair of major committee in organization	1,221	4.2	283	4.6	525	4.7	203	3.8	144	3.6	66	2.7
Leadership role in professional organization	2,795	9.5	578	9.3	1,192	10.6	505	9.4	341	8.5	179	7.3
Other	1,728	5.9	380	6.1	640	5.7	318	5.9	241	6.0	149	6.1

Note. Table 49 includes responses to Questions 26 and 39.

Note. Respondents could select more than one leadership role.

^aExamples include charge nurse, team leader, unit manager. ^bExamples include dean, CNO, director. ^cExamples include board of director or trustees. ^dExamples include county board of supervisors, state legislator.

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Table 50 presents data on the age, gender, and education levels of Wisconsin RNs in self-reported leadership positions, categorized by role type. For 2024, the average age of these nurses was 44 years, ranging from 21 to 84 years of age. Notably, those in organizational and governance board positions had a higher average age of 48 years. Among nurse leaders, 15.1% (4,426) are BIPOC and/or Latinx, an increase from 5.1% in 2022. Diverse nurses' variations by role range from 12.6% to 15.2%. Men report leadership roles at a slightly higher rate (9.3%, 2,712) compared to their overall presence in the RN workforce (8.1% in 2024). Additionally, nurses in leadership roles generally possess higher educational qualifications, with 69.1% holding a BSN or higher degree, an increase of 1.3% from 2022.

Table 50. Age, Diversity, Gender, and Education by Leadership Role 2024

	State of WI		Work Area		Organization Level		Governance Board		Chair of Major Committee in Organization	
	<i>n</i> = 29,292		<i>n</i> = 24,305		<i>n</i> = 2,837		<i>n</i> = 545		<i>n</i> = 1,221	
	Range	Mean	Range	Mean	Range	Mean	Range	Mean	Range	Mean
Age	21–84	44.0	21–84	43.4	23–84	47.7	24–75	46.3	22–84	44.3
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
BIPOC and/or Latinx	4,426	15.1	3,645	15.0	378	13.3	83	15.2	154	12.6
Women	26,508	90.5	21,943	90.3	2,572	90.7	472	86.6	1,115	91.3
Men	2,712	9.3	2,308	9.5	259	9.1	70	12.8	101	8.3
Non-binary	72	0.2	54	0.2	6	0.2	*	*	5	0.4
Highest nursing degree earned	<i>n</i> = 28,763		<i>n</i> = 23,862		<i>n</i> = 2,803		<i>n</i> = 536		<i>n</i> = 1,206	
Practical or vocational nursing diploma	97	0.3	86	0.4	6	0.2	*	*	*	*
Diploma in nursing	695	2.4	593	2.5	62	2.2	10	1.9	16	1.3
ADN	8,125	28.2	7,115	29.8	653	23.3	85	15.9	164	13.6
BSN	15,007	52.2	12,875	54.0	1,087	38.8	219	40.9	582	48.3
MSN	4,016	14.0	2,775	11.6	749	26.7	151	28.2	320	26.5
DNP	659	2.3	371	1.6	174	6.2	40	7.5	77	6.4
Doctorate of Nursing Science or Nursing Doctorate (DN _{Sc} , DSN, ND or DN)	23	0.1	14	0.1	6	0.2	*	*	*	*

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PhD in nursing	141	0.5	33	0.1	66	2.4	28	5.2	44	3.6
Highest degree earned	n = 29,041		n = 24,102		n = 2,820		n = 538		n = 1,216	
Practical or vocational diploma	85	0.3	76	0.3	*	*	*	*	*	*
Diploma in nursing	632	2.2	543	2.3	54	1.9	8	1.5	14	1.2
ADN	7,456	25.7	6,576	27.3	593	21.0	68	12.6	135	11.1
Bachelor's degree	15,292	52.7	13,262	55.0	934	33.1	194	36.1	561	46.1
Master's degree	4,684	16.1	3,192	13.2	961	34.1	188	34.9	366	30.1
Doctorate, any field	892	3.1	453	1.9	274	9.7	77	14.3	139	11.4
	State of WI		Professional Association		Public Official		Other			
	n = 29,292		n = 2,795		n = 115		n = 1,728			
	Range	Mean	Range	Mean	Range	Mean	Range	Mean		
Age	21–84	44.0	21–78	42.0	24–73	48.6	22–83	47.9		
	n	%	n	%	n	%	n	%		
BIPOC and/or Latinx	4,426	15.1	423	15.1	12	10.4	340	19.7		
Woman	26,508	90.5	2,569	91.9	91	79.1	1,537	88.9		
Man	2,712	9.3	218	7.8	22	19.1	182	19.7		
Non-binary	72	0.2	8	0.3	5	1.7	9	0.5		
Highest nursing degree earned	n = 28,763		n = 2,747		n = 113		n = 1,696			
Practical or vocational nursing diploma	97	0.3	7	0.3	*	*	*	*		
Diploma in nursing	695	2.4	41	1.5	*	*	51	3.0		
ADN	8,125	28.2	436	15.9	31	27.4	424	25.0		
BSN	15,007	52.2	1,486	54.1	47	41.6	774	45.6		
MSN	4,016	14.0	572	20.8	24	21.2	357	21.0		
DNP	659	2.3	144	5.2	6	5.3	77	4.5		

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Doctorate of nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)	23	0.1	5	0.2	*	*	*	*
PhD in nursing	141	0.5	56	2.0	*	*	11	0.6
Highest degree earned	<i>n</i> = 29,041		<i>n</i> = 2,767		<i>n</i> = 114		<i>n</i> = 1,712	
Practical or vocational diploma	85	0.3	6	0.2	*	*	*	*
Diploma in nursing	632	2.2	36	1.3	*	*	41	2.4
ADN	7,456	25.7	386	14.0	23	20.2	367	21.4
Bachelor's degree	15,292	52.7	1,481	53.5	48	42.1	789	46.1
Master's degree	4,684	16.1	636	23.0	31	27.2	420	24.5
Doctorate, any field	892	3.1	222	8.0	7	6.1	95	5.5

Note. Table 50 includes responses to Questions 4, 26, and 74-77.

Note. Respondents could select more than one role.

*Too few to report.

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Table 51 provides information on Wisconsin RNs’ leadership activity by primary functional role. In total, 29,292 respondents indicated a leadership position, most commonly reported by nurse executives (98.3%), nurse managers (95.6%), nurse faculty (53.9%), and nurse educators (56.2%). In contrast, staff nurses (36.7%) and APNs (29.8%) reported leadership roles the least.

Table 51. Leadership Roles by Primary Functional Role 2024

	State of WI <i>n</i> = 70,621	Reported Leadership Role <i>n</i> = 29,292		Did Not Report Leadership Role <i>n</i> = 41,329	
	<i>n</i>	<i>n</i>	%	<i>n</i>	%
Staff nurse	46,586	17,095	36.7	29,491	63.3
Nurse manager	5,232	5,004	95.6	228	4.4
Case manager	4,369	1,191	27.3	3,178	72.7
Advanced practice nurse	6,459	1,924	29.8	4,435	70.2
Nurse executive	864	849	98.3	15	1.7
Nurse faculty	1,012	545	53.9	467	46.1
Consultant or contractor	685	316	46.1	369	53.3
Nurse researcher	235	98	41.7	137	58.3
Nurse educator	1,510	853	56.5	657	43.5
Other – health care related	3,492	1,351	38.7	2,141	61.3
Other – not health care related	177	66	37.3	111	62.7

Note. Table 51 includes responses to Questions 26 and 48.

Table 52 displays responses for RN leadership positions by primary place of work. Nurses who self-reported leadership roles most indicated hospitals as the primary place of work (56.8%, 16,640), followed by ambulatory care (16.1%, 4,710). In educational institutions, nurses reported much lower levels of leadership (2.3%, 676). In 2024, tribal health and correctional care were added as options for place of work.

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Table 52. Leadership Roles by Primary Place of Work 2024

	Reported Leadership Role		Did Not Report Leadership Role	
	<i>n</i> = 29,292		<i>n</i> = 41,329	
	<i>n</i>	%	<i>n</i>	%
	<i>n</i> = 70,621			
Hospital	16,640	56.8	21,385	51.7
Ambulatory care	4,710	16.1	10,723	25.9
Extended care	3,312	11.3	1,846	4.5
Home health ^b	1,349	4.6	2,340	5.7
Other ^a	1,221	4.2	2,419	5.9
Public health ^c	1,089	3.7	1,622	3.9
Educational institutions	676	2.3	659	1.6
Correctional care	203	0.7	197	0.5
Tribal health	92	0.3	138	0.3

Note. Table 52 includes responses to Questions 26 and 51.

^aIncludes telehealth, call center, insurance. ^bIncludes hospice. ^cIncludes community, occupational, and school health.

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Employment Status of Nurse Leaders

Table 53 provides the employment status of Wisconsin RNs holding leadership roles. Most of these nurses indicated being employed in positions requiring RN qualifications, with the highest proportion in work area leadership (93.0%, 26,354). Additionally, retired nurses also reported holding leadership roles, particularly in governance boards (15.5%, 143) and as public officials (18.5%, 37).

Table 53. Employment Status for Nurses with Leadership Roles 2024

	Work Area <i>n</i> = 28,347		Organizational Level <i>n</i> = 4,058		Governance Board <i>n</i> = 922		Chair of Major Committee in Organization <i>n</i> = 1,607	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Working as a nurse	26,354	93.0	3,232	79.6	604	65.5	1,334	83.0
Working in healthcare, not nursing	576	2.0	469	11.6	81	8.8	97	6.0
Working in another field	239	0.8	109	2.7	46	5.0	46	2.9
Retired	611	2.2	141	3.5	143	15.5	85	5.3
Unemployed, seeking work in nursing	289	1.0	51	1.3	18	2.0	19	1.2
Unemployed, seeking work in another field	37	0.1	12	0.3	5	0.5	*	*
Unemployed, not seeking work	241	0.9	44	1.1	25	2.7	25	1.6
	Professional Association <i>n</i> = 3,672		Public Official <i>n</i> = 200		Other <i>n</i> = 3,076			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Working as a nurse	3,077	83.8	123	61.5	1,907	62.0		
Working in healthcare, not nursing	191	5.2	13	6.5	254	8.3		
Working in another field	112	3.1	14	7.0	264	8.6		
Retired	165	4.5	37	18.5	407	13.2		
Unemployed, seeking work in nursing	47	1.3	*	*	72	2.3		

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Unemployed, seeking work in another field	11	0.3	*	*	21	0.7
Unemployed, not seeking work	69	1.9	8	4.0	151	4.9

Note. Table 53 includes responses to Questions 17 and 26.

Barriers to Leadership Roles

Table 54 illustrates the reported obstacles for nurses not currently in positions of leadership, categorized by state and regional levels. Participants could select up to two barriers. In total, 58.3% (43,230) of respondents indicated not being involved in leadership roles. The Northern region had the lowest engagement at 58.5% (3,740), while the Northeastern region had the highest (60.6%, 8,808). The most frequently mentioned barrier was a lack of interest (48.5%, 25,932), followed by personal priorities (21.3%, 11,367) and lack of opportunity (10.5%, 5,594). Less commonly cited barriers included insufficient leadership development (5.1%, 2,737).

Table 54. Barriers to Leadership Among RNs not Engaged in Leadership by DHS Region 2024

	State of WI <i>n</i> = 74,186		Southern <i>n</i> = 15,467		Southeastern <i>n</i> = 28,363		Northeastern <i>n</i> = 14,535		Western <i>n</i> = 9,461		Northern <i>n</i> = 6,360	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Not engaged in leadership role	43,230	58.3	8,943	57.8	16,482	58.1	8,808	60.6	5,257	55.6	3,740	58.5
Barriers to engagement in leadership roles												
	<i>n</i> = 41,329		<i>n</i> = 8,612		<i>n</i> = 15,684		<i>n</i> = 8,428		<i>n</i> = 5,059		<i>n</i> = 3,546	
Lack of leadership development or preparation	2,737	5.1	577	6.7	1,098	7.0	514	6.1	328	6.5	220	6.2
Lack of opportunity	5,594	10.5	1,151	13.4	2,132	13.6	1,165	13.8	669	13.2	477	13.5
Other personal priorities	11,367	21.3	2,514	29.2	4,335	27.6	2,273	27.0	1,386	27.4	859	24.2
Work Demands	5,222	9.8	1,100	12.8	2,046	13.0	1,034	12.3	590	11.7	452	12.7
Presently not interested in a leadership role	25,932	48.5	5,307	61.6	9,656	61.6	5,406	64.1	3,277	64.8	2,286	64.5

Note. Table 54 includes responses to Question 27.

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Future Work Intentions

Table 55 describes the employment plans of Wisconsin RN leaders. In 2024, 12.9% of these individuals indicated the intent to remain in their current position for less than 2 years, ranging from 13.5% in governance boards and professional associations to 11% for public officials. Over half (54.6%) of respondents reported plans to stay in their current position for less than 10 years.

Table 55. Nurse Leaders’ Intent to Stay in Current Position 2024

Total Nurse Leaders <i>n</i> = 34,089			Work Area <i>n</i> = 27,298		Organizational Level <i>n</i> = 3,857		Governance Board <i>n</i> = 762		Chair of Major Committee in Organization <i>n</i> = 1,501	
Years	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	4,385	12.9	3,528	12.9	452	11.7	103	13.5	172	11.5
2–4	7,120	20.9	5,707	20.9	666	17.3	173	22.7	332	22.1
5–9	7,081	20.8	5,507	20.2	921	23.9	166	21.8	336	22.4
10–19	8,324	24.4	6,620	24.3	1,121	29.1	197	25.9	370	24.7
20–29	4,819	14.1	3,939	14.4	531	13.8	95	12.5	208	13.9
≥ 30	2,360	6.9	1,997	7.3	166	4.3	28	3.7	83	5.5
Total Nurse Leaders <i>n</i> = 34,089			Professional Association <i>n</i> = 3,437		Public Official <i>n</i> = 154		Did not report leadership role <i>n</i> = 47,696		Other <i>n</i> = 2,466	
Years	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	4,385	12.9	464	13.5	17	11.0	6,695	14	341	13.8
2–4	7,120	20.9	722	21.0	33	21.4	10,802	22.6	585	23.7
5–9	7,081	20.8	678	19.7	34	22.1	9,171	19.2	551	22.3
10–19	8,324	24.4	824	24.0	47	30.5	10,161	21.3	539	21.9
20–29	4,819	14.1	496	14.4	15	9.7	6,782	14.2	300	12.2
≥ 30	2,360	6.9	253	7.4	8	5.2	4,085	8.6	150	6.1

Note. Table 55 includes responses to Questions 25 and 26.

Note. Not all nurse leaders responded to this question.

Comparing 2022 and 2024

The percentage of Wisconsin RNs reporting engagement in a leadership role increased by just 0.3% overall, from 41.2% (29,098) in 2022 to 41.5% (29,292) in 2024. Engagement in work area leadership remained around 83.0%. Organizational level leadership increased to 9.7% in 2024 from 9.4% in 2022. Across regions, all other types of leadership engagement increased or remained steady.

Demographics

- Among nurse leaders, 15.1% (4,426) identified as BIPOC and/or Latinx, an increase from 5.1% in 2022. In 2020, 8.7% of nurse leaders identified as diverse.
- The proportion of leaders who identified as men increased slightly, from 9.0% in 2022 to 9.3% in 2024. This is greater than the current percentage of the man RN workforce (8.1% in 2024).
- The number of Wisconsin RNs who held leadership roles in professional organizations increased from 2,426 (8.3%) in 2022 to 2,795 (9.5%) in 2024.

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Employment & Expertise

- The future work intentions of nurse leaders to stay in their current position for less than 2 years decreased from 16.0% in 2022 to 12.9% in 2024, reflecting a stabilization in accordance with 2020's percentage of 13.0%.
- Nurses expressing a lack of interest in leadership roles increased in percentage, but decreased in number, from 26,017 (46.5%) in 2022 to 25,932 (48.5%).
- A lower proportion of respondents stated that work demands were a barrier to participating in leadership roles, with 6,682 (11.9%) in 2022 and 5,222 (9.8%) in 2024.

Education

- The percentage of respondents with leadership roles who reported having a BSN degree or higher increased from 67.9% in 2022 to 71.9% in 2024; whereas, leaders with doctorate-level degrees increased from 2.5% in 2022 to 3.1% in 2024.
- MSNs and APNs both reported an increase in leadership roles.

Discussion and Recommendations

Nurse leaders play a crucial role in advancing innovative healthcare delivery models, fostering healthy practice environments, and tackling the most pressing issues in healthcare today, including ensuring a sufficient workforce. Key areas of focus for nurse leaders include supporting the recruitment, retention, and well-being of staff, while also balancing cost and quality outcomes.

There are numerous opportunities and needs for nurse leaders to engage in leadership across various roles and settings. The findings show differences in leadership engagement based on demographics, role, workplace, employment status, and education. Most nurse leaders reported working as nurses in their respective areas. Direct care nurses, such as staff nurses, advanced practice nurses, and case managers, exhibited lower levels of leadership engagement, which may be attributed to the design and expectations of their functional roles, particularly in hospital and ambulatory care settings.

In 2024, Wisconsin nurses overall increased participation in leadership roles. There was also a 5.0% increase in nurse leaders who identified as BIPOC and/or Latinx. This reflects changing ethnic demographics across the United States (U.S. Census Bureau, 2021). The number of doctorate-prepared nurses in leadership positions grew across the state, and there was an increase in advanced degrees in leadership.

Overall, leadership participation among nurses in Wisconsin remained stable or increased in 2024. Organizations should continue to plan for the recruitment and retention of nurse leaders. An urgent need still exists to tackle the barriers hindering engagement, particularly the lack of interest in leadership roles. To address this, organizations and nursing education programs should incorporate leadership opportunities at all levels, foster mentoring relationships, and explore innovative strategies to make leadership roles more appealing (Hughes et al., 2024). These strategies could include redesigning roles, adjusting spans of control, enhancing flexibility, developing coverage models, and implementing support strategies.

In 2022, the American Organization of Nurse Leaders (AONL) updated the core competencies for nurse leaders to reflect the current expectations and complexities in healthcare, and AONL recommended support strategies to recruit RN leaders (Hughes et al., 2022). Efforts to retain more diverse individuals in nursing leadership need to be strengthened to reflect changes in the demographics of the nursing workforce. Encouraging community-academic partnerships between healthcare organizations and educational institutions can promote higher degree attainment and leadership development opportunities. Retention and recruitment of nurse leaders should focus on support strategies such as peer support groups, mentoring, and coaching.

Section VI. Wisconsin Nurses in Faculty Roles

Section VI explores the characteristics and plans of nursing faculty throughout the State of Wisconsin. Building and maintaining a competent academic workforce is key in educating nurses capable of providing safe, quality healthcare and in promoting research that improves outcomes in nursing, public health, and other fields. In 2024, 1.5% of survey respondents identified as RN faculty.

Demographic Patterns for Nurse Faculty Members

Table 56 focuses on the demographics of nurse faculty who practice in Wisconsin. Most identified as woman at 93.7%, with men comprising 6.1%, and non-binary individuals comprising 0.2%. While the majority (84.9%) identified as White, the state has seen increased diversity in the field, with BIPOC and/or Latinx faculty growing from 9.8% in 2022 to 15.1% in 2024. Both the number of advanced degrees held by and the average age of nursing faculty (49.8 years) has remained stable compared to the previous survey. Most respondents indicated holding a master’s degree (49.4% MSN; 47.7% masters in another field), followed by DNP (11.7%), and PhD (11.3% in nursing, and 26.8 % in another field).

Table 56. Nurse Faculty Demographics 2024

Gender (n = 1,219)	n	%
Woman	1,142	93.7
Man	74	6.1
Non-binary	*	*
Age (n = 1,219)		
Mean age (SD)	49.8 (12.1)	
Race/ethnicity (n = 1,219)		
BIPOC and/or Latinx	184	15.1
White and not Latinx	1,035	84.9
Highest nursing degree earned (n = 1,219)		
Practical or vocational nursing diploma	*	*
Diploma in nursing	9	0.7
ADN	88	7.2
BSN	220	18.0
MSN	602	49.4
DNP	143	11.7
DNS, DSN, DN, or ND	6	0.5
PhD in Nursing	138	11.3
Highest degree earned (n = 1,219)		
ADN	78	6.4
Bachelor’s degree in any field	215	17.6
Master’s degree in any field	582	47.7
Doctorate in any field	327	26.8

Note. Table 56 includes responses to Questions 4, 36, 48, 51, 74-77, and 85. *Too few to report.

Faculty Highest Degree Attained

Table 57 reviews the age composition of nurse faculty respondents by highest degree earned. Across degrees, ages ranged from 24 to 83 years, which was wider than reported in 2022. Diploma-level preparation was examined for the first time in 2024, with eight individuals reporting this as the highest degree attained. Faculty who indicated holding advanced degrees in nursing or an equivalent field had mean ages of 48.7 and 53.8 years, respectively.

Table 57. Nurse Faculty Age by Highest Degree 2024

Highest Degree Earned	<i>n</i>	Mean	<i>SD</i>	Range
<i>n</i> = 1,210				
Diploma in nursing	8	53.9	14.3	36–73
Associate degree in nursing	78	48.4	13.5	25–82
Bachelor’s degree in any field	215	46.8	13.1	24–83
Master’s degree in any field	582	48.7	11.5	27–78
Doctoral degree or equivalent, any field	327	53.8	10.9	29–83
Total	1,210	49.8	12.1	24–83

Note. Table 57 includes responses to Questions 4, 36, 48, and 51.

Employment Patterns for Nurse Faculty Members by Setting and Region

Table 58 identifies the principal nurse faculty places of work across the state. Educational institutions held the highest percentage, with 79.4% reported, which was a drop of 10.0% from the previous survey. Public or community health reported the second highest number of employment (9.5%), an increase from 3.0% in 2022. For the first time, tribal health was measured, with a result of 0.3% in 2024. Nursing faculty in extended care facilities nearly doubled (2.9% reported in 2024 compared to 1.5% in 2022).

Table 58. Nurse Faculty Principal Place of Work 2024

Principal Place of Work (<i>n</i> = 1,219)	<i>n</i>	%
Hospital (medical/surgical, AODA/psychiatric, long-term acute care)	70	5.7
Ambulatory care (employee health, outpatient care, clinics, surgery center)	14	1.1
Extended care (nursing, hospice, CBRF, RCAC, AFH facilities)	35	2.9
Home health (private home)	*	*
Public health or community health	116	9.5
Educational institutions	968	79.4
Tribal Health	*	*
Other (insurance, call center, etc.)	8	0.7

Note. Table 58 includes responses to Questions 4, 36, 48, and 51.

*Too few to report.

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Table 59 reports the educational work areas of Wisconsin nurse faculty. Academic institutions, including colleges and universities, were the most common work setting for faculty (45.6%), followed by technical or community colleges (33.8%).

Table 59. Education Work Setting of Nursing Faculty 2024

Education Setting	<i>n</i>	%
<i>n</i> = 968		
Academic institution (college or university)	556	45.6
Technical or community college	412	33.8

Note. Table 59 includes responses to Questions 36, 48, and 51.

Faculty in Education by DHS Region

Table 60 shows the distribution of nurse faculty by DHS region and type of institution. In 2024, the total number of respondents for Wisconsin decreased to 936 from 1,034 in 2022. The Southeastern DHS region has the largest percentage of nurse faculty employed at a college or university, while all other regions demonstrate larger numbers of individuals working for technical or community colleges. This distribution reflects the primary type of institution available in each region.

Table 60. Nurse Faculty in Education by DHS Region 2024

DHS Region	Total Nursing <i>n</i> = 936		Academic Institution (College or University) <i>n</i> = 533		Technical or Community College <i>n</i> = 403	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Southern	169	18.1	95	17.8	74	18.4
Southeastern	401	42.8	275	51.6	126	31.3
Northeastern	180	19.2	95	17.8	85	21.1
Western	126	13.5	58	10.9	68	16.9
Northern	60	6.4	10	1.9	50	12.4

Note. Table 60 includes responses to Questions 36, 48, 51, and 85.

Faculty Intentions Regarding Future Work and Education

Table 61 describes the intent of nursing faculty to remain in their current type of employment. A little over one half (54.5%) indicated their plan to stay for less than 10 years, while 33.2% reported less than 5 years. These results show a slight decrease compared to 2022, when faculty reported the intent to stay less than 10 years was 56.7% and less than 5 years was 34.5%.

Table 61. Nurse Faculty Intent to Stay in Current Type of Employment – All Degrees 2024

Years	<i>n</i>	%
<i>n</i> = 1,210		
< 2	159	13.0
2–4	246	20.2
5–9	262	21.5
10–19	316	25.9
20–29	172	14.1
≥ 30	55	4.5

Note. Table 61 includes responses to Questions 4, 25, 36, and 48.

PhD-Prepared Faculty Intent to Stay

Table 62 demonstrates the intent of PhD-prepared faculty to remain in their current employment type. Over one-third (34.4%) of respondents indicated their plan to leave within 5 years, compared to 35.9% in 2022. PhD-prepared faculty intending to remain in their current employment type for more than 10 years was 40.0% in 2024, a 1.2% increase from 2022 results.

Table 62. Nurse Faculty with PhD Intent to Stay in Current Type of Employment 2024

Years	<i>n</i>	%
<i>n</i> = 180		
< 2	24	13.3
2–4	38	21.1
5–9	46	25.6
10–19	45	25.0
20–29	19	10.6
≥ 30	8	4.4

Note. Table 62 includes response to Questions 4, 25, 36, 48, and 51.

Faculty Intent to Stay by Educational Institution Type

Table 63 demonstrates the intent of nursing faculty to remain at their current type of educational institution. The results remain similar across categories (academic institutions and technical community colleges).

Table 63. Nurse Faculty in Education to Stay in Current Type of Employment 2024

Years	Total (<i>n</i> = 963)		Academic Institution (College or University) (<i>n</i> = 554)		Technical or Community College (<i>n</i> = 409)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 2	124	12.9	75	13.5	49	12.0
2–4	190	19.7	115	20.8	75	18.3
5–9	212	22.0	118	21.3	94	23.0
10–19	256	26.6	148	26.7	108	26.4
20–29	135	14.0	65	11.7	70	17.1
≥ 30	46	4.8	33	6.0	13	3.2

Note. Table 63 includes responses to Questions 25, 36, 48, and 51.

Faculty Intent to Pursue Further Education and Barriers

Table 64 displays the plans of nursing faculty to pursue further education and reported potential barriers. Most faculty (74.7%) had no intention to complete additional studies, an increase from 71.8% in 2022. In 2024, 2.2% of respondents indicated being enrolled in an MSN program, 4.3% in a DNP program, and 2.9% in a PhD program. Costs of tuition and fees remain the highest reported barrier to further educational studies, consistent with 2022.

Table 64. Nurse Faculty Member Plans for Further Education and Barriers to Pursue Education 2024

Plans for further education (n = 1,219)	n	%
No plans for additional nursing studies	910	74.7
Enrolled in BSN	*	*
Enrolled in MSN	27	2.2
Enrolled in master’s in related field	*	*
Enrolled in DNP	53	4.3
Enrolled in PhD in nursing	27	2.2
Enrolled in PhD in a related field	8	0.7
Enrolled in non-degree certification program	12	1.0
Plan to pursue further education within the next 2 years	174	14.3
Barriers to pursuing additional education (n = 1,219)		
Cost of tuition and fees	458	27.1
No plans to pursue further education	420	24.8
Cost of loss of work time and benefits	234	13.8
Family or personal reasons	221	13.1
None identified	203	12.0
Lack of flexibility in work schedule	77	4.6
Other, not listed	33	2.0
Schedule of educational programs offered	28	1.7
Commuting distance to education program	15	0.9
Limited access to online learning or other resources	*	*

Note. Table 64 includes responses to Questions 6, 7, 36, 48, and 51.

^a Respondents could select two challenges.

*Too few to report.

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Clinical Areas of Specialized Knowledge

Table 65 reports the areas of specialized knowledge and experience for Wisconsin nursing faculty. The highest reported categories were medical-surgical (36.2%), acute care/critical care/intensive care (29.0%), and adult health (22.1%). These categories were also reported as the top three in the 2022 survey.

Table 65. Clinical Areas of Specialized Knowledge and Experience 2024

Clinical areas of specialized knowledge and/or experience of 2 or more years	<i>n</i>	%
<i>n = 3,925</i>		
Medical-surgical	441	36.2
Acute care/critical care/intensive care	353	29.0
Adult health	269	22.1
Geriatrics/gerontology	241	19.8
Cardiac care	194	15.9
Community health	174	14.3
Other, not listed	172	14.1
Emergency care/trauma	143	11.7
School health (K-12 or post-secondary)	143	11.7
Pediatrics	141	11.6
Maternal-child health	136	11.2
Hospice or palliative care	135	11.1
Family health	130	10.7
Home health	122	10.0
Psychiatric or mental health	118	9.7
Surgery/pre-op/post-op/PACU	117	9.6
Labor and delivery	110	9.0
Public health	105	8.6
Women's health	101	8.3
Obstetrics-gynecology	94	7.7
Oncology	84	6.9
Rehabilitation	76	6.2
Neonatal care	63	5.2
Addiction/AODA/substance abuse	51	4.2
None	45	3.7
Occupational or employee health	32	2.6
Parish or faith community	31	2.5
Dialysis/renal	28	2.3

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Respiratory care	25	2.1
Correctional health	22	1.8
Anesthesia	16	1.3
Nephrology	13	1.1

Note. Table 65 includes responses to Questions 8, 36, 48, and 51.

Comparing 2022 and 2024

Respondents who identified as nurse faculty increased from 1,169 in 2022 to 1,219 in 2024.

Demographics

- Of self-reported Wisconsin nursing faculty, 93.7% of respondents identified as woman, with 6.1% as man and 0.2% as non-binary or other gender.
- The majority of RN faculty identifies as White (84.9%), while those identifying as BIPOC and/or Latinx rose from 9.8% in 2022 to 15.1% in 2024.
- The average age of Wisconsin nurse faculty members has slightly decreased from 50.6 in 2022 to 49.8 years in 2024.
- The reported age range, 24–83 years of age, is wider than in 2022.

Employment & Expertise

- A little over one half (54.5%) of faculty intend to stay less than 10 years in their current type of employment, while 33.2% intend to stay less than 5 years. This was a slight decrease from 2022 values, where faculty reported intent to stay less than 10 years was 56.7% and less than 5 years was 34.5%. Results remain similar regardless of institution type (academic institutions and technical community colleges).
- PhD-prepared faculty who indicated the intent to stay in their current position for greater than 10 years increased from 38.8% in 2022 to 40.0% in 2024.
- The top three areas of specialized knowledge and experience of nursing faculty were medical-surgical (36.2%), acute care/critical care/intensive care (29.0%), and adult health (22.1%). These categories were also reported as the top three in the 2022 survey.
- For principal place of work, most respondents reported being employed at educational institutions (79.4%), a drop of 10.0% from 2022. Public or community health was the second most common place for Wisconsin RN faculty employment at 9.5%, an increase from 3.0% in 2022.
- Tribal health was measured for the first time (0.3%). The number of faculty members in extended care facilities nearly doubled (2.9% in 2024 compared to 1.5% in 2022).
- There was a slight increase in the number of faculty employed in hospitals (5.7%).
- Continuing with historical trends, a larger percentage of faculty indicated work in colleges or universities compared to technical or community colleges. The Southern, Southeastern, and Northeastern regions had more respondents indicate employment at colleges or universities, while the remaining regions had more respondents indicate technical or community colleges.

Education

- The number of advanced degrees held by nursing faculty had a slight decrease (920 in 2022 to 889 in 2024), with the majority of nursing faculty reporting a master's degree (49.4% MSN; 47.7% masters in another field), followed by DNP (11.7%), and PhD (11.3% in Nursing; 26.8% PhD or equivalent degree in another field).
- Diploma nurses as the highest earned degree were reported for the first time, with eight individuals indicating this choice.

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- The number of faculty pursuing terminal degrees remains stable across MSN, DNP, and PhD.
- Most faculty members (74.7%) had no intention to pursue further studies, an increase from 71.8% in 2022.
- Costs of tuition and fees remained the highest reported barrier to further educational studies by nursing faculty.

Discussion and Recommendations

From 2022 to 2024, the number of Wisconsin nursing faculty increased slightly. Although a positive sign, additional growth must occur given the recent supply and demand forecast by Walsh and Casal (2022). Nurse faculty members are imperative to growing the size of the RN workforce and ensuring graduates provide competent, quality care that meets the healthcare needs of populations. Inadequate numbers of faculty hinder the ability of nursing programs to prepare enough nurse graduates to fill the future workforce (AACN, 2022a, 2022b). The AACN (2024a, 2024b) reports that insufficient numbers of available RN faculty remain a barrier to increasing the enrollment of qualified students.

Demographics of Wisconsin's nursing faculty showcase increasing diversity, with more individuals identifying as BIPOC and/or Latinx than in the non-faculty RN workforce. However, faculty respondents who identify as men comprise only 6.1%, compared to 8.1% in Wisconsin overall. Addressing gaps in diversity are crucial to improving health disparities, fostering positive outcomes, and increasing access for all. In the 2020–2030 *Future of Nursing Report*, growing a diverse RN workforce has been identified as a priority (National Academies of Sciences, Engineering, and Medicine, 2021). A lack of diversity in the nursing workforce can be linked to the lack of diversity in nursing academia (Murray & Noone, 2022). Thompson (2021) recommends increasing the diversity of nursing faculty, including supporting post-doctoral scholars' advancement into teaching positions, loan forgiveness programs, and building relationships with inclusive nursing associations.

A decrease in the number of nurse faculty who indicated an intent to pursue additional education shines light on a concerning trend. The number of terminal degrees also dropped when compared to 2022. Combined with over half of respondents noting the intent to leave their current employment in less than 10 years and the significant decrease in the number of nursing faculty who reported primary employment at educational institutions, these values present an alarming potential future state for nursing education.

Nursing schools and universities, in collaboration with healthcare institutions, state and national policymakers, accreditation bodies, and professional organizations, must adopt comprehensive recruitment and retention strategies. These efforts aim to increase the number and diversity of nurse faculty members, thereby enhancing the capacity of programs to meet the projected demand for nurses. Immediate implementation of innovative strategies is essential to address the challenges posed by upcoming retirements and the growing need for both nurses and faculty members. Since tuition and fees is the most cited barrier to the pursuit of further education, as it was in 2022, strategies should also prioritize continued investment in scholarships, loan forgiveness programs, and early identification and mentoring of future faculty.

Section VII. Wisconsin RN Income

Section VII presents the income information provided by Wisconsin RNs in 2024. Participants were asked to estimate 2023 pre-tax annual earnings, with overtime pay and bonuses included, and sign-on bonuses excluded. This category assesses income by demographics, gender, place of work, functional roles, and location.

Table 66 outlines the annual pre-tax earnings from both primary and secondary workplaces for Wisconsin nurses. The largest percentage of RNs reported earnings in the \$75,001 to \$85,000 (17.1%) income range. Additionally, 15.3% of respondents indicated an income greater than \$115,000.

Table 66. Annual Pre-Tax Earnings All RNs Working in Wisconsin 2024

Primary place of work (n = 55,738)	n	%
<\$25,000	741	1.3
\$25,001–\$35,000	637	1.1
\$35,001–\$45,000	970	1.7
\$45,001–\$55,000	2,361	4.2
\$55,001–\$65,000	5,977	10.7
\$65,001–\$75,000	8,920	16.0
\$75,001–\$85,000	9,517	17.1
\$85,001–\$95,000	7,564	13.6
\$95,001–\$105,000	6,248	11.2
\$105,001–\$115,000	4,259	7.6
>\$115,000	8,544	15.3
Secondary place of work (n = 6,472)	n	%
<\$25,000	4,909	75.8
\$25,001–\$35,000	642	9.9
\$35,001–\$45,000	297	4.6
\$45,001–\$55,000	159	2.5
\$55,001–\$65,000	124	1.9
\$65,001–\$75,000	118	1.8
\$75,001–\$85,000	70	1.1
\$85,001–\$95,000	47	0.7
\$95,001–\$105,000	28	0.4
\$105,000–\$115,000	23	0.4
>\$115,000	55	0.8

Note. Table 66 includes responses to Questions 39, 45, 53, and 58.

Note. Table 66 includes all RNs (full- and part-time).

Wisconsin 2024 RN Workforce Survey

In Table 67, the median income is depicted by age, racial/ethnic identify, and residence for those who indicated full-time employment in the State of Wisconsin. In 2024, the overall median income for these individuals was \$80,000, steady across both rural and urban settings. Income increased in the younger age brackets, but plateaued at \$90,000 for four age groups.

Table 67. Median Income by Demographic Characteristics 2024

Age group (years)	
<25	\$60,000
25–34	\$70,000
35–44	\$90,000
45–54	\$90,000
55–64	\$90,000
65–74	\$90,000
≥75	\$70,000
Under and over age 55	
Under age 55	\$80,000
55 years and older	\$90,000
Racial and ethnic diversity	
BIPOC and/or Hispanic, Latino, or Latinx	\$80,000
White and not Hispanic, Latino, or Latinx	\$80,000
Rural or urban residence*	
Rural	\$80,000
Urban	\$80,000

Note. Table 67 includes responses to Questions 39, 40, 41, 45, 74, 76, and 77.

Note. Table 67 includes responses from RNs working full-time.

*Rural and urban designations were based on zip code of primary employer, according to Wisconsin AHEC (2017)

Wisconsin 2024 RN Workforce Survey

Table 68 illustrates the annual pre-tax earnings of full-time RNs categorized by gender. Men reported higher median income than those who identified as non-binary or women. When comparing incomes of individuals \$115,000 or more, man respondents averaged a significantly higher percentage (24.7%) compared to women (14.2%) and non-binary individuals (9.2%).

Table 68. Annual Pre-Tax Earnings by Gender

Annual Median Income Pre-Tax Earnings	Woman (n = 50,057)		Man (n = 5,528)		Non-binary (n = 153)	
	\$80,000		\$90,000		\$80,000	
	n	%	n	%	n	%
<\$25,000	661	1.3	73	1.3	7	4.6
\$25,001–\$35,000	583	1.2	48	0.9	6	3.9
\$35,001–\$45,000	902	1.8	65	1.2	*	*
\$45,001–\$55,000	2,197	4.4	163	2.9	*	*
\$55,001–\$65,000	5,580	11.1	380	6.9	17	11.1
\$65,001–\$75,000	8,192	16.4	703	12.7	25	16.3
\$75,001–\$85,000	8,661	17.3	825	14.9	31	20.3
\$85,001–\$95,000	6,808	13.6	733	13.3	23	15.0
\$95,001–\$105,000	5,528	11.0	704	12.7	16	10.5
\$105,001–\$115,000	3,783	7.6	466	8.4	10	6.5
>\$115,000	7,162	14.3	1,368	24.7	14	9.2

Note. Table 68 includes responses to Questions 45, 58, and 77.

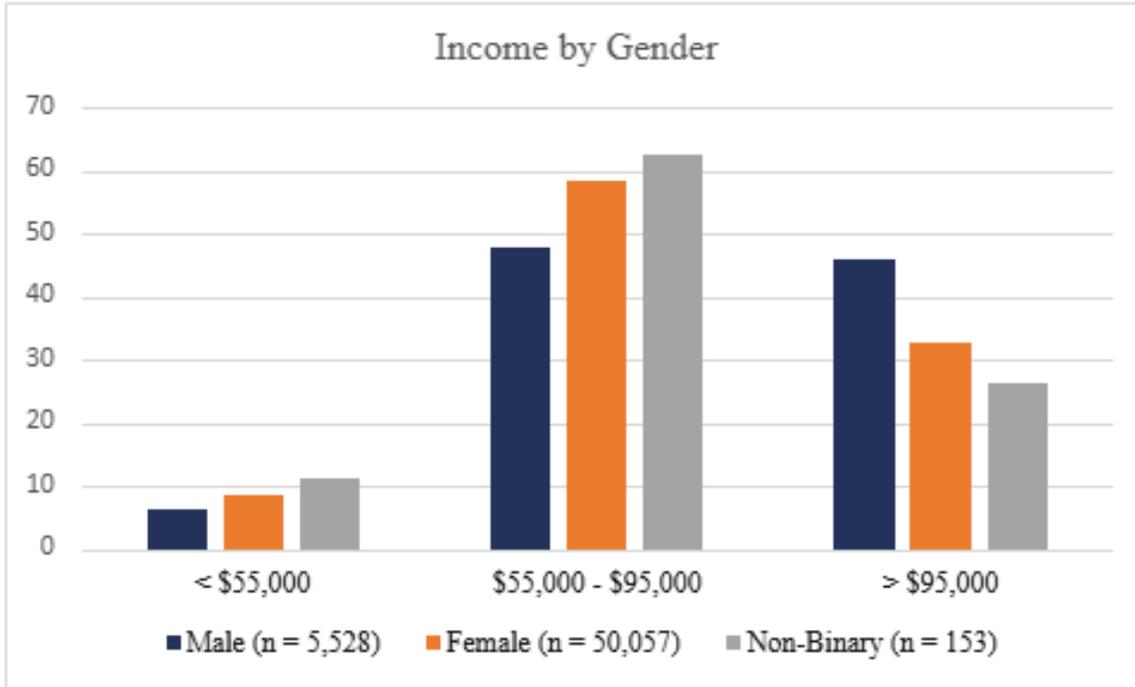
Note. Table 68 includes responses from RNs working full-time.

*Too few to report.

Wisconsin 2024 RN Workforce Survey

Figure 2 shows a bar graph of pre-tax income for full-time RNs in relation to gender. While comprising the smallest proportion of the nursing workforce, men have a notably larger distribution (45.8%) of individuals earning more than \$95,000, when compared to women and non-binary individuals. When looking at the income category of \$55,000 and less, non-binary individuals have a slightly larger proportion at 11.2%, compared to women at 8.7% and men at 6.3%.

Figure 2. Annual Pre-Tax Earnings by Gender 2024



Note. Figure 2 includes responses to Questions 45, 58, and 75.

Wisconsin 2024 RN Workforce Survey

Table 69 highlights the median earning of full-time RNs in Wisconsin, categorized by primary workplace, job role, and educational background. In most work environments, nurses reported a median income of \$80,000. Income did vary by position, with staff nurses earning a median of \$80,000, nurse educators reporting \$90,000, and nurse executives reaching \$140,000. Table 69 also illuminates education in relation to income. A higher level of education provided financial benefits for nurses, with a median income of \$80,000 for nurses with a bachelor’s degree, \$110,000 for a master’s degree, and \$120,000 for a doctorate-level degree.

Table 69. Median Annual Income by Place of Work and Functional Role 2024

Primary place of work	
Hospital (medical/surgical, AODA/psychiatric, long-term acute care)	\$90,000
Extended care (nursing, hospice, CBRF, RCAC, AFH facilities)	\$90,000
Ambulatory care (employee health, outpatient care, clinics, surgery enter)	\$80,000
Home health (private home)	\$80,000
Community and public health (public health, community health, parish nursing, and school health)*	\$70,000
Educational institutions	\$80,000
Correctional care	\$100,000
Tribal health	\$80,000
Other (insurance, call center, etc.)	\$80,000
Primary functional role or position	
Consultant	\$100,000
Nurse researcher	\$90,000
Nurse executive	\$140,000
Nurse manager	\$100,000
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)	\$90,000
Advanced practice nurse	\$120,000
Staff nurse	\$80,000
Case manager	\$80,000
Other healthcare related	\$90,000
Other not healthcare related	\$70,000
Leadership role	
No leadership role	\$80,000
Nurse leadership role	\$90,000
National board certification	
Yes	\$100,000
No	\$80,000

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Highest degree earned	
Practical or vocational nursing diploma	\$80,000
Diploma in nursing	\$80,000
Associate degree in nursing	\$80,000
Bachelor's degree, any field	\$80,000
Master's degree, any field	\$110,000
Doctoral degree, any field	\$120,000

Note. Table 69 includes responses to Questions 4, 9, 26, 46, 48, and 51.

Note. Table 69 includes responses from RNs working full-time.

*Includes public health (governmental: federal, state, or local); community health (centers, agencies, and departments); parish nurse services; school health (K-12, college, and universities)

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Table 70 illustrates pay between various locations of role and gender. Apart from extended care, RNs who identify as man indicated earning \$10,000–\$20,000 more than women and non-binary counterparts.

Table 70. Annual Pre-Tax Earnings by Gender and Primary Place of Work 2024

Primary Place of Work	Woman		Man		Non-Binary	
	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning
Hospital (med/surg, AODA/psych, LTAC)	37,606	\$75,001–\$85,000	4,691	\$85,001–\$95,000	132	\$65,001–\$75,000
Extended care (nursing, hospice, CBRF, RCAC, AFH facilities)	5,236	\$75,001–\$85,000	449	\$75,001–\$85,000	21	\$75,001–\$85,000
Ambulatory care (employee health, outpatient care, clinics, surgery centers)	16,299	\$65,001–\$75,000	814	\$85,001–\$95,000	28	\$65,001–\$75,000
Home health (private home)	3,942	\$75,001–\$85,000	256	\$75,001–\$85,000	12	\$55,001–\$65,000
Community/public health	2,996	\$65,001–\$75,000	176	\$75,001–\$85,000	9	\$75,001–\$85,000
Educational institutions	1,558	\$75,001–\$85,000	103	\$85,001–\$95,000	6	\$70,000
Correctional care	394	\$85,001–\$95,000	58	\$95,001–\$105,000	*	*
Tribal health	261	\$65,001–\$75,000	17	\$85,001–\$95,000	*	*
Other (insurance, call center, etc.)	5,630	\$75,001–\$85,000	396	\$85,001–\$95,000	13	\$75,001–\$85,000

Note. Table 70 includes responses from Questions 45, 48, and 75.

*Too few to report

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Table 71 displays RN pay categorized according to gender and specialization. Parish nursing was the only area in which respondents who identify as women indicated greater earnings. The greatest income disparity between genders was in the labor and delivery setting, where nurses who identify as man reported double the earnings of woman nurses.

Table 71. Annual Median Pre-Tax Earnings by Gender and Specialty 2024

Specialization	Woman		Man		Non-binary	
	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning
None	3,688	\$65,001– \$70,000	424	\$65,001– \$70,000	22	\$65,001– \$70,000
Acute care/critical care/ICU	11,989	\$85,001– \$95,000	1,949	\$95,001– \$105,000	47	\$75,001– \$85,000
Addiction/AODA/substance abuse	1,741	\$85,001– \$95,000	204	\$85,001– \$95,000	6	\$30,000
Adult health	7,558	\$75,001– \$85,000	674	\$85,001– \$95,000	27	\$75,001– \$85,000
Anesthesia	832	\$95,001– \$105,000	448	\$155,000	5	\$155,000
Cardiac care	6,450	\$85,001– \$95,000	1,024	\$95,001– \$105,000	22	\$75,001– \$85,000
Community health	2,728	\$75,001– \$85,000	156	\$75,001– \$85,000	10	\$75,001– \$85,000
Corrections	999	\$85,001– \$95,000	140	\$95,001– \$105,000	*	*
Dialysis/renal	1,709	\$85,001– \$95,000	225	\$85,001– \$95,000	10	\$85,001– \$95,000
Emergency/trauma	5,745	\$85,001– \$95,000	1,203	\$95,001– \$105,000	15	\$75,001– \$85,000
Family health	4,198	\$85,001– \$95,000	232	\$105,001– \$115,000	10	\$75,001– \$85,000
Geriatrics/gerontology	7,859	\$75,001– \$85,000	579	\$85,001– \$95,000	17	\$75,001– \$85,000
Home health	4,372	\$75,001– \$85,000	282	\$80,000	5	\$75,001– \$85,000
Hospice	5,520	\$75,001– \$85,000	422	\$85,001– \$95,000	14	\$75,001– \$85,000
Labor & delivery	3,120	\$75,001– \$85,000	56	\$155,000	*	*
Maternal child	2,445	\$75,001– \$85,000	19	\$105,001– \$115,000	*	*

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Specialization	Woman		Man		Non-binary	
	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning
Medical surgical	13,328	\$75,001–\$85,000	1,317	\$85,001–\$95,000	32	\$75,001–\$85,000
Neonatal care	2,077	\$85,001–\$95,000	56	\$95,001–\$105,000	*	*
Nephrology	607	\$85,001–\$95,000	84	\$95,001–\$105,000	*	*
Obstetrics/gynecology	2,871	\$75,001–\$85,000	42	\$125,001–\$135,000	5	\$75,001–\$85,000
Occupational health/ employee health	962	\$85,001–\$95,000	70	\$85,001–\$95,000	*	*
Oncology	3,463	\$85,001–\$95,000	235	\$85,001–\$95,000	6	\$60,000
Parish/faith community	124	\$85,001–\$95,000	7	\$75,001–\$85,000	*	*
Pediatrics	4,195	\$75,001–\$85,000	259	\$95,001–\$105,000	9	\$85,001–\$95,000
Psychiatric/mental health	3,471	\$85,001–\$95,000	527	\$95,001–\$105,000	14	\$80,000
Public health	1,547	\$75,001–\$85,000	103	\$75,001–\$85,000	7	\$75,001–\$85,000
Rehabilitation	2,673	\$75,001–\$85,000	268	\$85,001–\$95,000	11	\$75,001–\$85,000
Respiratory care	1,102	\$85,001–\$95,000	213	\$95,001–\$105,000	*	*
School health (K-12 or post-secondary)	1,048	\$65,001–\$75,000	35	\$65,001–\$75,000	*	*
Surgery/pre-op/PACU	6,727	\$75,001–\$85,000	693	\$85,001–\$95,000	19	\$75,001–\$85,000
Women’s health	2,607	\$85,001–\$95,000	19	\$125,001–\$135,000	*	*
Other, not listed	7,472	\$85,001–\$95,000	545	\$95,001–\$105,000	16	\$95,001–\$105,000

Note. Table 71 includes responses to Questions 8, 45, and 75.

*Too few to report.

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Table 72 demonstrates the pre-tax earnings of individuals by primary position role. Most individuals working as nursing executives, nurse managers, and APNs indicated earning more than \$95,000, while staff nurses, case managers, and nurse faculty most indicated salaries in the \$55,000–\$95,000 bracket.

Table 72. Annual Pre-Tax Earnings by Functional Role or Primary Job 2024

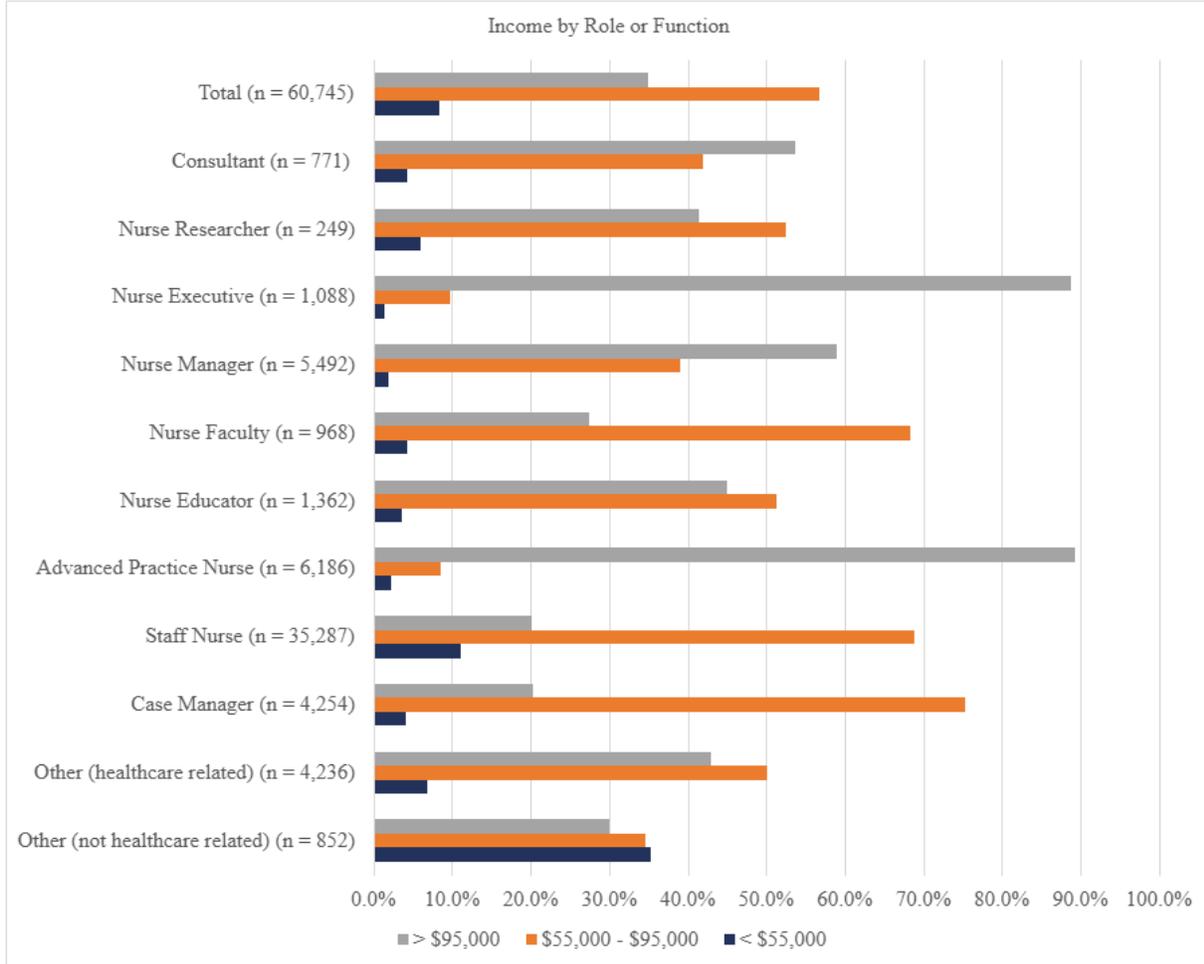
	Consultant (n = 771)		Nurse Researcher (n = 249)		Nurse Executive (n = 1,088)		Nurse Manager (n = 5,492)		Nurse Faculty (n = 968)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<\$55,000	33	4.3	15	6.0	15	1.4	112	2.0	42	4.3
\$55,000– \$95,000	324	42.0	131	52.6	107	9.8	2,140	39.0	661	68.3
>\$95,000	414	53.7	103	41.4	966	88.8	3,240	59.0	265	27.4
	Nurse Educator (n = 1,362)		APN (n = 6,186)		Staff Nurse (n = 5,287)		Case Manager (n = 4,254)			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<\$55,000	49	3.6	133	2.2	3,917	11.1	179	4.2		
\$55,000– \$95,000	699	51.3	528	8.5	24,272	68.8	3,207	75.4		
>\$95,000	614	45.1	5,525	89.3	7,098	20.1	868	20.4		
	Other, Healthcare Related (n = 4,236)				Other, Not Healthcare Related (n = 852)					
	<i>n</i>		%		<i>n</i>		%			
<\$55,000	290		6.8		301		35.3			
\$55,000– \$95,000	2,123		50.1		295		34.6			
>\$95,000	1,823		43.0		256		30.0			

Note. Table 72 includes responses to Questions 45 and 48.

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Figure 3 depicts the breakdown of three pre-tax income brackets: < \$55,000, \$55,000–\$95,000, and >\$95,000. Respondents with roles as an APN, nurse manager, consultant, and nurse executive more commonly indicated a salary greater than \$95,000. All other professional disciplines landed in the \$55,000–\$95,000 bracket range, except for the other, not healthcare-related category.

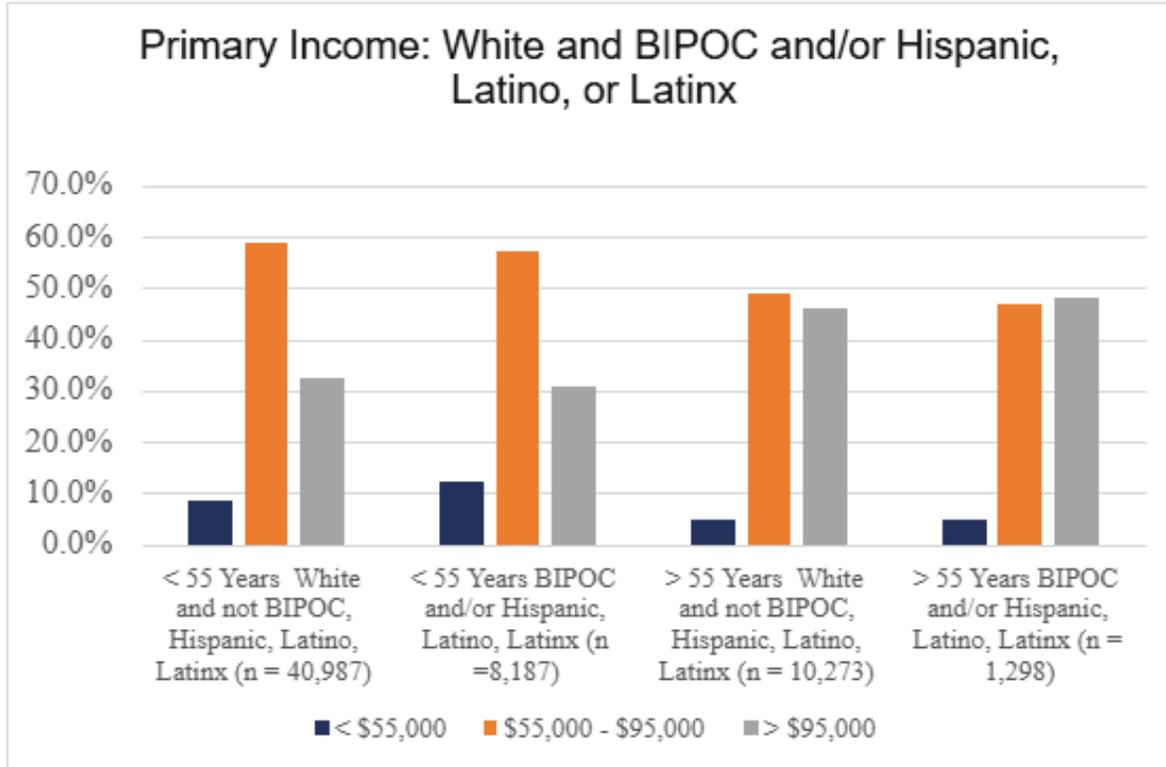
Figure 3. Annual Pre-Tax Income Based on Primary Functional Role or Position 2024



Note. Figure 3 includes responses to Questions 45 and 48.

Figure 4 shows differences in primary income among White, BIPOC, and Latinx nurses, stratified by age. Income increases with age and diversity. Respondents who were 55 years or older and BIPOC and/or Latinx had a slightly higher percentage in the >\$95,000 bracket compared to similarly aged individuals who identified as White, not Latinx.

Figure 4. Income from Primary Position by Age and Racial/Ethnic Diversity 2024



Note. Figure 4 includes responses to Questions 45, 74, 76, and 77.

Table 73 compares the median earnings of full-time Wisconsin RNs employed as nurse educators and faculty, based on level of education. Both groups saw an increase in salary based on earned degree. It is important to note that the RNs who hold a faculty position may follow a 9-month contract; whereas, nurse educators are likely to be employed full-time while working in health systems.

Table 73. Median Income for RNs Employed as Educators and Faculty

Highest degree earned	Educators <i>n</i> = 1086	Faculty <i>n</i> = 965
Diploma in nursing	\$110,000	*
Associate degree in nursing	\$90,000	\$70,000
Bachelor’s degree, any field	\$90,000	\$70,000
Master’s degree, any field	\$100,000	\$80,000
Doctorate, any field	\$110,000	\$100,000

Note. Table 73 includes responses to Questions 4, 45, 48, 54, and 58.

Note. Table 73 includes responses from RNs working full-time.

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Across the State of Wisconsin, there was consistency in wages by primary job, leadership role, and degree attained. Table 74 outlines the median income by DHS region of employer. Median income was higher in the Southern (\$90,000) and Southeastern (\$90,000) regions than in the remaining areas (\$80,000). Respondents who identify as men averaged a higher median income compared to women and non-binary RNs across all state regions, except for the Southeastern region.

White, not Latinx RNs in the Southern and Southeastern regions had a higher median income compared to BIPOC and/or Latinx nurses, while all other regions show no differences in median income.

The median income for most functional roles was greater in the Southern and Southeastern regions. Exceptions include APNs, who indicated higher salaries in the Western (\$120,000) and Northern (\$120,000) regions compared to others, and nurse educators, who reported greater median incomes in the Southeastern (\$100,000) and Western (\$100,000) regions.

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Table 74. Median Income by DHS Region of Employer 2024

Median Income	Southern	Southeastern	Northeastern	Western	Northern
	\$90,000	\$90,000	\$80,000	\$80,000	\$80,000
Gender					
Woman	\$80,000	\$90,000	\$80,000	\$80,000	\$80,000
Man	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Non-binary	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Racial and ethnic diversity					
BIPOC and/or Hispanic, Latino, or Latinx	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
White and not Hispanic, Latino, or Latinx	\$90,000	\$90,000	\$80,000	\$80,000	\$80,000
Functional role or primary bob					
Consultant	\$90,000	\$100,000	\$90,000	\$90,000	\$90,000
Nurse researcher	\$100,000	\$90,000	\$90,000	\$80,000	\$80,000
Nurse executive	\$140,000	\$140,000	\$130,000	\$140,000	\$130,000
Nurse manager	\$100,000	\$100,000	\$100,000	\$100,000	\$90,000
Nurse faculty (teaching, research/ scholarship, and service in an academic nursing education program)	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Nurse educator (educator in a health or healthcare practice setting)	\$80,000	\$100,000	\$90,000	\$100,000	\$80,000
Advanced practice nurse	\$120,000	\$120,000	\$120,000	\$130,000	\$130,000
Staff nurse	\$80,000	\$80,000	\$70,000	\$70,000	\$70,000
Case manager	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Other, healthcare related	\$90,000	\$90,000	\$90,000	\$90,000	\$80,000
Other, not health care related	\$80,000	\$70,000	\$60,000	\$50,000	\$70,000
Leadership role					
No leadership role	\$80,000	\$80,000	\$80,000	\$80,000	\$70,000
Nurse leadership role	\$90,000	\$90,000	\$90,000	\$90,000	\$80,000
Highest degree earned					
Practical or vocational nursing diploma	\$80,000	\$80,000	\$80,000	\$80,000	\$70,000
Diploma in nursing	\$80,000	\$90,000	\$70,000	\$80,000	\$70,000
Associate degree in nursing	\$80,000	\$80,000	\$70,000	\$80,000	\$70,000
Bachelor’s degree, any field	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
Master’s degree, any field	\$110,000	\$110,000	\$110,000	\$120,000	\$110,000
Doctorate, any field	\$120,000	\$110,000	\$120,000	\$120,000	\$120,000

Note. Table 74 includes responses to Questions 4, 26, 39, 40, 45, 48, 75, 76, and 77.

Note. Table 74 includes responses from RNs working full-time.

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Table 75 displays the pay disparity between genders in relation to highest earned degree. The most significant disparity was in the doctorate category, with nurses who identify as men making as much as \$60,000 more than non-binary individuals and \$40,000 more than women.

Table 75. Annual Median Income by Gender and Highest Degree 2024

Degree	Woman		Man		Non-Binary	
	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning
Practical or vocational diploma	271	\$65,001–\$75,000	20	\$85,001–\$95,000	*	*
Diploma	1,791	\$65,001–\$75,000	91	\$85,001–\$95,000	*	*
Associate degree	19,038	\$65,001–\$75,000	1,790	\$75,001–\$85,000	48	\$65,001–\$75,000
Bachelor’s degree	38,254	\$65,001–\$75,000	3,420	\$75,001–\$85,000	115	\$65,001–\$75,000
Master’s degree	11,764	\$95,001–\$105,000	1,308	\$115,000–\$125,000	32	\$75,001–\$85,000
Doctorate	2,146	\$105,001–\$115,000	265	\$135,000–\$145,000	14	\$85,001–\$95,000

Note. Table 75 includes responses to Questions 4, 45, and 75.

*Too few to report

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Table 76 shows income by age category and racial and/or ethnic diversity. For those under 25 years of age in the State of Wisconsin, 1,382 individuals identified as White, not Latinx, while 312 identified as BIPOC and/or Latinx. The difference in sample size consistently grows in each age bracket, with a consistently higher percentage of White, not Latinx nurses in the workforce.

White, not Latinx RNs reached a salary of more than \$95,000 as the most common income bracket at age 65–74. BIPOC and/or Latinx RNs reached a salary of more than \$95,000 as the most common income bracket at age 55–64.

Table 76. Income by Age Category and Racial/Ethnic Diversity 2024

White, not Latinx	<25		25–34		35–44		45–54		55–64		65–74		75+	
	<i>n</i> = 1,382		<i>n</i> = 13,124		<i>n</i> = 14,856		<i>n</i> = 11,625		<i>n</i> = 8,630		<i>n</i> = 1,590		<i>n</i> = 53	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<\$55,000	529	38.3	1,541	11.7	924	6.2	534	4.6	384	4.4	104	6.5	16	30.2
\$55,000– \$95,000	831	60.1	9,392	71.6	8,167	55.0	578	49.8	4,281	49.6	71	45.1	*	*
>\$95,000	22	1.6	219	16.7	5,765	38.8	530	45.6	396	45.9	76	48.4	14	26.0

BIPOC and/or Latinx	<25		25–34		35–44		45–54		55–64		65–74		75+	
	<i>n</i> = 312		<i>n</i> = 2,818		<i>n</i> = 2,960		<i>n</i> = 2,097		<i>n</i> = 1,109		<i>n</i> = 179		<i>n</i> = 10	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<\$55,000	121	38.8	466	16.5	273	9.2	129	6.2	52	4.7	10	5.6	*	*
\$55,000– \$95,000	185	59.3	1,900	67.4	1,583	53.5	1,016	48.5	521	47.0	80	44.7	6	60.0
>\$95,000	6	1.9	452	16.0	1,104	37.3	952	45.4	536	48.3	89	49.7	*	*

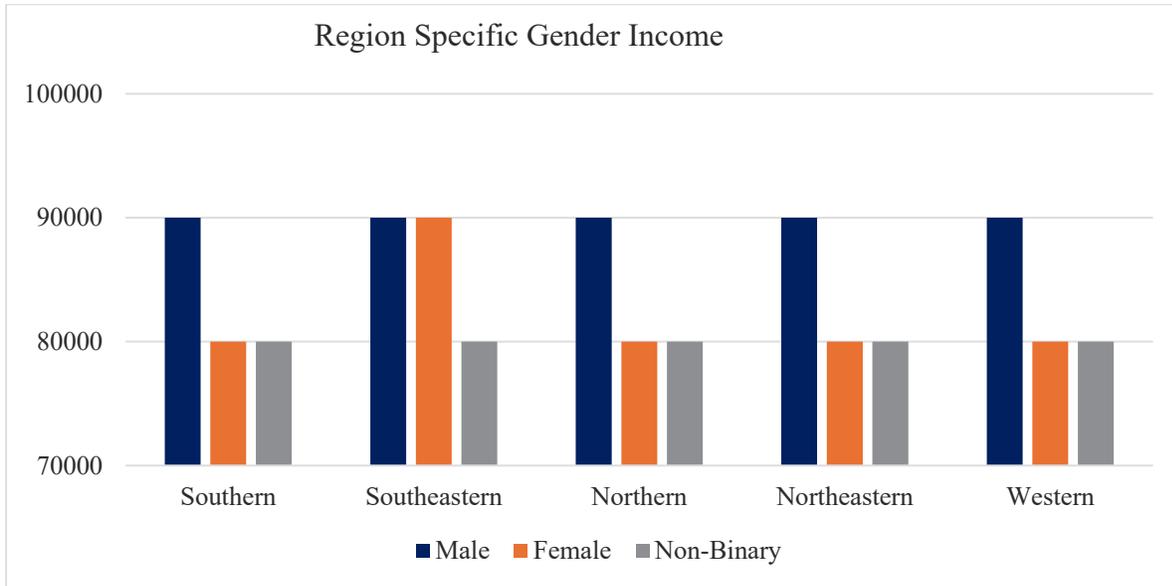
Note. Table 76 includes responses to Questions 45, 74, 76, and 77.

*Too few to report.

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Figure 5 depicts RN income based on DHS region, among men, women, and non-binary individuals. Across most of Wisconsin, income disparities related to gender persist, with significant favoring of men over women and non-binary individuals by \$10,000, a full income bracket. An exception to this trend was seen in the Southeastern region, where incomes were the same for men and women, and in the Northern Region, where incomes were the same for men and non-binary individuals. The observation that those who identify as men consistently earn more than their women and non-binary counterparts demonstrates the complex interplay of socioeconomic disparities experienced in nursing and potential systemic bias in workplace structures.

Figure 5. Nursing Disparities in Income by Gender and Region 2024

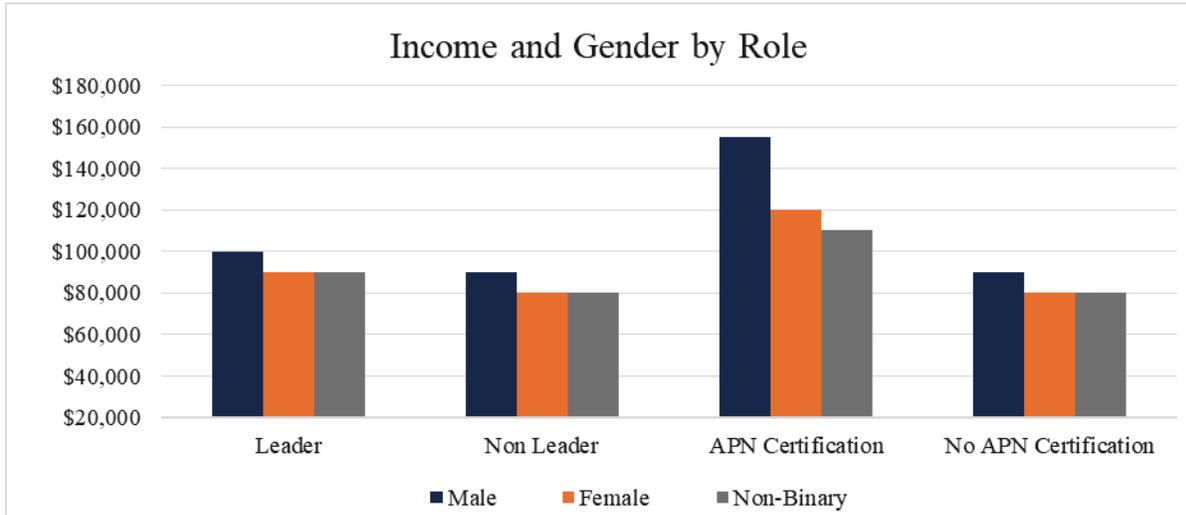


Note. Figure 5 includes responses to Questions 4, 26, 39, 40, 45, 48, 75, and 76.

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Figure 6 demonstrates income disparities based on gender and professional position. Men consistently out earned women and non-binary individuals across all leadership roles, non-leadership roles, and APN certification, highlighting potential biases within professional hierarchies and compensation structures. The largest difference was found in the APN certification category, where respondents who identify as men indicated out earning women by \$35,000 and non-binary individuals by \$40,000.

Figure 6. Nursing Disparities in Income by Gender and Role 2024



Note. Figure 6 includes responses to Questions 4, 26, 39, 40, 45, 48, 75, and 76.

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Table 77 illustrates the income differences of Wisconsin RNs based on gender and primary position. The largest disparity was in the categories of APN and other, not related to healthcare. For the latter category, respondents who identified as non-binary indicated earning \$10,000 to \$50,000 less compared to men. For the APN category, woman APNs reported incomes that were \$30,000–\$45,000 less than their men counterparts. The only category that had comparable pay among genders was nurse faculty.

Table 77. Median Income Related to Gender and Primary Position 2024

Primary Position	Woman		Man		Non-binary	
	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning	<i>n</i>	Median Annual Pre-Tax Earning
Consultant	984	\$75,001–\$85,000	103	\$95,001–\$105,000	*	*
Nurse researcher	289	\$75,001–\$85,000	25	\$85,001–\$95,000	*	*
Nurse executive	1,000	\$135,001–\$145,000	103	\$145,001–\$155,000	*	*
Nurse manager	5,337	\$95,001–\$105,000	484	\$105,001–\$115,000	12	\$95,001–\$105,000
Nurse faculty (teaching, research/scholarship, and service)	1,114	\$75,001–\$85,000	69	\$75,001–\$85,000	6	\$70,000
Nurse educator (Educator in health or healthcare practice)	1,624	\$85,001–\$95,000	94	\$85,001–\$95,000	8	\$85,001–\$95,000
Advanced practice nurse	6,660	\$115,001–\$125,000	902	\$155,000	12	\$140,000
Staff nurse	45,920	\$65,001–\$75,000	4,415	\$75,001–\$85,000	150	\$65,001–\$75,000
Case Manager	4,646	\$75,001–\$85,000	223	\$75,001–\$85,000	8	\$65,001–\$75,000
Other, health care related	5,023	\$75,001–\$85,000	412	\$85,001–\$95,000	13	\$85,001–\$95,000
Other, not health care related	1,355	\$35,001–\$45,000	130	\$65,001–\$75,000	7	\$25,000

Note. Table 77 includes responses to Questions 45, 48, and 75.

*Too few to report.

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Table 78 compares median incomes for rural and urban RNs based on gender. Non-binary individuals indicated a higher median income in rural locations, while respondents who identified as men reported a median income above women in both rural and urban locations. Most functional roles saw no difference in the median income between rural and urban settings; however, there were three exceptions with the roles of consultant, nurse researcher, and nurse executive.

Table 78. Median Income by Rural-Urban Residence 2024

Gender	Rural	Urban
Woman	\$80,000	\$80,000
Man	\$90,000	\$90,000
Non-binary	\$90,000	\$80,000
Racial and ethnic diversity		
BIPOC and/or Hispanic, Latino, or Latinx	\$80,000	\$80,000
White and not Hispanic, Latino, or Latinx	\$80,000	\$80,000
Primary functional role or position		
Consultant	\$90,000	\$100,000
Nurse researcher	\$80,000	\$90,000
Nurse executive	\$130,000	\$140,000
Nurse manager	\$100,000	\$100,000
Nurse faculty	\$80,000	\$80,000
Nurse educator	\$90,000	\$90,000
Advanced practice nurse	\$120,000	\$120,000
Staff nurse	\$80,000	\$80,000
Case manager	\$80,000	\$80,000
Other healthcare-related	\$90,000	\$90,000
Other not healthcare-related	\$60,000	\$70,000
Leadership role		
No leadership role	\$80,000	\$80,000
Nurse leadership role	\$90,000	\$90,000
Highest degree earned		
Practical or vocational nursing diploma	\$80,000	\$80,000
Diploma in nursing	\$80,000	\$80,000
Associate degree in nursing	\$80,000	\$80,000
Bachelor's degree, any field	\$80,000	\$80,000
Master's degree, any field	\$110,000	\$110,000
Doctoral degree, any field	\$120,000	\$120,000

Note. Table 78 includes responses to Questions 4, 26, 45, 48, 75, 76, 77, 84, and 85.

Note. Table 78 includes responses from RNs working full-time.

Wisconsin 2024 RN Workforce Survey

Comparing 2022 and 2024

Demographics

- Nurses who reported earning an income above \$115,000 almost doubled, from 8.2% in 2022 to 15.3% in 2024
- The overall median income of Wisconsin RNs working full-time was \$80,000, the same as in 2022. However, four age brackets (35–44, 45–54, 55–64, and 65–74) had a median annual income of \$90,000. This is a positive trend regarding increased compensation for nurses.
- Rural and urban areas had the same median income of \$80,000.
- In 2022, data showed eight categories in which urban nurses indicated earning more than their rural counterparts. In 2024, only three categories had high reported incomes, with each category only separated by one \$10,000 bracket in pay distribution.
- When comparing pre-tax earnings by gender, those who identify as men indicated earning more than women and non-binary RNs. Despite comprising a smaller proportion of the workforce, man identified nurses had the highest percentage (19.2%) of individuals who reported making more than \$115,000. This advantage was consistent across Wisconsin regions, leadership roles, non-leadership roles, and APN status.

Employment & Expertise

- Median income based on functional RN role showed steady increases across most positions. Community and public health nursing and nurses who worked in education were the only categories that did not change between 2022 and 2024.

Education

- Nurses with a bachelor's degree had a median income of \$80,000, nurses with a master's degree had a median income of \$110,000, and nurses with doctorates had a median income of \$120,000.

Discussions and Recommendations

The section on income for RNs in Wisconsin has been completed for the past three workforce surveys: 2020, 2022, and 2024. In 2024, the pre-tax median salary for those working full-time was approximately \$80,000, the same value as 2022. According to the U.S. Bureau of Labor Statistics (2024), the median pay for RNs is \$86,070 per year, at \$41.38 per hour. One of the most significant increases in median income based on functional role was in consulting, which saw a jump from \$80,000 in 2022 to \$100,000 in 2024.

One highlighted positive trend for income was in rural Wisconsin, where there have been significant strides toward equitable pay. For rural RNs, only three categories reported less than a full pay bracket (\$10,000) than their urban counterparts. As pay increases, the growing supply of APNs will also be critical in addressing area shortages in care (Xue et al., 2019). Competitive incomes will hopefully continue to recruit and retain nurses in Wisconsin, in light of a 6% job outlook and sustained workforce growth (U.S. Bureau of Labor Statistics, 2024).

Similar to 2022, 2024 income results indicate disparities based on gender. Nurses who identify as men, who represent 11.0% of the workforce, report a significantly higher median income compared to women and non-binary individuals. Gender-based pay differences could be related to employment opportunities, promotions, hours worked, and/or potential travel agency compensation. Regarding gender, income, and APN certification, man RNs with APN certifications earned more annually than women employees, and this pay gap exists across all specialties and levels of experience (Greene et al., 2017). One recommendation for the upcoming 2026 RN Workforce Survey would be to have a breakdown of man, woman, and non-binary respondents delineate their functional roles to better understand gender-based disparities.

Wisconsin 2024 RN Workforce Survey

A testament to education comes from increases in reported median incomes with higher level degrees. Despite an increase in the availability of nursing schools, with many of them being web-based, a survey of RNs identified three major deterrents to participation in web-based graduate nursing programs: concerns about quality, cost, and time (Carpenter, 2016). With more virtual programs being established since the COVID-19 pandemic, there are concerns about hands-on skill development, availability of opportunities, and financial implications (Haanes et al., 2024). Strengthening program quality and accessibility will be imperative for the continued success of the nursing field.

Section VIII. Workplace Use of Artificial Intelligence by Wisconsin RNs

A notable factor that has increasingly emerged between the 2022 and 2024 workforce survey is the rise of artificial intelligence (AI) use in healthcare. Due to increasing implementation of AI within healthcare operations, RN perceived relationship with AI was added to the 2024 RN workforce study. Below are the responses to the questions focusing on AI use by Wisconsin RNs within healthcare.

Nearly all (95.9%) nurses in Wisconsin indicated not using AI within their primary place of work. When comparing regions, this remained true throughout regions (see Table 79).

Table 79. Use of AI by Region

	State of WI (n = 89,486)		Southern (n = 18,110)		Southeastern (n = 34,205)		Northeastern (n = 18,128)		Western (n = 10,779)		Northern (n = 7,390)	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	3,635	4.1	724	4.0	1,203	3.5	834	4.6	565	5.0	309	4.0

Note. Table 79 includes responses to Question 10.

AI Within Primary Place of Employment

Of the nurses who reported using AI in the workplace, over half of the usage was within hospital systems (57%, see Table 80). The second most common area for use was ambulatory care (19.6%), with the third being the other category (9.1%). The remaining categories had less than 5.0% of RN respondents indicating AI utilization.

Table 80. AI Within Primary Place of Employment

Setting	Yes	Percentage of Yes in Total Responses	Total
	n	%	n
Hospital (medical/surgical, AODA/psychiatric, long-term acute care)	2,130	57	42,429
Extended care (nursing, hospice, CBRF, RCAC, AFH facilities)	151	4.0	5,706
Ambulatory care (employee health, outpatient care, clinics, surgery center)	731	19.6	17,141
Home health	184	4.9	4,210
Community public health	41	1.1	3,181
Educational institutions	150	4.0	1,697
Correctional care	5	0.1	453
Tribal health	*	*	278
Other (insurance, call center, etc.)	343	9.2	6,039
Total	3,737	100.0	81,134

Note. Table 80 includes responses to Questions 10 and 14.

*Too few to report

Type of AI Utilization by DHS Regions

Table 81 showcases that of the respondents who reported engaging with AI, this use most frequently occurred for assessment-related activities (2.6%). Within this category, the Southeastern region had the highest number of nurses reporting AI use ($n = 774$), and the Western region had the highest percentage (3.2%).

Table 81. Type of AI Utilization by DHS Regions

	State of WI ($n = 87,166$)		Southern ($n = 8,948$)		Southeastern ($n = 34,205$)		Northeastern ($n = 18,128$)		Western ($n = 11,344$)		Northern ($n = 7,699$)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Assessment	2,320	2.6	479	2.6	774	2.3	511	2.8	365	3.2	191	2.5
Diagnosis	1,610	1.8	291	1.6	556	1.6	368	2.0	271	2.4	124	1.6
Planning	1,319	1.5	238	1.3	512	1.5	253	1.4	211	1.9	105	1.4
Implementation	1,594	1.8	311	1.7	543	1.6	370	2.0	235	2.1	135	1.8
Evaluation	1,202	1.3	220	1.2	431	1.3	259	1.4	186	1.6	106	1.4

Note. Table 81 includes responses to Question 11.

AI and Productivity at Primary Place of Work

Of the RNs who reported AI use, just over half (50.9%) indicated that productivity was the same since implementation of this technology (see Table 82). Less than 5.0% reported worse and less than 1.0% reported much worse productivity. Comparatively, 43.8% of respondents indicated that their productivity was better or much better than before AI implementation.

Table 82. AI and Productivity at Primary Place of Work

Much Better than Before AI was Implemented		Better than Before AI was Implemented		About the Same as When AI was Implemented		Worse than Before AI was Implemented		Much Worse than Before AI was Implemented	
<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
433	11.4	1,236	32.4	1,940	50.9	172	4.5	30	0.8

Note. Table 82 includes responses to Questions 10 and 12.

Key Findings – Artificial Intelligence

- Nearly all (95.9%) of respondents indicated that they have not used AI within their primary place of work. This was similar across all regions.
- Of the Wisconsin RNs who reported AI utilization, over half was within hospital systems (57.0%). The second most common area was ambulatory care (19.6%).
- The highest reported use of AI occurred in assessment (2.6%).
- Of the nurses who indicated AI utilization, over half (50.9%) noted that productivity was the same and 43.8% noted that productivity was better or much better with use.

Discussion and Recommendations

Within Wisconsin, there has been very little investigation regarding the usage of artificial intelligence (AI) in nursing. However, evidence is growing on a national and international level. The systematic review by O’Conner et al. (2024) noted expansive use of AI in oncology nursing. Wieben et al. (2023) conducted a literature review of AI trends, determining three areas of nursing that were potential targets for AI use: mortality/deterioration, healthcare utilization/resource allocation, and hospital-acquired infections/COVID.

With AI being relatively new to healthcare, there is a question regarding whether nurses have the necessary knowledge and training to identify if AI is in use and how to apply it effectively (Simms, 2025). Sommer et al. (2024) discovered that nurses are familiar with certain functions of AI within healthcare, such as patient monitoring (55.7%), route planning (47.7%), and nursing documentation (43.7%). Areas of least familiarity include care prediction (38.6 %), nursing diagnosis (31.8%), and wound management (21.6 %). An ethical concern arises regarding whether nurses may be using AI without their knowledge, while ultimately being responsible for its accuracy within patient care and charting systems.

The 2024 survey showed interesting trends related to AI usage and productivity. Most respondents found productivity to be the same or better after the implementation of AI. This is consistent with Wieben et al. (2024), who found that while nurses enjoyed readily available information, there may be increased cognitive burden from silencing unneeded alerts and correcting AI generated charting. Additionally, Wieben et al. (2024) found that RNs appreciated the ability to analyze patient data using AI; however, concerns arose to whether this may reduce critical thinking skills over time. It is estimated that the incorporation of AI could accrue a 5%–10% savings nationwide, resulting in healthcare savings of \$200–\$360 billion annually (Sahni et al., 2023). Additionally, Owens et al. (2024) found that AI note generation may help patients feel that their provider spent more time with them. Other potential non-financial opportunities include improved healthcare quality, increased care access, better patient experience, and greater clinician satisfaction (Owens et al., 2024; Sahni et al., 2023).

These various benefits and concerns are beginning to be evaluated at the legislative level. Oregon State Representative Nelson introducing Bill HB 2748, which would prohibit a non-human entity from using the title "nurse" or other similar nomenclature (Relating to the Use of Nursing Titles, 2025). At the federal level, legislation and guidance policies surrounding AI continue to be in flux; therefore, ongoing monitoring and evaluation of federal policies impacting healthcare use of AI is warranted (Shepardson, 2025).

At this time, it may be too early to make conjecture as to the future of RN AI usage. Evaluation in further Wisconsin RN workforce surveys is needed to examine trends over time.

Section IX. Impact of COVID-19 on Wisconsin RNs

Section IX evaluates the ongoing impact of COVID-19 on Wisconsin nurses. The 2024 Wisconsin RN Workforce Survey included four questions (Q13-16) surrounding employment experience during the pandemic. Areas of focus included direct care, primary setting of care, information sources, intent to continue providing direct patient care (DPC), future career plans, and the impact of COVID-19 on their physical and mental health.

Information Sources

Table 83 describes how respondents indicated receiving information about COVID-19. Most RNs reported using their Employer and the Centers for Disease Control and Prevention (CDC), which has changed since 2022. Other sources of information included government agencies, professional associations, and a variety of media, including television, radio, newspapers, and social media sites.

Table 83. Sources Used by Wisconsin RNs for Receiving Information about COVID-19 in 2024

Information Source (<i>n</i> = 93,008)	<i>n</i>	%
Newspaper	9,648	10.4
Radio	8,737	9.4
Employer	51,413	55.3
Government agency	25,091	27.0
CDC	51,387	55.3
TV	22,877	24.6
Social media (Facebook, Twitter, Tik Tok, other)	16,663	17.9
Professional	20,797	22.4
Other	10,171	10.9

Note. Table 83 includes responses to Question 15.

Note. Respondents could select more than one option.

Prevalence of Direct Patient Care (DPC)

Table 84 shows that 69.5% (64,620) of all Wisconsin RNs reported providing DPC to people with COVID-19, consistent with the previous 2022 survey.

Table 84. Direct Patient Care to Patients with COVID-19 2024

	Total	
	<i>n</i> = 93,008	
	<i>N</i>	%
No	28,388	30.5
Yes	64,620	69.5

Note. Table 84 includes responses to Question 13.

Wisconsin 2024 RN Workforce Survey

Settings for DPC

Table 85 describes the primary setting in which respondents provided DPC to people with COVID-19. The inpatient unit of hospitals (25.8%) was the most commonly reported area.

Table 85. Setting for DPC for COVID-19 in 2024

Setting (n = 64,620)	n	%
Hospital		
Hospital (ED/urgent care)	8,184	12.7
Hospital (24-hour inpatient unit)	16,669	25.8
Hospital ICU	7,052	10.9
Hospital (OB)	3,120	4.8
Hospital (several hospital units)	8,121	12.6
Skilled nursing units	5,737	8.9
Hospice facility	739	1.1
Intermediate care facility of the intellectually disabled (ICFID)	111	0.2
Assisted living facility (CBRF)	967	1.5
Assisted care facility (RCAC)	299	0.5
Adult family home	240	0.4
Medical practice clinic, physician office	5,407	8.4
Surgery center, dialysis center	1,804	2.8
Urgent care, not hospital based	1,137	1.8
Outpatient mental health	338	0.5
Correctional facility	595	0.9
Home health agency	2,023	3.1
Parish nurse services	26	0.0
Public health	501	0.8
Community health	733	1.1
School health services (K12, college, and university)	682	1.1
Academic educational institution	99	0.2
Technical or community college	36	0.1

Note. Table 85 includes responses to Question 14.

Wisconsin 2024 RN Workforce Survey

Overall Personal Health

Table 86 details how Wisconsin RNs rated their overall personal health (i.e., physical or mental) now compared to before the pandemic. COVID-19 continues to impact self-reported ratings of overall personal wellness; although, this does appear to be improving upon comparison to 2022. A little over one-third (34%) of all RNs in Wisconsin ($n = 93,007$) reported their health was worse or much worse in 2024 than before the pandemic.

Table 86. 2024 RN Rating of Personal Health Compared to Pre-Pandemic

Response ($n = 93,007$)	<i>n</i>	%
Better than before the pandemic	8,749	9.4
About the same as before the pandemic	52,633	56.6
Worse than before the pandemic	27,404	29.5
Much worse than before the pandemic	4,221	4.5

Note. Table 86 includes responses from Question 16.

Personal Health by Primary Place of Work

Ratings of overall personal wellness were found to vary by primary place of work. A little over one-third of hospital nurses (36.6%) reported the much worse health rating. In 2024, 29.3%–36.6% of nurses within categories indicated their health being worse or much worse. Table 87 displays the health ratings by primary place of work.

RNs in tribal health reported the highest proportion of health being better than before the pandemic (12.9%), while sharing the lowest proportion reporting worse or much worse (4.0%). Conversely, respondents in correctional care reported the highest proportion of health being much worse than before the pandemic (6.4%); whereas, ambulatory care reported the lowest proportion of nurses having health better than before the pandemic (8.9%).

Table 87. 2024 Health Rating Compared to Pre-Pandemic, by Primary Place of Work

Primary Place of Work <i>n</i> = 81,134	Total <i>n</i>	Better		About the Same		Worse		Much Worse	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Hospital (med/surg, surgical, AODA/psych, LTAC*)	42,429	3,877	9.1	22,168	52.2	14,212	33.5	2,172	5.1
Extended care	5,706	551	9.7	3,084	54.0	1,747	30.6	324	5.7
Ambulatory care	17,141	1,529	8.9	9,741	56.8	5,182	30.2	689	4.0
Home health	4,210	407	9.7	2,452	58.2	1,171	27.8	180	4.3
Public/community health	3,181	339	10.7	1,762	55.4	955	30.0	125	3.9
Educational institutions	1,697	159	9.4	1,038	61.2	430	25.3	70	4.1
Correctional care	453	46	10.2	250	55.2	128	28.3	29	6.4
Tribal health	278	36	12.9	145	52.2	86	30.9	11	4.0
Other (insurance, call center, etc.)	6,039	632	10.5	3,641	60.3	1,507	25.0	259	4.3
Overall totals	81,134	7,576	9.3	44,281	54.6	25,418	31.3	3,859	4.8

*LTAC – Long-term acute care

Note. Table 87 includes responses to Questions 14 and 16.

Health Ratings by Gender, Age, and Race/Ethnicity

Table 88 shows self-reported health ratings by age, gender, and racial/ethnic identity. A slightly higher percentage of women RNs reported worse or much worse health ratings (34.1%) compared to men RNs (33.2%). Respondents who identified as non-binary had the highest proportion health rating of worse or much worse (53.9%). For this group, these ratings increased from 44.9% in 2022.

Wisconsin RNs who indicated worse or much worse health were generally older than the younger nurses. Almost one-third (32.9%) of nurses under 25 years old indicated that their health was worse or much worse since the pandemic, which was less than the 25 to 34 group (41.6%), the 35 to 44 age group (39.8%), and the 45 to 54 age group (35.7%).

The proportion of RNs reporting worse or much worse health also varied by race and ethnicity. Higher proportions of RNs who identified as Native American/American Indian (41.9%), Native Hawaiian (37.3%) or Hispanic/Latinx (35.8%) reported worse or much worse health compared to White (34.4%), Asian (26.3%), and African American/Black (28%).

Wisconsin 2024 RN Workforce Survey

Table 88. 2024 RN Health Rating Compared to Pre-Pandemic, by Gender, Age, and Race/Ethnicity

Gender	Total	Better		About the same		Worse		Much worse	
	<i>n</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Woman	85,138	7,846	9.2	48,327	56.8	25,248	29.7	3,717	4.4
Man	7,637	865	11.3	4,236	55.5	2,072	27.1	464	6.1
Non-Binary	232	38	16.4	70	30.2	84	36.2	40	17.2
Age									
<25	1,880	230	12.2	1,031	54.8	561	29.8	58	3.1
25–34	20,806	2,142	10.3	10,003	48.1	7,520	36.1	1,141	5.5
35–44	24,623	2,374	9.6	12,447	50.6	8,349	33.9	1,453	5.9
45–54	18,150	1,645	9.1	10,033	55.3	5,530	30.5	942	5.2
55–64	16,042	1,340	8.4	10,248	63.9	3,951	24.6	503	3.1
65–74	10,058	901	9.0	7,662	76.2	1,381	13.7	114	1.1
>75	1,448	117	8.1	1,209	83.5	112	7.7	10	0.7
Race									
White or Caucasian	86,229	7,561	8.8	49,014	56.8	25,749	29.9	3,905	4.5
Black or African American	2,722	482	17.7	1,477	54.3	660	24.2	103	3.8
American Indian or Alaska Native	714	74	10.4	341	47.8	249	34.9	50	7.0
Asian	2,698	507	18.8	1,480	54.9	613	22.7	98	3.6
Native Hawaiian	201	35	17.4	91	45.3	70	34.8	5	2.5
Hispanic, Latino, or Latinx	6,615	700	10.6	3,543	53.6	2,040	30.8	332	5.0
Nonwhite and/or Hispanic	13,187	1,829	13.9	7,051	53.5	3,670	27.8	637	4.8
Other	1,656	226	13.6	808	48.8	498	30.1	124	7.5

Note. Table 88 includes responses to Questions 16, 74, 75, 76, and 77.

Wisconsin 2024 RN Workforce Survey

Health Ratings by Diversity

Table 89 details self-reported health ratings of Wisconsin RNs by diversity category (i.e., Diverse and White). Results show that respondents who identify as White indicated slightly better health ratings, with 34.2% reporting worse or much worse health compared to 32.6% in the Diverse category. On the other hand, a greater percentage of diverse nurses indicated that improved health (13.9% in Diverse, 8.7% in White). Across categories, most nurses report unchanged wellbeing (53.5% in Diverse, 57.1% in White). Much worse than before the pandemic was the least selected answer for both groups of RNs.

Table 89. 2024 RN Health Rating Compared to Pre-Pandemic, by Diversity

Response (<i>n</i> = 93,007)	Diverse (<i>n</i> = 13,187)		White (<i>n</i> = 79,820)	
	<i>n</i>	%	<i>n</i>	%
Better than before the pandemic	1,829	13.9	6,920	8.7
About the same as before the pandemic	7,051	53.5	45,582	57.1
Worse than before the pandemic	3,670	27.8	23,734	29.7
Much worse than before the pandemic	637	4.8	3,584	4.5

Note. Table 89 includes responses to Questions 16, 76, and 77.

Health Ratings by Educational Level

Table 90 evaluates health ratings compared to pre-pandemic in respect to highest nursing degree earned. More than one-third of RNs with a BSN or ADN (34.3%, 35.2%, respectively) reported health that was worse or much worse in 2024 compared to before COVID-19. However, respondents with a practical or vocational diploma in nursing had the highest percentage of self-reported improved health (12.7%). The most chosen response for all educational categories was about the same as prior to the pandemic. RNs with higher degrees more commonly reported about the same and better than before the pandemic than worse than before the pandemic and much worse than before the pandemic.

Table 90. 2024 RN Health Rating Compared to Pre-Pandemic, by Highest Nursing Degree Earned

Highest Nursing Degree (n = 91,314)	Total	Better		About the same		Worse		Much worse	
	n	n	%	n	%	n	%	n	%
Practical or vocational diploma in nursing	402	51	12.7	225	56.0	107	26.6	19	4.7
Diploma in nursing	3,391	302	8.9	2,308	68.1	667	19.7	114	3.4
ADN	41,743	3,816	9.1	23,241	55.7	12,484	29.9	2,202	5.3
BSN	34,740	3,315	9.5	19,519	56.2	10,522	30.3	1,384	4
MSN	9,193	880	9.6	5,318	57.8	2,657	28.9	338	3.7
Doctorate in nursing	1,845	198	10.7	1,075	58.3	495	26.8	77	4.2
Total Education	91,314	8,562	9.4	51,686	56.6	26,932	29.5	4,134	4.5

Note. Table 90 includes responses to Questions 4 and 16.

Advanced Practice Nurses

As displayed in Table 91, the proportion of APNs who rated their overall health as worse or much worse in 2024 compared to before the pandemic (34.1%) was only slightly greater than that for RNs not certified in advanced practice (33.1%). Upon comparison to 2022, this is a slight decrease. The impact of COVID-19 on the wellbeing of nurses appears to not be substantially different based on APN status. Other factors, such as location of work, type of primary role, and age, are more likely to influence perceived health ratings. Regardless, with one-third of APNs reporting worse ratings than before the pandemic, the impact of COVID-19 on APN wellbeing remains concerning.

Table 91. 2024 RN Health Rating Compared to Pre-Pandemic, by APN Certification

Response (n=93,007)	APN Certification (n = 83,877)		No APN Certification (n = 9,130)	
	n	%	n	%
Better than before the pandemic	7,859	9.4	890	9.7
About the same as before the pandemic	47,414	56.5	5,219	57.2
Worse than before the pandemic	24,758	29.5	2,646	29.0
Much worse than before the pandemic	3,846	4.6	375	4.1

Note. Table 91 includes responses to Questions 4 and 16.

Intent to Continue Providing DPC and in Current Type of Work

Within the subgroup of RNs who indicated providing DPC (66,825), ratings of worse or much worse health were higher at both ends of the spectrum of intention to continue providing DPC (see Table 92). The highest proportion of RNs reporting worse or much worse health was among those who intend to work less than 2 years in DPC (44.9%). The proportion reporting worse or much worse health goes down as intentions to continue to work in DPC go up. The inverse is true for the nurses who reported that their health was better than before the pandemic. Despite reporting differences in intent to continue providing DPC, the most selected response across all health categories was *about the same* as before the pandemic.

Table 92. Intent to Continue Providing DPC by 2024 Health Rating Compared to Pre-Pandemic

Intent to Continue Providing DPC (years) (n = 62,875)	Total	Better		About the same		Worse		Much worse	
	n	n	%	n	%	n	%	n	%
<2	6,825	569	8.3	3,189	46.7	2,348	34.4	719	10.5
2–4	11,487	1,024	8.9	6,027	52.5	3,799	33.1	637	5.5
5–9	13,634	1,274	9.3	7,334	53.8	4,409	32.3	617	4.5
10–19	17,301	1,583	9.1	9,596	55.5	5,405	31.2	717	4.1
20–29	10,738	991	9.2	5,924	55.2	3,417	31.8	406	3.8
30+	6,840	764	11.2	3,794	55.5	2,026	29.6	256	3.7
Overall	66,825	6,205	9.3	35,864	53.7	21,404	32.0	3,352	5.0

Note. Table 92 includes responses to Questions 16 and 30.

Intent to Continue in Present Type of Work by Overall Health Ratings

Of the 42.1% of RNs who planned to stay in their present type of work for under 2 years, 42.1% reported health that was worse or much worse in 2024 than prior to the pandemic (see Table 93). The percentages of respondents indicating worse or much worse health were 36.4% for 2–4 years, 34.1% for 5–9 years, 34.5% for 10–19 years, 35.5% for 20–29 years, and 34.7% for 30 plus years. The nurses who intend to work in the profession for 30+ years reported the highest proportion of health that was “better than before the pandemic” (11.5%). In all categories, more nurses reported their health as “better than before the pandemic” than “much worse than the pandemic.”

Table 93. Intent to Continue in Present Type of Work by 2024 Health Rating Compared to Pre-Pandemic

Plans to remain in profession (years) (<i>n</i> = 81,785)	Total <i>n</i>	Better		About the Same		Worse		Much Worse	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<2	11,080	968	8.7	5,446	49.2	3,792	34.2	874	7.9
2–4	17,922	1,660	9.3	9,738	54.3	5,684	31.7	840	4.7
5–9	16,252	1,511	9.3	9,201	56.6	4,936	30.4	604	3.7
10–19	18,485	1,695	9.2	10,412	56.3	5,566	30.1	812	4.4
20–29	11,601	1,070	9.2	6,411	55.3	3,640	31.4	480	4.1
30+	6,445	744	11.5	3,465	53.8	1,950	30.3	286	4.4
Overall	81,785	7,648	9.4	44,673	54.6	25,568	31.3	3,896	4.8

Note. Table 93 includes responses to Questions 16 and 25.

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Regional Variation

Table 94 reports health ratings of Wisconsin RNs over the course of the pandemic, by the region of primary place of work. Ratings of worse or much worse health were highest for respondents in the Northern region (37.7%), followed by the Western region (37.2%), Southern region (35.8%), Southeastern region (34.6%), and the Northeastern region (34.1%). Those in the Southeastern region, the area with the highest number of RNs, had the majority indicate health that was about the same as before to the pandemic (55.4%), with only 5.0% reporting health that was much worse than before the pandemic. The Southern and Northeastern regions, the areas with the second and third most responses, had the most reports of health being about the same as before the pandemic (55.4%, 56.9%, respectively). Both reported the smallest responses in the health category of much worse than before the pandemic (Southeastern at 4.4%, Northeastern at 4.2%). The Western and Northern Regions, the areas with the lowest number of respondents, had the highest health report of much worse than before the pandemic (Western at 5.7%, Northern at 4.7%).

Table 94. Region of Primary Place of Work by 2024 Health Rating Compared to Pre-Pandemic

Region (<i>n</i> = 93,008)	Total	Better		About the Same		Worse		Much Worse	
	<i>n</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Southern	15,467	1,393	9.0	8,071	52.2	5,222	33.8	781	5.0
Southeastern	28,363	2,820	9.9	15,715	55.4	8,576	30.2	1,252	4.4
Northeastern	14,535	1,301	9.0	8,273	56.9	4,350	29.9	611	4.2
Western	9,461	828	8.8	5,111	54.0	3,073	32.5	449	4.7
Northern	6,360	524	8.2	3,436	54.0	2,035	32.0	365	5.7
Total Region	74,186	6,866	9.3	40,606	54.7	23,256	31.3	3,458	4.7
Overall Totals	93,008	8,749	9.4	52,633	56.6	27,404	29.5	4,221	4.5

Note. Table 94 includes responses to Question 16 and 40.

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Health Ratings by Income Category

As shown in Table 95, overall health findings surrounding COVID-19 vary by income category. For Wisconsin RNs who reported incomes, about one-third (34.0%) rated their health as worse or much worse than before the pandemic. Respondents in the lowest two income categories were the least likely to indicate health that was worse or much worse, (<\$25,000, 25.2%; \$25,000–\$35,000, 28.3%). This potentially demonstrates a protective effect of part-time work. Conversely, another category reporting a lesser proportion of worse or much worse were RNs who indicated earning >\$155,000 a year (28.2%). The proportions of participants reporting worse or much worse health status in 2024 compared to prior to the pandemic were otherwise similar among RNs in the remaining income categories. The income categories that had the highest proportion of nurses reporting their health as much worse than before the pandemic were nurses earning \$65,000–\$85,001. The category of nurses who most reported that their health was better than before the pandemic with the least amount reporting much worse than before the pandemic were nurses earning >\$155,000.

Table 95. Income Category by 2024 Health Rating Compared to Pre-Pandemic

Income Category (n = 81,134)	Total n	Better		About the Same		Worse		Much Worse	
		n	%	n	%	n	%	n	%
<\$25,000	4,047	441	10.9	2,587	63.9	865	21.4	154	3.8
\$25,001–\$35,000	2,290	230	10.0	1,412	61.7	570	24.9	78	3.4
\$35,001–\$45,000	3,321	291	8.8	1,906	57.4	976	29.4	148	4.5
\$45,001–\$55,000	5,554	508	9.1	3,021	54.4	1,789	32.2	236	4.2
\$55,001–\$65,000	9,589	902	9.4	5,109	53.3	3,129	32.6	449	4.7
\$65,001–\$75,000	12,078	1,177	9.7	6,247	51.7	4,014	33.2	640	5.3
\$75,001–\$85,000	12,095	1,103	9.1	6,362	52.6	3,981	32.9	649	5.4
\$85,001–\$95,000	9,363	857	9.2	4,995	53.3	3,026	32.3	485	5.2
\$95,001–\$105,000	7,496	610	8.1	4,120	55.0	2,415	32.2	351	4.7
\$105,001–\$115,000	5,031	476	9.5	2,773	55.1	1,561	31.0	221	4.4
\$115,001–\$125,000	3,195	276	8.6	1,710	53.5	1,051	32.9	158	4.9
\$125,001–\$135,000	2,113	214	10.1	1,128	53.4	669	31.7	102	4.8
\$135,001–\$145,000	1,310	116	8.9	734	56.0	411	31.4	49	3.7
\$145,001–\$155,000	884	69	7.8	495	56.0	281	31.8	39	4.4
>\$155,000	2,768	306	11.1	1,682	60.8	680	24.6	100	3.6
Total Income	81,134	7,576	9.3	44,281	54.6	25,418	31.3	3,859	4.8

Note. Table 95 includes responses to Questions 16 and 45.

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Comparing 2022 and 2024

Demographics

- Most Wisconsin RNs (23.7%) reported receiving information about COVID-19 through the Centers for Disease Control and Prevention (CDC), with other common sources including government agencies, professional associations, and a variety of media (e.g., television, radio, newspapers, and social media).
- A little one-third (34.0%) of all RNs in Wisconsin reported worse or much worse health than before the pandemic, an improvement from 2022 results.
- Wisconsin RNs who reported being non-binary or other gender had the highest proportion health rating of worse or much worse than before the COVID-19 pandemic (53.9%), an increase from 2022 survey findings (44.9%). A slightly higher percentage of respondents who reported being women rated health as worse or much worse than pre-pandemic, 34.1% compared to 33.2% of men.
- About one-third (32.9%) of respondents under 25 years reported health that was worse or much worse than before the COVID-19 pandemic, which was less than the 25–34 (41.6%), 35–44 (39.8%), and the 45–54 (35.7%) age groups.
- The number of Wisconsin RNs reporting worse or much worse health also varied by race and ethnicity. Higher proportions of nurses who reported being Native American/American Indian (41.9%), Native Hawaiian (37.3%), and Hispanic/Latinx (35.8%) reported worse or much worse health compared to those who reported being White (34.4%), Asian (26.3%), and African American/Black (28.0%).
- Ratings of worse or much worse health were highest for RNs in the Northern region (37.7%), followed by the Western region (37.2%), Southern region (35.8%), Southeastern region (34.6%), and the Northeastern region (34.1%)

Employment & Expertise

- Over half (69.5%) of nurses indicated providing DPC to patients with COVID-19, consistent with 2022 values. The most frequent area for this care was the inpatient hospital setting (25.8%).
- Nurses in tribal health indicated the highest percentage (12.9%) of health being better than before than pandemic, while respondents working in correctional care indicated the highest percentage (6.4%) of health being much worse. Hospital RNs reported the highest proportion of health being worse or much worse than pre-pandemic (38.6%).
- The highest proportion of RNs reporting worse or much worse health than before the pandemic were those who planned to work less than 2 years in DPC (44.9%). Nurses who intended to work in DPC for 30+ years reported their health was better than before the pandemic (11.5%).

Education

- More than one-third of RNs with a bachelor's or associate degree in nursing (34.3%, 35.2%, respectively) reported their overall health was worse or much worse in 2024 compared to before the pandemic. However, nurses with a practical or vocational diploma in nursing had the highest percentage of better health compared to prior to the pandemic (12.7%).

Discussion and Recommendations

The results of the 2024 survey confirm the importance of the RN workforce during the COVID-19 pandemic. Nearly 70% of all RNs in the state have cared for people with COVID-19, and most of that care was provided in hospitals.

Regarding overall health, nurses showed improvement from the *2022 Wisconsin Nurse Workforce Survey* (Zahner et al., 2023). Despite this finding, there were groups that were found to have worsening health.

Within the *2024 Wisconsin Nurse Workforce Survey*, the categories with the highest proportion of RNs reporting health as much worse than before the pandemic were the age groups of 25–34 (5.5%) and 35–55 (5.9%), with those greater than 75 indicating the lowest proportion (1.1%). Of note, in the *2022 Wisconsin RN Workforce Survey*, Zahner et al. (2023) found the most respondents reporting worse or much worse health compared to pre-pandemic were younger nurses <25 years (14.8%). This denotes a shift in the past 2 years, as RNs who are 25–55 years are reporting worse health than their younger counterparts.

Another factor that deserves consideration is the impact of COVID-19 on RN intention to leave their current type of work and provide DPC. Of the respondents who indicated plans to remain in their position for <2 years, 42.1% reported health as worse or much worse prior to the pandemic (42.1%). Within this same subgroup of nurses, 44.9% indicated intending to continue providing DPC. Conversely, nurses who intend to work in the profession for 30+ years reported the highest proportion of health that was better than before the pandemic (11.5%).

These findings are consistent with what Christianson (2023) found, where younger RNs had a greater overall intention to stay within the profession. Christianson also found when assessing workplace burnout and compassion fatigue that the promotion of “altruistic execution” (p. 105) and the decreases of “workplace barriers to altruism” (p. 96) can help mitigate burnout and intention to leave. Further, Pavek et al. (2024) demonstrated that the Revised Nurses Stress Scale (RNSS) is a reliable and valid assessment of occupational stressors within hospitals, which was found to have the most predominant proportion of nurses who provide DPC to patients with COVID-19. This instrument may be a valuable tool to identify nurses who may benefit from additional resources.

The data found in the *2024 Wisconsin RN Workforce Survey* could lead to better alignment of resources to needed initiatives. Focusing health interventions on populations that may show continuing or worsening outcomes following the pandemic is recommended. As noted, one of these populations includes RNs who identify as non-binary individuals, as this group showed an ongoing perceived decline in health upon comparison to pre-pandemic. Within the literature, social support, family support, and connectedness have been found to be protective factors (Bird et al., 2024).

Another recommendation is to further research groups that generally report health being better than before the pandemic. Asian and Black/African American RNs had increased proportions of reporting improved health (18.8% and 17.7%, respectively). Abraham & Holman (2023) also noted this finding, in which White nurses reported increased anxiety and depression following the pandemic than their Black, Hispanic, and Asian counterparts. COVID-19 continues to have a significant effect on Wisconsin’s RNs. While overall health seems to be reported as improved upon comparison to the *2022 Wisconsin Nurse Workforce Survey* (Zahner et al., 2023), there remains work to be done with approximately one-third of nurses continuing to report health as worse or much worse in comparison to before the pandemic. With ongoing effort, hopefully this trend will continue towards improvement with innovation, resources, and focus on individuals, families, communities, and systems throughout the state.

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Appendix A: Wisconsin RN 2024 Survey Questions

2024 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(s) you received your diploma(s)
2. The year you received your first RN license. To find this date, go to <https://app.wi.gov/LicenseSearch/>
3. Country or county and zip code of your current place(s) of work.

If you have questions concerning your renewal, payment, or are experiencing technical difficulties, please report this to the Department of Safety and Professional Services (DSPS) at the following email address, 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

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/>)

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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 2023 for all that apply:

- Practical Nursing or Vocational Nursing Diploma
- Diploma in Nursing
- Associate Degree in Nursing
- Associate Degree in another field
- 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?

- No
- Yes

6. Please indicate your plans for further education:

(Select only one response)

- I do not have 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
- I plan to pursue further education in nursing in the next two years
- Bachelor's Degree in Nursing
- Master's Degree in Nursing
- Doctor of Nursing Practice
- Doctor of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)
- PhD in Nursing
- Other

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, benefits and/or income
- 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

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- Other, not listed
- No plans to pursue higher education

Nursing Specialization

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

(Select 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

9. Please indicate the specialties in which you hold current national board certification:

(Select 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

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- College Health Nursing
- Community Health
- Correctional Nursing (CCRN)
- 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

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Artificial Intelligence (AI)

Artificial Intelligence (AI) is an umbrella term that includes many different programs, tools, and strategies. This list includes some of the types of AI that are used in health care:

- Artificial Intelligence
- Machine Learning
- Natural Language Processing
- Predictive Analytics
- Large Language Models (i.e., ChatGPT)
- Robotics
- Computer vision

10. Are you using Artificial Intelligence (AI) at your primary place of work?

- Yes
- No
- Unsure

If you answered "Yes" to this question, please answer question 11 and 12. Otherwise, skip Questions 11 & 12.

11. If yes, select the areas of your work that you use AI

- Assessment (i.e., identification of patient risk for an adverse event)
- Diagnosis (i.e., efficiently query databases like Up to Date)
- Planning (i.e., nurse assignments or patient placement)
- Implementation (i.e., auto-documentation of implemented care)
- Evaluation (i.e., evaluate outcomes for patients with X condition in your clinic who receive treatment plan A vs B)

12. If yes, has your productivity changed due to your use of AI at your primary place of work? Check one response.

- Much better than before AI was implemented
- Better than before AI was implemented
- About the same as before AI was implemented
- Worse than before the AI was implemented
- Much worse than before AI was implemented

Covid-19

13. Have you ever provided direct patient care to people with Covid-19?

- No
- Yes

If you answered "Yes" to this question, please answer question 14. Otherwise, skip Question 14.

14. 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

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- 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
- Public Health
- Community Health
- School Health Services (K12, college, and university)
- Academic Educational Institution (college or university)
- Technical or Community College

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

- Newspaper
- Radio
- Employer
- Government Agency websites
- CDC website
- TV
- Social Media (Facebook, Twitter, TikTok, other)
- Professional Associations
- Other

16. 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

17. 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 17, please skip Questions 18 & 19.

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18. 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

19. What factors would influence your return to nursing?
(Select 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 flexibility in hours/shift
- Opportunity for career advancement
- Improved pay
- Work environment
- Worksite location
- Other

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

- Not applicable; not currently working
- 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

21. Please check the statement that is true for you in your primary position (the position where you work the most hours).

- Not applicable; not currently working
- 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.

22. Please select the statement that is true for you in your primary position.

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

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- 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, 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.

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

(Select only one response)

- Not applicable; my employment did not change during the past year
- I retired
- Childcare responsibilities
- Other family responsibilities

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- 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

24. Which of the following factors best captures the single most important factor in your career decisions today? (Select only one response)

- 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
- Workplace environment
- Workload
- Physical work requirements
- Physical disability
- Other

25. 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

26. In which setting(s) do you have a formal leadership role, even if this work is unpaid or voluntary? (Select 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

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27. 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

28. 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

29. In your primary position do you provide direct patient care?

(Select only one response)

- No
- Yes

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 jobs do you currently have? (Including unpaid volunteer nursing work)

_____ Number of jobs

32. Do you hold one or more paid positions in addition to your primary position?

- No
- Yes

If you answered "Yes" to this question, please answer question 33. Otherwise, skip Question 33.

33. If yes, why do you hold additional paid position(s)?

- Additional income
- To pay off student loans
- Benefits (health insurance, retirement, etc.)
- To gain work experience or develop skills
- Area of interest separate from my primary position
- Use area(s) of expertise
- Maintain certification or licensure requirements
- Job uncertainty
- Other

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34. Do you currently have student loans that were taken out to support your nursing education?

- No
 Yes

35. Do you currently have student loans that were taken out to support other education?

- No
 Yes

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.

36. Which of the following categories best describes your position 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

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

- No
 Yes

38. Which of the following categories best describes your employment in this primary position?

(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

39. 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.

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

Not applicable

Specify name of Wisconsin county: _____

41. What is your current employment basis for this primary position?

(Select only one response)

- Full time, salaried
 Full time, hourly wage
 Part time, salaried

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- Part time, hourly wage
- Per diem (called as needed)
- Volunteer

42. In your primary position, how many hours do you work in a typical week? (Do not include time spent on-call.)

_____ Number of hours

43. How many weeks did you work (including paid vacations) in calendar year 2023?

_____ Number of weeks (0-52)

44. How would you rate the level of staffing at your primary place of work?

(Select only one response)

- Very understaffed
- Somewhat understaffed
- Adequately staffed
- Somewhat overstaffed
- Very overstaffed
- Unsure

45. Please estimate your 2023 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

46. Does your compensation from your primary position include:

(Select all that apply)

- None of the below
- Retirement plan
- Dental insurance
- Personal health insurance
- Family health insurance
- Personal life insurance
- Family life insurance
- Other (vision, childcare, etc.)

47. How long have you worked in your current primary position?

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

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48. 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

49. 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%

50. 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

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

- Hospital (Medical/Surgical, Alcohol or Drug Abuse (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 – Operating Department (OR), Post Anesthetic Care Unit (PACU), and others
- Hospital, other departments

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- Hospital, I work in several/all hospital units
- Hospital, education department
- Extended Care, such as Adult Family Homes (AFH), Community-Based Residential Facilities (CBRF), Residential Care Apartment Complexes (RCAC)
- Nursing home
- Skilled nursing facility
- Hospice facility
- Intermediate care facility (ICF)
- Residential intellectual/developmental disability facility
- Assisted living facility
- Rehabilitation facility/group home/CBRF
- Long-term acute care
- Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)
- Medical practice, clinic, physician office
- Federally qualified health center (FQHC), free clinic, or other free/reduced cost clinics
- Surgery center, dialysis center
- Urgent care, not hospital-based
- Outpatient mental health/substance abuse
- Home Health (Private Home)
- Home health agency
- Home health service
- Hospice
- Community and Public Health
- Public health (governmental: federal, state, or local)
- Community health organization
- Occupational health or employee health service
- School health services (K-12, college, and universities)
- Senior services (center, agency)
- Tribal Health
- Health clinic
- Long term care facility
- School health (K-12, college or university)
- Other community organization or site
- Public health
- Educational Institutions
- Four-year college or university
- Technical or community college
- Correctional Care
- Prison (federal or state)
- Jail (county or local)
- Other (Insurance, call center etc.)
- Call center/tele-nursing center
- Government agency other than public/community health
- Government agency other than public/community health (Veterans Affairs Medical Center (VAMC) and Community-Based Outpatient Clinics (CBOC), Veterans home etc.)
- Non-governmental health policy, planning, or professional organization
- Insurance company claims/benefits
- Sales (pharmaceutical, medical devices, software, etc.)
- Self-employed/consultant
- Other

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52. In your primary position, do you work remotely (e.g., work from home)?

- No.
- Yes; less than 25%
- Yes; 26-50%
- Yes; 51-75%
- Yes; 76-99%
- Yes; 100%

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.

53. 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 59.

54. 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

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

- Yes
- No

56. 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: _____

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

- _____ Number of hours

58. Please estimate your 2023 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

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- \$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

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) 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

59. Indicate if you currently have national certification as an Advanced Practice Nurse (APN).

(Select all that apply)

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

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

- No
- Yes

If answers to 59 is 'none of the below' and 61 is 'No', please go to the Demographic Information section, and start with Question 74.

62. If you are a currently certified Nurse Practitioner (NP), please indicate your specialty(s):

(Select all that apply)

- Not applicable
- No specialty designation
- Not currently certified but formerly have been.
- Acute Care NP
- Adult NP

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- 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

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

- Not applicable
- No specialty designation
- Not currently certified but formerly have been
- 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

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

- No
- Yes

If No, please go to the Demographic Information section, and start with Question 74.

65. 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

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66. Do you provide outpatient primary care* or outpatient mental health services at your primary place of work? (Primary place of work is defined as where you spend the most time providing primary care or outpatient mental health services.)

- No
 Yes

If No, please go to the Demographic Information section, and start with Question 74.

67. What type of care do you provide at this location?

(Select all that apply)

- Family
 Women's health
 Perinatal or reproductive health
 Pediatric
 Adult
 Geriatric
 Mental health services
 Other

68. 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

69. 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

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

- No
 Yes

If No, please go to the Demographic Information section, and start with Question 74.

71. What type of care do you provide at this second location?

(Select all that apply)

- Family
 Women's health
 Perinatal or reproductive health
 Pediatric
 Adult
 Geriatric
 Mental health services
 Other

72. 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

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73. 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

74. What is your year of birth?

_____ Enter 4-digit year

75. What is your gender?

Woman

Man

Non-binary, gender non-conforming, or transgender.

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

No

Yes

77. 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

78. Are you fluent in a language other than English?

No

Yes

If Yes, please go to Question 79.

79. If yes, select all that apply:

Spanish

Filipino, Tagalog

German

French

Russian

Hmong

Hindi

Polish

Arabic

American Sign Language

Other

80. Do you use the second language(s) as part of your work with patients, clients, or with the public?

No

Yes

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If Yes, please go to Question 81.

81. If yes, select all that apply:

- Spanish
- Filipino, Tagalog
- German
- French
- Russian
- Hmong
- Hindi
- Polish
- Arabic
- American Sign Language
- Other

82. Are you a Certified Medical Interpreter?

- No
- Yes

If Yes, please go to Question 83.

83. If yes, select all that apply:

- Spanish
- Filipino, Tagalog
- German
- French
- Russian
- Hmong
- Hindi
- Polish
- Arabic
- American Sign Language
- Other

84. Please enter the zip code of your primary residence:

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

85. 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!***

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Appendix B. State of Employment for RNs Licensed in Wisconsin 2024

State	<i>n</i>	%	State	<i>n</i>	%
Alabama	19	0.0	Nebraska	63	0.1
Alaska	58	0.1	Nevada	89	0.1
Arizona	239	0.3	New Hampshire	14	0.0
Arkansas	20	0.0	New Jersey	45	0.0
California	578	0.6	New Mexico	32	0.0
Colorado	197	0.2	New York	358	0.4
Connecticut	66	0.1	North Carolina	145	0.2
Delaware	*	0.0	North Dakota	23	0.0
District of Columbia	20	0.0	Ohio	119	0.1
Florida	305	0.3	Oklahoma	23	0.0
Georgia	119	0.1	Oregon	83	0.1
Hawaii	38	0.0	Pennsylvania	207	0.2
Idaho	28	0.0	Rhode Island	13	0.0
Illinois	3,276	3.6	South Carolina	59	0.1
Indiana	117	0.1	South Dakota	30	0.0
Iowa	354	0.4	Tennessee	142	0.2
Kansas	29	0.0	Texas	231	0.3
Kentucky	49	0.1	Utah	39	0.0
Louisiana	30	0.0	Vermont	9	0.0
Maine	18	0.0	Virginia	96	0.1
Maryland	68	0.1	Washington	189	0.2
Massachusetts	89	0.1	West Virginia	15	0.0
Michigan	602	0.7	Wisconsin	78,104	84.8
Minnesota	5,434	5.9	Wyoming	9	0.0
Mississippi	13	0.0	Military Base	10	0.0
Missouri	131	0.1	Puerto Rico	10	0.0
Montana	47	0.1	Guam	5	0.0

Note. Appendix B includes responses to Questions 39, 40, and 56.

*Too few to report

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Appendix C. Place of Work and Role by State of Employment 2024

The following table reports RNs who hold a license in Wisconsin and are working in Wisconsin or another state, by their place of employment and their role.

Primary Place of Work (N = 81,096)	Works Outside of Wisconsin (n = 6,938)		Works in Wisconsin (n = 74,158)	
	n	%	n	%
Nursing	5,593	80.6	64,370	86.8
Health related services outside of nursing	360	5.2	2,451	3.3
Retail sales and services	23	0.3	211	0.3
Nurse faculty	140	2.0	1,183	1.6
Nurse education	144	2.1	1,301	1.8
Financial, accounting and insurance processing	72	1.0	504	0.7
Consulting	115	1.7	460	0.6
Other	491	7.1	3,678	5.0
Position or Functional Role	n	%	n	%
	<i>n = 6,939</i>		<i>n = 74,158</i>	
Staff nurse	3,849	55.5	46,627	62.9
Case manager/Care coordinator	447	6.4	4,429	6.0
Nurse manager	464	6.7	5,368	7.2
Advanced practice nurse	683	9.8	6,890	9.3
Consultant/Contractor	198	2.9	890	1.2
Nurse executive	156	2.2	946	1.3
Nurse faculty	127	1.8	1,062	1.4
Nurse educator	151	2.2	1,574	2.1
Nurse researcher	47	0.7	268	0.4
Other healthcare related	658	9.5	4,781	6.4
Other not healthcare related	159	2.3	1,323	1.8

Note. Appendix C includes responses to Questions 36, 39, 40, and 48.

Appendix D. DHS Regions of Wisconsin

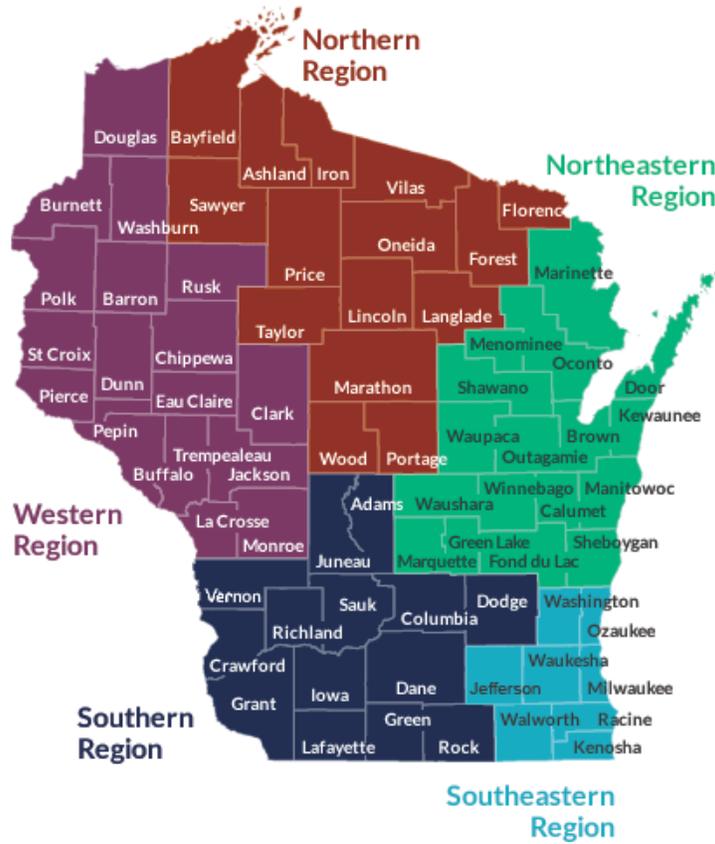


Figure 7. Map of DHS Regions by County (Wisconsin Department of Health Services, 2025)

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	Green Lake	Chippewa	Forest
Dodge	Racine	Kewaunee	Clark	Iron
Grant	Walworth	Manitowoc	Douglas	Langlade
Green	Washington	Marinette	Dunn	Lincoln
Iowa	Waukesha	Marquette	Eau Claire	Marathon
Juneau		Menominee	Jackson La	Oneida
Lafayette		Oconto	Crosse	Portage
Richland		Outagamie	Monroe	Price
Rock		Shawano	Pepin	Sawyer
Sauk		Sheboygan	Pierce	Taylor
Vernon		Waupaca	Polk	Vilas
		Waushara	Rusk	Wood
		Winnebago	St. Croix	
			Trempealeau	
			Washburn	

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Appendix E. Wisconsin RNs by County 2024

	Number of RNs working in county	Number of RNs per 1,000 population in county	Mean age of RNs working in each county
Adams	205	3.9	52.3
Ashland	224	18.1	48.7
Barron	603	10.4	48.3
Bayfield	233	2.7	52.9
Brown	4,455	17.2	44.4
Buffalo	131	2.0	45.9
Burnett	165	5.0	50.9
Calumet	828	4.4	45.1
Chippewa	1,129	6.7	46.3
Clark	368	4.6	48.5
Columbia	821	6.7	47.0
Crawford	189	6.0	47.8
Dane	9,685	17.2	45.3
Dodge	1,179	8.2	47.1
Door	385	8.2	52.1
Douglas	463	5.9	48.1
Dunn	569	5.0	45.2
Eau Claire	2,027	23.6	45.3
Florence	47	3.5	51.6
Fond du Lac	1,425	10.6	46.2
Forest	122	7.0	48.4
Grant	683	8.2	46.1
Green	603	9.2	47.5
Green Lake	217	8.9	49.0
Iowa	395	9.2	46.7
Iron	87	5.1	49.2
Jackson	218	6.3	49.1
Jefferson	1,249	5.5	46.9
Juneau	319	7.9	48.2
Kenosha	2,305	10.1	45.5
Kewaunee	291	2.8	45.1
La Crosse	2,327	23.4	45.4
Lafayette	222	4.7	45.8

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Langlade	234	8.5	49.3
Lincoln	443	6.9	48.2
Manitowoc	1,058	8.5	47.2
Marathon	2,609	16.2	45.9
Marinette	524	11.0	47.8
Marquette	160	1.9	50.8
Menominee	25	8.5	54.3
Milwaukee	12,067	17.4	43.9
Monroe	588	11.9	46.4
Oconto	575	4.2	47.0
Oneida	627	16.0	51.3
Outagamie	2,992	13.3	44.1
Ozaukee	1,913	14.3	47.8
Pepin	92	4.8	46.6
Pierce	388	2.6	46.6
Polk	477	8.7	48.3
Portage	877	8.1	45.6
Price	174	6.8	51.4
Racine	3,123	8.9	47.0
Richland	200	8.5	47.7
Rock	2,074	10.0	46.7
Rusk	131	5.0	51.6
St. Croix	1,064	7.6	46.5
Sauk	1,028	10.9	47.9
Sawyer	186	10.2	49.6
Shawano	502	6.1	48.6
Sheboygan	1,322	9.1	47.3
Taylor	306	9.8	47.8
Trempealeau	401	5.6	44.9
Vernon	507	7.2	48.3
Vilas	304	6.3	53.9
Walworth	1,318	6.7	47.8
Washburn	203	7.8	52.0
Washington	3,000	8.2	46.6
Waukesha	9,230	12.0	47.5
Waupaca	621	6.8	48.3
Waushara	358	4.8	50.3

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Winnebago	2,390	13.3	46.1
Wood	1,226	20.1	47.9
State of WI	74,186	12.5	

Note. Appendix E includes responses to Questions 40 and 74.

Note. Wisconsin county population information can be found at:

State of Wisconsin, Department of Administration. (2024). *Population and housing unit estimates*

https://doa.wi.gov/Pages/LocalGovtsGrants/Population_Estimates.aspx

